

Monday 16 – Wednesday 18 May 2011

Harrogate International Centre, Harrogate, North Yorkshire, UK



Royal College of Nursing of the United Kingdom

# The 2011 International Nursing Research Conference

## Book of abstracts



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# Keynote presentations

Monday 16 May 10.45

## Collaboration with patients in research: Pivotal and non-negotiable

*Professor Sarah Hewlett, Arthritis Research Campaign, Professor of Rheumatology and Nursing, and Pam Richards, Patient Research Partner, University of the West of England and University of Bristol, UK*

### Abstract:

Patient involvement in research has been recommended as good practice for many years, not only by government research funding bodies, but also the major charities and research councils. Patient involvement can be operationalized in many different ways, including consultation, collaboration and user-led research. However, implementation is patchy, and some clinical researchers have anxieties about how it might work, are confused about potential benefits, and may be reluctant to change their practice, while laboratory-based researchers may believe that there is no relevance for patient collaboration in research at the bedside. This is further compounded by the relative paucity of reports in the literature on what to do, how to do it, and examples of the benefits (or challenges).

This lecture is a combined presentation from a researcher and a patient research partner, who work in collaboration on a programme of research in rheumatoid arthritis. It will present a range of potential models that could be used, and explore two models of working in detail (projects and conferences) and link to the published guidelines for patient collaboration in rheumatology research. Using our 7 years of experience in collaboration, we will provide examples of benefits, challenges and practicalities from the perspective of the researcher and the patient research partner, along with tips on getting started, and potential future research. We will show how collaboration with patients has changed the face of rheumatology outcomes research internationally, has highlighted a major symptom experienced by patients that they feel has been ignored and subsequently influenced an international research agenda.

### Biographies:

Sarah Hewlett is the Arthritis Research UK Professor of Rheumatology Nursing at the University of the West of England, Bristol and an honorary Consultant Nurse. One of Sarah's first studies involving patient collaboration was to understand which outcomes are important to people with rheumatoid arthritis. Fatigue was raised, which generated a programme of research, and influenced an international consensus that fatigue must be a core measure for all rheumatoid arthritis clinical trials. Sarah and her multi-disciplinary research team

are using qualitative and quantitative research to explore fatigue and its management; well-being within chronic illness; and the journey from new diagnosis to adaptation and self-management. All projects and PhD studentships include 1-2 patient research partners on steering groups, from protocol development through to publication.

Pam Richards, who is sharing the platform, is the most experienced patient research partner in the Bristol group, having been involved from the beginning in setting up the system in Bristol, as the partner co-ordinator. Pam has been a project partner, and a partner to several PhD students, and has organized training for the group of research partners. Pam has also reviewed grant applications locally, nationally and internationally, given many conference presentations on patient involvement, and is the chair of the patient committee in the collaborative conferences of OMERACT (Outcome Measurements in Rheumatology Clinical Trials).

Working with international researchers and patients, Sarah and Pam published guidelines in 2005 for rheumatology health professionals on the practicalities of collaboration in research, and helped develop the European League Against Rheumatism international recommendations on best practice, which were published in 2011.

Tuesday 17 May 09.10

## Nursing Work Environments and Workforce Issues: Current Challenges

*Speaker: Linda McGillis Hall, RN, PhD, FAAN, FCAHS*

### Abstract

A substantial body of literature exists that demonstrates that linkages exist between nurse staffing models, nursing care delivery and patient outcomes. Attention has also been directed to how other factors in the nursing work environment beyond nurse staffing may impact on patient outcomes, such as organizational practices and workplace policies. Factors that influence job satisfaction, job stress, and ultimately the retention of nurses both to the profession and to their organization, have been identified across sectors and settings in health care. This evidence is framed methodologically using quantitative, qualitative and mixed methods. While some variations in this evidence can be noted between different countries, for the most part the findings are quite similar. The environments in which nurses' work are complex, dynamic, and rapidly changing. While the impact of this on patient outcomes has been explored to some degree, the impact of these work environment factors on nurses is only beginning to be examined. Using exemplars from a program of research conducted over the past decade that has focused on nursing health human resources, nursing work environments and outcomes for patients and nurses, as well as related evidence from key international leaders in this field, this presentation will examine the state of the science on nursing work environments and nursing workplaces today within the context of practice and policy. Challenges with knowledge translation and the utilization of evidence in this field will be discussed. The importance of understanding the key role that work environments play in the work of nurses today will be highlighted.

### Biography

Linda McGillis Hall, RN, PhD, FAAN, FCAHS, is a Professor and the Associate Dean of Research & External Relations in the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto in Canada. She is a recognized leader in nursing health services and systems research and is the first Canadian nurse to be inducted as an American Academy of Nursing International Fellow (2007), is the inaugural recipient of the Canadian Nurses Association Order of Merit for Nursing Research in Canada (2008), and was inducted as a fellow of the Canadian Academy of Health Sciences in the fall of 2010. Her research has also earned her a Ministry of Health and Long-Term Care [MOHLTC] Nursing Senior Career Research Award (2009-2012), a

Canadian Institutes of Health Research [CIHR] New Investigator Award (2002-2007), and a Premier's Research Excellence Award from the Government of Ontario (2003-2008).

Dr. McGillis Hall has been invited to confer with researchers, policy leaders and decision-makers internationally related to her research, including the United Kingdom, Ireland, France, Switzerland, Spain, Australia and the United States. She has extensive experience working with policy leaders in Canada in the area of nursing health human resources and patient safety outcomes. Her research program focuses on health human resources, the nursing work environment and how this influences nurse migration and nurses' health, and patient safety outcomes of nursing practice.

## Wednesday 18 May 15.35

### The trouble with trials

*Professor Andrea Nelson, Professor of Wound Healing, School of Healthcare, University of Leeds, UK*

#### Abstract:

Trials of treatments have been used for thousands of years to identify whether one strategy is superior to another, and these trials have been of great importance in health care. In the last century the testing of pharmaceuticals came under ever-increasing scrutiny, and decision makers mandated that claims of their effectiveness and safety needed to be backed by evidence from trials. In the last 50 years there has been a huge increase in the number of trials relevant to healthcare, and also in our understanding about how to ensure these trials are informative, not misleading.

Randomised controlled trials have been described as the 'gold-standard' evidence for evaluating the effects of interventions but their status near the top of a 'hierarchy of evidence' has attracted many critics and much concern. The limitations of trials are many, such as issues with external validity, their high cost, inability to identify rare or future adverse events, the over-interpretation of chance findings, and their misuse by interested parties. Furthermore, trials are complex to organise, hard to fund, and often have difficulties with recruitment. After the work involved in designing trials, gaining funding, recruiting participants and analysing the data, there is not even any guarantee that the results will be what is wanted! Little wonder then that some clinicians and researchers question whether trials are 'fit for purpose', citing the complexity of their patient population and the inability of trials to address patient concerns.

This presentation will set the use of trials into historical context, reflect on the limitations of trials applicable to nursing, draw upon experience as a triallist who does not always get the 'right' answer, and discuss how we might rehabilitate trials so they do not become the 'black-sheep' of the nursing research family.

#### Biography

Within the School of Healthcare at the University of Leeds Andrea leads research into the prevention and management of chronic wounds. The majority of wounds heal without complication, but those that fail to heal, so called chronic wounds, cause significant morbidity and make a substantial impact on the provision of health services. The most important chronic wounds, from a public health perspective, are leg ulcers, foot ulcers and pressure ulcers. In collaboration with colleagues in practice and across the University they conduct primary research in the assessment of risk, prevention, diagnosis, management, and experience of chronic wounds and their complications. The primary research has been combined with systematic reviews of the evidence to facilitate the development of clinical practice guidelines and Clinical Evidence summaries so that care providers and commissioners are able to make clinical and purchasing decisions based on reliable evidence.

Andrea is Deputy Chair of the Health Technology Assessment (HTA) External Devices and Physical Therapies Panel, member of the HTA Commissioning Board, a Cochrane Editor and Author, and Associate Editor of Evidence Based Nursing. Additionally, she contributes to a number of clinical journals as editorial board member or reviewer. She referees grant proposals and final reports for National and International research funders and currently have four students working on PhDs in pressure ulcers, burns and irritable bowel syndrome.

Within the University Andrea is an elected member of both Senate and the Research Board, and Co-Chair the Faculty Working Group on Integrating Research with Learning and Knowledge Translation.

# Masterclass

Tuesday 17 May

12.00 – 13.30

## Using complex interventions for self management in long term conditions

*Sarah Hewlett, Arthritis Research UK Professor of Rheumatology Nursing, University of the West of England, Bristol, United Kingdom*

#### Abstract:

People with long-term conditions must find ways to effectively manage the physical, emotional, employment and social impacts on their lives, as well as manage their medications and hospital appointments. This requires people to make behavioural and emotional changes. However, these changes may be unwelcome, or difficult, or challenge people's beliefs about their identity, and challenge existing habits. In order to facilitate such self-management changes, nurses and other health professionals need to do more than give information to patients. Like so many other nursing issues, even a 30 minute consultation becomes a 'complex intervention' where many components come together as a package.

This masterclass will explore the meaning of self-efficacy (a belief that you can do something to make a difference to your situation), and its relationship to self-management in long-term conditions. It will explore ways of measuring self-efficacy in research and clinical practice using validated scales, and simple scaling options for use in clinical practice. Illness perceptions or beliefs, or not being ready to change may inhibit behaviour change, therefore these issues will be explored and evidence in long-term conditions considered.

Clinicians may not intuitively know how to address some of these beliefs, or may not have received training to help them. This masterclass will explore practical ways of enhancing patient behaviour change in clinical care, including motivational interviewing, prioritizing and goal setting. In addition, we will explore the challenges of undertaking research into complex interventions, and present the results of an RCT in cognitive behavioural therapy for the self-management of fatigue in rheumatoid arthritis.

# Concurrent session 1

## 1.1 Concordance

1.1.1

### The impact of an intervention for nurse prescribers on consultations to promote patient medicine-taking in diabetes: A mixed methods study

Sue Latter, Faculty of Health Sciences, University of Southampton, Southampton, UK

Co authors: Sibley, A, Faculty of Health Sciences, University of Southampton; Skinner TC, Flinders Rural Clinical School, Flinders University, Australia; Cradock S, Portsmouth NHS Trust; Zinken K, Warsaw School of Social Sciences and Humanities, Poland; Lussier MT, Dr, Faculty of Medicine, Department of Family Medicine and Emergency Medicine, Université de Montreal, Canada; Richard C, Laval Health and Social Care Centre, Quebec, Canada; Roberge D, Entre les lignes Inc., Montreal, M.P., Canada

#### Abstract:

Although patients' beliefs about medicines are important predictors of medicine-taking, evidence suggests nurses do not routinely explore these. The paper will present results of a Diabetes UK\* funded study to evaluate a theory-based intervention designed to increase nurse prescribers' exploration of medicines' beliefs with people with diabetes. A mixed methods concurrent triangulation design was used. A purposive sample of 14 nurse prescribers attended four workshops. Each nurse prescribers' consultations were audio-recorded at baseline, 1 week, 3 months and 6 months post-intervention. Nurses were interviewed at 1 and 6 months post-intervention. Changes in medicines' discussion were analysed using MEDICODE (Richard and Lussier 2006). Interview data were analysed using Framework Analysis. Data were collected in 2008 – 2009. MEDICODE themes of 'attitudes towards medication' rose significantly at 1 week ( $p < 0.01$ ) and 3 months ( $p < 0.05$ ). 'Asks patient opinion about medication' significantly increased at 1 week ( $p < 0.01$ ). Discussion on 'concerns about medication' rose significantly at 1 week ( $p < 0.001$ ) and 6 months ( $p < 0.01$ ). Discussion on 'expected effects of medication', 'action of medication' and 'reasons for medication' showed no change. There were no significant changes in Dialogue Ratio. However, the Preponderance of Initiative moved towards more patient initiative at 1 week ( $p < 0.0001$ ), 3 months ( $p < 0.0001$ ), and 6 months ( $p < 0.0001$ ). In interviews, nurses reported increased attention to patients' medication beliefs and patient-centred skills. Contextual factors that supported change were: support of colleagues and practicing new skills. Inhibiting factors included: patients' perceived lack of receptivity, time constraints, and concerns about opening a 'can of worms'. The paper provides new insights

into a potentially effective intervention designed to facilitate nurses' medicines discussion towards a more efficacious, evidence-based approach.

\*The views expressed are those of the authors and not necessarily those of Diabetes UK

#### Recommended reading:

Richard, C. Lussier, M.T. (2006) MEDICODE: an instrument to describe and evaluate exchanges on medications that occur during medical encounters. Patient Education and Counseling 64, 197-206.

#### Funding:

UK – Research Charity/Foundation  
100,001 – 500,000

1.1.2

### The impact of a pharmacy-led barcode medication system upon medication administration practice in care homes

Sara Nelson, Research Fellow, University of the West of England, Bristol, UK

Co authors: Wild, D, Department of Nursing and Midwifery, University of the West of England, Bristol, UK; Szczepura, A, Warwick Medical School, University of Warwick, Coventry, UK.

#### Abstract:

#### Background:

In England, over 18,000 homes currently provide care for over 453,000 residents. Management of medication is a key area for improved patient safety (CSCI, 2004; 2006). A recent UK study in 55 care homes found 70% of residents had experienced one or more medication error (Barber et al., 2009)

#### Methods:

Quantitative and qualitative evaluation of a new pharmacy-led bar-coded medication administration system (PCS), compared with existing paper-based system, in thirteen care homes (9 residential and 4 nursing homes). PCS provides automatic, real-time alerts, generated by the system, drawing attention to all inappropriate or unsafe attempts to administer drugs.

A convenience sample of 43 nurses and care staff involved in medication administration completed questionnaires pre – and post-PCS introduction. Questionnaires explored staff awareness of medication administration errors and perceived factors influencing these. In addition, 43 semi-structured interviews were conducted with staff. Questionnaire responses were analysed using parametric and non-parametric techniques. Interviews were transcribed and qualitative content analysis of

transcripts was undertaken by two researchers, each acting independently in the first instance then coming together to agree key themes.

#### Results:

Older people were receiving an average 9 different medications. Qualitative and quantitative analysis identified a number of factors influencing administration of medication and associated errors, including differences between social care and nursing staff undertaking this activity. Findings show that all staff considered the PCS system was successful in averting, and thus reducing the potential for, medication errors that under the old paper-based system could have had direct and indirect adverse consequences. RNs, in particular appeared to gain an increased awareness of 'near miss' errors through the PCS 'alerting' function that they did not have previously when using the paper-based MAR system. The key issues associated with future use of this technology to alert staff to potential errors (and thereby avert these) is discussed.

#### Recommended reading:

Commission for Social Care Inspection. (2004). The management of medication in care services 2002-3. London: CSCI.

Commission for Social Care Inspection (2006). Handled with care? Managing medication for residents of care homes and children's homes – a follow-up study. London: CSCI.

Barber ND, Alldred DP, Raynor DK, Dickinson R, Garfield S, Jesson B, Lim R, Savage I, Standage C, Buckle P, et al: (2009). Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people

#### Funding:

UK – Industry  
50,001 – 100,000



1.1.3

### Impact of two different oral bowel preparation for colonoscopy on adherence, willingness to undergo repeated examination and adequacy of bowel cleansing

Vivien Coates, University of Ulster/Western Health and Social Care Trust, Londonderry, UK  
Co authors: McCorkell, G; O'Neill, S; Garrett D, Dunn, S, Blair, A

#### Abstract:

#### Background:

Adherence to bowel preparation guidelines prior to colonoscopy has important implications for the success of the procedure in detecting colorectal cancers. However, if cleansing procedures are experienced as aversive, adherence will be reduced and patients less likely to attend for ongoing surveillance [Ko et al, 2007]. The idea for this research was generated by experienced nurses working in the clinical endoscopy unit. The theory was that a low residue diet may make the current preparation less aversive and this was tested in practice.

#### Aim:

This study compares adherence and cleansing outcomes for two bowel preparation methods; Fleet Phospho-Soda® [Fleet] alone, and Fleet with a low residue diet.

#### Methods:

This was a prospective, pragmatic randomized controlled trial; 156 participants were randomized to either Fleet alone (n=78) or Fleet with low residue diet (n=78). Participants were recruited from consultants' waiting lists for routine colonoscopy. The colonoscopists were blinded as to the preparation method used and did not discuss bowel preparation with the patient.

#### Results:

There were no significant differences between the mean scores for the two groups in terms of reported adherence, whether the experience would put them off further screening and the adequacy of cleansing as rated blindly by the colonoscopists. The group randomised to the low residue diet reported significantly fewer or less severe symptoms of headache and sleep disturbance ( $P < 0.05$ ).

#### Discussion:

Anecdotal evidence from the staff involved in the study revealed that patients valued the opportunity to discuss their concerns prior to the procedure. Reflections on conducting a pragmatic trial will be discussed.

#### Conclusions:

Patients could have a low residue diet if preferred as this did not compromise bowel preparation. Conducting a robust RCT in clinical practice requires considerable planning, explicit communication and finance.

#### Recommended reading:

Ko, C.W., Riffle, S., Shapiro, J.A., Saunders M.D., Lee S.D., et al (2007) Incidence of minor complications and time lost from normal activities after screening or surveillance colonoscopy. *Gastrointestinal Endoscopy* 65 (4); 648-656.

#### Funding:

action cancer  
1,000 – 10,000

### 1.2 Theme: Older people: Psycho-social

1.2.1

### Older women's experiences of domestic abuse: Exploring the impact on the lives and health of older women in later life

Julie McGarry, University of Nottingham, Division of Nursing, Derby, UK  
Co author: Simpson, C. University of Nottingham

#### Abstract:

#### Background:

There has been little exploration of the health needs of older women in the UK who have experienced domestic abuse (Blood, 2004). However, the impact of domestic abuse for older women encompasses a number of facets including the long term effects of physical injury and the psychological impact of prolonged trauma (Women's Aid, 2007). The services that are currently available i.e. women's refuges may not be appropriate for older women for a number of reasons, e.g. mobility issues.

#### Aims:

- To explore the experiences of older women (aged 60 years and over) who have experienced domestic abuse
- To understand the impact and consequences of domestic abuse on the lives and health of older women
- To identify how health care professionals can recognise and effectively support older women who have experienced domestic abuse

#### Methods:

In-depth interviews (2009) with sixteen older women (aged 60 years and over) who experienced domestic abuse. Data analysis was supported by an analytical framework (Ritchie & Lewis, 2003).

#### Findings:

Four themes emerged from the data and, alongside the implications for practice development, form the focus of the presentation:

- You've made your bed: exploring experiences
- I don't want to remember: impact on long term health
- We find peace there: impact on family and support

- We need to give permission: enabling older women to talk about their experiences

#### Discussion and implications for practice:

The study has highlighted the particular experiences and impact on health of domestic abuse for older women. The UK has an ageing population and it is pivotal that the health community is able to understand the experiences and needs of older women affected by domestic abuse and service provision that is responsive to this need is developed effectively. Implications for practice will be discussed in light of the findings.

#### Recommended reading:

Blood, I. (2004) *Older Women and Domestic Violence: A Report for Help the Aged and HACT*. London: Help the Aged

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

Women's Aid (2007) *Older women and domestic violence: an overview*. London: Women's Aid

#### Funding:

UK – Research Charity/Foundation  
10,001 – 50,000

1.2.2

### Holding it together: A psycho-social exploration of living with frailty in old age

Caroline Nicholson, National Nursing Research Unit, Florence Nightingale School of Nursing and Midwifery, King's College, London, UK

Co authors: Meyer, J; School of Community and Health Sciences City University; Flatley, M; St Joseph's Hospice, Hackney; Holman, C; School of Community and Health Sciences, City University.

#### Abstract:

#### Background:

With enhanced longevity, many people in late old age find themselves living at home, often alone, with increasing frailty – a slow dwindling pathway of decline towards death. Whilst current policy drivers focus on 'care at home', there is a lack of understanding of what this means for older people themselves.

#### Aim:

To explore how people over 85, living at home experience frailty and the impact of changing circumstance on their perceived physical, psychological and social worlds.

#### Method:

The complex dimensions of social, psychological and physical frailty require a research methodology that moves beyond purely social research. This study created a new method combining psychodynamic observation, Biographical Narrative Interpretative Method and use of a creative-

expressions pack. This methodology supported the significance of people's stories told in their own way, using different creative media. Crucially it recognised that life history frames experience and that meaning is expressed through emotions, as well as words.

Over the course of a year, 15 people were repeatedly interviewed, up to four times, in their homes. The analysis and interpretation of these rich data was staged, building in-depth whole life cases which were compared and contrasted with each other.

#### Findings and Discussion:

The findings question the prevailing concept of frailty as a period of inevitable decline. Rather, frailty is understood in terms of capacity – a state of unbalance in which people experience loss of some connections whilst trying to sustain others and perhaps create new ones. Although experiences were diverse, all participants held 'being frail' within a context of a limited future. This space between life and death is not held well within current policy and practice. Rather 'dying work' is held within a professional palliative care ideology and seen as something to be sequestered, not part of the normal development of the life course.

#### Recommended reading:

Davenhill, R., Balfour, A., Rustin, M., Blanchard, M. and Tress, K. (2003) Looking into later life: psychodynamic observation and old age. *Psychoanalytic Psychotherapy*, 17, pp 253–66.

Wengraf, T. (2008) Life-histories, lived situations and ongoing personal experiencing. The biographic-narrative interpretive method: B.?.I.M. interviewing and interpretation 1st November 2008. version 8.11b [Unpublished guide]

#### Funding:

UK – Research Charity/Foundation  
50,001 – 100,000

1.2.3

### The prevalence of mental health problems amongst older adults admitted as an emergency to a general hospital

Sarah Goldberg, Research Associate, The University of Nottingham, Nottingham, UK  
Co authors: Whittamore, K; Harwood, R and Gladman, J, University of Nottingham.

#### Abstract:

#### Background:

A high prevalence of co-morbid mental health problems is reported amongst older adults admitted to acute general hospitals.

#### Aims:

The objective of the study was to describe the types and prevalence of mental health problems

faced by these patients together with their functional, psychological and behavioural problems.

#### Methods:

Consecutive general medical and trauma orthopaedic admissions to Nottingham University Hospital, UK, aged 70 or older were screened between April 2009 and November 2009, using brief tests of cognition, mood, alcohol or other mental health problems. Those screening positive were invited to participate. For patients without capacity, a family member or carer acted as informant. Participants were assessed for physiological frailty (Study of Osteoporotic Fractures, Mini Nutrition Assessment), co-morbidity (Charlson), dependency (Barthel), cognition (Mini Mental State Examination), delirium (Delirium Rating Scale), depression (Cornell Scale for Depression in Dementia), behavioural and psychiatric problems (Neuropsychiatric Inventory).

#### Results:

1005 patients were screened; 64% screened positive; 250 agreed to participate. Of these, 79% probably had cognitive impairment, 43% delirium (or delirium complicating dementia) and 51% depression. 13% had hallucinations, 12% delusions, 34% apathy, 15% agitation or aggression. 47% were incontinent, 49% dependent on staff to help with feeding and 44% needed major help to transfer. 82% were frail and 73% at risk of malnutrition. Participants with cognitive impairment were significantly ( $p < 0.05$ ) older, more likely to be agitated or aggressive, apathetic, incontinent, dependent on staff to help with feeding and at risk of malnutrition.

#### Conclusion:

We confirm the high prevalence of mental health problems amongst older adults admitted to general hospitals. These adults have high levels of functional dependency, psychological and behavioural problems which have implications for how they are cared for on hospital wards. Services that can identify these problems and offer therapeutic intervention should be evaluated.

#### Funding:

UK – Health Service (National)  
→1,000,000

### 1.3 Theme: Dementia

1.3.1

#### Researching caring for people with dementia: Issues of recruitment

Jean Hennings, Lancaster University, Lancaster, UK  
Co authors: Froggatt, K. International Observatory on End of Life Care, School of Health and Medicine, Lancaster University; Payne, S. Division of Health Research, Lancaster University.

#### Abstract:

#### Background:

The experiences of spouse carers of people with advanced dementia living in nursing homes were explored using narrative methodology in a small pilot study. We recognised that spouse carers would be a difficult to reach group, but they had previously been under researched and their experiences were important to elicit. This paper highlights the barriers and facilitators encountered during the recruitment process.

#### Methods:

Spouse carers (N=9) were recruited from three nursing homes. Participants were interviewed individually and asked to keep a diary.

#### Findings:

Meticulous adherence to ethical principles of avoiding direct approaches to potential participants resulted in no recruits from two sites. A later strategy of seeking reasons for poor uptake resulted in willing recruits who had previously not received information or had misunderstood the requirements of the study.

#### Discussion:

The researcher was dependent on the good will of busy care home staff to deliver information regarding the research. Researchers in this situation need to be able to develop a relationship and offer reciprocity on several levels within the nursing home setting. In addition to careful preparation and negotiation, successful recruitment was dependent on the physical presence of the researcher 'in the field', to counter misunderstandings and develop trusting relationships.

#### Conclusions:

The activities of the researcher at recruitment sites must be finely balanced between maintaining ethical principles and ensuring that information regarding the research study has been received and fully understood by potential participants. It is essential that researchers are aware that recruitment in this area of research may be difficult. The extra activities and time involved should be costed into any research proposal.

The project is funded by The Bupa Foundation.

#### Recommended reading:

#### Funding:

UK – Research Charity/Foundation  
10,001 – 50,000



1.3.2

### Identifying a pain assessment tool for cognitively impaired and dementia patients in acute care

Julie Gregory, Royal Bolton Hospitals NHS Foundation Trust, Bolton, UK

Co authors: Vernon Chris, Feilding E, Timpson G, Royal Bolton Hospital NHS Foundation Trust

#### Abstract:

#### Aim:

This paper intends to describe the process of identification and evaluation of established pain assessment tools for people with cognitive impairment and dementia in acute care settings

#### Background:

The routine assessment of pain frequently relies on the individual reporting or expressing pain, in cognitively impaired patients this is not always possible and leads to problems for caregivers identifying and assessing pain, resulting in poorly managed pain (Horgas and Elliott 2004). Behavioural assessment tools are available but, have not been widely used within acute care settings.

#### Method:

A participatory action research approach was used. Initially a multi professional steering group examined the literature available and found sixteen observational pain assessment tools and examined seven in detail. Workshops comprising of clinical practitioners decided to try three tools in practice.

#### Results:

Initially all three tools were evaluated equally. Subsequent trials led to comparisons between the tools and the CNPI (Feldt 2000) was rated lower than the Abbey (Abbey et al 2004) and PAINAD (Warden et al 2003). Pain was not always identified despite the use of the tools and on occasion family members indicated when a patient was in pain.

#### Discussion:

The Abbey and PAINAD evaluated positively. They were devised for use in long term care. The CNPI was devised for use with orthopaedic patients, in this study it was rated poorly on the trauma wards.

#### Conclusion:

There is a need to introduce a pain assessment tool for cognitively impaired and dementia patients in acute hospital settings. Family members or carers need to be included in the assessment. Assessment tools can be used in acute care but there remains a need to adjust the current tools available.

#### Relevance to clinical practice:

The use of behavioural pain assessment tools confirmed pain behaviour and led to an increased awareness of pain and subsequent administration of analgesia.

#### Recommended reading:

Abbey J, de Bellis A, Piller N, Esterman A, Giles L, Parker D, Lowcay B (2004) The Abbey Pain Scale: a 1 minute numerical indicator for people with end stage dementia. *International Journal of Palliative Nursing*. 27 (3) 196-205

Feldt KS (2000) The Checklist for Nonverbal Pain Indicators (CNVI). *Pain Management Nursing* 1 (1) 13-21

Horgas AL and Elliott AF (2004) Pain Assessment and Management in Persons with Dementia. *Nursing Clinics of North America*. 39, 593-606.

#### Funding:

UK – Research Charity/Foundation  
1,000 – 10,000

1.3.3

### Managing incontinence and dementia at home: A feasibility study of preferences and effectiveness of different types of absorbent products

Sheila Donovan, Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, UK

Co authors: Drennan, V and Cole, L. Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London

#### Abstract:

#### Background:

Two thirds of people with dementia live at home (1) and a significant proportion will experience problems with incontinence. Incontinence can lead to social embarrassment, restriction of leisure activity, and increased laundry costs. Absorbent products such as continence pads come in a range of designs and absorbencies but studies have found wide variations in NHS advice and availability (2). Our earlier work suggested: carers and people with dementia had preferences for certain types of absorbent products; preferences can change as levels of ability and mobility change; ineffective absorbent products increased carer stress. While there have been evaluations of absorbent product designs(3), people with dementia living at home were not included as product users.

#### Aim:

A feasibility study to investigate the acceptability, effectiveness and associated costs of different types of absorbent products used for incontinence by people with memory problems living at home.

#### Methods:

Interviews with up to 40 family carers of people with dementia using continence pads, along with people with dementia who have capacity to consent. Data collection using structured measures to characterise the person with dementia and the carer, the incontinence, its management, and

the impact. Participants are invited to complete diary sheets and preference questionnaires, and weigh used pads for seven days. Follow-up 1-2 weeks later to collect diary sheets and questionnaires, and carry out semi-structured interviews to evaluate research methods.

#### Results and Discussion:

Recruitment began in October 2010 through voluntary groups and then additionally through NHS services. In this paper we give an overview of the study design; report on the preliminary data on acceptability, effectiveness and costs of products, and on the feasibility of our methods; and consider how the findings can inform both future research design as well as service provision for people with dementia living at home and their family carers.

#### Recommended reading:

Knapp, M., Prince, M., et al. (2007) *Dementia UK: Report to the Alzheimer's Society, King's College London and London School of Economics and Political Science*

InContact (1997) *National Survey of NHS Organizations*. Reported in Section 2.12 of Department of Health (2000) *Good Practice in Continence Services*. London: Department of Health

Fader, M., Cottenden, A., Getliffe, K., Gage, H., Clarke-O'Neill, S., Jamieson, K., Green, N., Williams, P., Brooks, R. and Malone-Lee, J. (2008) *Absorbent products for urinary/faecal incontinence: a comparative evaluation of key product designs*. Health T

#### Funding:

UK – Health Service (National)  
100,001 – 500,000

## 1.4 Theme: Ethics

1.4.1

### Seeking ethical approval for action research and participatory methodologies: Consideration of the ethical dilemmas and strategies to successfully navigate the ethical review process

Leslie Gelling, Reader in Nursing, Faculty of Health and Social Care, Anglia Ruskin University, Cambridge, UK

#### Abstract:

One of the most significant problems facing researchers adopting an Action Research approach is the need to seek the approval of an appropriate Research Ethics Committee (REC). Concerns about the growing bureaucracy and intense oversight involved in the process of seeking ethical approval have been well documented in many disciplines, including: medicine; nursing; social work; social policy; social care; health and others. It is claimed that many RECs are poorly prepared to review Action Research projects and have little experi-

ence in this methodological approach. There may be some truth in this criticism but Action Researchers have also not been without fault. For example, it has not been uncommon for applicants to seek ethical approval for Action Research projects that might have a clear starting point but then offer the REC no clear direction for how the project might progress or who will be involved.

There has been some convergence of thought around Action Research, with RECs beginning to understand the complexity of Action Research and how it can achieve meaningful outcomes. At the same time, Action Researchers have also begun to appreciate that RECs cannot issue blank cheque approvals in what is an increasingly litigious society. Members of RECs and Action Researchers have considerably more in common than many might think. They both place great emphasis on the safety of researchers, research collaborators and research participants in complex practice situations where balancing the possible risks and benefits might not always be straight forward.

Drawing on the presenter's experience as Chair of a National Health Service (NHS) REC and Chair of a Faculty Research Ethics Panel, this presentation will provide an overview of the common ethical dilemmas associated with Action Research and will offer some suggestions for how these might be overcome.

#### Recommended reading:

Khanlou N & Peter E (2004) Participatory action research: considerations for ethical review. *Social Science and Medicine*. 60, 2333-2340.

Blake MK (2007) Formality and friendship: research ethics review and participatory action research. *ACME: An International E-Journal for Critical Geographies*. 6(3), 411-421.

Puchner LD, Smith LM (2008) The ethics of researching those who are close to you: the case of the abandoned ADD project. *Educational Action Research*. 16(3), 421-429.

#### Funding:

No funding

1.4.2

### Locating corporate information from NHS foundation trusts

Val Woodward, Lecturer, Adult Community Nursing/Senior Research Fellow, School of Nursing and Midwifery, Faculty of Health, University of Plymouth, Plymouth, UK  
Co authors: Endacott RE; Sheaff R; Jones R, Faculty of Health, University of Plymouth

#### Abstract:

##### Background:

Boards of Directors (BoD) run NHS trusts such as foundation trusts (FTs), non-foundation acute trusts (NFATs) and primary care trusts (PCTs).

As part of a wider study, minutes of meetings were downloaded from trust websites to analyse clinical content. There were some difficulties obtaining minutes from FTs.

#### Aim:

To examine the availability and accessibility of minutes of BoDs meetings.

#### Methods:

150 PCTs, 92 NFATs and 56 FTs were listed in 2008. A random sample (based on power calculations) of 105 (35 in each type of trust) was selected, and attempts made to download a recent set of minutes from trust websites. Number of mouse clicks required to locate minutes was recorded.

#### Results:

**Availability:** For PCTs and NFATs, only three sets of minutes in each group (7.9%) were not located; a second random sampling provided the rest. Websites for all 56 FTs were visited in order to locate 35 sets: 37.5% were not available online: differences were significant ( $p < 0.001$ ).

**Accessibility:** Even where FT minutes were present, many were difficult to find. For NFATs and PCTs most (at least 30 out of 35) were located within four clicks of the mouse, compared with only 18 in FTs. Other FT issues included lack of up-to-date minutes online, none from BoD meetings but some from board of governors (BoG) or none from either BoD or BoG. Several FTs held BoD meetings in private.

#### Conclusions:

Increasingly BoD meetings in FTs are being held in private and minutes not available. The issue of transparency and accountability is important (NHS Confederation 2009, Lewis 2005). Lack of minutes prevents access to information and does not create an impression of open, accountable organisations. The move towards holding BoD meetings in private is not easy to defend and could erode public confidence in openness and transparency.

#### Recommended reading:

NHS Confederation (2009) NHS Organisations will Benefit from having the Correct Processes in Place to Deal with FOI Requests Effectively. [www.nhsconfed.org/PressReleases/2009/Pages/NHS-organisations-correct-processes-FOI-requests.aspx](http://www.nhsconfed.org/PressReleases/2009/Pages/NHS-organisations-correct-processes-FOI-requests.aspx)

Lewis R.Q. (2005) NHS foundation trusts. *British Medical Journal* 331, 7508, 59-60

#### Funding:

UK – Research Charity/Foundation  
10,001 – 50,000

1.4.3

### Cultural perspective on the ethics of involving children with cancer in research

Diana Arabiat, University of Jordan, Nursing Faculty, Maternal and Child Health Department, Amman, Jordan

#### Abstract:

This paper is concerned with ethical issues that have to be considered when conducting research with children in Middle Eastern countries. It sets the discussion in the context of current debate about researching children with cancer and explores the extent to which these ethical issues are similar to, or different from Western countries. In this context, we aim to present culturally sensitive issues encountered while investigating psychological wellbeing of children with cancer in Jordan. Such issues are often overlooked and for future studies with children the researchers can help provide a basis for reasoning and direct actions. Ethical issues in relation to conducting research with children in the present study will be discussed in relation with three issues:

- obtaining informed consent for participation in the research;
- assuring confidentiality; and
- assuring no harm.

Concern with children's rights has been extended to the question is it ethical to provide full information about the study for children who were not informed about their cancer diagnosis. The ethical issues that are discussed in this paper show that exploring children's psychological distress in a culture where this is not recognized provides the researcher with a number of concerns; the communication patterns of illness diagnosis, the wisdom of their elders, and the importance of their family may result in reluctance to show emotion or to question decisions made on their behalf. The necessity to take an ethical stance in such cases may encounter difficulty and a number of issues had to be addressed and sorted case by case.

#### Recommended reading:

Kirk S (2007) Methodological and ethical issues in conducting qualitative research with children and young people: A literature review. *International Journal of Nursing Studies*. 44 (7): 1250-1260

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. *The Belmont Report*. Washington, DC: US Government

Emanuel EJ; Wendler D; Grady C (2000) What Makes Clinical Research Ethical? *JAMA*. 283(20): 2701-2711

#### Funding:

No Funding

## 1.5 Theme: Staffing levels

1.5.1

**Safe nurse staffing levels: The contribution of research evidence in policy development**

Jane Ball, Policy Adviser and Workforce Researcher, Royal College of Nursing, London, UK

**Abstract:**

The aim of the paper is to highlight the research that has underpinned the development of policy regarding how nurse staffing levels should be determined locally. With severe financial pressures affecting health services in the UK, the need for 'evidence based nurse staffing' has never been greater. But what is the evidence that employers or policy makers can draw on to determine appropriate nurse staffing, and ensure that nurse staffing levels are safe?

The paper will present an overview of research findings that have helped shape our understanding of 'safe nurse staffing levels'. Three main areas will be covered:

- an overview of the research linking nurse staffing to patient outcomes and patient safety (and limitations of the evidence base)
- a more detailed presentation of the findings from a large-scale survey of nurses that explores workload, patient to nurse ratios and impact of quality of care (sample of 9,000 nurses from across the UK, stratified random sample, postal/online targeted survey with 3 reminders, response rate 54%, conducted in 2009)
- identification of the core principles of different approaches to planning nurse staffing.

The paper will then set out how this research evidence has been used to shape national level policy on determining safe nurse staffing levels.

**Funding:**

UK – Professional Association

No funding

1.5.2

**Practice nurse staffing and the quality outcomes framework: A real effect or just a proxy for organisational factors?**

Peter Griffiths, National Nursing Research Unit, King's College, London, Florence Nightingale School of Nursing and Midwifery, London, UK

Co author: Maben, J, Murrells, T. National Nursing Research Unit, King's College, London, Florence Nightingale School of Nursing and Midwifery and Griffiths, P. University of Southampton

**Abstract:****Background:**

An association between nurse staffing levels and quality of care has been established in acute hospitals (Kane, Shamliyan et al. 2007). Equivalent associations have been rarely explored in general practice. Recently an association was demonstrated in general practice for several chronic conditions (Griffiths, Murrells et al. 2010). There is a view that organisational factors dominate care quality.

**Aims and objectives:**

To determine whether relationship between nurse staffing and quality of clinical care in English general practices is attenuated by organisational factors.

**Method:**

2005/6 Quality Outcomes Framework data on organisational factors, patient experience and the quality of clinical care for eight long term conditions from 8409 English general practices were used. Nurse staffing was estimated using practice head count and Primary Care Trust workforce data. The relationship between staffing, patient experience, organisational factors (arising from a factor analysis) and the eight conditions were explored using a structural equation modelling approach.

**Results:**

Higher levels of nurse staffing, clinical recording, education and training, and reflection on patient surveys (proxy for patient experience) were all associated with improved clinical care across a range of conditions (COPD, CHD, Diabetes, Hypothyroidism) which remained after controlling for organisational factors. Evidence of attenuation of the nurse staffing effect was small. Strongest predictors were the organisational factors and use of patient surveys. However nurse staffing remained an important explanatory variable.

**Conclusions:**

Nurse staffing has an independent association with quality that remains in the presence of organisational factors. Not employing a practice nurse may be partially compensated by higher levels of clinical recording and education and training of other practice staff. Organisational factors contribute to observed variation in the quality of care in English general practices but so do nurses. The benefits and importance of education, training

and personal development of nursing and other practice staff was clearly indicated.

**Recommended reading:**

Griffiths, P., T. Murrells, et al. (2010). "Nurse staffing and quality of care in UK general practice: cross-sectional study using routinely collected data." *British Journal of General Practice* 60(1): e36-e48.

Kane, R., T. Shamliyan, et al. (2007). "The Association of Registered Nurse Staffing Levels and Patient Outcomes: Systematic Review and Meta-Analysis." *Medical Care* 45(12): 1195-1204.

**Funding:**

UK – Health Service (National)

50,001 – 100,000

1.5.3

**Professional views of palliative care in Parkinson's disease (396)**

W. George Kernohan, Institute of Nursing Research and School of Nursing, University of Ulster, Newtownabbey, UK

Co author: Waldron, M.A

**Abstract:****Background:**

A supportive, palliative care approach has been recommended in the care of people with any life-limiting chronic illnesses, such as Parkinson's disease (Hudson et al. 2006). In assessing the palliative care needs of people with non malignant disease, difficulties have been identified in communication and information exchange, with fragmented co-ordination between services (McIlfatrick, 2007). It is possible that such difficulties start with the involved professionals.

**Aims:**

To investigate the views of health and social care professionals with regard to PD and palliative care issues.

**Methods:**

Within an exploratory research design, 39 health and social care professionals completed a survey on the main barriers in providing palliative care to people with PD. Data were then subjected to descriptive and thematic content analysis.

**Results:**

A mixed qualitative and quantitative questionnaire was completed by ten doctors, 14 nurses, 8 AHPs and 7 social workers. They identified the main barriers to delivering palliative care to people with PD as a lack of resources, of training and of service co-ordination and perceptions of palliation in PD care. More, earlier and speedier access to patients and carers' needs assessment was advocated for patient and carers, together with an increase in resources and designated staff within each area. Better liaison between secondary care, rehabili-

tation care and palliative care services was also highlighted.

#### Conclusions:

Health and social care professionals recognise gaps in services for people with PD and identify barriers to the delivery of palliative care. Some barriers require focussed resources and better coordination so that they and their carers may benefit from the physical, psycho-social and spiritual aspects of this approach.

#### Recommended reading:

Hudson, P., Toye, C., Kristjanson, L.J. (2006) Would People with Parkinson's Disease Benefit from Palliative Care, *Palliative Medicine*, 20, 2, 87-94.

McIlfratrick, S. (2007) Assessing palliative care needs: views of patients, informal carers and healthcare professionals. *Journal of Advanced Nursing*, 57, 1, 77-86.

#### Funding:

UK – Research Charity/Foundation

50,001 – 100,000

## 1.6 Theme: Patient experience

1.6.1

### Timing of urinary catheter removal after surgery: Identification of factors of importance to patients using a qualitative approach

Rashmi Bhardwaj, Senior Research Nurse, Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust, UK

#### Abstract:

#### Background:

Catheter-associated urinary tract infection (CAUTI) is a key focus of patient safety initiatives [1]. Duration of catheterisation is a major risk factor for CAUTI with bacteriuria increasing by 5% daily, but early catheter removal is hampered by clinician and patient factors [2]. Identification of these barriers may help reduce CAUTI risk.

#### Aim:

To explore patients' beliefs and perceptions regarding short term catheterisation.

#### Methods:

Semi-structured recorded interviews were carried out in November 2010 with three men and seven women, aged 25 – 75 years, catheterised following elective neurosurgery. Interviews were transcribed and thematically analysed using grounded theory approach.

#### Results:

The main themes were:

- Uncertainty: Lack of information; 'I spent the night worried sick thinking that I had to go back to theatre to get my catheter removed'

- Consent: Not being told of the need for catheterisation; 'It should definitely be written and on the consent form because it's your personal parts. I was very upset waking up with one

- Dignity: 'I suppose what I usually don't like to talk about is seeing the urine. I think that's quite undignified. Not having a catheter may also be detrimental; 'I wasn't so embarrassed about the catheter because I'd rather have that than keep weeing the bed your dignity is taken away from you

- Environment: Participants preferred to have the catheter left in rather than having to ask the staff to take them to the toilet.

#### Discussions:

Participant's fears predominantly arose from lack of knowledge. This should be modified by provision of an information leaflet and pre-operative discussion. Embarrassment related to lack of concealment of drainage bags and shared toilet facilities which could be addressed by appropriate equipment and individual en-suite patient rooms.

#### Recommended reading:

Department of Health (2009) High Impact Actions for Nursing and Midwifery

I-Weise, BS. Van den Broek, PJ. (2005). Urinary catheter policies for short-term bladder drainage in adults. *Cochrane Database of Systematic Reviews Issue 3*. Art. No.: CD004203.

#### Funding:

UK – Research Council

10,001 – 50,000

1.6.2

### From the lost to the redefined self: Experiences of tetraplegia within the first year following traumatic injury

Julia Maz, Nursing Lecturer, School of Healthcare, University of Leeds, Leeds, UK

#### Abstract:

#### Background:

There are approximately 500 to 700 new spinal injuries every year (RCP, 2008), many of which result in tetraplegia. The literature, however, has provided scant detail on individual's experiences within the first year following such injury.

#### Aim:

To explore individual's experiences of traumatic tetraplegia with an emphasis on self.

#### Methods:

Data (from 30 interviews with 10 individuals) were analysed using Charmaz's (2006) grounded theory approach. Decisions on sampling were made using the constant comparative method and theoretical sampling.

#### Results and Discussion:

The process that emerged as relevant and problematic was 'Reframing Expectations'. Individuals described a Lost self and the depth of coming to terms with multiple layers of loss heaped upon loss. Putting on a front served as a form of temporal containment as individuals sought to come to terms with the impact. Eight individuals came to realise that Accepting tetraplegia was an important juncture in order to move towards an Emerging self as the resultant paralysis became a part of being. The beginnings of a Redefined self emerged as individuals regain to experience success, largely with respect to the electric wheelchair.

#### Conclusion:

The presentation will contribute to the knowledge with regards to the experiences of high level spinal injury. Practice implications are most relevant for those caring for these individuals.

#### Recommended reading:

Royal College of Physicians (2008) Chronic spinal cord injury: Management of patients in acute hospital settings. National Guidelines, London

Charmaz, K. (2006) *Constructing Grounded Theory: A practical guide through qualitative analysis*, London: SAGE

#### Funding:

No funding

1.6.3

### The development of a conceptual framework to aid the measurement of dignity in healthcare

Simon Palfreyman, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

Co authors: Dixon S.; Shackley P and Brazier JE, University of Sheffield

#### Abstract:

#### Background:

Dignity can be a nebulous concept to define – one review (Jacobson 2007) found over 12,000 citations. A number of initiatives have focussed on delivering dignity in healthcare but currently no standardised, validated questionnaire exists. Consequently, treatments that have a large, positive, impact on dignity may be undervalued by the current patient reported outcome measures (PROMs) used in economic evaluations.

#### Aims:

To develop a conceptual framework that relates dignity to concepts currently used within health care evaluation and develop a set of patient reported dignity questions (PRDQs) that fit within this conceptual framework.



**Methods:**

Key documents and expert opinion were used to pearl grow references which used PRDQs. This was supplemented with searches of key electronic databases and web based resources. Thematic and concept analysis were used to place questions within a theoretical framework.

**Results:**

A large number of issues (n= 99) were highlighted. These were grouped and brought together in a framework based around Sen's capabilities approach (Sen 1985) covering environment, process of care, capabilities, functionings, dignity and well-being. A sample of questions were mapped onto the areas.

**Discussion:**

There are many different definitions and conceptualisations of dignity. Consequently it is unclear what it means, how it should be measured and how it relates to other concepts used in health technology assessment. Our framework shows how dignity relates to structures, processes and well-being and can be assessed alongside health outcomes. A questionnaire based around dignity would provide broader evaluations of health care interventions than more fully capture impacts on well-being.

**Conclusions:**

We have developed a conceptual map of dignity and well-being that is capable of incorporating the vast majority of the care-related issues highlighted in the literature. This appears to be a valuable starting point for further research to measure dignity.

**Recommended reading:**

Jacobson, N. (2007) Dignity and health: a review. *Social Science & Medicine*, 64, 292-302

Magee H, Parsons S, Askham J. (2008) Measuring Dignity in Care for Older People. A Research Report for Help the Aged. Picker Institute Europe. <http://policy.helptheaged.org.uk/NR/rdonlyres/4EEDFA38-D850-4C53-81DE-CoD2664B50FE/0/MeasuringDignityinCareID8>

Sen A. (1985) *Commodities and Capabilities*. Oxford. Oxford University Press.

**Funding:**

UK – Health Service (National)  
10,001 – 50,000

## 1.7 Theme: Methodology/methods

## 1.7.1

**The researcher's toolbox: Data analysis using tools from theatre studies and sociology**

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

**Abstract:**

As novel and innovative approaches to qualitative research develop so too must approaches to data analysis. This paper illustrates how a data analysis framework was developed for a nursing research study of meaning and purpose in nursing home life. The framework was developed using approaches to data analysis that originated in theatre studies and sociology. A bricolage approach was used to data collection and data analysis. This approach facilitates the crossing of disciplinary boundaries so that the analytical frames of more than one discipline are employed by the researcher (Kincheloe, 2001).

In this study data analysis of life story interviews, one to one interviews and focus group interviews of fifty two nursing home residents and staff, was undertaken. There was a tension in the analysis of the data between keeping the stories 'whole', whilst indentifying and exploring key features of the accounts. This tension was resolved by constructing a framework for data analysis that had a horizontal and vertical axis.

The horizontal axis used a socio-cultural approach to narrative analysis, taken from sociology. This ensured that analysis of the life story and one to one interviews, avoided segmentation of data and resulted in a synopsis of the content and context of each narrative (Grbich, 2007). The vertical axis of the data analysis framework used a 'values coding' approach as advocated by Saldaña, a Professor of Theatre Studies (2009). This approach focused on the values, attitudes and beliefs of the residents and staff, expressed in the variety of different interviews.

The complex nature of the research question, 'How can meaning and purpose be enhanced in the lives of nursing home residents?' required a data analysis framework that facilitated the 'horizontal' narrative analysis and the 'vertical' values coding. This demonstrates the benefit of using a variety of tools from the researcher's toolbox.

**Recommended reading:**

Grbich C (2007) *Qualitative data analysis: an introduction*, SAGE, UK

Kincheloe J.L. (2001) Describing the bricolage: Conceptualising a new rigor in qualitative research, *Qualitative Inquiry*, 7, 679-692

Saldaña J. (2009) *The coding manual for qualitative researchers*, SAGE, USA

**Funding:**

No funding

## 1.7.2

**Q Methodology and its uses in nursing research**

Joan Simons, Faculty of Health and Social Care, The Open University, Milton Keynes, UK

**Abstract:**

William Stephenson, a British psychologist, is credited as the founder of Q methodology in the 1930s. It was developed to provide a means by which the subjectivity involved in any situation could be revealed. Stephenson specifically wanted to research people's opinions, ideas, beliefs, and perspectives (Kitzinger 1999).

Q methodology involves taking samples from the literature that represents all forms of literature about a topic. These samples are written onto cards that are then given to individuals to rank order the statements, such as from strongly agree to strongly disagree. The cards are known as the q sort and the process of sorting is known as q sorting. This information is then placed into a computer software package and analysed with factor analysis. The factor analysis is performed on the participants rather than the statements to determine clusters of attitudes towards the phenomena.

Q methodology is best used in settings where many attributes impact behaviour. Therefore it is very suitable for nursing. Methodologically it allows the researcher to view the different patterns of nurses' thoughts and help gain one insight into the how and why of nurses' thinking. Nurses regularly participate in decision making and the prioritisation of factors surrounding an individual patient's condition and interventions. Q methodology extends this practice by asking nurses to illustrate the decision making process through using q cards (Gallagher and Porock 2010).

'there is no other method or theory which matches Q's versatility or reach... so it remains today as it was envisioned 60 years ago – the foundation for the scientific study of subjectivity'.

Brown (1986)

This presentation will explore the advantages and disadvantages of Q methodology for nursing research, using examples of studies focusing on nurse education, mental health, pain and accessibility of research knowledge.

**Recommended reading:**

Brown S.R. (1986) *The History and Principles of Q Methodology in Psychology and the Social Sciences*. Department of Political Science, Kent State University, Kent, Ohio <http://facstaff.uww.edu/cottlec/QArchive/Bps.htm> Accessed 20.11.10

Gallagher K., and Porock D. (2010) The Use of Interviews in Q Methodology. *Nursing Research* 59:4: 295 – 300.

Kitzinger C. (1999) Researching subjectivity and diversity: Q methodology in feminist psychology. *Psychology of Women Quarterly*. 23:2:267 – 276.

**Funding:**

No funding



1.7.3

### Grounded theory: Debating the relationship between methodology, method and rigor in contemporary grounded theory research.

Kay Currie, School of Health, Glasgow Caledonian University, Glasgow, UK

#### Abstract:

Personal experience as a research supervisor has piqued my interest in the process by which doctoral students come to make decisions about grounded theory research approaches and how to address the thorny issue of rigour in qualitative research designs.

Rolfe (2006) presents an analysis of the evolution in debate on this topic, arguing that the search for a set of generic criteria to make judgements about the rigour of qualitative research is futile. Conversely, many authors promote a criterion based approach and it is common for students to present Lincoln & Guba's (1985) recommendations as the framework on which to judge the rigour of their work.

Adding to complexity around this question of rigour, whilst Charmaz's constructivist approach to grounded theory is gaining momentum, not all grounded theory methods necessarily sit comfortably within an interpretivist/constructivist paradigm; post-positivist tendencies have been attributed to both Glasarian and Strauss & Corbin methods (Lomborg & Kirkevold, 2003).

This paper will argue that for doctoral studies in particular, the fundamental question underpinning rigour in grounded theory research is that of methodology, not method. Before choosing a grounded theory approach, the researcher should carefully lay out their methodological assumptions and then make decisions on maintaining rigour from the epistemological position they hope to defend. Rules and criteria may be appropriate where the post-positivist search for truth or validity is endorsed however; application of these techniques is often uncritical. Arguably, they become irrelevant where 'grounded theory' is relegated to the position of method within an interpretivist methodological stance, where reflexive explanation of analysis is viewed distinct from approaches that seek confirmation of rigour by verification by members or experts.

Engaging with this debate should provide stimulus for health care researchers and students alike, challenging formulaic responses, ultimately enhancing rigour in grounded theory research.

#### Recommended reading:

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry*. Sage, California.

Lomborg, K. & Kirkevold, M. (2003).

Rolfe, G. (2006). 'Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing*, Vol. 53, no. 3, pp. 304-310.

#### Funding:

No funding

## 1.8 Theme: Service innovation and improvement

1.8.1

### Improving breast and lung cancer services in hospital using experience based co-design (EBCD)

Jill Maben, National Nursing Research Unit, King's College, London, Florence Nightingale School of Nursing and Midwifery, UK

Co authors: Robert G; Tsianakis V; Wiseman, T. Florence Nightingale, School of Nursing and Midwifery, King's College London. Richardson A. Southampton University Hospitals NHS Trust and the University of Southampton.

#### Abstract:

#### Background and Aims:

This project sought to design better experiences for patients and health care staff from the breast and lung cancer services within two large teaching hospitals in England. Experience based co-design (EBCD) was the chosen action research approach (Bate and Robert 2007). EBCD is a new and innovative methodology combining (1) a user-centred orientation (by adopting a narrative storytelling approach) and (2) a participatory, collaborative change process, allowing staff to 'see the person in the patient' and placing patient and staff experience at the centre of service development.

#### Methods and Results:

The project involved an in-depth qualitative study of how care was delivered by staff and received by patients, focusing on patients' emotional 'journey'. It included 36 filmed patient narratives, capturing the key emotional 'touch points', 60 staff interviews about their experience of providing services, and ethnographic observation of clinical areas. Patient and staff interviews were analysed to identify themes and issues for which were feedback to patients and staff at various group events. For example, a composite 30 minute film of breast and lung cancer patients' experiences, was created and used to feedback patient narratives to staff. Through a facilitated three-stage change process which will be described, patients and staff agreed on joint priorities for improvement and then worked together in co-design groups that focused on identified priority areas (for example information provision, day surgery, continuity of care, diagnosis and outpatient care).

#### Discussion and Conclusions:

The paper reflects on lessons learned for improving patient/staff experiences through the use of EBCD. It explores the value of the EBCD approach, the use of narratives, observation and film (excerpts will be shown) as a way of humanising health care and engaging staff and patients in a change process to facilitate meaningful and lasting improvements in service provision.

#### Recommended reading:

Bate, P and Robert G. (2007). *Bringing User Experience to HealthCare Improvement: the concepts,*

methods and practices of experience based design. Radcliffe, Oxford.

#### Funding:

UK – NHS Charitable Funds

100,001 – 500,000

1.8.2

### Improving support for breastfeeding: What can Children's Centres do?

Louise Condon, Department of Nursing and Midwifery, University of the West of England, Bristol, UK

#### Abstract:

#### Background:

Britain has one of the lowest breastfeeding rates in Europe, with particularly low rates among White British families living in disadvantaged communities (Bolling et al 2007). As breastfeeding has important long term health benefits for babies and their mothers, this represents a serious inequality in health (DH 2004). It is part of the remit of Sure Start Children's Centres which serve disadvantaged areas to offer child and family health services, including breastfeeding support (Ofsted 2009).

#### Aim:

This study utilised an action research strategy to involve stakeholders in developing and extending breastfeeding promotion and support within three Children's Centres in Bristol.

#### Methods:

A total of ten focus groups were conducted with Children's Centre staff and local parents (51 participants) between July 2008 and May 2009. Initially stakeholders' views were explored on current breastfeeding promotion and how Children's Centres could better support breastfeeding to meet local needs. Following implementation of the proposed changes, staff, parents and researchers shared their views on what had been achieved and on possible future initiatives.

#### Results:

Barriers to breastfeeding promotion were identified as latent hostility in some local communities towards breastfeeding, and lack of knowledge about infant feeding among staff. There was variation in the extent to which Children's Centres engaged with the action research process and changes made, but all Centres did develop their breastfeeding promotion practice. Initiatives put into practice included strengthening links with health professionals, actively seeking to involve fathers, increasing peer support and adopting a clear 'Breastfeeding Welcome' policy.

#### Conclusion:

This study has demonstrated that a collaborative action research approach can effectively stimulate

the development of breastfeeding promotion and support within Children's Centres, leading to prompt and sustainable changes in practice.

**Recommended reading:**

Bolling K., Grant C., Hamlyn B. & Thornton A. (2007) Infant Feeding Survey 2005. The Stationery Office, London

Department of Health (2004). Choosing Health: Making healthier choices easier. London: The Stationery Office.

Ofsted (2009) The Impact of Integrated Services on Children and their Families in Sure Start Children's Centres. Ofsted, London

**Funding:**

UK – Health Service (Local)

10,001 – 50,000

1.8.3

**Intent to breastfeed: A population-based perspective**

*Ilana Chertok, Associate Professor, West Virginia University, School of Nursing, Department of Health Promotion, Morgantown, West Virginia, USA*

*Co author: Dr. Juhua Luo, PhD, West Virginia University, School of Medicine, Department of Community Medicine and Mary Babb Randolph Cancer Institute; Dr. Stacey Culp, PhD, West Virginia University, School of Nursing, Department of Health Restoration; Dr. Martha Mullett, MD, West Virginia University, School of Medicine, Department of Pediatrics*

**Abstract:**

**Background:**

Prenatal maternal intent to breastfeed can indicate postnatal breastfeeding practices and may identify potential barriers to breastfeeding. Breastfeeding rates in West Virginia, a primarily rural state, are among the lowest in the USA (USA). Breastfeeding has been demonstrated to protect infants from many chronic and acute diseases, yet many women do not to breastfeed. By identifying prenatal maternal intent to breastfeed, nurses can provide tailored prenatal anticipatory guidance and education regarding the importance of breastfeeding, especially for women at risk for not breastfeeding. Minimal research has been published to date on population-based prenatal intent to breastfeed among rural women.

**Goal:**

To examine factors contributing to prenatal intent to breastfeed among women in a rural state in the USA using a population-based approach.

**Methods:**

Secondary data analysis of population-based data was conducted using 2 state-linked databases. State data included all live singleton births from at least 20 weeks gestation in West Virginia from 2004 to 2006, for a total of 52,899 births.

**Results:**

Results from the logistic regression model for the population-based study indicate that statistically significant variables predicting intent to breastfeed among pregnant women in West Virginia include insurance status (OR=1.40), maternal education (OR=1.94), maternal age (OR=1.02), parity (OR=0.54), marital status (OR=1.43), timing of prenatal care initiation (OR=1.25), and prenatal smoking status (OR=0.57) ( $P < 0.001$  for all variables).

**Conclusion:**

Prenatal identification of characteristics associated with lack of intent to breastfeed can serve to inform healthcare providers of women who are at risk for not breastfeeding for directed breastfeeding promotion and intervention, complementing education of healthy lifestyle choices such as breastfeeding promotion with smoking cessation. Considering the influence of prenatal lifestyle choices on postpartum health behaviors, maternal report of infant feeding intent is an indicator of educational emphasis by the health care provider.

**Recommended reading:**

Donath S.M., Amir L.H., ALSPAC Study Team. (2003) Relationship between prenatal infant feeding intention and initiation and duration of breastfeeding: a cohort study. *Acta Paediatrica*, 92, pp. 352-356.

Flower K.B., Willoughby M., Cadigan R.J., et al. (2008) Understanding breastfeeding initiation and continuation in rural communities: a combined qualitative/quantitative approach. *Maternal and Child Health*, 12, pp. 402-414.

Chertok I.R.A. & Hoover M. (2009) Breastfeeding legislation in states with relatively low breastfeeding rates compared to breastfeeding legislation of other states. *Journal of Nursing Law*, 13, pp. 45-53.

**Funding:**

No funding

## Concurrent session 2

### 2.1 Theme: Self management

2.1.1

#### Self-management strategies for Heart Failure: A qualitative synthesis

Jennifer Wingham, Royal Cornwall NHS Hospitals Trust, Truro, UK

##### Abstract:

##### Background:

Heart failure significantly affects quality of life. Cardiac rehabilitation for heart failure has been recommended in new NICE guidelines (2010)

##### Aim:

To conduct a qualitative synthesis of heart failure patients attitudes, beliefs and their self-management strategies.

##### Method:

Following an initial scoping exercise, a systematic search to identify qualitative papers relating to self-management of heart failure was undertaken (Medline, EMBASE, CINAHL, PsycINFO and ASSIA completed October 2010). Informed by (Noblit and Hare 1988), eighty-five potentially relevant papers were independently assessed by JW and GH for their appropriateness and methodological rigor to the research question. Thirteen key papers were identified and their data systematically extracted. Constant comparison technique will inform the synthesis to develop a model based on barriers and facilitators of self-management.

##### Results:

Initial findings indicate a complex relationship between barriers and facilitators for heart failure self-management. Patients were confronted with a process of emotional adaptation to living with the uncertainty of their condition. Self-management strategies were prioritised according to life circumstances, co-morbidities, role within the family, employment and role in society – potential barriers or facilitators to successful management. Some responded by taking control of their management while others acquiesce to family members or health care professionals. Self-management was also influenced by lay and professional support including nurses. Specific strategies included individuals learning to monitor health status, recognise symptoms, adapt medication in order to participate in social activities, seek help when unwell, and resting between activities. Strategies, including smoking represented negative emotional support responses.

##### Discussion:

The synthesis forms the evidence-base necessary to develop specific home-based and group-based cardiac rehabilitation programmes that enable

people to make informed decisions about their self-management decisions.

##### Conclusion:

Understanding the perspective of people living with heart failure will inform service development and further research in cardiac rehabilitation and nursing.

##### Recommended reading:

NICE (2010). Chronic heart failure: management of chronic heart failure in adults in primary and secondary care. Clinical Guidelines G108. <http://guidance.nice.org.uk/CG5>

Noblit, G. Hare, R. (1988) Meta-ethnography: Synthesising Qualitative studies. London, Sage Publications.

##### Funding:

UK – Health Service (National)

50,001 – 100,000

2.1.2

#### Relationships between lay beliefs and self-care in heart failure

Julie MacInnes, Department of Nursing and Applied Clinical Studies, Faculty of Health and Social Care, Canterbury Christ Church University, Canterbury, UK

##### Abstract:

##### Background:

Heart failure is a complex clinical syndrome which is increasing in prevalence in the UK. It is associated with a number of distressing symptoms and carries a poor prognosis (NICE, 2010). It is hypothesised that lay beliefs about illness and its treatment may influence self-care behaviour, a key requirement in the management of long-term conditions (DH, 2005).

##### Aim:

The aim of this research was to determine relationships between illness and treatment beliefs and self-care in heart failure using the common sense model (CSM) of illness cognitions and behaviour as the theoretical framework (Leventhal et al, 1980)

##### Methods:

Using a mixed methodology, illness and treatment beliefs were first explored using semi-structured interviews in a purposive sample of 12 community-based, heart failure patients. These findings were used to adapt the Revised Illness Perception Questionnaire (IPQ-R) (Moss-Morris et al, 2002) and the Beliefs about Medicines Questionnaire (BMQ) (Horne et al, 1999). A questionnaire assessing

self-care was developed based on the European Heart Failure Self-Care Behaviour Scale (EHFScBS) (Jaarsma et al, 2003). A total population, questionnaire survey of 169 patients was conducted and relationships were determined using Pearson's correlation co-efficients and multiple regression analysis.

##### Results and Discussion:

A number of statistically significant correlations were found between beliefs and behaviour. Moderate correlations were found between beliefs about the necessity of medication ( $r=0.45$ ,  $p<0.01$ ), perceived medication knowledge ( $r=0.51$ ,  $p<0.01$ ), illness coherence ( $r=0.40$ ,  $p<0.01$ ) and self-care. From regression analysis, 46% of the variance in self-care could be explained by illness representations and treatment beliefs with three factors found to be significant predictors of self-care.

##### Conclusion:

These findings suggest that nursing interventions developed to explore beliefs and address specific misconceptions about the illness and its treatment may enhance self-care and improve clinical outcomes in this population.

##### Recommended reading:

Department of Health (2005) "Self-care – a real choice". London. HMSO.

Leventhal, H., Meyer, D. and Nerenz, D.R. (1980) The common sense representation of illness danger. In Rachman, S. (Ed). Contributions to Medical Psychology. 2: 17-30. New York. Pergamon Press.

National Institute of Clinical Excellence (NICE) (2010) Chronic Heart Failure: National clinical guideline for the diagnosis and management in primary and secondary care. London. Royal College of Physicians.

##### Funding:

No funding

2.1.3

#### Empowerment through education – educating clinicians to provide self-management support

Vicki Drury, National University of Singapore, Singapore

##### Abstract:

##### Background:

Globally low vision is a major cause of disability and has been identified as contributing to poor health outcomes and high health utilization. Low vision

results in disability that may affect all aspects of an individual's life resulting in high health costs and the inability to live independently. Internationally self-management principles have been used in the management of chronic diseases for many years and have been found to decrease health utilisation, increase quality of life and increase independence. Research in Australia demonstrated that self-management principles can be applied to disabilities such as low vision with programs based on these principles resulting in improved patient outcomes, for example, increased self-efficacy and improved quality of life.

#### Aim:

To develop and evaluate an experiential, generic professional development program in self-management principles for clinicians working with patients with low vision in Singapore.

#### Methods:

Kirkpatrick's learning and training evaluation theory was used in an action research framework to develop and evaluate a generic self-management program for staff with different educational and skills backgrounds working with clients with disabilities. Pre and post test surveys were evaluated using a paired t-test.

#### Results or findings:

Education in self-management principles increased participants' confidence in applying the skills and knowledge in practice. Engaging healthcare professionals in generic self-management training provides clinicians with the necessary skills and knowledge to apply the principles across all programs.

#### Implications for clinical practice:

Self-management principles play a pivotal role in sustaining self-efficacy and sense of coherence, however these principles are not generally taught to healthcare clinicians. Since these attributes are open to change it is essential that nurses have a good understanding of the principles and are confident in applying them in practice. Nurses are in key positions to take lead roles in the self-management support of people with low vision in the community.

#### Recommended reading:

Rees, G., Keefe, J., Hassell, J., Lamoureux, E. and Lamoureux, L. (2010) 'A self-management program for low vision: Program overview and pilot evaluation', *Disability and Rehabilitation*, 32(10), 808-815.

acker, T., Girdler, S., Boldy, D., Dhaliwal, S. and Crowley, M. (2009) 'Vision self-management for older adults: a pilot study', *Disability and Rehabilitation*, 31(16), 1353-1361

Girdler, S. (2006) *The Development and Evaluation of a Self-management Intervention for Older Adults with Age-related Macular Degeneration*, Perth, Australia: Curtin University of Technology.

#### Funding:

Virtual Institute for Studies in Ageing  
10,001 – 50,000

#### 2.1.4

### Ability not disability: Empowering Singaporeans with low vision through a novel self-management program

Vicki Drury, National University of Singapore, Singapore

#### Abstract:

#### Background:

Singapore has embraced chronic disease self-management (CDSM) for the major chronic diseases such as diabetes and chronic obstructive pulmonary disease (Cheah, 2001) with CDSM programs being well established and facilitated by expert nursing staff in the polyclinics throughout Singapore (Mun, Chuan, & Hong, 2006). Their use in Singapore in the management of chronic disease clearly demonstrates that CDSM programs are culturally acceptable (Cheah, 2001; Tan, 2002). However, the use of self-management principles for disabilities such as low vision and blindness has not been evaluated in Singapore despite there being a pressing need for more local research on the effects of such programs, particularly in relation to quality of life and utilisation of health resources (Cheah, Emmanuel, & Heng, 2002). This paper reports preliminary findings from the Low Vision Self-Management Program.

#### Aims:

To develop, implement and evaluate the Singapore Low Vision Self-Management Program.

#### Methods:

This quantitative study used a two group pre – and post-test design to determine the effectiveness of a self-management program to increase self-efficacy and improve quality of life in a group of Singaporean Chinese patients. Data was captured in both groups at the same time.

Data was collected from three standardised instruments. Self-efficacy was evaluated using the Chinese General Self-Efficacy Scale (CGSS); Quality of life (QoL) was evaluated using the Chinese Low Vision Quality of Life Questionnaire (CLVQoL) and Cognitive functioning was evaluated using the Chinese Mini Mental State Examination (CMMSE). Additionally, basic epidemiological data was collected.

#### Conclusion:

The Singapore Low Vision Self-Management Program addressed educational, psychological and practical interventions for older Chinese adults with low vision. The program assisted patients to develop the skills they needed to maintain or increase their life activities, increased their self-efficacy and improved their quality of life.

#### Recommended reading:

Lee, L., Packer, T., Tang, S. and Girdler, S. (2008) 'Self-management education programs for age-related macular degeneration: A systematic review', *Australasian Journal on Ageing*, 27(4), 170-176.

Packer, T., Girdler, S., Boldy, D., Dhaliwal, S. and Crowley, M. (2009) 'Vision self-management for older adults: a pilot study', *Disability and Rehabilitation*, 31(16), 1353-1361.

Rees, G., Keefe, J., Hassell, J., Lamoureux, E. and Lamoureux, L. (2010) 'A self-management program for low vision: Program overview and pilot evaluation', *Disability and Rehabilitation*, 32(10), 808-815

#### Funding:

Virtual Institute for Studies in Ageing  
1,000 – 10,000

## 2.2 Theme: Patient experience

### 2.2.1

### Challenges in researching patient experience

Liz Tutton, RCN Research Institute, School of Health and Social Studies, University of Warwick, Coventry, UK

Co author: Staniszewska S, RCN Research Institute, University of Warwick

#### Abstract:

Understanding patient experience forms a central focus of Government policy, most recently outlined in the government document 'Liberating the NHS.' Researching patient experience is rewarding but fraught with challenges, rarely examined in depth. While there is great potential for experience to inform practice, theory and policy often the degree to which this is achieved is limited and in the future significant enhancement is required. This paper will consider practical and theoretical issues pertaining to the use of data from patient experience. Drawing on examples from the authors' own research this paper will consider i) the nature of evidence provided by patient experience ii) the challenges of utilising experiences data to inform policy and practice iii) finding ways forward that meet current funding requirements.

i) The nature of evidence provided by patient experience identifies: the different sources of evidence, how it is collected, how it is presented and its usability. Concerns around process, the range of methodologies used, quality issues such as saturation and transferability of findings are also identified.

ii) Patient experience data has the potential to inform theory, policy and practice but further work is required to develop a theoretical framework providing direction for this work and to expand strategies for knowledge translation.

iii) Finding ways forward is complicated by current financial constraints but building on current strategies for user involvement may provide one way of furthering research in this area.

To conclude, knowledge gathered from patient experience has great potential to provide evidence that may be used to improve and develop practice. However it is fraught with tensions and debates that may limit that potential. This paper highlights



some of these difficulties, and suggests ways forward are to establish a theoretical framework, expand our understanding of knowledge translation and build on existing frameworks for involvement of service users.

#### Recommended reading:

Helfrich, C., Damschroder, L., Hagedorn, H., Daggett, G., Sahay, A., Ritchie, M., Damush, T., Guihan, M., Ullrich, P., Stetler, C., (2010) A critical synthesis of literature on the Promoting Action on Research Implementation in Health Services (PARiHS) framework. *Implementation Science*, 5:82 doi:10.1186/1748-5908-5-82.

Smythe, E., (2010) Safety is an interpretive act: A hermeneutic analysis of care in childbirth. *International Journal of Nursing Studies*, 47, 1474-1482.

Staniszewska, S., Crowe, S., Badenoch, D., Edwards, C., Savage, J., Norman, W., (2010) The PRIME project: developing a patients evidenceâ “base. *Health Expectations*, 13, pp312-322.

#### Funding:

No Funding

2.2.2

### Patient experience of integrated long term conditions services

Patricia Wilson, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, UK

Co author: Kendall, S, Centre for Research in Primary and Community Care, University of Hertfordshire

#### Abstract:

##### Background:

Policies in England directed towards long term conditions (LTC) service provision have moved at a rapid pace over recent years. However, despite the flow of policies aimed at integrating LTC services (1, 2) there is a lack of evidence around impact of integrated services on patient experience.

##### Aims:

This paper will present findings from the first stages of a project which qualitatively explored the impact of integration of LTC services on patient experience, and barriers and enablers of integrated LTC services from commissioner and provider perspectives.

##### Methods:

A case study design was used to explore patient, commissioner and clinician experiences of 8 different models of integration in diabetes, neurological, respiratory and complex needs services. Semi-structured interviews were conducted in 2010 with 15 clinicians and 15 patients in two Primary Care Trusts. Transcripts were thematically analysed.

#### Results:

Changes in service commissioning powers and shifts in clinician roles caused tensions. Patient experience was most positive in models where there was a case manager, or when the model allowed patients to rapidly access services when they perceived a need. However, data also suggested that in many models the work of integration was being undertaken by the patient themselves rather than the service.

#### Discussion:

A whole systems theoretical framework (3) uncovered a network of causal systems that dynamically shaped the integrated system. Despite the desire for a seamless service, experience of integrated LTC services varied greatly between the 8 models. Contrary to policy rhetoric, integrated systems often had to work within structures that provided more barriers than enablers.

#### Conclusions:

The findings of this qualitative phase of a larger study revealed the characteristics of integrated LTC services that were perceived as positive by service users. The findings will be used to develop and pilot a questionnaire to measure patient experience of integrated LTC services.

#### Recommended reading:

Department of Health (2008) Integrated Care Pilots, [http://www.dh.gov.uk/en/Healthcare/IntegratedCare/DH\\_091112](http://www.dh.gov.uk/en/Healthcare/IntegratedCare/DH_091112), accessed 20/01/2009

Department of Health (2010) Improving care for people with long term conditions: ‘at a glance’ information sheets for healthcare professionals. Care co-ordination., Department of Health, <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publici>

Kendall, S., Wilson, P. M., Brooks, F., Procter, S. and Bunn, F. (2010) Evaluating the nursing contribution to models of chronic disease management: a whole systems approach. National Institute of Health Research, <http://www.sdo.nihr.ac.uk/projdetails.php>

#### Funding:

UK – Health Service (Local)

10,001 – 50,000

2.2.3

### Breaking tradition: Presenting the findings of narrative research into patient experience as poems

Rosie Stenhouse, Institute for Health Studies, University of Abertay, Dundee, UK

#### Abstract:

This presentation will describe the process and impact of developing poems to represent individuals’ experiences of being a patient on an acute psychiatric ward following the analysis of participant narratives.

Narrative research into the experience of mental health patients provides the opportunity for the voices of a marginalised group to be heard. Whether participants’ voices are heard depends on how their experiences are represented in the research report. The process of writing research, and therefore representing participants’ experiences, is embedded in power structures with the ability to reproduce or disturb dominant power relations (Lather, 1991). Breaking with traditional ways of presenting research findings can decentre the researcher’s voice allowing the participants’ voices to be heard. Presenting research findings in poetic form is a means of decentring the researcher’s voice.

Unstructured narrative interviews were used to collect narratives of 13 participants’ experiences of being a patient on an acute psychiatric ward. All had been patients on the same ward over the summer of 2007. Data were analysed using a narrative approach based upon the sociolinguistic theories of Gee (1991). Analysis was holistic to retain the integrity of each participant’s experiences. The analysis of each participant’s narrative was developed into a poem. Poems used imagery and phrases from each participant’s narrative. The structure of each poem aimed to represent how the participant’s narrative was told.

The presentation will describe the process of developing the poems from the narrative analyses in an attempt to represent the participants’ experiences. Issues of voice and authorship will be discussed. The impact of presenting findings in this form on the audience will also be discussed.

#### Recommended reading:

Lather, P. (1991) *Getting smart: Feminist research and pedagogy with/in the postmodern*. Routledge: New York

Gee, J.P. (1991) A linguistic approach to narrative. *Journal of Narrative and Life History*, 1, 1, 15-39

#### Funding:

No funding

2.2.4

### Nursing research seen through the window of poetry (ViPER)

Colin Macduff, Reader, Robert Gordon University, Aberdeen, UK

#### Abstract:

Poetry can provide a window to frame and illuminate experiences that are often ignored or difficult to express (Holmes and Gregory 1998). During the past 30 years the medium has been used sporadically by nurses as a means to gain further insights into aspects of patient and professional experience. Perhaps it is most used in nurse education as a means of understanding the content and context of care (e.g. McKie et al 2008), but there are also examples of its use in practicing and teaching qualitative data analysis (e.g. Raingruber 2009).



As yet, however, it appears to have been rarely used to view the experiential world of nursing researchers. This VIPER session will attempt to address this challenge by presenting two published poems about nursing research, with a view to eliciting participants' responses.

The poems will be central to the accompanying poster which will also feature related images. A4 print outs of the poster will be made available to VIPER participants. The session will take the form of (i) reading of the poems by the presenter, with some contextual introduction (ii) some commentary by the lead discussant (iii) open discussion of the material with the aim of exploring aspects of experience that tend to be ignored or elided within more traditionally structured nursing research narratives. In this way it is hoped to demonstrate that poetry can be both a useful window and a mirror for nursing researchers.

The expert/discussant for the session will be Professor Julie Taylor, NSPCC and University of Dundee.

#### Recommended reading:

Holmes, V and Gregory, D (1998) Writing poetry: a way of knowing nursing *Journal of Advanced Nursing* 28 (6) 1191-4

McKie A, Adams V, Gass J & Macduff C. (2008) 'Windows and Mirrors': Reflections of a module team teaching the arts in nurse education. *Nurse Education in Practice* 8, 156-164.

Raingruber, B (2009) Assigning poetry reading as a way of introducing students to qualitative data analysis. *Journal of Advanced Nursing* 65 (8) 1753-1761

#### Funding:

No Funding

### 2.3 Theme: PPI in research

#### 2.3.1

## What are the impacts of patient and public involvement (PPI) in health and social care research? A systematic review of the evidence

Jo Brett, *Royal College of Nursing Research Institute, School of Health and Social Sciences, University of Warwick, Coventry, UK*

Co authors: Staniszewska, S, Mockford C, *Royal College of Nursing Research Institute, School of Health and Social Studies, University of Warwick*

#### Abstract:

##### Background:

Over the last decade there has been increasing emphasis on the importance of patient and public involvement (PPI), yet relatively little is known about its impact on health and social care research.

#### Objective:

To explore the impact of patient and public involvement on health and social care research.

#### Design:

A systematic review methodology was used to search and collate evidence of the impact of PPI on research. Searches were undertaken from 1995 to April 2009 in the following databases: medical literature (Medline, Embase, PsychINFO, Cochrane library), nursing literature (CINHAL), and healthcare management information consortium (HMIC and HELMIS). Hand searching of relevant journals was also conducted. Data was extracted and quality assessed utilizing the guidelines of the NHS Centre for Reviews and Dissemination 2009.

#### Main Results:

Fifty five studies that reported the impact of PPI on research were included. The positive impacts identified enhanced the quality and appropriateness of research. Impacts were reported for all stages of research including the development of research objectives, selection of research proposals, development of user-relevant research questions, development of appropriate information materials, better worded questionnaires and interview schedules, more appropriate recruitment strategies, better planned data collection, input into the analysis and interpretation of data and input into report writing, and enhanced implementation and dissemination of study results.

#### Conclusion:

Important evidence of impact has emerged at all key stages of research process. Positive and negative impacts are reported. Positive impacts were more prevalent when PPI was incorporated to most stages of the research process, and where the right processes and context were in place for it to succeed.

#### Funding:

The UK CRC  
100,001 – 500,000

#### 2.3.2

## So, I need to involve some patients: Active public involvement in developing a research submission

Andrea Whitfield, *National Healthcare Associated Infection Research Network, Thames Valley University, Brentford, UK*

#### Abstract:

Public involvement in research is a key element of Government policy and is increasingly accepted to be an essential part of the research process – from identification of research priorities to dissemination of findings. It is also an increasing condition for securing publicly funded research grants.

The national Healthcare Associated Infection (HCAI) Research Network's Service User Research

Forum (SURF) was created to facilitate and promote public involvement in HCAI research. This field of enquiry is traditionally the preserve of microbiologists but increasingly focuses on issues related to nursing interventions and healthcare worker behaviour. Our experience is that lay involvement in this field is a challenge as many professionals perceive it to be both contentious and beyond the understanding of the lay public. SURF exists to overcome this perception and promote collaborative research with the public, academics and practitioners working in partnership.

The concurrent session aims to assist nurse researchers wanting to increase public involvement in their research. Our presentation will share the experience of developing a lay identified research priority 'Patient's experiences of MRSA screening' into a collaborative bid for NIHR Research for Patient Benefit funding. The session will be jointly presented by a SURF member and the group coordinator. It will use practical examples of working with group members throughout the bid process including: developing and agreeing a feasible research question; choosing an appropriate funding stream; identifying and working with an NHS partner; identifying suitable research roles for the lay members of the research team and providing the necessary research training and support.

#### Funding:

UK – Health Service (National)

No funding

#### 2.3.3.

## Involving service users and carers in the analysis of research data

Sarah Sims, *Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, UK*

Co authors: Brearley, S., Hewitt, G. and Harris, R., *Faculty of Health and Social Care, Kingston University and St George's University of London*

#### Abstract:

Service user involvement at all stages of the research process is increasingly recognised as good practice in health and social care (RCN, 2007). The research governance framework (Department of Health, 2001) recommends that health and social care research should involve service users, wherever possible, in the design, conduct, analysis and dissemination of research, however, there are fewer accounts available of how service users can be involved in the analysis of research data than in other aspects of the research process (Smith et al, 2005). This presentation will report how service users and carers were involved in the analysis and interpretation of data in a NIHR funded study to explore the effectiveness of inter-professional teamwork on outcomes and patient and carer experience of stroke care.

The service user and carer advisory group (SUCAG) consisted of 15 people who had had a stroke or who were caring for people who had had a stroke. SUCAG members were recruited through adverts circulated to various stroke groups across London and were paid for their time and contributions to the study. SUCAG members advised the research team throughout the study, including helping develop patient information sheets and advising on the wording of the interview questions. Their involvement in data analysis was facilitated through an afternoon workshop where anonymised excerpts from transcripts of interviews with stroke patients and their carers were presented and discussed in depth to explore what they thought were the most important issues in each excerpt and the ways in which their own experience was similar or different. The SUCAG provided a vitally important perspective of stroke care, which enabled the research team to gain a clearer understanding of the data. In this presentation the anonymised excerpts will be presented, with examples of how the SUCAG contributions impacted upon analysis of the data.

#### Recommended reading:

RCN (2007) *Guidance for User Involvement in Research by Nurses*. Royal College of Nursing, London.

Smith, E., Ross, F., Donovan, S., Manthorpe, J., Brearley, S., Sitzia, J. and Beresford, P. (2005). *User involvement in the design and undertaking of nursing, midwifery and health visiting research*. London: NCCSDO.

#### Funding:

UK – Health Service (National)  
100,001 – 500,000

2.3.4

### Enhancing therapeutic communication through action research: the added value of collaborative working with service user researchers

Mary Chambers, Professor Mental Health Nursing, St. George's University of London/Kingston University, London, UK

Co author: Turner, K. Division of Mental Health, St. George's University of London

#### Abstract:

The development of community care services for those with mental health problems means that only the very acutely ill are admitted to hospital and for short periods only. As a result, acute inpatient environments can be complex, demanding and chaotic places (Bowers et al 2005), requiring a highly skilled, knowledgeable and compassionate clinical workforce to effectively meet the needs of service users. Central to enhancing the service user experience is meaningful nurse-patient inter-

action and those best placed to determine this are service users themselves.

Service user involvement has become a governance requirement in all health services research in the UK (NIHR, 2007). Given that nursing research has a historical tradition of critical collaboration (Benner 1994), it is a logical development to have service users as co-researchers and full members of research teams. However, very few studies have detailed the impact of service user researchers on the research process, findings or practice developments informed by research.

Following on from a presentation at this conference two years ago, this presentation will focus on the impact of service user researchers on the development, delivery and outcome of a therapeutic interventions course for clinical staff. Three service user researchers were part of a multi-disciplinary team that carried out an action research project exploring experiences of care of 19 detained service users at three south London hospitals. Following in-depth qualitative interviews a practice development intervention was developed based on the data collected. This consisted of a therapeutic interventions course that was piloted and evaluated with a total of 23 clinical staff members. The course was co-delivered by the service user researchers and a nursing researcher. The evaluation data to be presented clearly shows the 'added value' that collaborative working with service users brings to research, training and practice development initiatives.

#### Recommended reading:

Benner, P. (1994) *Interpretive phenomenology embodiment, caring and ethics in health and illness*, London: Sage

Bowers, L., Simpson, A., Alexander, J., Hackney, D., Nijman, H., Grange, A. and Warren, J. (2005) *The nature and purpose of acute psychiatric wards: The Tompkins Acute Ward Study*. *Journal of Mental Health* 14(6)625-635.

NIHR (2007) [www.nihr-ccf.org.uk/site/doc-database/rfpb/rfpb\\_docs/RFPB\\_Directors\\_message\\_4.pdf](http://www.nihr-ccf.org.uk/site/doc-database/rfpb/rfpb_docs/RFPB_Directors_message_4.pdf) accessed 260810

#### Funding:

UK – Health Service (Local)  
50,001 – 100,000

## 2.4 Theme: Well being and performance

2.4.1

### Work environment determinants of stress in NHS24 nurses

Martyn Jones, Reseach Dean, School of Nursing and Midwifery, University of Dundee, Dundee, UK  
Co authors: Johnston, D; Johnston, M; Allan, J; Farquharson, B, School of Psychology, University of Aberdeen

#### Abstract:

#### Background:

Research on stress in nurses has largely focused on nurses in the traditional hospital setting, and may therefore fail to generalise to new nursing initiatives like the NHS-24 out-of-hours telephone helpline. In NHS24, the stress of working in a call centre may exacerbate nursing stress. This study aimed to examine the possible determinants of stress in NHS 24 nurses and relate these to measures which may have an impact on service provision and patient care.

#### Methods:

All nurses working in NHS24 and associated centres were invited to participate. A representative sample of over a third of the workforce (152, 37%) agreed, completed questionnaires, shift ratings and allowed access to NHS24 data on sickness absences and information about calls.

Stress was measured using two standard measures (GHQ12 and Work-Family Conflict (WFC)) plus ratings of stress associated with two shifts and with each call on the shifts. Determinants of stress were standard measures of Job Demand/Control and Effort/Reward Imbalance plus content and outcome of calls. Consequences of stress were performance on cognitive testing and work related measures (Job Satisfaction Scale; intention to leave; sickness absence).

#### Results:

Nurses in NHS24 have high rates of mild but not of case-level distress. In multiple hierarchical regression analyses (controlling for gender, age, social desirability and NA), high demand predicted higher shift stress and WFC but not GHQ12. Effort predicted higher reported distress (GHQ12), shift stress, WFC and low satisfaction. High reward was associated with less WFC. Perceptions of low control and low reward significantly predicted intention to leave. High effort and low reward was associated with slower information processing.

#### Conclusion:

Work environment determinants of stress are related to important outcomes for NHS, including reduced cognitive performance and likelihood of errors as well as low job satisfaction, WFC and intention to leave nursing.

#### Recommended reading:

Allan, J., Farquharson, B., Choudhary, C., Johnston, D.W., Jones, M.C. and Johnston, M. (2009) *Journal of Advanced Nursing* 65, 2208-2215.

McKee L, West M, Flin R, Johnston D, Jones M (2009) Understanding the Dynamics of Organisational Culture Change in the NHS: Creating Safe Places for Patients and Staff. Final report to NHS SDO R& D Development Programme, February 2009. <http://www.sdo.nihr>

Hasselhorn H., Tackenberg P. & Peter R. (2004) Effort-reward imbalance among nurses in stable countries and countries in transition. *International Journal of Occupational and Environmental Health* 10, 401-408.

#### Funding:

UK – Research Council  
100,001 – 500,000

2.4.2

### Realistic evaluation of the management of long-term sickness absence. A case study across three health and social care trusts in Northern Ireland

Angela Higgins, School of Nursing and Midwifery, Queens University, Belfast, UK

Co author: O'Halloran Dr P and Porter S, School of Nursing and Midwifery, Queens University

#### Abstract:

##### Background:

The recent Boorman Review (2009) highlighted the extent and huge costs of sickness absence (1.7 billion) within the National Health Service. Despite numerous government targets and policy documents, there is little evidence of significant or sustained reduction in sickness absence levels over the past ten years. Pawson and Tilley (1997) argue that context is essential to understanding the success or failure and long-term sustainability of a programme. Therefore realistic evaluation was used to evaluate the processes involved in managing long-term absence, taking into account the complex and ever-changing contexts in which the interventions take place.

##### Aims:

To determine the factors that facilitate or hinder the management of long-term sickness absence, to provide evidence for effective management approaches in the Health & Social Care Sector.

##### Methods:

The research study was a multi-method case study of the management of long-term absence within three Health and Social Care Trusts in Northern Ireland. Research methods included:

- Semi-structured interviews (sixty-five) with policy makers, practitioners and stakeholders
- Observation of managing absence training
- Process-mapping workshop in each of the participating Trusts
- Documentary analysis of policies

#### Results:

Data collection was undertaken from June 2009 – November 2011. This presentation will highlight the significant variations in the degree of consistency and compliance with managing absence procedures both within and across healthcare organisations, impacted by preceding custom and practice and underlying cultural resistance.

#### Discussion and Conclusions:

A lack of clarity surrounding the ownership and accountability for formal managing absence procedures negatively impacted on the achievement of timely outcomes. However there were examples of positive outcomes in areas with clear lines of communication and accountability from senior management downwards. This research contributes to the limited existing evidence within the UK surrounding the challenges associated with managing absence within the changing and complex context of the NHS.

#### Recommended reading:

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

National Institute for Health and Clinical Excellence (2009) *Long-Term Sickness Absence and Incapacity for Work*. NICE Public Health Guidance

#### Funding:

HSC R& D Office, NI  
100,001 – 500,000

2.4.3

### A scoping exercise into the management of poor performance in nursing and midwifery

Michael Traynor, Middlesex University, School of Health and Social Sciences, London, UK

Co authors: Stone K, Middlesex University, London UK; Cooke H, University of Manchester UK; Gould D, Dept Adult Nursing, City University, London, UK; Maben J, Nursing Research Unit, King's College, London, UK

#### Abstract:

##### Background:

Health systems in many industrialised countries involve conflict between managers and clinical professionals. Recent reports into the management of poor performance among UK doctors in the National Health Service (NHS) have pointed to unsatisfactory managerial practice and highlighted the need for examination of how poor performance in nursing is dealt with.

##### Aim:

To examine the evidence of how poorly performing nurses and midwives are managed in the UK NHS and consider this in the context of managerialism and critical studies of health policy.

#### Method:

This scoping study comprised a literature search (early 2010) of relevant policy, published research from the last ten years, analysis of the most recent 6 months Nursing and Midwifery Council (NMC) data on disciplinary hearings and a day observing NMC fitness to practice hearings.

#### Results:

Nurses and midwives are the clinical groups most likely to be suspended from work in the NHS; NHS Trusts do not report data on suspensions therefore no national statistics exist on numbers, reasons for suspensions, managerial processes, gender, area of work, or ethnicity of those suspended; the few major research projects that have been undertaken point to variable and sometimes poor management regarding poor performance, the significant financial cost to the NHS and the personal cost to those suspended; there is evidence that suspension is used punitively in some organisational cultures and that inexperienced or poorly trained or poorly supported managers use suspension inappropriately. Our single day of observation supported this.

#### Discussion:

Staff suspensions occur, against government guidance, where there is no apparent patient safety threat, leading to negative organisational and personal effects. There is a need for more robust data gathering and research into this important area of NHS managerial practice

#### Conclusion:

Both frontline staff and management need better support for dealing with the issue of poor performance.

#### Funding:

UK – Health Service (National)  
50,001 – 100,000

2.4.4

### Learning landscapes in healthcare: An exploration of workplace learning

Camille Cronin, School of Health and Human Sciences, University of Essex, Southend-on-Sea, UK

#### Abstract:

##### Background:

Growing and sustaining a healthcare workforce is an area for concern for all those working in today's health and education systems. Consequently, understanding the workplace and the learning that takes place within it is fundamental to ongoing strategy, planning and direction.

##### Aim:

To explore how students learn in different healthcare settings.

**Method:**

Case study research has been used to systematically investigate the learning environments and examine the students' experience of learning in real life settings. Through critical incident interviews, observations and documentation data was collected and analysed.

**Results:**

The findings of this study suggest the learning environment is unpredictable and the learning experience open to chance. The concepts proposed by this study provide a useful framework to review the complexities that exist within the learning environment, how they interact with each other and the possible impact they may have on learning in the workplace.

It also highlights the relationship it has with the learner and learning over time; the type of individual; their self-awareness; and their level of willingness to learn is equally important in the learning environment. As the learner engages in each new environment, the skills they develop are transferable. Reflective practice is associated with learning in the workplace and is an important learning strategy for all health professionals. Confidence and acceptance was seen as essential pre-requisites to achievement in the workplace. A positive staff-student relationship is crucial for students to feel accepted, included and valued. Students learn when allowed to take responsibility, and self-confidence increases. When there is a lack of opportunity or invitation to practice tasks, students feel uncertain about their abilities.

**Conclusion:**

The student experience and workplace learning are fundamental to many vocational disciplines and understanding the nature of the learning environment is crucial to developing effective education programmes.

**Recommended reading:**

Yin R, K (2009) *Case Study Research: Design and Methods*. 4th Edition London: Sage Publications.  
Billet S (2004) Workplace participatory practices. *The Journal of Workplace Learning*, 16(6), 312-324.

**Funding:**

No Funding

## 2.5 Theme: Health services/Critical care

2.5.1

### Culturally and Linguistically Diverse (CALD) peoples' knowledge of accessibility and utilisation of health services in Australia

*Saras Henderson, Deputy Head of School, School of Nursing and Midwifery, Gold Coast Campus Griffith University, Queensland Australia*

**Abstract:****Background:**

Queensland has a total population of 173,272 people with 25.3% of these born overseas (Australian Bureau of Statistics 1996). The health system faces significant challenges in providing accessible, culturally competent care to this growing population. Despite available health services, CALD communities are reluctant to use them due to cultural differences, perceived racism, and misunderstandings leading to health disparities (Manderson & Allotey 2003).

**Aims:**

Our research explored knowledge of accessibility and utilisation of health services among four prominent CALD communities in Queensland in order to obtain insights into possible solutions for low health service usage.

**Methods:**

Data was collected using focus group interviews. Eight focus group interviews, using interpreters, were conducted with Pacific Islander, Sudanese, Afghani, and Burmese people. The focus groups provided us with a clear picture of how CALD participants thought and talked about their health in their everyday language. The interviews were transcribed verbatim and thematic analysis was applied to the data.

**Results:**

Findings highlighted that CALD communities were unfamiliar with health services and experienced difficulties accessing appropriate health care. Most wanted doctors to use traditional healing methods alongside orthodox medicine. Language difficulties impeded communication with health professionals hindered by ineffective use of interpreters. A clear role for bi-lingual community-based "navigators" was identified to address concerns about the health system thus improving accessibility and health service usage.

**Discussion and conclusion:**

Our research has suggested that a successful approach to CALD health disparities would be through the use of community-based navigators to support specific perceptions about health and disease risks, education and support of appropriate health services. Given this potential role, it is not surprising bi-lingual community-based "navigators" have been called "natural channels of social influence" (Altpeter et al. 1999, p. 496).

**Recommended reading:**

Altpeter, M, Earp, JA, Bishop, C 1999, 'Lay health advisor activity levels: Definitions from the field', *Health Education & Behaviour*, vol. 26, no.4, pp.495-512.

Australian Bureau of Statistics 1996, 'Aspects of Literacy: Assessed Skill Levels', Canberra, Australia: ABS, catalogue no. 4228.o.

Manderson, L, & Allotey, P 2003, 'Storytelling, marginality, and community in Australia: How immigrants position their difference in health care settings', *Medical Anthropology*, vol. 22, no. 1, pp. 1-21.

2.5.2

### Who is attending? ICU physician roles at the end of life

*Judith Baggs, Oregon Health and Science University, School of Nursing, Portland, USA*  
*Co authors: Schmitt, MH, Norton, SA, Sellers, CR, Quinn, JR, School of Nursing, University of Rochester*

**Abstract:****Background:**

Physicians in intensive care units (ICUs) have many roles. One of the most important is working with patients and families in end-of-life decision making (EOLDM), deciding whether or not to limit life-sustaining treatments, such as intubation and ventilation or dialysis. Many problems have been identified for families and health care clinicians with EOLDM.

**Aims:**

The purpose of this research, part of a larger study, was to examine the role of the attending physician in EOLDM, the rules governing the role, and the relationships of physicians with each other, with other clinicians, and with patients and families.

**Methods:**

Prospective ethnographic study, took place 2001-2004 in four adult ICUs (medical, surgical, cardiovascular, and burn/trauma). Data were collected over 7 months in each ICU and included 254 participant observation fieldnotes, 157 interviews of 130 clinicians, family members, and patients, and 22 family meetings. Recordings were transcribed, entered into a software data management program, and coded.

**Results:**

Formal and informal rules governed who was designated as an attending physician and involved in EOLDM; rules were differently interpreted and operationalized across units. One major influence was whether the unit was surgical or medical. Surgeons generally delayed discussion of EOL longer. Nurses were aware of which physicians were more receptive to EOL discussions but were sometimes confused about who was the attending.



Family members were often confused about who was attending their loved one.

#### Discussion:

The term ‘attending physician’ is used freely, but not uncommonly there is a lack of clarity about who hold that role and the associated responsibilities at EOL in the ICU.

#### Conclusions:

Development of interventions to improve outcomes in EOLDM in ICU should involve both nurses and physicians who practice in ICUs and be flexible enough to adapt to different types of ICUs and to address confusion about who is the attending.

#### Recommended reading:

Baggs, JG, Norton, SA, Schmitt, MH, et al. (2007). Intensive care unit cultures and end-of-life decision making. *Journal of Critical Care*, 22(2), pp. 159-168.

Barton, E, Aldridge, M, Trimble, T, et al. (2005). Structure and variation in end-of-life discussions in the surgical intensive care unit. *Communication & Medicine*, 2(1), pp. 3-20.

Giacomini, M., Cook, D., DeJean, D. (2009). Life support decision making in critical care. *Critical Care Medicine*, 37(4), 1475-1482.

#### Funding:

National Institutes of Health, National Institute of Nursing Research  
100,001 – 500,000

2.5.3

### Nursing care in the prevention of ventilator-associated pneumonia

*Maria Ángeles Margall, Clínica Universidad De Navarra, Pamplona, Spain*

*Co authors: Ania, N, Asiain, M.C, Elorza, J, Agreda, M, Del Barrio, M. Intensive Care Unit. Clínica Universidad de Navarra. Pamplona. Spain*

#### Abstract:

#### Background:

Certain nursing interventions reduce the incidence of ventilator-associated pneumonia (VAP)

#### Aims:

- To analyse in patients with more than 24 hours of invasive mechanical ventilation how frequently oral hygiene, oropharyngeal suction, turning and evaluation of the tolerance of enteral nutrition were performed according to established protocols.
- To record in these same patients endotracheal tube cuff pressures and the degrees of elevation of the head of the bed (HOB).
- To determine over the 6 months of the study the incidence density of VAP.

#### Method:

This descriptive study was carried out in 47 patients. The nursing interventions of interest were recorded daily. Furthermore, endotracheal tube cuff pressures and the degrees of elevation of HOB were measured 3 times a day. Compliance with the established protocols was considered good when it reached  $\geq 80\%$ . Cases of VAP were determined using CDC criteria. The incidence density was calculated including all the patients (250) with mechanical ventilation during the study period.

#### Results:

Good compliance with the established protocols was achieved for oral hygiene in 39 patients, for oropharyngeal suction in 27 patients, for turning in 33 patients, and in all patients for the evaluation of the tolerance of enteral nutrition. In 418 measurements endotracheal tube cuff pressure was  $\geq 20\text{cm H}_2\text{O}$  and in 189 lower. In 130 measurements elevation of HOB was  $\geq 30$  degrees and in 477 lower. The incidence density of VAP was 3.89/1000 days of mechanical ventilation.

#### Conclusions:

For these nurse interventions aimed at preventing VAP, levels of compliance with established protocols were satisfactory. The incidence density of VAP was low and well within internationally established ranges. Nevertheless, the incidence of VAP could be further reduced with a better control of cuff pressures and by elevating the HOB to between 30 and 45 degrees.

#### Recommended reading:

Augustyn, B. (2007). Ventilator-Associated Pneumonia: Risk Factors and Prevention. *Critical Care Nurse*, 27(4), 32-39.

Tablan, O.C., Anderson, L.J., Larry, J.L., Besser, R., Bridges, C., Hajjeh, R. (2004). Guidelines for preventing health-care associated pneumonia: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. *Morbidity and M*

El-Khatib, M.F., Zeineldine, S., Ayoub, C., Husari, A., Bou-Khalil, P.K. (2010). Critical Care Clinicians' Knowledge of Evidence-Based Guidelines for Preventing Ventilator-Associated Pneumonia. *American Journal of Critical Care*, 19(3), 272-276

#### Funding:

No funding

2.5.4

### Human resources and patient mortality in intensive care: Do nurses and doctors make a difference?

*Elizabeth West, School of Health and Social Care, University of Greenwich, London, UK*  
*Co author: Rafferty AM*

#### Abstract:

#### Background:

In 1999 the Audit Commission published the results of a survey of Intensive Care Units which showed that patient mortality varied widely across units, as did the availability of nursing and medical staff. However, they were unable to show an association between higher staffing levels and better outcomes for patients.

#### Aims:

This study investigated whether the size of the medical and nursing workforce on ICUs had an impact on the survival chances of critically ill patients, taking account of the patients' condition and the workload of the unit.

#### Methods:

Information about ICUs from the Audit Commission study of 1998 was merged with patient data from the Intensive Care National Audit and Research Centre to create a dataset with 69 units and 43,859 patients which were analysed using multivariate, multilevel logistic regression.

#### Results:

After controlling for patient characteristics and the workload of the unit we found that higher numbers of direct care nurses per bed on a unit's establishment and higher numbers of consultants per bed were associated with higher survival rates. We also found that there was an interaction between the number of nurses and the patients' risk of mortality, suggesting that nursing staff availability has a greater impact on those at greatest risk of death. The clinical workforce in intensive care had a greater impact on ICU mortality than on hospital mortality.

#### Discussion:

This study improves on the Audit Commission analysis because we had access to high quality data about patients from ICNARC. We also used more appropriate statistical tests to estimate models that included data on both nurses and doctors.

#### Conclusions:

This study adds to the evidence base about the importance of having enough nurses and doctors to ensure patient safety, results that are especially important in the current economic climate when cuts in staff have been proposed.



**Recommended reading:**

Audit Commission. (1999) *Critical to Success: The place of efficient and effective critical care services within the acute hospital*. London: Audit Commission.

West E, Sanderson C, Mays N, Rowan K. (2006) Nursing resources and patient outcomes in intensive care: A systematic review of the literature. *International Journal of Nursing Studies*. 46(7): 993â–1011

Harrison DA, Rowan KM. (2008). Outcome prediction in critical care: The ICNARC model. *Current Opinion in Critical Care*. Oct(5):566-12.

**Funding:**

UK – Research Charity/Foundation  
50,001 – 100,000

**2.6 Theme: Methodology**

2.6.1

### Developing a programme grant: The importance of feasibility work to inform design and conduct

Rachel Taylor, *Research Associate, Department of Children's Nursing, London South Bank University, London, UK*

Co author: Fern LA, *Cancer Division, University College London Hospitals NHS Foundation Trust*

**Abstract:**

Cancer in teenagers and young adults (TYA) is rare. National policy agenda (NICE 2005) is focusing on developing specialist services for this population; however, the evidence to underpin this decision is limited.

**Aim:**

To conduct exploratory work (Phase 1) necessary to inform a proposal to evaluate specialist TYA cancer care (Phase 2).

**Study design:**

A mixed methods study based on the MRC framework for developing and evaluating a complex intervention (Craig et al. 2008).

**Sample:**

Studies were conducted in two-centres in England, involving collaboration with a TYA user group trained in research methods; young people with cancer (n = 20); health professionals (n = 25); and policy commissioners (n = 4).

**Methods:**

Phase 1 comprised of 11 sub-studies employing a range of methods including: systematic reviews; semi-structured interviews and peer interviews; documentary analysis; non-participant observation; participatory workshops; and analysis of NHS informatics.

**Results:**

The data from these sub-studies have informed a number of aspects of the design and conduct of Phase 2: identification of the pathway of referral that will enable all young people to be recruited within 3-months of diagnosis with cancer; description of the key characteristics of specialist TYA cancer units and the core competencies of professionals working in TYA cancer care have informed an international Delphi survey; themes that emerged from interviews with young people and results from the systematic review will provide the core domains and preliminary questions for a descriptive survey; and collaboration with the Centre for Longitudinal Studies, the National Cancer Research Network and commercial research organisations has influenced a mechanism for recruitment and data collection throughout England.

This paper will describe the relevance of each aspect of Phase 1, with an emphasis on how the results have informed the Phase 2 proposal, submitted for an NIHR programme grant.

**Recommended reading:**

Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, Petticrew M. (2008) *Developing and evaluating complex interventions: new guidance*. www.mrc.ac.uk/complexinterventionsguidance [accessed 01/11/08]

National Institute for Health and Clinical Excellence (2005) *Guidance on cancer services: improving outcomes in children and young people with cancer*. London: NICE

**Funding:**

UK – Research Charity/Foundation  
50,001 – 100,000

2.6.2

### Peer review to enhance recruitment procedures in a large randomised controlled trial

Cindy Mann, *Musculoskeletal Research Unit, North Bristol NHS Trust, Bristol, UK*

Co authors: Gendall E, and Delgado D, *Musculoskeletal Research Unit, North Bristol NHS Trust*

**Abstract:****Background:**

APEX is a large single-centre randomised controlled trial of an intra-operative anaesthetic intervention for patients having primary hip or knee arthroplasty, recruiting 600 patients. The recruitment process is crucial both to the success of a trial and for its ethical conduct, though currently no formal training is required. Full understanding of the trial and the achievement of equipoise are key criteria for valid consent but are often lacking(1) and vary with the communication methods employed by the recruiter (2). Peer review as a method of learning

has been used in nursing education but not, to our knowledge, as a way of improving the quality and consistency of research recruitment interviews.

**Aim:**

To optimise the recruitment process

**Methods:**

With consent from participants, the four newly appointed experienced research nurses audio-recorded 53 recruitment interviews during the pilot phase of the trial. Each team member then reviewed a selection of interviews on a weekly basis using a standardized form to structure interview feedback. This covered trial aims, randomisation, study involvement, equipoise and evidence of participant understanding. The team met for review 5 times over a 12 week period

**Results:**

- Common areas of patient misunderstanding emerged which led to revisions in the patient literature.
- Ways of assessing patient understanding and equipoise were improved.
- Good practice was shared and learning was gained especially about communication techniques and ways to convey key information.
- Trust and individual confidence within the team was enhanced.

**Discussion and Conclusions:**

Peer review of audio-recorded recruitment interviews is an effective way of enhancing the recruitment process, which may improve consistency and clarity of information and enhance patient understanding and equipoise. Further research is indicated to evaluate the effectiveness of this method in improving recruitment to clinical trials and to assess its value for a team which also included nurses new to the research role.

**Recommended reading:**

Robinson EJ, Kerr CE, Stevens AJ, Lilford RJ, Braunscholtz DA, Edwards SJ, Beck SR, Rowley MG (2005). Lay public's understanding of equipoise and randomisation in randomised controlled trials. *Health Technology Assessment* 9,(8): 1-192

Wade J, Donovan JL, Lane JA, Neal DE, Hamdy FC (2009) It's not just what you say, it's also how you say it: opening the black box of informed consent appointments in randomised controlled trials. *Social Science and Medicine* 68, (11): 2018-2028

**Funding:**

UK – Health Service (National)  
→1,000,000

2.6.3

### Patient evaluation of emotional care during hospitalisation (PEECH): Validating and extending an existing survey tool in four acute services in NHS Trusts

Trevor Murrells, National Nursing Research Unit, King's College, London, UK

Co authors: Robert, G; Maben, J; Adams, M, National Nursing Research Unit, King's College London

#### Abstract:

Increasingly, patients' experiences are of central importance to NHS organisations. It is now common to judge the quality of care not only by measures of clinical quality and safety but also by gathering the views of patients receiving care. A good patient experience is multi-dimensional; it is about both 'the what' (functional) and 'the how' (relational and emotional) of interaction with patients [1]. Despite this most survey-based approaches to measuring patient experiences have to date focused on the former rather than the latter.

The 'Patient Evaluation of Emotional Care during Hospitalisation' (PEECH) survey tool was developed in Australia in a single study in a haemato-oncology ward [2, 3]. This 18-item tool explores four domains of emotional care from the patient perspective, namely their levels of (1) security, (2) knowing, (3) personal value and (4) connection. As part of a larger NIHR-funded study we fielded the PEECH survey in four contrasting acute settings in NHS Trusts together with the short-form Picker Patient Experience questionnaire that forms part of the national NHS patient survey. The four services were an emergency admissions unit, a maternity service, a haematology service and a department of medicine for the elderly. Across the four services 423 surveys were completed, an overall response rate of 28% (range 23-41% across the four services). The mean scores across the services for each of the domains respectively were: (1) 2.37 (range 2.20-2.55), (2) 2.38 (2.12-2.63), (3) 2.29 (2.08-2.57) and (4) 1.65 (1.27-2.11).

The internal validity of the tool will be described and correlations between the PEECH and the short-form Picker results presented. The implications of the results will be discussed in terms of the potential use of the PEECH tool as part of local efforts to improve the emotional and relational aspects of patient care in acute settings.

#### Recommended reading:

Goodrich, J., Cornwell, J. (2008) "Seeing the person in the patient". London: The King's Fund.

Williams, AM., Kristjanson, LJ. (2008) "Emotional care experienced by hospitalised patients: development and testing of a measurement instrument", *Journal of Clinical Nursing*, 17, 1069-1077

Williams, AM., Dawson, SS., Kristjanson, LJ. (2008) "Translating theory into practice: using action

research to introduce a coordinated approach to emotional care", *Patient Education and Counseling*, 73: 82-90

#### Funding:

UK – Health Service (National)

100,001 – 500,000

2.6.4

### A longitudinal Interpretative Phenomenological Analysis (IPA) of patients' experiences of chronic low back pain: Changes and consistencies

Sherrill Snelgrove, School of Human and Health Sciences, Swansea University, Sswansea, UK

#### Abstract:

##### Background:

Chronic lower back pain (CLBP) is an increasingly reported complex phenomenon that may be resistant to medical treatment and has the potential to adversely disrupt individuals' personal biography ((Dagenais, Caro, & Haldeman 2008). Despite an expanding amount of research into CLBP there is little longitudinal, qualitative, research that develops understanding about sufferers' long term experiences. Consequentially, CLBP is depicted as a static phenomenon that hardly accounts for any fluctuations and changes in the pain experiences (Busch 2005). This paper reports findings from a three phase research project conducted over two years.

##### Aim:

The aim of this in-depth longitudinal, qualitative study was to explore the subjective meaning of CLBP for sufferers and to advance existing knowledge of chronicity.

##### Methods:

Interpretative Phenomenological Analysis (IPA) was used to analyse semi-structured interviews conducted with ten participants purposely recruited from a pain clinic. The interviews were conducted on three occasions at yearly intervals with each participant. The analytical process was guided by the detailed description of IPA provided by Smith & Osborn (2003). Super-ordinate themes were constructed that represented all the participants' experiences at each phase of the study and then compared across the data set to identify consistencies and changes.

##### Results:

The data revealed the powerful and negative impact of constant, unrelenting, pain experiences. Three consistent super-ordinate themes emerged and described as 'The painful body', 'Loss, Managing the pain' and Relationships with Health Professionals.' One theme 'living without pain: a window of opportunity' emerged at time two and represented changing experiences for some participants.

#### Discussion:

The results are considered in relation to participants' illness beliefs and participants' degree of enmeshment with pain.

#### Conclusions:

The data revealed the meaning of chronicity for these participants that could resonate with similar others and provides further knowledge for nurses involved in the assessment and management of patients with CLBP.

#### Recommended reading:

Dagenais, S., Caro, J., & Haldeman, S.I. (2008). A systematic review of low back pain cost of illness studies in the United States and internationally. *Spine*, 8 (1), 8"20.

Busch, H. (2005). Appraisal and coping processes among chronic low back pain patients. *Scandinavian Journal of Caring Sciences*, 19, (40), 396"402.

Smith, J.A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology. A practical guide to research methods* (pp.51"80). London: Sage

#### Funding:

UK – Higher Education Institution

1,000 – 10,000

## 2.7 Theme: Vulnerable young people

2.7.1

### Systematic assessment in child protection: Learning from drug errors and other adverse events

Julie Taylor, NSPCC, (seconded from the University of Dundee), Edinburgh, UK

Co author: Ashley, L. St James's Institute of Oncology

#### Abstract:

##### Background

This project examines the use of Failure Modes and Effects Analysis (FMEA) as a mechanism for identifying and ultimately reducing decision making error by professionals making risk assessments in relation to families who have multiple and complex problems and who may require intensive monitoring and intervention. It addresses patient safety at the broadest level, applying the techniques learned from drug medication errors to the complexities of child protection.

##### Discussion

FMEA is a systems approach developed originally by the military, improved by engineering and space programmes and enhanced further by manufacturing giants Toyota. More recently it has been adapted for use within healthcare. FMEA is essentially a prospective methodology to examine potential process failures, evaluate risk priorities and determine remedial actions to avoid identified problems. FMEAs should be used whenever failure

would mean harm or injury to the end user. Within child protection, this approach has the potential to examine particular cases to see how they developed as they did, and use this understanding as a building block to understanding strengths and weaknesses in the system more broadly in order to make improvements. Given the lessons from biennial analyses of serious case reviews it is clear that there is much still to improve within the child protection system. The Social Care Institute of Excellence (SCIE) has encouraged an explicit methodology for child protection investigations and for understanding 'near misses' in day to day practice as a helpful feed-back loop, but this has so far been largely theoretical and retrospective.

#### Conclusion

Building on work undertaken within health care on drug medication errors, we explore these methodological techniques to further refine the SCIE model. We demonstrate how research can usefully draw on quality assurance techniques and apply them in real world settings where complex decisions with potentially life-threatening outcomes can be influenced.

#### Recommended reading:

Fish S, Munro E, Bairstow S (2008): Learning Together to Safeguard Children: Developing a Multi-Agency Systems Approach for Case Reviews. London: Social Care Institute for Excellence.

Ashley, L.J; Armitage, G.; Dexter, R.; Marshall, F.; McKenzie, B. Ryan, M. (in press). Improving the Safety of Chemotherapy Administration: An Oncology Nurse-Led Failure Mode and Effects Analysis. Oncology Nursing Forum

Esmail R, Cummings C, Dersch D, Duchscherer G, Glowa J, Liggett G, Hulme T, (2005) The Patient Safety Adverse Events Team Calgary Health Region: Using Healthcare Failure Mode and Effect Analysis Tool to review the process of ordering and administering po

#### Funding:

UK – Research Charity/Foundation  
50,001 – 100,000

2.7.2

### City of one: A qualitative study examining the participation of young people in care in a theatre and music initiative

Debra Salmon, University of the West of England, Bristol, UK

Co author: Rickaby C, University of the West of England

#### Abstract:

#### Background:

Children and young people living within the care system experience a number of poor outcomes around health and education. There is a growing belief that young people's engagement with the arts, can help even the most vulnerable young people to develop skills, improve mental health and strengthen resilience.

#### Aim:

The aim of this qualitative study was to explore, the experiences and involvement of a group young people in care in the development of a play with music about the care system.

#### Sample & data analysis:

Interviews were undertaken with ten young people prior to involvement and post production. Interviewees were in the care of the local authority, or in the process of leaving care, aged between 11 and 19 years. Interview transcripts were analysed using recognised qualitative data analysis approaches of sorting quotations from the transcripts into data units or categories, themes and sub-themes.

#### Results and Discussion:

This presentation focuses on the post production impact findings from young people. The project was successful in a number of ways: involving young people who had not previously taken part in drama; developing skills, confidence and resilience and increasing feelings of social connectedness. Performing in a play focused on care, allowed participants to explore experiences at a distance, feel pride and inspired them to continue their involvement in the Arts. Factors associated with maintaining involvement included: encouragement and support from carers, workers who actively encouraged participation throughout the creative process and mediated disputes between cast members and financial support for travel. Negative factors included: inconsistent support from carers; stress at home and competing commitments.

#### Conclusions:

For those working with vulnerable groups, understanding the importance of using innovative methods to secure engagement is essential and the factors associated with success. These findings also highlight the positive health and social outcomes such involvement brings.

#### Recommended reading:

Salmon D, Rickaby C (2008) Evaluating the impact on children and young people in care of participating in City of One – a theatre and music initiative. University of the West of England: Bristol.

Department for Children Schools and Families & Department of Health (2009) Statutory Guidance on Promoting the Health and Well-being of Looked After Children. Nottingham: DCSF Publications

Daykin N, Orme J, Evans D & Salmon D with Mceachran M & Brain S (2008) The Impact of Participation in Performing Arts on Adolescent Health and Behaviour. A Systematic Review of the Literature. Journal of Health Psychology, 13(2), 251-264.

#### Funding:

UK – Health Service (Local)  
1,000 – 10,000

2.7.3

### Satisfaction with Headspace youth mental health service: The view of youth with first-episode depression

Terence McCann, Victoria University, Melbourne, Australia

Co authors: Lubman D. I, and McCann F.

#### Abstract:

#### Background:

Many youth with depression are reluctant to seek help from mental health services. The longer the duration of untreated illness the worse the outcome for depression.

#### Aim:

To understand the lived experience of youth with first-episode depression, with a focus on examining their satisfaction with Headspace youth mental health service and clinicians.

#### Method:

Youth were recruited through clinicians of Headspace western Melbourne, an enhanced primary care centre for youth with mental health problems. Semi-structured, in-depth, audio-recorded interviews were used. Interpretative Phenomenological Analysis was used to develop themes.

#### Results:

Twenty-six youth with depression, with an average age of 18 years, participated in the study, in 2009. Their median duration of treatment at Headspace was 4.5 months. Three competing themes in the data highlight contrasting satisfaction with clinicians and Headspace. First, clinicians as youth-friendly, highlights how they felt valued, respected and listened to. Second, clinicians adopting a holistic approach to care and treatment, which youth appreciated more than a primary focus on taking antidepressant medications. Third,

concerns about the frequency, duration and consistency of appointments with clinicians.

**Discussion:**

Models of service delivery affect access to, and satisfaction with, services. Youth-friendly models of mental health services, where positive engagement occurs so youth feel valued, respected and supported to take control of their lives are less likely to be stigmatised and are more accessible than adult service models where initial access and ongoing involvement is difficult and contributes to the duration of untreated illness.

**Conclusion:**

Headspace is perceived as youth-friendly by youth with depression. A holistic approach to care and treatment is regarded as more satisfactory than a primary focus on biomedical interventions, and should be maintained. Consideration also needs to be given to increasing the frequency and duration of appointments, and greater consistency of contact, with mental health nursing and other clinicians.

**Recommended reading:**

Altamura, A. C., Buoli, M., Albano, A., & Dell'Osso, B. (2010). Age at onset and latency to treatment (duration of untreated illness) in patients with mood and anxiety disorders: A naturalistic study. *International Clinical Psychopharmacology*, 25(3), 172-179.

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *Lancet*, 369(9569), 1302-1313.

Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, 187 S35-S39.

**Funding:**

Victoria University, Melbourne

1,000 – 10,000

2.7.4

**Psychosocial impact of child labour in Jordan: A national study**

*Ekhlas Al Gamal, The University of Jordan, Faculty of Nursing, Amman, Jordan*

*Co authors: Hamdan Mansour, A., The University of Jordan; Matrouk, R., Al Nawaiseh, M., Al-Bashir Hospital; Sultan, M., Meqdady, M., The National Council for Family Affairs*

**Abstract:**

**Aim:**

The purpose of this study was to identify the psychosocial impact of child labour in Jordan.

**Background of the study:**

The International Labour Organization estimates that there is more than 351 million children work

worldwide. A Jordanian national survey reported that 32,676 children work in Jordan aged 5 to 17 years old. Emotional, behavioural and psychiatric problems in working children are a considerable public health problem in developing countries. Child labor as a risk factor for the development of psychosocial problems has not been studied thoroughly.

**Method:**

The study had a cross-sectional explorative design. All data were collected in 2010. Subjects were a convenient sample of 1103 child laborers aged between 6 and 16 years. These were compared with 2905 non-laborer school children who recruited randomly from the schools. SPSS Version 15 was used in data analysis. Descriptive statistical analysis such as frequency count, percentage, mean, median and standard deviation was employed to describe the research sample and the instrument items. ANOVA, t-test and chi-square were used to compare means.

**Result:**

45% of child laborers spent most of their time alone. Child laborers had higher level of psychological tensions, lower ability to express anger and lower ability level to control their anger feelings than non-laborer school children.

**Discussion:**

Child labour has a negative impact on the children's psychosocial health and development. These findings indicate the gradual, long term policies are required to minimize the number of child laborers.

**Conclusion:**

Child health considers as a public health concern. Understanding the impact of labour on child mental and social health is essential to inform policy and inform future research.

**Recommended reading:**

International Labour Organization (2008) *Child labour, education and health: A review of the literature*. The International Program on the Elimination of Child Labour (IPEC), Geneva

Department of Statistics (2008) *National survey*. Jordan

Fekaday D, Alem, A., Hagglof, B.D (2006) The prevalence of mental health problems in Ethiopian child laborers. *Journal of Child Psychology & Psychiatry*, 47 (9): pp.954-959

**Funding:**

The National Council for Family Affairs

10,001 – 50,000



# Concurrent session 3

## 3.1 Theme: Workforce

3.1.1

### Causes of work stress in a regional oncology setting: A theoretical content analysis

Martyn Jones, School of Nursing and Midwifery, University of Dundee, UK

Co authors: Wells, M and; Gao, C, University of Dundee; Cassidy, B, Galloway, J, and Davie, J, NHS Tayside

#### Abstract:

#### Background:

Working in oncology is known to be stressful. High demand, low decisional control and effort-reward imbalance are key determinants. This study aimed to identify the nature and causes of work stress in multidisciplinary staff from a regional cancer centre.

#### Methods:

Structured questionnaires were used to assess staff perceptions of work stress, job satisfaction and work performance. Free text responses related to the 'most difficult aspects of the job' and a 'personally significant clinical incident in the last month' were subjected to theoretical content analysis. Text was divided into 'meaning units' and then coded independently by two researchers. Ethical approval was granted.

#### Results:

85 staff members took part in the study, giving a response rate of 50.6%. Independent coding achieved inter-rater reliabilities of  $\kappa = .80$ .

Although free text responses revealed a range of demands related to working in oncology, the highest proportion of meaning units (33%) within key clinical incident reports involved a lack of decisional, resource, task and environmental control. Decisional control concerns related to specific elements of patient care, the rights of patients to know about aspects of treatment, timely communication of patient-related information, and treatment delays. Resource and task control issues centred on staff shortages, sickness absence, high workload and working late. Environmental concerns related to bed shortages and radiotherapy machine breakdowns delaying treatment. 52% of the 'most difficult' situations were also related to lack of control.

Although all groups referred to stressful situations of lack of control or high demand, support staff in particular perceived that their work was not appreciated, relative to the effort they expended. Domestic staff reported a lack of respect from other staff.

#### Conclusion:

This study confirms other research that much work stress in oncology relates to structural or organisational factors rather than to the difficulties of working with people with cancer.

#### Recommended reading:

Ekedahl M. & Wengstrom Y. (2007): Nurses in cancer care-Stress when encountering existential issues. *European Journal of Oncology Nursing* 11, 228-237.

Sehlen, S., Vordermark, D., Schafer, C., Herschbach, P., Bayerl, A., Pigorsch, S., et al. (2009). Job stress and job satisfaction of physicians, radiographers, nurses and physicists working in radiotherapy: a multicenter analysis by the DEGRO Quality of L

Krippendorf K. (2004) *Content Analysis: An Introduction to Its Methodology*. Sage Publications. London.

#### Funding:

University of Dundee funding  
1,000 – 10,000

3.1.2

### Meeting the healthcare needs of prisoners within police holding cell environments: Correlates of collaborative practice between police and healthcare staff

Martyn Jones, School of Nursing and Midwifery, University of Dundee, UK

Co author: Gao, C and Hurley, J, University of Dundee

#### Abstract:

#### Background:

The introduction of an innovative health service based within the custody suites in North-East Scotland presented an opportunity for evaluation. This new service involves collaborative action between police and health service staff in meeting the health needs of prisoners. According to Social Cognitive theory, staff confidence (efficacy beliefs) and beliefs that collaborative activity will have a positive outcome (outcome expectancy beliefs) makes engagement in such collaborative activity more likely. Such beliefs can be held at self, group and collective (i.e. organisational) levels.

#### Aims:

To examine relationships between Health and Police staff's efficacy, outcome expectancy beliefs and collaborative practice in meeting the health needs of prisoners in the first year of this service.

#### Methods:

All 21 health staff in the new service and a selected/convenience sample of 25 police staff were invited to participate. Standardised questionnaires were used to measure efficacy and outcome expectancy beliefs at self, group and organisational levels. Collaborative behaviour was measured using assertiveness and co-operativeness subscales. Correlations and t-test/Mann Whitney tests were used for correlational and between-group analyses.

#### Results:

The study achieved a response rate of 67% (n=31). Health staff scored higher in collective efficacy than Police staff. Police participants worked longer in their current job. Collective efficacy correlated positively with outcome expectancy at group and organization levels. Collective efficacy was correlated positively with the cooperativeness dimension of collaborative behaviour. Outcome expectancies at individual, group and collective levels predicted cooperativeness. The dominant mode of practice was collaborative (assertive and co-operative) rather than one of accommodation (unassertive and co-operative).

#### Discussion/Conclusion:

Confidence in the organisation's ability to support collaborative practice was the greatest predictor of co-operativeness. Self and group efficacy beliefs were not related to outcome expectancy or collaborative practice, suggesting the impetus for this innovation in its first year remains at a managerial or organizational level.

#### Recommended reading:

Bandura, A., (2000). Exercise of Human Agency through Collective Efficacy. *Current Directions in Psychological Science*, 9, 75-78.

Weiss, S.L., Davis, P.H., (1985). Validity and reliability of the Collaborative Practice Scales. *Nursing Research*, 34, 299â–302.

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

#### Funding:

UK – Research Council  
100,001 – 500,000



3.1.3

### Sustaining innovation in the nursing workforce: A case study of nurse consultant posts in England

Vari Drennan, St. George's University of London, Kingston University, London, UK

Co author: Goodman C, University of Hertfordshire

#### Abstract:

#### Background:

Recruiting, retaining and meeting increasing demand for experienced, qualified nurses is an issue of concern throughout the world. The UK has been exploring ways of creating clinical career structures for nurses that retain experienced nurses in clinical practice rather than move to management or teaching roles. One element of this has been the creation of a senior nursing role within the National Health Service (NHS) called a 'nurse consultant' [1]. While there is much written about the introduction of innovation in health systems, there is little that considers the factors that sustain innovation (2).

#### Aim:

To explore the factors that sustain or inhibit nursing workforce innovations

#### Methods:

A case study using mixed methods (3) of a cohort of ten nurse consultants (NC) in one community health organisation in England over 6 years. Data collection included: repeated individual and group interviews with nurse consultants, and at exit from employment, stakeholder analysis including such as medical consultants, nurses, managers, and service commissioners, observation of nurse consultants in clinical areas and in service meetings, and organisational documents. Analysis was undertaken on each element and complemented by a narrative synthesis

#### Results:

Within two years only five posts remained and within five years only two part time posts remained. Influential factors included: a) stakeholder agreement on the service and clinical case for the NC post, b) the availability and 'fit' of individual nurses, with the knowledge and skills, to fulfil these roles, and c) the perceived value of the NC contribution within changing economic and organisational contexts.

#### Discussion and Conclusions:

Primary care services in the UK are provided in complex environments with multiple inter and extra organisational stakeholders. This case study suggests that senior nursing workforce innovation will only be embedded where the service and clinical case is recognised by those outside nursing.

#### Recommended reading:

NHS Executive (1999). Nurse consultants. HSC 1999/217 Annex A. London: Department of Health

Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O: (2004) Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Quarterly* 82:581-629

Yin RK (1994) Case Study Research Sage Publications, Thousand Oaks, California.

#### Funding:

UK – Higher Education Institution

10,001 – 50,000

### 3.2 Theme: Children and young people

3.2.1

### Examining internet resources available to families with children diagnosed with leukaemia

Stephanie Kumpunen, London South Bank University, London, UK

Co authors: Bryan, G and Taylor, R, London South Bank University; Gibson, F, Great Ormond Street Hospital and London South Bank University

#### Abstract:

#### Background:

Families of children diagnosed with acute lymphoblastic leukaemia (ALL) often know little about the diagnosis and its complex treatments. Some parents suggest the internet is helpful, while others describe it as overwhelming and the cause of additional stress (Gibson et al, 2010).

#### Aim:

To understand the scope of internet-based information available on ALL.

#### Methods:

Content analysis coding on 20 ALL-related topics (e.g. causes, side-effects, relapse) that parents reported needing information on was conducted via: Google keyword 'leukaemia' searches; and leukaemia-related keyword searches and full website searches (following click paths) across 13 websites recommended by health professionals and in literature (e.g. Macmillan/Cancerbackup, CLIC Sargent, NHS choices). A 76% inter-coder reliability was established between three trained coders on 15% of the sample before one coder completed all analyses. Additional contextual analyses on each website were conducted.

#### Results:

There was little consistency in the information provided by the 13 websites. A definition of leukaemia was found across 8 websites; while 7 provided a definition of ALL. No websites covered all 20 topics. Additional content analyses on each website indicated that much more information was available than could be found using the search box.

#### Discussion:

Health professionals should warn parents that the least effective search methods include visiting

NHS Trust sites or using search boxes on websites (where plenty of information is otherwise available through navigational clicks). Sections of websites with particularly good information or tools should be drawn on in discussions with families, instead of full websites. Website managers should reformat sites for families as primary information-seekers with the aid of families.

#### Conclusions:

This presentation will focus on methods and outcomes, and make recommendations on how we might guide and support parents in their search for information.

#### Recommended reading:

Gibson, F, Forbat, L, Horstman, M, Kumpunen, S, MacIntyre, G, Ranasinghe, N, Say, T. (2010)

#### Funding:

UK – Higher Education Institution

10,001 – 50,000

3.2.2

### Knowledge assessment of caregivers regarding early childhood development

Meintjes, JS, Adelaide Tambo School of Nursing Science, Tshwane University of Technology, Pretoria, South Africa

Co author: Corrien Van Belkum Adelaide Tambo School of Nursing Science, Tshwane University of Technology

#### Abstract:

#### Background:

The Millennium Development Goals were adopted at the UN Millennium Summit in 2000 as a framework for reducing poverty and ensuring completion of primary school education. Countries were encouraged to commit to their children's future through early childhood development (ECD) programmes. The South African Government's plan for ECD (2007) aimed to provide health, physical, emotional, psychosocial and cognitive development services to the young child. The South African professional nurse has the most frequent opportunity to screen the development of young children through the immunization schedule of the child. Every mother is issued with a Road to Health [RtH] chart (based on standardised World Health Organization growth charts). The RtH provides the caregiver with a guideline on normal development to equip them to identify developmental problems.

This study's aim is to determine caregiver's knowledge regarding ECD of children living in a resource poor community. The objectives were to explore caregivers' previous education regarding the Road to Health chart, the child's physical growth and developmental monitoring.

**Method:**

Research design was quantitative, exploratory and descriptive. Structured interviews were conducted with 71 respondents.

**Results:**

Data analysis revealed that respondents previously received education on the Rth. However respondents have a knowledge deficit on physical growth and developmental monitoring.

**Discussion:**

The professional nurse is identified in this study as the main provider of education regarding Rth knowledge. The respondents indicated that developmental problems should be treated immediately. Health services were identified as the main responsible contributor to intervene with identified ECD problems.

**Conclusions:**

This study indicated that caregivers lack knowledge regarding ECD and identified the health services to assist with addressing developmental problems. The significance of this study is that the results will guide professional nurses, with the assistance of caregivers, to plan and implement strategies for timely identification and intervention in ECD problems.

**Recommended reading:**

Comley, L., and Mousmanis, P. (2003). Improving the Odds: Healthy Child Development. Ontario: Ontario College of Family Physicians.

Kibel, M.A and Wagstaff, L.A. (2001). Child health for all. Cape Town: Oxford University Press

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2007). Education for All (EFA) Global Monitoring Report: Early Childhood Care and Education. Paris, France: UNESCO Publishing.

**Funding:**

Atlantic Philantropies  
1,000 – 10,000

3.2.3

**Guidelines to prevent teenage pregnancy based on the Johnson Behavioural Model**

*Susan Wright, Tshwane University of Technology, Pretoria, South Africa*

*Co authors: Oyedele, OA and Maja TMM Adelaide School of Nursing Science, Tshwane University of Technology*

**Abstract:**

Teenage pregnancy is a major public health problem for this age group in many countries. The consequences of early childbearing are a reduced likelihood of school completion and a decreased opportunity of a high earning career. The motivation of this study was twofold, the increase in the terminations of pregnancies in Soshanguve and the lack of guidelines for health professionals to prevent teenage pregnancy. The research question for the study was using the Johnson Behavioural System Model as basis, what are teenagers' perspectives and knowledge of teenage pregnancy, the prevention or termination of teenage pregnancy and what guidelines can be developed to assist health professionals to prevent unwanted teenage pregnancy? The participants were female teenagers living in Soshanguve and using a chosen primary care clinic for antenatal or post natal care of preventative services. Data gathering in this study was self report using a semi-structured interview technique. The sampling method was purposive with the sample size realised as 30 participants. The data were analysed using Tesch's approach. The findings provided evidence that the Johnson's Behavioural Systems Model supported the exploration of teenage pregnancy in an innovative way and lead to better understanding of the behaviour of teenagers leading to pregnancy and possibly termination of pregnancy. If the drive of the teenager is to 'fit in' and the most important group to fit into is the peer group, the behavioural norms of that group will displace that of culture and the family. If the teenager's drive is for inclusion and intimacy and she has very few choices available to achieve the goal, using the sexual subsystem will be an obvious choice. Guidelines for the prevention of teenage pregnancy, based on the Johnson Behavioural Systems Model, were developed for registered professional nurses.

**Recommended reading:**

Johnson, D.E. 1990. The Behavioural System Model for nursing. In: Riehi, J.P. & Roy, C. (eds). Conceptual models for nursing practice. 2nd ed. New York: Appleton Century Crofts.

Ehlers, V.J. (2003)

Ellis, B.J., Bates, J.E., Dodge, K.A., Fergusson, D.M., Horwood, L.J., Pettit, G.S. & Woodward, L. (2003)

**Funding:**

No Funding  
←1,000

3.3 Theme: Vulnerable adults

3.3.1

**Screening for alcohol problems in non-healthcare settings: Utilising routine processes and non-researchers to collect health-related data in a prison setting**

*Stephen McGhee, School of Nursing, Midwifery and Health, University of Stirling, Stirling, UK*

*Co author: MacAskill, S. Institute for Social Marketing, University of Stirling; Parks T. School of Nursing, Midwifery and Health, University of Stirling; McAuley, A. NHS Health Scotland; Graham, L. Information Services Division, Scotland.*

**Abstract:**

Alcohol problems are a major and growing public health problem in the UK and the relationship between alcohol and crime, in particular violent crime, is increasingly recognised. Prison-based services can create additional access points to alcohol assessment and interventions thus addressing substantial health inequalities among this hard-to-reach population.

A needs assessment of alcohol problems experienced by prisoners was undertaken, aiming to make recommendations for service improvement (Parkes et al 2010). One of the central objectives was to assess alcohol problems among offenders within an individual prison using the World Health Organisation's AUDIT screening tool (Babor, Higgins-Biddle, Saunders et al., 2001). This paper reports on methodological issues arising from using routine processes and non-researchers to collect health-related data in this setting.

A questionnaire was developed incorporating the AUDIT screening tool and supplementary socio-demographic questions. A culturally sensitive visual 'Ready Reckoner' was designed to help respondents calculate alcohol units. Practical issues of external researcher access, and the need for blanket screening, presented challenges. The screening questionnaire was therefore administered during a routine induction interview conducted by prison officers. A two hour training session was held with relevant officers, management and administrative staff. Screening incorporated all new consenting prisoners over 12 weeks in 2009-10.

259 screening questionnaires were completed. The screening proved unproblematic to prison staff/management and prisoners. The AUDIT screening tool showed high utility/feasibility in this setting. The Ready Reckoner tool enhanced the validity of answers provided by prompting discussion on drink types as well as volume/amount. Prison officers highlighted alcohol-related services in the prison for respondents with elevated scores.

Utilising routine processes and non-researchers to collect health-related data successfully generated valid information for the development of alcohol interventions in this setting. Learning on the factors essential to the success of this approach,

and implications for other relevant settings, conclude this paper.

#### Recommended reading:

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B. and Monteiro, M.G. (2001) AUDIT: The Alcohol Use Disorders Identification Test - Guidelines for Use in Primary Care (2nd edition). World Health Organization, Geneva.

Parkes, T., MacAskill, S., Brooks, O., Jepson, R., Atherton, I., Doi, L., McGhee, S and Eadie, D. (2010) Prison health needs assessment for alcohol problems. Health Scotland: Edinburgh.

#### Funding:

UK - Health Service (National)

10,001 - 50,000

3.3.2

### Using action research to address the mental health needs of older people: A reflection on and discussion of real-world problems

Anthony Harrison, Faculty of Health and Life Sciences, University of the West of England, Bristol, UK

#### Abstract:

Action research provides an opportunity to implement and understand the process of change in practice settings, as well as develop theoretical insights into complex social situations. The provision of mental health care for older people within the general hospital is one such situation, and this paper presents a discussion and reflection on the use of action research. The background to the project is described, followed by a discussion of three major issues: the extent to which we were able to promote democracy and maintain and demonstrate democratic behaviour, the problems and pitfalls of operationalising grounded theory methodology within an action research approach, and the challenges of developing an authentic and credible account of the care of older people with mental health needs. The democratic nature of action research can be interpreted as implying a degree of moral superiority over other approaches whereby research is done 'to', rather than 'with' participants, but this assumption cannot always be taken at face value, and more in-depth explorations of democracy as applied to action research need to occur. Novice researchers may struggle with articulating and managing the analysis of data within action research, not helped by the often limited attention given to this issue within basic texts and accounts of action research studies. The challenges of utilising grounded theory within an action research approach are described and discussed.

Finally, capturing and representing the 'voice' of those participating in the research requires constant attention to both methodological and reflexive processes. The issues discussed highlight

how the inherent flexibility of action research can, and does, present researchers with significant epistemological, methodological and ethical challenges. This paper aims to add to a discourse regarding action research and will be of value to researchers using this approach across a range of health, social care and educational settings.

#### Recommended reading:

Harrison, A., Brandling, J. (2009) Improving mental health care for older people within a general hospital in the UK. *Nursing and Health Sciences*, 11, 3, 293-300.

Turnock, C., Gibson, V. (2001) Validity in action research: a discussion on theoretical and practice issues encountered whilst using observation to collect data. *Journal of Advanced Nursing* 36, 3, 471-477.

Meyer, J., Ashburner, C. & Holman, C. (2006) Becoming connected, being caring, *Educational Action Research*, 14, 4, 477-496.

#### Funding:

UK – Health Service (Local)

1,000 – 10,000

3.3.3

### Veteran tobacco use, low-density lipoprotein and glycated hemoglobin levels

Shannon Cohen, Department of Veterans Affairs Medical Center, Salem, Virginia, USA

#### Abstract:

Background: Smoking leads to the deaths of 4 million people each year and is predicted to cause 10 million deaths annually by 2030. Smokers have twice the risk of a fatal cardiac event and have higher rates of diabetes.

Aims: The purpose of the study was to see if there were relationships between tobacco use, low-density lipoprotein (LDL), and glycated hemoglobin levels (HbA1c) among veterans receiving outpatient primary care services.

Method: The de-identified electronic medical records of 1,452 veterans with a history of smoking assigned to an outpatient Department of Veteran Affairs Medical Center were examined. Descriptive statistics and two repeated measures ANCOVA were performed to determine the demographic characteristics of the sample and the relationships between the independent variable of tobacco use group on the dependent variables of LDL cholesterol and HbA1c levels, during the years 2003 through 2007.

#### Results:

There was no statistically significant relationship between tobacco use and LDL levels when controlling for weight. There was a statistically significant difference in the tobacco use groups and HbA1c levels. Current smokers had higher HbA1c levels than did former smokers throughout the observa-

tional period, but the difference was statistically significant only for the years 2003 and 2007.

Discussion: Monitor patients with a tobacco use history for the development of diabetes and cardiovascular disease and prevent relapse among tobacco users who quit.

Conclusion: Health care providers are challenged to monitor for cardiovascular risk factors, assist patients with smoking cessation, and prevent tobacco use.

#### Recommended reading:

Cohen, S. (2009) Adherence, goal setting, and cardiovascular risk reduction among the veteran population. Doctoral dissertation, University of Hawaii at Manoa. ProQuest dissertations.

Willi, C, Bodenmann, P, Ghali, WA, et al. (2007). Active smoking and the risk of type 2 diabetes. *Journal of the American Medical Association* 298 (22), 2654-2664.

Erhardt, L. (2009). Cigarette smoking: an under-treated risk factor for cardiovascular disease. *Atherosclerosis* 205 (1), 23-32

#### Funding:

No funding

### 3.4 Theme: Stroke

3.4.1

### Anguish and equipoise: The challenges of hyper acute stroke research

Jayne Hardicre, Stroke Research Network, Greater Manchester, UK

#### Abstract:

Stroke accounts for 11% of deaths in England and Wales each year. Without advances in prevention or treatment, the incidence of vascular events, particularly stroke, will increase by 33% by 2020. Clinical research into potential treatments for acute stroke has increased dramatically over the last 20 years, yet the National Audit Office wrote that 'an emergency response to stroke with efficient and effective acute care was generally lacking'. The design and implementation of hyperacute stroke trials are often complex and challenging. Many stroke trials bring together combinations of acutely ill, disabled and vulnerable patients. The time window for recruitment into many trials is short, often hours, hence the phrase 'time is brain'. Cognition and decision making capacity (DMC) is often impaired and can be further compounded by aphasia and/or visual disturbances leading to understanding, retention, reasoning and communication problems.

Obtaining informed consent for clinical trials during this time is difficult for all involved and is governed by widely accepted ethical and quality standards, based on the Declaration of Helsinki and Good Clinical Practice (GCP) Guidelines. Obtaining informed consent from a patient/



relative/ legal representative is dictated by the patients own capacity to consent, associated Laws and the type of clinical trial under consideration. The time window for seeking approval from a relative or legal representative is short with discussions often besieged by equipoise and uncertainty. This paper discusses the ethical and legal issues involved in obtaining consent in the area of hyper-acute stroke research and outlines the important yet dichotomous role the research nurses play in this process. This paper will also be of interest to those undertaking research in other acute areas or other specialties where decision making capacity (DMC) is impaired.

#### Recommended reading:

Iwanowski P, Budaj A et al,.. (2008) Informed consent for clinical trials in acute coronary syndromes and stroke following the European Clinical Trials Directive: investigators experiences and attitudes. *Trials*. July 21st, 9: 45

Iwanowski P, Budaj A et al,.. (2008) Informed consent for clinical trials in acute coronary syndromes and stroke following the European Clinical Trials Directive: investigators experiences and attitudes. *Trials*. July 21st, 9: 45

Royal College of Nursing (2009) Research Ethics: RCN Guidance for Nurses. Internet. Available from: [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0010/78742/003138.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0010/78742/003138.pdf) RCN, Date Accessed 27th November 2010.

#### Funding:

No funding

3.4.2

### Early stroke discharge team: A participatory evaluation of professional stakeholders

*Pam Moule, University of the West of England, Bristol, UK*

*Co authors: Weare J, Bristol General Hospital University Bristol Hospitals NHS Foundation Trust, Young P and Glogowska M, Faculty of Health and Life Sciences, University of the West of England, Bristol*

#### Abstract:

#### Background:

The introduction of Early Stroke Discharge Teams (ESD) has challenged the model of care delivery for many stroke patients, reducing length of hospital stay and providing seamless care from hospital to home (Langhorne, 2003). Whilst evaluations report high patient satisfaction (Cooke et al 2009), there is limited research exploring the experiences of professional stakeholders involved in the new service development.

#### Aims:

To explore the implementation process and the experiences of ESD team members and external stakeholders of service inception.

#### Methods:

Between October 2009 and February 2010, six team members and four external stakeholders were interviewed as part of a participatory evaluation. Interviews were used to explore the experiences of the process of inception and implementation of the team. Transcripts were subjected to thematic analysis.

#### Results:

The interpretation of interview transcripts generated five themes namely; Setting up the team; Team working experience; Team within the context of other services and professionals; Effectiveness in achieving aims; Learning for the future. Within the themes issues relating to funding, leadership, team management and working were highlighted.

#### Discussion:

Whilst both the team members and external stakeholders were supportive of the service development, key learning suggested team composition and leadership needed to reflect the needs of the patient care pathway and be cognisant of existing service provision. Additionally, engagement of key stakeholders throughout the inception and implementation of the new service might have aided the achievement of key aims and enhanced effectiveness.

#### Conclusions:

This study provides a unique insight into the views of ESD team members and external stakeholders in the inception of a new service that can inform future service development of other ESD teams.

#### Recommended reading:

Cooke, R. Ellis, H. Fafiolu, R. Highfield, E. and Robinson, C. (2009) Early supported discharge team from stroke. Interim report. University Hospitals Bristol NHS Foundation Trust, Bristol

Langhorne P (2003) Early supported discharge: An idea whose time has come? *Stroke* 34: 2691-2692

#### Funding:

UK – Health Service (Local)  
10,001 – 50,000

3.4.3

### In the shadow of institutional structures” Observations of assisted feeding

*Bente Martinsen, University of Aarhus, Institute of Public Health, Department of Nursing Science, Aarhus, Denmark*

*Co author: Norlyk A., Aarhus University Hospital/ Institute of Public Health, Department of Nursing Science*

#### Abstract:

#### Background:

In institutions assisted feeding is often provided under time-pressure, and caregivers find the task

tiresome. Food-mixing and soaking are strategies to accelerate the assistance.

#### Aim:

The aim was to explore the phenomenon of assisted feeding among people living with language impairment.

#### Method:

42 instances of assisted feeding were observed among people living with language impairment and admitted to a neurological ward. Spradleys' (1980) method participant observation was used for data collection. Notes were taken simultaneously and in some cases a few simple questions were posed to the caregivers or the patients. Answers and notes were analysed using the phenomenological guidelines of Dahlberg and colleagues (2008).

#### Results:

The essence of assisted feeding among people living with language impairment was identified to be a transaction characterised by efficiency. The constituents of the essence were: in the shadow of institutional structures, accidental relationships with potential humiliation, meal-related conventions versus respect for the individual's wishes, sense of joy threatened by determination, and time as significant for the course of the meal.

#### Discussion:

Assisted feeding implied a tension: On the one hand caregivers referred to assisted feeding as a special event worth looking forward to; on the other hand the performance was comparable to a transaction. Caregivers had good intentions but difficulties in their realisation. Conclusion: The institutional conditions need to be reconsidered, so that caregivers are exempted from other responsibilities during mealtimes. A more flexible time-limit for meals is another possibility. This study shows that it is crucial to find a way to make it possible to conduct assisted feeding to vulnerable patients in a respectful way. We recommend that the focus of recent years on the patients' nutritional status is supplemented by improvement in the relational and affective aspects of meals, especially for people who are unable to eat by themselves.

#### Recommended reading:

Dahlberg, K., Dahlberg, H., & Nystrom, M. (2008). *Reflective lifeworld research* (2nd ed.). Sweden: Studentlitteratur

Spradley, J. P. (1980). *Participant observation*. U.S.: Thomson Learning.

#### Funding:

No funding





### 3.5 Theme: Communication

3.5.1

#### Understanding communication, team working and ethical practice in professional practice

Janet Holt, University of Leeds, Leeds, UK

Co authors: Edwards, J; Laxton, J; Nicholson, H, School of Healthcare, University of Leeds.

##### Abstract:

##### Background:

Interprofessional working and assessment across professions requires collaboration, understanding of a common purpose, pooling of knowledge and expertise and the facilitation of joint decisions based on shared professional perspectives (Barrett & Keeping, 2005). If professional identity is important to the success or failure of interprofessional working, then it is reasonable to assume it to also be of significance in interprofessional assessment. Despite policy drivers for interprofessional learning (Department of Health 2007), professional culture and professional identity have been found to be compromised by this approach (Colyer 2004). But, there is little evidence in the literature of the impact of professional identity on interprofessional assessment.

##### Aims:

Using three generic skills, this preliminary study explored what health practitioners understood communication, team-working and ethical practice to mean within their profession, whether the understandings differed across the professions and how responses impacted on interprofessional assessment.

##### Methods:

A purposeful sample of 20 practitioners was recruited across 8 professions (midwifery, nursing, medicine, clinical physiology, dentistry, radiography, social work and audiology). Diversity was sought across gender and experience in assessing students. Semi structured interviews were used for data collection and analysed using the Framework approach.

##### Findings:

Preliminary findings found that across the 8 professions communication and team-working were understood by practitioners in a similar way and there was little difference in how these competencies were viewed. Whilst commonalities were identified in ethical practice (e.g. maintaining confidentiality and following ethical guidelines), differences were identified relating to the type of procedures undertaken across professions. Professionals were keen to maintain the distinctiveness of their profession but recognised the importance of working together for the best outcome of the patient.

##### Conclusion:

This study has identified the barriers and facilitators to interprofessional assessment across 8 professions and the importance of taking professional

identity into account to improve assessment of practice.

##### Recommended reading:

Barrett, G., & Keeping, C. (2005). The processes required for effective interprofessional working. In G. Barrett, D. Sellman & J. Thomas (Eds.), *Interprofessional Working in Health and Social Care*. Basingstoke: Palgrave Macmillan.

Colyer, H. M. (2004). The construction and development of health professionals: where will it end? *Journal of Advanced Nursing*, 48(4), 406-412.

Department of Health (2007). *Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care*. London: DoH.

##### Funding:

Funded by the ALPS CETL  
10,001 – 50,000

3.5.2

#### Communication in interprofessional health and social care teams: A realist synthesis

Gillian Hewitt, Kingston University and St. George's, University of London, UK

Co authors: Sims, S; Harris R. Faculty of Health and Social Care Sciences, Kingston University and St. George's, University of London

##### Abstract:

Interprofessional teams are prevalent in health and social care and widely accepted as an efficient and effective way of delivering services, yet gaps in our knowledge persist regarding how best to organise teams and the consequent impact on patient care. The evidence base on interprofessional teams in health is wide and diffuse and a realist synthesis offered an innovative way of taking a fresh look at the literature.

The literature search was carried out in two stages. A preliminary search of academic and policy literature was undertaken to identify the purported mechanisms of interprofessional teamwork. In the second stage a comprehensive search of eight electronic health and social care databases was conducted. The aim was to identify empirical research that addressed (directly or indirectly) the provisional mechanisms identified in the first stage and could be used to test their validity. Broad inclusion criteria were used and papers that described empirical research in any field of health, addressed interprofessional team working and were relevant to one of the provisional mechanisms or suggested a new mechanism were included. Ten mechanisms were identified in the first stage and a further three in the second. Evidence was also collected on the contexts in which the mechanisms operated and their outcomes.

To illustrate the method and its value in furthering our understanding of the complexities of teamwork, two mechanisms are presented

in detail. 'Open communication' was identified during the first stage and refers to the free and efficient exchange of information within teams. Whilst evidence of this was found, the second stage of the search also generated the mechanism of 'tactical communication' which referred to the deliberate control of what, when or how information was exchanged between team members. The contexts which influenced these mechanisms and their impact on teams and patients are also presented.

##### Recommended reading:

Pawson, R. (2002) "Evidence-based policy: the promise of 'realist synthesis'." *Evaluation*, 8, 3, pp340-358.

Pawson, R., Greenhalgh, T., Harvey, G., Walshe, K. (2005) "Realist review – a new method of systematic review designed for complex policy interventions." *Journal of Health Services Research & Policy*, 10, S1, pp21-34.

##### Funding:

UK – Health Service (National)  
100,001 – 500,000

3.5.3

#### Parent-professional interactions in acute care encounters

Joanna Smith, University of Salford, Salford, UK

Co authors: Francine Cheater, Institute of Health and Wellbeing, Glasgow Caledonian University; Hilary Bekker, Behavioural Sciences, Institute of Health Sciences, University of Leeds.

##### Abstract:

##### Background:

Hydrocephalus is a long-term condition managed by the insertion of a shunt. When shunts malfunction the consequences are serious and can be life threatening. Identifying shunt malfunction requires effective parent-professional collaboration: parents need to recognise and respond to the symptoms of shunt malfunction in their child; professionals need to integrate parents' information about their child's symptoms during clinical decision-making and diagnosis. Despite policies advocating parents are involved in their child's care (DfES/ DH 2004) evidence suggests parent-professional interactions are not participatory (Espezel and Canam 2003, Alderson et al 2006). There is limited research relating to the significance professionals place on parents' concerns in acute care encounters.

##### Aim:

To explore parent and professionals' contribution to the diagnosis of shunt malfunction in acute hospital admissions.

##### Methods:

A range of methods were employed in order to capture different aspects of parent-professional collaboration:

- The application of conversation analysis to audio-recorded parent-professional interactions;
- Follow-up interviews with participants to elicit their perceptions of the interaction. The framework approach underpinned data analysis;
- A questionnaire, about parents' involvement in care decisions exploring variations between observed and perceived shared-decision making tasks, data were analysed using descriptive statistics.

**Participants:**

Forty participants took part in the study (26 family members, 14 professionals).

**Findings:**

Parents can distinguish between symptoms indicating shunt problems from other childhood illnesses. Parents' perceive their expertise is not always valued by health professionals and not always used to make clinical decisions. Analysis of parent-professional interactions suggests professionals' involvement of parent's in decisions about their child's care is variable. There was evidence of some collaborative practice but tensions were evident within the interactions when parents disagreed with professionals' judgments.

**Conclusion:**

Although healthcare professionals highlighted the need to listen to parents and value their expertise this was not always evident during consultations.

**Recommended reading:**

Alderson P, Hawthorne J, Killen M (2006) Parents' experiences of sharing neonatal information decisions: consent, cost and risk. *Social Science and Medicine* 62: 1319-1329

Department for Education and Skills/ Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services: change for children – every child matters* SO, London

Espezel HJE, Canam CJ (2003) Parent-nurse interactions: care of hospitalised children. *Journal of Advanced Nursing* 44: 34 – 41

**Funding:**

No funding

**3.6 Theme: Cancer****3.6.1**

### Exploring the experiences of patients with newly diagnosed malignant spinal cord compression

Clare Warnock, *Weston Park Hospital, Specialist Cancer Services, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK*

Co author: Tod, A, *Centre for Health and Social Care Research, Sheffield Hallam University*

**Abstract:****Background:**

Malignant spinal cord compression (MSCC) is compression of the spine by a cancer usually caused by secondary bone metastases. If it is not diagnosed early, MSCC can cause irreversible neurological damage, the prognosis is poor and patients often have to cope with sudden disability alongside a diagnosis of advanced cancer (Eva and Lord 2003, NICE 2008). Little is known about patient's priorities and concerns regarding MSCC. The study presented here is part of a larger multi-disciplinary project which aimed to improve the care of patients with MSCC within a regional cancer centre (Warnock et al 2008). Aim To explore patient's experiences of being newly diagnosed with MSCC and identify health care priorities and needs from the perspective of someone with MSCC

**Methods**

A qualitative study involving semi-structured interviews and Framework Analysis techniques. 10 patients were interviewed following completion of radiotherapy prior to being discharged from the cancer centre. The discussion was taped and transcribed for analysis by the primary investigator Analysis was independently verified by an experienced qualitative researcher. NHS Research ethics approval was obtained.

**Findings**

Nine of the participants had advanced MSCC at diagnosis and were having to adapt to using wheelchairs, transfer slides and hoists for mobility. Insights into reasons for delays with presentation and medical diagnosis were gained. These included 'explaining away', 'stoicism' and 'accepting doctors advice'. Getting home, the impact on family and social life, managing dependence and uncertainty were key concerns. Approaches to coping were identified which enabled patients to talk about the enormity of the challenges they faced while describing how they could be met.

**Discussion:**

The study provides new insights into patients concerns and priorities when newly diagnosed with MSCC. Alongside audit work, they will inform the development of interventions to improve the quality of care for patients with MSCC.

**Recommended reading:**

Warnock C et al (2008) Evaluating the care of patients with malignant spinal cord compression

at a regional cancer centre. *International Journal of Palliative nursing* 14, 10, 510-515

Eva and Lord (2004) Rehabilitation in malignant spinal cord compression. *European Journal of Palliative care* 10, 4, 148-150

NICE (2008) Diagnosis and management of patients at risk of and with metastatic spinal cord compression National Institute for health and Clinical excellence

**Funding:**

No funding

**3.6.2**

### Cancer patients' care at the end of life in a critical care environment: Perspectives of families, patients and practitioners

Natalie Pattison, *Royal Marsden Hospital, Sutton, UK*

Co author: Carr, S, and Turnock, C, *School of Health, Community and Education Studies, University of Northumbria; Dolan, S., Royal Marsden Hospital, London*

**Abstract:****Background:**

End-of-life care (EOLC) for critically ill patients, of whom 20% will die in critical care, remains somewhat problematic (Truog et al, 2008). EOLC is an established domain in cancer; however research has not been conducted previously into dying, critically ill cancer patients' experiences.

**Aim:**

To explore EOLC experiences of critically ill cancer patients, families, oncologists, palliative care specialists, critical care consultants and nurses.

**Methods:**

Heideggerian hermeneutic phenomenology was used to explore experiences of thirty-seven participants: patients (and families) (n=13), families of patients who had died (n=6), oncologists (n=2), palliative care consultants (n=2), critical care consultants (n=7), critical care nurses and critical care consultants in a UK specialist critical care unit from Jan 2007-Jan 2008. Purposive sampling was used. Interviews were taped, transcribed and analysed using Heideggerian phenomenological principles and Van Manen's (1990) phenomenological analysis framework.

**Results:**

A phenomenological description of a continuum of dying in cancer critical illness, and impact on opportunities for EOLC, will be presented with different participant experiences along that continuum. Three main themes included: Dual Prognostication; The Meaning of Decision-Making; and Care Practices at EOL: Choreographing a Good Death, with two sub-themes: Thinking the Unthinkable and Involvement in Care. EOLC was

an emotive experience for all participants and core tenets for good EOLC included comfort, less visible technology, privacy and dignity. These findings will be discussed in relation to EOLC and critical illness. Discussion: This work builds on Seymour's (2001) theory of negotiated and natural dying around achieving good death in critical care.

#### Conclusion:

The practice implication of this study shows how nurses could use the care of patients dying in critical care as an opportunity to develop specialist knowledge and lead in care, but this requires mastery and reconciliation of both technology and EOLC. The cancer model of EOLC needs translating into critical care.

#### Recommended reading:

Truog, R.D., Campbell, M.L., Curtis, J.R., Haas, C.E., Luce, J.M., Rubenfeld, G.D., Rushton, C.H., Kaufman, D.C. and American Academy of Critical Care Medicine. (2008)

van Manen, M. (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. New York: New York Press

Seymour, J.E. (2001) *Critical Moments – Death and Dying in Intensive Care*. Buckingham: Open University Press

#### Funding:

No funding

3.6.3

### Living with breathlessness: Patient's and partner's perspectives (ViPER)

Anne-Marie Russell, Royal Brompton and Harefield NHS Foundation Trust, London, UK  
Co authors: Yorke J, University of Salford; E Al-Gamal, University of Jordan

#### Abstract:

#### Background:

During data collection for the Dyspnoea-12 Validation study (Yorke et al 2009) it became apparent that patients and partners appeared to perceive and interpret the experience of breathlessness differently.

#### Principal Aim:

To explore the experience of living with breathlessness as described by the patient and their spouse/partner.

#### Participants:

20 couples recruited from Respiratory clinics. 14 patients diagnosed with Interstitial Lung Disease [ILD] 6 with Chronic Obstructive Pulmonary Disease [COPD]. The only statistically significant differences between the two groups of patients is in age (ILD 66yrs  $\hat{\pm}$  2 v COPD 74yrs  $\hat{\pm}$  6 p= 0.001) & smoking status (ILD 19  $\hat{\pm}$  17yrs COPD 65  $\hat{\pm}$  60 p=0.45).

#### Methods:

Quantitative: Prior to interview participants completed the Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith 1983). D-12 was completed by the partner for the patient & the patient for his / herself. No collusion permitted. Descriptive statistics summarise the sample population & questionnaire responses.

#### Qualitative:

Patients & partners were interviewed individually using a semi structured approach. Interview transcripts were analysed separately for the patient & spouse data using thematic analysis (Green & Thorogood 2004).

#### Results:

Partners reported higher levels of anxiety compared to depression (p < 0.001). Patients with a HAD's score  $\hat{\ge}$  8 reported significantly more severe breathlessness (p = 0.001). D-12 scores demonstrated a close level of agreement between patients (20.1 SD  $\hat{\pm}$  8) and their spouses (20.6 SD  $\hat{\pm}$  8) on breathlessness severity. Thematic analysis demonstrated different coping mechanisms between patients and partners in both disease groups.

#### Conclusions:

Living with breathlessness is a frightening and uncertain experience for both patient and spouse. The impact of breathlessness on personal relationships is lessened when a therapeutic relationship with a healthcare professional with specialist knowledge of disease process is established

#### Relevance to Practice:

Both patients and partners value the opportunity to discuss the impact of breathlessness on their individual lives.

#### Recommended reading:

Yorke J, Moosavi SH, Russell AM, Jones PW (2009) Validity and Reliability of the Dyspnoea-12 American Journal Respiratory Critical Care Medicine 179:A2294

Green J & Thorogood N (2004) *Qualitative Methods for Research* Sage London.

Zigmond AS & Snaith RP (1983) The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica* 67: 361-70.

#### Funding:

UK – Research Charity/Foundation

1,000 – 10,000

### 3.7 Theme: Qualitative methodologies

3.7.1

#### Undertaking sensitive interviews: A researcher's experience of interviewing bereaved parents and family GPs

Sue Neilson, Birmingham Children's Hospital, Birmingham, UK

Co authors: Clifford, C; Greenfield S. School of Health and Population Studies, University of Birmingham

#### Abstract:

The presentation describes the researcher's experience of undertaking sensitive interviews.

#### Background:

The interviews form part of a current study that is examining bereaved parents' experience of caring for their child at home as well as the experience of their GP. This study builds on earlier work that found general practitioners (GPs) were at times uncertain of their role in paediatric palliative care and questioned whether their involvement had been beneficial to the child and family. The rarity of childhood cancer deaths makes it difficult for GPs to develop or maintain palliative care knowledge and skills yet the GP is perceived as the gate-keeper for care within the community.

#### Presentation Aim:

To describe the process of both the preparation for, and undertaking of, sensitive interviews.

#### Study methodology:

The methodology incorporates tape-recorded semi-structured interviews, thematic framework analysis and Q methodology (QM). QM will be used to capture the experiences of GPs who have cared for a child with cancer receiving palliative care as well the perspectives of care experienced by the families. The semi-structured interview sample comprises 10 families (parents/guardians) whose child has been treated at a regional childhood cancer centre and their GPs. A further 40-60 GPs will be involved in the QM.

#### Findings:

The preparation for these interviews will be discussed and compared to the supportive bereavement visits undertaken within the researcher's role as a paediatric Macmillan nurse. The experience of undertaking the interviews will be exemplified with findings from the initial and the current, study.

#### Papers' contribution:

The researcher's experience of preparing for and undertaking sensitive interviews may prove beneficial to other researchers.

#### Funding:

NIHR/CNO Clinical Lectureship

10,001 – 50,000

3.7.2

### Undertaking focus groups in a Muslim country

Jane Ryan, Cardiff University, Cardiff, UK  
Co author: Watkins, S.D., Learning and Teaching, Cardiff School of Nursing and Midwifery Studies, Cardiff University

#### Abstract:

#### Background:

Culture is an aspect requiring sensitive handling when designing research. Fern (2010) suggests group composition has direct and indirect effects on group dynamics; culture impacts and shapes the behaviour of gendered roles. When considering the focus groups as a method, the researchers respected the philosophy underpinning Muslim faith. Issues included arranging focus groups to respect prayer time; sex segregation of participants to maintain modesty for females (Salman and Zoucha 2010) and the approach to male participants. This conference presentation will focus on the impact of Muslim culture on focus group interaction.

#### Research Aim:

A longitudinal study to explore why Omani nurses undertake a BSc in Nursing and their perceptions of how it impacts upon their personal professional development and clinical practice is currently being undertaken.

#### Methods:

Focus groups took place in Oman during May and September 2010. The first cohort who had completed a BSc top up programme delivered by Cardiff School of Nursing and Midwifery Studies in Oman were invited to take part in four focus groups. They were invited according to their gender. 24 attended, resulting in three female and one male group. The second cohort of 30 nurses was invited to attend a focus group. 21 attended resulting in 3 focus groups, 2 of which were female and one mixed gender.

#### Results:

There was no difference in the verbal interaction of individuals from all focus groups in cohort 1, where male and female nurses were segregated. The all male group in cohort 1 raised their hands when wishing to speak to the focus group moderator; this behavioural aspect did not take place in the female groups. In the third mixed gender group from Cohort Two, females contributed more than their male peers.

#### Conclusion:

The paper contributes to policy surrounding methodological and research ethical issues.

#### Recommended reading:

Fern, E. F. (2001) *Advanced Focus Group Research*, London, Sage Publications.

Salman, K. and Zoucha, R. (2010) *Considering Faith Within Culture When Caring for the Terminally ILL*

Muslim Patient and Family, *Journal of Hospice and Palliative Nursing*, vol 12, 3, pp 156 – 163.

#### Funding:

No funding

#### Funding:

UK – Health Service (National)  
100,001 – 500,000

3.7.3

### Experiences of obesity: A systematic review of qualitative studies

Ian Brown, Sheffield PCT/Sheffield Hallam University, Sheffield, UK

Co author: Jill Gould, Primary Care Nursing, Sheffield Hallam University

#### Abstract:

Findings will be presented from a systematic review of qualitative studies in which participants reported on experiences and perceptions of obesity. The review was undertaken as part of the Decisions about Weight Management (DaWM) study which aims to evaluate a decision aid tool for patients in primary care wanting to lose weight. Funding for DaWM has been provided by the NIHR as part of a clinical academic fellowship awarded to IB.

About a quarter of adults in the UK can be categorised as obese and therefore at risk of ill health. Primary care interventions focus particularly on those who have already developed co-morbidities, for example hypertension and diabetes. Like others these patients bring a variety of experiences, influences and motivations with regards to their body size but face additional pressures to make decisions about weight management including anti-obesity medicines.

The following databases were searched from January 1990 to October 2010 to identify English Language articles reporting qualitative studies of adults: AMED; CENTRAL (The Cochrane Library); CINAHL; MEDLINE; PsycINFO (CSA); Web of Science; and Grey literature.

Fifty three studies met initial inclusion criteria, but after appraising full text for quality, focus and participant characteristics only 30 were retained for review. Although included studies were from around the globe the majority were undertaken in UK, USA and Australia. Women participants outnumbered men 4:1 and there is also recruitment bias towards those who are socio-economically better off within each society.

Remarkably consistent themes emerged across studies demonstrating the pervasive influence of social stigma with regards to body size and demonstrating a complex set of influences on weight management decisions. The presentation will describe the themes identified and will outline a theoretical framework for understanding the influences on a person facing decisions about weight management. Key issues for nursing practice will be highlighted.



## Concurrent session 4

### 4.1 Theme: Leadership and management

4.1.1

#### Clinical leadership in nursing: What does it mean?

Judy Mannix, Centre for Family and Community Health, School of Nursing and Midwifery, University of Western Sydney, Sydney, Australia  
Co authors: Wilkes, L, and Halcomb, L. Family and Community Health Research Group, University of Western Sydney; Daly, J. Faculty of Nursing and Midwifery, University of Technology Sydney.

##### Abstract:

##### Background:

Leadership has been identified as a key aspect in ensuring the efficient and effective delivery of health care and achieving quality patient outcomes. However, in many ways, clinical leadership is a taken-for-granted term that is widely used and seldom defined.

##### Aims:

The intention of this paper is to conceptualise contemporary clinical leadership, identify predominant characteristics of clinical leaders and determine the effectiveness of clinical leadership in contemporary nursing.

##### Methods:

An integrative review of the scholarly literature was undertaken. Using search terms 'clinical leadership' and 'nursing' five electronic databases were accessed that were likely to yield research-based, peer reviewed literature published in the last 5 years (n=44).

##### Results:

Findings reaffirm the idea that clinical leadership remains a taken-for-granted term and considered imperative for an effective nursing workforce. Clinical leadership is most often associated with roles in management or senior clinical positions, although little empirical evidence is offered to support this notion.

##### Discussion:

There are clear implications for those preparing nurses to take more senior roles in clinical practice settings. Even though clinical leadership has been portrayed as a solution to many of the ills of nursing, as a concept it is generally poorly understood and lacks a standard definition.

##### Conclusions:

It is apparent that more research is necessary to articulate what is required for effective clinical leadership in contemporary nursing.

##### Funding:

No Funding

4.1.2

#### Workplace coaching: A strategy for developing nurse leader capacity

Lorraine Thompson, School of Education, University of Queensland, Brisbane, Australia  
Co authors: Ahern, K. And McMahon, M. School of Education, University of Queensland

##### Abstract:

##### Background:

Clinical nurse leaders are crucial players in staff job satisfaction and retention. Yet despite this, evidence shows these nurses are frequently under prepared for their roles and often learn to be a leader through trial and error. Little attention has been paid to researching professional development strategies that will assist nurse leaders to be more effective in their roles. Coaching is a successful professional strategy often used to develop leaders in the business field. However, nursing has not widely utilised coaching and it has not been researched as an approach for developing nurse leaders in their role.

##### Aims:

This paper reports on a 2010 Australian pre and post test study, which utilised coaching as a professional development strategy for clinical nurse leaders.

##### Methods:

Sixty nurse leaders were randomly allocated to either a control group or an eight week coaching intervention. Leaders set professional development goals and were coached each week to attain those goals. Both quantitative and qualitative data were collected during this study.

##### Results:

This paper reports the quantitative results from the study. Measured outcomes included levels of burnout, levels of work engagement and intention to remain in post. Results show that coaching significantly increased all elements of work engagement and that all participants attained their professional development goals. The majority of participants said they would work with a coach again

##### Discussion:

Findings from this study are interpreted in the light of the Australian context and the international literature. Customised individualised approaches to learning are popular with generations X and Y and need to be considered not only for current leaders, but in policy / succession planning for the next generation of leaders.

##### Conclusion:

Coaching is a potentially valuable strategy that should be considered for professionally developing nurse leaders.

##### Funding:

No funding

4.1.3

#### Followers and the co-construction of leadership

Susanne Kean, Research Fellow, Nursing Studies, School of Health in Social Science, The University of Edinburgh, Edinburgh, UK  
Co author: Haycock-Stuart E, Nursing Studies, School of Health in Social Science, The University of Edinburgh

##### Abstract:

##### Background:

Leadership remaining a 'hot topic', yet little is known about leadership in community nursing. Traditionally, leadership research is focusing on leader-centric perspectives in which followership and its impact on leadership in theory and research is noticeable absent.

##### Aim:

To examine how followers co-construct leadership.

##### Methods:

A qualitative study using individual interviews (n=31) and three focus groups (n=13) were conducted in three Health Boards in Scotland.

##### Analysis:

Qualitative analysis using NVivo 8, guided by social constructionism, assuming multiple realities which are actively constructed by social actors as they interact, engage and interpret their life worlds.

##### Results:

'Following' is a complex process with a socially co-constructed view of leaders undertaken and followers use a number of strategies such as 'doing following' 'standing by' or 'resisting following'. Followers made judgments of their leaders before deciding on the course of following, while also moving between categories which depended on the situation.

##### Discussion:

Successful leadership is a result of a wider social system and not the result of the action of an individual leader. Followers play an active role in co-constructing leadership. Ignoring differences amongst followers denies the impact followers have on the success (or failure) of the leadership

process and ultimately on an organisation's ability to achieve goals.

**Conclusion:**

Leadership, and by definition followership, 'is about three components: the leader, the follower and the context within which leaders and followers work'. By paying attention to the social construction of followers and their use of different following strategies a broader understanding of leadership and followership can be achieved of how these processes interact, are interdependent and, subsequently, contribute to the success or failure of leadership. Future research into leadership requires consideration of leadership and followership as interdependent concepts.

**Recommended reading:**

1 Goodwin N. (2006) *Leadership in Health Care – A European Perspective*. Routledge, London.

**Funding:**

UK – Research Charity/Foundation  
10,001 – 50,000

4.1.4

**Leading for quality in community nursing**

*Elaine Haycock-Stuart, The School of Health in Social Science, The University of Edinburgh, The Medical School, Edinburgh, UK*

**Abstract:**

**Background:**

Quality care is considered an essential component of nursing work and recent UK policy emphasises the role of leadership in meeting the quality agenda. As shifting the balance of nursing care from the hospital to the community occurs, there is an imperative to evidence better the quality of care patients and families receive from nurses working in the home environment.

**Aim:**

To examine quality of care issues pertaining to community nursing leadership

**Method:**

A qualitative study of community nurse leaders and the community nursing workforce. Semi structured individual interviews (n=31) and 3 focus groups (n=13) in three Health Boards in Scotland gathered data in 2009 for thematic analysis.

**Results:**

The nurse leaders indicate how they seek to address quality issues through workforce planning and organisation and attempts at systematic data gathering. Interviews with district nurses, health visitors, staff nurses and health care assistants highlight the tensions between distant leadership, the challenges of appropriate skill mix and identifying appropriate measures for quality within the diverse roles of community nursing.

**Discussion:**

While senior nurse leaders argue that leadership impacts on quality of care in the community environment, frontline staff indicate that the vagaries of individual nurses is likely to be more pertinent to the quality of care in community nursing.

**Conclusions:**

Whilst policy signifies that leadership is charged with the quality agenda, it is every nurse's responsibility to deliver quality care that they are accountable for. A challenge for leadership is how to implement recent policy and address issues of poor quality care in practice with limited indicators of quality in community nursing. Quality measures which capture and evidence the relationship between patients and nurses as well as the more technical aspects of quality care need to be devised in collaboration with the community nursing work force.

**Funding:**

UK – Research Charity/Foundation  
50,001 – 100,000

**4.2 Theme: Nursing roles**

4.2.1

**Nurse specialists: Maximising potential?**

*Gillian McCorkell, Lead Nurse Research and Development, WHSCT, Altnagelvin Hospital, Londonderry, UK*

*Co author: Coates, V. Joint appointment, University of Ulster /WHSCT Bredin P. WHSCT. Brown, G., AD Primary and Community Care, WHSCT, Michaelides, B, WHSCT*

**Abstract:**

**Background:**

Specialist nursing roles have increased across health and social care settings during the last decade. Political agendas are both enhancing and threatening the need for specialist nurses in the UK.

**Project Aim:**

To quantify the number of specialist nurses working with adults with physical conditions within a Trust and describe what their role involves and its contribution to patient care and clinical efficiency.

**Methodology:**

A prospective survey, using a structured questionnaire adapted from the work of Bamford and Gibson (2000) was conducted.

**Results:**

96 nurses responded (62% response rate). The most common clinical specialities represented were: community/district nursing (n=17); cardiology (n= 10); palliative care (n=9) diabetes (n=8) and continence services (n=8). 42 nurses had a specialist NMC recordable qualification and 34 ( 42%) were qualified nurse prescribers (NP).

Of these 17 (50%) had been a qualified NP for 5 years or less while 5 (15 %) had been qualified to prescribe for over 10 years.

One of the main functions of the role involved health promotion and patient education, 74% performing this aspect on a daily basis. In contrast, education of other nurses was only conducted daily by 29% (n=26).

Nurse-led clinics were held by 44% (n=42) and 41 % were involved in multidisciplinary clinics. The role of 42 nurses included regularly making a differential diagnosis, and 59 regularly recommended or prescribed treatment.

Only 13 (14 %) nurses had admission rights but 40 (42%) could discharge patients.

**Discussion and Conclusion:**

Specialist nurses' roles have evolved to meet local needs. Many lead clinics, almost half can prescribe treatment, patient education is continually emphasised. There is great potential for further development of these roles. However, infrastructure and culture must embrace new ways of working and provide support if the contribution to patient care and clinical efficiency is to be maximised.

**Recommended reading:**

Gibson, F., Bamford, O. (2001) Focus group interviews to examine the role and development of the clinical nurse specialist. *Journal of Nursing Management* 9, 6.

**Funding:**

UK – Health Service (Local)  
1,000 – 10,000

4.2.2

**Are ESNs just the 'icing on the cake' or an essential service?**

*Jan Hopkins, Faculty of Health and Applied Social Sciences, Liverpool John Moores University, Liverpool, UK*

*Co author: Irvine, F*

**Abstract:**

**Background:**

The role re-grading and re-appraisal driven by Agenda for Change and The NHS Knowledge and Skills Framework (DH, 2004b). has caused disquiet amongst some Epilepsy Specialist Nurses (ESN), who feel that there is a lack of understanding about their diverse roles. Further, that their professional identity is being eroded by the transfer to more generalist duties (Higgins 2008) and being regarded as a luxury service and a 'soft target' in times of financial stringency.

**Aim:**

To uncover ESNs perceptions of the value of their professional role and care they provide to adults with epilepsy and the current challenges they face.

**Method:**

The study was qualitative in design. Three focus groups were undertaken. Framework analysis was used to analyse data.

**Results:**

ESNs were uniquely placed to provide personalised care within the context of individuals' daily lives, operated proactively by anticipating problems and offered continuity of care to ensure seamless provision at the primary/secondary interface.

Their role evolved according to; individual, local organisational/structural, clinical factors and national policy drivers. Consultant support and a nurse prescribing qualification allowed ESNs to demonstrate greater autonomy and agency. Conversely, burgeoning caseloads and transfer to generalist duties could lead to service diminution. Agenda for Change had undermined the value of ESN contribution and professional status and their ability to negotiate understanding of their role within and across trusts.

**Discussion:**

ESNs are scoping and providing expert and personalised care, which a solely biomedical model would struggle to emulate. Equally, ESNs are adopting enhanced activities such as prescribing which can free up consultant time and offers potential cost-efficiencies for trusts.

**Conclusion:**

ESNs have a positive effect on the productivity of epilepsy services and they strive for best not basic care. It is timely to use such evidence to demonstrate that they represent good value for money.

**Recommended reading:**

Department of Health. (2004b) "The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process". Department of Health: London

Higgins S. (2008) "Outlining and defining the role of the epilepsy specialist nurse". *British Journal of Nursing* 17(3): 154-157.

**Funding:**

UK – Research Charity/Foundation  
10,001 – 50,000

## 4.2.3

**Evaluation of the impact of nurse consultant roles in the UK: A mixed method systematic literature review**

*Kate Gerrish, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, UK*

*Co author: McDonnell, A; Kennedy, F; Howarth, A.; Pollard, C, and Redman, J, Faculty of Health and Wellbeing, Sheffield Hallam University*

**Abstract:****Background:**

Nurse consultants were introduced in England in 2000 with the intention to achieve better outcomes for patients by improving quality and services. Previous studies have investigated the impact of nurse consultants, but attempts to review this evidence have been methodologically limited (Humphreys et al. 2007; McSherry et al. 2007). Since these reviews were published, the importance of demonstrating the contribution of nurse consultants has been highlighted further (Griffiths et al. 2008).

**Aim:**

This paper reports a mixed methods systematic review examining the impact of nurse consultant roles in adult healthcare settings, with a view to identifying indicators of impact on patient and professional outcomes. This paper will provide a robust review of the evidence that could inform future research and practice development relating to capturing the impact of advanced practice nursing roles.

**Methods:**

A broad search strategy was undertaken in eight databases and grey literature sources. Quantitative and qualitative studies were included. Study quality was assessed using appropriate tools. Cross-study synthesis of the evidence combined the quantitative and qualitative findings in terms of the dimensions of impact identified. Measures of impact were mapped against a framework for assessing clinical and professional outcomes.

**Results:**

Thirty-six studies were included. The findings illustrate an influence of nurse consultants on a range of clinical and professional outcomes, which map onto the proposed framework of impact. However, there was very little robust evidence and the methodological quality of the studies was often weak.

**Conclusion:**

Further robust research is required to explore nurse consultants' impact on clinical and professional outcomes. The proposed framework for assessing impact could be used to guide future research and assist nurse consultants assess their impact.

**Recommended reading:**

Humphreys A., Johnson S., Richardson J., Stenhouse E. & Watkins M. (2007) A systematic review and meta-synthesis: Evaluating the effectiveness of nurse, midwife/allied health professional consultants. *Journal of Clinical Nursing*, 16, 10, pp 1792-1808.

McSherry R., Mudd D. & Campbell S. (2007) Evaluating the perceived role of the nurse consultant through the lived experience of healthcare professionals. *Journal of Clinical Nursing*, 16, 11, pp 2066-2080.

Griffiths P., Jones S., Maben J. & Murrells T. (2008) State of the art metrics for nursing: a rapid appraisal. National Nursing Research Unit, King's College London, London.

**Funding:**

UK – Research Charity/Foundation  
100,001 – 500,000

## 4.2.4

**Innovative roles in nursing: the case for 'modern matrons'?**

*Judith Lathlean, Faculty of Health Sciences, University of Southampton, UK*

**Abstract:****Background:**

This paper presents research on the 'modern matron'. The NHS Plan (DoH 2000) proposed that every hospital should have 'modern matrons' – senior sisters and charge nurses, accountable for a group of wards and easily identifiable to patients, in order to improve delivery of patient care and focus the responsibility for care.

**Aims:**

It aimed to compare roles of modern matron across one UK Health Trust in relation to 10 key responsibilities (DoH 2002), identifying issues affecting roles and their impact on improving patients' experience.

**Methods:**

A case study design with the following methods: interviews with modern matrons (n=10) and stakeholders (n=3), informal discussions with service users, documentation and feedback from their Modern Matron Forum.

**Results:**

Data were grouped under five themes: configuration of the role; nature of role and responsibilities; organisational and peer relationships; role facilitators and challenges; impact of the role on staff and service users.

**Findings included:** matching of title to expectations; variation across the Trust but with a common core of managing, leadership, communication, liaison, strategy, decision-making, maintaining high standards. It was facilitated by effective relationships, good administrative

support, opportunity to access development and training and access to resources; challenges included time management, role overload, lack of access to resources and geographical spread. The role was considered to impact on staff e.g. through the provision of training, development and role modelling and on service users by relationship of matrons to care pathways, direct involvement in policies and by the monitoring of standards.

**Discussion/ Conclusions**

There were many indicators that the role is working effectively and positively affects the organisation and provision of care. However, further research is needed since they are often overlaid on an existing structure rather than embedded within it, and therefore particularly vulnerable to change in a shrinking health service.

**Recommended reading:**

Department of Health (2000) *The NHS Plan*, London: DH

Department of Health (2002) *Modern Matrons in the NHS: a progress report*, London: DH

**Funding:**

UK – Health Service (Local)  
50,001 – 100,000

4.3 Theme: Nurse prescribing

4.3.1

**Nurse prescribing for pain in hospital inpatient settings: A UK national survey**

*Karen Stenner, University of Surrey, Division of Health and Social Care, Surrey, UK  
Co authors: Courtenay, M. and Cannons, K.*

**Abstract:**

**Background:**

The development of dedicated pain services has been promoted internationally as a means of improving inpatient pain management. In the UK (UK), nurses provide the largest time commitment of all professional groups involved in acute pain services (CSAG, 2000). Since 2006, appropriately qualified nurses in the UK have been able to prescribe pain medications, including some controlled drugs (DH, 2006). Reported benefits include improved efficiency, speed of access, quality of care and nurse job satisfaction (Stenner and Courtenay, 2008), however, information about these nurses is lacking.

**Aim:**

The study aim was to profile the role, experience and prescribing practice of qualified nurse prescribers working in hospital inpatient pain services.

**Method:**

A descriptive online questionnaire survey. Contact was made with 193 NHS acute trusts across the UK

to identify relevant nurse prescribers (n=164). A link to the online survey was sent to 161 of these nurses. The response rate was 85% (n =137).

**Results:**

Nurses were highly qualified and experienced pain specialists. A range of medications were prescribed for inpatient pain, averaging 19.5 items per week. Twenty-two percent reported plans to increase the number of nurse prescribers in pain teams. Prescribing was said to improve nurses' ability to promote evidence-based practice but benefits were limited by legislation on prescribing controlled drugs. Nurses also provided education and contributed to organisational policy on pain management.

**Conclusion:**

This research provides important baseline data against which comparisons can be made over time and with other practice areas. The evidence supports a revision of legislation governing nurse prescribing of controlled drugs and implies that lifting restrictions will improve patient care provided by these nurses. Nurse prescribing has increased in this area over the past 3 years, however further research is needed on its impact on the evolution of pain management.

**Recommended reading:**

Clinical Standards Advisory Group. (CSAG) (2000) *Services for patients with pain*. D.H., London.

Department of Health (D.H). (2006). *Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England*. D.H., London.

Stenner, K. and Courtenay, M., (2008). The benefits of nurse prescribing according to nurses prescribing for patients in pain. *Journal of Advanced Nursing* 63, 27-55.

**Funding:**

UK – Industry  
10,001 – 50,000

4.3.2

**Evaluation of the scope and practice of non medical prescribing in the North West of England**

*Sue Hacking, University of Central Lancashire, School of Nursing and Caring Sciences, Preston, UK*

*Co author: Taylor, J. School of Nursing and Caring Sciences, University of Central Lancashire, Preston*

**Abstract:**

**Background:**

Non medical prescribing is relatively new to the NHS; around 2000 NMPs have graduated since 2004 when it was introduced. Although studies have examined competency of NMPs there is little evaluation of the impact of the initiative on practice. This evaluation was designed by HEI

course leaders for NMP and combined the views of strategic leads, NMPs and medical practitioners across NW England.

**Aims:**

To map the prescribing activity of NMPs in the North West, gain the perspective of NMPs themselves, their medical colleagues and NMP leads to delineate impact upon NHS services, and determine the quality of support within the service.

**Methods:**

NMPs who had completed their post-registration qualification in the North West in the period 2004-2006 were sent a self completion postal questionnaire. Medical colleagues were nominated by NMPs completing the survey. Non medical prescribing leads in the NW attended five regional focus groups moderated by HEI course leaders. The study was approved by NRES as service evaluation and all 8 university FECs.

**Results:**

The average NMP was female, senior, highly qualified and experienced, using their independent role in community settings, prescribing analgesia, respiratory medicine, diabetic and cardio preparations. There was significant impact on patient safety; 93% of NMPs identified action taken in their non medical prescribing role due to one of 10 issues impacting on patient safety.

Time saved was a significant issue for medical practitioners, who saw NMPs as working competently within their specialist areas, but also in devolved work with minor complaints.

NMP leads and both surveys reported support needs for practitioners within the employing organization.

**Conclusions and impacts:**

Time was saved for patients, medics and NMPs, patient safety was enhanced, but there were implications for sustaining the workforce and there was a stated need for networking opportunities and further support.

**Recommended reading:**

**Funding:**

UK – Health Service (Local)  
50,001 – 100,000



4.3.3

### Are nurse independent prescribers making clinically appropriate prescribing decisions? An analysis of consultations using the Medication Appropriateness Index

Sue Latter, Faculty of Health Sciences, University of Southampton, Southampton, UK

Co authors: Smith A, School of Pharmacy, University of Queensland; Blenkinsopp, A, and Chapman S, School of Pharmacy, Keele University; Nicholls, P and Little P, University of Southampton;

#### Abstract:

#### Background:

Legislation enabling nurses to prescribe a comprehensive range of medicines has been in place in the UK since 2006, but there has been little evaluation of the quality and safety of non-medical prescribing. This paper will present selected results from a national evaluation\* of nurse and pharmacist independent prescribing in England, focusing on data which give new insights into a key health care policy and practice issue.

#### Aim:

To evaluate the clinical appropriateness of prescribing by nurses and pharmacists.

#### Methods:

The Medication Appropriateness Index (MAI) (Hanlon et al 1992) was used by 20 independent raters to evaluate a sample of 100 audio-recorded consultations in which a medicine was prescribed by a nurse or pharmacist in nine clinical practice settings. Data were collected in 2009.

#### Results:

In the majority of instances (range 79-98%), nurses and pharmacists were judged to be prescribing clinically appropriately on all ten MAI criteria (indication, effectiveness, dosage, directions, practicality, drug-drug interaction, drug-disease interaction, duplication, duration, cost). Highest proportions of 'inappropriate' ratings were given for correct directions (nurses 12%) and the cost of the drug prescribed (nurses 12%). Qualitative analysis identified two main themes: positive views on the safety and effectiveness of prescribing episodes; and potential for improvement in history-taking, assessment and diagnosis skills.

#### Discussion:

Results suggest that the rate and clinical significance of inappropriate prescribing decisions by nurse independent prescribers is relatively small and is comparable with results from similar research into doctors' prescribing decisions (e.g. Stuijt et al 2008; Taylor et al 2001).

#### Conclusions:

Nurses are generally prescribing clinically appropriately. Decisions about the cost of drugs pre-

scribed and assessment and diagnostic skills are areas for possible quality improvement.

\*This is an independent report commissioned and funded by the Policy Research Programme in the Department of Health. The views expressed are not necessarily those of the Department.

#### Recommended reading:

Hanlon, J.T. Schmader, K.E. Samsa, G.P. Weinberger, M. Uttech, K.M. Lewis, I.K. Cohen, H.J. and Feussner, J.R. (1992) A method for assessing drug therapy appropriateness *Journal of Clinical Epidemiology* 45 (10) 1045 1051

Stuijt, C.C.M. Franssen, E.J.F. Egberts, A.C.G. and Hudson, S.A. (2008) Appropriateness of prescribing among elderly patients in a Dutch residential home *Drugs & Aging* 25 (11) 947 954

Taylor, C.T. Stewart, L.M. Byrd, D.C. and Church, C.O. (2001) Reliability of an instrument for evaluating antimicrobial appropriateness in hospitalised patients *American Journal of Health-System Pharmacy* 58 (1) 242 246

#### Funding:

NIHR Policy Research Programme  
100,001 – 500,000

4.3.4

### Non-medical prescribing in addictions: Lessons for service improvement

Alison Coull, School of Nursing, Midwifery and Health, University of Stirling, Stirling, UK

Co authors: Coull C and Stoddart B, Parkes T

#### Abstract:

Extension of roles has seen non-medical prescribing (NMP) expand across all areas of nursing, midwifery, health visiting and some allied health professions. In 2005, the National Treatment Agency for Substance Misuse identified the potential benefits of supplementary prescribing of controlled drugs in substance misuse. Despite this policy support, there are still few non-medical prescribers (NMPs) in the substance misuse field (Harriman, 2007) and little research or evaluation on this role. The aim of this service evaluation was therefore to examine a range of features of the NMP role within an NHS addictions service, in order to inform future service developments.

Tools were adapted from an evaluation study of the extension of nurse prescribing in Scotland (Watterson et al, 2009), and methods included surveying nurse prescribers, analysis of daily activity logs kept by current NMPs, and focus groups with NMPs, nursing staff who were not prescribers, nurse managers and medical staff. Stakeholder interviews were also conducted with a range of other healthcare professionals to provide triangulation.

Initial findings indicate that while NMP improved the therapeutic alliance, enhanced patient care

and increased job satisfaction for prescribers, a number of challenges limited the success of this role. A lack of recognition of the NMP role, a lack of time and opportunities to perform the role, a lack of access to medical staff and supervision, case load size, and the absence of organisational infrastructure, were some of the factors that made NMPs largely invisible. The importance of supportive and responsive medical staff and managers, sufficient time for clinical reviews, opportunities for active peer support, and relevant continuing professional development including practice updates, was highlighted. This evaluation provides insight into the many structural, systemic and support issues that are essential to acknowledge and address if non-medical prescribing in addictions is to reach its potential.

#### Recommended reading:

Harriman, B. (2007) Personal reflections on non-medical prescribing in substance misuse. *Nurse Prescribing* 5 (5) 211 – 213

NTA for Substance Misuse (2005) *Nurse prescribing in substance misuse*. London, NTA

Watterson, A. Turner, F. Boreham, N. Coull, A and Murray, I. (2009) Report on the evaluation of the extension of independent nurse prescribing in Scotland. Edinburgh Scottish Government

#### Funding:

No funding

## 4.4 Theme: Wound care

4.4.1

### VenUS III: A randomised controlled trial of ultrasound for 'hard to heal' venous leg ulcers

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

Co authors: Chuang LH; Soares M; Watson J M; Bland JM; Cullum N; Iglesias C; Kang'ombe A R; Torgerson D, Department of Health Sciences, University of York and Worthy G, Kleijnen Systematic Reviews, Escrick, York, School of Healthcare, University of Leeds, UK

#### Abstract:

#### Objectives:

To compare the clinical effectiveness of ultrasound versus standard care for 'hard to heal' venous ulcers.

#### Design:

A pragmatic randomised controlled trial.

#### Setting:

Community, leg ulcer clinics and hospital clinics.

#### Participants:

337 participants with a venous ulcer of greater than 6 months' duration or larger than 5cm.

**Interventions:**

Low dose, high frequency ultrasound (0.5W/cm; 1MHz) administered weekly for 12 weeks plus standard care compared with standard care alone.

Primary outcome was time to healing of the reference ulcer. Secondary outcomes were proportion of patients healed by 12 months, percentage and absolute change in ulcer size, proportion of time participants were ulcer free, health-related quality of life, and adverse events.

**Results:**

There was no statistically significant difference in the time to healing of the reference leg ulcer between the groups (log rank test,  $p=0.61$ ). This remained after adjustment for prognostic variables (area, duration, compression) and study centre (Hazard Ratio (HR): 0.99; 95% confidence interval (CI) 0.70 to 1.40,  $p=0.97$ ). Health-related quality of life did not differ between groups, but there were more adverse events associated with ultrasound than standard care.

**Conclusions:**

Low dose, high frequency ultrasound, administered weekly for 12 weeks during dressing changes and added to package of current best-practice (dressings, compression therapy) did not increase ulcer healing rates.

Trial Registration: ISRCTN21175670 and National Research Register No484162339

This project was funded by the NIHR Health Technology Assessment programme (project number 02/37/03) and will be published in full in Health Technology Assessment; Vol. 15. See the HTA programme website for further project information.

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Department of Health.

**Recommended reading:**

**Funding:**

UK – Health Service (National)

→1,000,000

4.4.2

**An investigation into the incidence, causes, progression and treatment of pre-tibial lacerations in the elderly, presenting in accident and emergency departments of 2 NHS district general hospitals.**

*Karen Ousey, Research Leader, University of Huddersfield, Huddersfield, UK*

*Co authors: Gillibrand, W, University of Huddersfield; McCelland H, Calderdale and Huddersfield NHS Foundation Trust*

**Abstract:**

**Background:**

Pre-tibial lacerations (PTL) are a relatively common injury, affecting the elderly, which has long been recognised as requiring specialist hospital intervention. There is an increasing clinical question of how best to treat PTL's, prevent re-admission, address non-healing, reduce complications and reduce the burden they pose for primary care resources.

**Aims:**

- To establish incidence of PTL's in NHS District Hospitals.
- To investigate the cause and progression of PTL's.
- To evaluate current practice in the management of PTL's in A/E Departments and primary care.
- To assess the clinical effectiveness of PTL treatments.

**Method:**

Prospective, time-limited, clinical case series observation of current practice and management of PTL, including type of wound, wound length, treatment, healing time, complications, and infection rates in a cohort sample.

**Results:**

Data was collected over a 4 month period with patients being treated in A/E Departments and followed up in the community. Wounds were considered to be non healing after 12 weeks. The sample size consisted of 24 patients presenting with PTLs; age range 55 – 89 years, mean 82; M:F 1:23; Of the 24 wounds included in the study 16 healed within the 12 weeks time frame and 8 were classed as non healed. R2 wound length v duration of healing = 0.9356' R2 age v duration of healing = 0.0039.

**Discussion:**

The incidence rate reported is relatively low, compared against a national average estimate of 5.2% per 1000. Cause of PTL was either as a consequence of falling or accidental injury. There needs to be further investigation and critical debate about whether to steri-strip PTL's, as the data suggests that most of the wounds heal by granulation.

**Conclusion:**

Whilst incidence is low, the potential for high cost and intensive service intervention in those patients who do not readily heal, is high. Further research is required to establish the most appropriate treatment across primary and secondary care.

**Recommended reading:**

Crawford, B.S., Gibson, M. (1977) The conservative management of pretibial lacerations in elderly patients. *Br J Plast Surg*; 30: 2, 174-176.

Dunkin, C.S.J., Elfleet, D., Ling, C., Brown, La H.(2003) A step-by-step guide to classifying and managing pretibial injuries. *J Wound Care*; 12: 3, 109-111.

Lamyman, M J; Griffiths, D (2006) J.A. Davison, Delays to the definitive surgical management of pre-tibial lacerations in the elderly. *Plastic Surgery*;15;9; 422-424.

**Funding:**

No funding

4.4.3

**What are the significant factors that impact on the day-to-day lives of people with leg ulcers?**

*Julie Green, Keele University, School of Nursing and Midwifery, Stoke on Trent, UK*

**Abstract:**

**Background:**

Many thousands of people in the UK are affected by leg ulceration. The personal cost, although acknowledged in the literature, is often underestimated, misunderstood and in some cases, simply overlooked.

**Aims:**

This research project explores the lived experiences of patients with chronic venous leg ulceration to ascertain the factors that impact on their quality of life.

**Methods:**

The patients of two District Nursing teams have been sampled. Unstructured interviews have been audio recorded, transcribed verbatim and simultaneously analysed.

**Discussion:**

A number of key themes have been identified which have included the dominance of pain for all participants, which was portrayed as 'continuous' and 'unbearable' and much worse at night. Exudate and odour were seen as distressing symptoms resulting in low self esteem and social isolation. Impaired mobility, the inability to maintain satisfactory personal hygiene and limited choices in attire impacted on the daily lives of all sufferers. Missed opportunities – in work and leisure – dominated interviews but were reflected

on with a resigned acceptance. Participants were embarrassed, ashamed and, often, depressed due to their ulceration. Despite these profound effects in all areas of their lives, participants understood the time frames involved in their healing and looked forward to an ulcer-free future with optimism and hope. Many patients were 'experts' in their care, they spoke highly of their nurses, appreciating the continuity of support that their nursing team provided and the quality of wound care knowledge.

#### Conclusion:

This study demonstrates that the quality of life of patients who suffer from chronic venous leg ulceration is significantly diminished in physical, social and psychological domains. Understanding the 'lived experience' and addressing these factors during consultations may be vital to improving quality of life for this patient group.

#### Funding:

No funding

4.4.4

### VenUS III: Randomised controlled trial of ultrasound for hard to heal venous leg ulcers: Economic evaluation

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

Co authors: Chuang LH; O Soares M; Watson J M; Bland JM; Cullum N; Iglesias C; Kang'ombe A R; Torgerson D, Department of Health Sciences, University of York, UK,

#### Abstract:

##### Objective:

To compare the cost effectiveness of ultrasound plus standard care with standard care alone in treating hard-to-heal venous leg ulcers.

##### Design:

Cost effectiveness and cost utility analysis conducted alongside a pragmatic randomised trial.

##### Population:

Intention-to-treat population comprising 337 patients with venous ulcers larger than 5cm or more than 6 months duration.

##### Interventions:

Patients were randomly allocated to either weekly ultrasound treatment – for 12 weeks plus standard care or standard care alone.

##### Main outcome measure:

The time horizon was 12 months and costs were estimated from the UK NHS perspective. Incremental cost per ulcer-free days and incremental cost per quality adjusted life years were estimated for cost-effectiveness analysis and cost-utility analysis, respectively.

#### Results:

The base case analysis shows that ultrasound added to standard care is likely to be more costly and obtain no extra benefit than standard care alone – individuals who received ultrasound plus standard care took an average of 14.7 days longer to heal [-32.7 to 56.8 days], had 0.009 fewer QALYs [-0.042 to 0.024 QALYs] and had higher treatment costs by £197.88 [-£35.19 to £420.32]. Based on these point estimates, ultrasound therapy plus standard care for leg ulcers was therefore dominated by standard care alone. The analysis of uncertainty shows that it is unlikely that this treatment strategy is cost-effective.

#### Conclusions:

Based on this trial, ultrasound is not a cost-effective treatment for hard-to-heal leg ulcers and should not be recommended for adoption in the NHS.

Trial Registration: ISRCTN21175670, National Research Register No484162339

This project was funded by the NIHR Health Technology Assessment programme (02/37/03) and will be published in full in Health Technology Assessment; Vol. 15. See the HTA programme website for further project information.

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Department of Health.

#### Recommended reading:

##### Funding:

UK – Health Service (National)

→1,000,000

## 4.5 Theme: Children and young people

4.5.1

### Researching the 'hard to reach': The child protection conundrum

Julie Taylor, Head of Strategy and Development (Physical Abuse in High Risk Families), NSPCC, (seconded from the University of Dundee), Edinburgh, UK

Co author: Jerwood, D. NSPCC

#### Abstract:

##### Background:

When parents fail to engage with agencies and services that might improve outcomes for children it is tempting to see them as indifferent, resistant, difficult and even obstructive. Particular groups of parents who consistently fail to engage with health and social care professionals are likely to be labelled as 'hard to reach'. At the same time, high profile cases where children have died lend impetus to an escalating literature on resistance and disguised compliance within the child protection field.

#### Discussion:

Whilst taking seriously the threats that such parents can pose, there is nonetheless a possibility that services themselves are not as accessible as might be optimal for effective engagement with some families. Marginalised and vulnerable parents who provide inadequate parenting may engage with professionals if the circumstances are right, but fail to do so because they perceive agencies and services as difficult, obstructive, certainly resistant and thus by their very nature 'hard to reach'. We draw on recent child protection research to explore those factors that serve to make services out of reach for a range of parents, whilst remaining mindful that adults who abuse substances or have mental health difficulties do not always demonstrate rational behaviour. We consider potential solutions, some of which might not fit with traditional systems and structures that underpin a whole range of service delivery organisations.

#### Conclusions:

We need to remain vigilant to resistant families who pose risks to children at the same time as maximising the accessibility of services to groups who may be traditionally labelled 'hard to reach'. The lessons for research in this field are complex, but have much to offer in informing best practice.

#### Recommended reading:

Office for Standards in Education Children's Services and Skills (2010): Learning Lessons from Serious Case Reviews: Interim Report 2009-10. London: Ofsted

Kennedy I (2010) Getting it Right for Children and Young People: Overcoming Cultural Barriers in the NHS so as to Meet Their Needs (2010). London: Department of Health

Flanagan SM, Hancock B (2010) 'Reaching the hard to reach' – lessons learned from the VCS (voluntary and community Sector). A qualitative study. BMC Health Services Research, 10:92-100.

#### Funding:

UK – Research Charity/Foundation

50,001 – 100,000

4.5.2

### Competing discourses of health and risk: A qualitative study of how mothers and teenage daughters negotiate growing independence

Debra Salmon, University of the West of England, Bristol, UK

#### Abstract:

##### Background:

There is increasing concern across more economically developed nations about the impact of young people's risk taking behaviour on their overall lives, health and well-being. Particular attention

has focused on the role of parental communication and monitoring in predicting risk taking behaviour and health outcomes. However, explorations of mothers and teenage daughters' experiences of negotiating independence is an area that remains under-researched.

**Objectives:**

To analyse mothers and teenage daughters' understanding of, and responses to, risk-related health concerns and explore how the dyads negotiate independence and freedom.

**Participants:**

A purposive sample of seven young women aged 14-16 years and their mothers (n=14) were recruited from low income families and living in a diverse range of families and settings in South West England

**Methods:**

Three sets of in-depth interviews ten months apart were undertaken over a two and half year period. Forty-two interviews were conducted with data collection focusing on: context, perceptions of risk, risk taking and changes in the mother daughter relationship over time. Analysis was conducted through employing Qualrus and constant comparative methods.

**Results:**

This is new data on how mothers understand the risks particular risks associated with sex and relationships, alcohol consumption and drug taking and their implications for safety. Mothers appeared to be more concerned about their daughter's vulnerability to the risk of sexual threat than the more direct consequences of the risks themselves. It also suggests that mothers accommodated and negotiated around risk, rather than advocating abstinence, developing harm minimisation approaches to minimise the impact of risk taking and maximise opportunities for independence. These strategies were based in trust and openness, where rules were negotiated rather than setting up expectations of rigid adherence. This paper reports on the ways in which mothers and daughters negotiate risk and independence and the implications for health promotion practice.

**Recommended reading:**

UNICEF (2007) *Child Poverty in perspective: An overview of child well-being in rich countries. A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations.* UNICEF: Italy

Stace, S. and Roker, D. (2005) *Monitoring and Supervision in 'Ordinary' Families: the views and experiences of young people aged 11 to 16 and their parents.* London: National Children's Bureau

Stattin, H. and Kerr, M. (2000) Parental monitoring: a reinterpretation. *Child Development*, 71(4), 1072-1085

**Funding:**

UK – Higher Education Institution  
No funding

4.5.3

**Meeting the health needs of young people involved in or vulnerable to sexual exploitation**

*Gabrielle McClelland, School of Health Studies, University of Bradford, Bradford, UK*

**Abstract:**

**Background:**

Awareness of sexual exploitation has increased over the past decade, particularly criminal justice dimensions (Department for Children, Schools and Families, 2008, 2009). Conversely, the physical and psychological health problems, risks and health seeking behaviour of young people involved in or vulnerable to sexual exploitation have been inadequately addressed. This research is novel as the health seeking behaviour of sexually exploited young people has not previously been explored in detail from the perspective of young people affected and professionals supporting them.

**Aims:**

- To identify the physical and psychological health needs of young people involved in or vulnerable to sexual exploitation
- To explore the young person's perspective of risks to health.
- To identify barriers to meeting the physical and psychological health needs of young people involved in or vulnerable to sexual exploitation
- Make recommendations to contribute to the development of evidence based health service protocols

**Methods:**

Phase 1: descriptive, phenomenological, approach to encourage young people involved in or vulnerable to sexual exploitation to describe their personal accounts of health, risks and health care (data collected 2007). Data analysed using Giorgi's phenomenological approach (Giorgi, 1985).

Phase 2: quantitative methodology consisting of a self-completion questionnaire survey with professionals supporting young people involved in or vulnerable to sexual exploitation (data collected 2008). Data analysed using software S.P.S.S. and thematic content analysis.

**Results:**

A significant range of health problems were reported including intentional self harm, psychological health issues and problematic substance use. Behavioural risks to health and influences on health seeking behaviour care were reported.

**Discussion/Conclusion:**

Novel themes that emerged from this study were detailed descriptions of various types of risk behaviours to health, insight into health seeking behaviour and the use of youth offending teams for health support by sexually exploited young people.

**Recommended reading:**

Department for children, schools and families (2008) *Staying Safe: Action Plan.* London: Department for children, schools and families.

Department for Children, Schools and Families (2009) *Safeguarding Young people from sexual exploitation. Supplementary guidance to working together to safeguard children.* London: Department for Children, Schools and Families.

Giorgi, A. (1985) *Phenomenology and psychological research.* Pittsburgh, PA: Duquesne University Press.

**Funding:**

UK – Higher Education Institution  
No funding

4.5.4

**Is child health promotion reaching the most disadvantaged? A qualitative study of the views of health visitors in England**

*Louise Condon, Department of Nursing and Midwifery, University of the West of England, Bristol, UK*

**Abstract:**

**Background:**

Child health promotion services are provided throughout the developed world in order to maintain and improve child health (Kuo et al 2006). In England child health promotion policy over the last decade has moved towards a core programme for all children, with targeted interventions for those with the highest health and social needs (Department of Health 2008). It is not known how this policy shift has affected health visitors' preventive work with pre-school children living in disadvantaged areas.

**Aim:**

To explore health visitors' views on the effects of national policy change upon the child health promotion services they offer to pre-school children in disadvantaged urban areas.

**Methods:**

An in-depth telephone interview study was conducted between October 2006 and January 2007. All participants (n = 25) were registered health visitors who had previously taken part in a 2005 national child health promotion survey, and who were currently working with pre-school children in urban areas. Data were analysed thematically using a constructivist approach (Charmaz 2002).

**Results:**

Despite high levels of need, children who would have benefited from targeted interventions could be offered only the core child health programme. Organisational and resource difficulties led to



health visitors being unable to offer an enhanced service even when need was clearly identified.

#### Discussion:

This study illustrates the importance of exploring the effects of national policy change from the perspective of practitioners, in order to identify unintended outcomes. Where a minimal core child health promotion programme was implemented, health visitors experienced difficulties in monitoring children's health and delivering appropriate targeted interventions.

#### Conclusion:

Local interpretation of national policy is a key factor in determining the level of service provided by health visitors for disadvantaged pre-school children.

#### Recommended reading:

Charmaz, K., 2002. Qualitative interviewing and grounded theory analysis. In Gubrium, J., Holstein, J., (Eds.) Handbook of Interview Research. Sage, London.

Department of Health, 2008. The Child Health Promotion Programme: pregnancy and the first five years of life. Department of Health, London.

Kuo, A., Inkelas, M., Lotstein, D., Samson, K., Schor, E., Halfon, N., 2006. Rethinking well-child care in the United States: an international comparison. *Pediatrics* 118, 1692-1702.

#### Funding:

UK – Health Service (Local)  
1,000 – 10,000

## 4.6 Theme: Evidence in practice

### 4.6.1

### Process evaluation of a single practice assessment tool

Anne-Marie Borneuf, Manchester Metropolitan University, Department of Nursing, Manchester, UK

Co authors: Burns D, School, The University of Manchester; Dean S, NHS Bolton; Fishburn N, Salford Royal Hospitals Foundation Trust, Haigh C, Manchester Metropolitan University, Smith J, University of Salford; Tudor E. Greater Manchester West Mental Health Trust.

#### Abstract:

#### Background:

This multi-method study collected data from Nursing and Midwifery Council (NMC) registered mentors, undergraduate nursing students and personal tutors from undergraduate nursing academic teams in the North West of England with a number of shared clinical placements who had been utilising a single practice assessment tool, which had been developed collaboratively. Documentary evidence has highlighted that there was variation and inconsistencies for training and assessment that required practitioners to be con-

versant with different systems (Australian Health Workforce Officials Committee (AHWOC), 2005).

#### Aim:

Explore how effective is a single practice assessment tool?

#### Methods:

Online Questionnaire – There were 711 participants who took part in the online questionnaire who included a wide range sample of key stakeholders from 19 NHS Trusts and 3 Universities. This offered a baseline exploratory assessment of the effectiveness of a single practice assessment tool.

Focus Groups – Four participants were recruited to follow up Focus Group sessions with the key stakeholder allowing for a deeper analysis of the issues raised.

#### Results:

Following triangulation of the results within the group, the questionnaire and focus groups highlighted the emergence of four themes: general preparation and the content contained within the tool. The process of using the tool as well as the notion of student expectation. The evidence identified training needs for students and practitioners, that users felt unprepared and that the content was repetitive, confusing and jargonistic. Interestingly, academics felt fully conversant with the tool.

#### Discussion:

This will be two – fold, the Research Team who are made up of Practice and Academic staff, will discuss the results of the study, as well as discuss their experiences of undertaking a large scale Collaborative Project.

#### Conclusions:

The results concluded that users of the tool needed to be included more closely in the development of a revised single assessment tool.

#### Recommended reading:

AHWOC (2005) Clinical Training Placements Analysis of Responses to AHWOC <http://svc074.wico18v.serverweb.com/documents/Publications/2005/Clinical/Training/Placements/Analysis/responses.pdf> (accessed 23/02/09)

NMC (2008) Standards to support learning and assessment in practice: NMC Standards for mentors, practice teachers and teachers. 2nd Ed London: NMC

#### Funding:

UK – Higher Education Institution  
1,000 – 10,000

### 4.6.2

### The development and evaluation of evidence based nursing care guidelines to promote a good night's sleep for in-patients

Irene Mabbott, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

Co authors: Members of the STHFT Evidence Based Council

#### Abstract:

#### Background:

Lack of sleep can impact on a patient's health and their length of stay in hospital. The National NHS Patients Survey has highlighted that patients have problems sleeping in hospitals. At a local level an inpatient survey and literature review have also reported sleep as a major problem. The review illustrated the poor evidence base and that many interventions were based on anecdotal evidence.

#### Aim:

The aim was to develop and evaluate evidence based nursing care guidelines to promote a good night's sleep for in-patients.

#### Methods:

An iterative process was used in the guideline development. A multidisciplinary expert group consisting of both patients and staff was established. The existing Patient Governors of the Trust were involved to gain a patients perspective on this clinical issue. A Delphi process was then used to highlight areas, interventions and evidence. Draft guidelines were circulated amongst the group until consensus was achieved. These were launched Trust-wide using a series of emails to all clinical staff and targeted teaching sessions. The effectiveness of the interventions will be assessed through an interviewer administered questionnaire of patients (n= 1000) and staff (n= 1900).

#### Results and Discussion:

The expert group highlighted the importance of a patient centred approach. Care practices and procedures need to be evaluated for the likely impact in terms of disturbing patients. The guidelines include the assessment and recording of existing patient sleep patterns, and the measurement of night time noise levels. The presentation will describe the process of guideline development and dissemination along with a report of the results of the staff and patient surveys.

#### Conclusions:

This study highlighted that a clear and comprehensive process was needed within a large organisation to generate effective and meaningful guidelines which encouraged ownership and use.

#### Recommended reading:

Burgers JS, Grol R, Klazinga NS, Makela M, Zaat J, (2003) AGREE Collaboration. Towards evidence-based clinical practice: an international survey of 18 clinical guideline programs. Inter-

national Journal of Qualitative Health Care. 2003 Feb;15(1):31-45

Dogan, O, Ertekin, S, & Dogan, S, (2005) Sleep quality in hospitalised patients, Journal of Clinical Nursing, Vol. 14, pp107-113.

McGeehan, B, Debbage, S, Gilsenan, I, Jennings, A, Jennings, C, Laker, S, Thompson, S, & Beastall, H, (2009) Supporting clinical innovation: An organisation wide approach to practice based development, Practice Development in Health Care, 8(1), pp18-27

**Funding:**

No Funding

4.6.3

**Peri-operative Implementation Study Evaluation (POISE): Implementing evidence into practice**

Kate Seers, Director RCN Research Institute, SHSS, University of Warwick, Coventry, UK

Co authors: Hawkes C, and Rycroft-Malone, J, University of Bangor; Chandler-Oatts, J, formerly RCN Institute, now Cochrane Collaboration; Allen C, Cochrane Collaboration; Bullock I, formerly RCN Institute, now Royal College of Physicians; Crichton N, Institute of Primary Care and Public Health, London South Bank University; Strunin L, Royal College of Anaesthetists

**Abstract:**

Guidelines use is variable (Sheldon et al 2004) and a systematic review of implementation strategies (Grimshaw et al 2004) found simple dissemination, opinion leaders, interactive education and audit and feedback might be effective. This study aimed to test these approaches using the guideline recommendation that intake of water and clear fluids two hours before the induction of anaesthesia for elective surgery is safe in healthy adults (RCN 2005).

This pragmatic randomised controlled trial with embedded mixed methods process evaluation took place between 2006-2009. Nineteen NHS Trusts were randomised to one of three intervention groups: standard dissemination, web based package championed by opinion leaders, and Plan-Do-Study-Act. The primary outcome was duration of fasting; assessed at four pre and four post intervention points. The process evaluation included patient interviews and questionnaires about fasting and staff interviews about implementation.

Duration of fasting was analysed using ANOVA in SPSS and process data underwent thematic analysis. Across all groups pre-intervention, (n=1440), length of patients' fluid fast ranged from 0.5 to 51.5, mean 9.6 hours, with no significant difference between groups. Post intervention, n=1761, fluid fast lasted from 0.5-32.8 mean 8.9 hours. There were no significant differences in fluid fasting times between groups from pre to

post intervention, although six sites significantly reduced fluid fasting times.

The process data showed that whilst the evidence base was accepted by practitioners, clinical experiences and system factors mediated the translation of these guidelines into practice. Improvements in fasting were contingent on individuals, professions, teams and the system working together. Individual behaviour bounded by professional issues, power and a lack of clarity over roles could stifle change. Management of fasting involves a balance of priorities between demands of a highly pressurised elective surgical system and adequate hydration and comfort of the patient. Recommendations for fasting and implementation will be presented.

**Recommended reading:**

Sheldon T A et al (2004) What's the evidence that NICE guidance has been implemented? Results from a national evaluation using time series analysis, audit of patients' notes and interviews. BMJ 329:999

Grimshaw JM et al (2004) Effectiveness and efficiency of guideline dissemination and implementation strategies. Health Technology Assessment, 8:1-72

RCN (2005) Perioperative fasting in adults and children. Clinical practice guidelines. RCN, London.

**Funding:**

UK – Research Charity/Foundation  
100,001 – 500,000

4.6.4

**Exploring the roles of facilitator and nurse champion in the implementation of best evidence: Enhancing the quality of oral nutritional support project**

Cathy Soreny, Translating Knowledge to Action Theme, NIHR CLAHRC for South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

Co authors: Shearstone, S; Taylor C; Laker Dr S, Gerrish K; Translating Knowledge to Action Theme, NIHR CLAHRC for South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

**Abstract:**

Improving the nutritional care of inpatients is a regional and national priority (NICE 2006). The 'Enhancing the Quality of Oral Nutritional Support' (EQONS) project is trialing approaches to implementing best evidence into clinical practice, using an action research design to promote clinical staff engagement, co-production of knowledge and foster sustainability. One intervention has been the introduction of 'Nutrition Champions'. These nominated individuals are ward-based nurses, with responsibility for facilitating change within their ward team. The champions are supported by

three part-time project facilitators: two practicing nurses and one dietitian.

The project facilitator and champion roles will be examined in relation to the 'facilitation' element of the Promoting Action on Research Implementation in Health Services (PARIHS) framework (Kitson et al, 2008). These roles will also be discussed in relation to other concepts from implementation science, including boundary spanners, opinion leaders and knowledge brokers, and how these assist with the uptake of knowledge into practice (Thompson et al, 2006). Qualitative findings from field notes and focus groups from the current study will provide insight into the perspectives of key stakeholders in the EQONS project.

The concept of a ward-based champion (sometimes called a link nurse) has been widely adopted in the UK NHS over the last 20 years. Although often described in the literature, there is a dearth of rigorous evaluation or conceptual analysis of the role and how it is facilitated. Theoretical frameworks offer potential for improving clinical practice, but need to attend to the 'messy reality' that front-line staff experience. This presentation will offer an insight into both the conceptual considerations and the practical realities of introducing complex evidence-based change across multiple wards in a large acute NHS hospital.

**Recommended reading:**

Kitson, A., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K., Titchen, A. (2008) Evaluating the successful implementation of evidence into practice using the PARIHS framework: theoretical and practical challenges. Implementation Science 3 (1)

National Institute of Clinical Excellence (2006) Nutrition support for adults: oral nutritional support, enteral tube feeding and parenteral nutrition. NICE: London

Thompson, G., Estabrooks, C., Degner, L. (2006) Clarifying the concepts in knowledge transfer: a literature review. Journal of Advanced Nursing 53 (6): pp 691-701

**Funding:**

UK – Health Service (National)  
→1,000,000

## 4.7 Theme: Community

4.7.1

**Taking care of teams: The influence of co-worker encounters and relationships on staff wellbeing and patient experience in four adult community health services***Mary Adams, National Nursing Research Unit, Kings College London, UK**Co authors: Robert G. and Maben J. National Nursing Research Unit, Kings College, London; Peccei R. Department of Management Studies, Kings College, London***Abstract:****Background:**

The importance of informal co-working relationships between nursing staff is an important but often taken-for granted element of nursing work and nursing work environments, particularly in community nursing settings. This empirical research, conducted in 2010, contributes to a 3 year NIHR SDO mixed methods study of staff wellbeing and patient experience in eight national study sites.

**Aims:**

The paper examines, from the perspectives of nurses, managers and the researcher, the influence of co-worker relationships on staff wellbeing, affect and motivation and on patient care in four different adult community health care settings.

**Methods:**

Interviews with 41 staff and 24 managers and over 70 hours of observation was conducted across the four national case-study community health services sites. A thematic analysis of transcribed interviews, field notes of observations and informal discussions with staff identified key influences on staff wellbeing and patient experience. Findings were also examined with the quantitative findings of the staff wellbeing survey results from the same case-study sites.

**Results:**

The influence of informal co-worker relationships on staff wellbeing and on patient experience was identified.

**Discussion:**

In all community health services sites, staff wellbeing, affect and motivation was influenced by a range of organisational factors (supervisor support, felt organisational support and organisational climate of patient care) however the influence of informal co-worker encounters and relationships was often overlooked by staff and ignored by most managers. The quality of co-worker relationships moderated the effects of emotion work and often sustained or undermined the felt personalisation of care by patients.

**Conclusion:**

The study highlights co-worker relations as an important dimension of staff affect and motivation as well as in supporting personalised care practices in time-squeezed community health settings. The implications of the findings for staff wellbeing and patient experience is discussed.

**Funding:**

UK – Health Service (National)  
100,001 – 500,000

4.7.2

**Evaluating health visitor assessments of mother-infant interactions: A pilot study***Jane Appleton, Oxford Brookes University, School of Health and Social Care, Oxford, UK***Abstract:****Background:**

Given the significance of reliably detecting cases where mother-infant relationships are not developing successfully, it is important that initial assessment processes are as sensitive and specific as possible (DH, 2009).

**Study Aim:**

The aim of this pilot study was to examine health visitor assessments of mother-infant interactions, in order to evaluate the processes by which health visitors identify problems in the mother – infant relationship.

**Methods:**

The study involved two data collection phases. Ethical approval was gained from the National Research Ethics Service. In Phase One 17 first-time mothers and their 6-12 week old infants were recruited. Each mother's interaction with her baby was observed and videoed for 20 minutes in a purpose-built video observation laboratory. Mothers also completed psychometric questionnaires administered to assess maternal mental health. In Phase Two, a sample of twelve health visitors rated and assessed clips of the video-recorded mother-infant interactions, these were further explored through in-depth interviews.

**Analysis:**

Data from the video-recordings were analysed to derive a number of objective measures of the quality of the interactions, including mother's responsiveness and talk with their infants. Health visitor ratings have been compared to the Global Ratings Scales of Mother-Infant Interaction (Murray et al, 1996) and analysed using Kendall's coefficient of concordance. Interview data has been analysed using a systematic process of qualitative content analysis.

**Results/Discussion:**

One key finding of the research is that across the health visitors, there was no consensus of agreement around the concern levels for each video clip. When explaining their judgements, health visitors were more likely to comment specifically on the mother's behaviours or relationship between the mother and baby, than on the baby.

**Conclusion:**

This study contributes an understanding of how health visitors make assessments of mother-infant interactions. The lack of reference to the baby suggests an area for further training.

**Recommended reading:**

Department of Health (2009) Healthy Child Programme – Pregnancy and the first five years. London: Department of Health.

**Funding:**

No funding

4.7.3

**In what ways does work based learning contribute to the development of advanced practice in nurses working in primary care?***Carolyn Lees, Liverpool Community Health, Liverpool, UK***Abstract:****Background:**

Nurses make up the largest professional group within the NHS (Bradley & Nolan, 2008). The proposals set out in the NHS Plan (2000) forced the government to unlock the potential of nurses through the introduction of new, advanced nursing roles. Over the last ten years these roles have developed across the UK, particularly in the delivery of primary care services. However, it is unclear how nurses are prepared for advanced roles and how work based learning influences competence.

**Aim:**

To examine the use of work based learning in preparation for advanced practice for nurses working in primary care.

**Objectives:**

- to identify factors that enable nurses to practice in advanced roles,
- to discover participants' understanding of advanced nursing practice

**Method:**

A qualitative study using one to one, face to face, in depth interviews with eight nurses working in primary care advanced nursing roles using a hermeneutic phenomenological approach (Van Manen, 1994). Data was analysed using the hermeneu-

tic cycle with the formation of themes and sub themes.

**Results:**

Results indicate that advanced nursing roles consist of three sub roles (clinician, researcher, and leader) that contribute to competence. The study showed that work based learning prepared nurses for advanced practice roles in primary care by developing clinical competence but that the promotion of research and leadership skills was not evident.

**Conclusions:**

It is important that the roles of leader and researcher are more effectively promoted within work based learning for the expansion of advanced nursing. There is potential for further research into the area of work based learning and the development of advanced nursing roles. It would appear that phenomenological methods would be appropriate to explore the essences of what factors in work based learning influence or inhibit the development of skills associated with leadership and research.

**Recommended reading:**

Bradley, E. & Nolan, P. (2008) *Non Medical Prescribing: Multidisciplinary Perspectives*, Cambridge, University Press

Department of Health (2000) *The NHS Plan: A Plan for Investment: A Plan for Reform*, London, HMSO

Van Manen, S. (1994) *Researching the Lived Experience: Human Science for Action Centred Pedagogy*, Ontario, The Altman

**Funding:**

UK – Health Service (Local)

1,000 – 10,000

4.7.4

**Stakeholders' perceptions of a collaborative hospital discharge project**

*Fiona Irvine, Faculty of Health, Staffordshire University, UK*

*Co authors: Hopkins Dr J, Brizell J and Browne M, Liverpool John Moores University*

**Abstract:**

**Background:**

In 2008-2009 12% of patients from one primary care trust (PCT) in the North West of England who had required urgent admission to hospital were readmitted within 14 days of discharge. In response to these findings the PCT established a project to improve the coordination of services between hospital and community and facilitate better hospital discharge arrangements. The process involved the development of a personal discharge plan for each patient, tailored to ensure that patients were discharged to a safe environment, sometimes earlier than previously possible

and with a comprehensive care programme that supported independent living and prevented hospital readmission.

**Aims:**

The aim of the study was establish the project stakeholders' perceptions of the hospital discharge project.

**Methods:**

Semi-structured interviews were conducted with key stakeholders of the discharge project, including patients, carers and health and social care staff between June and October 2010. Data were analysed using framework analysis<sup>1</sup>.

**Results:**

Data analysis elicited three main themes of critical success factors, service provision and project outcomes. Stakeholders identified collaborative working and team commitment as factors important to the success of the discharge project and indicated that communication between different service providers had improved through the discharge project. Funding, the nature of the care package provided on discharge and the tension between patient needs and service needs were identified as areas requiring improvement for service provision.

**Discussion:**

There was a lack of congruence between service users and service providers' perceptions of the discharge process. In most cases service users applauded the project and cited numerous examples of its success in. Conversely, service users talked mainly of their difficult experiences with the discharge process.

**Conclusion:**

The study highlights the key aspects of the hospital discharge project that worked effectively and offers suggestions for future improvements and changes when planning hospital discharge.

**Recommended reading:**

Ritchie J & Spencer (1994) *Qualitative data analysis for applied policy research*. In Bryman and Burgess ( eds) *Analysing Qualitative Data* London: Routledge, 173-194

**Funding:**

UK – Health Service (Local)

1,000 – 10,000



## Concurrent session 5

### 5.1 Theme: Career excellence

5.1.1

#### Exploring innovation in workforce development: The early clinical career fellowship programme

*Pauline Pearson, School of Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, UK*

*Co authors: Machin, A, Northumbria University and Rae, A, NHS Education for Scotland*

##### Abstract:

Across the UK the number of nurses likely to retire is set to double between 2005 and 2015 – equivalent to a quarter of all nurses. Modernising Nursing Careers (2006) asked that Health Departments should work with relevant stakeholders to foster 'gifted and talented' junior staff and create future nurse leaders. The Early Clinical Career Fellowship Programme was commissioned by the Scottish Government in 2007 and developed by NHS Education for Scotland. It aimed to improve the career potential of fellows but also to rapidly expand leadership capacity, in a range of clinical contexts. This presentation explores findings from the evaluation.

Very little research literature exists in relation to leadership development programmes specifically targeted at graduate, recently qualified nurses and midwives. Evidence from other areas was drawn upon, for example Jones (2010).

A Realistic Evaluation methodology (Pawson and Tilley 1997) was used to look at the relationship between context, mechanism and outcome. Data was collected using secondary data from the selection process, observation, online questionnaires for Fellows (n=99) and supporters and focus groups with Fellows and supporters. Questionnaire data was analysed to provide descriptive statistics. Focus group data was transcribed and coded using thematic analysis. 66 Fellows responded to the questionnaire i.e.67%. 31 Fellows took part in focus groups. 29 Supporters responded to a questionnaire.

The application process was generally viewed positively. Action Learning Sets were seen as helpful in preparing Fellows for some of the challenges of practice. Master classes were found to be useful, enjoyable and easy to apply for the majority. Respondents identified some issues about local support.

Findings indicate a need for more focused approaches to local and organisational support, and more guidance in service development and career planning. Further research is needed – both longer term follow up and comparison with peers.

##### Recommended reading:

DoH (2006) Modernising nursing careers: setting the direction, TSO

Jones, J (2010) Leadership lessons from the fast track programme for teachers in England. *Educational Management, Administration and Leadership*, 38 (2) 149-163

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

##### Funding:

UK – Health Service (National)

10,001 – 50,000

5.1.2

#### Clinical academic careers: The importance of support

*Elizabeth Rosser (nee Giro), Associate Dean (Nursing), Bournemouth University, School of Health and Social Care, Bournemouth, UK*

##### Abstract:

##### Background:

Given the history of underfunding in research for nurses and allied health professionals in the UK, uptake of the training pathway for Clinical Academic Careers is progressing well at each level. To ensure sustainability and leadership development of these professionals to combine a career in research and clinical practice a well developed mentorship scheme is essential.

##### Aims:

This paper reports the findings of an exploratory study illustrating different aspects of the educator role in shaping research capacity and capability in their students and practitioner colleagues in nursing and allied health professionals.

##### Methods:

Using semi-structured interviews undertaken between October 2005-January 2007, the views of 30 experienced educators across four higher education institutions in south west England were explored. 7-8 participants from each institution were chosen using a purposive sampling technique.

##### Data analysis:

From transcribed tape recordings, data were analysed and coded assisted by the qualitative data analysis software NVivo using thematic content analysis.

##### Findings/Discussion:

Targeting new educationalists to grow the school's research culture has been key along with introduc-

ing more creative ways of engaging both undergraduate and post qualifying students in research through their continuing professional development. It is anticipated that once they take up the well structured education pathway, building and developing relationships between educationalists and clinical researchers in the practice environment will limit the professional isolation previously experienced by Clinical Research Nurses and help them towards leadership development in research and greater employment opportunities.

##### Conclusion:

This study provides valuable insights into educationalists' views of their role in shaping the new clinical academic careers. By raising the profile of research, students and practitioners may see a career in clinical research, a viable option. With a well funded education pathway for current pioneers, educationalists have a key role to work with practice colleagues to support them in their success.

##### Recommended reading:

UK Clinical Research Collaboration (2007) *Developing the best research professionals: qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future*. August, London, UKCRC

McKenna H. (2009) Clinical academic research careers in nursing: towards global nursing. *Journal of Research in Nursing* 14(2) 133-135

Latter S., MacLeod Clark J., Geddes C. & Kitsell F. (2009) Implementing a clinical academic career pathway in nursing: criteria for success and challenges ahead. *Journal of Research in Nursing* 14 (2), 137-148

##### Funding:

UK – Higher Education Funding Council

50,001 – 100,000

5.1.3

#### Towards the best together: Developing a 'thinking infrastructure' for clinical nursing excellence (ViPER)

*Mike Cook, NHS East of England, Multiprofessional Deanery, Cambridge, UK*  
*Co authors: Branson K, NHS East of England Multi-Professional Deanery*

##### Abstract:

Developing critical thinking skills and using these in practice is key to developing high quality nursing care. In England nursing research career paths are limited; much of the nursing research is

small scale, ad hoc and not generally focused on nursing practice, (McCance et al 2007, DH 2009, DH 2004, Trostle 1992, Finch 2007) One strategic Health Authority in England, serving a population of 5.6 million people is determined to be the best health region in England, (NHS EoE, 2009). To achieve this requires nurses that have the ability to generate an effective evidence base for their practice. Nursing in England is going through a significant time of change. New registrants will be required to hold a degree level qualification yet there is a perception that some degree nurses that are 'too posh to wash' (BBC, 2004) When this is aligned to the consequences for patients of poor nursing care, action is required (Francis, 2010). A strategy that provides a thinking infrastructure to support clinical nursing excellence is part of the answer. One of the first such strategies in England has been developed and with small amounts of investment and concerted effort progress is being made. The key strands of the strategy are:

- A clinical academic awards scheme that develops nursing research leaders
- Nursing led clinically focused research development projects
- Talent mapping tool to identify the future nursing research leaders.
- Improving nursing practice through patient orientated continuous professional development
- Developing the evidence base for future educational investment decisions.
- Linking with medical award schemes
- Utilising NHSI Improvement strategies to empower nurses with effective service improvement tools

Delegates will hear how the East of England thinking infrastructure was developed, learn how barriers are being overcome and share their own experiences for the benefit of others.

**Recommended reading:**

McCance, T., Fitzsimons, D., Keeney, S., Hasson, F., & McKenna, H. 2007. Capacity building in nursing and midwifery research and development: an old priority with a new perspective. *Journal of Advanced Nursing* 59(1):57-67.

Trostle, J. 1992, Research capacity building and international health: definitions, evaluations and strategies for success, *Social Science and Medicine*, vol.35, no.11, pp. 1231-4.

UKCRC (2007), Developing the best research professionals. Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future. Report of the UKCRC Subcommittee for Nurses in Clinical Research (Workforce)

**Funding:**

UK – Health Service (Local)  
100,001 – 500,000

5.2 Theme: Clinical research nursing

5.2.1

**The Canadian Bandaging Trial: A multi-site RCT of bandaging technologies for venous leg ulcers**

Margaret B. Harrison, Queen's University, Kingston, Canada

**Abstract:**

**Background:**

We recently completed the largest bandaging RCT internationally. Evidence from existing trials and systematic reviews of bandaging technologies has been mixed, and no large trials had been conducted in Canada.

**Aims:**

Compare effectiveness 2 high-compression technologies (short-stretch, four-layer bandages) delivered in the community (nurse clinic or home setting).

**Methods:**

Multi-centre RCT 2-arms: short-stretch vs four-layer, evidence-informed protocol used. Pragmatic approach: RNs normally delivering care provided the intervention and assessments. Site practices assessed, training offered to insure EBP. Primary outcome: 4-weeks improvement in time-to-healing (reference ulcer). Secondary outcomes: recurrence, pain, HRQL, patient satisfaction. Intention-to-treat analysis undertaken.

**Results:**

10 Canadian sites in 3 provinces participated. After screening, 424 consenting individuals were randomized: short-stretch n=209, 4-layer n=215. Characteristics: mean age 65 years; females 54%; 91% English-speaking; 64% living with others, 79% fully mobile, 90% reported leg ulcer pain on admission, 83% had co-morbidities, 55% had current ulcer 3 months with 36% having an ulcer 2.5 cm<sup>2</sup> or less, 38% 2.5-10 cm<sup>2</sup>, 26% >10cm<sup>2</sup>. Characteristics between groups were similar. No statistically significant difference in time-to-healing: SS 16 weeks, 4-layer 15 weeks (p = 0.643), or in pain or HRQL.

**Discussion:**

Both technologies produce similar time-to-healing, pain, and HRQL outcomes when delivered by trained RNs using EB protocol. This is good news for practitioners and individuals who may choose a bandage based on important individual and environment factors. Preferences may be taken into account when developing the care plan considering self-management aspects, previous experience with bandages and available support.

**CONCLUSIONS:** Earlier trials were typified by entry of a new technology against an established one with a mature skill-base. Given our later entry into the field, the Canadian trial was characterized by greater equilibrium in delivery of the systems with results indicating similar effectiveness of the tech-

nologies. This new evidence adds important information for bandaging choice.

**Funding:**

Canadian Institutes of Health Research  
500,001 – 1,000,000

5.2.2

**Have research passport, will travel! The roaming research nurse – a new approach to clinical research nursing**

Fiona Maxton, West Anglia NIHR CLRN, Addenbrooke's Hospital, Cambridge, UK  
Co author: Lewis, S and Campbell, D, West Anglia CLRN, Addenbrooke's Hospital, Cambridge

**Abstract:**

The establishment of the NIHR Comprehensive Local Research Networks (CLRNs) has led to the advent of a novel way of operating for the clinical research nurse. Traditionally research nurses have found themselves embedded within specialty teams and often report feelings of professional isolation (Raja-Jones, 2002) with minimal professional line management or development opportunities. Since May 2009, the West Anglia CLRN has developed a unique 'roaming' role for research nurses, who work across the region, encompassing 15 Trusts.

Our team of 12 generic research nurses works flexibly across speciality areas with each managing a portfolio of studies in areas such as respiratory, ICU/NUU and genetics simultaneously. They ensure that clinical teams receive research expertise in every aspect of study delivery. The nurses work collaboratively with the MDTs who provide specialist clinical knowledge. Roles are diverse according to each study need and may include study set up, screening, recruiting, delivery of study treatment, data collection and adverse event reporting. The team also provides short term input to enable previously research-naive teams to build a research profile. We have been instrumental in the successful introduction and implementation of a number of studies in these areas. Provision of research education to clinical nurses is delivered by CLRN nurses. This has had the added benefit of raising awareness of studies, developing clinical nurses' understanding of research and ultimately has provided opportunities for those who wish to develop their research career. An induction and ongoing education programme has been established.

Contrary to traditional research nurse roles, the CLRN operates within a team approach, with at least two nurses allocated to each study, ensuring continuous support. Staff report high levels of satisfaction working in this way, embracing the variety of specialities and locations with effective professional support, contributing to a new way of working in research.

**Recommended reading:**

Raja-Jones, H. (2002). Role Boundaries – research nurse or clinical nurse specialist? A review. *Journal of Clinical Nursing*, (11), 415-420

**Funding:**

No funding

5.2.3

### Double blind randomised controlled study of the acute (immediate) cardiovascular effects of reflexology: A pilot study in healthy volunteers

Jenny Jones, School of Nursing, Midwifery and Health, University of Stirling, UK

Co authors: Thomson, P, Lauder, W Howie, K and Leslie, SJ

**Abstract:****Aim:**

This study aimed to evaluate the cardiovascular effects of reflexology, thereby equitably responding to the growing public-driven interest in this non-biomedical approach to health.

**Background:**

Reflexologists claim that specific areas on the feet link to other organs of the body and that by massaging these areas, blood flow is increased in the corresponding organ (House of Lords Select Committee, 2000). Despite its growing popularity (Ernst, 2009), there is little methodologically sound research available which addresses this claim. Research is hampered by a lack of standardisation of reflexology foot charts and the difficulty in indentifying a specific active ingredient. There is also disagreement amongst therapists about the suitability of reflexology for cardiac patients.

**Research question:**

What changes occur in cardiovascular parameters in individuals receiving reflexology treatment?

**Method:**

In a double blind, randomised controlled, repeated measures pilot study, selected cardiovascular parameters (heart rate, blood pressure, stroke volume, cardiac output, cardiac index, peripheral resistance, baroreceptor reflex sensitivity and heartrate variability) were examined in 16 reflexology-naive healthy volunteers receiving a novel reductionist reflexology treatment applied to specific areas of their feet said to correspond to the cardiovascular organs (intervention). This was compared with reflexology applied to other areas on the foot which are not (control). The researcher was blinded to treatment type throughout.

**Results:**

The majority of parameters demonstrated no change from baseline or difference between treatments. However, cardiac Index decreased in the

intervention group ( $p = 0.035$ , Standard Deviation = 0.6510; Omega Squared effect ( $w^2$ ) = 0.002;  $w = 0.045$ ).

**Discussion:**

The findings suggest that cardiovascular focused reflexology lowered cardiac output in healthy volunteers. The effect in cardiac patients remains unknown. This and further research will have the potential to impact the cardiac population by providing data to enable both patients and clinicians to evaluate the effectiveness of reflexology in cardiac disease management.

**Recommended reading:**

Ernst, E, (2009), 'Is reflexology an effective intervention? A systematic review of randomised controlled trials.' *Medical Journal of Australia*, vol 191, (5) pp 263-265

House of Lords Select Committee, (2000), 'The Individual Disciplines Examined.' In House of Lords Select Committee on Science and Technology: Complementary and Alternative Therapies, p. 21.

**Funding:**

UK – NHS Charitable Funds

1,000 – 10,000

## 5.3 Theme: Patient safety

5.3.1

### Improving patient safety: Using Nominal Group Technique to explore NHS staff attitudes to the acceptability of in-patient screening for MRSA colonisation

Kay Currie, Reader in Nursing, School of Health, Glasgow Caledonian University, Glasgow, UK

Co authors: Price, L, and Hamilton, P. School of Health, Glasgow Caledonian University

**Abstract:****Background:**

In response to the Scottish Government's commitment to patient safety, NHS Health Protection Scotland conducted a pilot project within three Pathfinder NHS Boards to investigate the feasibility of implementing MRSA screening for all in-patient admissions to acute hospital settings.

**Aim:**

This paper reports the findings from one element of this national project; the use of the Nominal Group Technique to structure discussions with NHS staff to explore the 'acceptability' of such MRSA screening.

**Methods:**

The nominal group technique (NGT) is a method of generating, recording, discussing and voting on ideas produced by a group who come together only for the discussion, thus providing all group participants with an opportunity for their views to

be expressed openly with equal voice (Campbell & Cantrill, 2001, Tolson et al, 2009). A key feature of NGT is the ability to reach consensus during the meeting. The structured process poses specific questions for each individual to consider, with the facilitator scribing each person's ideas in turn prior to each individual allocating votes to the items they consider most important; this enables the group to establish ranked priorities in response to the task, creating immediately available results.

**Sample:**

Six groups involving 34 staff (20 clinical staff; 2 administrators; 12 domestic staff) from each of the three Pathfinder Boards

**Results:**

Challenges identified: procedural aspects of screening; processes for communicating results; additional workload; lack of isolation facilities; impact on the patient experience; screening staff; ongoing funding. Recommendations generated: sufficient funding to ensure adequate staffing levels; information about MRSA infection and the purpose of screening; ongoing staff education about screening procedures and infection control measures; more isolation facilities; suggestions around technical aspects of screening; occasional screening of staff where MRSA remains problematic.

**Conclusion:**

General consensus of NHS staff involved in group discussions tended towards accepting MRSA screening.

**Recommended reading:**

Campbell, S.M. & Cantrill, J.A. (2001). 'Consensus methods in prescribing research. *Journal of Clinical Pharmacology Therapeutics*, Vol. 26, no.1, pp. 5-14.

Currie, K., Knussen, C., Price, L., Brown, M., Hamilton, P. & Organ, C. (2009). 'A mixed methods study of the acceptability of MRSA screening in NHS Scotland Pathfinder Boards from the perspective of patients, visitors, the wider community & NHS staff

Tolson, D., Currie, K., Bennett, J. & Middleton, A. (2009). 'Facilitating collaborative development in practice. *International Journal of Nursing Practice*. Vol. 15, no. 5, pp. 353-358.

**Funding:**

UK – Health Service (National)

50,001 – 100,000

5.3.2

### Nurses' knowledge and risk perception towards seasonal influenza and vaccination and their vaccination behaviours

Alison While, Florence Nightingale School of Nursing and Midwifery, King's College, London, UK

Co authors: Zhang, J, 2nd Military Medical University, Shanghai, China; Norman, I, Florence Nightingale School of Nursing and Midwifery, King's College London

#### Abstract:

#### Background:

Seasonal influenza has become a serious public health problem worldwide and vaccination is recognized as the most effective prevention way. Healthcare workers can be a key source of influenza outbreaks therefore their vaccinations become a crucial measure to protect patients.

#### Objectives:

To explore the relationship among nurses' knowledge, risk perception and their vaccination behaviours and identify knowledge and risk perception and demographic factors associated with vaccination behaviours.

#### Method:

A cross-sectional survey of 522 nurses attending a large university for their CPPD (response rate of 77.7%). The questionnaire examined nurses' knowledge about influenza and vaccination, risk perception towards influenza and pandemics, vaccination behaviours and reasons for vaccination acceptance or refusal. Data regarding gender, age group, highest educational qualification, work place, clinical speciality, qualified years as a nurse and direct patient contact were also collected.

#### Results:

Influenza vaccination rate was 36% and about 41% had never been vaccinated in the past. Nurses of high knowledge level were more likely to get vaccinated comparing to those of low knowledge level ( $p < 0.001$ ). There was a statistically difference for vaccination rates between the high risk perception and low risk perception groups ( $p = 0.019$ ). Pearson product moment correlation analysis indicated a significant positive correlation between knowledge score and risk perception score ( $r = 0.201$ ,  $n = 498$ ,  $p < 0.001$ ). Knowledge items, including the importance of vaccination as a prevention measure, identification of the high-risk groups of getting influenza, and some misconceptions about influenza vaccination, were associated with vaccination status. Several risk perception items, including personal vulnerability to influenza or H1N1, death threaten of H1N1 pandemic, and the likelihood of contracting influenza to patients, were predictors of vaccination.

#### Conclusions:

This study found a positive relationship between knowledge and risk perception and reconfirmed a

relationship between knowledge, risk perception and vaccination behaviours among nurses.

#### Funding:

No Funding

5.3.3

### Seasonal influenza vaccination behaviours of nurses and their relationship with knowledge, risk perception and health beliefs

Alison While, Florence Nightingale School of Nursing and Midwifery, King's College, London, UK

#### Abstract:

#### Background:

Influenza vaccination is the primary method for preventing influenza and its severe complications. Although higher influenza vaccination rates of healthcare workers are associated with lower mortality in long-term care facilities, vaccination coverage of nurses remains suboptimal.

#### Aims:

To examine the relationship between the knowledge, risk perceptions, health belief towards influenza and influenza vaccination and vaccination behaviours among nurses.

#### Methods:

A questionnaire survey of qualified nurses enrolled on continuing professional education courses at one large university during April-November 2010 was conducted. The sample comprised 522 nurses (response rate 77.7%) of whom 82.6% worked in hospitals. Two-Step Cluster Analyses were used to identify groups of respondents with different vaccination profiles.

#### Results:

Just over a third (37.0%) reported receiving the influenza vaccination during the last 12 months with 44.9% reporting never being vaccinated during the last 5 years. Nurses vaccinated in last 12 months had higher scores of knowledge and risk perception in comparison to the unvaccinated ( $p < 0.001$ , respectively). Nurses never vaccinated had the lowest scores of knowledge and risk perception in comparison to other groups ( $p < 0.001$ , respectively). The range of reasons for declining vaccination included individual reasons (eg concern about side-effects of vaccine and no need) and 'no time or difficult access' as organizational reasons. Individual reasons for accepting the vaccination mainly included health motivation, professional responsibility and economic reasons while a recommendation or being mandatory by employers or managers and convenient access to vaccination and being free were identified as organizational reasons for having the vaccination.

#### Conclusions:

Nurses' influenza vaccination behaviours are complex. Knowledge and risk perception predict the uptake of vaccination among nurses. Vaccination coverage among nurses may improve if different campaign strategies target the defined groups of never vaccinated and occasionally vaccinated with a focus on identified misconceptions about influenza and the vaccination.

#### Funding:

No Funding

## 5.4 Theme: End of life care

5.4.1

### Uncovering the challenges of managing cachexia in advanced cancer: Preliminary results from semi-structured interviews with healthcare professionals in a regional cancer centre

Claire Millar, Nursing and Midwifery Research Unit, Queen's University, Belfast, UK

Co authors: Reid, J. and Porter, S. Nursing and Midwifery Research Unit, Queen's University Belfast

#### Abstract:

#### Background:

Cancer cachexia is a complex metabolic syndrome characterised by severe and progressive weight loss which is predominantly muscle mass. It is a devastating and distressing complication of advanced cancer with profound bio-psycho-social implications for patients and their families. At present there is no curative treatment for cachexia in advanced cancer therefore the most important healthcare response entails the minimisation of the psycho-social distress associated with it. However the literature suggests healthcare professionals' are missing opportunities to intervene and respond to the multi-dimensional needs of this population.

#### Objective:

The objective of this study was to explore healthcare professionals' response to cachexia in advanced cancer

#### Methods:

An interpretative qualitative approach was adopted in this study. A purposive sample of doctors, nurses, specialist nurses and dieticians were recruited from a regional cancer centre between November 2009 and November 2010. Data was collection was twofold: two multi-professional focus groups were conducted first to uncover the main themes and issues in cachexia management. This data then informed the interview schedule for the following 25 individual semi-structured interviews.



**Results:**

Preliminary data analysis of the semi-structured interviews revealed distinct differences between disciplines in their perceptions of cancer cachexia which influenced their response to it in clinical practice. The commonality between disciplines, with the exception of palliative care, was a reliance on the biomedical approach to cancer cachexia management.

**Discussion and Conclusions:**

Cancer cachexia is a complex and challenging syndrome which needs to be addressed from a holistic model of care to reflect the multi-dimensional needs of this patient group. The perspectives of those involved in care delivery is required in order to inform the development of interventions aimed at minimising the distress associated with this devastating syndrome.

**Recommended reading:**

Millar, C.; Reid, J., Porter, S., (2009) The challenges of managing cachexia in advanced cancer. *Cancer Nursing Practice*, 8 (4), pp 24-27.

Reid et al, (2009) The experience of cancer cachexia: A qualitative study of advanced cancer patients and their family members. *International Journal of Nursing Studies*, 46, pp 606-616.

Reid et al (2009) An exploration of the experience of cancer cachexia: what patients and their families want from healthcare professionals. *European Journal of Cancer Care*, 19(5), pp 682-689.

**Funding:**

UK – Local Authority  
50,001 – 100,000

5.4.2

### Why does it happen like this? The views of families, children and professionals about what matters in researching services for children with life limiting conditions

Anne Hunt, Senior Research Fellow, School of Nursing and Caring Sciences, University of Central Lancashire, Preston, UK

Co authors: Hacking S. University of Central Lancashire, Preston; Brown E, Coad J. Coventry University; Stanisweska S, Royal College of Nursing Research Institute, University of Warwick, Coventry; Chambers L, ACT, Bristol..

**Abstract:**

Children with life-limiting illnesses and their families have complex needs that require a range of skills and services. Support is needed from a number of organisations including health, social care, education and voluntary sector services. The state of services needs to be continuously reviewed to be certain that, wherever possible, families are getting the care and support they need (Craft and Killen, 2007).

**Aim:**

As researchers we are advised and commended to consult with and include users of services in research, and in particular in developing the research question and design (Staniszewska, 2007). Prior to preparing the proposal for an evaluation of how well services in the West Midlands meet the needs of children and families, we sought to gain a more informed picture of the issues of importance affecting families and providers of services in the area.

**Methods:**

We used multiple methods of engagement including a focus group for professionals, face-to-face and telephone interviews with professionals and parents and participatory activities for parents, children and young people. Recordings and products of activities were analysed qualitatively to identify important and recurring themes.

**Results:**

Themes emerging included, from the professional interviews – Meeting the needs of families and children, Needs and locations vary, Collaborating to meet needs and Networking to sustain services. An overarching theme from parent interviews was ‘Why does it happen like this?’ Children and young people expressed ideas encapsulated by themes of Quality of environment, Quality of services and Quality of life.

**Conclusions:**

This consultation provides useful perspectives through which the success of services in meeting the needs of children and families may be evaluated as well as the opportunity for theoretical insights. The team was successful in obtaining funding for the BIG Study from the Big Lottery Fund Research Programme and this study is now underway.

**Recommended reading:**

Craft, A. and Killen, S. (2007) ‘Palliative care services for children and young people in England: an independent review for the Secretary of State for Health. Department of Health, London.

Staniszewska S, Jones N, Newburn M, Marshall S. (2007). ‘User involvement in the development of a research bid: Benefits, barriers and enablers. *Health Expectations*, Vol 10, no 2. pp 173-183.

**Funding:**

UK – National Lottery  
1,000 – 10,000

5.4.3

### Child and family wishes for end of life care: A multi-service case notes review of end of life care planning for children with life-limiting conditions.

Antonia Beringer, Faculty of Health and Life Sciences, University of the West of England, Bristol, UK

Co author: Heckford EJ, University Hospital Wales, Cardiff.

**Abstract:****Background:**

Planning for end of life (EOL) is a sensitive and important part of providing comprehensive and individualised palliative care. We present the findings of a multi-service retrospective case notes review of documented EOL care planning for children with life-limiting conditions.

**Aims:**

To review documented evidence of planning against the ACT key standards for EOL care across a range of health service and voluntary sector children’s palliative health care providers. To measure the impact of the ‘Child & Family Wishes’ advanced planning document (Fraser et al 2010) on EOL care.

**Methods:**

Ethical approval was gained to perform a manual, retrospective, case notes review of children, identified from Child Death Overview Panel data, who had died between October 2008 and March 2010, with a diagnosed life-limiting condition, within a defined geographical area. 114 sets of notes were reviewed, relating to 58 children.

**Results:**

Preliminary analysis indicates a wide range of current EOL planning practice, with the ACT standards being met to varying degrees.

The ‘Child & Family Wishes’ document was found to have been used in one case. Other templates, such as ‘Do Not Attempt Resuscitation’ orders were more evident. However, child and family choices for EOL care were more often found buried amongst the narrative of the case notes.

Where plans were found, these had often been made late in the child’s life, prompted by an acute life threatening event.

**Discussion and Conclusions:**

Initial results point to the value of early planning and the benefits of sharing information between services. Current barriers to achieving the ACT standards will be identified and ways of overcoming these discussed.

Further funding has been secured to provide a series of training days for staff involved in planning for EOL care, the impact on practice of which will be subsequently measured.

**Recommended reading:**

ACT: The Association for Children's Palliative Care (2004) A framework for the development of integrated multi-agency care pathways for children with life-threatening and life-limiting conditions, available [www.act.org.uk](http://www.act.org.uk) accessed 15/11/10

Department of Health (2008) Better care: better lives. Improving outcomes and experiences for children, young people and their families living with life-limiting and life-threatening conditions. DoH, London. Available at: <http://www.dh.gov.uk/en/Publicati>

Fraser J, Harris N, Beringer AJ, Prescott H & Finlay F, (2010) Advanced care planning in children with life-limiting conditions – the Wishes Document Archives of Disease in Childhood 95:79-82 doi:10.1136/adc.2009.160051

**Funding:**

UK – Higher Education Institution  
10,001 – 50,000

5.5 Theme: Social support

5.5.1

**Family support and young people with first-episode depression**

Terence McCann, Victoria University, Melbourne, Australia

Co authors: Lubman D. I, and McCann, F

**Abstract:**

**Background:**

Families have a crucial role in supporting youth with depression, but unfavourable family circumstances can undermine the ability of youth to cope with their illness.

**Aim:**

To examine the experience of youth with depression, with an emphasis on ascertaining what role family support plays in helping them cope with their situation.

**Method:**

Youth were recruited through clinicians of Headspace, an enhanced primary care centre for youth with mental health problems, in 2009. Semi-structured, in-depth, audio-recorded interviews were used, and Interpretative Phenomenological Analysis of the data was undertaken.

**Results:**

Twenty-six youth, with an average age of 18 years, participated. Sixteen were female, most were single, and fifteen resided in the same household as one or both parents. In most instances their primary diagnosis was depression and anxiety, followed by depression and then depression and comorbid substance use. Two competing themes in the data reflect the contrasting influence of families on youth depression. The first, being supportive, highlights how families help through

patience, tolerance, understanding, encouragement and by providing direction, all of which strengthen the young people's resilience as they try to deal with depression. The second theme, being unsupportive, draws attention to how family conflict and change and living in an unsupportive environment can compromise the ability of youth to cope with depression.

**Discussion:**

Family dynamics have an important influence on the way youth cope with depression. On the one hand, families provide an important supportive role. On the other hand, unfavourable interactions between family members and youth can add to their difficulties in coping with depression.

**Conclusion:**

Youth are at a particularly vulnerable time in their psychosocial development when depression occurs. The implications for providing greater family, community and mental health nurses and other clinicians' support are considered. The limitations of the study are also outlined.

**Recommended reading:**

Jorm, A. F., & Wright, A. (2007). Beliefs of young people and their parents about the effectiveness of interventions for mental disorders. *Australian and New Zealand Journal of Psychiatry*, 41(8), 656-666.

Rudolph, K. D. & Flynn, M. (2007). Childhood adversity and youth depression: Influence of gender and pubertal status. *Development and Psychopathology*, 19(2) 497-521.

Sander, J. B. & McCarthy, C. A. (2007). Youth depression in the family context: Familial risk factors and models of treatment. *Clinical Child and Family Psychology Review*, 8(3), 203-219.

**Funding:**

Victoria University, Melbourne  
1,000 – 10,000

5.5.2

**Is anyone listening? The impact on the social and communication development of siblings when a child has ASD**

Orla Watt, Senior Community Children's Nurse, Phd Student, Southern Health and Social Care Trust/ University of Ulster, Newtownabbey, Northern Ireland, UK

**Abstract:**

**Introduction:**

Few studies have examined the social, interactional environment in which young children develop their social and communication skills when there is a child with ASD in the family, that is, the interactional environment within the family home. This is despite evidence from family systems literature

which describes the importance of family functioning in child development.

**Study design and methodology:**

This research has a longitudinal, mixed methods design which will attempt to address this gap in understanding and knowledge of family life when a child has ASD. This will be further described in the presentation.

**Aim of pilot study:**

To examine the effectiveness of chosen data collection measures in capturing the specific factors within the family context, which extant literature has determined as having an impact on child development when a child has ASD.

**Findings of pilot study:**

This paper will focus on the primary emerging theme from analysis of the pilot study findings, namely the perception of families that they need to be listened to at all stages of the referral, assessment and diagnosis process by professionals, family and friends.

The qualitative perceptions of families around this theme will be described by the co-presenting parent of three children, whose four year old middle child has a diagnosis of ASD. The parent's presentation will be from his perspective as a father and service user.

The researcher will then describe how this theme will inform data collection, analysis and dissemination of results of the main study, to ensure services to families are informed by these findings to become more truly family-centred.

**Recommended reading:**

Cassel, T; Messinger, D; Ibanez, L; Haltigan, J; Acosta, S; Buchman, A; (2007) Early social and communication in the infant siblings of children with Autism Spectrum Disorders: An examination of the broad phenotype

Glidden, L; Bamberger, K; Turek, K; Hill, K; (2010) Predicting Mother/Father-Child interactions: Parental Personality and well-being, socioeconomic variables and child disability status.

Sturge-Apple, M; Cummings, E; (2010) Typologies of Family Functioning and Children's adjustment during the Early School Years.

**Funding:**

Department of Employment and Learning Studentship  
10,001 – 50,000

5.5.3

### Perceived stress and social support among Jordanian parents living with a child with cerebral palsy

*Ekhlas Al Gamal, The University of Jordan, Faculty of Nursing, Amman, Jordan*

*Co author: Long, T, University of Salford; Hamdan-Mansour, A., The University of Jordan*

#### Abstract:

#### Aim:

The purpose of this study was to examine the level of perceived stress and social support among Jordanian parents living with a child with cerebral palsy. Full findings will be presented.

#### Background:

Cerebral palsy, with a prevalence in Europe of 2-2.5 per 1000 live births, is the most common severe physical disability affecting children. Caring for a child with disability is exhausting and stressful, and social support is an important coping resource. There is little evidence about how having a child with cerebral palsy affects Jordanian parents and how these parents respond.

#### Method:

A descriptive correlational design was used. In 2010, the Perceived Stress Scale (PSS) and the Multidimensional Scale of Perceived Social Support (MSPSS) were administered to a non-probability convenience sample of 204 Jordanian parents living with a child with cerebral palsy. Both mothers and fathers were included, interviewed individually rather than in pairs. SPSS Version 15 was used in data analysis. Descriptive statistical analysis (frequency count, percentage, mean, median and standard deviation) was applied to the sample and the instrument items. Bivariate correlation analysis was undertaken to examine the relationship between variables.

#### Results:

More than 60% of parents often felt nervous and stressed. The mean score on the PSS was 27.0 (SD=9.33) and the mean score on the MSPSS was 58.9 (SD=15.1). There was a significant negative correlation between parental stress and social support ( $r=-0.389$ ,  $p<0.0005$ ).

#### Discussion:

Parents with the most stress were the least-well supported. These findings indicate the importance of healthcare professionals' awareness of parental stress together with the need to promote availability and access to appropriate social support.

#### Conclusion:

This study has clinical implications in terms of developing strategies for reducing parental stress. These results may affect policy to provide support for parents and to develop family-centred services and will inform an intervention study.

#### Recommended reading:

Surveillance of Cerebral Palsy in Europe Collaborative Group (2000). Surveillance of cerebral palsy in Europe: a collaboration of cerebral palsy surveys and registers. *Developmental Medicine and Child Neurology*, 42, 816 – 824.

Parkes, J., McCullough, N., Madden, A., & McCahey, E. (2009) The health of children with cerebral palsy and stress in their parents. *Journal of Advanced Nursing*. 65 (11), 2311 – 2323.

Ketelaar, M., Volman, M., Gorter, J., & Vermeer, A. (2008) Stress in parents of children with cerebral palsy: what sources of stress are we talking about?. *Child: care, health and development*, 34, 6, 825-829

#### Funding:

University of Jordan

1,000 – 10,000

## 5.6 Theme: Questionnaire development

5.6.1

### Determining the factor structure of the Nursing Context Index with a sample of community-based older people nurses in Southern Ireland

*Paul Slater, Institute of Nursing Research, University of Ulster, Belfast, UK*

*Co authors: Slater, P and McCormack, B, Institute of Nursing Research; University of Ulster, Newtownabbey; Dewing, J, Christchurch Canterbury University Kent*

#### Abstract:

The potential shortage of nursing staff in the developed world, it is imperative that we have a clear understanding of the mechanisms that influence turn turnover. An extensive body of research has shown the practice environment to influence nurse intention to leave. To date no single psychometrically tested instrument effectively measures the Practice environment. The Nursing Context Index was designed to redress this dearth. The Nursing Context Index comprises 78 items covering 19 factors. Developed using qualitative and quantitative methods in an acute hospital setting, its psychometric properties were previously proven (Slater et al 2010).

The aim of the study is to test the factor structure of the Nursing Context Index with a sample of community based older people nurses.

This study used data derived from a large scale quasi-experimental intervention study. A cross sectional survey design was used. The Nursing Context Index was distributed as part of a questionnaire pack to a purposive sample of nurses working in 18 Older People community hospitals drawn from across Southern Ireland. A response rate of 614 older people nurses was achieved. The factor structure was tested using Confirmatory Factor Analysis in LISREL 8.5.

Indices of fit show the factor structure of the Nursing Context Index was stable with the community based sample of older people nurses. Root Mean Squared Estimations of Approximation (RMSEA) was acceptable (0.06) indicating a good – moderate explanation of the data.

Previous research has shown the Nursing Context Index as a psychometrically acceptable measure of the nurses working environment in the acute sector (Slater et al 2010). The findings presented here confirm this with a sample of community based older people nurses.

The development of psychometrically proven tools that allow researchers to better understand the practice environment can be effective tools in identifying and working towards optimal working conditions.

#### Recommended reading:

Slater, P., McCormack, B. and Bunting, B. (2009). The development and pilot testing of an instrument to measure the nursing practice environment: The Nursing Context Index. *Worldview of Evidence Based Nursing*. Vol.6 No.3 pp 173 – 182.

Slater, P. (2006). *Person-centred Nursing: The development and testing of a reliable and valid instrument*. Unpublished PhD. University of Ulster.

Slater, P., McCormack, B. Connolly, D., and O Halloran, P. (2009). Testing the factor structure of the NWI-R. *Worldview of Evidence Based Nursing*. Vol 7, No. 3 pp123 = 134.

#### Funding:

No funding

5.6.2

### Developing nurse sensitive outcome measures for ambulatory cancer chemotherapy

*Peter Griffiths, University of Southampton, Southampton, UK*

*Co authors: Richardson, A and Wagland, R, University of Southampton; Armes, J, and Finnegan-John, J, King's College London*

#### Abstract:

There is an increasing interest in Nurse Sensitive Outcomes, which can be used to examine and demonstrate the results of high quality nursing care. In this presentation we will describe the development of a set of outcome based measures that are intended to be sensitive to the work of nurses in ambulatory cancer chemotherapy settings. This setting is, in many countries, often nurse led but the role and value using specialist nurses in these settings is often contested. Nurse sensitive outcome measures give the possibility of monitoring and demonstrating how variation in nursing service quality impacts upon patients.

#### Methods:

Systematic literature review to identify nurse sensitive outcomes and piloting and feasibility

testing of indicators in four chemotherapy centres in England

**Results:**

The literature review identified three broad areas where evidence for sensitivity to nursing was strongest – symptom management, safe medication administration and patient experience. Outcome indicators based on these will be developed and piloted, relying primarily on patient self report. In our presentation we will describe the results of this piloting including a description of the prevalence of problems, variation between services and feasibility of data collection.

**Conclusions:**

Monitoring outcomes provides a stimulus to develop services to improve the experience and health of patients. Validated nurse sensitive measures open the possibility of demonstrating the ‘added value’ of specialist nursing services and of using registered nurses in settings where they might be replaced by other, less qualified, staff. Without such measures and such evidence it may become hard to defend these posts in periods of financial constraint.

**Funding:**

UK – Health Service (National)  
100,001 – 500,000

5.7 Theme: Methods

5.7.1

**The importance of effective interpersonal and communication skills in order to maximise the buy-in of clinical staff: An experience of running a large RCT in a hospital setting**

*Debbie Delgado, North Bristol NHS Trust, Bristol, UK*

*Co author: Mann, C. Musculoskeletal Research Unit, North Bristol NHS Trust*

**Abstract:**

**Background:**

APEX is a large, single centre orthopaedic randomised controlled trial (RCT) investigating the potential benefit of intra operative local anaesthetic on post-operative pain. The protocol necessitates the buy-in and cooperation of healthcare staff throughout the patients’ surgical pathway in order to facilitate recruitment, administration of study intervention according to protocol, and accurate data collection. There is a paucity of literature exploring the challenges faced when attempting to secure this vital cooperation from healthcare staff.

Methods adopted to secure the collaboration of clinical staff:

Information was disseminated via staff meetings prioritising the potential study benefits of

improved pain relief for patients. Links with key clinical and clerical staff were actively fostered and trust and co-operation was built by encouraging and responding to questions and feedback. Study information together with team contact details was made readily available in all clinical areas. Staff were kept informed of the progress of the study by means of a regular newsletter.

**Outcomes:**

- Initial resistance was overcome and clinical staff were enthused and motivated to contribute towards the study aims
- Study paperwork was revised in response to staff queries.
- Ongoing troubleshooting of study procedures was facilitated.
- Adherence to protocol and data integrity were optimised despite a changing staff pool.
- Research profile was raised amongst clinical staff

**Lessons Learnt:**

Effective interpersonal and communication skills were essential in securing the collaboration and commitment of clinical staff on this research project. This outcome is key to facilitating the smooth running of a RCT in a hospital setting. Further investigation may clarify the role of the research nurse in translating research protocol into practice.

**Recommended reading:**

Miller, C. (1997) “The Challenges of Clinical Research: Strategies for Successful Conduct”. *Clinical Nurse Specialist*, 11(5), pp213-216.

Kutner, J. et al (2010) “Methodological challenges in conducting a multi-site randomised clinical trial of massage therapy in a hospice”. *Journal of Palliative Medicine*, 13(6), pp739-744.

**Funding:**

National Institute of Health Research  
→1,000,000

5.7.2

**Does the FAMCHAT tool enhance the ethno-cultural dimensions of nursing assessment at the Royal Alexandra Hospital? A descriptive case study**

*Gina Higginbottom, Canada Research Chair, Faculty of Nursing, University of Alberta, Edmonton, Canada*

*Co authors: Richter, S, Faculty of Nursing, University of Alberta, Canada; Young, S, Ortiz, L, Callender S, Forgeron, J & Boyce, M, Royal Alexandra Hospital, Alberta, Canada*

**Abstract:**

**Background:**

In Edmonton’s population of roughly one million, almost 20% of people identify themselves as foreign born. In 2006, the visible minority group totaled 175,295 (17%), largely being of Chinese, South Asian and Filipino origin (Statistics Canada, 2006). This same year, interpretation services at the Royal Alexandra Hospital (RAH) responded to 849 requests representing 33 languages. Without culturally-appropriate care, a negative trajectory of events can occur ranging from simple miscommunication to life-threatening incidents (Meddings & Haith-Cooper, 2008). After an integrative review of cultural assessment tools, the FamCHAT was designated as having underpinning principles with high pertinence and transferability to acute/hospital settings.

**Aim:**

To determine whether the FamCHAT enhances ethno-cultural dimensions of nursing assessment at the RAH?

**Methods:**

The descriptive case study design using purposive sampling consisted of: semi-structured interviews with unit managers, tool implementation (after training) by nurses in three units during three months, and three focus groups with unit nurses following implementation. Descriptive statistics were used for quantitative data. Qualitative data was stored, managed, classified and ordered using Atlas/ti, and analysed using Roper and Shapira’s (2000) framework: coding for descriptive labels, sorting for patterns, identification of outliers/negative cases, generalizing constructs and theories, memoing, and reflective remarks. A written narrative was then constructed.

**Results:**

Fifty two forms were completed during June through August 2009. Preliminary findings from interviews/focus groups focus on five key dimensions: usefulness of FamCHAT, cultural awareness of participating nurses, barriers to utilizing FamCHAT, patient perspectives, enhancements to nursing assessments, and cultural competence.

**Discussion and Conclusion:**

The FamCHAT and its constructs seem useful for development of better nursing care interactions.



The tool was thought too long and to require modification to suit the nursing workload and also to secure patient confidence. The optimum approach may be to embed the most useful constructs into existing nursing care assessments.

#### Recommended reading:

Statistics Canada, 2006. 2006 Census. [online] Available at <http://www12.statcan.gc.ca/census-recensement/2006/rt-td/index-eng.cfm> [Accessed 1 November 2010].

Meddings, F. & Haith-Cooper, M., 2008. Culture and communication in ethically appropriate care. *Nursing Ethics*, 15(1), pp. 52-61.

Roper, J. and Shapira, J., 2000. *Ethnography in nursing research*. London: Sage Publications Inc.

#### Funding:

Canadian Nurses Association and the Royal Alexander Nursing Research Hospital Foundation 10,001 – 50,000

5-7-3

### A review of empirical research based on analyses of the national adult inpatient survey from 2005 to 2009

*Elizabeth West, School of Health and Social Care, University of Greenwich, London, UK*

*Co author: DeCourcy A, School of Health and Social Care, University of Greenwich*

#### Abstract:

##### Background:

The national patient survey programme (NPS) has been conducted in hospitals across England as part of a Governmental drive to increase the patient centeredness of the NHS since 2002. Reports of contradictions between inspection results and the national inpatient survey (HSJ, 2010), coupled with some evidence that there has been little significant improvement over this time (CQC, 2010) leave us unclear as to the impact of the survey on standards of care in acute trusts.

##### Aims:

To identify, describe and synthesise all published empirical research based on the NPS from 2005 to the present with the aim of recommending how the survey data could best be used to improve standards of care in Acute Trusts.

##### Methods:

The search strategy and inclusion criteria used PICO methodology. Publications were restricted to 2005 onwards. Searches were conducted in July and October 2010, using standard databases and were evaluated by three independent readers.

##### Results:

Of papers collected (n=53), 22 were agreed as not applicable and 3 went to the third reader for final decision. 85.7% (24) were produced by organisa-

tions involved with the surveys collection, with the remainder produced by third sector organisations.

#### Discussion:

The majority of studies relied on descriptive statistics; recent years include trend analysis and significance tests. Some studies have investigated the role of locality and social deprivation (Healthcare Commission, 2005). The main findings seem to be that few areas of care have improved except, for example, waiting times, mixed sex accommodation and hand hygiene which have been the focus of major national initiatives.

#### Conclusions:

The inpatient survey has not yet been fully exploited as a resource for research and practice development. This presents an opportunity for academic and acute trust colleagues to work together, sharing knowledge and harnessing years of patient experience data to improve services and practice.

#### Recommended reading:

CQC, 2010. Inpatient survey 2009: historical comparisons tables. [online] Available at: [http://www.cqc.org.uk/publications.cfm?fde\\_id=15551](http://www.cqc.org.uk/publications.cfm?fde_id=15551) [Accessed 7 October 2010]

HSK, 2010. Role of patient data questioned following inpatient survey. [online] Available at: [www.hsj.co.uk/news/acute-care/role-of-patient-data-questioned-following-inpatient-survey/5015065.article](http://www.hsj.co.uk/news/acute-care/role-of-patient-data-questioned-following-inpatient-survey/5015065.article) [Accessed 27 July 2010].

Healthcare Commission, 2005. Variations in the experiences of patients in England: Analysis of the Healthcare Commissions 2003/2004 national surveys of patients. [online] [http://www.cqc.org.uk/\\_db/\\_documents/04021207.pdf](http://www.cqc.org.uk/_db/_documents/04021207.pdf) (Accessed 3 August 2010).

#### Funding:

No funding

# Concurrent session 6

## 6.1 Theme: Nurse education/ preceptorship

6.1.1

### Windows on the world of doctoral nursing research: The view through web portals in the UK and beyond

Colin Macduff, Robert Gordon University, Aberdeen, UK

Co author: Copeland, S, Robert Gordon University, Aberdeen; Goodfellow, L, and Nolfi, D, Duquesne University, USA; Leslie, G, and Blackwood D, Curtin University, Australia

#### Abstract:

#### Background:

The availability of electronically formatted theses and dissertations (ETDs) has increased massively in recent years, providing a valuable resource for nurse scholars worldwide (Goodfellow 2009). Although UK nursing has been slow to exploit this opportunity (Macduff 2008), the advent of the British Library Electronic Thesis Online Service (ETHOS) as a national web portal makes many more UK nursing e theses freely available to potential PhD readers and writers. Drawing on processes developed for the first international study of ETDs in nursing, this paper will consider the state of the art in the UK by looking through the windows provided by relevant national and international web portals.

#### Objectives for presentation

- To describe the current scope and functionality of the main web portals for e theses relevant to the UK, the USA, Australia and New Zealand
- To characterise UK nursing e theses available for full text download through ETHOS in terms of subject matter and methodology/methods used
- To consider these developments in the UK in relation to the USA, Australia and New Zealand.
- To identify key learning points for doctoral nursing scholarship within the UK and beyond

#### Method:

This descriptive research involved systematic search of ETHOS and application of standardised thesis classification processes, based on the work of McVicar and Caan (2005). These findings were then considered in the light of searches of other relevant national and international web portals.

#### Findings and Conclusion:

307 nursing e theses are currently listed as available for full download through ETHOS (November 2010). Just under a half focus on clinical issues, while a third investigate educational topics. Qualitative and mixed methods studies predominate.

Retrospective digitisation processes combined with harvesting from Institutional Repositories is rapidly producing a definitive national resource that adds significantly to the international 'e-academy' of doctoral nursing scholarship.

#### Recommended reading:

Goodfellow, L M (2009) Electronic theses and dissertations: a review of this valuable resource for nurse scholars worldwide *International Nursing Review* 56 (2), 159-165

McVicar, A and Caan, W (2005) Research capability in doctoral training: evidence for increased diversity of skills in nursing research. *Journal of Research in Nursing* 10, 627 – 646

Macduff C (2008) The PhD as a virtual guest house. *Journal of Clinical Nursing* 17, 2381-2383

#### Funding:

Duquesne University internal  
1,000 – 10,000

6.1.2

### Research into practice: Evidence for practice guideline development in recruitment, selection and retention of pre-registration nursing and midwifery students

Sheila Rodgers, Health in Social Science, University of Edinburgh, Edinburgh, UK

Co author: Stenhouse R. Tayside Institute for Health Studies, University of Abertay

#### Abstract:

Whilst much has been written about elements of recruitment, selection and retention (RSR) in healthcare professions, surprisingly little research with good predictive validity is available relating to nursing which can help guide policy and practice. Moving research findings in to practice through national policy development has been argued as one of the most influential means of achieving evidence-based practice in nursing (Rolfe et al 2008).

In 2009, a benchmarking study was commissioned by the Scottish Government Health Directorates of RSR practices in pre-registration nursing and midwifery programmes was undertaken. The aim of the study was to highlight best practice and integrate this with what was known in the literature. To facilitate the implementation of this research into practice, the findings were used to develop national good practice guidance.

The benchmarking exercise involved telephone interviews with staff in all Higher Education Institutions (HEIs) in Scotland providing pre-registration programmes. Data was analysed using content

analysis for data reduction and thematic analysis to give explanation and understanding of the findings.

The good practice guidance was developed through a consultation exercise with key stakeholders who appraised the relevance, priority and feasibility of recommendations from the benchmarking exercise. The consultation was conducted through an online survey in which participants both rated and ranked elements of practice identified in the literature and in the benchmarking exercise. Core working groups were used to draw together the findings of the consultation and to draft out the good practice guidance. Drafts were then sent out for comment to key stakeholders and a final version of the guidance produced.

This presentation aims to highlight the issues arising when developing practice guidance from a relatively weak evidence-base and how that evidence-base can be addressed. The process of implementing research by developing evidence in to policy and practice will also be discussed.

#### Recommended reading:

Rolfe G; Segrott J; Jordan S (2008) Tensions and contradictions in nurses' perspectives of evidence-based practice. *Journal of Nursing Management* 16(4): 440-51

#### Funding:

UK – Health Service (National)  
10,001 – 50,000

6.1.3

### Exploring transition and identifying needs: A journey of developing preceptorship

Teresa Buchan, Kent and Medway NHS and Social Care Partnership Trust, West Malling, UK

Co authors: Dickers, A, Kent and Medway NHS and Social Care Partnership Trust.

#### Abstract:

#### Background:

The transition from student to practitioner is a challenging period for any health professional coping with the demands of their first post (Kramer 1974). Preceptorship was introduced for newly qualified (NQ) nursing staff and is a current topic of change. This study originated from concern that the preceptorship process, within the case Trust, was inconsistent in its application, both across the Trust and across professions.

**Aim:**

To seek insights into the transition journeys and needs of NQ staff to effect change in preceptorship practice within a large Mental Health Trust.

**Methods:**

Nursing and Allied Health Professional (AHP) staff participated in two profession specific focus groups and individual semi-structured interviews, a total of 8 AHPs and 4 nurse participants. Data was gathered through narratives using the Kawa Model (Iwama 2006) river metaphor. The transition narrative allowed the participants to define their needs in the context of identified influences.

A preceptorship development event within the Trust provided additional data from NQ staff and students on their perceived needs/development ideas for preceptorship.

**Results:**

Whilst common themes emerged between the two professions, albeit from differing personal/professional perspectives, there was a common identification of needs. A key finding and need was for time to consolidate learning outside of the workplace; having protected time and opportunity for peer supervision. There was also a clear indication to develop preceptor training to ensure they were also adequately prepared.

**Conclusion:**

The findings found that current practices in the Trust do not support the transition needs of staff and show that transition is a complex process influenced by personal, social and professional contexts.

The evidence offered by participants provides active solutions to improve the current practices within the Trust, such as developing peer/group supervision, protected time, preceptor training, and a revision of the Trust policy and professional preceptorship packages.

**Recommended reading:**

Kramer, M. 1974. Reality Shock – Why Nurses Leave Nursing. St. Louis: Mosby.

Iwama, M.K. 2006. The Kawa Model: Culturally Relevant Occupational Therapy. London: Churchill Livingstone.

**Funding:**

No Funding

6.1.4

### Facilitating teaching and learning through a nursing community of practice (NCoP)

*Corrien Van Belkum, Adelaide Tambo School of Nursing Science, Tshwane University of Technology, Pretoria, South Africa*

*Co author: Maree, JE, Adelaide Tambo School of Nursing Science, Tshwane University of Technology*

**Abstract:****Background:**

A critical shortage of nurses is revealed in the 2008 City of Tshwane Annual Report. Every nurse serves 2 698 members of the Tshwane population. Nursing Schools are willing to train more nurses, however the South African Nursing Council (SANC) permit the number of nurses to be trained according to the number of accredited learning opportunities available in the clinical settings. A generous grant from Atlantic Philanthropies supported the development of a greater Nursing Community of Practice (NCoP) as strategy to facilitate teaching and learning for nursing students. The greater NCoP incorporates five mobile NCoPs (Mother and Well Baby, Early Childhood Intervention, Lifestyle Diseases, Cancer Care and Palliative Care) The five NCoPs deliver this health service two days per week for 50 weeks per year by means of mobile clinics to two resource poor communities in Tshwane, Pretoria

This study's aim is to determine the number and nature of additional learning opportunities created by means of establishing a NCoP.

**Method:**

Research design was quantitative, exploratory and descriptive. The unit of analysis was the scheduled services delivered in each NCoP. Data was gathered during 2010 by means of structured observation with a checklist as data gathering instrument.

**Results:**

Data analysis revealed that 50 additional undergraduate, 14 post graduate and four post basic learning opportunities were developed through scheduled services at each NCoP (linked to the curriculum).

**Discussion:**

Student allocation is guided by a student allocation model for each NCoP according to the number of learning opportunities for the scheduled services.

**Conclusions:**

A nursing school can increase the number of additional learning opportunities through establishing a greater NCoP. Therefore the nursing school creates its own clinical setting to facilitate teaching and learning and not be affected by the shortage of clinical placements.

**Recommended reading:**

Andrew, N. and D. Ferguson. (2008).

City of Tshwane. (2009). Health and Social Development Department: Annual report 1 July 2008 to 30 June 2009. Retrieved June 9, 2010, from City of Tshwane: [www.tshwane.gov.za](http://www.tshwane.gov.za)

Wenger, E. (2009). Communities of practice

**Funding:**

Atlantic Philanthropies

1,000 – 10,000

## 6.2 Theme: Palliative care

6.2.1

### Does the provision of a bespoke 'Hospice at Home' service improve the chance of dying at home: An evaluation study

*Barbara Jack, Edge Hill University, Evidence-based Practice Research Centre, Ormskirk, UK*

*Co authors: Groves KE; Sephton J and Baldry CR, West Lancs, Southport and Formby Palliative Care Services Queenscourt Hospice; Gaunt J, Royal Liverpool and Broadgreen NHS Trust, Liverpool; Whelan A, Edge Hill University; SJ Southport and Ormskirk NHS Trust, Southport*

**Abstract:****Background:**

Promoting the choice to die at home is central to UK policies and strategies. Supporting this are Hospice at Home services of which vary in service composition and intervention. A bespoke Hospice at Home service comprising three elements: accompanied transfer home; multi disciplinary (including doctors) crisis intervention team and flexible sitting service was established in the North West of England and piloted for one year.

**Aim:**

To explore the impact of a bespoke 'Hospice at Home' service on the choice of dying at home

**Method:**

Retrospective cohort study and stakeholder evaluation. Data (demographic and service intervention) was collected on the 201 patients who received the service. 55 Health Care Professionals participated in semi-structured interview, focus groups and electronic open ended questionnaires.

**Results:**

245 patients were referred to the service, 201 received the service. 184 (92%) had cancer, 36% were aged over 80 years. 57 (28%) lived alone. 181 (90%) recipients died, 73% (132) died at home (72% (120) were patients with cancer), 6% (29) in the hospice, 12 (6.5%) care home, 1 (0.5%) on their way home, 7 (4%) hospital. 51 patients who lived alone, 69% (35) died at home. Health Care Professionals reported on the impact of the different elements of the service as helping patients to remain at home and enabling a speedier discharge home. The support for carers enabling them to continue coping was strongly reported.

**Discussion:**

This novel bespoke service provides different elements of a Hospice at Home service, providing a tailor made package to meet individual and local area needs. This service appears to be helping to have a major impact on place of death and is enabling patients to die in their place of choice. This paper will discuss the service and potential explanation for the results will be suggested.

**Funding:**

No funding

6.2.2

**‘I feel more reassured’ The impact of the bespoke ‘Hospice at Home’ service on community health care professionals**

*Barbara Jack, Edge Hill University, Evidence-based Practice Research Centre, Ormskirk, UK*

*Co authors: Groves K E; Sephton J and Baldry C R, West Lancs, Southport and Formby Palliative Care Services Queenscourt Hospice; Gaunt J, Royal Liverpool and Broadgreen NHS Trust, Liverpool; Whelan A, Edge Hill University; Whomersley SJ, Southport and Ormskirk NHS Trust, Southport*

**Abstract:**

**Background:**

Promoting the choice to die at home is central to UK policies and strategies and supporting this are Hospice at Home services of which there are variations in service composition and intervention. A novel bespoke service comprising 3 elements of: accompanied transfer home; multi disciplinary (including doctors) crisis intervention team and a flexible sitting service) was developed in the North West of England following consultation and piloted for one year.

**Aim:**

To explore the impact of a bespoke ‘Hospice at Home’ service on community health care professionals

**Method:**

As part of pilot evaluation 55 Health Care Professionals (General Practitioners, District Nurses, Community Specialist Palliative Care Nurses and Hospital Discharge Coordinator) who had experience of the service participated in semi-structured interview, focus groups and electronic open ended questionnaires. Interviews were digitally recorded and thematically analysed, open end questionnaires were subject to content analysis.

**Results:**

All but two respondents, reported on the positive impact of the service on themselves, in being able to provide additional support for the patients and the families. Additionally the access to specialist palliative care input as well as advice was positively regarded as complementing the care they were able to provide. One GP raised the issue that

this service could potentially result in GPs abdicating their responsibility for palliative care patients and resulting in them becoming de-skilled.

**Discussion:**

Despite initial fears of the community based staff, this bespoke service by providing a supplementary palliative care service also has a positive impact on the health care professionals and was felt to impact on helping patients who wish to die at home to achieve their goal. This paper will discuss the results and explanation for the findings will be suggested.

**Funding:**

No funding

6.2.3

**The conversation: Developing confidence to provide end of life care in nursing homes**

*Martin Johnson, University of Salford, Salford, GR Manchester, UK*

*Co authors: Attree, M, University of Manchester; Jones, I., University of Salford; al Gamal E., University of Jordan*

**Abstract:**

**Aim:**

To illustrate dilemmas and complexities facing nursing home staff in the management of the dying process.

**Background:**

Evidence is emerging that the adoption of end of life care pathways and models: Gold Standards Framework, Liverpool Care Pathway, Preferred Priorities for Care and Advanced Care Planning can improve end of life care across a range of care settings (Clifford et al. 2007).

**Methods**

The contexts were two nursing homes in the Greater Manchester area, each at different stages of implementing ‘Gold Standards Framework’ approaches to planning end of life care with residents and their relatives. In 2009 and 2010 and with appropriate consent data were collected by participant observation and informal and semi-structured interviews in. Respondents included two nursing home managers, 13 health care assistants, 12 Registered Nurses, 7 relatives and 6 residents. University research ethics approval was given and the National Research Ethics Service Local Chair was made aware of, but did not wish to scrutinise the proposal. Data were analysed within a broadly ‘realist’ methodology (Pawson and Tilley 1997).

**Results:**

Significant resource is needed to engage staff, residents and relatives/carers with the idea of advance care planning. Talking to residents and relatives about their feelings and wishes for care

at the end of life remains especially difficult, but education and training in key skills and knowledge can engender confidence.

Challenges include diagnosing and predicting dying trajectories and a particular concern of staff is how to approach nutrition and hydration as frailty and death approach.

**Discussion and conclusions**

Advance care planning can reduce the distress and the amount of inappropriate hospital admission, but requires determination and consistent application of the approach which is very challenging in the face of staff rotation and out of hours medical staff being unpredictable.

**Recommended reading:**

Clifford C, Badger F, Hewison A, Thomas K (2007) Using the Gold Standards Framework in care homes: an evaluation of the Phase 2 programme. University of Birmingham.

Gold Standards Framework (2009). [www.gold-standardsframework.nhs.uk](http://www.gold-standardsframework.nhs.uk) (Accessed 18.11.09).

Pawson R & Tilley N (1997) Realistic evaluation. London, Sage.

**Funding:**

Burdett Trust for Nursing and Salford PCT  
50,001 – 100,000

6.2.4

**Issues in prognostication for hospital specialist palliative care teams**

*David Pontin, Department Nursing and Midwifery, University of the West of England, Bristol, UK*

*Co author: Jordan N, North Bristol NHS Trust, Bristol, UK*

**Abstract:**

**Background:**

Patients with advanced life-limiting diseases have high information needs concerning prognosis yet discussions between patients and health care professionals are either avoided or inaccurate due to systematic over optimism. Although prognostic models are available they are problematic. Available literature indicates that hospital specialist palliative care professionals are frequently asked to prognosticate, although their experience of prognostication is unknown and understated in their everyday work.

**Aim:**

- To explore how specialist palliative care team members prognosticate
- To explore how they view prognostication.

**Methods:**

Qualitative research using focus group interviews with 3 UK hospital specialist palliative care teams to explore prognostication practice and



issues. Interviews audio recorded, transcribed and analysed using Woolacot's framework.

#### Findings:

Two major themes (Difficulties of prognostication, and Benefits of prognostication) and eleven sub-themes (Difficulties – Non-malignant disease, Communicating uncertainty, Seeking a definitive prognosis, Participants' feelings, Confidence in prognostication, Estimating prognosis, Dealing with reaction of prognosis, Prognostic error; Benefits – Patient-informed decision making to prioritise needs and care, Family-prioritising commitments, Services accessing funding & services planning patient care).

#### Discussion:

Respondents highlight a lack of evidence to support their practice, and that training is needed to prepare for the complexity and emotional labour involved in prognostication.

#### Conclusion:

Prognostication training should be reviewed, and developed to promote evidence based practice.

#### Recommended reading:

Twomey, F. O'Leary, N. O'Brien, T. (2008) Prediction of Patient Survival by Healthcare Professionals in a Specialist Palliative Care Inpatient Unit: A Prospective Study. *American Journal of Hospice and Palliative Care*. 25 (2) 139-145.

Lamont, E.B. Christakis, N.A. (2001) Prognostic Disclosure to Patients With Cancer Near End-of-Life. *Annals of International Medicine*. 134 (12) 1096-1105.

Coventry, P. Grande, G. Richards, D. Todd, C. (2005) Prediction of Appropriate Timing of Palliative Care for Older Adults with Non-malignant Life-threatening Disease: a Systematic Review. *Age Ageing*. 34 (3) 218-227.

#### Funding:

No funding

### 6.3 Theme: Acute care

#### 6.3.1

### Pathways to urgent and emergency care for people with diabetes

Kate Seers, RCN Research Institute, SHSS, University of Warwick, Coventry, UK

Co authors: Posner, N RCN RI, SHSS, University of Warwick; Coates V, Western HSC Trust and Institute of Nursing Research, University of Ulster; Canny, J. Barts and The London NHS Trust; Pandya, A, Essex LPC; Gunn, K, RCN RI, SHSS, University of Warwick; McCann, A, University of Ulster.

#### Abstract:

In the UK more than 2 million people have diabetes (DH 2007). There is an emphasis on self care and partnership working to avoid unnecessary admissions (NHS 2008). This qualitative study aimed to

understand the views and perceptions of people with diabetes who were admitted as an emergency, and their pathways to hospitalisation. Interviews were carried out with 45 people with type 1 or type 2 diabetes between 2008-2010. These semi-structured interviews were transcribed, and analysed using content, thematic and framework analysis (Ritchie & Spencer 1994). In addition, 22 interviews explored the perspectives of healthcare practitioners and administrators, and four focus group discussions explored local resources for urgent care.

Very few interviewees had independently made the decision to get themselves to hospital. Healthcare professionals were involved in the hospitalisation decision in 25 cases by sending for an ambulance, or advising going to the hospital emergency department. Relatives often took the person with diabetes to hospital, or rang for an ambulance. Patients accounted for their hospitalisation mostly in terms of difficulty managing to control their blood sugar levels, but those hospitalised because of diabetic foot problems had particular difficulty in understanding how their condition had developed to need urgent intervention. In health professionals' accounts of typical hospitalisations, three main themes emerged. 1) patients' characteristics, e.g. lack of engagement with self-care, 2) understandable difficulties and 3) professional and system failures, e.g. lack of integration of primary and secondary diabetic care. A range of barriers to accessing available resources for urgent care in the community and a gap in provision of urgent care out-of-hours was identified.

The study has resulted in a set of recommendations in the areas of self-management, provision of urgent care, care of diabetes in hospital, and prevention of diabetic foot problems.

#### Recommended reading:

Department of Health (2007) The way ahead: The local challenge – Improving diabetes. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_072812](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072812). Accessed 18th November 2010.

NHS (2008) Partners in Care, URL: [www.diabetes.nhs.uk](http://www.diabetes.nhs.uk), accessed 18th November 2010

Ritchie J and Spencer L (1994) Qualitative data analysis for applied policy research, in Bryman A and Burgess R G, *Analysing Qualitative Data*, Routledge, London and New York

#### Funding:

UK – Health Service (National)

100,001 – 500,000

#### 6.3.2

### An evaluation of the introduction of guidelines for the assessment and monitoring of acutely ill patients: The implications for sustainable change

Susan Jones, Teesside University, Middlesbrough, UK

Co author: Hamilton, S., Health and Social Care Institute, Teesside University

#### Abstract:

#### Background:

The introduction of change in clinical practice is fraught with challenges, many of which can affect long-term sustainability. This paper reports on the evaluation of an implementation strategy, comprising clinical educators, an education programme and a track and trigger early warning score. The strategy aimed to embed change and address issues of sustainability when introducing national guidelines to improve the recognition and management of deterioration in acutely ill patients (NICE 2007).

#### Aim:

To evaluate the impact on professional recording practice of the implementation of guidelines in an acute Trust and recommend strategies for long-term sustainability.

#### Methods:

A quasi-experimental study design was used to evaluate the implementation of the guidelines. Eight wards were purposively sampled in an acute Trust and the records of 407 patients (pre-test n=128; post-test n=279) were evaluated for compliance with the guidelines. Additionally, interviews were conducted with 25 nursing staff, 3 Foundation Level 1 doctors and the educator team to identify their experiences of change. Data collection was completed in April 2010.

#### Results:

Following implementation of the guidelines there was an improvement in recording practice with consistent levels of compliance in some wards however there was variability within and between wards. The qualitative data offered explanations for this variability including additional training requirements and the need for continued prioritisation of resource and support, which impacted on the speed of change and had implications for long-term sustainability.

#### Discussion:

Professional recording practice improved following implementation of the guidelines, however many barriers remained and had the potential to impact on sustainability. The inclusion of the clinical educators and their flexible approach to supporting staff was a key facilitator for sustainable change.

**Conclusion:**

Change management strategies need to be responsive to the dynamics of the environment in which they are used to facilitate sustainable change

**Recommended reading:**

National Institute for Health and Clinical Excellence (2007) *Acutely Ill patients in Hospital: recognition of and response to acute illness in adults in hospital*, NICE Clinical Guideline No. 50, NICE, London.

**Funding:**

UK – Health Service (National)  
10,001 – 50,000

6.3.3

**Observation of the reality of pain management practice on a medical unit**

*Julie Gregory, Royal Bolton Hospitals NHS Foundation Trust, Bolton, UK*

**Abstract:**

This paper will present the findings of an observation of practice that aimed to examine contextual factors that may affect the assessment of pain on a medical unit.

**Background:**

Previous studies observing the assessment and management of pain have taken place on surgical specialities (Twycross 2007, Manias et al 2002, Brown and Mc Cormack 2005). This observation was conducted on a medical unit, where pain has been considered low risk compared to surgical units (Whelan et al 2004).

**Method:**

Unstructured participant observation of nurses on seven medical wards was undertaken during 2008 exploring the recognition, assessment and management of pain.

**Results and Discussion:**

The data obtained from field notes were analysed to produce a number of themes and sub-themes. The themes consist of pain assessment and management, direct and indirect patient care and the observation itself. Interruptions were found to occur frequently and appeared to be accepted by the nurses observed. These interruptions lead to fragmentation of care which may prevent patient participation and expression of pain.

**Conclusion:**

The observation confirmed that the factors previously identified on surgical units also occur within medical wards and that the context and clinical environment influences practice. Changes to pain assessment have occurred on the unit as a result of an action research project, although the environmental factors and contexts have changed little during the study.

Relevance to clinical practice:

An increased awareness of taken for granted numerous aspects of nursing practice by various members of the healthcare team could lead to a reduction in the interruptions identified by this paper. The use of a coordinator reduced the number of interruptions which in turn may improve therapeutic relationships and pain assessment and is advocated as good practice as a result of the observation.

**Recommended reading:**

Brown D and Mc Cormack B (2006) Determining factors that have an impact upon effective evidence-based pain management with older people, following colorectal surgery: an ethnographic study. *Journal of Clinical Nursing*. 15, 1287-1298

Manias E, Botti M and Bucknall T (2002) Observation of pain assessment and management – the complexities of clinical practice. *Journal of Clinical Nursing*. 11 724-733

Twycross A (2007) Children’s nurses’ post operative pain management practices: An Observational study. *International Journal of Nursing Studies*. 44, 869-881

**Funding:**

No Funding

6.3.4

**Capturing ‘what works’ in complex process evaluation research: The use of calendar instruments (VIPER)**

*Annie Topping, CHSCR, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK*

*Co authors: Fletcher-Cook, P and Wondergem F, University of Huddersfield*

**Abstract:**

Calendar or timeline techniques have developed in parallel and are used in life course research, and health behaviour and treatment studies. Both types of research seek to reconstruct histories in order to understand phenomena. Unsurprisingly a research strategy that seeks to represent events from memory is fraught with recall error thereby influencing consistency, completeness, and accuracy of data. Strategies can be employed to improve data quality so informants can more accurately access long term memory. One such strategy involves producing a graphical timeframe against which historical information can be represented. This is said to stimulate memory facilitating accuracy of recall and fidelity of data. There are minor variations in the application of calendar techniques, unsurprising given the different methodological heritage, nevertheless there are common characteristics. These include: graphical display of the dimension of time, use of one or more thematic axis (representing the data

domains) and event or landmark cues that temporally bound the research.

The Department of Health (England) in 2008 funded a series of public health initiatives in nine ‘Healthy Towns’. These initiatives were targeted on facilitating healthier lifestyles in local populations and importantly learning from projects about ‘what works’. One ‘Healthy Town’ ‘Healthy Halifax’ funded ten embedded project streams all designed to encourage adoption of health lifestyles by the population living in four wards with poorest health outcomes. The challenge presented to the local evaluation team was capturing which, if any, of the projects made a difference to health lifestyles of local populations. Calendar technique were incorporated in research design to accurately represent the life history of each project and capture the antecedents, attributes and consequences of project delivery that might illuminate ‘what works’. This presentation will offer a critical appraisal of the utility of calendar technique as a methodological approach for capturing process evaluation.

**Recommended reading:**

Glasner T & van der Vaart W (2009) Application of calendar insts in social surveys: a review *Qual Quant* 43: 333-349

**Funding:**

UK – Health Service (Local)  
50,001 – 100,000

6.4 Theme: Carer support

6.4.1

**Carer’s education groups for relatives with a first episode of psychosis: Reporting on the evaluation of an eight-week education group**

*Genevieve Riley, Mental Health Research Network, Gloucestershire Hospitals NHS Foundation Trust, Gloucester, UK*

*Co authors: Gregory N, Bellinger J, Davies, N and Mabbott, G, 2gether NHS Foundation Trust; Sabourin R, Grippiers Charity*

**Abstract:**

To fit within the conference themes of research relevant to organisation of services and education the authors present this abstract reports on the findings of an evaluation an eight-week carers education group for people with first episode of psychosis receiving services from an Early Intervention Team in December 2008.

**Background:**

The carers group aims to inform and educate carers on topics which are relevant to them. Family members and significant others provide a substantial amount of unpaid care for people experiencing a mental illness and are increasingly being recognized by mental health teams as pivotal to the

delivery of care and treatment. Despite this, there is relatively little reference to the role of carers and the impact of caring on carers' mental health in the literature.

#### Methods:

Following completion of the group, all 12 carers participated in an independently facilitated focus group to evaluate the course. Transcripts were imported into the QSR NVivo 8 software package for thematic analysis. An independent coding and correlational analysis of data was used to identify any common themes.

#### Results:

Results identified five key themes reported by carers: the emotional impacts of being a carer (loss, grief, guilt, shock, acceptance), the wider impacts of mental illness within a family (isolation, stigma), the caring role and how this affected relationships (improved relationships), the design of the group (barriers, course content, timing of invitations, moving forward) and the wider impacts of participation (carer education, importance of sharing real-life experiences, navigating the National Health Service).

#### Conclusions:

Carers reported less isolation, improved confidence, greater understanding of psychosis, reduction in guilt and increased coping in their caring role after the group. Carers reported that they gained new knowledge, obtained support from staff and graduate carers, increased the recognition of their caring role and had improved relationships with their relative with mental illness.

#### Recommended reading:

Gregory N, Collins – Atkins C, Macpherson R, Ford S, Palmer A. (2006) Identifying the needs of carers in mental health services. *Nursing Times* 102: 17; 32-35.

Loukissa D. (1995) Family burden in chronic mental illness. *Journal of Psychiatric Mental Health Nursing*; 21: 248-255

The Princess Royal Trust for Carers. (2006) Over 3 million carers in the UK have wanted to walk away. Available from: <http://www.carers.org/news/over-3-million-carers-in-the-uk-have-wanted-to-walk-away,1357,NW.html>

#### Funding:

UK – Health Service (National)

No funding

6.4.2

### Another slippery fish? Failing to address carers' needs

W. George Kernohan, *Institute of Nursing Research and School of Nursing, University of Ulster, Newtownabbey, UK*  
Co author: Waldron MA

#### Abstract:

Informal caring can be both a critical role in health-care and an abnormality. The role comprises basic nursing skills, social care, advocacy and medicine management. The 'abnormality' varies from inconvenience, through physical /psychological stress, to fatigue and exhaustion (Harding and Higginson, 2003). Support for family caregivers is required for palliative care service delivery. However there is uncertainty regarding content of interventions for carers (Szmukler et al, 2003).

This hospice carers' programme aims (1) to provide practical information and advice; (2) to offer companionship and support to reduce exhaustion and loneliness and (3) to offer complementary therapies to address stress, anxiety, tension and promote a feeling of rejuvenation. The need for formal and structured evaluation before and after implementation of the NIH carers' support intervention had been identified.

We examined the effectiveness of the carers' support intervention by evaluating its structure, process, and outcomes in building the resilience of programme participants in coping with their caring role.

#### Methods:

Following ethical and governance approval, a pilot evaluation involved eight carers of adult patients in receipt of hospice care. Two carer-specific scales were used before and after the programme were delivered: Modified Caregiver Strain Index and Care-giving competence Scale. Measures were compared in volunteers before and after the programme. Open comments were collected.

#### Results:

Carers described a range of 'symptoms' of informal caring: disturbed sleep; exhaustion; feeling life is restricted and disrupted; emotional trauma and upset; and feeling completely overwhelmed. They rate themselves as having learnt to cope and feel 'somewhat' competent to provide basic care.

#### Discussion:

The burden of informal care has been recognised and interventions attempt to provide some respite or relief: few address role development, basic nursing skills or controlling the patient's symptoms. Findings inform further evaluation and thereby guide the programme.

#### Recommended reading:

Harding I and Higginson IJ (2003) What is the best way to help caregivers in cancer and palliative care. A systematic literature review of interventions and their effectiveness. *Palliative Medicine*, 17, 63-74

Szmukler G, Kuipers E, Joyce J, Harris T, Leese, M, Maphosa W. and Staples E (2003) An Exploratory Randomised Controlled Trial of a Support Programme for Carers with a Psychosis. *Soc Psychiatry, Psychiatr Epidemiol* 38, 411-418

#### Funding:

UK – Research Charity/Foundation  
10,001 – 50,000

6.4.3

### I'm not a carer – I am family

Marina Lupari, *NHS CT, Magherafelt, UK*

#### Abstract:

#### Background:

The demands of caregiving can have a negative impact on the emotional, physical, and social well-being of caregivers. In chronic illness, day-to-day care responsibilities fall most heavily on patients and their carers. The NHSC introduced a new Chronic Illness case management service (CICM) to maintain older people at home with multiple chronic conditions.

#### Aim:

To study caregiving in relation to carers strain in older people receiving a CICM service and those receiving usual care.

#### Methods:

A mixed-method approach was employed by the authors. A quantitative survey was followed by two qualitative focus groups with informal/formal carers. The aim of the quantitative survey was to describe the carers strain experienced by carers of older people receiving a CICM service compared to carers of patients receiving usual care. The qualitative interviews were then carried out in order to explore how this pattern of practice emerged.

#### Results:

The vast majority of caregivers were spouses (44%), followed by children (31%), other family members (25%). After six months, the CICM caregivers' strain scores were lower than the comparison (usual care) caregivers' scores. Five key domains were identified from the focus groups: (1) feelings of loss of identity as a person; (2) care enhanced by patient and caregiver education; (3) I'm not a carer I'm family (4) fear for the future and (5) lack of support on financial, emotional and social levels.

#### Conclusions:

Further research is needed to determine the resources and support that is needed, given the context of constrained resources and brief encounters in which providers deliver care. For both economic and ethical reasons, it is essential to prevent family caregivers from being overwhelmed by the demands placed upon them. The cost of funding more services and supports for caregivers

is minute compared to the value of their contributions.

**Recommended reading:**

Department of Health (1999) *Caring about carers: a national strategy for carers.* (p. 13) London: DoH Accessed from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006522](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006522)

Piette JD, Rosland AM, Silveira MJ. & Langa KM. (2010) The case for involving adult children outside of the household in the self-management support of older adults with chronic illnesses. *Chronic Illness*, 6: 34-45

Robinson, B. C. (1983). Validation of a Caregiver Strain Index. *Journal of Gerontology*, 38(3): 344-8.

**Funding:**

HSc R&D  
100,001 – 500,000

6.5 Theme: The impact of PPI

6.5.1

**Public involvement in assistive technology design: An evaluation of impact**

*Tracey Williamson,, University of Salford, Salford, UK*

*Co author: A service user co-presenter; Ryan, J, University of Salford*

**Abstract:**

**Background:**

This presentation shares evaluation findings concerning public involvement in a 30-month ‘assistive technology’ study. Assistive technology is ‘a product or service designed to enable independence for disabled and older people’. Ten members of the public were engaged as advisers in a research study to develop a medical device (Functional Electrical Stimulation of the lower limb) that will help people who have had a stroke to walk better, despite a condition known as ‘foot drop’. Impact of public involvement in research is a growing concern yet there exists modest evidence for such impact (Staley 2009), especially in the assistive technology field

**Aims:**

This Realistic Evaluation set out to elicit perceptions of impact of user involvement in the wider stroke study upon the public, research team and study design/quality.

**Methods:**

Single focus group interviews were undertaken early on in the study with the advisers and the research team separately. These were repeated in the middle of the study and at study end with additional individual interviews (n=4) held with participants unable to attend the focus groups

**Findings:**

Qualitative thematic analysis highlighted positive impact on advisers regarding their playing of a valued role in society, enjoyment and mental stimulation, whilst contributing to a better designed device. Research Team members identified positive impact on their attitudes to involvement, design and functioning of a medical device, and design of a clinical trial to test the device.

**Discussion:**

A largely positive impact of public involvement was identified and research team members expressed valuing of public involvement.

**Conclusions:**

Advisers informed development of a medical device that is more ‘fit for purpose’ than it would have been without their involvement. This has clear policy/practice implications for better use of resources in a field where expensive assistive technologies have long been known to commonly go unworn or unused.

**Recommended reading:**

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

Shah, SGS.; Robinson, I. and Alshawi, S. (2006) Developing medical device technologies from users’ perspectives: A theoretical framework for involving users in the development process. *International Journal of Technology Assessment in Health Care*, Volume

Staley, K. (2009) *Exploring Impact: Public involvement in NHS, public health and social care research.* INVOLVE, Eastleigh.

**Funding:**

UK – Health Service (National)  
100,001 – 500,000

6.5.2

**The impact of user involvement in service development and planning: Where is the evidence base?**

**Results from a systematic review**

*Carole Mockford, Royal College of Nursing Research Institute, School of Health and Social Studies, University of Warwick, Coventry, UK*

*Co authors: Staniszewska S, Royal College of Nursing Research Institute, School of Health and Social Studies, University of Warwick; Griffiths FE, Warwick Medical School, University of Warwick; Herron-Marx S, University of Coventry*

**Abstract:**

**Background:**

Individuals undertaking PPI have had to rely on examples of PPI, intuition and an array of approaches that have not always been evaluated in a particular setting. While these approaches can often be successful in many ways, they mean that PPI is not generally characterized as an area under-

pinned by coherent and robust evidence-based practice. A good evidence-base would inform good practice<sup>1</sup>.

**Aims:**

A systematic review examined the evidence-base supporting the data which described the impact of PPI on service development and planning.

**Methods:**

A systematic review was conducted for the period 1997-2009. 17 online databases and websites were searched including Medline and the King’s Fund. 28 studies were retrieved which fulfilled the criteria.

**Results:**

In the literature search abstracts were often missing, incomplete or misleading. The availability of evidence was mostly in the form of reports. Most studies lacked sufficient detail about the study design and there was little description about the participants. Data were largely descriptive and PPI impact was not captured in a robust way using valid or reliable instruments. There was a common reliance on policy and little mention of theory.

**Discussion:**

It was difficult to draw this diverse body of work together in a coherent manner. Overall there was a prevalent lack of detail introducing questionable bias which can lessen the validity of the research and thus produce unreliable findings. User involvement has been driven by policy initiatives rather than by a developing evidence-base to guide practice.

**Conclusions:**

It is essential to ensure that the full impact of PPI is understood. There is an important need to develop guidance for reporting activities in order to recognise the characteristics of successfully involving service users and also how to report that within publications.

**Recommended reading:**

Crawford MJ, Rutter D, Manley C, Weaver T, Bhui K, Fulop N and Tyrer P (2002) Systematic review of involving patients in the planning and development of health care. *British Medical Journal* 325: 1263-1267

**Funding:**

No funding



6.5.3

### Strengthening the evidence base of involvement: Guidance for reporting the impact of patient and public involvement

*Sophie Staniszewska, Royal College of Nursing Research Institute, School of Health and Social Studies, University of Warwick, Coventry, UK*  
*Co author: Brett J and Mockford C, Royal College of Nursing Research Institute; Barber R, Sheffield*

#### Abstract:

#### Background:

Patient and public involvement in research has expanded over the last decade. However, two recent systematic reviews have identified the poor quality of PPI impact reporting in research and in service delivery and re-design (Brett et al 2009, Mockford et al 2009).

#### Aims:

To develop CONSORT-like\* guidance for reporting the impact of patient and public involvement, in order to enhance the future quality of the patient and public involvement evidence base.

#### Methods:

Key issues identified from each systematic review were synthesised and drawn together to form a set of rationale for the guidance. This synthesis was based on two systematic reviews conducted by the University of Warwick examined the impact of patient and public involvement on research (the PIRICOM study, funded by the UK Clinical Research Collaboration) and the impact of patient and public involvement on health service provision, evaluation and delivery (the PAPIRIS study, funded by the Department of Health).

#### Results:

Both systematic reviews identified a range of impacts on research, service evaluation and re-design, on researchers and users. However, the quality of impact data was often very poor. Studies did not always report whether they found any impact or not. If they did report impact, these descriptions were very short, lacked detail and context, content validity was often unclear and impact was rarely measured. There was relatively little reporting of negative impact and no consideration of economic aspects.

#### Discussion:

There is a clear need for reporting guidance to enhance the future quality of the patient and public involvement evidence base.

#### Conclusion:

The CONSORT-like guidance presented will help to improve the quality, content, detail and consistency of future PPI impact reporting.

\*CONSORT – guidance for clinical trials reporting.

#### Recommended reading:

Mockford C, Staniszewska S, Griffiths F, Herron-Marx S (2009). PAPIRIS Study – A systematic review of the impact of Patient and Public Involvement on NHS Healthcare services. Department of Health: National Centre for Involvement.

Brett J, Staniszewska S, Mockford C, Seers K, Herron-Marx S, Bayliss S (2009). A systematic review of the conceptualisation, definitions, measurement, impact and outcomes of patient and public involvement in health and social care research. London: United

Moher D. CONSORT: an evolving tool to help improve the quality of reports of randomized controlled trials. *JAMA*. 1998;279:1489-91

#### Funding:

UKCRC and Department of Health  
 100,001 – 500,000

6.5.4

### Measuring patient involvement in consultations about diabetes treatment: The PANDAs clinical trial and process study

*Ian Brown, Sheffield PCT/Sheffield Hallam University, Sheffield, UK*

*Co authors: Bradley AR, Colwell B, and Mathers N, Academic Unit of Primary Care, University of Sheffield, Sheffield, UK) C J NG, Department of Primary Care Medicine, University of Malaysia, Kuala Lumpur, Malaysia*

#### Abstract:

Decision making between patients and clinicians has shifted towards an expectation of patient engagement in treatment decisions (Edwards and Elwyn 2009). Nurses increasingly have clinical responsibilities at treatment decision points. For example, in supporting patients with medication choices in diabetes management; including the titration and prescription of medicines for control of blood sugars. There have been few studies of how nurses facilitate informed choice and shared decisions during consultations.

PANDAs (Patients AND Decision Aids) is a cluster randomised controlled trial funded by the National Institute for Health Research, aiming to evaluate the use of a decision aid for patients with type 2 diabetes. Patient recruitment was completed in 2010. PANDAs focuses on helping patients with decisions about whether to start on insulin in addition to the usual tablets used to control blood sugar levels. As type 2 diabetes is a progressive disease many patients reach a point where insulin could be considered. It is often a difficult decision to make and one in which nurses are likely to be involved.

In parallel with the clinical trial a process study has been undertaken by PANDAs to illuminate the decision aid intervention in practice. Following ethics approval a number of nurse consultations have been audio recorded, transcribed and the qualitative data analysed to improve understanding of decision making processes. The OPTION scale has also been employed to evaluate involvement from a more quantitative view point (Elwyn et al 2003; Elwyn et al 2005).

The presentation will focus on the OPTION scale; including its background and practical application. Data from the PANDAs study will then be presented to illustrate the use of this measure and to draw out insights for the clinical practice of nurses with regards to shared decision making.

#### Recommended reading:

Edwards A, Elwyn G. (2009) Shared Decision-Making in Health Care: Achieving Evidence-Based Patient Choice

Elwyn G, Edwards A, Wensing M, et al. (2003) Shared decision making: developing the OPTION scale for measuring patient involvement. *Quality and Safety in Health Care*: 12: 93-99.

Elwyn G, Hutchings H, Edwards A, et al. (2005) The OPTION scale: measuring the extent that clinicians involve patients in decision making tasks. *Health Expectations*: 8: 34-42

**Funding:**

UK – Health Service (National)

100,001 – 500,000

## 6.6 Theme: Midwifery

6.6.1

### Depression and inflammation in pregnancy

*Rosalind M Peters, Wayne State University, College of Nursing, Detroit, MI, USA*

*Co author: Cassidy-Bushrow A*

**Abstract:**

**Background:**

High-sensitivity C-reactive protein (hsCRP) is an inflammatory marker associated with preeclampsia, low-birth weight and preterm birth. Prenatal depression is linked to adverse birth outcomes. Depressive symptoms are more closely linked to inflammation in Blacks than Whites, but this relationship in pregnancy is unknown.

**Aims:**

To evaluate the relationship between depression and inflammation among pregnant Black women.

**Methods:**

201 women were recruited from obstetrics clinics of a large urban health system in the US. Depressive symptoms were measured using the Center for Epidemiological Studies Depression Scale (CES-D); scores  $\geq 16$  indicate depressive disorders. hsCRP analyses were performed using standard methods. Analyses were done to examine the association of inflammation and depressive symptoms, controlling for smoking, BMI, age, and socioeconomic status.

**Results:**

At enrollment, mean maternal age was 26.7 years (SD=6.0); mean gestational age was 21.0 weeks (SD=3.7 weeks). Mean CES-D score was 15.2 (SD=10.4); 40.3% (n=81) of women were classified as having depressive symptoms with higher scores in younger and less educated women. hsCRP levels were within the 97.5% percentile for normal pregnancies, ranging from 0.05-12.86 mg/l (M=4.61; SD=3.18); 63.2% (n=127) had values  $\geq 3.0$  mg/l (high-risk for cardiovascular disease). Age and pre-pregnancy BMI were positively associated with hsCRP. There was a weak, non-significant relationship between hsCRP and depressive symptoms ( $r = -.026$ ,  $p = .05$ ).

**Discussion:**

The high prevalence of antenatal depressive symptoms has implications for development of postpartum depression. High levels of inflamma-

tion have implications for birth and cardiovascular outcomes. Similar to other studies, young age and low-level of education were associated with antepartum depression indicating the need to support this high-risk group.

**Conclusions:**

Although prenatal depression increases risk of adverse birth outcomes, results indicate that it is unlikely that inflammation mediates that relationship. While depression and inflammation were not related, their individual findings have clinical significance suggesting the need for antenatal screening.

**Recommended reading:**

Ruiz RJ, Fullerton J, Dudley DJ. (2003). The inter-relationship of maternal stress, endocrine factors and inflammation on gestational length. *Obstetrical & Gynecological Survey*, 58, 415-428.

Grote NK; Bridge JA; Gavin AR; Melville JL; Iyengar S; Katon WJ, (2010). A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Archives of General Psychiatry* 67 (10), 1012-24.

Devverts DJ; Cohen S; DiLillo VG; Lewis CE; Kiefe C; Whooley M; Matthews KA, (2010) Depressive symptoms, race, and circulating C-reactive protein: the Coronary Artery Risk Development in Young Adults (CARDIA) study. *Psychosomatic Medicine*, 72 (8), pp. 734

**Funding:**

Institutes for Population Sciences, Health Assessment, Administration, Services and Economics.

50,001 – 100,000

6.6.2

### Phenomenological interview to explore infant feeding decision among mothers in Al-Khobar city kingdom of Saudi Arabia

*Maha Al-Madani, Faculty of Health and Medical Sciences, Division of Health and Social Care, University of Surrey, UK*

*Co authors: Vydellingum, V and Allan, H,*

**Abstract:**

**Background:**

The decrease in rates of exclusive breast-feeding and increase in rates of mixed feeding of infants is well known. However little is known about mothers' experiences of infant feeding on their decision making in Saudi Arabia. Objectives: The purpose of this study is to investigate the main factors that influenced mothers' decision making behaviour towards infant feeding.

**Methods:**

In-depth semi structured interviews using Interpretative Phenomenological Analysis (IPA). Findings: The findings revealed that there are three stages mothers went through to make decision about

infant feeding. These were the planning, transient and implementation stages. Each stage is typified by factors which affected their decisions to breast – feeding or to bottle-feed. Some of these factors are related to mothers' pre-existing attitudes and beliefs, their experience and their general knowledge about infant feeding. Others related to religion, professional support, education and health care policy and practices. All three stages were influenced by three social structural factors which formed the context in which the three stages unfolded: the role of the milk formula companies, the role of patriarchy in Saudi Arabia and the role of social networks.

**Conclusion:**

The findings provide an understanding about this group of Saudi mothers' experiences. In addition the findings provide insights that might help researchers to understand the nature of the problem for intervention purposes that attempt to improve breast-feeding rates in Saudi Arabia and to allow health-care leaders to further implement necessary changes to enable and promote breast-feeding.

**Funding:**

No funding

6.6.3

### Researching sensitive topics with vulnerable young women: promoting felt security

*Joan Livesley, School of Nursing and Midwifery, College of Health and Social Care, University of Salford,*

*Co authors: Fallon D, Cappleman J, Chadwich R, Murray-de-Lopez J*

**Abstract:**

Although there is literature relating to the safety of researchers undertaking field work (Liamputtong 2007) less has been published regarding researchers efforts to maintain a sense of felt security for vulnerable research participants during data collection activities. Concerns about causing unintended harm means that those thought to be vulnerable are too often excluded from health and social care research. Yet, the voice of young people who have endured difficult lives is key to understanding their needs and the interventions required to achieve effective outcomes for them and their children.

This presentation relates to focus groups undertaken between December 2010 and February 2011 with a group of young women during the evaluation of a Supported Housing and Supported Tenancy Services project for young parents in Rochdale. This poster, designed in partnership with the participants focuses on the tools and techniques used to facilitate a sense of felt security during the data collection activity that involved the discussion of sensitive material – “ their journey from discovering they were unintentionally pregnant, through



their experience of supported housing and their 'dream' aspirations for the future

During the activity, each participant engaged in drawing their 'dream' and 'worst case' scenarios whilst discussing their experience. In addition, each was given an empty treasure box and encouraged to fill this with issues that they felt were too precious or too difficult to talk about in a group setting. In this way they maintained control of any disclosure.

The techniques provided a powerful means of maintaining participants' safety, security and control in focus groups and individual interviews. The participants' views of the value and utility of the techniques used are reported along with the key findings which may be of use in other settings with comparably vulnerable young people.

#### Recommended reading:

Liamputtong P., (2007) *Researching the Vulnerable*. Sage Publications London

#### Funding:

UK – Research Charity/Foundation  
10,001 – 50,000

## 6.7 Theme: Nurses' experiences

6.7.1

### Nurses' misperceptions of weight status associated with their body weight, demographics, health status and their judgements of normal weight

Ian Norman, *Florence Nightingale School of Nursing and Midwifery, King's College London, UK*  
Co authors: Daqiao Z, *2nd Military Medical University, Shanghai, China*; While A, *Florence Nightingale School of Nursing and Midwifery, King's College London*

#### Abstract:

#### Background:

Obesity is a global public health challenge (1). A discrepancy between self-perceived weight status and actual weight (as measured by BMI status) has been revealed by studies of the lay population (2), but this has not hitherto been studied in nurses who are key professionals at the forefront of healthy weight management.

#### Aims:

To assess: (a) agreement between perceived weight status and BMI status calculated from self-reported weight and height; (b) the relationship between weight status misperception and personal body weight, demographics and health status; (c) the association of BMI status, perceived weight status and weight status misperception to judgements of normal weight.

#### Methods:

Analysis of data from a cross-sectional questionnaire survey completed by 409 qualified (73% RR), and 355 student nurses (78% RR). Binary logistic regression was used to evaluate associations between weight status misperception, inappropriate figure rating of normal weight and other variables.

#### Results:

There was a moderate level of agreement between self-perceived weight status and BMI status. In logistic regression Black, overweight by BMI and 3 family histories of obesity co-morbidities were associated with misperceptions of body weight with some differences between the qualified and student nurse samples. Student nurses who perceived themselves overweight were more likely to select large figures as being of normal weight. In qualified nurses, ethnicity was related to inappropriate figure ratings of normal weight.

#### Conclusions:

Nurses should be aware that they are prone to discrepancy between perceived weight status and BMI status and that this is related to their own weight status, ethnic background and other demographic variables. This study indicates that a substantial proportion of nurses misclassified their weight status. Being aware of this may help nurses fulfil their role in successfully promoting healthy weight in patients and the public.

#### Recommended reading:

Department of Health (2008) *Healthy weight, healthy lives: a cross-government strategy for England*. DH, London

Paeratakul S, White M A, Williamson D A, Ryan D H, Bray G A (2002) Sex, race/ethnicity, socioeconomic status, and BMI in relation to self-perception of overweight. *Obesity Research*. 10, 345-350

#### Funding:

No funding

6.7.2

### Narrating nursing: Nurses' reminiscences of professional experience

Colin Jones, *Liverpool John Moores University, Faculty of Health, Liverpool, UK*

#### Abstract:

#### Background:

Nurses, like many healthcare professionals often have exceptional stories to tell about their professional and clinical experiences, yet seldom have an opportunity to realise the meaning of these stories or the benefits that they may have on the development of the profession.

Interestingly, numerous studies have demonstrated that story telling and narrating experience

has positive psychological benefits (Hopson 1991, McLeod 1997, Jones 2003) though much of this research is confined to the experience of trauma and chronic illness. Nurse's stories are fascinating to listen to, the characters, the plot, the way the story ends for example. Given their often amazing stories it is not unreasonable to suggest these narrations could help shape the development of the profession.

The intention is to present the findings of a study which explored nurses stories of their professional experiences.

#### Aims:

- To explore how nurses narrated their professional experiences in relationship to an established reminiscence taxonomy
- To explore how these narrations could influence the development of the profession and support newly registered nurses.

#### Method:

Using a two – phase case study design, 12 experienced

Registered nurses were recruited using a purposive sampling technique. Semi structured interviews were employed to ask participants to recall specific aspects of their nursing career. Data were analysed using a framework approach which generated themes and categories.

#### Results:

The results demonstrated that nurses used reminiscence characteristics congruent with an established taxonomy. Themes included: Learning lessons, Leaving a legacy, Reflecting and Learning and Adapting to moral stress.

The study concluded that nurses narrative their stories in line with many established models of narrative, but there is a positive contribution that these narrations could have for newly qualified practitioners.

#### Recommended reading:

Watt, L & Wong, P. (1991) *A taxonomy of Reminiscence and Therapeutic Implications: Journal of Gerontological Social Work* Vol 16 p37-51

Jones, C (2003) *Life review following critical illness in young men: Nursing in critical care* Vol 8 No 6 p257-262

Howatson-Jones (2010) *Multi-layered voices of being a nurse and becoming a nurse teacher: Reflective Practice* Vol 11 No2 p319-329

#### Funding:

No funding

6.7.3

### Constructing the concept of reflection in nursing: Insights from research within a post-registration palliative care programme in the UK

Chris Bulman, School of Health and Social Care, Oxford Brookes University, Oxford, UK

**Abstract:**

**Background:**

Reflection is promoted in nursing education internationally (Freshwater et al. 2008). Whilst the body of empirical work is growing (Gustafsson et al. 2007), further research exploring the concept of reflection is required to further understand and develop its use.

The Aim of this doctoral study was to focus on the social construction of reflection through a post-registration, palliative care programme in the UK, in order to explore the concept in use.

**Methods:**

An interpretive ethnographic approach was used to explore teaching/ learning interactions and learn more about reflection from student and teacher participants. This was achieved using ethnographic methods to collect data from observations of teaching/ learning, interviews, extracts from programme documentation and reflective learning contracts (RLCs). Data collection and analysis were concluded in 2008; the study was completed in 2009.

Findings portrayed a palliative care programme culture committed to reflection as a valuable way of helping nurses make sense of their practice.. Reflection in order to make sense of practice was constructed by participants as a way of 'being' rather than simply 'thinking' or 'doing', since it intertwined propositional, affective, and active elements. This process of reflective 'being' within the study was associated with a humanistic approach to nursing, which emphasises the importance of actively using and expressing oneself in order to care for people.

**Discussion:**

\Reflection was constructed as a process of 'critical being', echoing the work of Barnett (1997) on critical thinking. This resonated with a humanistic culture of nursing, where nursing was lived out as being 'with' and 'for' people, rather than simply 'doing to' them.

**Conclusions:**

The link between reflection and what a culture views as good practice should be recognised, since this view of practice influences what nurses value in the way that they reflect.

**Recommended reading:**

Barnett, R. (1997). Higher Education: A Critical Business. The Society for Research into Higher

Education and Open University Press: Buckingham.

Freshwater, D., Taylor, B. and Sherwood, G. (2008). International Textbook of Reflective Practice in Nursing. Blackwell Publishing: Oxford. Sigma ThetaTau International Honor Society of Nursing.

Gustafsson, C., Asp, M. and Fagerberg, I. (2007). Reflective practice in nursing care: Embedded assumptions in qualitative studies. International Journal of Nursing Studies 13: 151-160.

**Funding:**

UK – Higher Education Institution  
1,000 – 10,000

6.7.4

### Transitioning of internationally educated nurses (IENs) into a Canadian healthcare system: A focused ethnography

Gina Higginbottom, Faculty of Nursing, University of Alberta, Edmonton, Canada

**Abstract:**

**Background:**

Many developed nations have begun redressing nursing workforce deficits through recruitment of IENs. The ethics of such recruitment drives are complex and IENs may face challenges during their transition into new ethno-cultural settings. While credentialing issues for IENs relocating to Canada have been studied, little is known about the experiences of their transition into Canadian healthcare systems. Alberta Health Services (AHS) recently undertook recruitment drives in Australia, India, the UK and the Philippines thus prioritizing this research.

**Aim:**

To explore in-depth the experiences of IENs when transitioning into the Alberta healthcare system.

**Methods:**

A focused ethnographic study (Morse, 1987) located within the interpretive paradigm was designed. A purposive sample (Higginbottom, 2004) of IENs was recruited during their orientation to AHS in the Spring of 2009. Data were obtained through two semi-structured interviews at 3 months, initial stage of transition, and at 9 months, when the IEN was becoming more familiar with the cultural context and health care system. An advisory group of key stakeholders provided input during development of the interview guides, and the first interview guide was piloted with four IENs to allow further refinement. Individual interviews were then conducted with key-stakeholders to share and validate key emerging constructs. Qualitative data was managed, classified and ordered with the aid of NVivo 8 (QSR International, Victoria, Australia) and was analysed using

Roper and Shapira's (2000) ethnographic analysis framework.

**Results:**

Twenty-two IENs and four key-stakeholders were recruited. Key preliminary constructs from the interviews include: discrepancy between nurse expectations and reality, multi-factorial barriers during transition, communication breakdowns at recruitments stages, and discriminatory practices.

**Discussion and Conclusions:**

The results will help optimize policy development regarding recruitment of IENs, and help establish the professional and personal support mechanisms that are necessary for a smooth transition of IENs into the Canadian health care system.

**Recommended reading:**

Morse, J.M., 1987. Qualitative nursing research: a free for all? In J.M. Morse, ed. Qualitative Nursing Research: A Contemporary Dialogue. Newbury Park, CA: Sage Publications Inc., pp.14-22.

Higginbottom, G.M.A., 2004. Sampling issues in qualitative research. Nurse Researcher, 12(1), pp 7-19.

Roper, J.M. & Shapira, J., 2000. Ethnography in nursing research. Thousand Oaks, CA: Sage Publications Inc., pp. 91-112.

**Funding:**

Prairie Metropolis Centre  
10,001 – 50,000



## Concurrent session 7

### 7.1 Theme: Pre-registration

7.1.1

#### Factors affecting the progression of pre-registration student nurses into year 2

Jo Aspland, *The University of Hull, Hull, UK*  
Co authors: Wray, J; Barrett, D; Aspland, J, FHSC, *The University of Hull*

##### Abstract:

##### Background:

The retention of student nurses continues to concern the education sector both nationally and globally. There is evidence that individual factors are correlated with a high risk of attrition including age, disability, entry qualifications, financial issues, and placement experience (Andrew et al 2008, Prymachuk 2009). The aim of this study was to clarify those factors connected to attrition by mapping student characteristics against Year 1 progression data for five cohorts of pre-registration nursing students.

##### Method:

The study used a longitudinal retrospective cohort design. Students within 5 cohorts were invited to be included (n=807). Quantitative data were collected from the institution's Information system and 695 participants were included in the final study.

##### Results:

As age on entry increased, the likelihood of non-progression from year one became less: i.e. younger students seem to do less well than their older counterparts ( $p < 0.001$ ). Progression was influenced by domicile: those who lived away from the local area outside term-time were significantly less likely to progress than those whose term-time and holiday domicile were the same ( $p = 0.001$ ). Students with dependents or with previous care experience were more likely to progress than those without ( $p < 0.001$ ;  $p = 0.079$  respectively).

##### Discussion:

There is significant difficulty in conceptualising a student as 'at risk' of attrition as arguably most, if not all, students are 'at risk'. The challenge is identifying those students to whom assistance should be offered in advance of the student asking for help.

Systematic support mechanisms are needed, moving beyond 'add-on' support given to individuals and instead developing curricula with inclusive design that meet the needs of all students.

##### Conclusion:

With the changing demographic profile of students, widening participation and diversity

within HEIs, the new 'all-graduate' programmes need to be mindful of factors that may precipitate exit as well as strengthening those mechanisms which facilitate continuation.

##### Recommended reading:

Andrew, S., Salamonson, Y., Weaver, R., Smith, A., O'Reilly, R., and Taylor, C. (2008)

Prymachuk, S., Easton, K., and Littlewood, A. (2009)

##### Funding:

UK – Health Service (Local)

10,001 – 50,000

7.1.2

#### Student nurses perceptions of spiritual self and practice (ViPER)

Wendy Wigley, *University of Southampton, Faculty of Health Sciences, Southampton, UK*

##### Abstract:

Spirituality is an integral element of nursing practice (Carson 1989; Martsolf and Mickley 1998). Yet how pre-registration nursing students learn about spirituality is unclear (Meyer 2003). This presentation will explore preliminary findings about the influence of practice experiences on students' awareness and understanding of their own spirituality.

##### The aims of this study:

- Establish pre-registration nursing students' perceptions and definitions of their own spirituality;
- Explore pre-registration nursing students' attitudes and feelings about their own spirituality from their experiences in nursing practice;
- To identify how and why pre-registration nursing students may or may not recognise certain experiences as 'spiritual'.

From 2008 to 2010 a two year, longitudinal, grounded theory, two phased study of pre registration nursing students was undertaken using discussion groups, interviews and artefacts presented by participants. Subject matter and issues identified from the discussion groups in Phase 1 (2008) were used to inform the interview process in Phase 2 (2008 – 2010).

Analysis of data has begun to generate conceptual categories concerning participants' belief systems and an understanding of what might constitute perceptions of their own spirituality, and how this is affected and related to practice. These categories are defined as:

- 'The Box': an attempt to define and place the phenomenon within a real world context

- Being allowed: Self as nurse and Self as Christian
- Protection of self: Touching wood
- Loosing spirituality: Spiritual burn out

This study is expected to contribute to an understanding of how recognition of spiritual 'self' in pre-registration students might develop and the possible impact of practice experiences upon personal understanding and awareness of spirituality. As a consequence educators of pre-registration nursing students may be better equipped to provide learning and teaching strategies that guide and support spiritual 'sense making' and the linking of theories on spirituality to the practice environment.

##### Recommended reading:

Carson, B.V. (1989) *Spiritual Dimensions of Nursing Practice*. Philadelphia: W.B. Saunders Company.

Martsolf, D.S. and Mickley, J.R. (1998) The concept of spirituality in nursing theories: differing world-views and extent of focus. *Journal of Advanced Nursing*. vol 27, pp 294-303

Meyer, C.L (2003) 'How Effectively Are Nurse Educators Preparing Students to Provide Spiritual Care?', *Nurse Educator* vol 28 no (4), pp185-190.

##### Funding:

UK – Higher Education Institution

1,000 – 10,000

### 7.2 Theme: Decision making

7.2.1

#### The margin of patient centred nurses' decision-making

Russell Gurbutt, *Leeds University, UK*

##### Abstract:

##### Background:

Nurses' decision-making involves a duty of care regarding assessment, planning implementing and evaluating care interventions. At the margin of professional regulation, organisational and legal boundaries nurses encounter decisions at the interface of the triad of patient – nurse – doctor. A study was undertaken to explore Canadian nurses' decision-making and compare findings with an English study (Gurbutt 2005). This paper focuses on the decisions that nurses sought to influence at the margin of their legitimate decision-making.

##### Aims:

This study examined the real world decision-making practice of nurses in an acute medical ward; including the interactions of nurses with other healthcare team members.

**Methods:**

This qualitative study was approved by the Canadian Hospital and UK research committees and participant enrolment agreement was via pre visit information. Methods involved non-participant observation, unstructured interview and inspection of records during seven extended days on the ward. Data generation included field notes, focus group, tape transcriptions and document inspection. Qualitative analysis involved a process of coding categorising, triangulation and development of themes subject to respondent validation, to provide a plausible account of how nurses made decisions.

**Results:**

Comparisons to an English NHS setting included a more visible economic and hierarchical model of care management. Nurses acted with and for patients and identified interactions with medical staff as a location where decisions over the patient's best interests were contested.

**Discussion:**

Compared with an earlier UK study (Gurbutt 2005) there were similarities between nurses' understandings of their role and influence upon non-nursing decisions acting as advocates.

**Conclusion:**

In the changing clinical landscape patients can become secondary to process. These findings highlight the need for nurses to be advocates and refocuses on nurses' patient centered' decision making, beyond process, regulation and organisational politics.

**Funding:**

No funding

7.2.2

**Clinical decision making amongst domiciliary community matrons: An observational study**

*Fiona Irvine, Faculty of Health, Staffordshire University, UK*

*Co author: Brizell J, Browne, M, Liverpool John Moores University*

**Abstract:**

**Background:**

The problems associated with managing patients with long-term conditions (LTCs) are well documented<sup>1</sup>. The resource implications of recurrent hospital admissions has led to the development of a range of innovative nursing roles aimed at providing improved support for patients with LTCs in the community and therefore reducing admissions. Evidence suggests that community matrons (CMs) have had a positive impact on the care that patients with complex LTCs receive<sup>2</sup>. However, whilst it is assumed that CMs work at an expert

level little is known about their clinical decision-making.

**Aim:**

The aim of the study was to explore the level of expertise used by CMs when making clinical decisions.

**Methods:**

This qualitative study used observations and semi structured interviews with CMs in one primary health care trust in England. Decision making was evaluated against Benner's novice to expert continuum. Data were analysed using a framework analysis approach.

**Results:**

Eighteen episodes of care were observed. In 12 episodes, CMs were rated as 'expert' practitioners and in 6 as 'proficient. CMs' level of decision-making was affected by both individual and organisational factors. A high level of expertise was evident in relation to decisions surrounding communication, clinical examination & promoting empowerment. However, although CMs' practice was concordant with current best evidence, some were not able to fully articulate the sources of evidence that influenced their decisions. CMs were seen to draw on the expertise of professional colleagues in primary and secondary care to inform decision making, which was primarily aimed at preventing unnecessary hospital admissions.

**Discussion and Conclusions:**

The findings suggest that CMs make 'expert' decisions. The use of expert CMs who focus on patients with LTCs in the community provides a valuable service that not only meets patients' needs and but also contributes to the prevention of recurrent hospital admissions.

**Recommended reading:**

Sargent P, Boaden R & Roland M (2008) How many patients can community matrons successfully. *Journal of Nursing Management* 16, 38-46

Gravelle H., Dusheiko M., Sheaff R. et al. (2007) Impact of case management (Evercare) on frail elderly patients: controlled before and after analysis of quantitative outcome data. *British Medical Journal* 334, 31-34.

**Funding:**

UK – Health Service (Local)

1,000 – 10,000

7.2.3

**The role of context in decision making by nurses and podiatrists managing patients with foot ulceration**

*Jill Firth, Senior Research Fellow, School of Healthcare, University of Leeds, Leeds, UK*

**Abstract:**

**Background:**

Wound management is a multi-faceted task which involves making complex judgements and decisions. Patients with foot ulceration might be managed by a nurse or podiatrist in a hospital/ community setting and we do not know whether these factors affect decision making.

**Aims:**

- To identify the judgements/ decisions made by nurses and podiatrists managing patients with foot ulceration;
- To compare patterns of decision making between nurses and podiatrists in different care settings;
- To explore the factors influencing the decision-making of nurses and podiatrists in different clinical contexts.

**Methods:**

8 nurses and 10 podiatrists were purposively sampled according to experience from hospital / community settings in West Yorkshire (UK) between December 2008 and March 2010. Data collection comprised videotaped non-participant observation of a wound care episode/ clinic and post hoc interviews. Data were subject to content analysis, with themes derived from the data across and between cases. The interview data is reported here.

**Results:**

Nurses working in a hospital setting appeared to make fewer decisions during a consultation than their community colleagues. Ward based nurses tended to defer decisions regarding wound management to medical / podiatry colleagues, regardless of the nurse's length of experience. Experienced community nurses made decisions autonomously, except in a care home setting where this was devolved to PCT nursing staff because of fund-holding issues.

In contrast, podiatrists were more likely to make a number of different types of decisions autonomously within a consultation, regardless of care context. Hospital clinics were however structured to facilitate shared clinical decision making with medical colleagues. This was implemented when cue acquisition indicated possible infection.

**Discussion and conclusions**

Context, particularly ward culture, appeared to influence the autonomy of nurse' decision making. This had less, but some, influence on the decision-making behaviour of podiatrists.

**Recommended reading:****Funding:**

UK – NHS Charitable Funds  
100,001 – 500,000

**7.3 Theme: Critical care**

7.3.1

**Punjabi Sikh patients' cardiac rehabilitation experiences following myocardial infarction**

*Paul Galdas, University of Sheffield, School of Nursing and Midwifery, Northern General Hospital, Sheffield, UK*

*Co author: Kang, H.B.K., University of British Columbia*

**Abstract:****Background:**

Punjabi Sikh people are at significantly higher risk of mortality from myocardial infarction compared with those of European descent. Punjabi Sikh patients' participation in cardiac rehabilitation post-myocardial infarction is therefore likely to yield considerable benefits. However, uptake of cardiac rehabilitation by South Asian people has been reported to be modest. Previous investigators have seldom provided insight into Punjabi Sikh post-myocardial infarction patients' experiences, and the steps that can be taken to improve the appropriateness of cardiac rehabilitation programmes for this at-risk patient group.

**Aims and Objectives:**

To explore the cardiac rehabilitation experiences of Punjabi Sikh post-myocardial infarction patients.

**Methods:**

Interpretive qualitative design. In-depth interviews, based on the McGill Illness Narrative Interview schedule, with 15 Punjabi Sikh post-myocardial infarction patients attending a cardiac rehabilitation programme in British Columbia, Canada; thematic analysis using grounded theory methods of coding and constant comparative analysis.

**Results:**

Four mutually exclusive themes emerged relating to the salient aspects of participants' cardiac rehabilitation experience: 'making sense of the diagnosis', 'practical dietary advice', 'ongoing interaction with peers and the multi-disciplinary team' and 'transport and attendance'.

**Discussion/Conclusions:**

This study raises awareness of some of the salient features of Punjabi Sikh post-myocardial infarction patients' experiences that can help guide nurses to provide culturally-appropriate cardiac rehabilitation and coronary health promotion. The themes identified point toward some of the ingredients necessary for providing culturally-appropriate

cardiac rehabilitation interventions for Punjabi Sikh patients following myocardial infarction. The findings highlight the importance of providing culturally-relevant rehabilitation advice about diet and lifestyle changes, and providing time for ongoing dialogue with support from healthcare professionals and peers. The findings from this study also illustrate the need to avoid generalizations about the impact religious beliefs may have on South Asian individuals' willingness to adhere to post-myocardial infarction rehabilitation advice and make lifestyle adjustments.

**Recommended reading:**

Joshi, P., Islam, S., Pais, P., Reddy, S., Dorairaj, P., Kazmi, K., Pandey, M. R., Haque, S., Mendis, S., Rangarajan, S. and Yusuf, S. (2007) Risk factors for early myocardial infarction in South Asians compared with individuals in other countries. *JAMA*, 297(3), 286-94.

Tod, A. M., Wadsworth, E., Asif, S. and Gerrish, K. (2001) Cardiac rehabilitation: the needs of South Asian cardiac patients. *British Journal of Nursing*, 10(16), 1028-1033.

**Funding:**

The Canadian Institutes of Health Research (CIHR)  
1,000 – 10,000

7.3.2

**Evaluating the use of an education pathway in guiding the continuing professional development of specialist cardiac nurses**

*Lesley Lockyer, University of the West of England, Bristol, UK*

*Co author: Albarran, J; Manns, S and Cox, H., University of the West of England, Bristol; Jones, I, University of Salford, Greater Manchester; Thompson, DR, Australian Catholic University, Melbourne*

**Abstract:****Background:**

The British Heart Foundation (BHF) provides funding to over 450 specialist cardiac nurses (full and part-time) by supporting their continuing professional development (CPD). In 2008 an education pathway was developed to make explicit the BHF's expectations of nurses' skills and knowledge development.

**Aim:**

The aim of this project was to evaluate the scope, value and relevance of the pathway as a model for CPD.

**Methods:**

A multi-method design was employed with a number of stake-holders. The sample was identified using the BHF database. Links to online questionnaires were sent to all BHF nurses (N=457) and their health service managers (N=204). Cardiac

patients and carers (N=8) participated in a focus group whereas telephone interviews were undertaken with higher education staff, health and education experts and a project manager (N=7). Ethical review was undertaken and all participants gave prior informed consent

**Results:**

Two hundred and forty-two nurses responded (55.3% response rate); 69.4% felt the pathway allowed them to develop a structured and bespoke approach to their CPD; that the pathway reflected clinical trends and the expectations were relevant (90.1%) and realistic (90.5%). Fifty-five (34%) of the NHS managers responded; 67.3% felt the pathway expectations were relevant and realistic (61.8%). Patients and carers desired highly skilled and compassionate nurses. Interview themes highlighted accreditation of learning, and the impact of the pathway's expectations on the individual.

**Discussion:**

Overall the pathway was viewed positively and deemed a valuable tool enabling explicit educational and clinical CPD planning. Challenges included publicising the pathway, and access to courses and modules that required attendance.

**Conclusion:**

The pathway was deemed to have advantages to the BHF nurses as knowledge and skills were made explicit and transparent. Feedback has allowed the pathway format to be simplified and relate to all BHF funded healthcare staff.

**Recommended reading:**

Lockyer, L. Albarran, J. Manns, S. Cox, H. Jones, I. Thompson, D. (2010) "An evaluation of the British Heart Foundation education pathway for nurses". University of the West of England, Bristol, UK.

**Funding:**

UK – Research Charity/Foundation  
10,001 – 50,000

**7.4 Theme: Older people**

7.4.1

**Elderly care nursing in the UK and Japan: A cross cultural study**

*Caroline Bradbury-Jones, University of Dundee, UK*

*Co authors: Irvine, F. and Jones, C. Faculty of Health and Applied Social Sciences, Liverpool John Moores University; Kakehashi, C. and Ogi, A. Department of Nursing, Okayama Prefectural University*

**Abstract:****Background:**

International collaboration has become an imperative in healthcare research in order to address emerging global health challenges. One such challenge is rising demands on healthcare brought about by increased longevity across the globe. Paradoxically, while there is a need to recruit and

retain sufficient nurses to satisfy this demand, elderly care is an unpopular choice for many nurses.

**Aims:**

The aim was to elicit nurses' experiences of caring for people in an elderly care setting. Methods: This was a qualitative study that utilised the Critical Incident Technique. Participants were drawn from registered nurses in the UK and Japan using purposive sampling. The total sample size was 19. Data were generated in the form of written, anonymous self report. Participants were asked to recall two critical incidents from an elderly care setting where they had felt 1) rewarded and 2) challenged. Inductive, content analysis was performed on the data using a two-tier classification system.

**Findings:**

There were striking similarities in the reports of nurses from both countries. Four themes were derived from the critical incidents: The challenges of a complex work environment; the challenges of resolving ethical conflicts; the rewards of establishing meaningful relationships; the rewards of achieving excellence in individual patient care.

**Discussion:**

Both countries need to attract and retain nurses in elderly care. Therefore healthcare policy makers and managers need to address the challenges facing nurses in these settings. Valuing and supporting staff, coupled with education and training are important.

**Conclusions:**

The study provides evidence from two very different countries showing that despite the challenges, elderly care nursing holds many rewards. The presentation will appeal to conference delegates interested in elderly care nursing. Its cross-cultural focus ensures its relevance to the international conference audience.

**Funding:**

UK – Research Council  
10,001 – 50,000

7.4.2

**Keeping warm and well in later life: Tackling money, mindsets and machinery**

Angela Mary Tod, Sheffield Hallam University, Sheffield, UK

Co authors: Lusambili A. Public Health, NHS Rotherham, Cooke J. The Collaboration and Leadership in Applied Health Research and Care for South Yorkshire (CLAHRC-SY), Homer C. Public

Health, NHS Rotherham, Abbott J. Public Health, NHS Rotherham

**Abstract:**

**Background:**

Cold, damp housing is linked to health problems, winter deaths and impaired quality of life in older people. Keeping warm at home is vital to reduce burden on individuals and the health service. This paper presents selected findings from the first stage of a study funded by the NIHR study Research for Patient Benefit Programme. It explores external and social influences on the ability of older people to keep warm and well at home and implications for nursing.

**Aim:**

To examine the knowledge, beliefs and values of older people regarding keeping warm at home, the barriers to accessing help in keeping warm, and develop solutions and strategies to overcome barriers.

**Methods:**

Semi-structured in-depth interviews of 30 older people and 25 health and social care staff in an area with high levels of fuel poverty in England; and Framework Analysis techniques.

**Results:**

Accurate and accessible information is essential to raise awareness. Previous experience also influences awareness and can hinder keeping warm behaviour. Barriers identified include visibility of fuel consumption and money, and accessibility of technology. Social connections and existing values have a profound impact on the ability of older people to overcome these barriers. The impact and effects on older people in dealing with these barriers are profound.

Challenges and opportunities for staff in addressing problems are identified. Major issues for nurses are they do not see warmth as a priority, nor do they have the knowledge to formulate solutions. Potential solutions are wide ranging and demand partnership working.

**Conclusions:**

The study has generated a unique understanding of the complex environment influencing older people's decisions in keeping warm and well in their home, and the difficulty for health professionals in addressing related problems. A need is identified to develop interventions to influence decision making, support health and social care professionals and increase uptake of help available.

**Recommended reading:**

Rudge J. Gilchrist R. (1995) Excess winter morbidity among older people at risk of cold homes: a population-based study in a London borough *Journal of Public Health* 27(4) 353-8

Wilkinson P. Pattenden S. Armstrong B, Fletcher A, Sari Kovats R, Mangtani P, McMichael AJ. (2004) Vulnerability to winter mortality in elderly people

in Britain: Population based survey doi:10.1136/bmj.38167.589907.55 (published 17 August 2004)

Wright F. (2003) Old and cold: older people and policies failing to address fuel poverty *Social Policy and Administration* 38(5) 488-503

**Funding:**

UK – Health Service (National)  
100,001 – 500,000

7.4.3

**Casting light into dark corners': Can social constructivism illuminate the experience of the older service user? (ViPER)**

Hilary Spilsbury, Senior Lecturer, University of Huddersfield, Huddersfield, UK

Co author: Kirshbaum, M, University of Huddersfield

**Abstract:**

**Background:**

Guidance on dignity for healthcare professionals (SCIE 2010) reflects changes in the power dynamics between service users and care services; there is an increased demand for service user involvement in generating developments in person-centered care. Service users can be enabled to impact on their subsequent health care through involvement in the design, conduct and implementation of research.

In terms of care for older people at home, nurses are well placed to examine the distinctive social conventions, assumptions, and clinically significant perceptions of the individual, of which health care professionals may not be aware. For example, societal norms such as manners and language may be discordant if an age difference between nurse and client spans several generations.

The constructivist approach focuses upon 'participants' constructions of their reality and is used to address complex social relationships. Constructivists assume that participants actively create meaning (Silverman 2010). Gergen (1994) adds breadth in stating "The terms and forms by which we achieve understanding of the world and ourselves are social artefacts – products of historically and culturally situated interchanges among people" (p49-50).

Aim: The aim of the ViPER session is to introduce novice researchers to the constructivist approach and generate discussion surrounding the challenges of uncovering the subjective views of older people who are cared for at home.

Method: The presenter and 'discussant' will put forward key issues and considerations to encourage debate surrounding the values and challenges of using a constructivist approach. The concept of 'dignity' in everyday life within domiciliary care will be used as the context for the discussion.



Implications: As the boundaries of health and social care research continue to blur, delegates will have an opportunity to discuss how nurses can use constructivist methodologies to better understand and thereby be in a more informed position to provide effective and individually responsive care.

#### Recommended reading:

Gergen, K.J. (1994) *Realities and Relationships: Soundings in Social Construction*. MA. Harvard University press

Social Care Institute for Excellence (SCIE) (2010) *Communication in Practice: Dignity in Care Factsheet*. <http://www.scie.org.uk/publications/guides/guide15/backgroundresearch/selectcdarea> [accessed 25.08.10]

Silverman, D. (2010) *Doing Qualitative Research*, third Edition. London, Sage.

#### Funding:

UK – Higher Education Funding Council

No funding

### 7.5 Theme: Smoking cessation

7.5.1

#### Brief smoking cessation intervention in relation to breast cancer surgery: A randomized controlled trial

Thordis Thomsen, Department of Anaesthesiology, Herlev University Hospital, Herlev, Denmark

#### Abstract:

#### Background:

Smokers are more prone to develop postoperative complications. Smoking cessation intervention beginning 4-8 weeks prior to surgery improves the postoperative outcome (1). Cancer patients, however, often undergo surgery less than 4 weeks after diagnosis. The primary objective of this study was therefore to examine if a brief smoking cessation intervention shortly before breast cancer surgery would influence postoperative complications and smoking cessation.

#### Methods:

A randomized controlled multicentre trial with blinded outcome assessment conducted at 3 hospitals in Denmark. One hundred and thirty patients were randomly assigned to brief smoking intervention (n=65) or standard care (n=65). The intervention followed the principles of motivational interviewing and included personalized nicotine replacement therapy aimed at supporting smoking cessation from 2 days before to 10 days after surgery.

#### Results:

The overall postoperative complication rate (including seroma requiring aspiration) was 61%

in both groups RR 1.00 (95% CI 0.75-1.33). The wound complication rate was 44% versus 45%. The effect on perioperative smoking cessation was modest, 28% intervention versus 11% control group patients, RR 2.49 (95% CI 1.10-5.60). There was no effect on smoking cessation at 12 months, 13% versus 9%.

#### Conclusions:

Brief smoking intervention administered shortly before breast cancer surgery modestly increased self-reported perioperative smoking cessation without having any clinical impact on postoperative complications. The study adds to the body of evidence indicating that brief intervention has no clinical importance for surgical patients in regard to postoperative morbidity (2).

Future studies should be designed to determine the optimal time of smoking cessation before surgery.

#### Recommended reading:

Moller, A. M., Villebro, N., Pedersen, T., & Tonnesen, H. (2002). Effect of preoperative smoking intervention on postoperative complications: a randomised clinical trial. *The Lancet*, 359, 114-117. doi:10.1016/S0140-6736(02)07369-5

Thomsen T, Thomsen H, & Moller AM (2009). Effect of preoperative smoking cessation interventions on postoperative complications and smoking cessation. *British Journal of Surgery*, 96, 451-461. doi:10.1002/bjs.6591

#### Funding:

Danish Foundations  
10,001 – 50,000

7.5.2

#### Evaluation of a smoke-free homes initiative in Rotherham (northern England)

Peter Allmark, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, UK

Co author: McDonnell A, Quitishat D, Tod A, Sheffield Hallam University; Mann K, Rotherham NHS

#### Abstract:

#### Background:

Smoke-free-home (SFH) initiatives aim to protect those exposed to second-hand smoke in private houses (Frieden, Bloomberg 2007; Besaratinia, Pfeifer 2008). To date there is little evidence of their impact (Al-alawy et al 2008). A SFH initiative using a number of interventions was launched in Rotherham, England, in July 2009. This paper reports an evaluation of this initiative.

#### Methods:

Mixed:

- A postal questionnaire was sent to all consenting of households who signed up to the scheme

(620 / 654 (94.8%)), 4 months after sign-up; 289 (47%) were returned.

- A telephone consultation involved 20 households before and 20 after signing up to the scheme.

#### Results:

Before signing up as a SFH, 109 (39%) of participants allowed smoking somewhere at home; after signing this fell to 20 (7%). The most common reasons for participation in SFH concerned health, and fire safety. Motivating factors included information given in a booklet and the offer of a fire-safety referral. The most immediate benefits noted by participants were improvements in house hygiene. An important hindrance to success was a lack of power to enforce the ban at home, particularly on the part of those living in smokers' homes.

#### Conclusion:

The Rotherham initiative succeeded in creating smoke-free homes. This paper reflects on how nurses and midwives can contribute to similar initiatives. Considerations include: many participants had already instituted some rules regarding smoking at home; whether and how to include households that are already smoke-free; risk of fire is an important motivation; those living in smokers' homes may lack power to initiate smoke-free rules.

#### Recommended reading:

Frieden T, Bloomberg M. (2007) How to prevent 100 million deaths from tobacco. *Lancet* 369(9574):1758-61.

Besaratinia A, Pfeifer G. (2008) Second-hand smoke and human lung cancer. *The Lancet Oncology* 9(7):657-66.

Al-alawy K, Wellington N, Dalton E, Fendall L, MacDonald T, Williamson M. (2008) Smoke-free homes: outcomes of a local service development. *Community Practitioner* 81(12):30-3.

#### Funding:

UK – Health Service (Local)  
10,001 – 50,000

7.5.3

#### An evaluation of an innovative smoking cessation service in an acute trust

Susan Jones, Teesside University, Middlesbrough, UK

Co authors: Hamilton, S., Teesside University; Perkin, S., Health Improvement, NHS Middlesbrough Redcar and Cleveland

#### Abstract:

#### Background:

Many smokers would like to quit but are not motivated to act until they are admitted to hospital with a smoking-related illness (Rigotti et al 2009). This opportunity to support smokers to quit should not be missed and nurses have a key role to

play. A pilot service was introduced that comprised a smoking cessation specialist and four part-time facilitators who had nursing backgrounds. In addition, a smoking cessation champion was to be identified on each ward to promote the service.

**Aim:**

To describe the impact on quit rates and patient experience of a new smoking cessation pilot service based in an acute Trust.

**Methods:**

A mixed methods approach used Local Stop Smoking Service (LSSS) datasets in combination with user questionnaires (n=44), user telephone interviews (n=19), SSS staff interviews (n=5), Trust staff interviews (n=5) and system implementation surveys (n=4). Qualitative data were taped, transcribed and analysed thematically. Descriptive statistics identified key issues from the quantitative data. Data collection completed May 2010.

**Results:**

Referral and assessment rates increased exponentially during the pilot service. A four week quit rate of 42% was achieved. Patients were positive about the service and appreciated the support they received. The ward champion scheme was poorly adopted due to workload issues and staff shortages.

**Discussion:**

The evaluation found that there was a large pool of potential service users. The pilot achieved a quit rate that compares favourably with community-based services. Some issues requiring improvement were found including: timely provision of pharmacological treatments, role of champions and transition into primary care services.

**Conclusion:**

Findings suggested that an acute hospital provides an ideal location in which to offer smoking cessation support, however such services need to be adequately resourced and staffed. This service made a positive impact on smokers who otherwise might not have made a quit attempt.

**Recommended reading:**

Rigotti, N. A., Munafo, M. R. and Stead, L. F. (2009) Interventions for smoking cessation in hospitalised patients. Issue 2. The Cochrane Database of Systematic Reviews.

**Funding:**

UK – Health Service (Local)  
10,001 – 50,000

7.6 Theme: Evidence into practice

7.6.1

**Capturing the complexity of change in nursing: Does the consolidated framework for implementation research help?**

Irene Iltott, CLAHRC for South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

Co author: Gerrish K, CLAHRC-SY, Sheffield Teaching Hospitals NHS Trust and Sheffield Hallam University

**Abstract:**

**Background:**

The Consolidated Framework for Implementation Research (CFIR) offers a new way of examining change (Damschroder et al, 2009). It is a meta-theoretical framework. This means that the Framework amalgamates 19 theories about individual and organisational change. During 2010, we tested the CFIR on the Knowledge Translation Casebook produced by the Translating Knowledge into Action Theme of the NIHR CLAHRC for South Yorkshire in England. The Casebook contains ten narrative accounts of service improvements targeted at people with long-term conditions. The stories illustrate how knowledge translation strategies have contributed to change in acute and primary healthcare settings.

**Aims:**

The presentation will i) describe how the Framework was used to analyse the nursing stories in the Casebook and ii) critique the CFIR as a heuristic device for understanding change.

**Methods:**

A matrix was used to analyse and synthesize the narratives about new ways of working. The matrix comprises a) the five domains (intervention characteristics, outer setting, inner setting, characteristics of the individuals and the process of implementation) and the 38 constructs from the Framework; and b) the three accounts of innovation led by nurses and health visitors.

**Findings:**

All the service improvements were internally developed and brought relative advantage in the form of direct patient benefits. The implementation climate was receptive, there was a tension for change and a good fit between the values of the involved individuals and the new service. Each change had a champion who secured resources to support some of the set-up costs. All the innovative services became routine practice.

**Conclusions:**

The CFIR was a comprehensive, practical tool for understanding the complexity of change, even though it does not include spread and sustainability. This pilot test paves the way for using the Framework prospectively, to investigate implementing new nursing interventions and services.

**Recommended reading:**

Canadian Institute for Health Research (CIHR) Knowledge Translation Casebooks at <http://cihr.ca/e/29484.html>

Damschroder LJ et al (2009) Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation

National Institute for Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care (CLAHRC) for South Yorkshire. See <http://clahrc-sy.nihr.ac.uk>

**Funding:**

UK – Health Service (National)  
10,001 – 50,000

7.6.2

**International principles of social impact assessment: Lessons for research?**

Julie Taylor, NSPCC, (seconded from the University of Dundee), Edinburgh, UK

Co author: Bradbury-Jones, C. University of Dundee

**Abstract:**

**Background:**

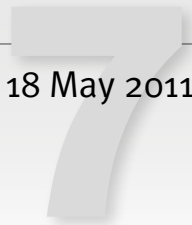
Until recently, the ability to demonstrate how research has benefited humankind has attracted only marginal interest. However, the introduction of new indicators for ‘what counts’ in research – that is, its impact – has now entered centre-stage. Nursing ought to have little problem with this because we should be able to demonstrate the influence of nursing research on health, society and policy in ways that might be more difficult for other less-applied disciplines.

**Discussion:**

The international principles of impact assessment are quite familiar to those working in the third sector and are supported by governments across the world. However, academic disciplines in general – and possibly nursing in particular – appear to lag behind in knowledge of these principles. Moreover, nursing has much that is congruent with the principles, but so far has left these unstated. In this presentation we introduce the seven focus areas of impact assessment and explore their relevance for nursing research. We use illustrative examples from our own area of expertise – child protection – but the principles apply across all substantive topics. We then offer pointers as to how nurse researchers might begin to assess and measure the social value of interventions and services through the framework of Social Return on Investment (SROI).

**Conclusion:**

Impact mapping can make useful delineation between outputs, outcomes and impact and as a



framework, social impact assessment has much positive guidance to offer nursing research. This is an issue pertinent to researchers across the globe and will appeal to an international audience.

**Recommended reading:**

Department of Health. (2010) *Equity and Excellence: Liberating the NHS*. Department of Health, London

Higher Education Funding Council for England. (2010) *Impact Pilot Exercise* [online]. Available: <http://www.hefce.ac.uk/research/ref/impact/>, Access Date: 1st July 2010.

Leighton, D. & Wood, C. (2010) *Measuring Social Value*. Demos (demos.co.uk), London.

**Funding:**

UK – Research Council  
10,001 – 50,000

7.6.3

**A qualitative survey to identify the components of an enabling research environment: Perspectives of research supervisors and doctoral students**

*Lesley Wilkes, University of Western Sydney, Penrith, UK*

*Co author: Jackson D, University of Western Sydney*

**Abstract:**

A qualitative survey to identify the components of an enabling research environment: perspectives of research supervisors and doctoral students.

**Background:**

Nurses are increasingly encouraged to engage in research about the clinical and other issues facing nursing. It is suggested that it is the responsibility of organisations to develop cultures that promotes engagement and participation in research activities, quality research outcomes, and demonstration of utility and efficacy of research, including the translation of research knowledge into clinical practice.

**Aims:**

The purpose of this paper is to define research culture and to determine the key characteristics of an enabling research culture

**Methods:**

A descriptive survey design was used to gather qualitative data from research supervising and doctoral students (n=72).

**Results:**

Six concepts supporting an enabling research culture were identified. These were: productivity, collegial positive relationships, support, collaboration, inclusive and non-competitive environment, and effective research processes.

**Discussion:**

An enabling research culture appears to be characterised by sharing, collegiality collaborating, which encourages and supports research while providing development training and support to facilitate dissemination of findings.

**Conclusions:**

From this exploration policy makers and managers in academic and clinical arenas must enable the formation of research groups with clear foci which emphasise the mingling of new and expert researchers. The groups should have prescribed infrastructure, a program of seminars, international visitors, and conferences while maintaining an informal network of intellectual exchange

**Funding:**

No funding

**7.7 Theme: Long term conditions**

7.7.1

**An exploration of community nurse led case management of patients and their carers with a long term condition**

*Mandy Gamble, Leicestershire County and Rutland Community Health Services, Leicester, UK*

**Abstract:**

**Background:**

It is estimated that by 2030 the number of older people (65+) with a long term condition that require case management will double, making this issue a priority for health care providers [DH 2007]. An empirical study evaluating nurse led case management 'The Evercare project' focused on the impact of case management on reducing hospital admissions and cost effectiveness but were unable to demonstrate any financial savings nor were they able to demonstrate any positive health outcomes [Boaden 2006].

**Aim:**

To identify the experience of case management; what is understood of the concept by the service users and providers and how patients and their carers benefit from it.

**Methods:**

Using a narrative approach the project analysed the experience of living with a long term condition and being case managed by a community nurse using narrative interviews from ten patients and their carers.

**Results:**

Data analysis has been carried out using thematic interpretation and analysis of hidden factors and interpretation of interrelated health care activity. The results demonstrate the positive factors involved with case management and the elements required to ensure its success within primary care.

'its confidence that I'm doing the right thing' [patient 1]

**Discussion:**

Current themes include the necessary elements of the case management role; the personality and health beliefs of the patient and their carer and how they should influence health care provision; the role of the carer and the identification of patient centred appropriate health outcomes.

**Conclusion:**

The study indicates how case management is a useful approach to providing quality nursing care to patients with a long term condition providing it is patient centred and focuses on outcomes relative to the individuals needs.

**Recommended reading:**

Boaden, R., M. Roland, et al. (2006).

DH (2007). *National Service Framework for Long Term conditions*. Good Practice Guide. London, The Stationery Office.

**Funding:**

No Funding

7.7.2

**Physical and psychological benefits of Tai Chi for people with rheumatoid arthritis**

*Jennifer Waite-Jones, School of Healthcare, University of Leeds, Leeds, UK*

*Co author: Hale CA, University of Leeds*

**Abstract:**

**Background:**

To assess the appropriateness of Tai Chi exercise a 12 week Tai Chi programme, developed by Lam (1997) for people with RA, was delivered twice weekly to people diagnosed with RA over 12 weeks. Significant improvements in balance, grip strength, pinch strength and 50 foot walk time were found. This follow up study investigated the psychological as well as physical effects of these Tai Chi classes.

**Aims:**

To gain awareness of the perceived physical and psychological benefits of Tai Chi for people with RA.

**Methods:**

Semi-structured, audio-taped, interviews were carried out with 19 participants 6 month post intervention (Spring 2010). Participants were asked how they felt that participating in Tai Chi classes affected them physically and psychologically. Phenomenological Interpretive Analysis (Smith, et al., 1999) was used to analyse data.

**Results:**

All participants reported positive benefits with many claiming maintained improvements in

mobility. Shared Tai Chi exercise was seen to offer: social benefits through promoting a feeling of 'togetherness', the opportunity for 'role-modelling', sharing health advice, increased stamina, control of pain and movement and reduced stiffness and swelling. Such benefits meant reduced anxiety and depression with increased confidence. It was particularly striking to find that the highly structured nature of Tai Chi was reported to improve memory and offer the opportunity to regain a sense of 'graceful fluid' movement in place of the 'jarring' movements imposed by having RA.

**Discussion:**

Findings suggest that Tai Chi sessions help those with RA to gain increased self-efficacy and confidence through greater control over their mobility and condition within a supportive environment.

**Conclusions:**

Tai Chi may offer psychological as well as physical benefits and the results of this small scale research project suggest the need for larger scale studies to further evaluate the effects of Tai Chi on patients with disabilities such as RA.

**Recommended reading:**

Lam P (1997). Tai Chi for Arthritis [www.taichiproductions.com](http://www.taichiproductions.com)

Smith, J.A., Jarman, M., and Osborn, M. In: Murray, M. and Chamberlain, K. (Eds.) (1999) *Qualitative Health Psychology*. London. Sage.

**Funding:**

Internally funded by University of Leeds

1,000 – 10,000

7.7.3

**Improvements in glycaemic control in children and adolescents using continuous subcutaneous insulin infusion (CSII)**

*Dympna Devenney, Children's University Hospital, Dublin, Eire*

*Co authors: Corcoran F. Hayden Y. O'Shaughnessy N.*

**Abstract:**

The risk of microvascular complications associated with Type 1 diabetes (T1DM) can be reduced with tight glycaemic control (DCCT 1993). Continuous subcutaneous insulin infusion (CSII) or insulin pump therapy offers a more flexible and physiological administration of insulin and its use in children has increased to try to achieve this tight metabolic control. Those children and families who use CSII follow a planned, structured family centred pump education programme to promote self care.

The aim of this research was to examine the effect of CSII on glycaemic control in children and adolescents with T1DM.

A total of 107 children have commenced CSII in our unit. Thirteen have transitioned on to adult

services. Of the remaining 94 children (38% of current caseload), 74 have used CSII for more than 1 year. Data on HbA1c, BMI, nursing contact, incidence of diabetic ketoacidosis and severe hypoglycaemia was collected prospectively on this cohort from 12 months prior to and for a minimum of 12 months post CSII initiation.

The mean age (range) was 10.6 (13 months-15) years. Mean (range) duration of diabetes was 3.4 (0.3-11) years. The mean (SD) HbA1c 12 months prior to CSII was 8.8 % (1.2). The mean (SD) HbA1c at initiation of CSII was 9.2% (0.87). Following CSII the mean (SD) HbA1c was 8.1% (0.8) at 12 months. The mean (SD) nursing contact 12 months prior was 12.4 (7.4). The mean (SD) nursing contact at initiation was 16 (5.5). Following CSII the mean (SD) nursing contact was 10 (4.5). BMI was unchanged following pump initiation. Children and families reported a marked improvement in quality of life using pump therapy.

CSII therapy in children and adolescents is associated with improvements in glycaemic control. The family centred structured education programme for CSII is successful in delivering improved metabolic control and quality of life for children and their families.

**Recommended reading:**

Diabetes Control and Complications Research Group (1993) The effect of intensive treatment of diabetes on the development and progression of long term complications of insulin-dependent diabetes mellitus. *New England Journal of Medicine* 329: 977-986

**Funding:**

No funding



**Monday 16 May 2011****16.40 – 18.00****Symposium 1****Withdrawn****Symposium 2****Rhetoric versus reality: The role of research in deconstructing concepts of caring***Jane Cahill, School of Healthcare, University of Leeds, Leeds, United Kingdom***Lead:** *Professor Dawn Freshwater and Dr Jane Cahill***Symposium statement:**

The papers in this symposium use a critical analytic lens to provide a close reading of concepts central to nursing and nursing practice; in doing so the authors explicate the role of nursing research in supporting the notion of caring realities. Troubling taken for granted concepts such as caring, evidence based practice and empowerment, the authors argue that they have been generated by discourses riddled with confusion and alienation from practice and the natural spirit of professional enquiry. The chair will frame the symposium with a conceptual map of discourse development. The first paper examines the fundamental concept of caring. Using Florence Nightingale's Notes on Nursing, the paper surfaces caring as originally grounded in ritualised practice, and subsequently describes its transmutation, via competing discourses, to a more holistic concept. However, in the many and varied attempts to define the dynamic concept of care, caring has now become set in semantic concrete and is paradoxically a more fragmented concept. In the second paper the presenter draws upon her personal experience of the gap between theory and practice, so pronounced that it pushed the author to revisit the concept of evidence based practice. A central question being: When does evidence degenerate into rhetoric? Further, how may this impede and confuse the implementation of principles of caring?

In the final paper the authors propose their rationale for the perceived confusion, fracture and fragmentation in the discourses of reality, referring to the absence of knowledge and practice generated through natural enquiry and curiosity. Drawing together the central arguments of the three papers the chair raises the significance of both the skills of enquiry and the influential role of nursing research in enabling nurses to have the courage to deconstruct taken for granted concepts and to contest dominant discourses through the lens of experience.

**Symposium abstract 1:****Nursing practice: Caring versus control***Philip Esterhuizen, Senior Lecturer, Amsterdam School of Health Professions, Amsterdam, The Netherlands***Abstract:**

When Nightingale wrote her Notes on Nursing in 1860, she did not attempt to define concepts of care or caring; instead she underpinned the nursing practicalities of the time with arguments that, could now, be interpreted as being aspects of caring. Almost a century and a half later a Delphi Study (Wolf et al, 2003) identified similar aspects of caring albeit formulated in current terminology.

Between 1860 and the present date nurses have attempted to clarify the notion of caring from holistic, transcultural, managerial, educational, artistic, scientific and experiential perspectives; to name but a few. However, judging from negative international media coverage and exposés of hospitals, nursing homes and residential institutions for those with mental illness and intellectual disability it would appear that nursing has some way to go if the concept of caring is to stand centre stage for the profession.

Are modern nurses professionally mature to carry the responsibility for individual interpretation of nursing values or has nursing moved too far away from Nightingale's controlled environment?

This paper questions the status of nursing's traditional caring values in relation to social and political climates, healthcare production and economic targets, role differentiation, professionalisation and professional socialisation. Addressing such questions is essential to ensure beneficial implications for knowledge, practice and policy development in relation to nursing care.

**References:**

Wolf, Z.R., Miller, M., Freshwater, D., Patronis Jones, R.A., Sherwood, G. 2003. A Standard of Care for Caring: A Delphi Study. *International Journal for Human Caring*, 7(1): 32-34.

**Funding:**

No Funding

**Symposium abstract 2:****Evidence based nursing: The gap between the rhetoric and reality of holistic care****Abstract:**

One of the greatest insults in my nursing career, which started in 1970, was that we were only taught task oriented care (Muncey, 2010). Under the mighty force of medicine nurses were deemed to be the handmaiden of the doctor and we carried out a vast array of ritualised nursing care on people rather than in consultation with them. Gradually the emphasis on doing things to patients gave way to 'individualised care' with the adoption of the nursing process. People weren't only biological beings they had a social, psychological and emotional not to forget spiritual component. Evidence based care became the watchword in the 1990s and any gaps between what people were educated to do and what happened in practice was attributed to the theory practice gap (Rolfe, Freshwater and Jasper, 2001). Imagine my surprise on being in receipt of medical care this year to find the gap between what we espouse in education and what happens in practice to be so far apart that I was forced to reappraise my contribution to nursing evidence. The rhetoric of evidence based nursing care espouses holistic principles and patient choice (Cmich, 1984) whilst the practice appears centred on a minimisation of risk. Using a reflection of nursing in the 1970s and one of a patient experience in 2010 this paper will consider whether the concept of holistic care is compatible with the reality of practice today.

**References:**

CMICH, D. 1984. Theoretical perspectives of holistic health. *Journal of the Society of Health*, 54 (1), pp.30-32.

MUNCEY, T. 2010. Verpleegkunde in een etnografische spiegel (Nursing in an ethnographic mirror). In: KUCKERT, A. and P. ESTERHUIZEN, eds. *Diversiteit in de verpleegkunde*. Houten: Bohn Stafleu van Loghum,

ROLFE, G.; D. FRESHWATER and M. JASPER. 2001. *Critical reflection for nursing and the helping professions: a user's guide*. Basingstoke: Palgrave.

**Funding:**

No Funding

Symposium abstract 3:

**Empowerment: Rhetoric or reality?**

Helen Chin and Liz Walsh

**Abstract:**

In July 2010, the NHS white paper *Equity and Excellence: Liberating the NHS* (DH, 2010) attests to the fact that it will 'put patients right at the heart of decisions made about their care' and 'would put clinicians in the driving seat on decisions about services' ([www.dh.gov.uk](http://www.dh.gov.uk)). This recent political overhaul of the National Health Service has empowerment of health care professionals firmly in the centre. Empowerment is defined by Soanes & Stevenson (2008) as 'to give authority or power'. In more general terms, nurses are encouraged to consider the patient as a partner in their care so they are enabled to make decisions about their treatment and are authorised to voice their opinion through patient groups. Nurses too are supported to embrace the concept of empowerment in terms of developing practice, applying evidence in practice and taking control of their own development. Taken at face value, empowerment appears to be a valuable concept to apply in the health care setting in the pursuit of patient inclusion, satisfaction and high quality care.

In this paper we deconstruct the notion of empowerment to explore its common interpretation in practice and the extent to which it is rhetoric or reality. We reflect on our experiences of facilitating developments in real practice contexts, where we strive to facilitate both open and closed environments to foster a sustainable culture of empowerment (see Chin, 2009; Walsh & Freshwater, 2009), where the evidence based practice discourse is dominant and the creation of a culture where knowledge generated through enquiry and curiosity is central and valued. Through the lens of experience, we aim to promote real world discussion on the value, impact and challenges which the notion of empowerment raises in the processes of sculpting knowledge, developing nursing practice and improving patient care, within contemporary healthcare contexts.

**References:**

Chin H (2009) Practice development as a tool to empower refresh and renew, *Practice Development in Healthcare*, 8 (2) 61-64 2009  
 Department of Health (2010) *Equity and Excellence: Liberating the NHS*, London: Department of Health  
 Soanes C & Stevenson A Eds (2008) *Concise Oxford English Dictionary*, 11th Edition, Oxford: Oxford University Press  
 Walsh E & Freshwater D (2009) The mental well-being of prison nurses in England and Wales, *Journal of Research in Nursing*, 14(6), 553-564  
[http://www.dh.gov.uk/en/MediaCentre/Speeches/DH\\_117366](http://www.dh.gov.uk/en/MediaCentre/Speeches/DH_117366)

Symposium 3

**Critical care across the continuum**

Janice Rattray, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom

**Lead:** Dr Janice Rattray

**Symposium statement:**

Survivors of intensive care (ICU) can be left with physical and psychological problems that negatively affect quality of life not just for the patient but also family members. This symposium presents international work examining the main issues associated with an episode of critical illness. It highlights challenges faced by patients, families and critical care services in supporting patients to ICU discharge and beyond.

The first step to ICU discharge is weaning from mechanical ventilation and paper 1 explores multidisciplinary team working in this process. Effective team working is essential to ensure timely weaning. The second paper presents the consequences for families who cope with the stresses of ICU and support the patient after discharge. We need to understand families' experiences to better support them support patients.

Patients may face a prolonged recovery period and often have unrealistic expectations of this. The lack of structured rehabilitation after ICU makes this recovery process challenging, and paper 3 addresses this. It presents work testing the feasibility of an in-hospital generic assistant co-ordinated rehabilitation programme. Patient outcome tends to be assessed using generic measures of health-related quality of life (HRQoL) and there are a number of issues with this approach. Paper 4 challenges this approach by presenting patients' perspective of HRQoL. Despite our increased knowledge of the consequences of ICU, there is limited evidence to support effective interventions to improve patient recovery. Paper 5 reports on two Australian studies that evaluated an out of hospital rehabilitation programme, and assessed psychological outcome in trauma patients.

To improve patient experience and outcome, we must assess and understand aspects of care such as weaning, the role of families and longer-term recovery trajectory from the patient's perspective. These areas are of international significance and need to be tested in multiple health care systems to determine relevance and effect.

Symposium abstract 1:

**Weaning from mechanical ventilation: A starting point to critically ill patients' recovery**

Claire Kidonaki, Critical Care Staff Nurse, Western General Hospital, NHS Lothian

**Abstract:**

**Background:**

Weaning from mechanical ventilation is a primary element and a starting point to patients' recovery and discharge from intensive care. To optimise patient outcomes, recent research supports a multidisciplinary approach to weaning protocol development, implementation and review to ensure successful integration in clinical practice 1,2,3. A recent systematic review on the effect of multidisciplinary team (MDT) implemented weaning protocols highlighted many methodological limitations of the studies included, and imposed a cautious interpretation of the findings<sup>4</sup>. The roles and responsibilities of clinicians in weaning include which discipline has decision making responsibilities for initiating and conducting the weaning practice. Studies on ventilation-weaning protocols, however, have failed to analyze components of the multidisciplinary team that affect the daily routine of weaning practice.

**Aim:**

The aim of this paper is to present fundamental elements of the organizational structure and clinical routine of ICU that impact on the communication and collaboration of members of the critical care MDT and have a direct effect on the practice of ventilation-weaning.

**Methods:**

Participant observation and semi-structured interviews were used to collect data from an 18-bedded general ICU in Scotland. Data were analyzed thematically illustrating the weaning practices of 10 long-term ventilated patients, and the factors that influenced them.

**Findings:**

Analysis demonstrated that there was no sustainability in the decisions to reduce the ventilatory support, due to lack of communication and structures that recognise the value of all members' contributions during decision-making and promote teamwork.

**Conclusion:**

To optimise outcomes of weaning patients and advance their recovery, health teams need to create processes and structures that strengthen key stakeholders' adherence to mechanical ventilation weaning decision practices. Such an approach is suggested in this paper. 288 words

**References:**

Kingston, M.E., Krumberger, J.M., Peruzzi, W.T., 2000. Enhancing outcomes: Guidelines, standards, and protocols. *AACN Clinical Issues*, 11, 363: 374.

Henneman, E., Dracup, K., Ganz, T., Molayeme, O., Cooper, C., 2001. Effect of a collaborative weaning plan on patient outcome in the critical care setting. *Critical Care Medicine*, 29, 297: 303.

Grap, M., Strickland, J.D., Tormey, L., Keane, K., Lubin, S., Emerson, J., Winfield, S., Dalby, P., Townes, R., Sessler, C.N., 2003. Collaborative practice: Development, implementation, and evaluation of a weaning protocol for patients receiving mechanical ventilation. *American Journal of Critical Care*, 12, 454: 460.

White, V., Currey, J., Botti, M., 2010. Multidisciplinary team developed and implemented protocols to assist mechanical ventilation weaning: a systematic review of literature. *Worldviews on Evidence-Based Nursing*, 4 Quarter, 1 – 9.

**Funding:**

No Funding

Symposium abstract 2:

### Examining the impact of critical illness on families

*Susanne Kean, Research Fellow, Nursing Studies, School of Health in Social Science, The University of Edinburgh*

**Abstract:**

**Background:**

The admission of an adult family member to an intensive care unit (ICU) constitutes a crisis situation for patients and families. Despite an increase in our understanding of patient recovery after ICU, little is known about families' experiences with critical illness. It is important that we understand the families' experiences if they are to support the patient during the recovery process.

**Aim:**

To examine the impact of critical illness on families.

**Method:**

Constructivist grounded theory approach<sup>1</sup>. Family group interviews of nine families (12 adults and 12 children/ young people) with a family member in ICU and twenty ICU nurses in five focus groups were conducted.

**Analysis:**

Data were analysed using the constant comparative method<sup>2</sup>, coded in NVivo and theoretically informed by social constructionism.

**Results:**

The core experiences of families revolved around 'clinical and functional uncertainty'<sup>3</sup>. 'Clinical uncertainty' captures the unknown and unknowable aspects of critical illness while 'functional uncertainty' refers to the management of information disclosure. Functional uncertainty strategies of withholding information and evasion were evident across family communications. Data suggest that functional uncertainty operated to: (1) protect children from the stresses and strains of

critical illness and (2) create some space, time and respite for the parent's own coping.

**Discussion:**

The sudden and life-threatening illness immediately raised issues of survival and of uncertainty. Family data suggest that uncertainty in critical illness is a multidimensional and complex experience. Families spoke about the profound and immediate impact uncertainty had not only on their everyday lives but also on their future.

**Conclusion:**

Data suggest that uncertainty is one of the most stressful factors for a family experiencing critical illness. Nurses need to be aware of the impact that uncertainty might have on families' ability to manage a critical illness situation.

**References**

Charmaz K. (2006) *Constructing Grounded Theory – A Practical Guide through Qualitative Analysis*. SAGE Publications, London.

Glaser B. & Strauss A. (1967) *The Discovery of Grounded Theory*. Aldine DeGruyter, New York.

Davis F. (1966) Uncertainty in medical prognosis: clinical and functional. *American Journal of Sociology*, 66, 41-47.

**Funding:**

No Funding

Symposium abstract 3:

### Can a generic rehabilitation assistant enhance ward-based rehabilitation after critical illness?

*Lisa Salisbury, Research Fellow, Nursing Studies, School of Health in Social Sciences, The University of Edinburgh*

**Abstract:**

**Background:**

There has been an increasing amount of research undertaken that has identified the presence of significant physical and psychological problems after critical illness (Griffiths & Jones, 1999; Jones et al, 2001). Only limited research has investigated rehabilitation interventions to address these issues, and the majority of this work has been undertaken during the phase after discharge from hospital. Further research evaluating rehabilitation during the ward-based phase of recovery is required.

**Aims:**

To establish whether the service delivery model, of a generic rehabilitation assistant working with established ward-based staff was feasible to provide enhanced ward-based rehabilitation after critical illness.

**Methods:**

A feasibility pilot randomised controlled trial was undertaken. Sixteen patients were recruited and

randomised to either a control or intervention group. The control group continued to receive 'standard' ward-based care. The intervention group received enhanced physiotherapy and nutritional rehabilitation in addition to this 'standard' care. The generic rehabilitation assistant delivered the enhanced rehabilitation as directed by ward-based staff. The frequency and content of visits to the patient were compared between groups and a Mann-Whitney U test was undertaken to test for any differences.

**Results:**

The frequency of both dietetic and physiotherapy visits per week was statistically significantly higher in the intervention group (Dietetic 1.2 versus 4.9 visits ( $p < 0.001$ ); Physiotherapy 2.6 versus 8.2 visits ( $p < 0.002$ )). The intervention group received a statistically significant increase in mobility treatments compared to the control group, including greater practice of transfers, exercises and advice.

**Discussion:**

The results of this study established it was feasible for a generic rehabilitation assistant to deliver enhanced ward-based rehabilitation after critical illness.

**Conclusion:**

A large randomised controlled trial commenced in December 2010 and will evaluate the impact of the generic rehabilitation assistant on patient outcomes. 284 words

**References:**

Griffiths RD, Jones C. Clinical Review. ABC of Intensive Care. Recovery from intensive care. *BMJ* 1999; 319[14th August]: 427-429.

Jones C, Griffiths RD, Humphris GH, Skirrow P. Memory, delusions, and the development of acute posttraumatic stress disorder-related symptoms after intensive care. *Critical Care Medicine* 2001; 29(3): 573-580.

**Funding:**

£1,000,000

Symposium abstract 4:

### What can generic health-related quality of life (HRQoL) measures really tell us about recovery following (prolonged) critical illness?

*Pam Ramsay, Research Manager in Critical Care, Royal Infirmary Edinburgh, UK*

**Abstract:**

**Background:**

Survivors of critical illness experience a broad spectrum of physical and psychosocial sequelae of which the long-term patient group experience the highest prevalence and severest forms.

'Recovery' has been measured using, almost exclusively, generic HRQoL questionnaires. Little empirical work, however, has examined the extent to which these measures capture the experiences and perspectives of survivors.

#### Aims:

To inform the use and interpretation of HRQoL data among this patient group

#### Methods:

Reflecting professional recommendations<sup>2</sup>, 20 survivors of prolonged critical illness\* completed the Short-Form 36 (SF-36) by post, at up to 6 months post ICU discharge. Each subsequently participated in a semi-structured qualitative interview exploring experiences and perceptions of morbidity within the critical illness 'journey'. Data were analysed thematically and with reference to the 'dimensions' of the SF-36.

#### Results:

Ongoing morbidity was widely perceived as 'a lucky escape' or 'to be expected' following life-threatening illness, and was generally under-reported in questionnaire form. Morbidity, moreover, was conceptualised by survivors not in terms of sources of loss, but in terms of the pragmatic and interpretive strategies they adopted in its everyday management. Recovery, more generally, was conceptualised as a dynamic and evolving process (as opposed to the 'snapshot' afforded by questionnaire).

#### Discussion:

This study outlines the limitations of existing approaches in terms of explicating (i) the meaning and significance of critical illness-related morbidity<sup>3</sup> (ii) its putative relationship with HRQoL<sup>3</sup> and (iii) the temporal process of recovery among this patient group.

#### Conclusions

Qualitative approaches offer hitherto unforeseen insights into these issues. Attention to the pragmatic and interpretive strategies identified may also help expedite the recovery process in ways which are most meaningful to survivors. 299 words

(\* defined by the requirement for '14 days' mechanical ventilation)

#### References:

Griffiths RD, Jones C. ABC of intensive care – Recovery from intensive care. *British Medical Journal* 1999; 319:427-429.

Angus DC, Carlet J and Brussels RP. Surviving intensive care: a report from the 2002 Brussels Roundtable. *Intensive Care Medicine* 2003; 29:368-377.

Leplege A and Hunt S. The problem of quality of life in medicine. *Journal of the American Medical Association* 1997; 278: 47-50.

#### Funding:

Centre for Integrated Healthcare Research

→1,000,000

#### Symposium abstract 5:

### Strategies to improve long term recovery

Leanne Aitken, Professor of Critical Care Nursing, Research Centre for Clinical and Community Practice Innovation, Griffith University and Princess Alexandra Hospital, Queensland Australia

#### Abstract:

Interventions at multiple time points can assist with long term recovery after critical illness. These interventions can be categorised as (i) adapting intensive care (ICU) to limit detrimental effects; (ii) introducing programs of care within ICU to improve long term recovery; (iii) identifying 'at risk' patients to refer for additional support; (iv) providing interventions for patients after they leave ICU. This presentation will briefly review two studies related to these strategies.

A multi-centre randomised controlled trial was conducted during 2006-2008 to determine the effect of an 8 week home-based exercise program on physical recovery. Adult survivors of critical illness who had been in ICU →48 hours underwent blinded assessments at weeks 1, 8 and 26 after hospital discharge. Intervention group participants did not recover their physical function significantly faster than control group participants. However, participants who undertook additional exercise, had a gastrointestinal diagnosis and reported better social functioning and sleep in week 1 had improved physical recovery.

In a second study we measured health and economic outcomes in 124 trauma ICU patients for 12 months following hospital discharge during 2008-2010. These patients reported poor psychological recovery, with three quarters of patients symptomatic of Post Trauma Stress Disorder (PTSD) at 1, 6 and 12 months post discharge using the PTSD Civilian Checklist. In addition, more than 10% of patients reported severe psychological distress (Kessler Psychological Distress Scale) at each time point. In a small sub-group 1/3 of patients recalled hallucinations and nightmares during their time in ICU, with similar numbers of patients having unexplained feelings of panic or apprehension and intrusive memories after discharge from the ICU.

The findings from these studies suggest interventions targeting patients with specific compromise may have maximum impact on recovery. Such interventions must focus on both physical and psychological recovery.

#### Funding:

National Health & Medical Research Council & PA Research Foundation

100,001 – 500,000

#### Symposium 4

### Promoting cross disciplinary work in public health: Benefits for nursing

Angela Mary Tod, Sheffield Hallam University, Sheffield, United Kingdom

Lead: Angela Mary Tod

#### Symposium statement:

Public health deals with the protection, promotion and maintenance of health in populations rather than individuals. There is increasing pressure on nursing in all clinical areas to engage with the public health agenda, whether in terms of disease prevention, promoting lifestyle and behaviour change, or meeting the needs of those experiencing health inequalities and high levels of chronic disease. In order to work effectively in public health, nurses in different settings are encouraged to work across academic and clinical disciplines. This symposium will consider how cross-disciplinary working can improve the insight and public health activity that nurses engage in.

The symposium will begin with a political and policy analysis of the current public health context. Subsequent papers present a range of projects that all demonstrate how cross-disciplinary collaboration can improve how nurses understand the needs of their populations, and how they can respond more effectively to them and improve their practice. Although not all of this work was instigated by or in response to nursing, the process and findings of the work have huge relevant to education and practice. The symposium will conclude with reflections on the advantages and challenges of cross-disciplinary working in public health in the current policy and clinical landscape.

The symposium will be chaired and led by Dr Angela Tod, Principal Research Fellow at the centre for Health and Social Care Research at Sheffield Hallam University (SHU). She is also the lead at SHU for the Public Health Hub, a cross faculty initiative to harness the range and diversity of PH related activity undertaken by many groups within the University at local, national, and in some cases, international levels. Angela is also an Honorary Consultant in Public Health at NHS Sheffield and has published widely on a range of public health related research.

#### Symposium abstract 1:

### The public health hub: A model of working

Jane Fearon

#### Abstract:

This paper will provide an overview of the policy and practice environment within which the Public Health Hub was created and a political analysis of the current situation regarding public health provision in the UK. It will describe the change



in infrastructure within which the public health agenda operates and the implications of the new public health structures that arise from the new coalition government. A summary of the current public health policy priorities will be provided and how these differ from those of the previous Labour government.

In order to create the context for the rest of the symposium, the history of the development of the Public Health Hub will then be described, the model of working and the underlying theoretical framework. The Public Health Hub was established to facilitate greater collaboration across the Faculties and so strengthen and promote public health activity. The PHH is unique because it is grounded in the social model of health (as opposed to the more traditional medical model) and adopts a collaborative, cross-disciplinary and cross-Faculty approach. The theoretical model draws on the broader determinants of public health and recognises the influences of physical, socio-cultural and socio-economic factors.

**Funding:**

No funding

Symposium abstract 2:

**The implications of multi-morbidity: The co-incidence of depression and other chronic ill-health**

*Joanne Coy and Sarah Salway*

**Abstract:**

**Background:**

The aging population presents challenges to nurses regarding the treatment, care and management of co-and multi-morbidity. It is difficult to understand the complex needs of multi-morbidity, especially when it involves mental ill-health. This ESRC-funded project involved collaboration between health and social scientists, and NHS information specialists. It provides insight into patterns of multi-morbidity and associated health needs.

**Method:**

Secondary analysis of a health and well-being survey. Responses from 10,185 participants were analysed to explore the coincidence of depression and physical ill-health. The data were linked to NHS and mortality datasets, enabling levels of service use and mortality among respondents to be identified over a nine-year period.

**Findings:**

Overall, 13% of respondents reported two or more chronic morbidities. Overall, 5% (492) of respondents had depression and one or more physical health conditions i.e. they were 'comorbid-with-depression'; prevalence was 7% among the 55-plus ageband. Age and minority ethnic status were positively associated with comorbidity-with-

depression. Smoking and socioeconomic status, measured by both individual level and area-level deprivation indicators, were also significant predictors. The results suggest that depression was associated with an increased risk of non-elective hospital admission and of mortality; risk of these outcomes was greater for those with depression and physical ill-health compared with physical ill-health alone, suggesting an 'additive' effect of depression.

**Discussion:**

The findings indicate the need to diagnose and treat depression early, particularly among older people and those with chronic health conditions. Nurses are in key positions to facilitate appropriate mental health assessment and referral, and improve the care of individual patients.

**Conclusion:**

This paper illustrates how research collaborations provide insight into the complex needs of people with chronic physical and mental health needs. Implications for policy, clinical practice and future research are considered.

**Funding:**

UK – Research Council  
 10,001 – 50,000

Symposium abstract 3:

**Not just about condoms: Sexual health services in the school setting in the UK: Current models and the role of school nurses.**

*J Hirst*

**Abstract:**

**Background:**

Recent UK policy encourages an expansion in school-based/linked sexual services for young people aged 11 – 18, with the stated intention of reducing levels of teenage conceptions and of sexually-transmitted infections. This paper discusses the findings from a recent study of UK policy and practice in relation to sexual health services for young people based in, or closely linked with, schools.

**Methods:**

This study formed part of a larger project which included a systematic review of international research, interviews with 51 service managers and questionnaire survey of school nurses.

**Findings and discussion:**

Our findings raise a number of issues of relevance for sex and relationship education (SRE) and service providers, such as school nurses. We found a wide diversity of service models, within and between geographical areas. This context has allowed space for local innovation, but has also led to significant inequities in access to services by

young people. A pattern of dependence on short-term funding, in many areas, also raises questions about service sustainability. We found an uneven picture in the ways in which these services were linked : or not : with SRE initiatives: examples of close collaboration contrasted with examples of tension or non-communication. Much current UK health and child welfare policy emphasises inter-professional and cross-agency collaboration. However, the relative autonomy available to school head teachers and governors can represent an obstacle to service provision and to collaboration, in some respects, in a climate in which there is still considerable ambivalence about discussing 'sex' openly in many schools.

**Conclusion:**

The paper will conclude by suggesting ways to extend collaboration between staff delivering SRE, including school nurses, and those organizing school-based/linked SH services. We pinpoint issues of relevance to school nurses and how to address current obstacles to collaboration and build on examples of good practice.

**Funding:**

UK – Local Authority  
 10,001 – 50,000

Symposium abstract 4:

**Engagement with physical activity in cancer recovery**

*Angela Tod and Helen Crank*

**Abstract:**

**Background:**

Health professionals such as nurses struggle with the referral and promotion of physical activity in cancer recovery, despite its proven benefit (Macmillan 2010). Patients also report anxiety and low confidence regarding physical activity after cancer treatment. This study explored the experiences of physical activity from the perspective of one group of breast cancer survivors who participate in Dragon Boat Racing (DBR). It aimed to develop an understanding of i) the triggers to engagement and maintenance of physical activity in cancer recovery and ii) how to overcome barriers to engagement. The study was a collaboration between health services, sports science research and voluntary sector organisations.

**Methods:**

An online survey open to all cancer survivors who attended an international DBR festival. 95 responded. Semi structured interviews with 29 festival participants.

**Findings:**

Triggers for people starting DBR involved a desire to move away from the cancer experience and also a drive and motivation to get fit. The first experience of DBR had been powerful and positive. To do something active, enjoyable and energetic after

months or years of treatment had a profound and lasting effect. Participants reported feeling overwhelmed and inspired by the immediate impact of the activity, the team work and the positive environment. Reasons for participants continuing to attend and keep active are summarized within interwoven three themes; freedom, connection and healing.

**Discussion and conclusion:**

To maintain involvement, activity needs to be fun, provide support from team members, and provide opportunities for growth and achievement. Key lessons for nursing are considered in relation to the promotion of physical activity in cancer recovery. The benefits of the cross disciplinary collaboration are also considered.

**Funding:**

UK – Higher Education Institution  
€1,000

Symposium abstract 5:

**Developing a workforce competency framework for behaviour change**

*Clare de Normanville*

**Abstract:**

2007 NICE guidance on behaviour change included the need to “equip practitioners with the necessary competencies and skills to support behaviour change”. NHS Yorkshire and The Humber Strategic Health Authority identified that to deliver this agenda; a whole systems approach was needed required involving the entire workforce rather than specific elements. Commissioning behaviour change services is problematic as the wider public health ethos is not fully embedded into the culture of commissioning services. It is also difficult to articulate what commissioners want from services and the workforce. In response to this the SHA commissioned Sheffield Hallam University to develop a Health Behaviour Change Competence Framework.

The framework was developed from an extensive review of the literature and a modified-e-Delphi approach, and tested using a case study approach to ensure usability, validity and fairness. The Framework is supported by a cost effectiveness review and a self assessment tool for the workforce to identify their competence in this area.

Twelve Primary Care Trusts have begun implementing the framework. Preliminary results indicate that it is acting as a catalyst for changing how NHS organisations understand and look at quality outcomes in relation to the workforce and behaviour change, and the balance of population versus individual approaches.

The framework is relevant to commissioners, service providers, educationalists and practitioners. This paper describes the development of the Framework, its benefit to nurses working across the

NHS, how it supports multi-disciplinary working and how it adds value and does not detract from existing practice or roles. Finally it discusses how the framework can support robust and transparent commissioning and provision of public health services in financially challenging times.

**Funding:**

UK – Health Service (Local)  
10,001 – 50,000

Symposium 5

**Programmatic research in pressure ulcer prevention: Update on progress and how we are addressing challenges**

*Andrea Nelson, School of Healthcare, University of Leeds, United Kingdom*

**Lead:** *Carol Dealey*

**Symposium statement:**

**PURPOSE linkages**

The 6 component studies in PURPOSE (Pressure Ulcer Programme of Research) each have brought unique methodological challenges for clinicians, participants and methodologists alike. This symposium will describe the PURPOSE programme of work, the questions it will answer and how we are dealing with the methodological challenges in selected projects. We hope this symposium will be of interest to researchers developing a programmatic approach to their work, and to people interested in pressure ulcer (PU) prevention, as well as those struggling with issues such as patient and public involvement, or systematic reviewing in uncharted territories.

Paper 1 is an overview to orient the attendee. It describes the PURPOSE programme of research in pressure ulcer prevention and provides an update on the progress for each of the individual component studies.

Paper 2 reports on the pain prevalence study with particular emphasis on how we were able to undertake this study by piggy-backing it onto a routine pressure ulcer audit, reducing respondent burden, and increasing efficiency.

Paper 3 Describes the development of frameworks in a systematic review of PU risk factor research to allow us to critically appraise the component studies, and how we dealt with numerous ways of describing congruent factors.

Paper 4 Discusses the engagement of public and patient perspectives within PURPOSE, using methods developed from the Trials Unit and developing relationships with patients to support their contribution across a range of roles.

**Acknowledgements**

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The views and opinions expressed are those of the authors and not necessarily those of the NHS, the NIHR or the DoH.

We thank ward staff, clinical research nurses and NHS collaborators at the participating hospitals as well as the steering committee.

Symposium abstract 1:

**Pressure ulcer programme of research – PURPOSE**

*Nixon J\*, Wilson L\*, Coleman S\*, Gorecki C\*, Nelson EA^, on behalf of the PURPOSE team.*

\* *Clinical Trials Research Unit, University of Leeds, United Kingdom*

^ *School of Healthcare, University of Leeds*

**Introduction**

Our academic/clinical collaborative obtained £2 million, National Institute Health Research (NIHR) funding to support a 5 year pressure ulcer programme of research (PURPOSE).

Aim of PURPOSE is to reduce the impact of pressure ulcers (PUs) on patients through:

- 1) early identification of patients at risk of PU and improved identification of risk of severe PU,
- 2) development of methods to capture patient-reported outcomes including health-related quality of life (HRQoL) and health utilities for routine clinical use and in clinical trials.

**Overview**

PURPOSE comprises six research studies:

**Theme 1: Risk assessment**

1. Pain prevalence study to determine the prevalence of localised PU pain in pressure areas.
2. Pain cohort study to explore the role of pain as predictor of PU development.
3. Severe PU Study to identify the reasons for development of severe pressure ulcers.
4. PU Risk Assessment Framework (PURAF) to develop and evaluate an evidence-based PURAF for use as a screening and decision-making tool.

**Theme 2: Quality of Life**

5. PU Quality of Life (PUQOL) to develop a psychometrically rigorous, patient reported outcome measure of quality of life.
6. Health Utility Measure Study (PUQOLY) to develop health economic tools to ensure appropriate allocation of PU prevention and management resources.

**Progress**

- Pain prevalence was undertaken at 3 hospitals and 2 Community Trusts.
- Pain cohort study is recruiting at 20 centres towards a target of 632 patients.
- Severe PU Study has recruited six people with SPU
- PUQOL Study has recruited circa 500 patients from 22 acute and community NHS Trusts.
- PU Risk Assessment Framework has updated the PU risk factor systematic review and held the first of three consensus meetings.

**Clinical relevance**

This integrated programme of research will shape future PU prevention practices and has required

clinicians, and methodologists to address a number of challenges.

**Funding:**

UK – Health Service (National)

→1,000,000

Symposium abstract 2:

**Pressure ulcer pain suffering: Issues raised in a multi-centre pain prevalence**

*Nixon. J Professor of Tissue Viability \* on behalf of the PURPOSE Pain Team.*

\* *Clinical Trials Research Unit, University of Leeds, United Kingdom,*

**Introduction:**

Patients with pressure ulcers (PUs) report that pain is their most distressing symptom but we don't know how many people have pain, nor its intensity or type. Both nociceptive pain (from the inflammatory response), and neuropathic pain (resulting from nerve damage /tissue ischaemia) can occur during PU development.

**Aims:**

- determine prevalence of localised PU pain at 'pressure areas'.
- assess type and severity of localised PU pain in 'pressure areas' in patients with clinically assessed normal skin and Grade 1-U PUs
- explore the association between pain and skin classification.

**Methods:**

We undertook pain prevalence surveys in acute hospitals and community trusts in the UK, piggy-backing pain questions onto the routine annual PU prevalence audits in NHS Trusts.

Anonymised individual patient data was recorded by a ward/community nurse. In addition to the standard PU data, patients were asked two questions relating to localised skin pain to establish PU pain prevalence. Where pain was indicated, consenting patients underwent a detailed pain and skin assessment using:

- numerical rating scale
- adapted Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) Pain Scale
- Skin assessment using EPUAP classification.

**Results:**

We recruited 5000 patients in 9 acute hospitals and 2 community trusts. The prevalence of pressure ulcer pain in acute and community patient populations will be presented including the characteristics of patients reporting PU pain, the prevalence of inflammatory and neuropathic pain, and pain intensity by PU Grade.

**Methodological challenges:**

This is the first study of its type. We piggy-backed pain prevalence onto routine hospital PU prevalences and supported the community trusts to develop a routine prevalence of pain and PU. We will discuss the issues of assessment and consent in both acute and community populations and provide insight into the scale of the problem and implications for practice.

**Funding:**

UK – Health Service (National)

→1,000,000

Symposium abstract 3:

**Challenges in identifying risk factors for pressure ulceration: Systematic review of risk factors and problems addressed**

*Nelson EA, Coleman S, and Nixon J on behalf of the PURPOSE team.*

*Nelson E Andrea, Professor of Wound Healing, School of Healthcare, University of Leeds*

*Susanne Coleman, Programme Manager, Pressure Ulcer Research, CTRU, and PhD Student, School of Healthcare, University of Leeds*

*Nixon Jane, Professor of Tissue Viability, Clinical trials Research Unit, University of Leeds*

**Abstract:**

**Background:**

Pressure ulcers are described as 'an area of localised damage to the skin and underlying tissue caused by pressure, friction, shear and/or a combination of these' (EPUAP). They are a major burden to patients and carers and the healthcare system (Gorecki et al 2009).

Prevention of pressure ulcers is through identification of people 'at risk' and provision of prevention strategies (support surfaces, turning regimes, skin care etc). NICE guidelines highlighted the limitations of current risk assessment methods. Risk assessment practices have not been up-dated for 20 years.

**Aim:**

We are developing an evidence-based pressure ulcer risk assessment framework to support clinical decision making in practice. In addition, we aim to identify factors for a minimum data set for routine data collection and case-mix adjustment.

**Method:**

We are undertaking a systematic review of the risk factors associated with the development of pressure ulceration across a range of clinical settings. We have identified a number of methodological challenges in this review and describe the steps we are taking to address these.

**Results:**

There are few systematic reviews of risk factors and hence little methodological guidance, in

contrast with systematic reviews of effectiveness or diagnostics. We have addressed two major methodological challenges (a) the large number of risk factors reported in a multiplicity of ways in the literature (nutritional state has 15 measures used). In addition, the evaluation of methodological rigour in risk factor studies for inclusion and evaluation in the review has been undertaken by adapting quality appraisal frameworks from prognostic studies.

**Conclusion:**

This presentation will highlight the methodological developments we needed to develop to review the evidence in this important clinical area. The paper will therefore be relevant to delegates with an interest in tissue viability, and those working in the area of risk or prognostic research and systematic reviews.

**Funding:**

UK – Health Service (National)  
1,000,000

It has already made a significant contribution to the PURPOSE steering committee. We have taken a flexible approach to involvement which allows panel members to take on varying roles depending on their skills, needs and the level of commitment they feel able to give. We acknowledge the need to ensure patients are not put at risk of skin damage by attendance at meetings and being sat for extended periods.

KEY \* Includes patients, potential patients, people who provide care or support, parents / guardians, users of health and social-care services, disabled people, members of the public.

**Funding:**

UK – Health Service (National)  
1,000,000

Symposium abstract 4:

**Patient and public involvement in pressure ulcer research: Challenges and progress**

*Delia Muir on behalf of the PURPOSE team*

**Abstract:**

Patient and public\* involvement in research is a key element of UK National Health Service Research and Development policy and is required at all levels in the research process: priority setting, design and management of research, undertaking research, interpretation and dissemination of the research findings.

Patient and Public Involvement in Clinical Trials and Research Unit (CTRU)

The CTRU Consumer Involvement Policy and Guidelines (2005) have been successful in engaging patients and patient representatives in areas of clinical trials research where researchers can link with established patient groups. However, in our skin projects (mainly pressure ulcer prevention/ treatment) there are no patient groups. We identified the need to establish a Patient and Carer Pressure Ulcer Research Panel to support the PURPOSE programme of research and develop much needed new research in the field.

**Solution:**

We have brought together a group of patients, carers and family members with personal experience of the prevention or treatment of pressure ulcers to form the panel. The preparation of Consumer members avoids isolation or attrition and we have undertaken a series of preparation workshops for interested members. This panel will be involved in all areas of pressure ulcer research : from question formation, research design, study research tool development, and interpretation.



**Tuesday 17 May 2011**

**12.00 – 13.30**

Symposium 6

**Maximising the nursing contribution to clinical research : Harnessing the climate for change**

*Clare Darrah, Norfolk and Suffolk Comprehensive Local Research Network, Norfolk and Norwich University Hospital Trust, Norwich, United Kingdom*

**Lead:** Clare Darrah

**Symposium statement:**

The coalition government white paper ‘Equity and excellence; liberating the NHS’ keeps research at the forefront of the NHS. Recognising that research needs to flourish and the requirement to practice evidence based medicine as well as ensuring that patients are at the centre of everything.

With the increase in clinical research there has been a burgeoning of the clinical research nurse workforce. These nurses are at the forefront of research engaged with the patient and researchers across the NHS. This symposium addresses issues around employment, training requirements and career opportunities for this emerging role. The leadership of this workforce is critical to ensure this workforce is developed and is sustainable; it will also provide more opportunity for productive collaboration from the frontline across academia. As the role of the clinical academic nurse becomes more embedded the links to the clinical research nurse workforce will prove vital and this will be explored. A future strategy bringing together clinical research nurses and nurse researchers to deliver clinical research in an effective manner will strengthen the nursing profession as researchers.

This symposium is led by lead research nurses from across the United Kingdom, all actively working in the NHS as research practitioners, who have developed early models of employment and training and now provide leadership and support for the workforce at a local and national level. The symposium discusses the unique opportunity available to bring together those working on the ground level with those in academia forging a link which will play an important role in the delivery of the NIHR research agenda gathering evidence to underpin practice in an NHS with the patient first and foremost.

Symposium abstract 1:

**Maximising the nursing contribution to the UK clinical research agenda**

*Helen Pidd, Director, UKCRF Network, Operational Director – Wellcome Trust Clinical Research Facilities, Manchester Royal Infirmary*

**Abstract:**

As a result of growth in infrastructure including clinical research facilities and the development of Networks to facilitate research there has been a rapid and significant increase in the number of Clinical Research Nurse (CRN) appointments across the UK, with some regions reporting a doubling of numbers within a three year period. A conservative estimate anticipates a UK wide CRN workforce of around 10,000 by 2013.

As a direct result of the rapid growth in CRN numbers, there has been a lack of strategic thinking in relation to employment practices, training and development opportunities which poses a real risk to both patient safety and effective and efficient study conduct.

This session will focus on:

- Sharing of best practice in models of employment practices that are emerging for clinical research nurses
- Exploring the requirements for future training and development for clinical research nurses
- Exploring career opportunities for clinical research nurses by highlighting emerging new roles

There are challenges for clinical research nursing, which makes this a dynamic and exiting career choice, with opportunities for development only just emerging. This session will illustrate how with models of good employment practice in place and support with training and development, clinical research nurses will play a vital role in the delivery of the coalition Governments objectives for research in the NHS.

**Funding:**

No funding

Symposium abstract 2:

**The leadership imperative: How and why nurses are getting involved in the leadership of clinical research**

*Martha J Wrigley and Caroline Humphreys; Lead Research Nurses Surrey and Sussex Comprehensive Local Research Network, Ashford and St Peter's NHS Hospital Trust*

**Abstract:**

In today's NHS, the scope and opportunities available for nurses in clinical research, are exciting and varied; although myths and misconceptions remain. However, clinical research remains a new and emerging discipline for nurses, which means that opportunities for leadership in this field are extensive. This session will illustrate how nurses involved in clinical research play an essential part in delivering the coalition Governments objectives for research in the NHS.

The number of clinic nurses who are involved in the delivery of research has, as a consequence increased, although overall numbers remain low. This has led to a more structured career pathway for research nurses and new opportunities for management, innovation and leadership.

This session will focus on:

- meeting the changing health needs of patients , which is at the centre of NHS delivery of evidence based practice
- future horizons for developing a research partnership between academia, NHS staff and patients
- how the role of the nurse is embedded in the clinical research process and the career opportunities for nurse leaders in this field.

The last decade has seen a wealth of change in research conducted within the United Kingdom's (UK) National Health Service (NHS); there have been changes to research governance, management, implementation and to the focus of research. The result of these collective changes has been that research has now become a front-line, core service of the NHS. Inherent within these changes has been the role of the research nurse and the emergence of nurse leaders in this field.

**Funding:**

No funding

Symposium abstract 3:

**Strategic engagement : Why this is needed to ensure the nursing profession is at the forefront of clinical research**

*Emma O'Connor, Lead Nurse, South East Stroke Research Network; Alison Mortimer, Research Nurse Manager, South Yorkshire Comprehensive Local Research Network, Northern General Hospital, Sheffield*

**Abstract:**

Increasing collaborations between academic and clinical research nursing roles will strengthen the position of the profession to conduct and embed research into frontline NHS services. This session will illustrate how successful engagement between academic and clinical roles will enable nurses to play a major part in delivering the collation Government objectives for research in the NHS.

This session will focus on:

- How engagement and collaboration between academic institutions, NIHR Clinical Research Networks and NHS Trusts can deliver efficient and effective research programmes
- Present case studies of successful collaboration and demonstrate the impact of such research on clinical guidance and patient care
- The future: research partnerships for academic and clinical research in frontline practice

In recent years there has been a cultural shift in the health care research agenda. The establishment of the National Institute for Health Research (NIHR), Networks and other research infrastructures have been instrumental in this change, making research core business for the National Health Service (NHS). This cultural change has provided great opportunities for health care professionals to develop research programmes which have direct impact on patient care.

In today's NHS the opportunities for nurses to influence research agendas and programmes has never been greater. Despite this potential nursing professionals remains underrepresented, with few nurses identified as Chief or Principal Investigators' on research programmes across the UK.

**Funding:**

No Funding

Symposium 7

**Communication, relational and cognitive skills in improving patient safety and nursing outcomes**

*Giuseppe Aleo, Dipartimento Scienze della Salute, University degli Studi di Genova, Genova, Italy*

**Lead:** Roger Watson

**Symposium statement:**

The common theme of the three papers included in this symposium are nursing skills and their role in improving patient safety and nursing-sensitive outcomes.

The three papers provide practical examples of the different nature of nursing skills:

- Communication skills (Paper 1)
- Relational skills (Paper 2)
- Cognitive skills (Paper 3)

Paper 1 analyses memory failures in communication between members of the healthcare team, which is the main cause of risk linked to the lack of non-technical skills in the healthcare team members working in a paediatric emergency department.

Paper 2 focuses on the main causes of risk linked to patients' self-management of drug treatment. In this case, patient safety depends on the nurses relational skills with patients upon discharge, in terms of therapeutic education aimed at limiting the risks of drug self-administration when patients go back home.

Paper 3 shows how essential it is for nurses to be proficient in medication dosage calculation and improve before they start practising the profession. Therefore, nursing education programs need to make sure that nursing student have good mathematical skills to ensure patient safety during drug administration procedures.

The common denominator to these three papers are nursing competences and their impact on nursing-sensitive outcomes, such as: risk indices, satisfaction with care, length of stay, readmission, length of home care, costs, patient independence, self-management and compliance with treatment.

Symposium abstract 1:

**Patient safety in a paediatric emergency department: Memory failure and communication**

*Annamaria Bagnasco, Coordinator of Nursing Studies, Loredana Sasso, Associate Professor of Nursing, PhD School of Nursing, University of Genoa, Italy*

**Abstract:**

**Background:**

It is reported that medical errors can be conceptually divided into those caused by lack of technical knowledge and lack non-technical skills. Of the non-technical skills, Evidence-based Medicine and Evidence-Based recognise medical errors due to inadequate behaviour and/or communication within the healthcare team.

**Aims:**

To improve the safety of patients coming to a Paediatric Emergency Department by outlining the vulnerabilities using failure modes and error modes to identify effective corrective measures and ensure patient safety.

**Methods:**

We conducted a Failure Mode and Effects Analysis (FMEA)/Failure Mode, Effects, and Criticality Analysis (FMECA), at the Paediatric Emergency Department of the Children's Teaching Hospital of Genoa, in Italy, to identify both the Failure Modes and the Error Modes. The Error Modes were categorised according to Vincent's Taxonomy of Causal Factors, by correlating them with the Failure Modes and the specific phase of the process..

**Results:**

The analysis of the process and outlining the vulnerabilities allowed identification 22 possible failures of the process (Failure Modes). We calculated a mean Risk Priority Index of 182, all the >100 values were considered to have a high impact and therefore were subject to corrective action.

**Discussion:**

Mapping the process allowed identification of the vulnerabilities linked to the health workers' non-technical skills. In particular, we found that the most dangerous Failure Modes for their frequency and harmfulness were those related to communication among health workers. The tools we identified to mitigate risk and in particular memory failures, were Situation-Background-Assessment-Recommendation (SBAR) support.

**Conclusions:**

This paper's contribution to practice was that the implementation of non-technical skills allowed the organisation to design risk-limiting barriers. With regard to the contribution to knowledge, this paper increase nurses' awareness of the role and impact of non-technical skills.

**Funding:**

No Funding

### Symposium abstract 2:

#### Self management and self care education for patients on oral anticoagulation therapy

Francesca Rosa, MSc Student, Annamaria Bagnasco, Coordinator of Nursing Studies, Loredana Sasso, Associate Professor of Nursing, PhD School of Nursing, University of Genoa, Italy

#### Abstract:

##### Introduction:

This paper focuses on clinical risk, looking at the epidemiology of adverse events, a systematic approach, the risk factors and at Reason's model of organisational accidents to assess the efficacy of education in the promotion of the safety of patients on Oral Anticoagulation Therapy (OAT).

##### Purpose:

To assess patient satisfaction outcomes of therapeutic education sessions.

##### Materials and methods:

The teaching program was based on data collected from spontaneous reporting of events correlated to the administration of Oral Anticoagulation Therapy. The survey was made by using a 'Spontaneous incident reporting form' (GEN-DS-MD-scheda incident reporting-oo), integrated with existing incident reporting systems. Patient satisfaction was measured with a validated questionnaire. The survey involved 9 Units in 5 Hospital Services in Liguria Italy.

##### Results:

Of the patients attending the teaching sessions, 221 accepted to take part in the survey. Fifty-two percent were women and the average age was 73.8 years (SD 10.98) The average period of treatment on oral anticoagulant drugs was approximately 5 years (61 months). The respondents who answered the questionnaire on their own were 163 (73.8%). All participants rated the teaching program positively. The team that prepared the information booklet included mainly information that had a positive impact on patients' lives.

##### Discussion:

Literature clearly states that many errors still occur in healthcare organisations. Although it would not be realistic to eliminate errors completely, preventing errors should be a priority for all healthcare organisations. Most of the accidents in complex organisations are the result of the interaction between the technological, human and organisational failures.

##### Conclusions:

This study mainly included individuals who had been on OAT for more than one year. Our results showed that participants understood the usefulness of the information they had received.

##### Funding:

No funding

### Symposium abstract 3:

#### Assessment of drug-calculation skills in nursing education

Annamaria Grugnetti, PhD Student, Annamaria Bagnasco PhD MSc, RN, Coordinator of Nursing Studies, Loredana Sasso, Associate Professor of Nursing, PhD School of Nursing, University of Genoa, Italy

#### Abstract:

##### Introduction:

Drug-dosage calculations are an essential skill for nurses. Nursing research indicates that deficiencies in medication calculation ability is a global issue in nursing, therefore strategies to improve calculation skills are necessary to ensure patient safety during drug administration.

##### Purpose:

To investigate drug-calculation skills in undergraduate nursing students attending the School of Nursing at the University of Genoa.

##### Methods:

To 151 nursing students we:

- Administered a Math Skill Test, divided into six areas (five questions each): percentages, ratios, fractions, place value, multiplication of fractions and interpreting information (K. Wright, 2005) ;
- Administered a questionnaire to investigate their self-rated mathematical skills;
- Compared the students' test results over three years;
- Compared self-rated and actual mathematical skills

##### Results:

The response rate of the test was 100% (n. 151); females (73.2%), males (26.85%). The students' age range was from 19 to 45 years (mean 24.7 years, SD 5.5). The test showed that the nursing students' mathematical skills were poor; only one student answered correctly to all the questions in the test. The main areas of difficulty for students were the sections on multiplying fractions, interpreting information and ratios. The great majority of the students (85.4%) were unable to convert mcg into mg.

##### Discussion:

The results of our study coincide with those reported in literature. In clinical practice there is no acceptable margin of error for drug calculations..

The implementation of integrated strategies to improve drug calculation skills in nursing students is absolutely necessary.

##### Conclusions:

Nurse educators are required to implement tutorial, educational and organizational strategies to ensure that nurses are proficient in medication dosage calculation and improve patient safety.

##### Funding:

No Funding

### Symposium 8

#### Psychological adjustment to disfigurement: Informing health care interventions

Robert Newell, Professor of Nursing Research/ Associate Dean (Research and Knowledge Transfer), University of Bradford, Bradford, United Kingdom

Lead: Professor Robert Newell

#### Symposium statement:

A disfigurement, whether resulting from injury, disease, or a congenital condition, can in some cases have a profound psychosocial impact. There can be challenges in managing internal psychological reactions, but also in managing the reactions of others. For some, such psychosocial challenges can translate into significant disability, whilst others may be less affected.

The symposium presents five linked papers investigating a theoretical model of adjustment developed in collaboration by key researchers and clinicians working in appearance research (The Appearance Research Collaboration [ARC]). This model has been informed by a multi-centre research programme involving over one thousand participants with a range of disfiguring conditions, including people living with skin conditions, cancer and acquired disfigurements such as burns.

The papers in the symposium result from a long collaboration which led to a Healing Foundation grant to undertake a research programme which would ultimately inform interventions with people with disfigurement who experience psychological difficulty.

The cross sectional survey is the largest of its kind undertaken, and offers a broad picture of the experiences of people with disfigurement. The three following papers offer further perspectives. Thus, a qualitative follow-up study examines people's perceptions of changes in adjustment to disfigurement over time, whilst the study of head and neck cancer patients focuses in detail on a single illustrative group. The intervention study gives an indication of how the model developed by the group is translated into action to address the psychological difficulties experienced by people with a disfigurement. Finally, a discussion paper unites the preceding papers in integrating their implications for modelling of the processes involved in adjustment, and for treatment. The papers offer perspectives on disfigurement from different angles which build a composite picture of experiences of people with disfigurements and approaches to intervention.

All papers presented on behalf of members of ARC.

Symposium abstract 1:

**Identifying the psychological variables that contribute to successful adjustment to disfiguring conditions: A cross sectional survey.**

Nichola Rumsey, Director, Centre for Appearance Research, University of the West of England  
Rodger Charlton, Associate Clinical Professor in Medical Education, University of Warwick

Alex Clarke, Department of Plastic and Reconstructive Surgery, Royal Free Hospital  
Diana Harcourt, Principal Lecturer, University of the West of England

Hayley James, Research Assistant, University College London

Elizabeth Jenkinson, Research Assistant, University of West of the England

Tim Moss, Principal Lecturer in Health Research, University of the West of England, Professor Robert Newell, Professor of Nursing Research, University of Bradford

Stanton Newman, Professor of Health Psychology, University College London

Andrew Thompson, Clinical Psychology Unit, Department of Psychology, University of Sheffield  
Paul White, Senior Lecturer in Statistics, University of the West of England.

**Abstract:**

**Background:**

The process of adjustment to a disfiguring condition is likely to be a result of a complex interplay of psychosocial variables and have profound impact on those affected (Rumsey & Harcourt 2005). This study brought together experts in the field of disfigurement research to generate a theoretical framework. On the basis of this framework, the role of key psychological variables in accounting for individual variation in adjustment was explored. Previous studies have focussed upon single conditions and used a range of different psychological measures, yet it has been demonstrated that there are commonalities across conditions such as high levels of anxiety, which are not accounted for by biomedical or demographic variables (Moss 2005).

**Aim:**

To explore the role played by theoretically identified psychological variables in accounting for adjustment across a range of conditions.

**Design:**

A multi-centre, cross-sectional study

**Method:**

**Sample:**

1265 participants recruited from hospital and primary care services in Yorkshire, the Midlands, Southeast England between 2006 and 2008.

**Measures:**

Battery of validated questionnaires to measure: appearance valence and salience, social com-

parison, fear of negative evaluation, appearance related distress, anxiety and depression.

**Procedure:**

Face to face and postal survey

**Analysis:**

The sample size was determined by a medical statistician as adequate for the use of multiple regression analysis in examining the role of the proposed predictor variables.

**Results:**

Multiple regression analyses showed that psychosocial variables (including fear of negative evaluation, social comparison, valence and salience of appearance) rather than demographic or biomedical variables, significantly predicted adjustment to appearance.

**Discussion:**

This study demonstrates the importance of cognitive and behavioural variables in mediating adjustment, and confirms a psychosocial model. The model can be used by health care professionals in addressing psychosocial issues.

**Conclusion:**

The model has implications for service delivery to promote positive adjustment in those affected by disfigurement.

**References:**

Moss, T. (2005). The relationship between objective and subjective ratings of disfigurement severity, and psychological adjustment. *Body Image*, 2, 151-159.

Rumsey, N., & Harcourt, D. (2005). *The psychology of appearance*. Berkshire: Open University Press.

**Funding:**

UK – Research Charity/Foundation  
100,001 – 500,000

Symposium abstract 2:

**Experiences and adjustment of people with a disfigurement over time: A qualitative study**

Andrew Thompson\*, Clinical Psychology Unit, Department of Psychology, University of Sheffield  
Robert Newell, Professor of Nursing Research, University of Bradford

Sally-Ann Clarke, Trainee Clinical Psychologist, University of Manchester

Hayley James, Research Assistant, University College London

Elizabeth Jenkinson, Research Assistant, University of West of the England

\*Presenting author

**Abstract:**

**Background:**

Early work in psychosocial aspects of disfigurement involved seminal longitudinal qualitative

work in the USA (Macgregor et al 1953, Macgregor 1990), but focussed on problems rather than adjustment, a feature common to much research in disfigurement (Rumsey & Harcourt 2005). There been no significant building on this early work, and no UK qualitative examination of the experiences of disfigured people over time has been undertaken. In consequence, little is known about the course of psychological adjustment over time for people with disfigurement.

**Aim:**

To explore in depth individual explanations of adjustment to appearance over a nine-month period.

**Design:**

Exploratory qualitative interviews.

**Method**

**Sample:**

26 participants were purposively selected in 2008 from one of four groups of adjustment ('well adjusted stable'; 'distressed stable', 'improvement in adjustment'; or 'deterioration in adjustment') nine months after initial involvement in a cross sectional survey.

**Procedure:**

Participants were interviewed individually using semi-structured interviews. Interviews were audio recorded and transcribed verbatim.

**Analysis:**

Template analysis.

**Results:**

'Adjustment' was described as ongoing with all participants describing intrusive reactions from others. Those who identified themselves as well adjusted described optimism, 'downward' social comparison and making external attributions to explain reactions of others. They reported engaging in more social behaviour and used fewer avoidance strategies than the other groups. Persistent distress was associated with placing a high value on appearance, making internal attributions about others' negative reactions and feeling emotionally 'stuck'. Social and professional support facilitated adjustment.

**Discussion/Conclusions:**

Adjustment to living with a visible difference can involve continuing demands on psychological resources, suggesting assessment of need for support should be available on an ongoing basis. Psychosocial factors were reported as being central to adjustment to appearance over time. A number of factors amenable to change by psychological intervention were described, including underlying appearance beliefs and attributions.

**References**

Macgregor, F, Abel, TM, Brut, A, Lauer, E & Weissmann, S. (1953) *Facial Deformities and Plastic Surgery: A Psychosocial Study*. Springfield, Illinois. Thomas.



Macgregor, FC. (1990) Facial disfigurement: problems and management of social interaction and implications for mental health. *Aesthetic Plastic Surgery* 14, 249-57.

Rumsey, N., & Harcourt, D. (2005). *The psychology of appearance*. Berkshire: Open University Press.

#### Funding:

UK – Research Charity/Foundation  
100,001 – 500,000

#### Symposium abstract 3:

### Appearance concerns and psychosocial adjustment following head and neck cancer: A cross-sectional study and at nine month follow-up.

Sally-Ann Clarke, Trainee Clinical Psychologist, University of Manchester

Robert Newell\*, Professor of Nursing Research, University of Bradford

Andrew Thompson, Clinical Psychology Unit, Department of Psychology, University of Sheffield

Diana Harcourt, Principal Lecturer, University of the West of England

Antje Lindenmeyer, Research Fellow, University of Warwick

\*Presenting author

#### Abstract:

#### Background:

Head and neck cancer (HNC) is associated with invasive treatment, with potential altered appearance and difficulties with social activities. Difficulties with loss of physical functioning, (e.g. swallowing, chewing, and speech), psychological and social difficulties (anxiety, avoidance, depression, relationship distress) have been reported (Moolenburgh et al 2009, Manne & Badr 2010), with implications for post-treatment adjustment (Danker et al 2010). There are few studies of psychosocial adjustment to altered appearance following HNC.

#### Objective:

To investigate appearance-related adjustment following HNC using validated measures of mood and adjustment to appearance.

#### Design:

Cross-sectional survey with nine-month follow-up

#### Method

Sample:

98 people with HNC recruited from outpatient clinics between 2006 and 2008.

#### Measures:

Derriford Appearance Scale (DAS-24) and Hospital Anxiety and Depression Scale (HADS) as outcome measures, and describing socio-cognitive variables (Fear of Negative Evaluation, Dispositional Style, Social Support).

#### Procedure:

Participants identified in clinics and completed questionnaires postally. Postal follow-up at nine months.

#### Analysis:

Descriptive summary statistics; parametric and non-parametric subgroup comparisons.

#### Results:

Forty-nine (50%) participants returned questionnaires. Thirty-nine agreed to be contacted for nine-month follow-up; twenty (48.72%) returned questionnaires. Appearance-related adjustment was significantly better (lower DAS-24 total scores) than UK normative data from plastic surgery outpatients. Females reported significantly poorer appearance-related adjustment than females in the general population and male HNC survivors ( $U=166.50$ ,  $p=0.02$ ). HADS depression scores higher than UK norms. HADS anxiety scores no different from UK norms.

#### Discussion:

Findings confirm some previous studies but using a more comprehensive and sensitive measurement approach. There is considerable individual variability in adjustment, with many well-adjusted individuals but some experiencing considerable distress. Strategies to address psychosocial needs of HNC patients must consider this broad response pattern.

#### Conclusion:

Cognitive-behaviour therapy is a natural choice for specialist support, because of its strong evidence base in anxiety and depression, and its proven flexibility of delivery modalities.

#### References

Danker H, Wollbrück, D, Singer, S, Fuchs, M, Brähler, E, Meyer, A. Social withdrawal after laryngectomy. *European Archives of Otorhinolaryngology* 2010; 276, 4 : 593-600.

Manne S, Badr H. Intimacy processes and psychological distress among couples coping with head and neck or lung cancers. *Psycho-oncology* 2010; 19, 9 : 941: 954.

Moolenburgh, SE, Mureau, MA, Versnerl, SL, Duivenvoorden, HJ, Hofer, SO. The impact of nasal reconstruction following tumour resection on psychosocial functioning, a clinical-empirical exploration. *Psycho-oncology* 2009; 18, 7 : 747-52

#### Funding:

UK – Research Charity/Foundation  
100,001 – 500,000

#### Symposium abstract 4:

### Evaluation of a new online psychosocial intervention for individuals with visible differences: Face IT

Alyson Bessell, Research Fellow, University of Bristol\*

Veronica Brough, Psychologist, Royal Free Hospital,

Alex Clarke, Department of Plastic and Reconstructive Surgery, Royal Free Hospital

Diana Harcourt, Principal Lecturer, University of the West of England

Tim Moss, Principal Lecturer in Health Research, University of the West of England,

Nichola Rumsey, Director, Centre for Appearance Research, University of the West of England

\*Presenting author

#### Abstract:

#### Background:

Some individuals with visible differences experience psychosocial adjustment problems that can lead to social anxiety and isolation (Rumsey & Harcourt 2004; Rumsey et al 2004). These difficulties can restrict access to face-to-face support. Utilising a computer-based intervention from a remote location could ultimately provide psychosocial support to individuals who are currently isolated by their adjustment difficulties.

#### Aim:

To assess effectiveness of a computer-based cognitive behavioural/social interaction skills training programme in reducing anxiety, depression and appearance concerns in individuals with visible differences.

#### Design:

Randomised controlled trial.

#### Method

Sample:

Eighty-three participants were recruited from the Royal Free Hospital, support groups/charities working with individuals with visible differences between 2007 and 2008.

#### Measures:

Hospital Anxiety and Depression Scales, Derriford Appearance Scale-24, Body Image QoL Inventory and Fear of Negative Evaluation.

#### Procedure:

Participants randomly assigned to the Face IT programme, face-to-face standard intervention or no intervention. Participants assessed pre & post intervention, 3 & 6 months follow-up.

#### Results:

The data was analysed using MANOVA. The findings indicate significant reduction in anxiety ( $F_{6,158} = 6.28$ ,  $p < 0.001$ ) in both the computer intervention (pre = 8.96, post = 4.56) and the face-to-face condition (pre = 8.39, post = 3.89), but

not the control (pre = 7.67, post = 8.08) at post-intervention. Similar findings were reported for depressive symptoms, appearance concerns and fear of negative evaluation. Only the face-to-face delivery significantly improved body image quality of life. Results from 3 and 6-month follow-up demonstrate increased improvements in psychological functioning. All data will be reported.

#### Conclusions:

This new online psychosocial intervention has been found to be effective at reducing anxiety, depression and appearance concerns amongst individuals with visible differences whilst increasing positive adjustment. Furthermore, the programme structure will prove useful in furthering the development of manual-based face-to-face cognitive-behavioural/social interaction skills training interventions for individuals with visible differences.

#### References

Rumsey, N. and Harcourt, D. (2004). Body image and disfigurement: issues and interventions. *Body Image*, 1, 83 – 97.

Rumsey, N., Clarke, A., White, P., Wyn-Williams, M. and Garlick, W. (2004). Altered body image: appearance-related concerns of people with visible disfigurement. *Journal of Advanced Nursing*, 48, 443 – 53.

#### Funding:

UK – Research Charity/Foundation  
50,001 – 100,000

Symposium abstract 5:

### Psychosocial interventions for people with disfigurement: Implications of the ARC programme of research

Alex Clarke, Department of Plastic and Reconstructive Surgery, Royal Free Hospital

#### Abstract:

##### Background:

Interventions for people with disfiguring conditions are largely based around social skills and exposure programmes. This behavioural focus undervalues the role of cognitions. Bessell and Moss (2007) have recently provided a systematic review of interventions, highlighting the need for more rigorous methodological studies, including a better understanding of the models and procedures being used. The ARC programme of research further demonstrates that intervention needs to focus not so much on what is happening but how it is experienced.

##### Aim:.

To outline the implications of the ARC programme of research and its associated model for psychological interventions for people with disfigurements derived from.

#### Design:

Theoretical discussion paper.

#### Findings/Discussion:

The data drawn from the ARC programme of research presented in part in the previous papers in this symposium is synthesised here. It has been used to develop and investigate a model which explores the factors and processes important in adjustment. This model describes the interaction between predisposing factors (e.g. demographic characteristics, early influences), intervening cognitive processes, and outcomes. From this model and its exploration through the ARC programme, an intervention has been designed which offers a continuum from generalist to specialist intervention and recognises individual differences, particularly with regard to cognitive processes and the level of preoccupation with disfigurement and its impact. This intervention will be briefly presented and a service model proposed.

#### Conclusion:

This presentation draws together the other papers in the symposium, showing how the findings of a programme of research have been used to develop a more patient-centred and evidence-based model of cognitive-behavioural intervention to be used in clinical practice.

#### References

Bessell, A. and Moss, T.P. (2007). Evaluating the effectiveness of psychosocial interventions for individuals with visible differences: a systematic review of the empirical literature. *Body Image*, 4, 227-38.

#### Funding:

UK – Research Charity/Foundation  
100,001 – 500,000

### Symposium 9

#### Dancing with data: how good are data elicited from children and young people?

Jane Coad, Professor in Children and Family Nursing, Faculty of Health and Life Sciences, Coventry University, Coventry, United Kingdom

Lead: Professor Jane Coad

#### Symposium statement:

##### Aim:

The aim in this interactive symposium is to explore the sensitive elicitation of quality data from children and young people and their families. The specific direction(s) taken will reflect the methodologies used by the participants and the settings, contexts and scenarios they share within the workshop.

Discussion will be stimulated through a series of four interlinking papers and questions, presented by a very experienced team of children's researchers who will each draw on different projects. The symposium contributors will present their papers and will pose a series of questions and suggest some potential solutions about how to acknowledge and address the challenges of ensuring that robust data are collected whilst working sensitively with children, young people and families.

The symposium will achieve the following:

- Inform delegates of the research designs and tools used with children, young people and families using a range of different studies as illustrations
- Explore the skills used in managing research situations with children, young people and families
- Critically reflect on techniques used to ensure that data techniques and collation are robust whilst also being ethically sensitive to the participants.

We will focus on a series of critically reflective questions to each of our papers:

How good is good enough data from clinical trials?

To what extent do our techniques distort or represent the voices of children?

Do arts-based based approaches allow for collection of robust data or not?

Involving young people in research : how do they influence interpretation of findings?

Time during and at the end of the symposium will be allowed so that all aspects of the work presented can be used to inform the final discussion.

#### Introduction: Setting the scene

Chair: Julie Taylor, NSPCC.

Following a brief 5 minute introduction to the symposia by the chair, the series of four papers will be given.

Symposium abstract 1:

## Clinical trials: How good is good enough data?

Margaret Fletcher, Professor in Clinical Nursing, UHB/UWE, Bristol, UK

**Abstract:**

This paper explores and raises questions about involving children in clinical trials, arguing that efforts for obtaining complete and 'clean' data should be considered of paramount ethical importance. The implications of this in terms of the clinical and research staff working with such children will be examined.

Published reports of clinical trials and the notion of the randomised controlled trial being the gold standard in terms of evidence imply an exceptionally high level of data quality and completeness. However, such concepts belie the fact that data from and collected by and for human beings is, by default subject to human error. If we identify where this may creep in we can work to minimise it and if possible prevent it all together.

But what about when there can only be proxy reporting? Or when proxy and patient disagree, as has been demonstrated between parent and child reporting? And when the research participant has to be considered as part of the family unit first, research participant second, with the implications this has for conflicting priorities?

These issues will be explored in relation to actual trials which have met their study aims with varying levels of success.

**Funding:**

No Funding

Symposium abstract 2:

## The activity of generating qualitative data with young children: To what extent do our techniques distort or represent the voices of children?

Bernie Carter, University of Central Lancashire and Alder Hey Children's NHS Foundation Trust, UK

**Abstract:**

Qualitative researchers working with children often use imaginative approaches to eliciting data so as to ensure that children's voices are represented. However, in the headlong rush to adopt new approaches to elicit children's views limited consideration has been given within health research as to whether we are genuinely representing their voices.

In researchers' genuine desire to engage appropriately with children there is the potential that we distort data through the over use of drawings, activities and other arts based approaches to engagement. Instead of drawings and activities

being beneficial and supportive triggers to gaining insight into children's perspectives there is the potential that well meaning researchers are simply drowning children's perspectives in Pritt stick, crayons, and the other paraphernalia of resourced research workshops.

Do researchers genuinely know, care or give much thought to the shifts in emphasis, the potential distortions and compromises to data quality and robustness that may occur when introducing other media to support their data collection.

These and other questions will be explored drawing on the experience of the presenter and the audience with the aim of examining whether and how we can ensure robustness of child-generated data.

**Funding:**

No funding

Symposium abstract 3:

## Do arts-based approaches allow for collection of robust data analysis or not?

Jane Coad, Professor in Children and Family Nursing, Coventry University, UK

**Abstract:**

This paper follows on from Paper 2 in that once data are collected do researchers know, care or consider how their analyses are similarly shifted, distorted and compromised by the plurality of data they generate.

Whilst arts based methods have grown rapidly in their use with children and young people they have been rarely challenged in terms of whether the data collected and then process of analysis are robust or representative or not!

If on the one hand arts based methods do provide a medium through which children and young people can express their views and allows their subjectivity, they present researchers with many questions and dilemmas as to who then analyses the data. As researchers, how best should we interpret and analyse this data given research teams are largely composed of adults? How often do we ensure and check that data are representative and how often do we include broad expertise in arts based methods and professionals from other disciplines, such as psychology and sociology to help with the analysis.

Examples from the field will be drawn on to debate the dilemmas and implications of addressing these questions when analysing data elicited from children and young people.

**Funding:**

No Funding

Symposium abstract 4:

## Involving young people in research: how do they influence interpretation of findings

Faith Gibson, Clinical Professor of Children and Young People's Cancer Care, Great Ormond Street Hospital for Children and London South Bank University, UK

**Abstract:**

The involvement of young people in research is now an accepted norm. Thought generally 'to be a good thing', it enables young people to be active partners in the process of research itself, and are therefore not just seen as 'research subjects'. Although there is a body of work to guide us in our 'involvement' role, particularly in relation to data collection, data analysis is often given limited consideration. In fact, involvement in the analysis and interpretation of data has been a point of debate for some time. Not least in our research team, where we have debated the specific research skills that are required and whether in our role working with young people, we have given sufficient guidance and support when sharing analysis of data. How far the involvement of young people both influences and impacts on the quality of data findings we have yet to resolve comfortably. Of course the insights we gain by working closely with young people cannot be surpassed, but we must continue to debate the extent of involvement if we are to be confident about the quality of data we then share as evidence with both the professional and lay community.

**Summary/debate**

Drawing on our collective experiences and symposium participants we will examine some of these debates and consider these challenges and possible strategies for success within the symposium.

**Symposium references**

Alderson P (2007) Competent children? Minors' consent to health care treatment and research. *Social Science & Medicine* 65, 2272-2283.

Bell N (2008) Ethics in child research: rights, reason and responsibilities. *Children's Geographies* 6, 7-20.

Carter B (2008) 'Good' and 'bad' stories: decisive moments, 'shock and awe' and being moral. *Journal of Clinical Nursing* 17, 1063-1070.

Carter B (2009) Tick box for child? The ethical positioning of children as vulnerable, researchers as barbarians and reviewers as overly cautious: a discussion paper.

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Gibson F., Richardson A., Hey S., Horstman M., O'Leary C (2005) Listening to Children and Young People with Cancer. Final report submitted to Macmillan Cancer Support. Available from 1st author.

Kirk S (2007) Methodological and ethical issues in conducting qualitative research with children and young people: A literature review. *International Journal of Nursing Studies* 44, 1250-1260.

Kortesluoma Rjitta-liisa, Hentinen Maija & Nikkonen Merja (2003) Conducting a qualitative child interview: methodological considerations. *Journal Advanced Nursing* 42, 434-441.

Scott J (2008) Children as respondents: the challenge for quantitative methods. Chapter in Christensen P and James A (2008) *Research with children: perspectives and practices*. 2nd edition. Routledge, New York and London, pp87-108.

Waterman Amanda, Blades Mark & Spencer Christopher (2001) Is a jumper angrier than a tree? *The Psychologist* 14, 474-477.

## Symposium 10

### Exploring the impact of living with a range of chronic wounds from different methodological perspectives

*Michelle Briggs, Senior Research Fellow, Institute of Health and Social Work, School of Healthcare, University of Leeds, Leeds, UK*

#### Symposium statement:

A great deal has been written to facilitate the understanding of wound healing processes and the general consensus describes it as a three-fold process: some heal in a timely fashion, some take longer than expected and a small percentage never achieve healing despite the best efforts. Such 'chronic wounds' have been defined as wounds that have not proceeded through an orderly and timely reparation to produce an anatomic and functional integrity after three months'. Whilst some wounds can take longer than expected to heal, other wounds heal quickly but have high recurrence rates (e.g. those with Rheumatoid Arthritis, RhA). The most common chronic wounds are leg ulcers, pressure ulcers and foot ulcers. In this symposium we will present the results from 3 projects which have explored the impact of living with pressure ulcers, leg ulcers and foot ulceration in RhA. Presenting the results and discussion of these papers together will show similarities and differences of living with some of the most common chronic wounds. The symposium will also provide a forum to compare the different qualitative and quantitative methodologies used to gain insights into the impact of living with chronic wounds across a range of settings.

#### Symposium abstract 1:

### The impact of foot ulceration on health-related quality of life in patients with rheumatoid arthritis (RA)

*Firth, J., Nelson, E.A, Briggs, M. and Gorecki, C.*

#### Abstract:

##### Background

The overall prevalence of foot ulceration occurring in RA patients is estimated at 10-13%, with high recurrence rates [1; 2]. In contrast with diabetes, there has been a lack of research in this area and the patient perspective is poorly understood.

##### Aim

To explore the added impact of foot ulceration on health-related quality of life (HRQL) in patients with RA.

##### Methods

In-depth interviews were conducted with a purposive sample of 23 non-diabetic patients with RA and open foot ulceration recruited from

podiatry clinics in West Yorkshire (UK) between May 2008 and June 2009. Framework analysis facilitated a case and theme based approach to identifying descriptive and explanatory accounts of patients' experiences.

#### Results:

Participants indicated that foot ulceration impacted on their HRQL across physical, social and psychological domains. Ulcer pain was linked to new walking disability, with far reaching consequences. Existing pacing and coping strategies for managing activities of daily living were disrupted. Keeping the ulcer dry caused major problems for many when addressing personal hygiene. Two thirds of participants described new restrictions in leisure activities which reduced social participation. Increased footwear/ clothing restrictions eroded self esteem and altered body image. Low mood, anxiety, frustration were attributed to the added impact of foot ulceration on HRQL. Perceptions of impact fluctuated over time in relation to physical symptoms experienced by participants and additional social limitations posed by ulceration.

#### Discussion & conclusions:

Foot ulceration has a wide ranging impact on the HRQL of affected patients in every domain, over and above the burden of RA. Whilst prevention is the ultimate goal, high rates of recurrence mean that clinicians need to consider ways to improve HRQL for affected patients throughout the patient journey.

#### References:

Firth, J., C.A. Hale, P.S. Helliwell, J. Hill, and E.A. Nelson, The prevalence of foot ulceration in patients with rheumatoid arthritis. *Arthritis Care & Research*, 2008. 59(2): p. 200-205.

Matricali, G.A., et al., The presence of forefoot problems and the role of surgery in patients with rheumatoid arthritis. *Annals of the Rheumatic Diseases*, 2006. 65(9): p. 1254-1255.

#### Funding:

UK – Research Charity/Foundation

100,001 – 500,000

#### Symposium abstract 2:

### Using grounded theory to understand the experience of painful leg ulceration

*Tarnia Taverner, Closs SJ, Briggs M*

#### Abstract:

##### Background:

In studies investigating the prevalence of pain in leg ulceration, at least 3/4 of participants reported moderate/severe pain(1-4). Whilst there is evidence that leg ulcer patients have nociceptive and neuropathic pain and that this pain may not be well managed, there is no available evidence



exploring the pain experience in depth, particularly in the context of the pain literature.

**Aim:**

This study aimed to provide new insights and theory regarding the experience of pain associated with leg ulceration and the impact the pain experience has on the individual

**Methods:**

The Strauss and Corbin (1990) grounded theory method was used(5). In-depth interviews were undertaken with eleven people aged 65+ years in the north of England, UK. All participants were cared for by community nurses and had painful leg ulceration

**Results:**

The emergent grounded theory centred on a core category of ‘never mind the pain; heal the ulcer’ The emphasis of nursing care on healing appeared to impede effective pain management. Patients described being in unrelieved chronic pain in part because they had not received adequate pain management. The theory suggested 3 phases which this group may experience.. In phase 1, leg ulcer pain has predominantly acute nociceptive properties. If this is not managed effectively, or ulcers do not heal, persistent pain may develop with both nociceptive and neuropathic properties (phase 2). If this pain is not managed effectively, patients may then develop refractory long-term pain (phase 3). Those who progress to phase 3 tend to experience negative consequences such as insomnia, depression and suicidal ideation.

**Conclusion:**

Only when healthcare professionals understand and acknowledge the persistent and long term nature of the pain in this patient group, can the pain be managed effectively.

**References:**

Heinen, M., Person, A., Van de Kerhof, P., Otero, M., & Achterberg, T. (2007). Ulcer-related problems and health care needs in patients with venous leg ulceration: A descriptive, cross-sectional study. *International Journal of Nursing Studies*. 44, pp1296-1303.

Briggs, M., Bennett, M., Closs, S.J., & Cocks, K. (2007). Painful leg ulceration: a prospective, longitudinal cohort study. *Wound Repair and Regeneration*. 15, pp186-191.

Park, H.S., Ferreira, K. Santos, V.L. (2008). Understanding pain and quality of life for patients with chronic venous ulcers. *Wounds*. 20(11), pp76-79.

Price, P., Fagervik-Morton, H., Mudge, E., Beele-Ruiz, J., Nystrom, T., Lindholm, C., Maume, S., Melby Ostergaard, B., Harding, G. (2008). Dressing related pain in patients with chronic wounds: an International patient perspective. *International Wound Journal*. 5(2), pp159-71.

Strauss, A.L., & Corbin, J. (1990). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Newbury Park: Sage.

**Funding:**

UK – Health Service (National)  
100,001 – 500,000

Symposium abstract 3:

**Development of a patient-reported outcome measure of quality of life for use with patients with pressure ulcers**

*Gorecki C, Brown J, Lamping D, Nixon J; on behalf of the PUQOL (Pressure Ulcer Quality of Life) Project Group*

**Introduction:**

The development of pressure ulcers (PU) can have a major impact on patients’ health-related quality of life (HRQL) and well-being. The aim of this project is to develop a psychometrically rigorous, self-report measure of HRQL that is acceptable to patients with PUs, is reliable, valid and responsive, and is suitable for use in clinical trials, epidemiological studies and in the NHS.

**Methods:**

The development of the questionnaire has been undertaken in 3 parts: 1) development of a conceptual framework from a systematic review of the literature and from qualitative interviews with 32 patients with PUs; 2) generation of items for the provisional questionnaire and expert review; and 3) pre-testing the questionnaire with a small number of patients with PUs (up to 40 patients) to identify and solve any problems with the questionnaire layout, framing/wording of questions and administration.

**Results:**

The conceptual framework devised from the systematic review and qualitative interviews with patients consisted of 11 HRQL components representing 4 domains: Symptoms, Physical functioning, Psychological well-being, and Social functioning. These formed the basis of item generation for the provisional questionnaire comprising of 121 items. Pre-testing the questionnaire assisted in identifying and resolving problems with the questionnaire including item redundancy, missing concepts, lack of clarity and comprehension, response options and administrative difficulties.

**Conclusion:**

We have developed a self-report measure of HRQL for use with patients with PUs in clinical trials and epidemiological studies. The next phase of this project is to undertake psychometric evaluation and identify any questionnaire items with poor psychometric performance for possible elimination and then evaluate the item-reduced version for reliability, validity and responsiveness.

PuQoL Project Group: E Andrea Nelson, Carol Dealey, Elizabeth McGinnis, Lyn Wilson, Michelle Briggs, Susanne Coleman

**Funding:**

UK – Health Service (National)  
→1,000,000

# Wednesday 18 May 2011

# 12.00 – 13.15

## Symposium 11

### Negative pressure wound therapy for severe pressure ulcers: Assessing the value and feasibility of further research

Nicky Cullum, Deputy Head of Department (Research), Department of Health Sciences, University of York, York, United Kingdom

#### Symposium statement:

Health care decision makers of all types need to make choices on the best available evidence, whether the decision is one of whether to use (or not) a particular intervention for an individual patient, whether to recommend a particular treatment policy or whether to fund new research to fill gaps in knowledge. Broadly speaking, techniques of evidence synthesis are required in order to pull together and interpret existing evidence and within the umbrella of evidence synthesis there is a wide variety of methods and techniques available: from simple narrative systematic reviews, through meta analysis to more sophisticated techniques of mixed treatment comparison meta analysis and comprehensive decision analytic modelling. There are many methodological challenges inherent in all these techniques, not least how to progress when there has been little previous research. However even when there is little research evidence decisions still need to be made in the areas of patient care and research commissioning. This symposium will present a case study of just such a situation of interest to nurses; namely the clinical and cost effectiveness of negative pressure wound therapy, a treatment in widespread use in the NHS and about which there is relatively little research evidence. Each paper will address a particular aspect of the evidence synthesis and the feasibility of future research and as a whole the symposium will answer the following questions: What is the cost effectiveness of negative pressure wound therapy as a treatment for severe pressure ulcers and what is the associated decision uncertainty? How much should we be willing to spend on new research on negative pressure wound therapy in order to resolve the uncertainty and What should that research look like? Would this future research be feasible in the NHS? Each paper will address a different element of this case study.

#### Symposium abstract 1:

### Negative pressure wound therapy for severe pressure ulcers: An overview of the study

Dumville JC (Research Fellow)[1], Soares M (Research Fellow)[2], Ashby RL (Research Fellow)[1], Iglesias C (Senior Research Fellow)[1], Bojke L (Research Fellow)[2], Adderley U (Lecturer)[3], McGinnis E (Nurse Consultant)[4], Stubbs N (Clinical Team Lead, Tissue Viability)[5], Torgerson DJ (Professor)[1], Claxton K (Professor)[2], Cullum N (Professor)[1]

[1] Department of Health Sciences, University of York, York, UK

[2] Centre for Health Economics, University of York, York, UK

[3] Teesside University, Middlesbrough, UK

[4] Leeds Teaching Hospitals NHS Trust, Leeds General Infirmary, Leeds, UK

[5] NHS Leeds Community Healthcare, St Mary's Hospital, Leeds, UK

#### Abstract:

#### Background:

Negative pressure wound therapy (NPWT) was developed in the 1990s as a treatment for full thickness wounds and it is now widely used in the NHS. NPWT involves the application of suction to a wound surface via a wound dressing and fluid is collected into a canister. NPWT has many potential benefits including reducing the frequency of dressing changes but may also speed wound healing, reduce infection and costs. In 2007 when this study began there was international consensus that expenditure on NPWT was high in the face of a lack of evidence about its effectiveness. It was also felt that it would be unhelpful to go straight to a large new trial of this treatment since it was not clear what the ideal design would be, whether the decision uncertainty associated with NPWT use justified an expensive trial and whether such a trial would be feasible. This project was therefore designed to answer these questions.

#### Methods:

In order to ensure that we accurately described the precise nature of the decision uncertainty we collaborated closely with clinicians in order to structure a decision model and select appropriate comparators. In order to populate the decision model with data (for example about rates of complications and rates of healing and other outcomes) we conducted systematic reviews of the research literature. Where data required to populate the model were not available from the literature we elicited information from experts. Finally we conducted a pilot trial of NPWT in order to both determine the feasibility of future research and to generate further missing data for the model. Bayesian approaches were used to combine all the

data to estimate the cost effectiveness of NPWT and the value of further research.

The following papers will each focus on one element of this programme of research.

#### Funding:

UK – Research Council

100,001 – 500,000

#### Symposium abstract 2:

### Using elicitation to quantify experts' beliefs regarding the use of negative pressure wound therapy for severe pressure ulceration

Soares M (Research Fellow)[1], Bojke L (Research Fellow)[1], Dumville JC (Research Fellow) [2], Iglesias C (Senior Research Fellow)[2], Cullum N (Professor)[2], Claxton K (Professor)[1]

[1] Centre for Health Economics, University of York, York, UK

[2] Department of Health Sciences, University of York, York, UK

#### Background:

Only limited data regarding NPWT were identified in literature reviews for inclusion into a decision model. This could have led to the cost effectiveness analysis either not proceeding, or producing results that were hard to interpret. Yet, we believed that there was substantial practical experience of using NPWT and its comparators and that this knowledge should be considered in the model. Such data can be captured quantitatively and systematically for use in a cost-effectiveness model by eliciting beliefs from experts.

#### Aims:

To design and conduct an elicitation exercise that to systematically captured experts' knowledge, including uncertainty, about the progression and treatment of severe pressure ulceration

#### Methods:

The elicitation exercise was undertaken using a specially designed Microsoft Office Excel (2007) programme, which will be demonstrated. Experts answered questions which aimed to capture their beliefs regarding the natural history of severe pressure ulcers and the impact of different treatments on healing. All data were collected using easy to complete histograms.

#### Results:

Twenty three expert nurses participated. All participants had experience of treating people with pressure ulcers (median = 13 years; min-max = 2: 30 years) and had treated 2: 250 patients with PU (grade 2 or more) in the last 6 months.

In total each expert answered more than 30 questions, 18 of which were uncertain parameters elicited through the histogram. There was very little missing or invalid data. The conduct of the exercise did not pose any major challenges. Result will be presented graphically.

#### Discussion:

Compared with many other forms of data capture, elicitation constitutes a reasonably low cost source of evidence; however, it does not replace robust experimental evidence.

#### Conclusions:

Elicitation should be considered as a method of providing preliminary estimates of the extent of uncertainty for particular model parameters or assumptions.

#### Funding:

UK – Research Council  
100,001 – 500,000

Symposium abstract 3:

### A pilot trial of negative pressure wound therapy for the treatment of grade III/IV pressure ulcers

Ashby RL (Research Fellow)[1], Dumville JC (Research Fellow)[1], Soares M (Research Fellow)[2], Adderley U (Lecturer)[3], McGinnis E (Nurse Consultant)[4], Stubbs N (Clinical Team Lead, Tissue Viability)[5], Iglesias C (Senior Research Fellow)[1], Torgerson DJ (Professor)[1], Cullum N (Professor)[1]

#### Abstract:

#### Background:

Randomised controlled trials (RCTs) remain the gold-standard design of evaluating the relative effectiveness of treatments. In the case of NPWT such a trial is likely to be challenging, and more feasibility information is required before designing a large scale study.

#### Aim:

The aim of this pilot RCT was to establish the feasibility of conducting a full trial of NPWT for the treatment of severe pressure ulcers. We also tested the use of our data capture tools and collected data for the cost effectiveness model.

#### Methods:

This was a two centre (acute and community), pilot trial. Participants were randomised to receive either NPWT or standard care (spun hydrocolloid, alginate or foam dressings). We collected data on trial conduct, recruitment, adverse events, outcomes, resources used and duration of follow-up.

#### Results:

In total, 312 patients were screened for eligibility over a 12-month recruitment period. Of these, 12/312 (3.8%) were randomised; six to NPWT and

six to standard care. Only one reference pressure ulcer healed (time to healing of 79 days) during the pilot study. The mean number of treatment visits per week was 3.1 (NPWT) and 5.7 (standard care). The mean duration of follow-up was 3.8 months (NPWT) and 5.0 months (standard care). Other key issues raised were the difficulties of incorporating data collection into the existing heavy workload of nurses and the challenge of ensuring continued data collection when participants moved between healthcare settings and their own homes.

#### Discussion and conclusions:

This pilot yielded vital information for the planning of a future full study including: projected recruited rate; necessary duration of follow up and extent of research nurse support required. Data were also used to refine our cost effectiveness model.

#### Funding:

UK – Research Council  
100,001 – 500,000

Symposium abstract 4:

### Reporting the cost effectiveness and the value of further research for negative pressure wound therapy in the treatment of severe pressure ulcers

Soares M (Research Fellow)[1], Dumville JC (Research Fellow)[2], Ashby RL (Research Fellow)[2], Iglesias C (Senior Research Fellow)[2], Bojke L (Research Fellow)[1], Adderley U (Lecturer)[3], McGinnis E (Nurse Consultant)[4], Stubbs N (Clinical Team Lead, Tissue Viability)[5], Torgerson DJ (Professor)[2], Claxton K (Professor)[1], Cullum N (Professor)[2]

#### Abstract:

#### Background:

Decision makers should use existing research evidence to inform their choices regarding the adoption of health care interventions. However, when only sparse data are available there is a danger that a technology may diffuse into clinical practice when it may offer less value than alternatives. The analyses presented shows how decisions about medical technologies like NPWT can be explicitly informed when data are sparse.

#### Aim:

To report the cost effectiveness and value of future research for NPWT in the treatment of severe pressure ulcers.

#### Methods:

A decision analytical model was used to compare the cost effectiveness of NPWT with relevant alternatives: foam, alginate and spun hydrocolloid dressings. Evidence from three data sources (published data, elicited data, the pilot trial) were synthesised using a Bayesian approach. Uncertainty surrounding treatment choice was presented

as the probability that each treatments had the highest expected net benefit (i.e. is expected to be cost-effective).

Results: When data from all three evidence sources were combined, NPWT was determined likely to be less costly and more effective than the other treatments. However, substantial uncertainty existed over the adoption decision (a 55% chance that NPWT would not, in fact, offer the best value). The maximum value of further research to resolve existing decision uncertainty was approximately £98 million.

Discussion and Conclusions: The use of robust methods to estimate the cost-effectiveness of a NPWT compared with a range of treatments suggested that it may be a cost effective treatment for severe pressure ulceration. However the limited available evidence results in considerable decision uncertainty. Whilst further randomised controlled trials would be challenging and expensive, the continued use of NPWT to treat pressure ulcers in the UK in the absence of robust evidence is likely to be more costly and investment in future research worthwhile.

#### Funding:

UK – Research Council  
100,001 – 500,000

Symposium 12

**Yesterday's student-nurses, today's nurses: Readiness for work of newly qualified nurses**

*Ann Ooms, Kingston University and St. George's University, London, UK*

*Symposium Leader: Ann Ooms*

*Symposium Chair: Jane Sayer*

**Symposium statement:**

This symposium presents findings from the Readiness to Work Programme that was established in 2008 focusing on improving employment outcomes for newly qualified nurses within the London Region. As part of this programme, five research projects were funded by NHS London and are co-led by Service and Education Leads.

The symposium is structured around two of these research studies, investigating the processes by which newly qualified nurses gain employment in their first position from the perspective of both student and employer:

- **Recruiting Competent Newly Qualified Nurses in the London Region.** Sara Christian and Linda Burke. This mixed methods study addresses concerns as to whether newly qualified nurses are competent to practice and focuses on the employers' perspective.
- **Employment Opportunities for Nurses in London.** Ann Ooms, Linda Burke, Ruth Harris, Sylvie Marshall-Lucette, Christine Chu, and Robert Grant. This quantitative research project investigates the employment opportunities of newly qualified nurses in London and their experience of applying for a job.
- **Newly Qualified Nurses' Readiness for the Job Market in London.** Katie Bluer and Ann Ooms. This in-depth qualitative study investigates newly qualified nurses' experiences of the recruitment process and their perceived ability to meet the challenges this presents readiness to meet their job application and their transformation between being a student and becoming an employee.

The empirical findings of these three studies will be discussed to provide an insight into the equity of employment opportunities for nurses at the point of qualification from a HEI in London from the perspective of the students and the employers seeking competent nurses fully prepared to fulfil the role of a qualified nurse. The main findings of the symposium will be summarised by Dr Jane Sayer who will lead a discussion.

Symposium abstract 1:

**Recruiting competent newly qualified nurses in the London region**

*Sara Christian, Research Fellow, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Linda Burke, Senior Fellow, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Jane Sayer, Programme Director (Nursing Excellence and Magnet Recognition), South London and Maudsley NHS Foundation Trust*

**Abstract:**

This paper addresses employers' perspective of the desired competencies of newly qualified nurses. The study took a three-phase, mixed method approach and took place over a 12 month period. The aim of the study was to compare and contrast interpretations of competency in practice and to explore the expectations and experiences of the employing Trusts throughout the London Region.

The first Phase was a review of the literature focusing on

- defining and understanding competency in the context of selection and recruitment
- mapping and comparing interpretations of competency in practice: the Knowledge Skills Framework (KSF) for Band 5 newly qualified posts and the Nursing and Midwifery Council (NMC) skill clusters required for entry to the Nursing Register

The second Phase was an electronic survey to all the Trusts in the London Region (67% response) identifying, comparing and contrasting selection procedures and experience of recruitment for Band 5 posts. Some very interesting findings emerged around the recruitment process and when asked what proportion of newly qualified nurses were best suited for appointment the responses ranged from 5-70%.

The final Phase involved two stages of focus groups with Senior Nurses, Nurse Managers and Nurses in five Trusts. In these focus groups experiences of recruiting newly qualified nurses were explored in more detail and a selection of competency statements which emerged from the mapping exercise in Phase 1 were ranked. Some interesting findings emerged particularly in terms of the perceptions of competencies and 'value' statements.

In this paper we will present the key findings from this study and explore the emerging themes and their implications for future practice.

**Funding:**

UK – Health Service (National)

10,001 – 50,000

Symposium abstract 2:

**Employment opportunities for newly qualified nurses in London**

*Ruth Harris, Reader in Nursing, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Sylvie Marshall-Lucette, Senior Lecturer, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Christine Chu, Senior Lecturer, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Ann Ooms, Senior Lecturer, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Linda Burke, Senior Fellow, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Robert Grant, Senior Research Fellow in Quantitative Method, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London; Jane Sayer, Programme Director (Nursing Excellence and Magnet Recognition), South London and Maudsley NHS Foundation Trust*

**Abstract:**

Workforce planning in healthcare has become more challenging. Recently, increased competition for posts left students in many health professions with difficulty finding their first job. To address this, the Social Partnership Forum, drawn from the Department of Health and NHS Employers, has produced an action plan to maximise employment opportunities for newly qualified healthcare professionals (DH 2007). However, little is known about what influences the employment opportunities.

This study aims to investigate the employment opportunities for nurses graduating from a London University and their experiences in seeking their first job. The main objectives were to:

- describe the characteristics of newly qualified nursing workforce at September 2009 and February 2010 time points from 8 Health Education Institutes in London
- describe the first post gained after qualification and all posts undertaken within 6 months of qualification in terms of setting, nature and duration of contracts and geographical distribution
- explore employment patterns of different groups of nurses from London Universities including differences between age, gender, branch of nursing, ethnic group and level of achievement
- describe newly qualified nurses' perceptions of preparedness for and experiences of applying for their first job

All students who successfully completed a diploma or degree in nursing were invited to participate and complete three structured questionnaires pre-qualification at three and six months post-qualification. Their consent was also sought to access HEI held data on their progress during their course.

Data from 803 students were analysed using descriptive and multivariate statistics. Main



findings include that 80% of students had a job interview before qualification and 85% of those had been offered a job, most of which were a permanent full-time contract in a London Trust. In this presentation, the in-depth findings will be reported and their implications discussed.

**Funding:**

UK – Health Service (National)

10,001 – 50,000

Symposium abstract 3:

### Newly qualified nurses' perceptions of their readiness to meet the challenges of employability

*Katie Bluer, Clinical Improvement Facilitator, Kingston Hospital, Ann Ooms, Senior Lecturer, Faculty of Health and Social Care Sciences, Kingston University and St. George's University of London*

**Abstract:**

This qualitative study is an in-depth follow-up study from the 'Employment Opportunities for Nurses in London' study, and investigated newly qualified nurses' experiences of meeting the challenges of the job application process.

To collect data, in-depth interviews were conducted, digitally recorded, transcribed and analyzed from 12 purposively sampled students from 3 different universities in London.

During the interview, students were asked to share their experiences of the job application process. They were asked to talk about how prepared they felt to undertake job applications, including job selection, how they decided which jobs to apply for, CV writing, writing of application letters, completing online application forms, participating in a job interview and taking tests as part of the job application procedure. They were also asked to share their experience with services offered at the different universities to support them with job applications. In addition, they were also asked to talk about how prepared they felt to work as a qualified nurse.

In addition two interviews were conducted with two career advisers representing the University perspective.

The results of the study will be presented, and lessons learned from conducting a longitudinal study in times where mobility of participants is high (from student to employed nurse) will be shared with the audience.

**Funding:**

No funding

#### Symposium 13

### Building research capacity and capability in clinical practice: INMPP experience

*Kenda Crozier, University of East Anglia, Norwich, UK*

**Lead:** Kenda Crozier

**Symposium statement:**

This symposium aims to harness specific insights from capacity building in one institution; The James Paget University Hospital Trust to inform the development of strategies within other institutions. The Action research project which enabled nurses and midwives to be supported to develop skills to propose and implement practice projects will be described first followed by 3 examples of nursing and midwifery projects which have showed impact.

Symposium abstract 1:

### Innovations in Nursing and Midwifery Practice (INNMP): Action research to build research capacity and capability

*Katharine Kite, Consultant Nurse, James Paget University Hospital NHS Foundation Trust; Jenny Moore, Lecturer in Nursing University of East Anglia; Kenda Crozier Senior Lecturer in Midwifery, University of East Anglia*

**Abstract:****Background:**

There is a need for empirical work investigating strategies for implementation and evaluation of research capacity building within health-care organisations. Segrott et al's (2006) review concluded that there are few contributions to the literature providing examples of the situated process of capacity development. This symposium aims to harness insights from capacity building in one institution; The James Paget University Hospital Trust to inform the development of strategies within other institutions.

**Aims:**

- To improve patient care through nursing innovation.
- To build nursing and midwifery capacity and capability in research in an innovative way

**Methods:**

Action Research was used to encourage partnership working between the hospital and the higher education institution. The steering committee comprised senior nurses and midwives, R&D personnel and academics who together shaped the development of a supportive framework and infrastructure to build capacity and capability in research among nurses and midwives in one hospital. The action research method enabled evaluation and change to take place over a scoping

exercise and three change cycles, to maintain momentum.

**Findings:**

The data demonstrate a snowball effect which slowly gained momentum throughout the process. The partnership approach evaluated very positively. INNMP enabled nurses and midwives to develop small scale research projects supported by funding and coaching in research skills with impact at local and regional level.

**Conclusions:**

Nursing research capacity can be developed in institutions where there are individuals with an enthusiasm to drive the agenda. Structures and processes need to be clear, transparent and supportive at the individual and organisational level. Change of this nature takes time and sustained effort. The following papers are examples of the projects undertaken by nurses in the Trust during three action research cycles, demonstrating impact within the local service and potential for further development into larger scale externally funded research.

**Funding:**

UK Health Service – Regional SHA

100,001 – 500,000

Symposium abstract 2:

### Using INMPP to develop the role of a key worker for patients with fractured neck of femur

*Barry Pinkney, Matron, James Paget University Hospital NHS Foundation Trust*

**Abstract:****Background:**

365 patients with hip fracture are treated in the orthopaedic unit annually. Before the study patients with a fractured neck of femur were being identified by assigned trauma co-ordinators who co-ordinated that patient's journey to theatre. However, this role did not appear to focus on the patient's care peri-operatively or beyond. It was unclear whether the National Standards for hip fracture care (BOA, 2007) were being adequately met.

**Aims:**

To develop a pathway of care for patients admitted with a fractured neck of femur, in line with national orthopaedic standards. To develop, implement and evaluate a dedicated key worker role.

**Method:**

The project lasted twelve months. Evaluation of existing practice took place from April to August 2009. The key worker role was implemented in September 2009 and evaluated between December 2009 and March 2010.

**Findings:**

The project has raised awareness of hip fracture standards with the key worker acting as catalyst and enhancing staff relationships and providing additional education for the multidisciplinary team.

- Reduction in median length of stay from 24 to 16 days
- Cost savings in 3 months £123,000
- Reduction in adverse incidents in relation to hip fracture care
- Reduction in complaints in relation to hip fracture care

**Conclusion:**

The INMPP project enabled buy out time to facilitate the project and to employ the key worker. The cost savings have been able to demonstrate the need for this new role. Existing and new structures and processes in the hospital enabled the project to be supported with involvement from finance department, audit and quality office, research and development and INMPP support. (267 words)

**Funding:**

UK – Health Service (Local)  
10,001 – 50,000

Symposium abstract 3:

**Teenage kicks: An antenatal package of care to promote client concordance with antenatal care and education and reduce risk of repeat pregnancy in teenagers**

*Nicola Lovett, Specialist Community Midwife, James Paget University Hospital NHS Foundation Trust*

**Abstract:**

**Background:**

Currently 20% of teenage pregnancies in Great Yarmouth are repeat pregnancies. Becoming pregnant during teenage years is associated with obstetric, social, educational and health related problems. Many teenagers who conceive continue to be at risk of sexually transmitted diseases, further teenage conceptions and termination of pregnancy following repeat pregnancy. Currently concordance to treatment and prevention of unintended repeat pregnancy in this client group is unsatisfactory. Contraceptive advice and services targeted specifically at teenagers who have conceived is required.

**Aim:**

To increase concordance to antenatal care to reduce complications associated with teenage pregnancies, and to reduce subsequent unplanned pregnancies by offering a sexual health pathway.

**Method:**

The intervention of a care pathway involving both health and social care elements was targeted at high risk teenagers. Young women and their partners were involved in designing information leaflets for the service. A mixed method approach was used to evaluate the cost and clinical effectiveness the pathway. Outcome measures were compared between two time periods. The pre-intervention data were collected from a comparative population who accessed the service in the same location between March and October 2009 and post intervention March 2010: October 2010.

**Findings:**

The primary outcome measure related to attendance at postnatal contraception clinic and uptake of long acting contraceptives. We found improved attendance antenatally and good uptake for Long acting reversible contraception. Also noted were improved breastfeeding rates (initiation in 2010 was 44% compared to 30% in 2008).

**Conclusion:**

The young people were much engaged in the service due to involvement in designing the information Book entitled Teenage Kicks. The project is continuing, to find out if delivery of the service without involvement of the young people in service design will result in maintenance of the improved effects. Data from that second cohort will be available for discussion.

**Funding:**

UK – Health Service (Local)  
10,001 – 50,000

Symposium abstract 4:

**Training nurses in arterialised blood gas sampling to improve patient management in non invasive ventilation**

*Fiona Lang, Sister EADU, James Paget University Hospital NHS Foundation Trust*

**Abstract:**

**Background:**

Arterialised Capillary Blood Gas (CBG) sampling has been shown to be comparable to Arterial Blood Gas sampling when considering pH and pCO<sub>2</sub> level (Cox M et al 2006: Khavar D et al (1995). When managing the care of patients requiring NIV for type II respiratory failure resulting from exacerbation of COPD, pH and pCO<sub>2</sub> level are traditionally obtained from arterial stab. It has been suggested that whilst pulse oxymetry is in place to monitor SpO<sub>2</sub> levels, arterialised capillary blood gas sampling can be effective in monitoring progress to assist management decisions.

**Aim:**

- To ascertain whether appropriately trained and competent nurses could obtain CBG, analyse findings and act accordingly.
- To assess the effect on the timely and effective management.

**Method:**

The project took place in 3 stages, first to evaluate existing practice, then an educational package was delivered to train nurses in CBG, this was followed by collection of data on number of procedures carried out and treatment decisions. The number of procedures, adherence to guidelines for managing NIV and length of time the patient remained on NIV were outcome measures.

**Findings:**

Findings related to the main outcome measures will be discussed. From the evaluation of existing practice, a significant delay in obtaining arterial samples in accordance with BTS/RCP guidelines was identified. This delay ranges from 45 : 90 minutes. Patients were being subjected to between 2 and 6 arterial stabs within the first 24 hours, with some patients refusing to have any further arterial stabs once treatment had been initiated. 12 nurses received theoretical and practical training in arterialised capillary blood gas sampling. Comparisons in timing and decisions on care management will be presented to show the impact of the practice.

**Conclusion:**

Early indications show that this is an effective way of managing patients on NIV.

**Funding:**

UK – Health Service (Local)  
10,001 – 50,000

## Symposium 14

**Family centred care: The evolving role of fathers as carers of their sick child**

Ruth Davies, Department of Nursing, College of Human and Health Science, Swansea University, Swansea, United Kingdom

Lead: Ruth Davies and Maria Lohan

**Symposium statement:**

This symposium explores the concept of family centred care in relation to the role of fathers in caring for their sick child. Family centred care has been defined as parental participation in their child's care (Franck and Callery, 2004) and is regarded as the cornerstone of children and young people's nursing practice. Since the 1950s parents have participated in their child's care in hospital and a number of research studies over the last fifteen years have explored their experiences of care (Davies, 2010). However, mothers' experiences have dominated research inquiry with fathers' experiences remaining relatively unexplored. If we are to provide truly family centred it is imperative that fathers' contribution to the care of their sick child is both recognised and researched. 'Involved Fathering' now underpins policy development in relation to the family within the United Kingdom and is the dominant discourse within health, social care and education (Higham, in press). It is known that fathers wish to be more involved in child care (Cabinet Office, DCSF, 2008) and, as will be shown, this includes caring for their sick child whether in a neonatal unit, an acute hospital ward, children's hospice or within the family home.

Drawing on recent empirical findings the five papers in this symposium will explore and discuss the evolving role of fathers in caring for their sick child. Links between social constructionist perspectives of fatherhood and gender in relation to the concept of family centred care will be shown and the implications for practice, education and research identified. Methodological issues associated with involving fathers in research will also be discussed.

## Symposium abstract 1:

**A journey of hope: Experiences of fathering a baby admitted to NICU**

Kathleen Deeney, Senior Paediatric Research Nurse, London and South East, Medicines for Children Research Network (MCRN); Maria Lohan; Dale Spence; Jackie Parkes; Belfast University

**Abstract:****Background:**

This study addresses two major gaps in the neonatal intensive care research: in-depth research on fathers' experiences, and research, which links

the neonatal intensive care unit (NICU) experience with the experiences following discharge.

**Aim:**

Drawing upon an interpretive approach this study examined men's experiences of fathering infants admitted to a NICU using a longitudinal follow-up research design.

**Methods:**

In total, 39 in-depth semi-structured interviews were conducted with fathers. Thematic analysis was used along with social constructionist perspectives of fatherhood and gender and conceptual work on family-centred care to guide data analysis and enhance theoretical sensitivity.

**Results:**

Becoming a father to a medically fragile baby in the NICU was an emotional roller coaster journey of hope, which began antenatally and continued for many after their babies' discharge home.

**Discussion:**

The overarching position that men assumed on this journey was the role of protecting the 'overall integrity of the family'. However, many fathers also struggled to deal with these broader sets of concerns, both in relation to their desires to 'be there' for their baby and caring for their partners when they were hospitalised, and keeping their work and other family responsibilities together.

**Conclusions:**

This study calls for services to target support to fathers 'as partners' during the antenatal period and practitioners to provide fathers with expert advice, reassurance and support. Findings highlight the need for an on-going assessment of the social and emotional needs of these vulnerable families alongside the medical reviews of the child.

**Funding:**

UK – Health Service (Local)

50,001 – 100,000

## Symposium abstract 2:

**Unequal partners? A critical realist ethnographic study of fathers' experiences during their child's admission to hospital for acute illness**

Sue Higham, Lecturer in Children's Nursing, The Open University, Doctoral candidate at Swansea University, Ruth Davies, Senior Lecturer, Swansea University

**Background:**

Children's nurses claim to practice family-centred care and to work in partnership with parents to care for the sick child. Fathers of acutely ill children have been overlooked in prior research on parents' experiences in which samples have been predominantly mothers, yet recent years have seen an

increasing focus in other professional fields on the significance of fathers' involvement in their children's lives.

**Aim:**

To understand how fathers experience their child's hospitalisation and explore relationships between children's nurses and fathers in the acute in-patient setting.

**Method:**

An ethnographic study took place on two children's wards consisting of participant observation (150 hours) and interviews with both resident and non – resident fathers (n=12) and nurses (n=7). Thematic analysis yielded understanding of the complexities of fathers' experiences.

**Findings:**

Nurses had no specific preparation for working with fathers and yet had clear expectations of how a good father would act on the ward, based on their experiences with mothers. Fathers, whether resident on the ward or not, played significant roles in their child's care, yet were largely overlooked by health professionals unless the mother was not present. Fathers also experienced maternal, institutional and structural barriers to partnership in the care of their sick children in hospital.

**Conclusions and implications:**

The study begins to redress gaps in knowledge about parents in hospital. Children's nurses need to recognise that parents are in reality fathers and mothers and that they may therefore have different needs and respond to their child's illness in different ways.

**Funding:**

No Funding

←1,000

## Symposium abstract 3:

**An exploration of gender in children's nursing literature and practice**

Sue Philpin, Senior Lecturer, Swansea University; Sue Higham, Lecturer in Children's Nursing, The Open University Doctoral candidate, Swansea University

**Background:**

The origins of family-centred care can be traced back to early work on mother-child attachment which resulted in an initial focus of the mother of the sick child and, in addition, children's nursing remains a female dominated profession. Portrayals and discussions of parents in children's nursing textbooks, journals and research have predominantly been concerned with mothers. This has resulted in 'parent' of a sick child becoming a gendered concept and children's nursing practice being highly gendered. Thus children's nursing is out of step with the family lives of sick children

where fathers take a more active role with their children than in previous decades.

**Aim:**

To explore the influence of gender in children's nursing

**Method:**

The meaning of gender will be explored and the historical representation of 'parents' as mothers in children nursing literature will be presented. The influence of gender expectations and the gendered concept of 'parent' on practice will be shown by reference to examples from an ethnographic study of fathers' experiences during their child's hospitalisation for acute illness.

**Findings:**

Gender influences both nurses' and fathers' behaviour and expectations. Both nurses and fathers privileged the mother-child relationship over the father-child relationship. Fathers fulfilled traditional paternal roles in addition to caring for the child. Family-centred care is in fact a gendered practice. Nurses practice mother-centred care in which the father's value is as a substitute for the real thing and they have limited insight into fathers' experiences or needs.

**Conclusions:**

Nurses need to have a greater critical awareness of the concept of gender and its effects in actual practice.

**Funding:**

No Funding

←1,000

thematic and narrative analysis permitted an enhanced degree of insight into parents' experiences of losing their child.

**Results:**

Parents' accounts were concomitant with life worlds changed and their responses appeared driven by the need to be 'doing' something purposeful for the child, wider family and themselves. 'Doing', was achieved through preserving, protecting, providing and piloting, and enabled new patterns of self/family management to cope with their child's condition and death. A practical focus appeared to enable parents accommodate their emotional responses.

**Discussion:**

Whilst both mothers and fathers were equally committed to 'doing' for their child and family, the means by which each employed the strategies of preserving, protecting, providing and piloting differed slightly across genders, as did their associated emotional responses.

**Conclusions:**

Support from knowledgeable professionals was important in providing parents with the emotional sustenance involved in the care of their dying child and to rebuild family life after their child's death. Findings offer new insights as to how such professional support can be provided and how fathers in particular, may be supported.

**Funding:**

UK – Higher Education Institution

100,001 – 500,000

examines the pertinent issue of involving fathers in qualitative research interviews. Little guidance however exists regarding whether it is best to interview parents together or separately and that which does exist is ambivalent regarding how best such interviews should be managed. Given that some parent couples in PATCH were interviewed jointly (n=3) and other parents separately (n=19), consideration regarding the practical issues of such involvement will be presented. Advantages and disadvantages of both approaches will be outlined and excerpts from parent interviews will be used to substantiate points made. Conclusions will be drawn which can be used to guide future similar research.

**Funding:**

UK – Higher Education Institution

100,001 – 500,000

Symposium abstract 4:

**Piloting, preserving, protecting and providing : parents' experiences of living through the death of a child**

Jayne Price, Senior Teaching Fellow, Queen's University Belfast; J. Jordan, L. Prior, J. Parkes; Queens University, Belfast

**Abstract:**

**Background:**

More research in paediatric palliative care is needed to underpin care provision. Whilst current research primarily examines care for children with cancer, less is known about end-of-care for children with non-malignant conditions.

**Aim:**

This study used an interpretive qualitative approach to examine bereaved mothers' and fathers' experiences of caring for their ill and dying child.

**Method:**

In-depth interviews with mothers (n=16) and fathers (n=9) were recorded and transcribed verbatim. A sequential approach involving both

Symposium abstract 5:

**Together or separately: Involving both fathers and mothers in research**

Jayne Price, Senior Teaching Fellow, Queen's University Belfast; J. Jordan, Queen's University, Belfast; L. Prior, Queen's University, Belfast; J. Parkes, Queens University, Belfast

**Abstract:**

Current research within child health care which examines parent experiences, primarily focus on the perspectives of mothers to the relative detriment of fathers. The reason for the absence of the male perspective has often been attributed to the difficulty of recruiting fathers and their unwillingness to talk, particularly about sensitive subjects. Given that fathers have taken an increasingly more active role in child care in recent years, the need to understand how fathers experience caring for their child when they are ill and their perspective on how this care can be facilitated professionally is even more acute.

Based on the experiences of the PATCH study (a qualitative doctoral study which examined bereaved mothers n=16 and fathers n=9 perspectives of caring for their dying child), this paper



## Symposium 15

**The recognition and management of deteriorating patients in acute hospitals**

Ann McDonnell, Reader, Sheffield Hallam University, Sheffield, UK

Lead: Ann McDonnell

**Symposium statement:**

Patients are at risk of deterioration at many points during their hospital stay. In many cases this is not recognised or acted upon. This can result in adverse consequences including increased mortality and delayed admission to critical care. Recent NICE guidance recommended that all in-patients should be monitored using some form of early warning scoring (EWS) system at least twice a day and that a graded response strategy with three levels should be in place to respond to patients who trigger. The impact of these systems in practice depends not just on the quality of the EWS tools but on the systems in place to monitor deterioration and nurses' response to these.

This symposium will present four related papers that address different aspects of the detection and management of deteriorating patients in acute hospitals. They present findings of studies evaluating the impact of recommended systems in a number of different ways. Importantly they identify factors that influence why they work and don't work.

- A before and after study to evaluate the impact on nursing staff of a new model for detecting and managing deteriorating patients in an acute hospital.
- A qualitative study exploring patients perceptions of how their condition is monitored which explains the patients' perspective of the model presented in Paper 1.
- A study that aimed to improve the management of patient deterioration through the introduction of a new patient pathway. In contrast to the previous papers this paper will explore the impact of a new model on the practice of staff.
- This paper provides insight into a closely related issue. It summarises findings from an ongoing qualitative study exploring why nurses perceptions on the factors which help or hinder their practice in acting upon patients who trigger using EWS systems.

## Symposium abstract 1:

**A before and after evaluation of the impact of a new model for detecting and managing deteriorating patients in an acute hospital**

Ann McDonnell, Reader, Centre for Health and Social Care Research, Sheffield Hallam University, Angela Tod, Principal Research Fellow, Centre for Health and Social Care Research, Sheffield Hallam University, Kate Bray Hon Research Associate, Rotherham Hospital NHS Foundation Trust, Derek Bainbridge Nurse Consultant in Critical Care, Rotherham Hospital NHS Foundation Trust, Dawn Adsetts, Nurse Specialist in Critical Care, Rotherham Hospital NHS Foundation Trust

**Abstract:****Background**

Little is known about the impact of systems designed to improve the detection and management of deteriorating patients on nursing staff.

**Aim**

To evaluate the impact of a new model to help nurses detect and respond appropriately to deterioration in patients in an acute hospital.

**Methods**

A single centre before-and-after study, conducted in 2009, using a survey and qualitative interviews. To have an 80% chance of detecting a 0.5 point change in confidence to recognise a critically ill patient (on a 1 to 10 scale) at 5% significance level, 128 paired responses were needed.

A purposive sample of fifteen staff were interviewed.

**Results**

Sixty-six percent (322) of eligible staff completed before and after questionnaires.

Following training, introduction of new observation charts and ongoing support from the Critical Care Outreach Team, total number of concerns was reduced from 4.3 (SD 2.6) out of 10 to 3.7 (SD 2.3) (95% CI = 0.91 to -0.26,  $p < 0.0001$ ).

There were increases in level of knowledge 7.3 (1.8) to 8.0 (1.5) (95% CI 0.52 to 0.91,  $p < 0.001$ ), confidence to recognise deteriorating patients 7.5 (1.8) to 8.2 (1.4) (95% CI 0.55 to 0.92,  $p < 0.001$ ), confidence when to contact senior staff 8.8 (1.3) to 9.0 (1.2) (95% CI 0.06 to 0.42,  $p = 0.01$ ), confidence who to contact 8.9 (1.3) to 9.2 (1.1) (95% CI 0.15 to 0.46,  $p < 0.001$ ), confidence to report abnormal observations 9.0 (1.3) to 9.3 (1.1) (95% CI 0.12 to 0.43,  $p < 0.0001$ ) and level of experience 7.5 (1.8) to 8.1 (1.4) (95% CI 0.41 to 0.77,  $p < 0.001$ ). Interviews confirmed these findings and provided detail on how nurses felt the new system had improved practice.

**Conclusion**

The new model had a positive impact on the self-assessed knowledge and confidence of all grades of nursing staff. Similar initiatives should take into account the clinical context.

**References**

Featherstone B, Smith GB et al (2005). Impact of a one day inter-professional course (ALERT) on attitudes and confidence in managing critically ill adult patients. *Resuscitation*, 65: 329-336.

National Patient Safety Agency. Safer care for the acutely ill patient: learning from serious incidents. NPSA, July 2007.

National Institute for Health and Clinical Excellence. Acutely ill patients in hospital NICE Guideline 50. London, NICE, 2007.

**Funding:**

UK – Health Service (Local)

10,001 – 50,000

## Symposium abstract 2:

**Monitoring deterioration in an acute hospital: The patient perspective**

Angela Tod, Principal Research Fellow, Centre for Health and Social Care Research, Sheffield Hallam University, Ann McDonnell, Reader, Centre for Health and Social Care Research, Sheffield Hallam University, Kate Bray Hon Research Associate, Rotherham Hospital NHS Foundation Trust, Derek Bainbridge Nurse Consultant in Critical Care, Rotherham Hospital NHS Foundation Trust, Dawn Adsetts, Nurse Specialist in Critical Care, Rotherham Hospital NHS Foundation Trust

**Abstract:****Background**

The NPSA 1 indicated that patients need to be convinced of the value of observations and more involved in their monitoring if problems in the management of patient deterioration are to be addressed.

**Aim**

This evaluation aimed to explore patient views on the role and utility of observations within their care.

**Methods**

Individual interviews were conducted with 11 in-patients whose condition was being monitored using a new system to detect deterioration (see Paper One). Framework analysis techniques were used. The sample were purposively selected to include a range in terms of age, gender, ward area and diagnosis.

**Results**

The findings indicate that patients lack knowledge and understanding of clinical observations or what the normal limits are. Patients with long-term conditions are learning about clinical observations to manage their condition in community settings but are not always encouraged to be involved in self management in hospital. Patients without self monitoring experience had a paternalist perception of healthcare staff. They thought they lacked

the authority to look at bedside charts, and know their clinical results.

#### Conclusions

There is an indication from the study that that patients are not in an informed position regarding their monitoring. Whilst the culture and practice in community care has embraced self monitoring it appears that in acute settings this does not happen. Where patients are clearly involved in self-management of their condition, this has implications for their management in hospital, particularly in relation to the monitoring of their observations. To develop more ownership and involvement in their monitoring may empower patients both whilst in hospital and also after discharge. The implications of this for nursing practice are considered.

#### Reference

National Patient Safety Agency. Safer care for the acutely ill patient: learning from serious incidents. NPSA, July 2007.

#### Funding:

UK – Health Service (Local)  
10,001 – 50,000

Symposium abstract 3:

### The introduction of a clinical intervention to reduce harm from deterioration

*Debbie Shone, Patient Safety Co-ordinator, Sheffield Teaching Hospitals NHS Foundation Trust, Dr Des Breen, Associate Medical Director for Patient Safety, Sheffield Teaching Hospitals NHS Foundation Trust, UK*

#### Abstract:

#### Background

Research has shown that the recognition and treatment of an acutely deteriorating patient in an acute hospital can be suboptimal, directly affecting their outcome.

Following recognised improvement methodology, an audit tool was developed to measure the level of care and compliance with the recognition, escalation, assessment and treatment of a deteriorating patient.

#### Aims

- To improve compliance to established protocols i.e. Trust Early Warning Score (EWS) and ABCDE approach to assessment and treatment.
- To embed and empower nurses to initiate the escalation policy.
- To decrease the number of patients with trigger scores for over 2 hours with no medical review.

#### Methods

A target population of 4 acute wards were identified. Audit was performed on all patients who developed new deterioration as defined on the

EWS. Five data samples collected; one week per month. The following interventions were implemented:

- A paper based care pathway which protocolises the established EWS and ABCDE protocols.
- Education packages for all healthcare staff reinforcing the latter, the escalation policy and a communication tool, SBAR.
- Deteriorating patient box containing relevant medical equipment.
- Compliance with the pathway was tracked each month post interventions.

#### Results

- Increased observations when known deterioration – Risen from an average 55% – 75%
- Nurse communication to medic improved (35% to 70%-80%.)
- Medic attending the patient has increased from 58% – to 75%-100%
- ABCDE assessment increased from 25% to 90%
- The number of patients with trigger scores for over 2 hours with no medical review reduced from 75% to 10%.

#### Conclusions

The pathway has had a positive impact on the first four wards therefore from November 1st a second cohort of wards began the process.

#### References

McQuillan P, Pilkington S, Allan A et al. Confidential inquiry into quality of care before admission to intensive care. *BMJ* 1998;316:1853-8.

Buist M, Bernard S, Nguyen TV, Moore G, Anderson J. Association between clinically abnormal observations and subsequent in-hospital mortality: a prospective study. *Resuscitation* 2004;62:137-41.

Kause J, Smith G, Prytherch D, Parr M, Flabouris A, Hillman K. A comparison of antecedents to cardiac arrests, deaths and emergency intensive care admissions in Australia and New Zealand, and the United Kingdom-the ACADEMIA study *Resuscitation* 2004;62:275-282.

#### Funding:

No funding

Symposium abstract 4:

### An investigation into failure to rescue deteriorating patients – a national study of nurses perceptions

*Tracey Moore, Senior Lecturer, University of Sheffield School of Nursing and Midwifery, UK*

#### Background

Preventing, recognising and managing deterioration is a problem, but why staff fail to prevent, detect and manage deteriorating patients, despite the introduction of the DOH recommended

systems of care, is unclear. Audits and anecdotes report common factors that contribute to deterioration including: missed observations, not recognising deterioration, communication, escalation procedures.

#### Aim

To gain a better understanding from staff of why they fail to prevent, recognise and manage patient deterioration on general wards despite the introduction of recommended systems of care.

#### Methods

This national qualitative study used a two-stage snowball sampling method to achieve a sample of 30 nurses. Initial contacts were senior nurses from the National Outreach Forum. Second stage contacts were nurses working in a general ward. Participants were interviewed by telephone using a semi-structured technique. Questions included: why identifying deteriorating patients on general wards was a problem, why Early Warning scores were often not completed and why escalation procedures were not followed. Interviews were recorded and transcribed. Data was analysed using conceptual and relational analysis.

The six questions identified by Krippendorf 1 provided a methodological framework for this study.

#### Results

Preliminary analysis included coding concepts and recording concept frequency. Time, confidence, ownership, empowerment, knowledge, acuity, training, audit, policing and workforce were some of the more frequently occurring concepts. Level of implication for each concept was determined and included words that implied the same thing e.g. sicker, acuity. Translation rules were created to streamline the coding process. Concepts were organised into categories according to the rules: Inter/Intra professional communication, Training, Organisation (Ward and Trust), Attitudes.

#### Outputs

- greater understanding of the reasons why staff feel they are unable to detect deterioration
- recommendations for improving early detection of deteriorating ward patients and further
- research to establish the representativeness of the findings using a questionnaire approach

#### Reference

Krippendorf K. (2004) Content Analysis An Introduction to it's Methodology (2nd Edition), Sage, London.

#### Funding:

UK – Health Service (Local)  
10,001 – 50,000

# Workshops

12.00 – 13.15

## Workshop 1

### Using design in health: A workshop

*Daniel Wolstenholme, User-Centred Healthcare Design, CLAHRC SY, Sheffield Teaching Hospitals NHS Foundation Trust, UK*

*Co authors: Bowen, S, Bec, R, Dexter, M, Dearden, A, Sheffield Hallam University; Cobb, M, Sheffield Teaching Hospitals, Wright, P, Newcastle University*

#### Abstract:

#### Aim

The aim of the workshop is to empower nurses to use different approaches inspired and informed by design research and practice in both their research and clinical practice.

#### Background

Design, human factors, and ergonomics have long been used in safety-critical industries. In 2004, the UK Department of Health highlighted the value of design approaches for healthcare settings in its report on Design for Patient Safety (DoH 2003), and these are now increasingly being introduced into healthcare contexts. Healthcare publications are encouraging the use of the word 'design' for health, for example quality by design and safety by design (Tonks 2008). Design Bugs out was a piece of work commissioned by the Design Council specifically looking at product designs to minimise Hospital Acquired Infections. While many of these examples concentrate on equipment, device or architectural space design, work in healthcare service design and process has also begun. In the UK, learning from design-led approaches has led to the Experience-Based Design publication (NHS III, 2009). Design approaches have been demonstrated in use to improve healthcare delivery practice and re-designing healthcare services.

User-centred Healthcare Design (UCHD [www.uchd.org.uk](http://www.uchd.org.uk)) is a 5-year project within the South Yorkshire Collaboration for Leadership in Applied Health Research and Care (SY-CLAHRC), funded by the National Institute for Health Research. SY-CLAHRC is a large scale research collaboration focusing on the challenges of self-care in a range of long term conditions. UCHD brings together health researchers and managers based in the NHS with design and technology researchers at Sheffield Hallam University. Together, our aim is to develop, evaluate, and promote user-centred methods for designing user-centred healthcare services. In particular, to find ways of working within the public health system that will make possible the structural, behavioural and philosophical changes needed to meet these challenges. We work in collaboration with health researchers, healthcare providers, patients, carers and the public to investigate the impact of user-centred methods in

healthcare designing, and the challenges faced in adopting such methods within established public health systems.

#### Nursing Contribution

Our experience suggests that nurses are in the perfect position to use their understanding of the context and their close proximity to the patient experience to use such approaches to improve the care they deliver to patients. This may be directly through their clinical practice or by using the approaches from design practice and research to influence their own research methods.

#### Outline

This workshop will use User-centred Healthcare Design's experience of designing in health to showcase approaches that:

- Capture and use experience to co-design health services
- Use design tools to think differently
- Using virtual methods of engagement and co-design

The workshop will take the form of exemplars from the teams practice followed by practical sessions to allow participants to use the approach within the workshop.

We will capture the outputs of the workshop through various media and (with the permission of the participants) share them with the wider nursing and research communities to continue the discussion beyond the actual workshop itself.

#### Recommended reading:

Department of Health, (2003) Design Council. Design for Patient Safety: A system-wide designed approach to tackling patient safety in the NHS. London: Department of Health Publications.

Tonks, A, (2008) Safer by design. British Medical Journal.;336(7637):186-188.

NHS Institute for Innovation and Improvement. Experience Based Design [Internet]. NHS Institute for Innovation and Improvement; Available from [http://www.institute.nhs.uk/quality\\_and\\_value/introduction/experience\\_based\\_design.html](http://www.institute.nhs.uk/quality_and_value/introduction/experience_based_design.html): 2009.

#### Funding:

UK – Research Council  
100,001 – 500,000  
02. Postgraduate(Masters level)

# Monday 16 May 2011

14.30 – 16.10

## Workshop 2

### Crossing the finishing line: How to successfully complete your doctorate

*Barbara Jack, Edge Hill University, Evidence-based Practice Research Centre, Ormskirk, UK*

*Co author: Topping A, University of Huddersfield*

#### Abstract:

This workshop is aimed at delegates who are currently or about to embark on the final stages of doctoral study

Undertaking a doctorate is undoubtedly a challenging time. In nursing many candidates undertake a doctorate on a part time basis juggling work, study and life. One of the key hurdles is the final period leading to successful completion – the 'End Game'. This is the period that includes writing up of the thesis, the viva voce examination, responding to corrections and graduation.

The aim of this workshop is to explore the particular challenges the final stages the End Game presents and discuss practical solutions for overcoming them.

#### Learning Outcomes

At the end of the workshop participants will be enabled to:

- Have examined the writing up process and identified strategies to aid successful completion
- To understand the purpose of viva voce and examine the purpose, roles and possible outcomes

The workshop will be divided into two parts:

#### A. The writing up process

This will explore the inevitable challenges of the writing up process including time management, self-motivation, overcoming writers block and managing important others. The role of the supervisory team in supporting you. What examiners are looking for in a thesis, and devices for helping your reader.

#### B. The Viva Voce Examination

Preparation for the viva voce examination including a discussion of theing pros and cons of a mock viva. The purpose and possible outcomes of from the viva voce examination will be explored. Including ways of managing dealing with difficult questions. Lastly practical steps approached for responding to dealing with corrections will be discussed.

It is envisaged that this workshop will be interactive and participants will be encouraged to discuss their own challenges and identify possible solutions. At the end of the workshop, it is anticipated that participants will be able to develop a personal action plan to help them successfully navigate crossing the 'Finishing line'

**Funding:**

No funding

14.30 – 16.10

**Workshop 3**

**How can I work with the National Institute for Health Research and make a real impact on nursing care?**

*Kathryn Fairbrother, Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network, Leicester, UK*

*Co authors: O'Neil F, Workforce Development, NIHR CRN; Oxnard C, NIHR CRN; Smith, S, London (North west) CLRN; Gunnell, C, Essex and Hertfordshire CLRN.*

**Abstract:**

The NIHR Clinical Research Network (NIHR CRN) provides a world-class research infrastructure embedded within NHS organisations to support participation in high quality clinical studies across the NHS in England. This means ensuring that patients and healthcare professionals from all parts of the country are able to participate in and benefit from clinical research. The NIHR CRN aims to improve the coordination of research, improve the speed of research, maintain and enhance the quality of research, widen involvement in research, strengthen links with industry, improve the integration of research and last but by no means least improve patient care. The purpose of this workshop is to bring the support of the NIHR to nurse researchers and show how clinical research nurses and nurse researchers can collaborate on providing the best possible outcomes for our patients.

The workshop would consist of an introduction session to outline the purpose of the NIHR, approximately for 10 minutes led by Kathryn L Fairbrother, Senior Research Nurse for Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network.

The participants will then be split into four groups who will then rotate around four work stations. Each work station will be manned by 2-3 experts in each field. The work stations will focus upon Training and Workforce development, Infrastructure, Clinical Research Nurses Role and Impact on Research and Clinical Care.

Workforce development will be led by Fiona O'Neill, NIHR CRN Workforce Development Lead. The growth and development of Clinical Research Networks and the diverse needs of the workforce who support NIHR CRN Portfolio research studies means we need to make sure that there is a coherent approach to training and development that makes the most effective use of resources and that will increase the capacity and capability of the workforce into the future. So, we are working closely with the Department of Health and other areas of the NIHR to produce a coherent strategy that will guide future activities.

Infrastructure will be led by Christine Oxnard, CCRN Operations Manager. The NIHR, in practice, provides support to Portfolio studies in the

following ways; CSP – a system through which researchers can apply for permission to run a clinical study in the NHS. We are constantly working to speed up and simplify this process, so that researchers can get a clinical study up and running quickly, with the minimum of bureaucracy. We fund research support posts in the NHS, and provide training, so that researchers have access to experienced 'front-line' staff, who can carry out the additional practical activities required by their study such as obtaining patient consent for participation, carrying out extra tests, and collecting the clinical data required for the research. We provide funding to meet the costs of using facilities such as scanners and x-rays that are needed in the course of the study, so that research activity adds value to patient care, and doesn't drain NHS resources. And we provide practical help in identifying and recruiting patients onto Portfolio studies, so that researchers can be confident of completing the study on time, and on target.

The Role of the Clinical Research Nurse will be led by Dr Sheree Smith, CLRN Project Officer, London (North West) CLRN. Sheree has been both a clinical research nurse and a nurse researcher and offers a great insight in how the two roles can overlap. The role of clinical research nurse (CRN) is often misunderstood and there can be a divide between the CRN and the nurse researcher, both believing that they have different roles when in reality many facets of the role are similar. This session will show how the two roles can work together to provide good quality nurse led research to improve patient care.

The Impact on Research and Clinical Care will be led by Caroline Gunnell, co Director of Essex and Hertfordshire CLRN. This session will focus on how the NIHR has made an impact on research over the past few years and how the number of non medical staff involved in research has increased through NIHR infrastructure.

The session will also include tips on how to feedback results from research to the NHS and assist to implement them, enabling evidence based practice. The outcome of the workshop is to encourage and support nurse researchers to work collaboratively with the wider research community and how to successfully secure funding and support to ensure that their work is of the highest success and impacts directly on patient care.

**Recommended reading:**

**Funding:**

UK – Health Service (National)

1,000 – 10,000

02. Postgraduate(Masters level)



# Tuesday 17 May 2011

10.10 – 11.25

## Workshop 4

### User participation: Working to involve 'hard to reach groups' in health research

*Debra Salmon, University of the West of England, Bristol, UK*

*Co authors: Deave T, Baird K and 2 peer researchers*

#### Abstract:

#### Context

Currently all NHS trusts and National Institute for Health Research (NIHR) research networks in the South West have responsibilities for public involvement in research (PIR) but there is no coordinated approach and many challenges for individual organisations to enable meaningful involvement of the public. There is an increasing evidence base on what constitutes effective PIR and some of the elements that need to be put into place (e.g. support and training for service user research partners) to enable effective PIR (Barber 2007; Davies & Evans 2010). The Faculty of Health and Life Sciences at UWE is committed to involving service users and carers in research, and is increasingly respected for its good practice in involvement. The Service User and Carer Involvement in Research (SUCIR) scheme includes a steering group to take forward service user and carer involvement in research, with strong representation from service users. The group is co-chaired by an academic researcher and a service user. Additional developments have included: the recognition of service users and carers who are making an ongoing contribution to Faculty research as Research Partners: a credit union to help to fund service user and carer involvement early in research bids and the establishment of a Research Panel for service users and carers who would like to become involved in research and has been a key partner in a consortium with six NHS organisations in Bristol and more widely in the South West to support public involvement in research. It is in this context UWE, is developing a national reputation for good practice as service users and carers can contribute to teaching and research programmes in many different ways. This workshop draws on these experience to underpin the session.

#### This workshop

The aim of this workshop is to explore participatory practices of those working with groups that are defined as 'hard to reach', to highlight good practice and potential areas of challenge. The facilitators will include users that have taken part in the research studies and they will form the basis of two case studies. Co-delivery by peer research-

ers will model the dissemination aspects of a highly participatory research process and will give attendees the opportunity to hear first hand user's experiences.

The first of the two case studies will be focused on single parents in a highly participatory research study examining the health and well being of single parents during the introduction of new welfare benefits that require them to take up paid employment. The aim of this research is to gather new and original evidence exploring how single parents experience the advice and training opportunities provided to support their move into sustainable employment and the impact of these changes on their advancement and well being. The research is highly participatory, with single parents themselves shaping all aspects of the research processes. In particular, discussion will focus on the training of twelve single parents to become peer researchers on the project who come from socially, ethnically and culturally diverse backgrounds and experiences. A key aspect of the work has been the accreditation of this learning through evidencing work-based learning.

The second case study will draw on a two centred randomised controlled trial testing an educational and support programme for GP practices, to help them identify and refer patients who are experiencing domestic violence. A key aspect was the partnership with voluntary agencies, which provide most of the expertise for women who experience domestic violence. Therefore, the development of the programme was informed by consultations with women experiencing domestic violence using focus groups and survey method. The study engaged a service user who was a survivor of domestic violence as an active member of the steering group. She commented on all aspects of the research process and undertook some qualitative fieldwork with domestic violence survivors.

#### Workshop Activities

Activities will be participatory, including small discussion groups and a panel discussion to establish priorities and best practice. Researchers will share some of their own experiences of user participation, highlighting the main strengths and challenges of active involvement of groups that often do not volunteer for involvement in formal educational and research opportunities. Additional activities will explore what we mean by participation; the importance of developing a consensual model of good enough participation at the beginning of each research project and mapping exercises that allow researchers to explore opportunities across all stages of the research stages.

The second half of the workshop will explore the issues of best practice connected to health & safety; payment; keeping participants involved; managing every day life crisis (for example: drug and alcohol use; chaotic life styles or childcare issues) rewarding involvement and issues of ownership and dissemination.

Outcomes of attending the workshop will include:

- understand levels of participation and the importance of participatory consensus for those involved in a research project
- highlight the benefits and challenges of involving those who are hard to reach in relation to both quantitative and qualitative approaches
- highlight six priorities for creating meaningful involvement.

#### Recommended reading:

Barber, R et al (2007) Involving consumers successfully in NHS research: a national survey. *Health Expectations* 10: 380-91.

Davies R. and Evans D. (2010) Public Involvement in research. How can organisations collaborate to improve involvement? Produced at UWE on behalf of fourteen stakeholder organisations in Bristol and the South West.)

#### Funding:

No funding

#### Level:

Postgraduate(Masters level)

14.25 – 16.05

### Workshop 5

#### **Older women's experiences of domestic abuse and impact on health of older women in later life: Exploring the challenges to identification and implications for practice development**

*Julie McGarry, University of Nottingham, Division of Nursing, UK*

*Co author: Simpson, C. University of Nottingham*

#### **Abstract:**

#### **Background**

There has been little exploration of the health needs of older women in the UK who have experienced domestic abuse (Blood, 2004). However, the impact of domestic abuse for older women encompasses a number of facets including the long term effects of physical injury and the psychological impact of prolonged trauma (Women's Aid, 2007). The services that are currently available i.e. women's refuges may not be appropriate for older women for a number of reasons, e.g. mobility issues. A recent study by McGarry, et al (2010) has highlighted that while domestic abuse exerts a significant impact on the health and lives of older women, health care professionals are often poorly equipped to recognise or manage reports of domestic abuse among this age group of women.

#### **Focus of the workshop**

The UK has an ageing population and it is pivotal that the health community is able to understand the experiences and needs of older women affected by domestic abuse and service provision that is responsive to this need is developed effectively. Using a range of innovative learning and teaching resources the presenters will use the workshop forum to provide an overview of the key factors in relation to domestic abuse among older women, explore participant's knowledge and understanding and facilitate supportive discussion around developing strategies to address identified deficits in care provision.

#### **Aims of the workshop**

- To present the findings of a study exploring the experiences of older women (aged 60 years and over) who have experienced domestic abuse and to facilitate discussion surrounding the key findings
- To develop understanding among workshop participants around the impact and consequences of domestic abuse on the lives and health of older women
- To challenge in a supportive environment and where appropriate existing perceptions of abuse
- To explore the barriers to and perceptions of health care professionals regarding their role in identification and management of domestic abuse

- To discuss how health care professionals can develop their practice and expertise in the recognition and effective support of older women who have experienced domestic abuse

#### **Methods**

With expertise and backgrounds in teaching and learning and research fields in domestic abuse, adult protection and primary care, the authors have developed a comprehensive learning resource/workshop package exploring the multi-factorial nature of domestic abuse within the particular context of older women. The aim of this workshop/resource package is to introduce the concept of domestic abuse, to increase knowledge and awareness and to explore strategies for effective management and reporting in the practice setting. Crucially, participants are encouraged to explore their own role and responsibilities.

The workshop resource also seeks to challenge dominant cultures and perceptions surrounding older people within a broader societal context. For example, notions of ageism and the impact of organisational cultures on the experiences of care for older people are addressed both implicitly and explicitly within the resource environment. To date the authors have successfully tailored the learning resource as a workshop across a range of settings, including postgraduate studies. The presenters are fully cognisant of the sensitivity of this subject area and the requisite support needs involved in exploring this concept within the context of a workshop setting.

In order for the workshop to have a significant impact on the development of knowledge and understanding of the issues, a range of innovative teaching methods and activities have been developed by the authors to stimulate thought and discussion and to reflect different learning styles. The workshop therefore integrates core theoretical concepts alongside practice examples and also draws on locally developed materials for use in the practice setting.

In the first instance workshop participants are encouraged to participate in an energising group interactive exercise entitled 'Taking a Stand'. This involves the use of pre-defined statements relating to the topic area and the opportunity for participants to agree or disagree with a particular statement. The aim of this exercise is to explore attitudes to some of the key issues related to domestic abuse and to provide a forum for discussion and debate. This exercise provides a supportive forum that enables participants to consider their own values and beliefs and to illuminate the particular tensions and challenges that arise for practitioners within the context of their daily practice. A note taker is engaged during this exercise to record key concepts and questions for exploration in the subsequent discussion forum. This exercise has to date been adapted successfully locally according to participants prior experience and knowledge, needs, group size and resources e.g. room space. The workshops have also evaluated extremely positively.

Following this exercise a discussion forum is utilised to clarify concepts raised in the earlier exercise. The development of salient policy and the current evidence base is then critically discussed within the context of practice development. Dependent upon identified needs, the mechanisms for reporting abuse and support systems are also discussed in depth within the context of professional roles and accountability. Finally, the implications and potential strategies for further developments in both research and practice development are discussed and key outcomes are identified.

#### **Level**

The workshop is aimed towards qualified nurses/practitioners across a range of settings and fields of practice. We have listed postgraduate but we are able to adapt the level according to the audience.

#### **Recommended reading:**

Blood, I. (2004) *Older Women and Domestic Violence: A Report for Help the Aged and HACT*. London: Help the Aged

Women's Aid (2007) *Older women and domestic violence: an overview*. London: Women's Aid

McGarry, J., Simpson, C., Mansour, Mansour. *Exploring the impact of domestic abuse on the lives and health of older women: Implications for policy and practice development*. *Nursing Older People*. 22(5), 33-37

#### **Funding:**

UK – Research Charity/Foundation  
50,001 – 100,000

16.40 – 17.30

## Workshop 6

**A nurse education workforce fit for purpose?***Julie Taylor, NSPCC, (seconded from the University of Dundee), Edinburgh, UK**Co authors: Topping A, University of Huddersfield***Abstract:**

The aims of this workshop are to:

- Untangle the impact of NMC imposed regulations on the research and education of the profession
- Debate the pros and cons of research competence in undergraduate faculty
- Explore a position statement for nurse researchers regarding the complexities of research preparedness in a cold economic climate

In the UK nurse educators involved in the preparation of undergraduate pre-registration students should hold a professional qualification equivalent in level to that being studied and a teaching qualification. The Nurse Midwifery Council (NMC) recognises that students may well benefit from exposure to faculty who hold qualifications beyond that of their students yet make no recommendations, rightly, concerning the subjects or disciplines that should be studied. Vacancies, when advertised, indicate a teaching qualification as an essential requirement whereas doctoral education is more commonly desirable. Pursuit of a teaching qualification, in order to secure a post, may well foster greater interest in the practice of learning and teaching over that of nursing itself. Further, the subsequent focus on research is likely to be either minimised, or directed towards nurse education. We argue that this distraction from immersion in clinical topics has an impact on both direct benefit to health care users and to the credibility and development of the profession. In most disciplines in higher education qualifications and publications are acquired in the discipline taught; based on the premise that students benefit from exposure to academic staff immersed in their discipline. The precedence of a teaching qualification over postgraduate research may well be one of the factors that historically has limited the development of the evidence base of the discipline. Indeed this may have contributed to nursing faculty being less equipped to adapt to austerity measures in higher education given the increasing emphasis on income generation through research grant capture and enterprise and innovation activity in the sector. This workshop will examine the complexities associated with faculty preparation and the relationship, if any, to the preparedness of a research (and enterprise) focused profession in a cold economic climate.

**Recommended reading:**

Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education. London: NMC

Garside, Joanne, Nhemachena, Jean Z. Z., Williams, Julie and Topping, Annie (2009) Repositioning assessment: Giving students the 'choice' of assessment methods. *Nurse Education in Practice*, 9 (2). pp. 141-148.

Taylor J., Bradbury-Jones C., Irvine F. & McKenna H. (2010) On the precipice of great things: The current state of UK nurse education. *Nurse Education Today* [Special Issue Leadership] 30 (3): 239-245

**Funding:**

No Funding

# Wednesday 18 May 2011

09.50 – 11.30

### Workshop 7

#### Public participation in research: guidelines for good practice

*Pam Moule, University of the West of England, Bristol, UK*

*Co authors: Pollard K, Rice C, Service User, Donald C, Service User, Donskoy A-L, Service User, University of the West of England*

#### Abstract:

##### Introduction

This workshop will be suitable for professionals and the public (service users, carers and other members of the public). It will be presented at an intermediate level with some theoretical content and practical application.

The workshop will be co-facilitated by two academics from the University of the West of England, Bristol (UWE), together with three service users, all of whom recently collaborated on a project to develop guidelines for supporting patient and public involvement (PPI) in research. These guidelines are now being implemented in a further project at UWE. The three service user members of the team come from a range of backgrounds, and all have experience of active involvement in health or social care research projects.

##### Background

In the UK (UK), the Department of Health (DH) and many funding bodies require public involvement in health and social care research. UK research governance stipulates that the public should be actively involved in 'design, conduct, analysis and reporting of research' (DH 2005). Major funding bodies such as the National Institute for Healthcare Research (NIHR) are committed to active public involvement in all stages of research (NIHR undated). PPI is one of the criteria on which research proposals received into the NIHR Central Commissioning Facility are assessed. PPI means that people are active partners in the research process by, for example, advising on a research project, assisting in the design of a project, or in carrying out the research, rather than being the 'subjects' of research. DH also funds INVOLVE, an organisation established specifically to support and promote PPI in health and social care research (INVOLVE 2004).

##### Workshop aims

- Raise awareness among professionals of good practice in PPI in research
- Highlight specific practical issues concerning PPI in research
- Present guidelines to inform PPI in research
- Provide an opportunity for workshop participants to explore and engage with relevant issues

- Encourage participants to consider PPI in research in their own practice areas
- Explore issues identified by workshop participants

##### Guidelines

As part of a research project funded by the Higher Education Innovation Fund, service users, carers, health and social care professionals and academics were invited to participate in a series of five workshops at UWE in 2010, to generate guidelines for good practice to support PPI in research. Three of the workshops were aimed at mixed groups, while one was only for service users and carers, and one only for academics and professionals. The workshops were attended by 45 individuals in total: 13 service users/carers, 25 academics and 7 NHS practitioners/managers. The series was co-facilitated by members of the team who will facilitate this workshop.

The main outcome from the project was a set of nine statements comprising guidelines for good practice that cover the scope of research from inception to dissemination of findings. These guidelines reflect the collaborative views of all those involved in the workshops and therefore of themselves encompass good practice with regard to PPI (UWE 2011 Public Involvement in Research. Guidelines for Good Practice. UWE, Bristol. <http://hls.uwe.ac.uk/suci/research.aspx>)

##### Structure and content

5 mins: Team introduction: Five facilitators to introduce themselves.

10 mins: Previous experience: Participants will be asked to introduce themselves briefly (name, role, locale) and to choose a colour-coded sticker which aligns most closely to their experience of PPI: extensive/ some/no experience.

5 mins: Policy context: Power point slide and handout of key policy position from Department of Health, NIHR and INVOLVE.

10 mins: Defining aims and exploring learning needs: Power point slide outlining aims. Record any additional participant aims on flipchart.

5 mins: Present case study: A case study will be presented using power point and handouts. The case study will reflect anonymised experiences from real situations.

30 mins: Discussion of case study and exploration of the guidelines for PPI: Dependent on numbers, divide into 3 groups (maximum 8 participants) each with a mix of experience in PPI if possible. Each group will include one of the service user facilitators to support discussion and time keeping. The two academic facilitators will move between groups to support the activities. Provide hard copies of the case study and guidelines. Each group will be asked to discuss relevant issues from the case study in terms of three of the nine guidelines (assigned by the facilitators). This exercise will be followed by discussion of the three guide-

lines in relation to participants' own practice area, aided by one or two guiding questions provided by the facilitation team. Examples include: How do these guidelines apply to your own practice area? How could you implement the guidelines? What might the potential barriers be? How could these be addressed? What factors in your practice would support implementation? This discussion will also address any aims identified by workshop participants. Groups to elect one member to provide feedback, using flip chart paper and pens to support this.

20 mins: Feedback: Elected participant to provide feedback to the whole group.

5 mins: Concluding/ Evaluate learning: Ask all participants to write on post-its:

1. One thing they have learned.
2. One thing they might use in their practice.
3. One thing that might be considered for a future workshop. The team will e-mail collated feedback from the post-its to workshop participants who supply email addresses.

##### Conclusion

Through the workshop a joint delivery approach will support the philosophy of PPI and enable dissemination of the guidelines, while offering participants an opportunity to reflect on public participation in research.

##### Recommended reading:

DH (2005) Research Governance Framework for Health and Social Care DH, London

INVOLVE (2004) Supporting public involvement in NHS, public health and social care research. <http://www.invo.org.uk/> Accessed 10.11.2010.

NIHR (undated) Improving the health and wealth of the nation through research. Patient and Public Awareness. <http://www.nihr.ac.uk/awareness/Pages/default.aspx>

##### Funding:

UK – Higher Education Funding Council

10,001 – 50,000

##### Level:

Undergraduate



14.15 – 15.05

## Workshop 8

**Are we agreed on a method of undertaking a literature review at undergraduate and postgraduate level?***Helen Aveyard and Jane Appleton, School of Health and Social Care, Oxford Brookes University, Oxford, UK***Abstract:**

The aim of this workshop is to explore and debate many of the aspects of undertaking a literature review that arise within undergraduate and postgraduate projects. This workshop is based on a small pilot workshop which I recently facilitated as part of a book launch with the Open University Press to mark the publication of the 2nd edition of my book entitled 'Doing a Literature Review in Health and Social Care' (Aveyard 2010)

In my book I outline an approach to undertaking a literature review in a systematic way at undergraduate level and as a template for postgraduate students. The book takes into account methods for systematic review as prescribed by the Cochrane Collaboration ([www.cochrane.org](http://www.cochrane.org)) and other researchers but offers a simplified approach for new researchers.

Clearly undertaking a full systematic review is not achievable for student researchers but they can strive towards achieving a systematic approach to their review. However there are many questions that arise when simplifying the approach. Methodological decisions need to be made that reflect the complex nature of a literature review whilst still retaining a straightforward approach. This workshop will consider some of these decisions and explore some of the questions that arise when supervising students at this level.

The workshop will commence with an introductory presentation which will outline a suggested method for undertaking a review. This presentation will focus on my interpretation of an appropriate approach for new researchers. Throughout the presentation I will identify points which are controversial and where debate frequently arises. I will also invite participants to identify areas for debate. We will then examine each of these points in detail and explore whether consensus can be reached regarding good practice in these areas. For example, one point of debate is how to search for 'hard to reach' literature in order to ensure that a comprehensive search has been achieved (Greenhalgh and Peacock 2005). Another point of debate is whether it is preferable to exclude literature on the basis of quality or to include this literature in a review with due acknowledgement of its quality. Another is which appraisal tools should be used (Katrak et al 2004).

A summary of the main topics for discussion are:

- How 'systematic' an approach are we striving for?
- Should all questions arise from practice?

- Does a framework for conducting a review help or constrain the literature review process?
- How do we access 'hard to reach' literature?
- Is a sample of literature ever enough in a literature review?
- Should critical appraisal be implicit or explicit?
- Should poor quality studies be excluded or included with a proviso?
- Which appraisal tool should be used?
- What do we do if there are 'no results' (ie no literature) of the literature review?
- Which is preferable – development of themes or chronological presentation of literature?
- Is meta-analysis ever achievable at undergraduate or master's level?
- Can / should results and discussion be presented together?

At the end of the workshop, we will summarise the discussion and explore the extent to which consensus has been reached on the topics for discussion and those surrounding which the debate continues.

Having completed a very successful small scale 'pilot' of this workshop I would like to extend this model in a larger context at the RCN research conference and anticipate that the workshop would work equally well with a larger group. The workshop is useful both for informing participants on current thinking and practice in relation to undertaking and supervising a literature review and also for developing practice in the literature review method at undergraduate/postgraduate level.

**Recommended reading:**

Aveyard H (2010) 'Doing Literature Review in Health and Social Care'. Open University Press, Maidenhead

Greenhalgh T and Peacock R (2005) Effectiveness and efficiency of search methods in systematic reviews of complex evidence: audit of primary sources, *British Medical Journal* vol 331: pp1064-5

Katrak P, Bialocerkowski AE, Massy-Westropp N, Kumar S, Grimmer KA (2004) A systematic review of the content of critical appraisal tools, *BMC Medical Research Methodology* vol 4(22)

**Funding:**

No Funding

**Level:**

Undergraduate

# Posters

Monday 16 May 2011

1

## Symptom clusters in thais with advanced cancer

Suchira Chaiviboontham, Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand  
Co authors: Hanucharurnkul S, McCorkle R,

### Abstract:

Patients with advanced cancer often suffered from experiencing multiple concurrent symptoms. Symptom cluster identification may leading to an effective symptom management, resulting in greater beneficial to the patient. The purpose of this study was to explore the cluster of symptoms in Thais with advanced cancer. The sample size in this study were derived from an estimation of population proportion. Two hundred and forty Thai patients with advanced cancer from three tertiary hospitals in Bangkok and suburbs were purposively selected ask for completed questionnaires: Demographic questionnaire and the Memorial Symptom Assessment Scale. Data collection was carried out continuously from November, 2008 to April, 2009. The principal component analysis with varimax rotation was done on the 32 symptoms. The most cancer site found in this study was gastro-intestinal cancer, followed by breast cancer, hepato-biliary cancer, and lung cancer, respectively. The most common symptom was pain (92.5%), followed by feeling bloated (88.3%), lack of energy (86.7%), shortness of breath (86.3%), and I don't look like my self (82.9%). The four cluster were identified 1) fatigue, pain, and sickness behavior 2) anorexia-cachexia 3) gastro-intestinal, elimination, and neuro-psychological 4) cutaneous and other.

The new knowledge in symptom clusters should help healthcare provider to understand pathophysiology of the concomitant symptoms in patients. This could lead to the successful management to relief those symptoms, reduced medication used, and also enhance quality of life in patients with advanced cancer.

### Funding:

Thai Nursing Council  
1,000 - 10,000

2

## Knowledge about tuberculosis and attitudes of families of patients in directly observed therapy in a health care service of Ribeirão Preto, state of Sao Paulo, Brazil

Ricardo Alexandre Arcencio, Av College of Nursing at Ribeirão Preto, University of Sao Paulo, Brazil  
Co authors: Freitas, I.M.; Crispim, J. A.; Pinto, I. C.; Villa, T. C. S.; Brunello, M.E.F.; Pinto, P.F.P.S.

This research is sponsored by CNPQ (482197/2010)

### Abstract:

#### Introduction:

Family is the first instance of health care and the microstructure that influences the most in the constitution of subjects' representations and practices related to their health-disease process<sup>1,2</sup>. Families' knowledge and attitudes influence directly on the adherence to Tuberculosis (TB) treatment<sup>3</sup>.

#### Objective:

Assessing the knowledge about tuberculosis and the attitude of families of patients under follow-up in Directly Observed Therapy (DOT) in a Health Care Service in the city of Ribeirão Preto, state of Sao Paulo, Brazil.

#### Methods:

The authors carried out cross-sectional study. It was conducted with families of patients diagnosed with tuberculosis in a health care service. The population consisted of families of patients diagnosed with tuberculosis from January 1st to July 31st 2010 and followed up by DOT in this service. Data collection was accomplished in July 2010 based on an instrument validated by authors in Brazil, which contains socio-demographic variables related to family's knowledge and attitudes. Descriptive statistics of the quantitative parameters was used for analyzing the results, calculating the average and standard deviation. Frequency estimation was used for the qualitative parameters.

#### Results:

In total, 16 subjects took part in the study, 87.5% of them female. Regarding the causes of TB, 81.25% of the subjects reported low immunity. Only 18.75% of the relatives knew about the period of transmissibility of the disease; and 43.75% of them knew about the correct time of treatment. Of the subjects, 50% reported feeling embarrassed about having a relative with the disease. It is highlighted that 56.25% of the families were not concerned about contracting TB.

#### Conclusion:

The study delineates the important role of family in care for patients with TB, which is a relevant aspect that should be considered by the health professionals in the different health care services.

#### Recommended reading:

Needhan, D. M.; Bowman, D.; Foster, S. D.; Godfrey-Fausset, P. 2004. Patient care seeking barriers

and tuberculosis programme reform: a qualitative study. *Health Policy*, v.67, pp. 93-106.

Leite, S.N.; Vasconcellos, M.P.C. 2006. Negociando fronteiras entre culturas, doenças e tratamentos no cotidiano familiar. *Histórias, Ciência, Saúde - Manguinhos*, Rio de Janeiro, 13(1), pp.113-28.

Sousa, A.S.S.; Kantorski, L.P.; Bielemann, V.L.M. 2004. A Aids no interior da família: percepção, silêncio e segredo na convivência social. *Acta Scientiarum. Health Sciences*, Maringá, 26(1), pp.1-9.

### Funding:

CNPq (Brazilian National Council for Science and Technology)

1,000 - 10,000

3

## Including individuals with learning disability as research participants: The journey from consent to interview

Ruth Wyn Williams, School of Healthcare Sciences, Bangor University, Wales, UK

Co authors: Irvine, F.E., Hastings, R.P., Roberts, G.W.

### Abstract:

This presentation follows the experienced of a novice researcher in gaining ethical approval, consent and face to face interviews with seven individuals with learning disability in Wales. Through using a reflective framework the challenges and benefits of gaining the service users perspective, rather than a professional or non-disabled perspective is considered.

Listening to the perspective of service users is a growing and important area within healthcare research. Service users' perspectives are under reported in the literature. Furthermore, Lloyd et al (2006) suggest that providing opportunities for a person to express and attempting to understand his or her thoughts, beliefs, feelings or desires can be an effective means of informing service provision. However, McDonald et al (2009) states that there is little empirical evidence available to inform policy and practice related to including adults with learning disability in research.

The research project explored the experience of receiving a service from a community learning disability nursing team. All participants had a medical diagnosis of learning disability. Nonetheless, diagnosis alone did not indicate if the individual had the ability or indeed wished to consent to participate in the research project.

Principles of good practice were gleaned from the literature available and the researcher, as a registered learning disability nurse utilised her knowledge of learning disability, assessment, The Mental Capacity Act Code of Practice, and communication skills to inform the process. This was done by using a protocol based on the work of Arcscott et al (1998). A bilingual, easy read version of par-

Participant information was produced and the process from consent, interviewing to an exit meeting took a minimum of three meetings with each service user. It is evident that research with individuals with learning disability is vital and clear guidelines and protocols should inform future practice.

**Recommended reading:**

Arscott, K., Dagnan, D. & Kroese, B.S. (1998), Consent to psychological research by people with an intellectual disability, *Journal of Applied Research in Intellectual Disabilities*, 11(1), pp 77-77.

Lloyd, V., Gatherer, A. & Kalsy, S. (2006), Conducting qualitative interview research with people with expressive language difficulties, *Qualitative Health Research*, 16 (10) pp 1386-1404.

McDonald, K.E., Kidney, C.A., Nelms, S.L., Parker, M.R., Kimmel, A. & Keys, C.B. 2009, Including Adults With Intellectual Disabilities in Research: Scientists Perceptions of Risks and Protections, *Journal of Policy and Practice in Intellectual Disability*

**Funding:**

Centre for Welsh Medium Higher Education  
No funding

4

**Staff experiences of a bespoke e-learning package designed to enhance patient safety practices at a large NHS Foundation Trust**

Angela Christiansen, *Edge Hill University, Ormskirk, UK*  
Co authors: Smith B. Hurst J. Moore M.

**Abstract:**

**Background:**

Ensuring the safety of all who come into contact with health services is one of the most important challenges facing health care today. In meeting this challenge an innovative collaboration between an NHS Trust and a Higher Education Institution was established to develop an educational strategy to enhance the safety practices of all Trust staff. This included the development of an e-learning package to be accessed by all staff and aligned to the Trusts attitudes and behaviours online appraisal.

**Aim:**

This paper reports on a descriptive survey of NHS staffs' experience of a patient safety e-learning package.

**Method:**

Following completion of the e-learning package staff were invited to complete a questionnaire intended to capture key aspects of learning (n=72). Responses were analysed using descriptive statistics while responses to open questions were subject to content analysis (Polit & Beck 2006).

**Results:**

Findings suggest that completion of the e-learning package had impacted positively on staff self reported understanding, confidence and competence and had a heightened awareness of the importance of incident reporting.

**Discussion:**

Improving safety is complex given the many factors that can impact on the patient experience (Reason, 2000). Findings identify how the e-learning was experienced and suggest ways in which it has impacted on knowledge, understanding and safer care practices

**Conclusions:**

The current patient safety agenda provides enormous potential for collaboration between Higher Education Institutions and Service Providers to work together to find innovative ways to promote safer care at all levels of service delivery.

**Recommended reading:**

Polit D.F. & Beck C. T. (2006) *Essentials of nursing research*. Philadelphia Lippincott Williams and Wilkin.

Reason, J., 2000, Human error: models and management: *West J. Med.*, v. 172, p. 393-396.

**Funding:**

UK - Health Service (Local)  
1,000 - 10,000

5

**Partnering with older adults: Using student reflective journals to evaluate an undergraduate course in gerontological nursing**

Sue Davies, *Winona State University, Winona MN, USA*  
Co authors: Reitmaier, A., Reveling-Smith, L.

**Abstract:**

Reflective journaling has become increasingly popular as a teaching and learning strategy in both undergraduate and graduate curricula. However, few studies have utilised these journals to evaluate educational programmes.

This presentation describes the use of student reflective journals as one component of an illuminative evaluation (Parlett and Hamilton, 1972) of an undergraduate course in caring for older adults. The sixteen-week course aims to create positive experiences of working with older adults through creating 'an enriched learning environment' which involves elders as partners in student learning (Nolan, et al., 2006). Elders are recruited to receive bi-weekly visits from a designated student in order to share aspects of their life and experiences with them, enabling a more accurate understanding of the total experience of ageing. Students work with the older adults to develop health promotion

projects that will benefit the whole community in which the older adult lives. They write reflective journals based upon their conversations with each older adult as a method of evaluating their learning.

Using the framework methodology described by Richie and Spencer (1995), a data matrix was initially developed from a consideration of thirty journals. A further fifty journals were then mapped onto these categories, which were then refined and adjusted. Journals were completed during 2010. Three major themes were identified representing the impact of interactions between the students and the older adults on student learning:

- discovering connections (making links with evidence and viewing the person holistically)
- adapting our thinking (becoming aware and being challenged)
- building intergenerational relationships (recognizing the value in spending time with older adult and the potential for mutual learning).

The presentation will elaborate on these themes to illuminate the processes through which student nurses apply theoretical learning. The findings have relevance for nurse educators, student nurses, older adults and gerontological practitioners.

**Recommended reading:**

Parlett, M. and Hamilton, D. (1972) *Evaluation as Illumination: A New Approach to the Study of Innovative Programs*. Occasional Paper. Edinburgh: Centre for Research in the Educational Sciences, University of Edinburgh.

Nolan, M., Brown, J., Davies, S., Nolan, J., Keady, J., 2006. *The Senses Framework: improving care for older people through a relationship-centred approach*. Getting Research Into Practice Series, Sheffield: University of Sheffield.

Ritchie, J. and Spencer, L. 1994. Qualitative data analysis for applied policy research. In A. Bryman and R. Burgess, eds. *Analyzing qualitative data*. London: Routledge, pp. 172-194.

**Funding:**

Winona State University Foundation Fund  
1,000 - 10,000

6

**Decision making in learning disability nursing practice: Results from an All Wales Nursing Survey**

Ruth Wyn Williams, *School of Healthcare Sciences, Bangor University, Wales, UK*  
Co authors: Hastings, R.P, Roberts, G.W, Irvine F.E.

**Abstract:**

Healthcare employees are under increasing demands to base their decisions on the best available evidence. Yet, for learning disability (LD) nurses, the information is sparse about their use of evidence to support practice (Parahoo et al.,

2000). A previous qualitative study (Williams et al., 2010) highlighted the importance of a person-centred approach in decision-making, but it is unclear whether this takes priority amongst practitioners.

The aim of the study was to describe registered nurses' decision making processes within NHS LD services in Wales; identifying any differences or similarities in sources of information used, demographic and training characteristics and opinions about person centeredness.

A cross-sectional survey was designed to target all NHS nurses (n=465) working in LD services across Wales between April and June 2010. Participants were recruited through senior nurses. The bilingual self-administrated postal questionnaire consisted of items that emerged from the previous qualitative study alongside two validated measures on attitudes towards person centred planning and clinical decision-making. Following postal reminders, 285 (61%) questionnaires were completed and returned.

Compared with previous normative data (Lauri & Salanter, 2002) the LD nurses are more analytic in their decision making overall. Within the stages of the nursing process, that is, collecting information, handling information, planning and implementing nursing, the LD nurses were most analytic in orientation in the handling information stage.

It is unclear why LD nurses are more analytic than the other nurses who worked in such areas as intensive care and psychiatry. However, nursing practice has changed dramatically since these studies with modern NHS reform promoting researched evidence-based clinical decisions to improve the quality of care.

**Recommended reading:**

Lauri, S. and Salanter, S. (2002) Developing an instrument to measure and describe clinical decision making in different nursing fields. *Journal of Professional Nursing*, 18(2) pp 93-100.

Parahoo, K., Barr, O. & McCaughan, E. (2000) Research utilization and attitudes towards research among learning disability nurses in Northern Ireland. *Journal of Advanced Nursing* 31(3) pp 607-613.

Williams R.W., Roberts G.W., Irvine F.E., Hastings R.P. (2010) Exploring decision making in intellectual disability nursing practice: a qualitative study. *Journal of Intellectual Disabilities*. 14(3) pp 197-220.

**Funding:**

No funding

7

**Learning from failure: An exploratory study of what makes a successful nursing service**

*Marion Andrews-Evans, Health and Social Services Directorate, Welsh Assembly Government, Cardiff, UK*

**Abstract:**

**Background:**

Reports with recommendations have been published following significant failures in the nursing service (Healthcare Commission 2009). Despite these reports, failures continue to occur. This research explores what the underlying cause of failure could be. It was considered that there was potentially something fundamental about how the nursing service is organised and its systems work, which when these factors combine together lead to the service failing.

**Aim:**

This research aspired to ascertain what, if any 'key factors' can be identified by the senior nurses in Wales to improve the delivery and safety of the nursing service.

**Method:**

A mixed-method research approach was undertaken in 2009/10 comprising three stages. Stage one involved the analysis of inquiry reports. Stage two comprised semi-structured elite interviews with 9 senior nurses (Marshall and Rossman 1999). The final stage used to priorities and validate the results of stage one and two, was a questionnaire sent to 65 senior nurses, 41 were returned and analysed using a system of ranking.

**Findings:**

Six themes were identified by the interviews, which were prioritised into 36 'key factors' by the questionnaires. Nursing staff further considered they were disempowered which led to service failure.

**Discussion:**

This research study has provided Senior Nurses in Wales with a voice to express their frustrations and feelings of disempowerment. Through this they have explained what they think are the 'key factors' that when used as a 'Senior Nurses' Framework' can improve the quality of the nursing service to patients. The overarching factor was found to be the requirement for nurses both at ward and board level to be empowered.

**Conclusion:**

This is the first stage of participative action research and it is anticipated that the senior nurses will now take this forward by using the 'Senior Nurses Framework' and evaluate the effectiveness of its implementation.

**Recommended reading:**

Healthcare Commission (2009) Investigation into Emergency Admissions at Mid-Staffordshire NHS Trust.

Marshall, C. and Rossman, G.B. (1999) *Designing Qualitative research*. Sage Publications Ltd, London.

**Funding:**

UK - Health Service (National)

1,000 - 10,000

8

**The end of the algorithm: Mixed methods analysis of distress management in cancer**

*Austyn Snowden, School of Health Nursing and Midwifery, University of the West of Scotland, Paisley, UK*

**Co authors: Craig A, White, Christie Z, Murray E, McGowan C, Scott R**

**Abstract:**

**Background**

The distress thermometer (DT) is a screening tool for detecting distress in cancer. In this study its function was extended to facilitate collaborative communication within a programme of distress management (DM) in cancer care (Snowden et al, 2011).

**Aim**

Evaluation sought to establish if DM was a) clinically feasible and b) practically beneficial.

**Method**

RCT: Participants were a mixed-cancer cohort aged between 40-79 years; time since diagnosis 8-36 months. Between April-December 2010, 80 people were randomised to receive DM or not. Time spent in consultation, satisfaction with consultation and quality of life was measured.

Grounded theory: A purposive sample of 19 patients who received DM underwent semi-structured interviews. The resultant findings were verified by a further 22 service users and 19 Macmillan clinicians.

**Results**

**RCT**

DM took no more consultation time than treatment as usual (F1.56 = 0.72, p = 0.40). There was no difference in satisfaction with consultation (F1.71 = 0.70, p = 0.41) or QOL measure at follow up (F1.55 = 0.25, p = 0.62). Correlational analyses between QOL measure and DT scores (r = -0.77, DF = 35, p < 0.001) showed clinicians spent more time with more distressed people regardless of experimental group.

**Grounded theory**

Successful DM involved a 3 stage process:

1. Being introduced to, and completing DT;
2. Collaborative discussion
3. Enacting DM plan.

Factors impacting on this process were:



- Manner, time, location of introduction to DT;
- Opinion of the name of DT;
- Relevance of DT;
- ‘Helping clinician to help me’;
- Subsequent action.

**Conclusion**

Positive or neutral experiences of the process facilitated DM, which was valued by patients. Managing people in this way took no more time than treatment as usual. Clinicians can therefore better support distressed cancer patients in a structured manner without impacting on clinical contact time.

**Recommended reading:**

Snowden, A., White, C.A., Christie, Z., Murray, E., McGowan, C., Scott, R. (2011). “The clinical utility of the distress thermometer: a review”. British Journal of Nursing vol 20. no 3, pp 152-159.

**Funding:**

UK - Research Charity/Foundation  
100,001 - 500,000

9

**Relations in mental health nursing**

*Torill Sæterstrand, Bodø University, Nordland, Norway*

**Abstract:**

**Background:**

The importance of interaction and participation in nursing practice and ensuring positive relations experiences for patients and nurses has been widely acknowledged in literature. There is considerable body of literature related to nursing practice within practical aspects like effectiveness of practice and discussion of the adapted models. However only a small part of the existing literature describes how nurses practice interaction and participation in the mental health field. The aim of this article is to describe interaction and user participation as experienced by the health personal and users.

**Method:**

Qualitative interviews with eleven persons; five nurses, one activity-therapist and five users in Norway in 2005. Kvale’s (1997) three phases inspired the analysis of the material, namely: self-understanding, critical understanding based on common sense and theoretical understanding.

**Result:**

- The building of relationships based on trust
- Empowering the strong points of the users
- Learning to make one own decisions in life.

**Conclusion:**

The experience of health personnel and user of their roles will have impact on how they understand and act in practice. The relationship between

nurses and users and the learning possibilities at a User Centre influence the mental health of the users.

**Recommended reading:**

Sæterstrand T. (2004). Interaction and user participation in the field of district psychiatry. *Vitenskapelig artikkel i Vård I Norden*, 4/2004; 26-30.

Rappaport J. Studies in Empowerment: Introduction to the issue. *Community Mental Health Review* 1984, 3:1-7

**Funding:**

UK - Higher Education Institution  
No funding

10

**Improving healthcare quality at scale and pace. Lessons from The Productive Ward: Releasing time to care programme**

*Glenn Robert, National Nursing Research Unit, King’s College, London, UK*  
*Co authors: Robert, G; Maben, J; Morrow, E; Griffiths, P.*

**Abstract:**

This study aims to explore the adoption of The Productive Ward by NHS organisations and to theorise about implications for its spread and that of other large-scale change programmes. In doing so it also seeks to help leaders to ‘spread’ the approach in their organisations by proposing actions they should take to overcome common barriers to the widespread adoption, implementation and assimilation of The Productive Ward into routine practice.

The research applied a two phase methodology. Phase one comprised of three elements: a focused review of the theory related to spread of innovations within health care; application of this theory to knowledge of The Productive Ward; and identification of beneficial areas for future research to inform phase two of the research. Phase two comprised of in-depth case studies in eight purposively sampled NHS organisations implementing The Productive Ward. In the case study sites, multiple participant interviews were used to establish a near as possible ‘insider’s’ perspective of the context, history, current activity, staff energy, organisational energy, facilitators and barriers, and future plans as they pertained to the Productive Ward.

Specific challenges to spreading improvement programmes in health care were identified and will be described. Examples range from a lack of receptive organisational context or human receptivity to an absence of communities of practice or an inconsistent organisational /professional vision. The presentation will explore these factors in relation to the spread of The Productive Ward and summarise critical success factors required to spread improvement programmes at scale and at pace; for example, the need to raise awareness

of the potential for change, to tap into emotional energy for change, to highlight benefits to self, to increase the belief that change can succeed, to seek and form supportive relationships, and to engage with wider political and organisational agendas in support of change.

**Funding:**

NHS Institute for Innovation & Improvement  
10,001 - 50,000

11

**Making it work: Practical research support**

*Anwen Howells, NISCHR CRC, Cardiff, UK*  
*Co authors: Russell A.*

**Abstract:**

**Purpose:**

To demonstrate the scope and diversity of practical research support available through the National Institute of Social Care and Health Research - Clinical Research Centre (NISCHR - CRC) to Health and Social Care Researchers within Wales.

**Method:**

Through the provision of appropriately trained research staff, NISCHR-CRC works together with research teams involved with UKCRN / NIHR CRN Portfolio adopted studies. Any study by medical, nursing and midwifery or allied health professionals with sites open in Wales are eligible for this assistance. Within the three Welsh Regional Networks (North, South East and South West Wales) our teams are available to support research. This collaboration promotes good clinical governance, facilitates recruitment and assists studies to deliver on time.

**Objectives:**

Identify the range of practical research support that is available to research teams with participating sites in Wales.

**Funding:**

No Funding

12

### The lived experience of isolation while in hospital: Video diaries and researching with children

Donna Austin, Paediatric Intensive Care Unit, Southampton University Hospitals Trust, Southampton, UK

Co authors: Prieto, J; Rushforth, H.

#### Abstract:

#### Background

The Department of Health document 'Saving Lives' (2007) identifies the necessity to enhance clinical care for patients cared for in isolation. In hospital children are sometimes put in a single room for the purpose of infection prevention and control. Adult literature suggests patients may experience loneliness, depression, and feelings of stigma when in isolation. (Gammon, 1999). It is unknown if this is true for children as there is very limited research related to this topic.

For this study the use of video data was utilised as it was felt to be the most appropriate way to capture the child's lived experience.

#### Aims

The aim of the study is to explore the experiences of children and young people nursed in single room isolation while in hospital. The aim of this poster will be to review the use of video data with children within the context of this study.

#### Methodology and methods

This qualitative study draws on the philosophy of hermeneutics and ethnographic methods; including video diary, video stimulated recall and interviews. Video data has been well documented across many methodologies and research disciplines. Despite this there is scant literature pertaining to video diary use. The literature attests to advantages and disadvantages of this method which will be debated in the poster (Lomax and Casey, 1998).

#### Results

It is intended to present the preliminary findings from the video data from this study. Data will be subjected to Spradley's ethnographic analysis structure, to identify key domains and broad themes.

#### Conclusions

Video data provides an insight into the life of the participants without the obtrusive nature of an observer, which gives a richness and complexity to the data. Understanding children's experiences of isolation may help to inform future services which meet their needs and may reduce the psychosocial impact of isolation.

#### Recommended reading:

Department of Health (2007) Saving Lives, London, Crown.

Gammon, J. (1999) The psychological consequences of source isolation: a review of the literature. *Journal of Clinical Nursing*, 8, 13-21.

Lomax, H. Casey, N. (1998) Recording social life: reflexivity and video methodology. *Sociological Research Online*, 3.

#### Funding:

No funding

13

### The impact of the Mental Capacity Act 2005 on critical care research in England and Wales

Leslie Gelling, Faculty of Health and Social Care, Anglia Ruskin University, Cambridge, UK

Co author: Outtrim, J

#### Abstract:

The Mental Capacity Act 2005, implemented in 2007 and covering adults at least 16 years of age in England and Wales, provided a statutory framework for people lacking capacity to make decisions for themselves. Sections 30 to 34 of the Act relate specifically to research and offers clarity around the inclusion of individuals in clinical research when they are unable to give informed consent for themselves. In critical care and emergency settings the overwhelming majority of patients lack capacity for a large proportion of their stay (Menon and Chatfield 2007). This also means that researchers in critical care need to consider the requirements of the Act and the obligations placed on them as researchers.

Before implementation of the Act, research was being undertaken in patients unable to consent for themselves. There was, however, considerable uncertainty about what was permitted within the law, who could consent and/or assent or how Research Ethics Committees (RECs) should deal with applications where participants lacked the capacity to give informed consent. The importance of undertaking meaningful clinical research that has real potential to benefit patients has not changed. The Act has put in place the requirement to seek the ethical opinion of an appropriate NHS REC and a framework for seeking the views of carers and other relevant people before enrolling incapacitated participants in research.

This paper will offer an insight into how the Mental Capacity Act 2005 has impacted upon critical care research in England and Wales. This will include:

- consideration of the practical implications of undertaking research in critical care settings;
- consideration of issues to be considered by RECs when reviewing research complying with the requirements of the Act;
- consideration of how the Act might have impacted on the volume of critical care research currently being undertaken.

#### Recommended reading:

Department of Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice. London, TSO.

Menon DK & Chatfield DA (2007) Mental Capacity Act 2005: a guide for critical care settings. London, the Intensive Care Society.

White SM & Baldwin TJ (2006) The Mental Capacity Act 2005 'implications for anaesthesia and critical care. *Anaesthesia*. 61, 381-389

#### Funding:

No funding

14

### Assessing the psychological impact of a first-trimester antenatal screening program for pre-eclampsia: A systematic review

James Harris, University College London, Department of Health Psychology, London, UK

Co authors: Green, B; Franck, L. Michie, S

#### Abstract:

#### Background:

Pre-eclampsia (PE) is the most prevalent of pregnancy complications, with the potential to harm both the mother and the fetus. A new PE screening test has been launched within two London hospitals and is offered to all women in their first trimester. There is currently no treatment available for the condition, although behavioral interventions may reduce the risk to her and the fetus. Giving women knowledge about their PE risk may have a positive or negative impact on their behaviour, thinking and emotional state, but this has not, as yet, been evaluated.

#### Research Questions:

What are the emotional, cognitive and behavioural impacts of prenatal screening for conditions that have health implications for the mother (i.e. diabetes)? How do these screens differ from prenatal screening for conditions that only affect the fetus (i.e. downs syndrome)? What does this tell us about the introduction of screening for pre-eclampsia, a condition that has health implications for both mother and fetus?

#### Methods:

A systematic review is being conducted, supported by a multidisciplinary advisory group. The search strategy of a range of electronic and paper databases has been validated by identifying key references and inter-rater reliability of screening has been assessed. Data will be analysed by a narrative synthesis approach.

#### Outcomes:

14,894 original titles were screened according to pre-determined criteria. 73 papers relating to maternal-health screens and 83 relating to fetal-

health screens are being synthesized to answer the questions outlined above.

**Discussion:**

The results of this review will be presented. By active dissemination, it is planned that the results will inform a programme of empirical research, aimed at informing how those caring for pregnant women present the screening option, and the subsequent results of that screen.

**Funding:**

UK - Health Service (Local)  
No funding

15

**Patients views of nurse prescribing: Effects on care, concordance and medicine taking**

*Nicola Carey, University of Surrey, Division of Health and Social Care, Guildford, UK  
Co authors: Courtenay, M; Stenner, K.*

**Abstract:**

**Background**

Skin disease can have a huge impact on quality of life for sufferers and their families (DH 2007). Nurses have an important role in the delivery of specialist dermatology services (Courtenay & Carey 2006), and prescribing enhances the care they provide (Courtenay et al. 2009). The views of dermatology patients about nurse prescribing are unknown.

**Aim**

To explore the views of dermatology patients about nurse prescribing, and its impact on medicines management and concordance.

**Methods**

Semi-structured interviews were undertaken with a consecutive sample of 42 patients who attended the clinics of 7 dermatology specialist nurse prescribers. Primary and secondary care clinics were included to reflect settings in which nurses typically prescribe for patients within specialist dermatology services in England. Interviews addressed the effects of nurse prescribing on care, patient's medicine regime, involvement in treatment decisions and concordance, and influences on medicine taking. Data were collected in 2009 and subject to thematic analysis. Ethical approval for the study was obtained from both University and NHS ethics committees

**Results**

Patients believed that nurse prescribing improved access to, and efficiency of, dermatology services. Great value was placed on telephone contact with nurses, and local access. Information exchange and involvement in treatment decisions ensured that treatment plans were appropriate and motivated adherence. Nurses' specialist knowledge, interac-

tive and caring consultation style, and continuity of care improved confidence in the nurse and treatment concordance.

**Conclusion**

Nurse prescribing can increase the efficiency of dermatology services. Patients experienced active involvement in decisions about their treatment which in turn contributed to concordance and adherence to treatment regimes. This study has important implications for maximising resource use and improving access to, and quality of care, in dermatology specialist services.

**Recommended reading:**

Courtenay M, Carey N. (2006) Nurse-led care in dermatology: A review of the literature. *British Journal of Dermatology*:154:1-6.

Courtenay M, Carey N, Stenner K. (2009) Nurse Prescriber-Patient Consultations: A Case Study in Dermatology. *Journal of Advanced Nursing*.65 (6):1207-17

Department of Health (2007). *Shifting Care Closer to Home*. London

**Funding:**

UK - Industry  
100,001 - 500,000

16

**Developing a bespoke 'Hospice at Home' service: Lessons to share**

*Barbara Jack, Edge Hill University, Evidence-based Practice Research Centre, Ormskirk, UK  
Co authors: Groves, KE, Baldry, CR*

**Abstract:**

**Background:**

Promoting the choice to die at home is central to UK policies and strategies and supporting this are Hospice at Home services of which there are variations in service composition and intervention. A bespoke Hospice at Home service comprising 3 elements: accompanied transfer home; multi disciplinary (including doctors) crisis intervention team and a flexible sitting service was established in the North West of England and piloted for one year.

**Methodology:**

The retrospective cohort study and stakeholder evaluation undertaken of the pilot phase, found that of the 201 patients who received the service 73% (132) died at home. 55 Health Care Professionals (General Practitioners, District Nurses, Community Specialist Palliative Care Nurses and Hospital Discharge Coordinator) participated in semi-structured interview, focus groups and electronic open ended questionnaires to identify their views on the service, its establishment and impact. In regard to the establishment of the service, the health care professionals reported that they had initially been fearful of the new service and how it could take over their role

with terminally ill patients. However this fear was unfounded and they found the service to complement the care that they could provide. This poster describes the phases of planning and designing the service, introducing the service and the pilot evaluation. Examples of good practice and lessons learnt will be presented

**Conclusions:**

This novel bespoke service provides different elements of a Hospice at Home service, provides a tailor made package to meet individual and local area needs. This service appears to be helping to have a major impact on place of death and is enabling patients to die in their place of choice

**Funding:**

No funding

17

**A matrix taxonomy of patient centred care and vulnerability in old age**

*Clare Abley, Newcastle and North Tyneside Community Health/Newcastle University, Newcastle, UK*

**Abstract:**

**Background:**

Research has been done on patient centred gerontological nursing (McCormack, 2003), person centred dementia care (Kitwood, 1997) and the patient centredness of GP interactions (Mead and Bower, 2000), but not on the patient centredness of interventions for older people by the wider primary health care team. The 'Senses Framework' initially promoted person centred care for older people (Davies et al, 1999), but is now associated with relationship centred care (Nolan et al, 2004).

**Aim:**

The aim of this research was to explore patient centred health and social care for vulnerable older people living in the community.

**Methods:**

The research used a constructivist paradigm, informed by the theoretical perspectives of symbolic interactionism. Focus groups were held with older people and professionals in 2004/5. The discussions were recorded and transcribed verbatim and the data analysed qualitatively using constant comparative analysis.

**Results:**

The findings led to a matrix taxonomy of patient centred care and vulnerability in old age, the detail of which will be presented. This includes differences between older people's and professionals views of vulnerability (insider and outsider vulnerability respectively) and what older people consider to be patient centred and non patient centred. The matrix depicts the way in which patient centred care and vulnerability are inter-related.

**Discussion:**

Discussion points include: 1) does providing care that older people consider to be patient centred protect against feelings of vulnerability? and 2) does feeling vulnerable somehow make one less likely to receive patient centred care?

**Conclusions:**

Links between vulnerability and patient centred care have hitherto not been made. This matrix taxonomy links patient centred care and vulnerability in old age. Its use will increase focus on older people's feelings of vulnerability and subsequently increase patient centred care.

**Recommended reading:**

McCormack, B (2003) "A conceptual framework for person centred practice with older people". *International Journal of Nursing Practice*, vol 9, pp 202-209.

Kitwood, T (1997) "Dementia reconsidered: the person comes first". Buckingham, Open University Press.

Mead, N and Bower, P (2000) "Patient centredness: A conceptual framework and review of the empirical literature". *Social Science and Medicine*, vol 51, pp 1087-1110.

**Funding:**

UK - Professional Association  
1,000 - 10,000

18

**Consent: The paediatric perspective**

*Becca Morgan, Wellcome Trust Clinical Research Facility, Birmingham Children's Hospital, Birmingham, UK*  
Co author: Cooper, L

**Abstract:**

Informed consent is central to ethical practice within research. It has been suggested that it could be the most widespread practical problem to arise in a research context (Clarke, 1990). This is further exacerbated when researching within the 'vulnerable' paediatric population.

Obtaining consent varies according to the type of study design. Clinical Trials are governed by the UK Law, The Medicines for Human Use (Clinical Trials) Regulations (2004) that unambiguously states written consent for a minor (€16 years) must be provided by a person with parental/legal responsibility.

This Law does not apply to other research designs. Therefore, principles embedded in the Declaration of Helsinki (1964) and ICH GCP (1996), coupled with other UK laws must be respected. These ensure research is conducted in accordance with ethical principles and that the rights, safety and well-being (ICH GCP, 1996) of children are maintained and consent is valid/informed (EU Directive, 2001). While there is no statute that governs the rights of those under 16 to give consent for research,

case law does provide the illustration of Gillick competencet. This determines that where young people have sufficient understanding and intelligence to comprehend fully what is planned, and use and weigh up this information when reaching a voluntary decision, they can give consent for research (DoH 2001). This has never been tested in UK courts.

Parental consent must be obtained from an appropriate person with legal capacity to act on behalf of the minor. This is governed by another set of complex laws that researchers must abide by when practicing within paediatric research.

Nurses are an integral part of clinical research. This abstract aims to clarify the complexities of legislation surrounding informed consent so that nurses can be empowered to take consent from children and families effectively, maintaining patient advocacy and ethical safeguarding.

**Recommended reading:**

Clark, E (1990) *Ethics in Nursing and Midwifery* Nursing London South Bank polytechnic.

EU Directive (2001) 2001/20/EU of the European Parliament and the Council of 4th April 2001 on the approximation of the Laws, regulations and administrative provisions of the Member states relating to the implementation of Good Clinical practice in the co

ICH GCP (1996) *ICH Harmonised Tripartite Guidelines for Good Clinical Practice* Geneva ICH E6 (R1) (online) (accessed 17/09/2010) available at: <http://www.emea.europa.eu/pdfs/human/ich/013595en.pdf>

**Funding:**

No funding



# Posters

Tuesday 17 May 2011

1

## Being next of kin to an elderly person with cancer

*Bente Appel Esbensen, Glostrup Hospital, Research Unit of Nursing and Health Science, Glostrup, Denmark*  
Co authors: Thome, B.

### Abstract:

#### Background and aim:

Being next of kin to an elderly person with cancer and its impact on everyday life has been sparsely researched. Such understanding is needed to support both the sufferers and their relatives in dealing with issues arising after a cancer diagnosis in old age. The aim of the study was to illuminate the experience of life as next of kin to an elderly person with cancer.

#### Method:

A qualitative study was used to illuminate the experience of next of kin of elderly people with cancer. In total, 16 (mean age 61, range 42-80) persons were interviewed. Open-ended interviews were used to get closer to their experiences. Manifest and latent content analysis were used.

#### Findings:

Two main categories Transformations of roles and Changed frames of mind were identified, as well as four subcategories. The study showed that the cancer activated perceptions in the next of kin about aging and growing old. The onset of the disease was a turning point that is the disease highlighted that the patient had become old and the combination of this and the disease reinforced the negative image of old age in general. The next of kin found that the diagnosis of cancer was followed by role changes within the family. It awoke feelings of anger and doubt and made the next of kin stop and think about what is really important in life.

#### Discussion and conclusion:

With the onset of a serious illness all next of kin are greatly affected in many ways but especially by changes in their roles, without, however, being prepared. The phenomenon of time seems to have significant meaning to the next of kin, though it may be perceived differently from the perspective of health care professionals than from that of next of kin.

#### Recommended reading:

ESBENSEN, B. A. S., C.E.; HALLBERG, I.R.; THOME, B. 2008. Being given a cancer diagnosis in old age: a phenomenological study. *Int J Nurs Stud*, 393-405.

GRANEHEIM, U. H. L., B. 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 105-112.

THOME, B., DYKES, A. K., GUNNARS, B. & HALLBERG, I. R. 2003. The experiences of older people living with cancer. *Cancer Nurs*, 26, 85-96.

#### Funding:

grants from private foundations and Danish Nurses Organisation (over a period of three years)  
100,001 - 500,000

2

## Dependency in elderly people newly diagnosed with cancer

*Bente Appel Esbensen, Glostrup Hospital, Research Unit of Nursing and Health Science, Glostrup, Denmark*  
Co authors: Thomsen T, Thome B

### Abstract:

#### Purpose of the research:

This study, based on data from an empirical investigation, combines quantitative and qualitative approach in a mixed-method design to explore dependency in elderly people newly diagnosed with cancer.

#### Methods and sample:

101 elderly people newly diagnosed with cancer were included in the quantitative part, with 16 in the qualitative part. A questionnaire with questions concerning quality of life and dependency issues was developed. For the qualitative part, open-ended interviews were conducted to get closer to the experience of dependency.

#### Results:

Combining the two methods was seen as complementary. Involvement of the patient in decision-making related to contact with the primary and secondary health-care systems an important element in reducing the perception of dependency and maintaining the QoL of elderly cancer patients. A more precise intervention in this patient population can be achieved by assessing ADL in the elderly. Fatigue is a very dominating and distressing symptom, and may be the first signs of frailty and dependency. Receiving assistance from children seems to increase perceived dependency and to affect QoL negatively.

#### Discussion and conclusions:

It is recommended to set up appropriate intervention strategies for identifying a person's resources. More research is required to investigate fatigue in the elderly with cancer and preferably through longitudinal studies to identify the development of fatigue and to make plans for suitable individual intervention. Further research about reactions to dependency on family members is warranted. Research into how adult children experience being

next-of-kin to an elderly parent with cancer is recommended, including that of providing help.

#### Recommended reading:

Esbensen B.A., Osterlind K., Hallberg I.R. (2007) Quality of life of elderly persons with cancer: a 6-month follow-up. *Scand J Caring Sci* 21:178-90.

Esbensen B.A., Osterlind K., Roer O., Hallberg I.R. (2004) Quality of life of elderly persons with newly diagnosed cancer. *Eur J Cancer Care (Engl)* 13:443-53.

Esbensen B.A., Swane C.E., Hallberg I.R., Thome B. (2008) Being given a cancer diagnosis in old age: a phenomenological study. *Int J Nurs Stud* 45:393-405.

#### Funding:

private foundation and Danish Nurses organisation  
100,001 - 500,000

3

## The incorporation of the tuberculosis control actions in the work of the community health agent (CHA) in two modalities of Primary Health Care in Ribeirão Preto, state of Sao Paulo, Brazil

*Ricardo Alexandre Arcencio, Av College of Nursing at Ribeirão Preto, University of Sao Paulo, Brazil*  
Co authors: Crispim, J. A.; Scatolin, B. E.; Pinto, I. C.; Palha, P. F.; Villa, T. C. S.

This research is sponsored by FAPESP

### Abstract:

#### Introduction:

Community Health Agent has appeared as one of the protagonists in the early identification of TB cases in the community because of the work he/she develops in the community, but there are still few scientific studies that show his/her performance in different modalities of primary health care<sup>1,2</sup>. Objective: to evaluate the incorporation of the tuberculosis control actions in the work of community health agent in two modalities of primary health care in Ribeirão Preto, state of Sao Paulo, Brazil.

#### Methods:

A descriptive cross-sectional study was carried out in a Brazilian city with high endemicity for TB. The population was composed of community health agents of Basic Health Units (BHU) and the Family Health Strategy (FHS). A stratified sampling was accomplished, being selected CHA FHT 39 and 69 of BHU. Data collection was performed in January 2010 from validated instrument, which contained ordinary questions, dichotomous and Likert scale. Results: 98.5% of CHA at UBS and 99% in FHS were female. The socio-economic characteristics in both groups were similar. Regarding the work of the ACS to identify users with suspected tuber-

culosis, we observed the mean scores of 3.91 and 3.76 at UBS in ESF, and there is weakness in the search for symptomatic TB in both terms of AB, which corroborates with other studies (3).

**Conclusion:**

The study showed that regardless of the AB mode of the CHA. The outcomes are about the same for both modalities. It presented the same performance in controlling the disease, revealing that in the ESF, whose work philosophy is based on collective actions in the territory, there is social mobilization issues TB, showing great weakness of this method, though it is widely recommended by health authorities as far more beneficial in controlling TB in communities.

**Recommended reading:**

Maciel, E. L. N.; Vieira, R. C. A.; Milani, E. C.; Fregona, M. B. G.; Dietze, R. 2008. Community health workers and tuberculosis control: knowledge and perceptions. *Cad. Saúde Pública*, 42(6), n.6, pp.377-86.

Muniz, J. N.; Palha, P. F.; Monroe, A. A.; Cardozo-Gonzales, R. I.; Ruffino-Netto, A.; Villa, T. C. S. 2005. Active search for individuals with respiratory symptoms as part of community health workers' role in tuberculosis control. *Ciência & Saúde Coletiva*, 10(2), pp.315-21.

Nogueira, J.A.; Ruffino-Netto, A.; Monroe, A.A.; Gonzales, R.I.C.; Villa, T. C. S. 2007. Active search of patients with respiratory symptoms in tuberculosis control in the Community Health Agents perception. *Revista Eletrônica de Enfermagem*, 9(1), pp.106-18.

**Funding:**

This research was sponsored by FAPESP (Grant 2009/17666-6)  
10,001 - 50,000

4

**Modes of acute care admission post stroke symptom onset**

*Amunpreet Boyal, Primary Care Clinical Sciences, School of Health and Population Sciences, Birmingham, UK*

*Co authors: French C, Hurley J and Sheppard J*

**Abstract:**

**Background**

It is frequently documented that outcomes post stroke are often improved with timely access to acute care. In response there has been a national campaign to educate the public to recognise stroke symptoms and seek urgent medical assistance.

**Aims**

The overall study's aims are to optimise the management of Stroke/TIA locally via data collection, modelling care pathways, feedback to clinicians, patients, commissioners and evaluation. Within this large study a sub-study is examining routes

to acute stroke services following onset of stroke symptoms.

**Methods**

Patients presenting with stroke symptoms were recruited between June 2010 - Feb 2011 from two hospital trusts in Birmingham. Data relating to their management from presentation to outcome were collected from medical records. This included time from symptom onset to arrival at hospital, and method of transfer to hospital.

**Results**

To date complete data have been collected on 70 patients. Of these, 31 had an uncertain time of onset of stroke/TIA symptoms. The most common modes of admission were 999 emergency ambulance (66%), GP referral (13%), and walk in (10%). Patients referred via their GP took on average four times longer to get to hospital than via ambulance or walk in. No patient referred via their GP received thrombolysis.

**Discussion**

These results identify that up to two thirds of patients suffering a stroke are calling 999 and being transported to hospital via ambulance. However, in this study, 13% were still using their GP as their initial point of contact with NHS services after the onset of stroke symptoms. This resulted in a noticeable delay in transfer to hospital and consequently ineligibility for optimal stroke management.

**Conclusion**

Despite recent campaigns raising awareness of stroke symptoms, further work is required to encourage those with stroke symptoms to contact emergency services. This is hoped to enhance optimal stroke care.

**Funding:**

National Institute of Health Research (NIHR)  
No funding

5

**Staff development of nurse managers and the opportunity for RPL in nursing management**

*Karien Jooste, University of Johannesburg, Department of Nursing, Aucklandpark Campus, Johannesburg, South Africa*  
*Co author: Jasper, M*

**Abstract:**

**Background**

In South Africa, there is a unique educational need, arising from the legacy of apartheid and previous political regimes, to facilitate educational development in groups previously unable to access higher education. Awareness of the need for CPD in nursing management practice and RPL in the educational environment has presented the possibility of using one means to accomplish both aims.

**Aims**

This study focuses on the development of an initial framework to guide educators in nursing management in designing a portfolio for the recognition of prior learning (RPL) for accreditation of competencies within a postgraduate diploma in South Africa.

**Methods**

A qualitative, exploratory design was followed with experienced professional nurses (N=70) currently completing an undergraduate award. Data were collected by means of a written, self-report instrument utilizing open-ended questions. Purposive sampling was conducted, using the criteria of experience in post and scope of managerial activity and 16 participants took part after which data saturation occurred.

**Results**

The findings identify focus areas to be addressed in a RPL portfolio to comply with the programme specific outcomes of Nursing Service Management. Further work to refine these focus areas to criteria that specify the level of performance required to demonstrate achievement is needed.

**Discussions**

The study explored the areas (examples of evidence) that were related to each learning outcome of the postgraduate diploma program in nursing management.

**Conclusions**

Managers need to facilitate CPD through portfolio compilation which acknowledges the learning opportunities within the workplace and can be used as RPL. Although the content of this paper is pertinent to staff development of nurse managers, it is also written for nurse educators in the field of nursing management.

**Funding:**

No funding

6

**An ethnographic study of infection prevention and control practices in a mental health trust**

*Julie Hughes, 5 Boroughs Partnership NHS Foundation Trust/University of Chester, Warrington, UK*

**Abstract:**

**Background**

Healthcare associated infections (HCAs) and infection prevention and control (IPC) are high on the political and public agenda resulting in increased morbidity and mortality (Department of Health (DH) 2008(a)). Studies show that many are preventable often resulting from poor compliance with infection prevention and control practices by healthcare workers (HCW) (DH 2008 (b)). However, focus to date has been on acute healthcare facilities with little research on how HCW in mental health setting conceptualise the problem.

**Aims:**

To explore the perceptions of HCW in mental health care facilities into what affects IPC practices

**Methods:**

An ethnographic approach was undertaken utilising semi-structured in-depth face to face interviews with eighteen key experienced HCW. Interviews were recorded and transcribed verbatim and were subjected to thematic content analysis. Participant observations of discussion held during four ward rounds were also undertaken. Field notes were taken and subjected to thematic analysis.

**Results:**

Several themes emerged which were categorised into four main areas: the experiences of HCW in relation to the perceived lack of training and education both pre and post registration in relation to IPC; risks of HCAIs to both patients and staff; effect of organisational culture on compliance with IPC and finally the effect of leadership and role models.

**Discussion:**

Patients with severe mental illnesses have more underlying physical health problems than the general population which predisposes them to risk of acquiring HCAIs. Therefore, it is essential to gain more insight into what affects and informs IPC practice in this area.

**Conclusion:**

This study contributes to original knowledge in what affects the practices of HCW in a mental health setting in relation to IPC. It also helps to inform practice, education and healthcare policy. In addition, it supports and makes recommendations for further research in this field.

**Recommended reading:**

Department of Health (2008 (a)) The Health Act. Code of Practice for the Prevention and Control of Health Care Associated Infections. London: Department of Health.

Department of Health (2008 (b)) Clean, safe care. Reducing infections and saving lives. London: DOH.

Hotopf, M., Mayou, R., Wadsworth, M., Wessely, S. (1998) Temporal relationships between physical symptoms and psychiatric disorder: results from a national birth cohort. *British Journal of Psychiatry*, 173, 255-261.

**Funding:**

No funding

7

**An evaluation of the introduction of an online high-stake examination in campus and distance learning nursing cohorts**

Angie Docherty, *University of the West of Scotland, School of Health Nursing and Midwifery, Paisley, UK*

Co authors: Stevenson M

**Abstract:**

**Background**

Despite increasing use of online methods and assessment in higher education, there is little use of online technology in terms of high-stake examinations in Nursing and Midwifery Council approved programmes.

**Aim**

To evaluate the introduction of an online examination in distance and campus nursing cohorts

**Methods**

A quasi-experimental study between October 2010 and February 2011. The focus was one module delivered on campus (n=17) or distance learning (n=21). All students had previous diploma or degree level study.

**Data Collection and Analysis**

Quantitative and qualitative data were collected via online survey before and after the summative examination. Exam data were collated using SPSS.

**Results**

Pre-exam, there was no significant difference in IT related anxiety between the cohorts. Pre-exam anxiety levels did not influence exam outcomes and post exam analysis supported the continuing use of IT examination. The exam outcomes differed in two important areas: there was a significant difference in mark variance in the distance learning cohort (p < 0.05); and the campus cohort exam average was significantly higher (p < 0.05).

**Discussion**

Students quickly overcame anxiety and reported a preference for continuing with IT assessment. The difference in exam outcomes contradicts earlier research reporting similar or better outcomes in distance cohorts (Means et al 2009, Connolly et al 2007, Bata-Jones & Avery 2004). In our study, the variance in marks and the lower mean average suggest that distance learning students may have had more difficulty understanding the material. The reasons for this need further exploration.

**Conclusion**

The use of IT in nursing examinations is an area worthy of further consideration and review. However, with nursing education moving towards flexible and distance learning, further research may need to be directed towards ensuring the mode of education delivery is suitably designed to maximise student outcomes.

**Recommended reading:**

Means B, Toyama Y, Murphy R, Bakia M, Jones K (2009) Evaluation of Evidence-Based Practices in Online Learning: A Meta-Analysis and Review of Online Learning Studies. Washington: US Department of Education

Connolly TM, MacArthur E, Stansfield M, McLellan E (2007) A quasi-experimental study of three online learning courses in computing. *Computers & Education*, Volume 49, p349

Bata-Jones B, Avery, MD (2004). Teaching pharmacology to graduate nursing students: Evaluation and comparison of Web-based and face-to-face methods. *Journal of Nursing Education*, 43, 4, 185, 189

**Funding:**

UK - Higher Education Institution

£1,000

8

**People with epilepsy need: More information, less discrimination, help with memory, employment, better general awareness**

W. George Kernohan, *Institute of Nursing Research and School of Nursing, University of Ulster, Newtownabbey, oUK*

Co authors: Cousins, W., Wells, K.

**Abstract:**

**Background:**

Epilepsy is one of the most common neurological disorders in the world. Around 0.45m people are affected in the UK: one in 131 of the population. Significant morbidity and social problems are associated with epilepsy. Most notable are the unpredictable seizures. Other problems include stigma, social exclusion and disability. These issues impact on many aspects of life such as employment, driving and personal relationships. Psychosocial issues such as mental health, relationships with family and friends, and perceived stigma resulting from the diagnosis of epilepsy can also affect well-being and quality of life for those affected, worldwide (de Boer, Mula and Sander, 2008). It remains an under-researched area.

**Aim:**

To enhance nursing care of people with epilepsy through deeper understanding of their needs.

**Methods:**

A purposive sample of 20 individuals with epilepsy and 10 carers were recruited via Epilepsy Action support groups to discuss the effects of epilepsy on their lives. Written informed consent was obtained and a series of interviews and focus groups lasting approximately one hour were carried out. These were recorded and transcribed for content analysis.

**Results:**

Participants reported that epilepsy had a significant impact on their lives and expressed dissatisfaction with services available to both patients and carers. Emerging themes include: the need for information after diagnosis, issues with discrimination and stigma, memory impairments, employment difficulties and lack of awareness from both the public and from public services.

**Discussion:**

For people with epilepsy the condition brings concerns that go beyond the issue of seizure control. As seen elsewhere (Snape, et al, 2009), information on all aspects is at the core of enhanced care.

**Conclusion:**

Nursing care and planning processes need to go beyond medication and seizures into all areas of life. We also identify a broader need to raise epilepsy awareness.

**Recommended reading:**

de Boer, H. M., Mula, M. and Sander, J. W. (2008) The global burden and stigma of epilepsy. *Epilepsy & Behavior*, 12(4) pp. 540-546.

Snape, D., Wang, W., Wu, J., Jacoby, A. and Baker, G.A. (2009) Knowledge gaps and uncertainties about epilepsy. *Epilepsy & Behavior*, 14(1), pp. 172-178.

**Funding:**

UK - Research Charity/Foundation  
10,001 - 50,000

9

**Primary health care professionals' perceptions of participating in a structured education pulmonary rehabilitation**

*Dympna Casey, NUI, Galway, Ireland*

**Abstract:**

Pulmonary rehabilitation programmes are a key method of improving the quality of life of persons with chronic obstructive pulmonary disease (COPD). However few of these programmes are structured education programmes and most are hospital rather than community based. Furthermore there is limited information of health professional's experiences of facilitating programmes.

**Background:**

This paper reports qualitative findings from the PRINCE study, (Pulmonary Rehabilitation In Nurse led Community Environments) which is a two armed RCT clustered by GP practice with an intervention arm in which participants received a structured education PR programme (SEPRP) and a control arm where participants received a usual care. The SEPRP was underpinned by empowerment and focused on improving self manage-

ment skills. It was delivered 2 hours a week over 8 weeks in primary care.

**Aim:**

To explore practice nurses and physiotherapists experiences of facilitating a SEPRP with clients with COPD in primary care.

**Methods:**

A qualitative descriptive design using 1:1 telephone interviews with X practice nurses and Y physiotherapists following the SEPRP were undertaken and completed in December 2011. Thematic analysis was used to analyse interview data. Ethical approval was obtained.

**Findings:**

Analysis revealed two themes; factors that helped facilitation and factors that hindered. All participants reported that their experiences were positive and that seeing participants improve was motivating. The key factors that helped included training, PRINCE manuals, having support, and 'being known' to participants. The main barriers included lack of time, and other work priorities.

**Discussion**

The findings demonstrated that nurses and physiotherapists in primary care can have a key role in PR. However training and resource planning are needed to ensure that programmes are successful.

**Conclusions**

In the broader context of chronic disease management, the findings may have wider implication for the management of other chronic diseases in primary care nationally and internationally.

**Funding:**

Irish Health Research Board  
100,001 - 500,000

10

**The key ethical and legal issues faced by (paediatric) nurses caring for children in clinical research studies**

*Kornelia Hathaway, Addenbrooke's Clinical Research Centre, Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK  
Co authors: Elmer, E; Marriott, E*

**Abstract:**

**Background:**

Research with children is paramount to avoid them potentially failing to receive evidence-based improved health care. Information gained from research on adults cannot be taken to provide reliable answers to the same research questions posed in relation to children. Nurses new to paediatric research studies however find themselves facing unexpected additional research-related issues pertinent to the children and the families in

their care. Information discussing the ethical and legal aspects encountered by nurses conducting aspects of paediatric research is relatively sparse.

The authors are (Paediatric) Research Nurses delivering direct patient care in a wide range of paediatric & family studies carried out within a well-established Clinical Research Facility in the UK.

**Aim of the poster:**

To provide an overview of key ethical and legal issues that nurses need to navigate when they engage in paediatric health care research.

**Body of the poster:**

Nurses involved in clinical research studies with children need to recognise their professional obligation to safeguard the rights of the child and acknowledge the greater ethical and legal implications of undertaking research with children.

The key ethical/legal issues in paediatric studies are explained. They include:

- study design should reflect the fundamental biological, physiological and psychological particularities of children
- research with children is not always only of direct benefit to the participants
- age and development-appropriate patient information is required
- the grey area regarding the legal age for consent in research with adolescents
- the blurring of boundaries between research and therapy
- when the wishes of the child don't match the parent/guardian's
- which incentives are ethical
- the challenges of some research taking place in mixed adult/paediatric areas

**Application:**

Up-front education on the ethical/legal issues particular to paediatric research is essential for all nurses involved in research with children.

**Recommended reading:**

Twycross A (2009) An interprofessional approach to the ethics of undertaking research with children, *Nurse Researcher*, 16 (3) p7-20

Royal College of Nursing (2009) Research Ethics 'RCN Guidance for Nurses (3rd edition), RCN, London

**Funding:**

No Funding



11

## Nursing network ‘leads’ the way in recruitment into National Institute for Health Research (NIHR) portfolio studies

Samantha Ducker, Newcastle University, Institute of Cellular Medicine, Newcastle upon Tyne, UK  
Co author: Rhymes, C.

### Abstract:

The Comprehensive Clinical Research Network consists of 25 Comprehensive Local Research Networks (CLRNs) covering England. CLRNs provide infrastructure to support involvement in the National Institute for Health Research (NIHR) portfolio studies. The organisation of each CLRN varies (NIHR 2010).

CLRN was set up to establish infrastructure for clinical research across the region. The lead research nurse within this CLRN provides support for research nurses so they can provide expert care to patients participating in clinical research.

In other CLRNs no lead nurse post and nursing network exists. From the perspective of a portfolio study coordinator, (SC) a lack of research nursing infrastructure is problematic; it may contribute to reduced recruitment.

### Aims

To demonstrate that recruitment into NIHR portfolio studies is more effective in a CLRN with a lead research nurse supporting a network of research nurses, than in a CLRN with no nursing structure.

### Methods

Recruitment figures reviewed from national portfolio study for two CLRNs in the north of England (2008-2010).

- CLRN - research nurses supported by a lead research nurse
- CLRN - research nurses with no lead nurse.

### Results

The CLRN with lead nurse has recruited 112 patients into the study. (Without study coordinator input) Recruitment is 3 times lower in CLRN without a lead nurse. Recruitment was initiated sooner within CLRN 1.

### Discussion

- Recruitment figures 3 times higher in CLRN with lead nurse
- CLRN without lead nurse under achieved recruitment
- Attributed to better communication and training by lead nurse
- Less input from SC yet increased recruitment achieved
- Improved quality of patient selection/data collection
- Principal investigators recognise CLRN nurses as key to progress

### Conclusion

Lead nurse model may improve study recruitment and the structure is recommended to be adopted in other CLRNs. Further reviews of other CLRNs and studies suggested.

### Recommended reading:

National Institute for Health Services Research. 2009. NIHR Clinical Research Network Coordinating Centre. Available at: <http://www.ukcrn.org.uk/index/networks/comprehensive/clrns.html>. [Accessed 21 November 10].

### Funding:

No funding

12

## Nurse leader empowerment

Caroline Spencer, Guys and St Thomas NHS Foundation Trust, London, UK

### Abstract:

#### Introduction

Based on the work of Kanter (1993) and Laschinger (1997), this study investigates nurse leader empowerment in a large London NHS Foundation Trust. Previous studies have shown a relationship with empowerment levels and quality of care (Armstrong, Laschinger and Wong 2009). With the publication of High Quality Care for all: NHS Next Stage Review (DOH 2008), the trust in which the research took place views patient safety and quality improvement as its number one priority.

#### Research Question:

What are the levels of nurse leader empowerment in an NHS Foundation Trust?

#### Aims and objectives

- To determine the level of empowerment of nurse leaders in an NHS Foundation Trust
- To compare levels of nurse leader empowerment in different staff groups
- To compare levels of nurse leader empowerment in different areas and specialities

#### Method

#### Population and Site

The population was drawn from senior nurses working at a London NHS Foundation Trust which has of a million patient contacts per year from a wide range of specialties

#### Data Collection

Nurse leaders completed the Conditions of Work Effectiveness 19 item self report questionnaire II (CWEQ-II) to ascertain their levels of empowerment (Laschinger 1997). Content and construct validity of the CWEQ-II has been established by Laschinger (1997).

### Data Analysis

Data analysis is currently taking place and consists of descriptive statistics and analysis of variance.

### Results

Early results show correlations relating to the level of nurse leader empowerment and collaboration with physicians, time in role and time for paper work.

### Conclusion

The outcome of this study will ascertain the level of nurse leader empowerment in a large Foundation Trust. Empowered nurse leaders are role models for the nursing teams encouraging and developing staff to produce high quality patient care

### Recommended reading:

Kanter R (1993) Men and women of the corporation 2nd Edition New York: Basic Books

Armstrong K and Laschinger H (2009) Workplace empowerment and magnet hospital characteristics as predictors of patient safety climate Journal of Nursing Care Quality 24 (1) 55-62

Laschinger H (1997) Empowerment and staff nurse decision involvement in nursing work environments: Testing Kanter's theory of structural power in organizations Research in Nursing and Health Care 20 341-352

### Funding:

No funding

13

## Comparing a problem-based learning approach with traditional methods of teaching nursing management within an advanced nursing diploma in China

Ziyang Shuai, Robert Gordon University, Aberdeen, UK

Co author: Wang Li

### Abstract:

#### Background

Problem Based Learning (PBL) approaches are widely recognized as a comprehensive format for developing nursing students' professional competencies. As Chinese nursing education has started to change away from more traditional lecture and set-text methods, PBL approaches are becoming extensively utilized for basic & clinical nursing courses. However, to date, no study has compared the respective benefits of the two educational approaches in the context of a nursing management course for advanced diploma students in China. The author will present key aspects of a recent study that addressed this topic.

#### Objective

To compare students' perceptions of a PBL approach to teaching nursing management with

their perceptions of learning via the traditional lecture-based method.

**Methods**

252 advanced nursing diploma students from four classes participated in the study. The students had one month in a nursing management course where a PBL teaching method was used, followed by another month in the same course where the traditional teaching method was used. A learning satisfaction questionnaire was sent to the students one month after course completion.

**Results and discussion**

241 questionnaires were returned, giving a response rate of 95.6%. There were statistically significant differences in almost all dimensions (self-directed study; motivation; communication skills; team work; critical thinking; solving problems; and overall satisfaction). Confidence level was the only exception. This survey strongly suggests that a PBL teaching approach can be more effective than traditional means. Student's comments demonstrated that PBL could build up their various personal competencies.

**Conclusion**

This study provides the first evidence that, within the context of an advanced nursing diploma in China, application of a PBL approach to teaching nursing management can be very effective. This will be useful for further development of educational policy and practice for nurse education in China and beyond.

**Recommended reading:**

Chiou-Fen Lin et al (2010); A comparison of problem-based learning and conventional teaching in nursing ethics education. *Nursing Ethics*: 17(3) 373-382

Geri W. Beers (2005); the effect of teaching method on objective test scores:problem-based learning versus lecture; *Journal of Nursing Education*: vol. 44, No. 7

Xueying Liu et al (2009); Application of PBL in teaching nursing management; *Journal of Liaoning Medical University(Social Science Edition)*: Vo1

**Funding:**

No funding

14

**Web based study management and resource scheduling**

*Elizabeth McDowell, Wellcome Trust Clinical Research Facility, Edinburgh, UK  
Co author: Jackson, D; Cameron S*

**Abstract:**

**Aim:**

To inform other CRFs about our CRF IT systems.

**Discussion**

Reliable, user-friendly IT systems significantly ease and improve the administrative work of a CRF, helping to avoid data entry errors through use of drop down lists and other data entry validation. In Edinburgh, we have developed a CRF Manager application which has two main components: study and resource management.

The study management includes study application data, study-approval details and checks, study-related publications, metrics reports, contacts, invoicing and study costings. Study documentation, such as approval letters, can be linked in to the system if it is held in a document management system, such as Microsoft Sharepoint.

The resource management allows users to schedule study or non-study items. For example, you could schedule a nurse, equipment and a room for a study, or you could book parking spaces and meeting rooms in your CRF.

The system is web based and therefore can be accessible by anyone with network access, once they have been given a logon to the system. Users are put into groups, and different groups, such as 'nurses' have permissions restricted to what they are allowed to do in the system.

We also have CRF Course Manager which is used by our Education Programme to manage registration, attendance, payments and reporting for the programme of courses and seminars. Courses added to the database are automatically added to our website.

These applications would help other CRFs. We are happy to have others use our systems, and if required, tailor them for site specific requirements. By request of other CRFs, we have support and maintenance agreements for the systems.

**Funding:**

No funding

15

**A model for the employment, management and professional accountability of clinical research nurses**

*Gail Holmes, Central Manchester University Hospitals NHS Foundation Trust, Greater Manchester, UK*

**Abstract:**

Clinical research nurses (CRN's) are a key part of the clinical trials workforce and play an important role in the running of clinical trials. The employment and professional development of CRN's is a matter of national, regional and local debate. It is important that we take every opportunity to share our experiences and add to the growing body of knowledge in this area, influencing both local implementation and guidance and national policy.

A Lead Nurse for Research and Innovation (R&I) was employed to develop a model for the employment, management and professional accountability of clinical research nurses (CRN's). The objectives were to

- Identify the number and location of research nurse within the Trust,
- Identify key issues and make recommendations with regard to the employment, management and professional development of research nurses

A variety of sources were used to locate the nurses across all divisions within the Trust and this data was reviewed and refined over a period of six months. Informal one to one meetings were also held with key research and clinical personnel

Findings from the scoping exercise identified a wide variance in how clinical research nurses were employed, managed and supported and identified a number of key governance, employment and professional issues that needed to be addressed

A model for the employment and professional accountability of clinical research nurses has subsequently been developed supported by a set of guiding principles to be applied as a minimum standard. The overall aim is to move to a centralised model, however it is acknowledged that there needs to be an incremental approach to this as many CRN's are embedded in clinical teams within departments.

This poster will present the journey of the scoping, the findings, development of the model and implementation to date

**Funding:**

No funding

16

## Advancing practice through collaboration: The development of a clinical research rotation post

*Polly Tarrant, Addenbrookes Clinical Research Centre, Addenbrooke's Hospital, Cambridge, UK  
Co author: Hathaway, K.*

### Abstract:

In line with the recognition of clinical research nursing as a specialist area of practice a local collaboration between nursing leads from a number of clinical research bodies has set up a research rotation post for nurses who are interested in commencing a career in clinical research. Collaborators in the project are the Clinical Research Facility, Comprehensive Local Research Network, Diabetic Research Network, Cancer Clinical Trials Unit, and BioResource Centre.

### The aim of this rotation is fourfold:

- To provide a broad grounding in clinical research nursing through training and experience in a number of key areas on one site.
- To improve recruitment and motivation of junior staff to work in research
- To promote the role of the clinical research nurse in supporting and advancing research on this campus
- To ensure the development of a skilled workforce to meet the demands of increasing research activity

The rotation is at Band 5 level and is of 12 months duration, with a generic 4 month foundation placement within one area of a Clinical Research Facility (CRF), followed by a choice of two 2 month placements, the option of a two week placement in the Trust's Research and Development department, and a final consolidating placement of 3.5 months in the other area of the Clinical Research Facility. It is aimed at nurses who, although having some clinical experience, are essentially research naive. The poster will provide details of the course structure, placement objectives, and education and training infrastructure shared between the participating organisations.

Two posts are currently being piloted, and feedback from post holders and rotation stakeholders will be included in the poster.

The project is being undertaken in support of the UKCRF Network's aim to share ideas and best practice.

### Funding:

No funding

# Posters

Wednesday 18 May 2011

1

## Integrating tobacco control topics into the learning and teaching in nursing science programme

Vimolpun Nitipong, Boromarajonani College of Nursing, Ratchaburi, Thailand

Co authors: Jumnian, M; Choojai, R.

### Abstract:

A textbook on Tobacco and Health: Nurses' role in creating Thai smoke-free society has been developed by the Thailand Tobacco-free Nurses' Network to be employed in teaching students in nursing science programs.

In this research, a model was tested by integrating tobacco control the textbook contents into 2 courses, Nursing Practicum in Family and Community II and Nursing Care of Persons with Mental Health Problem, offered to students in Bachelor of Nursing Science program in Boromarajonani College of Nursing, Ratchaburi. The design of the study was a quasi-experimental design: one group pretest-posttest. The study subjects included 32 nursing students in the 4th year of the program who were taking the 2 courses. The research tools for evaluation before and after attending the courses were the questionnaires for the assessment of knowledge, attitude, and skills needed for tobacco control.

It was found that after taking these 2 courses, the students were stimulated to analyze and solve problems according to the nursing theory. In addition, the students learned through the integration of classroom teaching into academic services and students' activities in order to prevent the risk groups from exposure to second-hand smoke. The students were also encouraged to apply their knowledge to practice by not initiating smoking; producing innovative media against smoking; launching a no smoking campaign; coordinating with leading networks in communities; organizing exhibition to provide health information on smoking and second-hand smoke; providing counseling to smoking patients and their relatives; and assisting smokers of all ages to quit smoking.

The assessment of knowledge, attitude, and skills needed for tobacco control showed that after attending the courses ( $\Delta=0.8862$ , S.D. $\Delta=0.09$ ), it was significantly better than before ( $\Delta=0.43$ , S.D. $\Delta=0.07$ ). Therefore, the implementation of the teaching model tested in this research should be expanded to other nursing institutions in Thailand.

### Funding:

Thailand tobacco-free nursing network

€1,000

2

## Hyper acute stroke unit impact on stroke patient's length of hospital stay and discharge destinations

Joanne Brooke, Acute and Continuing Care, Health and Social Care, University of Greenwich, London, UK

Co authors: Kar, A; Ames, D.

### Abstract:

#### Background:

Healthcare for London in collaboration with the Cardiac and Stroke Network and NHS Trusts in London have introduced hyper-acute stroke units (HASUs). HASUs provide stroke treatment 24-hours a-day, including; rapid assessment, transfer to a specialist stroke unit, CT scan, thrombolysis if appropriate, 24/7 monitoring in a high dependency bed, by a multidisciplinary specialist stroke team. However, there is a lack of information on the impact of HASUs on patient outcomes.

#### Aim:

To establish the impact of a HASU on stroke patients' length of hospital stay and discharge destination.

#### Methods:

Data were collected from all patients admitted within Imperial College Healthcare NHS Trust with a primary diagnosis of stroke. Length of hospital stay and discharge destination categorized as home, inpatient rehabilitation, long-term care, RIP, and other were documented. Independent samples t-test and Chi square test were performed to identify differences between length of hospital stay and discharge destinations prior and post the opening of HASU.

#### Results:

Data were available on 738 patients from Dec 2009 'Oct 2010. Mean length of hospital stay; prior HASU opening 14.46 days (n=112), post HASU opening 10.05 days (n=631). Opening of HASU significantly reduced length of hospital stay ( $p<0.005$ ). Discharge destinations prior and post opening of HASU respectively; home 47% and 64%, inpatient rehabilitation 19% and 7%, long term care 1% and 1%, RIP 14% and 8%. Opening of HASU had a significant impact on discharge destinations ( $p<0.001$ ).

#### Discussion:

Imperial College Healthcare Trust opened a HASU in accordance with the Healthcare for London recommendations on 1st February 2010, with a positive impact on stroke patients' length of hospital stay and discharge destinations.

#### Conclusions:

The model of HASUs was successful in reducing length of hospital stay and discharge destinations.

#### Funding:

No funding

3

## Hospitalization and breastfeeding for infants born by caesarean section

Ilana Chertok, West Virginia University, School of Nursing, Department of Health Promotion, Morgantown, West Virginia, USA

Co author: Vardi I

### Abstract:

#### Background:

Breastfeeding has been shown to protect infants from illness, but there is minimal published research on the relationship of illness and breastfeeding following caesarean delivery. Maternal-infant dyads who had participated in a previous research study on breastfeeding outcomes of post-caesarean women were followed for 4 months. The infants' hospitalization admission records for the first year of life were linked to the original study data for further exploration of their health outcomes.

#### Aim:

To examine the association between post-caesarean breastfeeding and infant hospitalization in the first year of life while controlling for cultural differences between the Muslim and Jewish maternal-infant dyads.

#### Method:

A retrospective cohort study of 468 term infants examined the relationship between infant hospitalizations and breastfeeding, using linked hospital admissions records and surveys from a post-caesarean breastfeeding intervention study in an Israeli hospital. Analysis was conducted controlling for cultural differences between the populations utilizing the regional hospital.

#### Results:

A significantly lower proportion of Jewish infants breastfed for at least 4 months (40%, n= 42) was hospitalized in the first year, compared with non-breastfed infants (60%, n= 62) ( $p=0.003$ ). Among the Muslim infants who were breastfed, a significantly greater proportion of non-breastfed infants were hospitalized (80%, n= 8) than those who were not hospitalized (20%, n= 2) ( $p=0.005$ , Fisher's exact test). In the logistic regression models, the significant variables decreasing the likelihood for hospitalization for Jewish infants were being born to non-immigrant mothers, higher maternal education, and having been breastfed, and for the Muslim infants the only significant variable was having been breastfed.

#### Discussion and Conclusions:

Breastfeeding following a caesarean delivery has a protective effect on infant health as demonstrated by a decrease in illness-related hospitalizations in the first year of life. Health care professionals should promote and facilitate breastfeeding initiation and duration in the post-caesarean population.



**Recommended reading:**

Chertok I.R., Shoham-Vardi I., Hallak M. (2004) Four-month breastfeeding duration in post-caesarean women of different cultures in the Israeli Negev. *Journal of Perinatal and Neonatal Nursing*, 18, pp. 145-160.

Martens P.J., Derksen S., Gupta S. (2004) Predictors of hospital readmission of Manitoba newborns within six weeks postbirth discharge: a population-based study. *Pediatrics*, 114, pp. 708-13

Talayero J.M.P., Lizan-Garcia M., Puime A.O., Muncharaz M.J.B., Soto B.B., Sanchez-Palomares M., et al. (2006) Full breastfeeding and hospitalization as a result of infections in the first year of life. *Pediatrics*, 118, pp. e92-e99.

**Funding:**

No funding

4

**Endometriosis and cultural diversity: Findings from a multi-phased study**

*Elaine Denny, Birmingham City University, Birmingham, UK*

*Co authors: Culley, L, Papadopoulos, I*

**Abstract:**

**Background:**

‘Endometriosis and cultural diversity’ (the Endocul project) explored the experience of women from minority ethnic groups living with endometriosis and their needs for culturally specific information and support. The study focused on five minority ethnic groups: African Caribbean, Chinese, Greek/Greek Cypriot, Indian and Pakistani.

**Aim:**

The project aimed to develop, in collaboration with community groups and patients, evidence based and culturally sensitive resources for women with endometriosis from these communities and for the health professionals providing services to them.

**Method:**

In order to meet this aim primary research was conducted in 2009 with women from the five community groups (n=42), women with endometriosis from these communities (n=29), and health professionals (n=8) which focused on their experiences and needs for information. Data were analyzed using thematic analysis.

**Results/Findings:**

Findings from both the focus groups and the interviews showed many similarities to findings from research carried out with dominant ethnic communities. There were also differences within and between groups. Many of the cultural differences focused on the role of women and the meanings and importance ascribed to reproduction, motherhood and infertility.

Interviews with health professionals indicated varying degrees of knowledge and concern about the impact of ethnic identity on endometriosis. All expressed the view that it was important to treat patients as individuals, rather than focus on ethnicity.

**Discussion:**

It is important not to essentialize culture and to recognize other areas of diversity. However, culture may be an important part of the context of constructing and understanding health. From the findings of the research culturally and linguistically sensitive resources were developed for women with endometriosis and their communities.

**Conclusion:**

It is important that health professionals and those supporting women have a good understanding of the socio-cultural context of people living with endometriosis.

**Funding:**

UK - Health Service (National)

100,001 - 500,000

5

**Developing and evaluating educational input to increase evidence based practice (EBP) skills and satisfying professional curiosity**

*Irene Mabbott, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK*

**Abstract:**

**Background:**

There is the expectation that healthcare should be evidence based. However, nurses and allied health professionals often have a lack of confidence and poor skills related to Evidence Based Practice (EBP) (Palfreyman et al, 2003). In order to address this there is a need for a comprehensive approach to developing EBP skills.

**Aim:**

To evaluate the effectiveness an EBP teaching programme based on Kirkpatrick’s’ four-level model of training evaluation (1996).

**Methods:**

A two tier educational approach was used with an introductory basic level course and a more advanced course of five days spread over six months. This advanced course is more focussed using a clinical topic from the candidates own area after discussion with staff, managers and patients.

The views, learning and impact of the courses were evaluated through a questionnaire. This consisted of both Likert scales and also open ended questions to illicit comments. Simple descriptive statistics and thematic analysis were used to analyse the results

**Results and Discussion:**

A total of 70 candidates have undertaken these courses since its implementation in 2004. The majority (n=44) have been nurses but have also included allied health professionals and medical staff. The key themes highlighted prior to undertaking the course were around insecurity and lack of confidence related to research and EBP. There have been a number of positive impacts on both individual and organisational levels. Outputs from the courses have included concurrent and poster presentations at conferences, publications and proceeding to further research careers.

The presentation will describe the development and impact of the course and also the results of the evaluation.

**Conclusions:**

Multidisciplinary course provision was shown to increase confidence both in the development of skills useful within the candidate’s clinical area but also generating future career plans and involvement in further study / research.

**Recommended reading:**

McGeehan, B, Debbage, S, Gilsean, I, Jennings, A, Jennings, C, Laker, S, Thompson, S, & Beastall, H, (2009) Supporting clinical innovation: An organisation wide approach to practice based development, *Practice Development in Health Care*, 8(1), pp18-27.

Palfreyman S, Tod A & Doyle J (2003) Learning from experience: Promoting evidence based practice, *Practice Development in Health Care*, Vol. 2, No. 2, pp87-98

Kirkpatrick, D. (1996). Revisiting Kirkpatrick’s four-level-model. *Training & Development*, Vol. 1, pp54-57.

**Funding:**

No Funding

6

**A cross-sectional study for exploring the character of empathy among advanced nursing diploma students in China**

*Ziying Shuai, Robert Gordon University, Aberdeen, UK*

*Co author: Guo Ping X*

**Abstract:**

**Background**

Nowadays empathy is generally recognized by Chinese nursing education as one of the pivotal attributes in training professional nursing competencies, since empathy is an essential element of the nurse-client relationship. However, some empathy training programs appear to have been less effective, with little evidence of the development of empathy as a characteristic attribute of nursing students.

**Objective:**

To explore the characteristics of empathy among advanced nursing diploma students in China in order to provide evidence for the effectiveness of empathy training.

**Method:**

A sample of 318 student nurses responded to the cross-sectional survey. The interpersonal Reactive Index 'Taiwan revised edition' was used to measure empathy.

**Results**

Statistically significant differences were obtained with sub-scales of empathy on empathetic concern and personal stress dimensions between nursing students who were in different grades and families. Compared with nursing students who were studying in college, practice nursing students had lower scores on empathetic concern and personal stress dimensions ( $P < 0.05$ ). Student nurses who were not an only child and were from countryside families had higher scores on the personal stress dimension than those who were only children and were from urban families ( $P < 0.05$ ).

**Conclusion**

This survey found diversity in characteristics of empathy within nursing students, related to demographic variables, and different years of study. Design of empathy training programs in nursing colleges should be based on the students' characteristics of empathy, and various training styles need to be applied. According to this study, it suggests that empathy training should seek to strengthen values achieved on the sub-scale of empathetic concern and personal stress dimensions for students who are participating in nursing practice. Also, we need to pay more attention to the personal stress aspects for students who are from one-child and urban families.

**Recommended reading:**

Hui Yang, XiuQing An, LiPing Son (2008) 'The Research progress of the tool for measuring empath

Yu-Wei Wang, M. Meghan Davidson (2003)

Andrew M. H. Siu, Daniel T. L. Shek (2005)

**Funding:**

No Funding

7

**Exploring the students' world 'understanding healthcare professionals' experiences of palliative care education**

Vanessa Taylor, School of Health Studies, University of Bradford, Bradford, UK

**Abstract:**

**Background:**

This study starts from the premise that focusing on outcomes of palliative care education provides an incomplete picture, that students do not experience the education in the way intended and may not have similar experiences of the learning context as other students. These differences may help to explain variation in outcomes achieved. Equally, the outcomes achieved may not address those anticipated by key stakeholders for improved patient care and a learning culture within the NHS (DH, 2008).

**Aims:**

- Why do students participate in accredited palliative care education?
- How do students' experience the learning process of palliative care education?
- To what extent does palliative care education influence and develop professionals' practice in the workplace?

**Methods:**

Phenomenography provided methodological rationale and the phased approach with data accrued from various qualitative sources.

**Results/discussion:**

Variations in students' perceptions and experiences are identified and reveal the development of students' conceptions of knowledge and learning, concluding it cannot be assumed that an intrinsic interest in the specialty, and teaching methods that encourage a deep approach to learning, will achieve this. If lecturers want to promote deep approaches to learning, they need to eliminate/reduce factors that lead to surface or strategic approaches to learning. If anticipated outcomes of accredited education of employers and funding organizations are to be achieved, these should be made explicit and support provided if learning is to effect widespread changes in practice.

**Conclusions:**

Whilst the focus concerned students' perceptions and experiences of post-qualifying palliative care education, wider implications for educators, the student experience, employers and funding organizations on behalf of the NHS, emerged. The need for research to go beyond measures of grades and understanding of content, or evidence of change in practice, is reinforced to acknowledge that student experiences are important for the development of this education.

**Recommended reading:**

Department of Health (2008) High Quality Care for All: NHS next stage review. Final Report, London: Department of Health

**Funding:**

No Funding

8

**Natural laxatives: An appraisal of the literature**

Claire Smith, Rivermead Training Centre, Sheffield Teaching Hospitals NHS Foundation Trust, Northern General Hospital, Sheffield, UK  
Co authors: Mabbott I; Cherry C.

**Abstract:**

**Background:**

It is well established that constipation is a significant problem within hospital nursing (Joanna Briggs Institute 2008). The symptoms of constipation can be distressing and embarrassing (Wondergerm 2005) and the consequences if left untreated can be severe (Annells & Koch 2002). Locally, anecdotal evidence showed that a large amount of pharmaceutical interventions were being used to treat constipation. The question was raised as to whether there were any more natural ways of preventing constipation in hospital.

**Aims and Methods:**

A Trust-wide multidisciplinary group led by members of the Evidence Based Council decided to explore this further. A systematic literature search was performed of the major electronic databases including CINAHL, Medline, NHS evidence and others. This was in addition to other sources such as current affairs websites, charitable organisations and the Trust's intranet. Members of the Evidence Based Council critically appraised the evidence and information on origin, epidemiology, methodology and recommendations for practice.

**Results:**

The systematic literature search and application of simple inclusion and exclusion criteria provided 27 items of evidence for review. The results of this review were as follows:

- The majority of evidence pertained to adults and older adults
- Methodology varied from nursing care guidelines to randomised controlled trials, discussion papers to systematic reviews.
- An increase in dietary fibre and fluid intake was recommended
- The reliable evidence for using a natural laxative mix was limited

**Discussion & Conclusions:**

The evidence clearly directs the clinical practitioner to promote an increase in dietary fibre and fluid intake where safe to do so. A nursing care guideline has been developed, which is rooted in

the evidence and in collaboration with patients, clinical nursing staff and relevant members of the multidisciplinary team.

This presentation will present a summary of the literature, appraisal methodology and the subsequent results.

**Recommended reading:**

Joanna Briggs Institute (2008) Management of Constipation in Older Adults, Best Practice, vol 12, no 7, pp 1-4

Wondergerm F (2005) Relieving Constipation, Journal of Community Nursing, vol 19, no 5, pp12-16

Annells M, Koch T (2002) Older people seeking solutions to constipation: The laxative mire, Journal of Clinical Nursing, vol 11, pp603-612

**Funding:**

No funding

9

**Negotiating the hurdles: The palliative care research nurses experience of setting up clinical research studies in three UK hospices**

*Lesley Dunleavy, St Catherine's Hospice, Preston, UK*

*Co authors: Griggs, A. Wiley, G*

**Abstract:**

Three nurses who were all experienced in palliative care but new to a research role, were employed by a Comprehensive Local Research Network (CLRN) to form part of the first network of 'research active hospices' in the UK. The literature recognises that there has been a lack of emphasis on clinical studies looking at pain and other symptoms in palliative care (Bennett 2010). Hospices provide care for a quarter of a million palliative care patients in the UK (Help the Hospices 2010) and therefore provide an ideal setting and opportunity to conduct clinical research studies. The aim of the network was to set up and contribute to the National Institute for Health Research (NIHR) portfolio palliative care studies, to build research capacity and to raise awareness of research within the three hospices involved and to the wider research community. The poster outlines the challenges and hurdles faced by the research nurses and illustrates how their achievements can be capitalised upon to ensure future research nurses have a greater insight into the research process when undertaking clinical palliative care research studies in a non NHS setting. The research nurses' experiences have highlighted issues that need addressing, particularly in relation to ethics and Research and Development approval for NIHR portfolio studies being undertaken in what are effectively classed as non-NHS institutions with NHS patients. These issues are hopefully now being taken forward by those responsible for

policy-making. This will ensure an ever growing population of palliative care patients involved with hospice services have the same access to research as other NHS patients.

**Recommended reading:**

Bennett, M, Davies, E and Higginson, I (2010) Delivering research in end of life care: problems, pitfalls and future priorities. Palliative Medicine, vol 24, no (5), pp 456-461.

www.helpthehospices.org.uk

**Funding:**

Comprehensive Local Research Network

50,001 - 100,000

10

**Building self-confidence in evidence-based nursing (EBN): A participatory action research involving nursing students and primary health care nurses in Qatar**

*Brad Johnson, University of Calgary, Doha, Qatar*  
*Co authors: Malo, D., Whitehead, C., Al Jasmi, L., Al Hebbabi, J., Pervez, S., Syed, G.*

**Abstract:**

We are reporting on the process and results of an Undergraduate Research Experience Project funded by Qatar Research Foundation which began in 2009. This nursing research project is the first in Qatar involving a close partnership between faculty and students from the University of Calgary-Qatar and nursing personnel from Primary Health Care (PHC) It is also, to our knowledge, the first of its kind in the world.

In 2009, more than 1000 nurses practiced in or from Qatar's 26 PHC centers. Preliminary observation revealed that as a group, these nurses lacked some of the knowledge and skills necessary to contribute fully to Qatar's renewed commitment to excellence in PHC. Evidence on how to raise the level of nursing practice in PHC was also lacking. The goal of this research project was to develop, implement and evaluate an innovative knowledge-brokering intervention led by senior undergraduate nursing students.

Principles of Primary Health Care, Evidence-Based Nursing (EBN) and Cognitive Flexibility (transfer of learning in complex environments) provided the conceptual framework.. A participatory action research (PAR) design was used to guide and structure each step of the project. Data collection was obtained through: repeated semi-directed group interviews (n=8) and pre and post individual interviews (n=14); observation of learning group sessions (n=8) and analysis of documentation and artifacts produced by the participants.

A qualitative analysis of transcripts, interviews, documentation and artifacts was completed in February 2011.

Building self-confidence is a core component of the EBN process and requires repeated exposure for both knowledge brokers and participants. Our results showed that the student knowledge brokers become increasingly skilled and participants gained in confidence. However, feedback from participants suggested confidence levels would be enhanced through more practice sessions.

Results of this pilot study will inform a more comprehensive implementation of EBN in all PHC's across Qatar.

**Funding:**

Qatar National Research Program - Undergraduate Research Experience Program

10,001 - 50,000

11

**The cause and effect of domestic violence during pregnancy: Nigerian experience**

*Olubunmi Adetule, School of Midwifery, University College Teaching Hospital, Ibadan, Nigeria*

**Abstract:**

**Background:**

Domestic violence also known as intimate partner abuse family violence, wife beating, battering, marital abuse, and partner abuse is an international problem.

**Aims:**

To determine the perception of pregnant women on the cause and effect of domestic violence during pregnancy.

**Methods:**

A total of 100 questionnaire were administered to pregnant women who reported at the antenatal clinic of Jericho Nursing Home, Ibadan.

**Results:**

The above table shows that 30 (30%) of the respondents were getting pregnant for the first time, 55 (55%) have gotten pregnant 1or 2 times before this study, 14 (14%) have gotten pregnant 3-4times before now and 1 (1%) have gotten pregnant 5-6 times before the present pregnancy. Percentage 86 (86%) of the respondent heard about domestic violence before while 14 (14%) of the respondent are ignorant of domestic violence.

**Discussion:**

About half- 49 (49%) of the respondent accept that behavioural changes in pregnancy could cause domestic violence in pregnancy while 51 (51%) did not accept this fact. Also, 70(70%) of the respondent agreed that having female children could cause domestic violence in pregnancy while 30(30%) disagreed. Most of the women 73 (73%) also accept that pregnancy not prepared for could cause domestic violence in pregnancy while 27

(27%) of the respondent does not accept that pregnancy not prepared for could cause domestic violence in pregnancy. Majority 90 (90%) of the respondent said domestic violence could cause miscarriage or abortion while 10 (10%) disagreed. Furthermore, 76 (76%) said domestic violence could cause death while 24 (24%) of the respondent disagreed.

**Conclusions:**

The fact that intimate partners violence still occur even against pregnant women calls for attention. Preconception health educations for couples, routine screening for potential victims during antenatal visits by the health care givers could be useful in combating this form of violence.

**Funding:**

No funding

12

**Assessment research and inquiry for engagement and learning**

*Sharon Andrew, Anglia Ruskin University, Faculty of Health and Social Care, Chelmsford, UK*  
Co authors: Salamonson, Y. Peters, K.

**Abstract:**

**Background:**

In higher education institutions assessment plays a pivotal role in student learning. Academics are the persons who set the assessment task, instruct the student about the task, judge and grade students' performance in that task [1]. In nursing, academics need to design assessments that scaffold learning in the theoretical and practical domains with integration of both as students progress through a programme. Assessments also need to have a balance of authenticity, that is, they need to resemble the professional practice [2] and to provide effective learning [3.].

**Aims:**

The aims of the study was to scope the type and nature of the assessments that students perceive as assisting effective learning and to determine any difficulties that are encountered with the current assessments used in first year units.

**Methods:**

One hundred and three students were surveyed at the end of their first year of an undergraduate nursing programme in NSW, Australia.. In addition to demographic items students responded to open-ended questions about their perceptions of the assessments used in their first year units.

**Results:**

Findings are presented under the following categories "The types of assessments I like/dislike"; "What I expect of marker feedback"; "Helping me get the best from an assessment" and "The value and usefulness of assessment".

**Discussion:**

Students indicated a strong preference for online quizzes and case studies, want feedback that clearly explains areas requiring improvement, expect teacher clarification of assessments early in the semester, and value assessments that are perceived as relevant to the clinical setting.

**Conclusion:**

Assessments are major determinant of student performance and progression in a nursing programme and this study underscores the importance of seeking student feedback to assist in assessment revision and redevelopment.

**Recommended reading:**

Massey, D. and Osborne, D. (2004) Empowerment and assessment: a dichotomy? *Nurse Education Today*, 24, 5, pp 357-362.

Gulikers, J.T.M., et al., (2008) The effect of practical experience on perceptions of assessment authenticity, study approach, and learning outcomes. *Learning and Instruction*, 18, 2. pp 172-186.

Gibbs, G. and Simpson C., (2004-05). Conditions under which assessment supports students' learning. *Learning and Teaching in Higher Education*, 1, pp 3-31.

**Funding:**

No funding



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# Notes

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# Notes

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## RCN International Nursing Research Conference

Tuesday 24th to Thursday 26th April 2012  
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<b>When</b>	Monday 16th May
<b>Time</b>	13.20 – 14.20
<b>Presenters</b>	Professor Judith Gedney Baggs, Editor, <i>Research in Nursing and Health</i> and Professor Alison Tierney, Editor in Chief of <i>Journal of Advanced Nursing</i>

#### FRINGE TWO 'Nursing journals of the future: a facilitated discussion'

This fringe event is targeted at conference participants at all levels of research experience, to encourage creative thinking about how nursing journals can maximise opportunities provided by the internet for faster, more effective research dissemination.

<b>When</b>	Tuesday 17th May 2011
<b>Time</b>	Breakfast Debate, 08.00 – 08.50
<b>Presenters</b>	Professor Alison Tierney, Editor in Chief of <i>Journal of Advanced Nursing</i> , with editors of other journals as co-facilitators, including amongst others Professor Roger Watson, Editor, <i>Journal of Clinical Nursing</i> and Professor Judith Gedney Baggs, Editor, <i>Research in Nursing and Health</i>

#### FRINGE THREE 'Writing Clinical Papers for Discussion'

This event is aimed explicitly at nurses in clinical practice who wish to publish in refereed nursing journals. The difficulty some nurses in clinical practice find in getting published will be acknowledged and some practical advice on how to select topics, prepare manuscripts and submit papers will be addressed.

<b>When</b>	Wednesday 18th May
<b>Time</b>	13.20 – 14.05
<b>Presenters</b>	Professor Roger Watson, Editor, <i>Journal of Clinical Nursing</i>

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<b>When</b>	Monday 16th May
<b>Time</b>	10.40 – 10.45



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