

# RCN international nursing research conference 2014

Wednesday 2 - Friday 4 April 2014

27.5  
STUDY  
HOURS

# Book of abstracts

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# Keynotes

Wednesday 2 April  
10.20 – 11.00

## Everyday courage and ordinary heroes: Reflections on resilience and nursing

*Presenter: Prof Debra Jackson, Faculty of Health, University of Technology, Sydney*

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There is increasing interest in the concept of resilience and recognition of its importance to patients and families, nurses and nursing. Much of the work that has been done in the field positions resilience as a personal and individual characteristic, with much less of a focus on the idea of resilience as a collective professional characteristic. It is timely at this point, for nurses to consider the concept of resilience, both individually and collectively. Through her work, Professor Jackson has sought to understand and explore issues around adversity and resilience in nursing. In this keynote, Professor Jackson will draw on over 20 years of her research in the area, to reflect on resilience in nursing through exploration of a range of completed data-based projects that focus on workplace adversity issues for nurses, including sensitive and problematic issues such as whistleblowing, organisational wrong-doing, nursing marginalisation, workplace violence, and avoidant leadership. This keynote address will consider how these various issues have played out in health care settings, the effects for nurses, and reflect on individual and collective resilience in nursing.

### Biography

Professor Debra Jackson is a registered nurse with extensive clinical and academic experience. She has led a program of research into nursing workforce issues for approximately 20 years. She is Editor-in-Chief of the Journal of Clinical Nursing.

### Intended learning outcomes

At the end of this session, participants should be able to: (E.g., identify, describe, explain...)

1. Identify elements associated with personal resilience.
2. Describe the relation of resilience to adversity.
3. Explain some strategies that can support nurse resilience in the workplace.

### Recommended reading list

Jackson, D., Firtko, A. & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing*, 60(1), 1-9.

Jackson, D., Hutchinson, M., Peters, K., Luck, L. & Saltman, D. C. (2013). Understanding avoidant leadership in health care: Findings from a secondary analysis of two qualitative studies. *Journal of Nursing Management*, 21(3), 572-580.

Jackson, D., Hutchinson, M., Luck, L. & Wilkes, L. (2013). Mosaic of verbal abuse experienced by nurses in their everyday work. *Journal of Advanced Nursing*, 69(9), 2066-2075.

Thursday 3 April  
09.10 - 09.50

## Cultures of high quality and compassionate care

*Presenter: Professor Michael West, Professor of Organizational Psychology, Lancaster University Management School, Lancaster, UK*

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### Abstract

Drawing on two programmes of research across the English NHS, this presentation will demonstrate the extent to which there are cultures of high quality and compassionate care across the service. The data are also used to demonstrate the key relationships between staff and patient experience and how staff must be enabled to ensure that patient care is the highest priority and delivered effectively. The research also shows the extent to which these factors are present and how they vary across health service organizations. Key areas covered include organizational vision, people management, staff engagement, team working and collective leadership. The presentation will propose how such compassionate and high quality care cultures can be nurtured effectively.

### Biography

Michael West is Professor of Work and Organizational Psychology at Lancaster University Management School, Senior Research Fellow at The Work Foundation, Senior Fellow at the King's Fund and Emeritus Professor at Aston University. He was formerly Executive Dean of Aston Business School. He graduated from the University of Wales in 1973 and received his PhD in 1977. He has authored, edited or co-edited 20+ books. He has also published over 200 articles for scientific and practitioner publications, as well as chapters in scholarly books. He is a Fellow of the British Psychological Society, the American Psychological Association (APA), the APA Society for Industrial/Organizational Psychology, the Royal Society for the Encouragement of Arts, Manufactures and Commerce, the International Association of Applied Psychologists, the British Academy of Management and a Chartered Fellow of the Chartered Institute of Personnel and Development. He is an Academician of the Academy of Social Sciences. The focus of his research over 30 years has been culture and leadership in organisations, team and organizational innovation and effectiveness, particularly in relation to the organization of health services. He provides regular policy advice to many national NHS organisations. He led the Department of Health Policy Research Programme into cultures of quality and safety in the NHS in England over the past four years. He also led the National Staff Survey development and implementation for eight years and has built an unparalleled evidence base. He lectures widely both nationally and internationally about the results of his research and his

solutions for developing effective and innovative health care organizations.

### Recommended reading list:

1. Dixon Woods et al., Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study *BMJ Quality and Safety*, Sept 2013 [online early]: <http://www.lums.lancs.ac.uk/nhs-quality/>



Friday 4 April  
15.40 - 16.20

### What's in a name? The role of nurses in clinical research

*Presenter: Dr Susan Hamer, Organisational and Workforce Development Director, National Institute for Health Research Clinical Research Network, Leeds, UK*

#### Abstract

The world of clinical research is changing rapidly, in response to a range of global trends. These trends relate to patients, technologies, and health-care. The rapidly strengthening scientific base and an increasing demand for medicines and cures have created significant possibilities and growth. However this has to be set against a world of poor scientific productivity, low innovation and tight public finance. Our traditional approach to the research pathway has to change and research nurses have to consider more actively their own role within the research ecosystem.

Since we would all wish for the most effective use of the research nurse resource then one of the ways we might gather more insight is to have a better understanding of our own pipeline and consider where value is lost. We have many 'leaks' in our system particularly at times of transition, and we waste our talented research workforce by poor planning and an inflexible and fragmented system of development.

This session will provide an opportunity to think together about the sort of interventions that might help and to consider how we might continue to support and expand this growing workforce in a more novel and innovative way.

#### Biography

Susan is Organizational and Workforce Development Director at the NIHR Clinical Research Network. As part of this role she takes responsibility for the Patient and Public Involvement activity of the network. Prior to this Susan was Director of Nursing, Midwifery and Allied Health Professionals at Connecting for Health, where she became increasingly passionate about the possibilities for technology to enhance practice and to support innovation. She sees the development of accessible information as crucial to this.

Susan has been a Fellow of the Queens Nursing Institute since 2004. In 2013 she was named as an HSJ Inspirational Women.

#### Intended learning outcomes

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

1. Identify emerging trends in the research landscape
2. Understand the nature and development needs of research nurses
3. Consider some alternative options for future development of research nurses.

Plenary  
Friday 4 April  
09.10 - 09.50

### Caring Behaviours Assurance System: Caring for self, caring for staff, caring for patients – Programme Impact Evaluation

*Presenter: Ros Moore, Chief nursing officer NHS Scotland and Dr Susan Smith, Choice Dynamic International*

#### Abstract

In 2011, The Chief Nursing Officer for Scotland Ros Moore requested Choice Dynamic International (CDI) to design a system that would:

- Assess caring and compassion at the patient interface, through observation of individual patient-staff-family interactions
- Provide one to one feedback and development to staff based on relevant findings
- Deliver a cultural change programme based on this assessment to ensure person-centred, effective and safe care as measured against a set of caring and compassionate standards
- Create a system of reporting findings and actions taken for improvement from the ward or unit level to the executive board members
- Introduce a programme to address caring for staff and building a resilient workforce An initial concept testing phase was completed in 2011 and the system, known as 'The Caring Behaviours Assurance System' CBAS has now been implemented in over one hundred and eight ward and department teams. This consists of the identification and training of quality champions, in units, wards, primary care, nursing homes etc to assess care and compassion against a set of 'International' caring standards and based on the 7 'C's for Scotland. Alongside the implementation of CBAS in 2012, participating Boards were also offered the chance to implement the HeartMath® Revitalising Care™ Workshop HMRC commissioned to build resilience and support the health and wellbeing policy agenda. Some people experienced both programmes and evaluations from 2012 strongly identified the positive impact of each programme on the other. This plenary session will present an overview of the programme evaluations.

#### Biography

Ros Moore took up the post of Chief Nursing Officer for Scotland in January 2010. In this role she advises the Cabinet Secretary and Ministers on all matters relating to nursing, midwifery, and the allied health professions and is Director with lead responsibility for Person-Centred Care, Healthcare Associated Infection and Regulation of Healthcare professionals

Ros commenced her nursing career in 1981. She held posts in clinical practice and in nurse education before becoming professional development manager and then assistant director in an acute trust. After that she went to NHS Direct as Lead Nurse, helping to establish the service nationally. She then went on to become Professional Officer in the office of the CNO (England) where she led on a range of issues, including acute care, research and Modernising Nursing Careers. Immediately prior to taking up the post of CNO, Ros was Director of Nursing, NHS Connecting for Health. This strategic role saw her working closely with the Department of Health, Health Authorities and professional organisations in England to provide executive level leadership on nursing, midwifery and AHP issues inside and outside the organisation.

Ros is married with three children. She teaches part time for the Open University and has been a school governor for over 10 years.

# Fringes / networking sessions

Date: Thursday 3 April 2014

Time: 16.30 – 17.30

Room: Gilbert Scott 250

## Masterclass - Challenges and strategies in resilience research: Stories from the field

Presenter: Prof Debra Jackson, Faculty of Health, University of Technology, Sydney

Resilience is capturing increasing interest of researchers from various disciplines, including those from the health and social sciences. Resilience researchers tend to be concerned with sensitive issues, and often seek to work with populations that have traditionally been considered to be hard-to-reach, and so there are various methodological challenges when designing and undertaking resilience research. This workshop will raise some central methodological concerns for resilience researchers, including issues around definition, recruitment, data collection and analysis and ethical issues. Key associated concepts will also be explored. The need for innovation in research and for methodological openness will be highlighted. This masterclass will draw on 20 years of experience of conducting resilience research to demonstrate some of the theoretical and experiential challenges for resilience researchers, and highlight some strategies for success.

### Intended learning outcomes

At the end of this session, participants should be able to: (E.g., identify, describe, explain...)

1. Identify some of the key methodological challenges associated with undertaking resilience research.
2. Explain some of the ethical issues surrounding resilience research.
3. Describe some options for conducting resilience research with hard-to-reach populations.

### Recommended reading list

Jackson, D., Hutchinson, M., Peters, K., Everett, B., Mannix, J., Weaver, R. & Salamonson, Y. (2011). Struggling for legitimacy: Nursing students' stories of organisational aggression, resilience and resistance. *Nursing Inquiry*, 18(2), 102-110.

Windle, G., Bennett, KM. & Noyes, J. 2011. A methodological review of resilience measurement scales, *Health and Quality of Life Outcomes*, 9:8

<http://www.biomedcentral.com/content/pdf/1477-7525-9-8.pdf?www.mrc.ac.uk/Ourresearch/ResearchInitiatives/LLHW/index.htm>

East, L., Jackson, D., O'Brien, L. & Peters, K. (2010). Storytelling: An approach that can help to develop resilience. *Nurse Researcher*, 17(3), 17-25.

### Biography

Professor Debra Jackson is a registered nurse with extensive clinical and academic experience. She has led a program of research into nursing workforce issues for approximately 20 years. She is Editor-in-Chief of the *Journal of Clinical Nursing*.

Room: James Watt J7

## Nurses influencing the research agenda

Presenters: Nicola Tose and Alison Ford, NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC)

This network event outlines how nurses can influence the NIHR research agenda. The networking session will introduce the remit of the NIHR research funding programmes and the work already being undertaken by Research Nurses.

In addition to their professional perspective, nurses are well placed to understand the patients' needs and bring to the networking event the patient perspective. They are well placed to understand what patients' needs are and also if there are any areas lacking in research. This meeting will set the scene for highlighting how important nurses are in helping to shape the research agenda.

Attendees to this networking event will have the opportunity to contribute to the NIHR research agenda by participating in a facilitated workshop to generate ideas for research topics, which will go forward for consideration by the NIHR commissioned research programmes. Understanding how the NIHR will use the research topics will be a key part of the workshop along with how to make future research suggestions.

We want participants to feel empowered to make their own research suggestions in future identified through their work or through contact with patients.

Room: Gilbert Scott 250

## Capitalising on the contribution of nurses in clinical research

Presenters: Caroline Gunnell, NHS West Essex Clinical Commissioning Group, and Nicola McHugh, Global Research Nurses' Network

This networking event will look at the contribution and added value nurses in clinical research make to the health service, both in the UK and internationally. Caroline Gunnell will report on a 2 year RCN project, and Nicola McHugh will talk about the work of the global research nurses network.

The RCN project ran over 2 years, bringing together clinical research nursing expertise from all over the UK to discuss the needs of this emerging specialty, and will be reporting back on its work. This includes the development of a 'community of practice', professional network and the use of social media; the models and opportunities available as student nurse placements in research areas within the UK National Health Service; a review of the Clinical Research Nurse Competency Framework; and the development of a community of support via the RCN website.

The global research nurses network is a collaborative professional network of international research nurses. Nicola will provide an overview of the network, including the results of a competition to support a research nurse from a low/middle income country to attend the RCN research conference here in Glasgow.

Room: Gilbert Scott 356

## Research using social media technologies with children, young people and families

*Presenters: Dr Joanna Smith, University of Huddersfield*

**Background:** The value and possibilities social media tools / platforms such as Facebook, MySpace and Twitter offer to converse, interact and share information with children, and young people (CYP) and families is growing. On-line networks could be exploited when engaging this audience in research activities. Guidance is available when involving CYP across in the research process but is limited in relation to the opportunities and risks associated with using social media. The RCN Research in Child Health Community (RiCH) is concerned about this lack of guidance.

**Workshop purpose:** Share examples where social media has been successful in research with CYP

- identify benefits and opportunities, and barriers and risks to using social media in research with CYP.
- discuss safety issues in relation to social media and research with CYP.

**Workshop activities:** Dot matrix and diamond ranking activities will be used to identify the key issues central to developing best practice guidance in relation to using social media with CYP people across the research processes.

**Expected outcome:** Information shared will support the future development of best practice guidance in relation to using social media and research with CYP.

**Target audience:** nurses interested in using social media when researching with CYP.

Room: James Watt J10

## Sharing knowledge: a search, a tweet, a blog a podcast: Experiences and lessons from two nursing journals

*Presenters: Dr Alison Twycross, London South Bank University, Dr Calvin Moorley, University of East London, Professor Roger Watson, University of Hull*

**Background:** Social media is increasingly used in research *Evidence-Based Nursing*, and the *Journal of Advanced Nursing* both disseminates papers through social media. This workshop focuses on the experiences and lessons on the challenges and rewards of implementing a social media strategy and using search engine optimisation (SEO) techniques.

**Format:** Presentations covering the basics of social media and SEO, how they can be used in journal publishing, and some of the pitfalls to avoid.

- example action plan for promoting an article on social media
- presentation on SEO resources
- example of an optimised abstract and title.

**Expected outcomes:** Increased understanding of the challenges and rewards of using social media to promote journal content.

- how different types of social media can be used to promote published papers
- increased understanding of how to optimise article discoverability through search engines and practical steps to take
- increased awareness of SEO resources.

**Target audience:** Postgraduate nursing students, nurse lecturers, journal editors, nurses involved in publishing research in journals.

# Concurrent Session 1

Wednesday 2 April 2014

1.1 Theme: Action research/participative inquiry/practice development

1.1.1

## (286) Using a communities of practice approach to co-research and to build young people's resilience

Professor Angie Hart, Professor of Child, Family and Community Health, University of Brighton, UK  
 Authorship: Angie Hart, UK; Kim Aumann, UK; Kay Aranda, UK, Emily Gagnon, UK; and Elias Kourkoutas, Greece

### Abstract

This presentation describes the use of the communities of practice (CoP) approach to co-researching underserved young people's resilience via partnerships based in the School of Nursing and Midwifery at the University of Brighton, UK, and in statutory services (including NHS nursing contexts), voluntary organisations and service user groups. CoPs draw people together with a passion for a shared interest to learn how to solve complex problems. Our CoPs introduce members to a research-based approach to resilience building called Resilient Therapy (RT) and the CoPs support members to apply RT and to develop it as they choose. RT is a set of practices and a framework to help build child and family resilience ([www.boingboing.org.uk](http://www.boingboing.org.uk)).

Major shifts towards research co-production have occurred in many contexts. In relation to resilience research, this has rarely happened. Initiatives that successfully draws all stakeholders - academics, practitioners (including nurses), parents and young people - into the same space to work on researching and building resilience are needed. We have set up numerous research capacity building projects, including projects by young people working with academics and health practitioners. For example, led by young people, we have co-written a resilience toolkit for parents of young people with mental health difficulties.

The presentation shows how we are experimenting with CoP membership to understand whether bringing together people with very different organisational affiliations, power statuses and ages to co-research and to address child and family resilience, improves young people's lives. As well as highlighting the value of a CoP approach, we consider the challenges of this research. We also explore whether our work can be drawn upon by other nurse researchers to help develop models for more democratic and inclusive co-research approaches elsewhere.

**Funding:** £500,001 - £1,000,000

1.1.2

## (320) An evaluation of a continuing professional development programme for nurses and midwives in Malawi

Barbara Hoyle, Lecturer, University of West London, UK

Authorship: Sheena Jacobs, USA; Barbara Hoyle, UK; Sujata Bijou, USA; Rose Wasili, Malawi; Jessica Holman, USA; Martha Mondwiwa, Malawi; and Chrissie Chilomo, Malawi

### Abstract

**Background:** In 2010 the nurses and Midwives Council of Malawi (NMCM) introduced a Continuing Professional Development (CPD) programme for all nurses and midwives in Malawi as a means of ensuring a highly skilled and competent workforce. The CPD programme was enshrined in legislation and an essential requirement for the annual relicensing of nurses and midwives.

**Aim:** In 2012 the NMCM conducted a formal evaluation to identify the strengths and weaknesses of the CPD programme in collaboration with I-TECH and VSO.

**Method:** A qualitative cross-sectional programme evaluation was conducted by a seven-person team over a period of three weeks from November – December 2012. The evaluation included 23 semi-structured interviews, five focus group discussions and a desk review of 26 seminal CPD documents. Convenience sampling was used to select participants from across Malawi's three regions. Key participants included NMCM staff, national level stakeholders, district nursing officers, CPD facilitators and nurse managers. Coding was undertaken by two coders with Microsoft Excel.

**Results:** The CPD programme was considered by most to be a significant factor in maintaining professional competency. However, significant gaps were identified arising largely from geographical and resource-led challenges which hampered attendance of CPD events; the license verification process; orientation of nurses to CPD guidelines and supportive supervision at the facility level.

**Discussion:** From the evaluation results a revision of the CPD programme was undertaken to enable necessary compliance including shifting from an annual to a two yearly CPD cycle; a revision of the CPD point system and an overhaul of the orientation and verification process.

**Conclusion:** CPD is essential to maintain quality nursing and midwifery service delivery. Evaluation recommendations can be used to make CPD more effective and sustainable. Countries across sub-Saharan Africa can use the lessons learned from the Malawi experience to implement and strengthen their own CPD programmes.

**Funding:** £1,000 - £10,000

1.1.3

## (188) Making a difference to the care of patients with dementia and their families within the acute hospital setting

Gillian McCorkell, Lead Nurse Research and Development, Western Health and Social Care Trust, UK

Authorship: Gillian McCorkell, Northern Ireland; Deirdre Harkin, Northern Ireland; Mary Lafferty, Northern Ireland; and Vivien Coates, Northern Ireland

### Abstract

**Background:** Admission to hospital is a stressful time for anyone and particularly so for those with dementia; distress and confusion plus the difficulties experienced meeting fundamental needs often leads to a longer admission and poorer outcomes. Dementia accounts for approximately 30% of deaths, often in general hospital settings (RCN 2013).

**Aim:** To improve the care of patients with dementia on an acute orthopaedic trauma ward through enhanced communication, enhanced care when delirious and pain assessment/relief.

**Method:** An action research approach was adopted and several cycles completed. Cycle 1: Data were obtained retrospectively from 20 patients with trauma plus dementia admitted for treatment before implementation of the toolkit. (October 2012). Deficiencies were identified, nurses' awareness raised, the toolkit developed by nurses and then used.

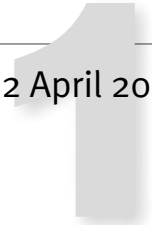
In addition to standard ward documentation, the Purple Folder 'toolkit' also contained:

- Letter to relatives
- Traffic light communication system – specific to nutrition, continence, mobility, signs of pain
- Bolton Pain Assessment Scale
- Delirium prevention and management care pathway
- Communication tips

Cycle 2, the data gathering exercise was repeated 6 months later, (March 2013). Cycle 3 a series of staff education sessions held.

**Results:** Comparison of the results pre and post implementation indicated a significant improvement in all aspects of care. Pre implementation data revealed that a behavioural pain assessment tool was not used for any of the patients. However data post implementation indicated 95 % (n=19) had a pain tool used. Evidence of regular pain relief prescribed was only documented in 30% (n=6), post implementation this had increased to 90% (n=18).





**Conclusion:** The involvement and inclusion of 'grass-roots' practitioners in determining what change was needed, how this was to be carried out and the positive impact that these changes have made, demonstrates how the principle of action research has informed and improved clinical practice.

**Funding:** No funding

## 1.2 Theme: Documentary research

### 1.2.1

#### (352) The development of an educational diagnosis chart on the 'Motivation of the enterostoma patients' needs (MEPN)'

*Professor Annamaria Bagnasco, University of Genova, Italy*

*Authorship: Annamaria Bagnasco, Italy; Gennaro Rocco, Italy; Milko Zanini, Italy; Francesca Rosa, Italy; and Loredana Sasso, Italy*

#### Abstract

**Background:** There is evidence that nursing documentation is often weak, and in particular it lacks of a consistent and standardized approach towards educational diagnosis. Practical preoperative stoma training and motivation are essential to improve recovery and reduce the length of hospital stay.

**Aim:** Test the content and construct validity of the Motivation of the entero-stoma patients' needs (MEPN)

**Methods:** The latent structure of the educational needs of entero-stoma patient has been investigated using multivariate statistical techniques including exploratory and confirmatory factor analysis. The research team defined the indicators of educational diagnosis based on the grounds of the scientific literature. The indicators were categorized and grouped for the elaboration of a diagnosis sheet on educational motivation of the entero-stoma patient's needs. The educational diagnosis sheet containing a set of questions was compiled and validated for 104 subjects, subjects recruited in three hospitals in Rome, Italy. We then conducted the construct validation.

**Results:** A three-factor structure was demonstrated for the 16 items of the Italian version of the scale: autonomy; social-relational; and patient empowerment.

**Discussion:** The validation of this new educational diagnosis chart will encourage nurses to adopt a consistent and standardized approach in the assessment of patients' stoma care educational needs.

**Conclusions:** In the policies of disease management, the motivation of the entero-stoma patients' needs (MEPN) will also allow greater participation of the patient in the management of the stoma.

**Funding:** £1,000 - £10,000

### 1.2.2

#### (412) How leading UK nurses defend their professional accountability: A content analysis of Francis Inquiry transcripts

*Dr David Banks, Lecturer, Queen Margaret University, UK*

*Authorship: David Banks, UK; Andrew Clifton, UK; and Paul Crawshaw, UK*

#### Abstract

**Background:** This paper analyses statements from senior members of the UK nursing profession to the Francis Inquiry. The inquiry team interviewed a wide array of stakeholders to understand the contributing factors to poor standards of care and treatment at Mid Staffordshire NHS Foundation Trust.

It is widely recognised that the failure of services at this trust reflects wider challenges for the NHS and British nursing. Peter Carter has described the report as a watershed moment for the profession.

The Inquiry focus on nursing roles at the trust, and those of its practice and educational partners, has provided rare access to the thinking of elite members of the UK profession on values and practice.

**Aims:** The paper explores how senior UK nurses conceptualised their practices against questions of accountability, leadership, promoting care quality and reporting poor practice.

**Methods:** The sample was derived from Inquiry nurse witnesses above the grade of ward manager. Content analysis, following Krippendorff (2004), included descriptive coding and constant comparison of eighteen texts. Evidence was therefore examined in two stages, as those providing written accounts were later subject to cross examination of their written submissions.

**Results:** Categories reveal a range of strategies, including denial and rationalising, as witnesses explained their own responsibilities with regard to issues of quality and complaint. The analysis also reveals emergent categories concerning competing allegiances to different organisational cultures and conceptions of professional leadership. These defences, in some instances, turn on a dependence on 'straw men' arguments.

**Discussion and Conclusions:** The texts illustrate how senior nurses manage complex issues around professional identity and the tensions between competing views of themselves as agents and actors. These role constructs can be understood in terms of agents building various forms of capital in their constructions of professional identity (Bourdieu, 1986).

**Funding:** No funding

### 1.2.3

#### (17) The revolution in sexual health for HIV sero-different couples

*Alice Rizou, Research Nurse, University College London, UK*

*Authorship: Alice Rizou, UK*

#### Abstract

**Background:** With the numbers of new HIV cases still rising globally, an estimated 96,000 people were thought to be living with HIV in the UK alone by the end of 2011, (Health Protection Agency 2012) there has been an increase of studies investigating diagnostic testing, new therapy regimes and prevention techniques in high risk population groups such as men who have sex with men (MSM).

**Discussion:** Various studies have been performed over the past 5 years and enforce the hypothesis that HIV-positive individuals without additional sexually transmitted diseases (STD) and on effective anti-retroviral therapy are sexually non-infectious. (Vernazza et al, 2008; Rodger et al, 2012)

**Aim:** The aim of this presentation is to introduce nurses to the revolutionary prevention initiatives in HIV sero-different partnerships through summarizing data from various recent studies. Also provide an insight in the importance of the above hypothesis for the different parties involved in the management of HIV positive individuals.

**Conclusion:** In the years following the discovery of antiretroviral therapy HIV has been transformed from a death sentence to a well-managed chronic condition. The data from recent studies suggest that HIV-positive individuals without additional sexually transmitted diseases (STD) and on effective anti-retroviral therapy are sexually non-infectious. This revolution has an impact on many different aspects of the disease and professions associated to it, from health care professionals to the legal system.

**Funding:** No funding

1.3 Theme: Focus groups

1.3.1

**(297) Postvention to parents whose sons or daughters have attempted suicide**

*Dr Niels Buus, Associate professor, University of Southern Denmark, Denmark*  
*Authorship: Niels Buus, Denmark*

**Abstract**

**Background:** Suicide is a major public health problem and relatives are understood as playing an important role in suicide prevention. However, suicide and suicidal behaviour affect the relatives' lives profoundly, both emotionally and socially, and the psychosocial impact on suicide struck families is under-researched. The Danish non-governmental organisation The Network for the Suicide Struck (NEFOS) provides postvention, which is the focussed provision of support to people affected by suicidal behaviour.

**Aim:** The aim of this study was to explore the experienced psychosocial burden on parents after their son or daughter has attempted suicide. In this presentation, we will highlight parents' experiences of the psychosocial trauma and how they experience receiving postvention.

**Methods:** Focus groups with parents of sons or daughters who have attempted suicide. In January and February 2012, we interviewed two groups of parents recruited at NEFOS' postvention program for relatives of persons who have attempted suicide. The analysis combined a thematic text analysis with a subsequent analysis of how themes were negotiated in the conversational interactions.

**Findings:** The participants in the study described a double trauma, which included the trauma of the suicide attempt(s) as well as the subsequent psychosocial impact on the family's wellbeing. Parents were stigmatised and their management of stigma was a source of conflict in the families. The pressure on the parents was intense and the fundamentally unpredictable character of suicidal behaviour was frequently emphasized.

**Discussion and Conclusion:** Being the parent of a son or daughter who has attempted suicide meant managing a life-threatening situation and a moral stigma. Postvention assisted them in developing new strategies for managing stigma and collaborating as parental teams. The findings emphasize a need for nurses to recognise the potential need for postvention in families affected by suicidal behaviour.

**Funding:** £10,001 - £50,000

1.3.2

**(113) Parenting in Schools: a qualitative study to explore the views of teachers in two secondary schools regarding the promotion of parenting and infant mental health**

*Lynn Cuddihy, Primary Mental Health Work Lead, NHS Dumfries and Galloway, UK*  
*Authorship: Lynn Cuddihy, UK*

**Abstract**

In Child and Adolescent Mental Health Services (CAMHS), there is increased attention on parenting, attachment and infant mental health (IMH). Nurses in CAMHS as well as in universal services have a key role in promoting IMH.

Theory, research and policy support the significance of IMH and the effects of poor IMH on a child's emotional and behavioural development. Consequently, there is considerable emphasis on universal services providing early intervention and prevention strategies. Despite this, most parenting interventions currently only target high risk families.

A potential strategy to prevent such developmental difficulties is to educate young people about parenting and IMH before they become parents. A literature review revealed a dearth of research about parenting and IMH promotion in schools. This provided a focus for further study. Research therefore aimed to critically examine the experiences, attitudes and beliefs of teachers regarding parenting and IMH promotion locally.

Drawing upon the constructivist paradigm and using qualitative methodology, exploratory research was carried out using two focus groups with semi-structured interviews. Participants were teachers with responsibility for the delivery of Personal and Social Education (PSE) classes in their schools. Focus groups were recorded and transcribed. Data collected in October 2012 was analysed using Stevens Group Interaction model (1996).

Data analysis resulted in identification of two key themes; teachers' roles and group processes. It was found that teachers have varying roles in PSE delivery informed by experiences, attitudes and beliefs. Analysis of group processes and interactions indicated that teachers' personal attitudes changed during the course of the focus group; participants who initially did not believe that promoting parenting and IMH was part of their role later changed their views. Teachers also identified a need for training and resources to enable them to provide parenting and IMH promotion as part of their role in schools.

**Funding:** No funding

1.3.3

**(202) Vulnerable 16-17 year old's views on developing a protocol for sexual health risk**

*Fiona McGregor, Research Nurse, Margaret Pyke Centre, UK*  
*Authorship: Fiona McGregor, UK*

**Abstract**

**Background:** NICE (2007) recommends one to one interventions to reduce the risks of poor sexual health outcomes for vulnerable under 18 year olds. 16-17 year olds from Black Minority Ethnic (BME) backgrounds are such a group, and present frequently at the Islington sexual health service with high risk behaviours.

**Aim:** Development of sexual health risk assessment for 16- 17 year old BME groups in Islington

**Objectives:**

1. Identify high risk group through audit
2. Run two focus groups with service or potential service users to identify views on sexual health risk assessments
3. Conduct qualitative analysis of data from focus groups to develop risk assessment protocol

**Method:** A preliminary audit identified the need for intervention through numbers of presentations for emergency contraception and pregnancy testing of attendees aged 16-17 years. Ethical approval was gained to undertake two focus groups consisting of current and potential service users recruited from the local community youth centre. Discussions about questions for sexual health risk assessments were audio recorded. Qualitative analysis of transcripts using six phase thematic framework (Braun and Clarke 2006) identified three main themes.

**Results:** No protocol for assessing was identified; however, participants indicated that the manner of risk assessing was of more importance than the content.

**Themes:**

- Lack of understanding about why questions are asked
- Confidentiality concerns
- Establishment of relationships with staff prior to personal question asking

**Discussion:** Risk assessing can be achieved through: engaging with the community, facilitating their understanding of why questions are asked and concentrating on the 6 Cs especially compassion.

**Conclusion:** Facilitation of meaningful one to one discussions and establishment of trusting relationships between staff and service users enables successful risk assessment of vulnerable young people from BME groups.

**Recommendations:** Research to compile training package for risk assessing vulnerable young people.

## 1.4 Theme: Mixed methods research

1.4.1

**(387) Understanding stroke rehabilitation nursing: a Q methodological study***Dr Janet Holt, Director of Student Education, University of Leeds, UK**Authorship: David Clarke, UK; Janet Holt, UK***Abstract**

**Background:** The World Health Organisation estimates that 15 million people will have a stroke each year and post-stroke rehabilitation is a major element of the recovery pathway for stroke survivors. Nurses are the largest profession working with stroke survivors. However, a recent meta-ethnography concluded that nurses' involvement in post-stroke rehabilitation was limited (Clarke, 2013) and perspectives of other stroke team members, on nurses' practice in stroke rehabilitation remain unknown.

**Aim:** To understand the views of nurses, health-care assistants, therapists, patients and carers on nurses rehabilitation related activity in stroke units.

**Methods:** Sixty two stroke team members from 4 stroke units sorted a 32 item Q-set. Demographic information was collected and written comments on items made by the participants were used to inform data interpretation.

**Results:** Analysis with PCA and Varimax rotation revealed 4 understandings of nurses' post-stroke rehabilitation activity. In the first understanding participants regarded stroke rehabilitation as a team enterprise. Nurses incorporating rehabilitation techniques in routine care and joint working between therapists and nurses to develop skills and share knowledge were positively regarded. The second understanding emphasised physical care with physiological monitoring and supporting medical interventions being prioritised. For these participants some ambivalence was evident regarding nurses integrating rehabilitation principles in routine care. In the third understanding nurses traditional roles in physical care, co-ordination and psycho-social care were acknowledged. The importance of nurses continuing therapy activity and facilitating active engagement of stroke survivors and carers in rehabilitation were strongly emphasised. The fourth understanding indicated strong support for team delivery of rehabilitation on stroke units but suggested a lack of confidence in nurses' skills in independently supporting rehabilitation activity and practice.

These findings are being used to inform an action research project designed to identify how multi-disciplinary team can increase the amount and frequency of therapy interventions in stroke units.

**Funding:** No funding

1.4.2

**(421) The participation of disabled children, young people and their parents in health and social care decisions***Patricia McNeilly, Lecturer, Queen's University Belfast, UK**Authorship: Patricia McNeilly, UK; Prof Geraldine Macdonald, UK; and Dr Berni Kelly, UK***Abstract**

The UN Convention on the Rights of the Child has placed a global emphasis on the participation of children in decisions that affect them and this has been recently highlighted again by UNICEF (UNICEF, 2013) and the World Health Report on Disability (WHO and World Bank, 2011). Like all children, disabled children have the right to be involved in decisions about their care. However, previous studies have demonstrated that decision making about health and social care is often shared between the disabled child or young person, their parents and professionals, rendering it a complex process (Mitchell, 2012). This session presents key findings of an ESRC funded PhD study that aimed to explore stakeholders' experiences of health and social care decision making. Participants, recruited by purposeful sampling, included 18 disabled children and young people, 77 parents and 90 professionals from the Southern Trust, Northern Ireland. Data was collected in 2011. This mixed methods study, that included surveys, interviews and participatory methods with children and young people, was designed and informed by 2 service user groups who were consulted at various stages of the research process. Results showed that for most disabled children and young people, decision making was firmly grounded in a family centred model. However, when they were drawn into participatory processes this created a sense of independence and self-confidence. Parents in this study wanted to be fully involved in all decisions made with professionals and felt the need to protect their child on the one hand, whilst encouraging their independence on the other. Clearly the onus is on practitioners to support both children and young people and their parents during decision making, whilst acknowledging the individual needs of those concerned. Key implications for practice, policy and services are explored in this session.

**Funding:** £50,001 - £100,000

1.4.3

**(163) Factors affecting carers' acceptance and use of support***Dr Katherine Pollard, Senior Research Fellow, University of the West of England, UK**Authorship: Katherine C. Pollard, UK; Pam Moule, UK; and Rennie Thompson, UK***Abstract**

**Background:** Individuals caring informally for chronically ill/disabled friends or relatives are themselves particularly susceptible to stress and even ill-health (Greenwood et al, 2013; O'Shaughnessy 2010), with potentially significant implications for relevant services. Providing support to carers has consequently become a priority in many countries (see, e.g., Greenwood et al, 2013; Purcal et al, 2012). In the United Kingdom, the 'Carers' Breaks' scheme provides tailor-made support for carers, including respite care, short breaks or on-going financing of gym/education sessions. Carers' Breaks funding is typically provided jointly by Local Authorities and Primary Healthcare Services.

**Aim:** The Carers' Breaks scheme in one UK city was evaluated from November 2012-December 2013 to determine its impact.

**Methods:** University ethical approval was gained for the mixed-methods evaluation. This paper presents qualitative findings. Forty carers participated in semi-structured telephone interviews, which focused on whether carers could use the support provided by the scheme, and, if so, its impact on their wellbeing. Data were analysed thematically.

**Findings:** Many carers described difficult situations, often compounded financially through inability to work due to caring responsibilities. Cared-for individuals included spouses, parents and children. In some cases, carers did not feel able to leave the cared-for person, due to their dependence upon them; some therefore did not accept support. However, others found alternative ways of using available funding. Where support was accessed, carers often reported that it significantly improved their quality of life.

**Discussion and Conclusion:** Three main issues arise from these findings: the confirmation of the difficult circumstances which many carers experience, and the accompanying necessity of providing them with support; the positive effect experienced by carers who can accept support; and the need to consider creatively how best to offer support, so that carers can access it. These issues will be discussed in this paper, and recommendations made for practice.

**Funding:** £50,001 - £100,000

1.5 Theme: Qualitative approaches  
(thematic analysis)

1.5.1

**(121) Treading the clinical pathway in nursing: experiences from clinical nurses in a local health district in Australia***Professor Lesley Wilkes, Professor of Nursing, University of Western Sydney, Australia**Authorship: Laurretta Luck, Australia; Lesley Wilkes, Australia; Jenny O’Baugh, Australia and Joanne Cummings, Australia.***Abstract****Aim:** To describe the career paths of Clinical Nurse Specialists, Clinical Nurse Consultants and Nurse Practitioners in a local health district in Australia.**Background:** As registered nurses move up the career ladder additional expertise is needed to meet the knowledge and skill requirements implicit in the increased scope of practice. Whilst the professional position descriptions are usually mandated by Government or State policies, nurses often need institutional and professional support to plan their careers.**Method:** A descriptive qualitative design was used. Data were gathered using audio-taped semi-structured interviews and analysed for common categories. Twenty seven participants were interviewed; Clinical Nurse Specialists (n=10); Clinical Nurse Consultants (n=10); and Nurse Practitioners (n=7).**Results:** There were four common categories revealed by the participants that described their experiences of their career progression; moving up the ladder; changing jobs for career progression; motivation; and effects of institutional politics.**Conclusion:** Many of the participants’ careers had been shaped haphazardly or serendipitously. These clinical nurses acknowledged the importance of self motivation, particularly related to undertaking relevant higher degree studies, however, they reported frequently feeling unsupported by their organisation. These nurses felt political, institutional and financial factors played a more significant role on their career opportunities than other personal factors. Many participants also found there was a lack of clarity differentiating the various position descriptions.**Implications for Nursing Management**

This study highlights the need for more support and encouragement for nurses to plan and develop their career trajectories. In addition to the normative approach to career planning, usually embracing a closed system approach, nurse leaders and managers need to move to an open system. This empowers nurses to engage in increased levels of self appraisal, that considers their broader personal contextual circumstances. Greater support for nurses career planning will help organisations to plan their future workforce needs.

**Funding:** No funding

1.5.2

**(503) Specialist nurses in children’s cancer care: perspectives of the key worker role***Dr Ana Martins, Research Fellow, London South Bank University, UK**Authorship: Ana Martins, Portugal; Susie Aldiss, UK; Rachel Taylor, UK; and Faith Gibson, UK***Abstract****Background:** The cancer journey is complex and disjointed and involves care interventions from various multisite professionals. This adds to the pressure and confusion that children/young people and their families can feel. The need for effective care coordination for patients with cancer and families has been recognized and recommended. As part of CLIC Sargent ‘More Than My Illness’ Project 19 key workers’ roles for children and young people with cancer (0-18 years) have been established at Principal Treatment Centres across the UK. Little is known however about how this role is viewed by current post-holders, how it’s being implemented, what variation exists, and what might be described as the key determinants for success.**Aim:** To evaluate the impact of the specialist nurse key worker role from key workers’ perspective.**Methods:** Nineteen individual interviews and one focus group(n=12)with key workers were conducted.**Results:** Thematic analysis revealed three main themes-model of care, needs assessment and perceptions of the role. This in-depth exploration of key workers’ role, their caseload, and the context of their practice contributed to the identification of four ‘models of care’(a two dimensional scheme was detected finding that the role can be configured around the presence/absence of home visits and presence/absence of direct delivery of clinical care). Families’ needs, clinical/non-clinical are being systematically assessed. Coordination of care, support and information were the main aspects of the role identified by professionals. The use of the ‘key worker’ term varied and there were mixed attitudes towards the term.**Discussion/Conclusion:** Data has revealed complexity and variation in the role, showing the realities of how it works in practice and the challenges it entails. This paper will present a perspective on the key worker role that is fundamental to the experience of patients following their cancer diagnosis.**Funding:** £50,001 - £100,000

1.5.3

**(238) The experience of people with mental health illness who have been victims of crime: a qualitative study***Professor Vari Drennan, Professor of Health Care & Policy, St George’s University of London, UK**Authorship: Vari M Drennan,UK; Sian Greenhead, UK; and Bridgett Pettit,UK***Abstract**

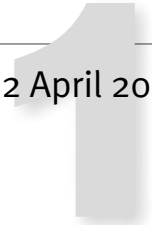
While media portrayals focus on people with mental health problems as perpetrators of crime, there have long been indications that people in this group are more frequently victims of crime (Hough and Mathew 1985). Being a victim of crime has negative consequences, the extent depending both on the type of crime and the resilience and resources of the individual (Walklate 2007). Improving mental health and responses to mental ill-health is a global priority. As part of a larger study examining the risk and rates of being a victim of crime in people with severe mental illness, we also investigated the impact and experience of getting help and support subsequent to being a victim of a crime. The study was framed by knowledge of mental illness and the stigmatised experience of those with diagnosis (Goffman 1966).

The design drew on the interpretative tradition. Semi-structured interviews were undertaken with 81 volunteers who had both mental health problems and also experienced crime recently. The participants were diverse in age, gender, ethnicity, mental illness diagnosis and type of crime. Nine had been a victim of crime while an in-patient.

The presentation will report the types of negative impact and sequelae that the crimes had on the mental health and well-being of individuals. It will also explore perceptions of positive and negative behaviours and attitudes of nurses and other health professionals in response to the disclosure of victimisation. The perceived consequences of support, or its absence, by nurses and other health professionals in prevention of repeat victimisation and/or obtaining justice will be discussed. Issues regarding crimes perpetrated in in-patient facilities will be explored. The presentation will conclude with a discussion of the implications of the findings for nursing practice and education.

**Funding:** £100,001 - £500,000





## 1.6 Theme: Questionnaires (surveys)

1.6.1

**(480) The health and retirement intentions of regulated nurses in New Zealand aged fifty and above**

*Dr Leonie Walker, Principal Researcher, New Zealand nurses Organisation, New Zealand*  
 Authorship: Leonie Walker and Jill Clendon, New Zealand

**Abstract**

**Aims:** To determine the characteristics of New Zealand (NZ) nurses born before 1960; their experiences in the workplace; perceptions of their health and retirement intentions.

**Background:** The mean age of registered nurses in NZ is rising; 40% are now over fifty. Little NZ data or analysis of the impact on nursing workforce modelling or planning of this phenomenon exists.

**Method:** An on-line survey of 5683 eligible nurses selected from the NZNO database was conducted in 2012. The questionnaire covered qualifications, experience, employment, intentions to retire, and EQ5D health score along with demographics. Descriptive statistical and thematic qualitative analyses were performed using STATISTICA 8 and NVivo 9.

**Results:** 3273 responses were received, a response rate of 57.6%, representing 17% of the NZ nurses over 50. Respondents were demographically representative of Nursing Council data, and mirrored distribution of registered nurses by employment setting, and field of practice. Respondents reported better health related quality of life (HRQOL) for all measures than standardized scores for age matched women in NZ. The differences reached statistical significance ( $P=0.0036$  for those aged 50-59, and  $0.0001$  for those 60-69 and 70-79) Those in more physical environments reported higher pain scores than those in less physical environments. Nurses reporting lower HRQOL scores were more likely to retire earlier and to move to casual and flexible hours. Specific to NZ, lack of saving delays retirement, and migration to Australia may exacerbate shortages.

**Conclusions:** The workforce will be vulnerable to skill and experience shortages if as indicated, 57.2% retire within the next 10 years. Better shift choice, flexible, decreased hours and less physically demanding work options are required. Retirement planning and financial advice would reduce distress and the numbers of older nurses for whom continuing to work despite ill health is not an option.

**Funding:** No funding

1.6.2

**(51) Perceived breathlessness and psychological distress among Jordanian patients with COPD and their spouses**

*Dr Ekhlal AL Gamal, Assistant Professor, The University of Jordan, Jordan*

Authorship: Ekhlal AL- Gamal, Jordan, Janelle Yorke, UK

**Abstract**

**Background:** Patients with chronic obstructive pulmonary disease (COPD) who suffer from breathlessness are subject to a number of stressors, and therefore, more likely to be psychologically distressed and may decrease their ability to cope and manage their conditions.

**Aim:** The aim of this study was to describe the impact of breathlessness on Jordanian patients with COPD and their spouses' perception of the patients' breathlessness.

**Methods:** A cross sectional, descriptive, correlational design was used with a sample of 67 Jordanian patients with COPD related breathlessness and their spouses. The Dyspnoea -12 (D-12) scale and Hospital Anxiety and Depression Scale (HADS) were administered to both patients and spouses.

**Results:** There was a significant positive correlation between total patients' D-12 scores and total HADS scores ( $r=0.498$ ,  $p<0.005$ ). Spouses who perceived the patients to have more severe breathlessness affect (D-12 affect sub-scale) were more likely to experience a higher level of psychological distress (HADS total) ( $r=0.318$ ,  $p<0.05$ ). Both patients and spouses reported clinically significant levels of anxiety and depression. There was no statistical difference in total D-12 and HADS scores between COPD patients and their spouses.

**Discussion:** The strong relationships between breathlessness severity and psychological distress, for both patients and spouses, reported in this study suggests that the dydpnea-anxiety-dyspnea cycle is also a prominent feature of living with COPD in the Middle East.

**Conclusion:** The findings of this study indicate the importance of healthcare providers supporting both patients with breathlessness and their spouses and the need to develop family-centred services.

**Key words:** breathlessness; COPD; Jordan; psychological distress; spouses.

**Funding:** No funding

1.6.3

**(117) A comparison of Chinese nurses' attitudes to risk of exposure to infectious blood and body fluids and their actual behavior**

*Xiwei Wang, Chief Nurse, Ningbo No.2 Hospital, China*

Authorship: Xiwei Wang, China and Jun Xu, China

**Abstract**

**Objective:** This study was designed to identify the risk of exposure to infectious blood and body fluids by means of needle stick injury and cut injury in the work place among nurses South East China and to estimate how various factors might influence this risk.

**Methods:** One hundred eighteen nurses took part in the study. Their exposure was assessed by asking them to recall NSI /CI events and completing an occupational exposure related questionnaire. Data were collected over one year from 01/09/2010 to 01/09/2011.

**Results:** Two hundreds thirty nine NSI and 881 CI incidents were reported during this year. Eighty one percent of the nurses experienced NSI and 92.37% sustained CI. The mean NSI rate was 2.03/nurse/year while CI rate was 7.47/nurse/year. Prevalence of CI events was the highest in surgical wards (mean rank 63.98). High NSI was seen in Medical wards (mean rank 69.67). The cleaning of wounds with antiseptics after NSI/CI was significantly lower in ICU nurses (88.9%). The practice of sending patients' blood for HIV screening after risky NSI/CI was high in ICU nurses (61.1%). Surgical ward nurses were the least likely to inform infection office after NSI /CI events (6.9%).

**Conclusion:** The risk of experiencing NSI/CI showed no correlation with level of education, age and work experience. Awareness and practice of post exposure prophylaxis was extremely poor in this study cohort.

**Funding:** No funding



1.7 Theme: Statistical analysis

1.7.1

**(258) Improved method to convey information to patients with head and neck cancer undergoing flap coverage by video media**

*Darawan Augsornwan, Clinical Nurse Specialist, Khon Kaen University, Thailand*

*Authorship: Darawan Augsornwan, Thailand; Palakorn Surakunprapha, Thailand; and Atitaya Sabangban, Thailand*

**Abstract**

**Background:** Patients with head and neck cancer suffer with pain, fatigue, low self image and when the tumor is larger they will have breathing problem from tumor. The operation procedure may include lymph node dissection. Sometimes will be necessary to move skin and muscle from other part of body such as forehead, chest, arms or legs to cover the wound. Some patients have thing look like a trunk on their face. Before operation patients do not have enough information about how their appearance will be affected by the operation, so they cannot accept their new image. The main objective of this study is to create an improved method to convey information to patients with head and neck cancer undergoing flap coverage by video media and then compare the score of knowledge before and after watching video and also assess patients opinion about video media to convey information. Method: This study is Quasi-experimental, one group pre test-post test design using qualitative and quantitative approaches. The studied population were 41 patients who were admitted in 3C, Srinagarind Hospital between June 2009-January 2010. The study found the score of knowledge after watching video were significantly increased at a level of 0.01, 95% confidence interval of the difference between 3.24-4.75. The opinion of patients about disease and treatment is in very good level. Conclusion video media is a good method to convey information before operation to patients. Patients can know how they will look like after operation, can prepare themselves to face the situation.

Keywords Head and neck cancer, Video media, Convey information

**Funding:** £1000

1.7.2

**(176) The development and psychometric analysis of the short-form Readiness for Hospital Discharge Scale: a french version for older people**

*Dr Cedric Mabire, Lecturer, University of Applied Sciences of Western Switzerland, Switzerland*

*Authorship: Cedric Mabire, Switzerland; Celine Goulet, Canada; Christophe Büla, Switzerland; and Diane Morin, Switzerland*

**Abstract**

**Background:** Many adverse events may occur after hospital discharge. From a health care perspective, contributing factors include a growing number of older people, increased complexity and intensity of care, as well as increased financial pressure. Assessment of readiness for hospital discharge within 24 hours before discharge could prevent adverse events. Readiness for Hospital Discharge Scale (RHDS) was developed in English for adult patients.

**Aim:** Evaluate the reliability and factor structure of the French - RHDS for the Older People and to develop a short-form.

**Method:** An exploratory factor analysis (EFA) is conduct to determine the underlying structure of the items, and a confirmatory factor analysis (CFA) is conduct to compare the emergent, original and short-form factor structures. The reliability was evaluated by internal consistency.

**Results:** A sample of 265 older patients hospitalized in medical units from Switzerland hospitals was used.

The ages of the participants ranged from 65 to 98 years old. The mean age was 79.6 years (SD = 7.6).

The results of the EFA indicated a three components solution for the factor structure. The sub-scale of the French - RHDS was Physical and Emotional ready, Coping with medical treatment and Personal Care. CFA showed an acceptable fit model, CFI = 0.97, AIC = 11078.96, TLI = 0.95, SRMR = 0.05, RMSEA = 0.06,  $\chi^2 = 89.401$ ,  $df = 45$ ,  $p < 0.001$  and good reliability of French - RHDS,  $\alpha = 0.86$ .

**Discussion:** The French - RHDS short-form for Older People had 12 items with acceptable psychometric properties to be useful tool for clinical practice. RDHS might be sensitive to context and culture. Further research is needed to determine if the Readiness for Hospital Discharge Scale must be adapted to the cultural context of each country and if there is a common factor for older people across different countries.

**Funding:** £50,001 - £100,000

1.7.3

**(410) Skin Cancer: A Tailored Intervention for Secondary Prevention**

*Dr Fiona Cowdell, Senior Research Fellow, University of Hull, UK*

*Authorship: Dr Fiona Cowdell, UK; Dr Judith Dyson, UK; and Professor Steven Ersser, UK*

**Abstract**

**Background:** Globally skin cancer is one of the most frequently diagnosed cancers (WHO 2013). The primary strategy used to prevent skin cancer is sun avoidance / protection. This presents inherent challenges as some risk factors are hereditary or already accumulated. When identified and treated early, skin cancer is curable therefore secondary prevention through skin self examination (SSE) is critical in improving outcomes.

Tailored interventions (Baker et al. 2010) theory based (Taylor et al. 2013) are most effective in changing health behaviours. Existing SSE interventions lack these two elements.

**Aim:** To develop, test and refine an instrument to accurately measure barriers and facilitators to SSE as a precursor to designing a theory based e-intervention that addresses individual barriers and facilitators to SSE.

**Method:**

1. Instrument items, the barriers and facilitators to SSE, identified through literature review and survey (n= 55).
2. Items categorised to a theoretical framework by experts (n=11) from dermatology and psychology.
3. Instrument testing in three phases for validity and reliability (n=304).

**Results:** The 'Motivation and Self-Efficacy in Early Detection of Skin LESions' (MOLES) Index is a five factor 20 item instrument that tested well for reliability ( $\alpha = 0.928$ ) and construct validity ( $\chi^2 / df = 1.33$  ( $p < 0.01$ ), RMSEA = 0.04 and CFI = 0.95). The five factors were: i) Outcome expectancies; ii) Intention; iii) Self efficacy; iv) Social influences; v) Memory.

We will present a poster summarising development of the MOLES Index and demonstration of the prototype e-intervention. This approach to developing tailored health promotion e-interventions has utility for a wide range of other conditions.

**Conclusion:** The MOLES Index allows identification of personal barriers and facilitators to SSE and will enable a tailored e-intervention to be delivered to individuals maximising positive SSE health behaviour change. Clinical and cost effectiveness of the e-intervention will be tested in a robust randomised trial.

**Funding:** No funding



## 1.8 Theme: Systematic reviews pain

1.8.1

**(335) How do parents' manage their child's cancer-related pain at home?**

*Dr Alison Twycross, Head of Department for Children's Nursing and Reader in Children's Pain Management, London South Bank University, UK*  
*Authorship: Alison Twycross, UK; Anna Williams, UK; Roslyn Parker, UK; and Faith Gibson, UK*

**Abstract**

**Background:** Children with cancer experience pain from their disease, treatment and procedures as well as psychological distress associated with cancer. Advances in treatment mean children are increasingly cared for by their parents at home during cancer therapies, leading to a shift in responsibility from healthcare professionals to parents. Little is known about parents' pain management experiences and the aetiology of pain suffered by children with cancer especially when outside the healthcare setting.

**Aim:** A rapid review of the literature was undertaken investigating children's cancer-related pain, with emphasis on the management of pain outside the healthcare setting.

**Methods:** Electronic database searches were conducted for English, peer-reviewed, quantitative, qualitative or mixed methods research articles published between 1990 and October 2013 exploring children's cancer pain. A quality assessment was also conducted.

**Results:** Thirty-seven papers were included. Most children's cancer-related pain is a result of treatment side-effects or painful procedures. Pain is regularly cited as the most prevalent symptom. However, studies have reported on inconsistent variables and so a single prevalence figure is difficult to determine. Parents find dealing with their child in pain emotionally distressing and demanding. There is a need for better education on how to manage pain for parents. Limited research has been carried outside the healthcare setting. There is some evidence that parents' may hold misconceptions about pain and analgesic drugs.

**Discussion and Conclusion:** Children continue to experience pain throughout their cancer trajectory. Knowledge of children's cancer-related pain remains sparse. There is a need to explore the prevalence of cancer-related pain in children as well as parents' attitudinal barriers to pain management and their experiences of managing pain at home. This paper will focus on methodology as well as findings that indicate further research is needed to explore parental roles and their experiences of delivering care in the home.

**Funding:** No funding

1.8.2

**(371) Effective post-operative pain medication: A nursing enigma?**

*Dr Philip Esterhuizen, Lecturer, University of Leeds, UK*

*Authorship: Philip Esterhuizen; Jose Closs; Felicity Astin; Julia Maz; Jill Edwards; Sharon Wood; Joanne Bagley*

**Abstract**

Post-operative pain management remains poor, notably due to ritualistic nursing practices, blurring of professional role boundaries, the increased complexity of care in the acute setting and the focus on rapid patient turnover in order to reduce admission lengths and waiting lists. Both clinical and policy documents in health-care have indicated a need for a professional response from nurses (e.g. Francis Report, 2013) in order to improve care provision. Service users demand the exercise of efficient, effective and holistic pain management strategies following surgical intervention and the single focus of this work is to identify the factors that act as barriers or facilitators to the nursing aspects of this process. These are poorly understood, despite a considerable body of research.

The aim is to identify the key factors which influence nurses' provision of post-operative pain relief.

A systematic literature search was undertaken in which definition of criteria for inclusion of potentially relevant literature followed an adapted SPICE structure: Setting (surgical in-patients in a hospital setting), Population (registered nurses engaged in post-operative pain management), Intervention (pharmacological and non-pharmacological pain management), Comparison (either observed or perceived barriers nurses may have reported related to pain management), method of Evaluation (primary research using qualitative, quantitative and mixed method study designs). Peer-reviewed papers published in English from 2003 to 2013 were considered.

A total of 2317 papers were found resulting in 36 papers meeting the inclusion criteria.

This paper focuses on the findings of the systematic literature review and is presented as a narrative. This includes discussion on the rigor of the publications (Liberati et al, 2009) and the barriers confronting nurses which have been identified in the literature.

Findings from this review will be used both to feed into teaching and to identify gaps in the research base which will provide a springboard for future research.

**Funding:** No funding

1.8.3

**(69) What do we really know about nurses' post-operative pain management practices?**

*Dr Alison Twycross, Head of Department for Children's Nursing and Reader in Children's Pain Management, London South Bank University, UK*  
*Authorship: Alison Twycross, UK; Paula Forgeron, Canada; Anna Williams, UK*

**Abstract**

**Background:** Despite best practice clinical guidelines readily available to assist nurses practice using evidenced informed pain management strategies children continue to experience avoidable pain. This is of concern as unrelieved pain has a number of undesirable physiological and psychosocial.

**Aims:** This paper will present the results of a systematic review investigating paediatric nurses' post-operative pain management practices.

**Methods:** English peer-reviewed quantitative, qualitative, or mixed methods research articles published between 1990 - 2012 exploring nurses' postoperative pain management practices were included. Two researchers conducted data extraction and assessment of rigour for each paper.

**Results:** From the initial 248 citations, 28 studies were included. Many studies were methodologically weak. Observational data from four papers added insights beyond self-report. Data were categorised into three topics: pain assessment; pharmacological practices; and non-pharmacological practices. Analgesic administration remains suboptimal. Children's behaviour appears to have the biggest influence on nurses' pain assessment. Children receive more analgesia when ordered around the clock compared to PRN but this did not ensure that children received all analgesic doses. Nurses' reported using several non-pharmacological strategies but some were not evidence based.

**Discussion:**

Despite research undertaken in the past 20 years insights into nurses pain management practices remain limited. Studies relying on reviewing documentation are problematic and may not reflect actual practice. Child and nurse demographic factors have varying impact on nurses' practices. Future research should explore organisational factors and test interventions to improve practice.

**Conclusion:** The results of this systematic review indicate nurses' management of children's pain is not consistent with published guidelines. Studies that examine other challenges and facilitators, such as organisational factors, are needed so that intervention studies can be designed and tested to determine the most effective strategies to support and improve nurses' pain care for children.

**Funding:** No funding

1.9 Theme: Qualitative approaches  
(phenomenology)

1.9.1

**(329) Using Interpretative Phenomenological Analysis (IPA) in nursing research**

*Helen Mulcahy, Lecturer, University College Cork, Ireland*

*Authorship: Helen Mulcahy, UK*

**Abstract**

**Background:** Interpretative Phenomenological Analysis (IPA) was developed by Smith et al. (2009) as qualitative research method within clinical psychology. IPA is characterised as idiographic, inductive and interrogative. Being idiographic entails detailed examination of each individual case until closure before moving to cross case analysis. In IPA the inductive stance is foregrounded and is achieved by being open and flexible in relation to obtaining unanticipated data. Being interrogative implies a commitment to using the results to dialogue constructively with existing theoretical literature (Smith 2004). Although developed in the 1990s IPA has attracted little attention within nursing, despite the method being considered compatible with the holistic focus of nursing.

**Aim:** To demonstrate how IPA was used to underpin a study to understand parents' concerns about growth and development in pre-school children.

**Methodological presentation:** Examination of the application of IPA from articulation of an ontological and epistemological stance, through to selection of specific research methods appropriate to both IPA and the research question.

**Conclusion:** Using IPA in this study resulted in new insights on a topic relevant to public health nursing practice. It demonstrated that IPA as a method is an attractive option for nursing and one that should be considered by qualitative nursing researchers.

**Funding:** No funding

1.9.2

**(172) Empowerment: a trail for moving from latent to manifest autonomy of hospitalized older people**

*Dr Dulce Cabete, Professor, Nursing School of Lisbon, Portugal*

*Authorship: Dulce Cabete, Portugal*

**Abstract**

**Background:** Autonomy and empowerment are core concerns in the field of geriatric care yet difficult to define as they may have different meanings to different people in different contexts. Moreover, discussion has been mostly based on the health professionals' point of view.

The aim of this study was to explore the concept of autonomy and the empowerment process in hospitalized older people encompassing nurses' and patients' points of view.

**Methods:** A qualitative study design was drawn up within a phenomenological approach. Participants were twenty volunteer nurses caring for older inpatients and sixteen hospitalized older patients aged from 67 to 91 years old selected by intentional sample in a general hospital. Data collection was accomplished by conducting a biographic seminar over a semester with nurses and through unstructured biographic interviews with patients (from September 2007 to July 2008). Hermeneutic analysis was performed.

**Results:** Patients and nurses have different concepts regarding autonomy and empowerment. Even though the nurses' concept of autonomy encompasses decision-making and self-determination dimensions, it is centred on functional performance. The concept of empowerment is largely unknown. Older people have a more comprehensive view of these concepts but feel powerless, voiceless and would like to hold more power regarding the dimensions of care that are currently dependent on nurses' action.

**Discussion:** In hospital latent autonomy (the existing skills and willingness) is significantly higher than manifest autonomy (that which is accomplished) and nurses play a significant role in the extent of the gap between these two dimensions. It is fundamental to increase nurses' awareness regarding the need to develop empowering interventions that might transform patients' latent autonomy into one that is vivid and manifest.

**Conclusion:** Further research is needed to expand this differentiation of latent and manifest autonomy, which emerged in this study, either in similar or different contexts of care.

**Funding:** No funding

1.9.3

**(494) Nurses' contributions to the resolution of ethical dilemmas**

*Nichola Barlow, Senior Lecturer, University of Huddersfield, UK*

*Authorship: Nichola Barlow, UK; Janet Hargreaves, UK; and Warren Gillibrand, UK*

**Abstract**

New nursing roles and advances in care and treatments have resulted in nurses facing increasingly complex ethical dilemmas in practice, nurses are therefore required to engage effectively in ethical decision-making (Storch et al., 2004).

Prior to commencing this empirical study a literature review was undertaken, the databases CINAHL, Science Direct, Medline, Web of Science and British Nursing Index were searched. Peer reviewed papers were systematically reviewed. Emerging themes were moral distress, codes of ethics, conflict within ethical decision-making and policy. The literature included international studies and indicated that ethical decision making is a concern amongst nurses globally.

**Aim:** To identify how nurses contribute to the resolution of ethical dilemmas in practice.

**Method:** Following National Research Ethics Committee approval, an interpretive qualitative study (Denzin and Lincoln, 2008) was undertaken between March and December 2012. Eleven registered nurses were interviewed using semi-structured interview focusing on how participants addressed ethical dilemmas in practice. In-depth thematic and content analysis of the data was undertaken (Holloway and Freshwater, 2007).

**Results:** Whilst the relatively small, single site sample may not account for the effects of organisational culture on the results, four major themes emerged: 'Best for the patient', 'Accountability', 'collaboration' and 'others'. Professional relationships were clearly key to resolving ethical dilemmas and the data further illuminated the role moral distress played in managing them.

**Discussion:** Support is required for nurses to acquire the skills to develop and maintain professional relationships for addressing ethical dilemmas in practice. In addition these findings add to our understanding of the phenomenon of moral distress and the strategies that might address its negative impact.

**Conclusion:** Nurses' professional relationships are central to nurses' contributions to the resolution of ethical dilemmas. Research is required to explore this phenomenon in other geographical areas and professional settings.

**Funding:** £1,000 - £10,000

# Concurrent Session 2

## Wednesday 2 April 2014

### 2.1 Theme: Questionnaire evaluation

#### 2.1.1

### (98) Predicting best outcomes for clinical supervision

Professor Edward White, Director, Osman Consulting Pty Ltd, Australia

Authorship: Edward White and Julie Winstanley, Australia

#### Abstract

This presentation will report on an ongoing program of Clinical Supervision research. It will draw on three recent interrelated research studies that have made incremental progress towards establishing an evidence base for best practice development and the robust evaluation of Clinical Supervision outcomes. The first study was the pragmatic randomised controlled trial of Clinical Supervision [White and Winstanley 2010]. This showed that, where certain identifiable conditions in the practice environment were met, positive causal relationships could be demonstrated to show an increase in the quality of care provided by nurses and an improvement in patient outcomes. The second study re-tested the original factor structure and response format of the Manchester Clinical Supervision Scale©, for goodness of fit to the Rasch Model and rigorously investigated the validity of this unique instrument. Using real data, detailed Rasch analyses confirmed the established psychometric properties and indicated that the original 36-item version could be reduced to 26 items, and from seven to six subscales, with improved fit statistics; the MCSS-26© [Winstanley and White 2011]. The third study also used real MCSS© data and new software to run Classification and Regression Tree analyses. CART is a mathematical model which can be employed to take account of particular local circumstances and model a range of Clinical Supervision delivery permutations, to predict the likelihood of the most effective arrangement [Winstanley & White 2014]. Preliminary CART analyses of MCSS© data from 1272 Supervisees, drawn from several international studies, revealed two factors which, when found in combination, optimised the MCSS© Total score; viz: the frequency and the length of Clinical Supervision sessions [at least monthly, for at least 60 minutes]

This presentation will link these three empirical studies within the context of the Proctor framework of Clinical Supervision, to discuss fresh theoretical insights and future research possibilities.

**Funding:** £100,001 - £500,000

#### 2.1.2

### (262) Raising student's awareness of their role in supporting patients and families before and after death

Dr Diane Willis, University Teacher, University of Glasgow, UK

Jane Miller, UK

Authorship: Diane S Willis, UK; and Jane Miller, UK

#### Abstract

**Background:** It is estimated that the majority of deaths occur in the hospital setting (Donnelly, 2013). Research suggests that there are deficits in addressing end of life care for the patient and their family within pre- and post-registration education (Easom et al., 2006). It is important therefore that all practitioners, not just those in palliative care, have an awareness of what constitutes a good death for patients and relatives.

**Aim:** To raise student's awareness of their role in supporting patients and families prior to, at the time of and after death.

**Method:** Student nurses from years 2-4 (n=105) in one Scottish University were invited to participate in bereavement awareness workshops. The workshops consisted of discussion, group work and role-play. Workshops were evaluated using SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) and a pre- and post-evaluation questionnaire.

**Results:** Seventy-six student nurses agreed to participate in the workshops (workshop1 n=32, workshop2 n=32) in October 2013. Six students later withdrew due to personal circumstances. Of the remaining 70 participants, 54 completed the evaluation. Data is currently being analysed. Preliminary findings suggest that prior to the workshop few students felt adequately educated about bereavement, although 70% had been present during discussions with patients and/or relatives around death and dying. Afterwards, the majority of students who completed the post-evaluation questionnaire felt more confident to discuss issues about death and dying.

**Discussion:** Findings indicate that the workshops have enhanced student's confidence in supporting patients and families during and after death. Although this was a small study, conducted in one nursing school, it suggests that focused education about death and dying can enhance skills and awareness about managing bereavement in clinical practice.

**Conclusion:** Educators need to be mindful of the benefits of tackling difficult topics directly and embedding specific education around such issues.

**Funding:** £1000

#### 2.1.3

### (285) Supporting informal carers of those in receipt of palliative care

Professor George Kernohan, Professor of Health Research, University of Ulster, UK

Authorship: George Kernohan, UK; and Mary Waldron, UK

#### Abstract

**Background:** Many palliative care providers support informal carers in various, largely unproven, ways (Hudson, 2013, Harding et al, 2013). One such intervention involves attendance at a weekly support programme 'classes' to better enable carers to cope.

**Aims:** To evaluate a regular six-week carers' support programme.

**Methods:** An observational design was used, with both quantitative and qualitative descriptive data analysis. Two carer-specific scales were adapted (Modified Caregiver Strain Index and Care Giving Competence Scale) and administered before and after programme delivery to six groups of carers of adult patients over 12 months.

**Results:** Increases were noted in post programme anxiety and curiosity. Common carer experiences were: sleep disturbance, physical strain, the confining aspects of care, demands on carers' time, and feeling completely overwhelmed. However, almost two thirds (n=17, 63%) felt that the programme made a difference to them personally. Two thirds believed that they had learned how to deal with a very difficult situation, that they were good carers and wished to stay in contact with each other. Fewer participants felt alone after attending and most now had information on available services. Pamper Evening (n = 17, 63%), 'Introduction' (n = 16, 59%) and Symptom Management (n=15, 55%) were the most popular sessions.

**Discussion:** That over half the participants (n=14) returned both questionnaires is encouraging as some were bereaved during the programme. Possible explanations regarding increases in anxiety and common care experiences could be a new realisation from the programme. There were definite positive trends in participants' feelings about their caregiving before and after the programme.

**Conclusion:** Whilst relatively small numbers attend the programme, those who do attend demonstrate satisfaction, learning and feel supported in the role of carer.

**Funding:** £10,001 - £50,000



## 2.2 Theme: Case study

## 2.2.1

**(270) What are the beliefs and values of the Children's Advanced Nurse Practitioner student about leadership and followership?**

Claire Anderson, Principal Lecturer, London South Bank University, UK

Authorship: Claire Anderson, UK.

**Abstract**

**Background:** In the United Kingdom the Royal College of Nursing offer a definition for the role of the advanced nurse practitioner (NMC 2006) and identify core competencies that they should demonstrate. This included leadership (Royal College of Nursing 2012). In this study followership was considered alongside leadership as they are seen as interdependent (Kean et al 2011).

**Aims:** To explore the expressed views on leadership and followership of the participants.

**Methods:** A combined intrinsic and collective case study methodological approach was used. Between December 2010 and April 2011 seven children's advanced nurse practitioners students were interviewed and the data generated was analysed using a framework analytical approach.

**Results and Discussion:** Five themes were generated

**Approaches to leading**

The participants expressed some insight into their approaches to leading mostly reflecting a transformational approach and showed recognition of the importance of engaging your followers.

**Listening and speaking**

This theme identified the relationship between effective communication and effective leadership.

**Constraints of leadership**

Although there were constraints to their being able to lead they described an understanding of why this happened and the importance to overcome the barriers

**The importance of knowing**

The importance of knowledge in enabling leadership was more focused on gaining academic knowledge but this was underpinned with an acknowledgement of the value of their clinical expertise and underpinning experiential knowledge.

**Indirect leadership**

Where the interviewees considered external factors that can impact on leadership.

**Conclusion:** Although this is a small single centre study and it reflects the views of a distinct group of student advanced nurse practitioners the findings could help inform future educational strategies worldwide. There needs to be a worldwide consistent and evidence based approach to leadership education of the advanced nurse practitioner.

**Funding:** No funding

## 2.2.2

**(128) Understanding the promotion and use of written asthma plans in primary care**

Dr Nicola Ring, Lecturer, University of Stirling, UK  
Hazel Booth, UK

Authorship: Nicola Ring, UK; Caroline Wilson, UK; Gaylor Hoskins, UK; Hazel Booth, UK; Ruth Jepson, UK; Sally Wyke, UK; Hiliary Pinnock, UK; and Aziz Sheikh, UK

**Abstract**

**Background:** Written asthma plans are recommended internationally but globally their implementation is sub-optimal. Trials provide evidence of barriers and facilitators to their use but personal insight is required.

**Aims:** To better understand asthma plan implementation from the perspective of those who should be issuing and/or using these.

**Methods:** The views of adults with asthma and primary care professionals in one Scottish NHS Board were obtained using semi-structured interviews (December 2012- May 2013). Five general practice sites were recruited with up to three patients and three health professionals interviewed from each. Primary care professionals from five other general practices were also purposively selected for interview. 29 interviews were conducted (11 patients, 10 practice nurses, 7 general practitioners, one other). Interviews were audio-recorded and transcribed verbatim. Transcripts were coded and content analysed using Nvivo 10 to identify emergent themes.

**Results:** Only six patients had written asthma plans. Patient involvement in plan development was minimal so these often did not meet their needs. Written asthma plans were simply reference documents 'kept in drawers'. Some patients were unable to see how these plans could support their asthma management but others identified occasions when these could be useful. Asthma plans were inconsistently issued by practice nurses. Nursing review of previously issued asthma plans was absent or limited to asking patients if they still retained these. General practitioners saw patients with acute asthma but they did not review or update these either believing this a nursing role.

**Discussion:** Known barriers to asthma plan implementation, including time, are symptomatic of deeper underlying barriers. Current primary care systems for their issuing and review are fragmented. Written asthma plans need to be more patient-centred.

**Conclusions:** Written asthma plan use will not increase unless professionals routinely review these. An integrated approach involving patients, practice nurses and general practitioners is required.

**Funding:** £10,001 - £50,000

## 2.2.2

**(391) 'Connectedness' and its meaning for older people living in long-stay care settings**

Dr Adeline Cooney, Senior Lecturer, National University of Ireland Galway, Ireland

Authorship: Adeline Cooney; Kathy Murphy; Dympna Casey; Mary Gannon; Marcella Kelly; and Maureen D'each

**Abstract**

**Background:** Connectedness is important for older people's quality of life (QoL) in long-stay care settings. This paper will explore the concept of 'connectedness' and its meaning to residents', staff, visitors and people in the community.

**Aim:** This study examined residents, staff and people in the community's understanding of connectedness and the factors which influenced (supported or inhibited) connectedness.

**Methods:** A case study with an embedded grounded theory design was employed. Data were collected using semi-structured interviews with residents (n = 15), staff (n = 11), visitors (n = 12) and people in the community (n = 20). Data were collected from February to May 2013.

**Key Findings:** Connectedness was considered important but its meaning and how it could be fostered differed across groups. To some residents connectedness mattered to others was not as important.

**Discussion:** A number of factors were found to either enhance or diminish residents' ability to remain connected. Examples of enabling factors included: personal preference, organisational culture/ethos and strong links with the local community. Examples of inhibiting factors included: (mis)understanding of connectedness, expectations, resources and the mental/physical capacity of the older person. Internal relationships (within the long-stay care setting) were found to be as important as external relationships (outside the long-stay care settings).

**Conclusion:** 'Connectedness' is an emerging concept. This paper will explore the meaning of connectedness as defined by study participants in context of how this concept is defined in the literature. A better understanding of the meaning of 'connectedness' in long-stay care settings will help: (1) guide the development of strategies to promote resident connectedness and (2) promote awareness of this important concept and its relationship to positive resident outcomes.

**Funding:** £10,001 - £50,000



## 2.3 Theme: Research process issues

2.3.1

**(180) A rigorous approach to identifying patient and clinician research priorities: the James Lind Alliance life after stroke Priority Setting Partnership***Dr Alex Pollock, Research Fellow, Glasgow Caledonian University, UK**Bridget St George, UK**Authorship: Alex Pollock, Scotland; and Bridget St George, UK on behalf of the JLA Life after stroke PSP***Abstract**

**Introduction:** The James Lind Alliance (JLA) aims to ensure meaningful patient involvement in research priority setting, arguing that this is ethically desirable and improves research quality and relevance. We established a JLA Priority Setting Partnership (PSP) to identify shared research priorities of stroke survivors (SSs), carers and health professionals (HPs) relating to life after stroke.

**Methods:** We gathered treatment uncertainties from SSs, carers and HPs using surveys, face-to-face meetings and systematic searching of published uncertainties. Systematic processes were used to format uncertainties, merge similar questions; and remove answered and non-treatment questions.

**Interim priority setting:** using survey methods, participants selected their personal 'top 10' treatment uncertainties. These data objectively identified shared priorities.

**Final priority setting:** a representative group of SSs, carers and HPs attended a consensus meeting, debating and reaching consensus on the Top 10 research priorities (November 2011). A wide and varied dissemination strategy was implemented for maximum impact of agreed priorities.

**Results:** 548 treatment uncertainties were gathered. After merging similar questions, removing answered and non-treatment questions, 226 unique unanswered research questions remained.

97 respondents (42 SSs/carers, 55 HPs) participated in interim priority setting. Analysis of these data identified the combined Top 24 treatment uncertainties.

28 representatives (16 SSs/carers and 12 HPs) attending a final consensus meeting, agreeing the Top 10 research priorities relating to life after stroke. Six priorities related to specific stroke-related impairments (cognition, aphasia, vision, upper limb, mobility, fatigue). Three related to more social aspects of 'living with stroke' and one to secondary consequences of stroke.

**Discussion / Conclusion:** These Top 10 research priorities, identified using a rigorous and person-centred approach, should be used to inform the prioritisation and funding of future stroke research. Evidence that these priorities have had an impact

on research will be explored, and the advantages and disadvantages of the JLA process discussed.

**Funding:** £100,001 - £500,000

2.3.2

**(208) Cluster RCT of an asthma goal setting intervention in primary care: the highs and lows of project recruitment***Dr Gaylor Hoskins, Clinical Research Fellow, University of Stirling, UK**Authorship: Dr Gaylor Hoskins, UK***Abstract**

**Background:** Supporting self-management behaviour is recommended guidance for people with asthma. Following preliminary work on a patient-centred, goal-setting intervention, we aimed to assess the feasibility of recruiting to a cluster randomised controlled trial (cRCT) in the context of a routine asthma review.

**Methods/Design:** Two armed, multi-centre, cRCT in UK primary care. Practice level randomisation with a target of 80 patients with active asthma due to a review from eight practices across two Scottish health boards. Intervention patients completed a goal-eliciting tool prior to review which was discussed and a negotiated management plan to facilitate achieving their prioritised goals agreed. Control patients received usual care. Data were collected at baseline, three- and six-months post-intervention.

**Results:** Fourteen practices from a pool of 124 declared interest. Eleven were recruited and randomised (six intervention; five control). All participating practice nurses attended part (control) or all (intervention) of a training workshop. Prior to patient recruitment, two intervention practices withdrew citing competing pressures as a result of the Quality Outcomes Framework. Practices on the reserve list were approached, one agreed to participate. Ten practices in the study (five in each arm) exceeded our target of eight. Conversely, patient recruitment was poor. Despite extending the recruitment period only 50 patients were recruited. Four intervention and one control patients were lost to follow-up leaving 15 in the intervention arm and 30 in the control.

**Conclusions:** Conducting primary care research is complex making trial recruitment difficult. Practices appear interested but their commitment to the process is restricted by their workload. Ethical constraints on the methods used to recruit patients in primary care places unnecessary restrictions on the ability to approach potential patients. In addition, the requirement for the content of the patient information leaflet may mean that the amount of information provided to the patient is too much and therefore ignored.

**Funding:** £100,001 - £500,000

2.3.3

**(120) Transcriptionist saturation: knowing too much about sensitive health and social data***Professor Lesley Wilkes, Professor of Nursing, University of Western Sydney, Australia**Authorship: Lesley Wilkes, Australia; Joanne Cummings, Australia and Carol Haigh, Australia***Abstract**

**Background:** nurses frequently use transcription services to translate sensitive recorded audio research data to text.

**Aims:** The aim of the research was to describe the experiences of transcriptionists employed to translate recorded auditory research, medical, nursing and court data into text. Of specific interest was the experience of these transcriptionists when the data was sensitive and the audio source material may be traumatic to hear.

**Method:** Telephone interviews were conducted with 12 transcriptionists in Australia and New Zealand during 2012, who had transcribed sensitive material. The interviews were transcribed by the team and the text was coded for words, sentences or paragraphs that related to the transcriptionists' experiences.

**Results:** Three major categories emerged; issues during transcriptions; personal effects transcribing sensitive data; and personal strategies used to address the effects of transcribing sensitive data. The major issues during transcription related to hearing sensitive and difficult material about children including events describing sexual abuse and dying. Other issues that emerged related to their personal experience, the accuracy of audio data and their working conditions.

**Discussion:** Some of the personal effects were negative for the participants including feelings of anger, sadness, reliving disturbing cases, sleeplessness, vomiting, headaches and stress. The positive personal effects reported included changing attitudes, being less judgemental and enjoying listening to the stories. Personal strategies to manage these personal impacts included debriefing, rejecting certain work, using humour, contacting other transcriptionists and support from family and friends.

**Conclusion:** nurses using transcriptionists must remember that transcription is challenging work that can lead to emotional and physical trauma. We recommend nurses acknowledge the need to be available for debriefing and supporting the transcriptionist during employment. Organisations must develop distress protocols for these staff that are often employed through outside agencies. Ethics applications should be required to address communicating with transcriptionists during employment.

**Funding:** No funding

2.4 Theme: Qualitative approaches  
(grounded theory)

2.4.1

**(15) Carrying hope: A grounded theory study of pre-registration nursing students' understanding and awareness of their spirituality***Dr Wendy Wigley, Principal Teaching Fellow, University of Southampton, UK  
Authorship: Wendy Wigley, UK***Abstract**

Spirituality is a phenomenon integral to health and a fundamental element of nursing care (DH 2011). Nonetheless, empirical evidence suggests that spirituality is a frequently ignored aspect of care provision (McSherry 2010). While there is evidence that examines the relevance of providing spiritual care to service users, minimal research has been undertaken that examines the spiritual needs of pre-registration nursing students.

A Glaserian grounded theory design was used to explore and explain pre-registration nursing students' personal understanding of their own spirituality and the relationship between experiences in clinical practice and spiritual awareness. Participants comprised seven pre-registration nursing students undertaking a three-year educational programme. Data was collected between 2008 and 2013 through two focus groups, twelve one-to-one interviews and theoretical sampling of a variety of literature and media, including artefacts created by the participants.

Presented are the findings which identified that pre-registration nursing students' awareness of spirituality can be explained in three main Basic Social Processes [BSPs]: struggling, safeguarding and seeking. When their spirit was at risk of becoming broken by negative experiences in clinical practice, then their hope to carry on was at risk and struggling, safeguarding and seeking were evident. These three concepts are integral to the theory that emerged from the findings: a theory of carrying hope that explains participants' resolve between clinical experiences and spiritual awareness.

This presentation will highlight that the challenges associated with spiritual awareness may impact on attrition from pre-registration nursing programmes. If students' spiritual needs and awareness are not adequately nurtured and supported there are implications linked to the aspiration of nursing to recapture the 6Cs (DH 2012). Recommendations from this study include the identification of role models in clinical practice and the implementation of a model of pastoral care for tutors supporting pre-registration nursing students.

**Funding:** No funding

2.4.2

**(440) It was the most scariest time of my life really... having the baby: Teenage fathers' accounts of their experiences of fatherhood***Dr Moira Graham, Lecturer, University of Hull, UK  
Authorship: Moira Graham, UK; Rosamund Bryar, UK; and Sally Kendall, UK***Abstract**

**Background:** 'Involved fatherhood', where fathers maintain ongoing relationships with their children and families, has been shown to benefit children, families, and fathers themselves (Ferguson, 2004). Current health policy in the United Kingdom promotes the inclusion of fathers in all supportive work with children and families (DoH, 2009). Yet the evidence base underpinning knowledge about very young fathers, their support needs in respect of their fathering roles, and of what might facilitate and promote their involvement with their children and partners, remains relatively underdeveloped.

**Aim:** The aim of this paper, which presents findings on the fathering experiences and practices of a group of teenage men, is to illuminate the challenges faced by very young fathers, but also to highlight how, in the face of personal and social difficulties, the young men were enabled to take on active fathering roles.

**Method:** The study has a qualitative longitudinal design and the strategy of inquiry used is the case study. Eight teenage father participants, aged 16 to 19 years, were drawn from two communities in England. Data were generated between 01/2007 and 08/2008 in four phases to capture the participants' experiences over time. Data collection methods included in-depth interviews and audio diaries. Data were analysed 'cross sectionally', using Glaser and Strauss' (1967) constant comparative method, and 'within case', by using case studies.

**Findings and discussion:** The young men had a strong desire to support their partners and be 'good' fathers to their children. Fatherhood is meaningful and important as an ideal and represents a marker of responsibility and a transition to adulthood. Young fatherhood is challenging, however it is also a generative experience. This paper contributes to a discussion on young 'involved fatherhood'. It also considers what interventions might best support young fathers as they take on their roles as co-parents to their children.

**Funding:** £50,001 - £100,000

2.4.3

**(240) Reflections on choosing to utilise an Interpretive Grounded Theory approach***Carolyn Crouchman, senior lecturer, Buckinghamshire New University, UK  
Authorship: Carolyn Crouchman, UK; Lauren Griffiths, UK; and Keiran Henderson, UK***Abstract**

New researchers who decide to utilise grounded theory methodology have to engage with the complex philosophical debates surrounding the different approaches to grounded theory. This presentation aims to illuminate the key differences surrounding Classic (Glaserian), Straussian, and constructivist approaches to grounded theory research methodologies, and reflect on the decision making process.

It has become increasingly apparent that a renewed debate is necessary in order to pay attention to the origins of grounded theory and also to explore its current context.

The evidence suggests that there are significant differences surrounding the variety of approaches and that researchers must be able to articulate and justify their choices. This remains a challenge, in particular for new researchers.

**Funding:** No funding

## 2.5 Theme: Quantitative measurement

2.5.1

**(381) Are nurse's perceptions of their work more important than their work tasks in predicting real-time stress?***Dr Barbara Farquharson, Clinical Research Fellow, University of Stirling, UK**Authorship: Barbara Farquharson, UK; Cheryl Bell, UK; Derek Johnston, UK; Julia Allan, UK; Martyn Jones, UK; and Pat Schofield, UK***Abstract**

**Background:** It has been suggested that stress in nurses is related to the nature of the tasks they undertake. The two main theories of work-stress, the Demand-Control (DC) model and the Effort-Reward Imbalance (ERI) model posit that it is nurses' perceptions of their work that cause stress. However, these models have mainly been tested between people rather than within a person over time.

**Aim:** To examine the extent to which these models account for psychological and physiological stress within individual nurses whilst they are working and whether they add to explanations in terms of nursing tasks.

**Methods:** 100 qualified ward nurses from randomly selected wards wore continuous heart-rate and activity monitors (Actiheart), completed electronic diary (PDA) measures of mood (UWIST), psychological stress, demand & control, effort & reward, and reported their main task every 90 minutes over two work shifts. Sample size was determined by multilevel power analysis. Data were collected between 2011 and 2013 and analysed using multi-level modeling.

**Results:** Hedonic Tone was lowest and Tense Arousal (stress) highest when demand or effort was high and control or reward was low. The combination of high demand or effort with low control or reward was associated with particularly poor hedonic tone. Higher demand or effort was also associated with higher heart rate (allowing for energy expenditure). All of these relationships remained significant when nursing tasks were allowed for.

**Discussion:**

These results suggest that both psychological and physiological stress is determined by the nurses' perceptions of the work rather than by the nature of the tasks per se. The theoretical models received support as explanations of variations in stress within an individual over time, although the interaction terms were not always significant.

**Conclusion:** It should be possible to reduce nurse stress without changing the nature of nursing work.

**Funding:** £100,001 - £500,000

2.5.2

**(246) The nursing competence self-efficacy scale: An instrument development and psychometric assessment study***Dr Evelyn Kennedy, Associate Professor, Cape Breton University, Canada**Authorship: Evelyn Kennedy, Canada***Abstract**

This session presents the development, assessment and planned next steps for The Nursing Competence Self-Efficacy Scale (NCSES). The goal of this 2013 study was to develop and psychometrically assess an instrument designed to measure senior student nurse self-efficacy for competent nursing practice. Social Cognitive Theory (SCT) guided the selection of study variables, the study design and interpretation of the study findings. Health care systems worldwide need registered nurses who want to stay in the nursing workforce, who are resilient to its stressors and who are confident and productive as members and leaders of interdisciplinary health care teams. Strong evidence supports the value of self-efficacy in general education and employment; further investigation in the area of self-efficacy building in nursing education as preparation for entrance to the health care workforce, is warranted. To do so, the development of a valid and reliable measurement instrument was an important first step.

Items for inclusion in the NCSES were developed based on a competence for entry-to-practice document developed by a Canadian jurisdictional review in 2008. A panel was then chosen based on expertise in nursing education theory and practice, scale development, and entry to practice competence. This expert panel (n=8) participated in a two-step validation process consisting of two independent reviews of the instrument. Subsequently senior nursing students (n=8) volunteered as preliminary scale readers. The NCSES was then administered to senior Canadian nursing students (n=252). The NCSES demonstrated excellent internal consistency reliability, test-retest stability reliability, content validity, construct validity and contrasting group validity.

This study contributes the NCSES, the first practical 22 item instrument designed to evaluate senior nursing students' self-efficacy for nursing practice competence. With further psychometric development of the NCSES both nationally and internationally, nurse educators will have the ability to evaluate curriculum interventions aimed specifically at increasing self-efficacy for practice competence.

**Funding:** £1,000 - £10,000

2.5.3

**(392) The perspectives of student nurse engagement in clinical audit***Cindy O'Dell, Senior Lecturer, University of Northampton, UK**Authorship: Jacqueline Parkes, UK; and Cindy O'Dell, UK***Abstract**

At the heart of clinical governance, clinical audits are an integral and essential component of improving the quality of patient care. They are the mechanism by which all health professionals systematically review case documentation to ascertain both the effectiveness and quality of daily care provision. According to the National Institute for Clinical Excellence (NICE) (2002), the time has come for clinical audits to desist from being a 'fringe activity' and enter the mainstream. Undertaking clinical audits is therefore, the business of all health practitioners, irrespective of role, grade, or level of experience. It is therefore crucial that future nurse practitioners are taught and understand about the process and potential for clinical audit to improve patient care.

In the autumn 2012, a local General Hospital approached the University of Northampton, to propose that pre-registration nursing students become involved in working with its Audit Department. Following extensive discussions and negotiations, it was jointly agreed to 'pilot' an opportunity for two third year adult student nurses to work on a pressure ulcer care audit as part of their dissertation. Supported by members of the Audit Department, and supervised by academic tutors with experience in primary research data collection techniques, the specially selected students embarked on a journey which was to revolutionise their own views of audit, as well as demonstrate to both the audit team and academic team the need to develop their own experiences of supporting student nurses who elect to undertake audit work.

This presentation will:-

- Describe the process undertaken to set up the pilot from the perspectives of the Hospital team, academic team, and students in terms of student selection, ethical considerations, and support mechanisms.
- Present the key findings of the 'pilot' from the perspectives of all involved.
- Outline the recommendations for extending the 'pilot' to other healthcare organisations.

**Funding:** £1,000 - £10,000

## 2.6 Theme: Questionnaires (surveys)

2.6.1

**(317) Beyond breaking point: Work-related stress in the nursing profession***Rachael McIlroy, Research Officer, Royal College of Nursing, UK**Authorship: Rachael McIlroy, UK***Abstract**

**Background:** In light of recent care failings in the NHS and within some independent sector health-care providers, the nursing profession has been subject to increased levels of scrutiny of how education and work is organised, as well as the values and beliefs held by the workforce.

Meanwhile, nursing leaders warn that organisational factors, particularly pressure from staffing shortages and heavy workloads present the biggest risk to patient care, rather than intrinsic attitudes or beliefs among the profession.

**Aims:** This paper seeks to examine the psychosocial working conditions of nursing staff and the relationship between work-related stress and work outcomes.

**Method:** An online survey conducted among a sample of Royal College of Nursing members in 2012 (n=2,008). Respondents completed the Health and Safety Executive stress management standards indicator tool, which measures six key areas of work design that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence.

**Results:** In comparison to previous RCN research, results from this survey suggest high and worsening levels of work-related stress, particularly relating to a high level of job demands combined with low decision latitude and dissatisfaction with the level of involvement in workplace change. There is also a relationship between work-related stress indicators and outcomes, including a propensity to present at work when unfit or unwell.

**Discussion and Conclusions:** This research suggests that nursing staff are facing organisational pressures arising from heavy workloads and reduced staffing levels. These pressures are leading to increased levels of work-related stress which are in turn exacerbated by staff feeling unsupported and detached from workplace change and unable to provide the high level of care they would like to. Failure to manage these risks are likely to adversely impact on patient care, staff recruitment and retention.

**Funding:** No funding

2.6.2

**(157) Trends in the UK nursing professions' professoriate over the last ten years***Dave O'Carroll, Programme Manager (Information and Resources), Royal College of Nursing, UK**Authorship: David O'Carroll, UK***Abstract**

The numbers of healthcare professionals registered on the Nursing and Midwifery Council holding a substantive professorial position in the UK may serve as a proxy indicator of the development of research leadership within the professions, particularly when compared with cognate professional groups. Previous surveys were conducted in 2009, 2005 and 2003 (O'Carroll & McMahon 2009). The survey was repeated in 2013, with additional questions on age range and length of tenure.

In preparation for the 2013 census, the 2009 dataset was reviewed, cleansed and updated using institutional websites as the primary data source. The questionnaire was subsequently sent by email to all known nurses and midwives holding a chair in the UK (n=234). A reminder email was sent to non-respondents 3 weeks after the first communication. Professors identified for the first time during the census were also sent the questionnaire (n=27). The survey was conducted between June - September 2013; an 80% response rate was achieved.

Responses were benchmarked against the previous surveys and the geographical distribution of the 2013 professoriate charted. Funding arrangements were analysed as an indicator of the development of joint-appointment, clinical-academic professorial positions. Gender and ethnicity profiles were compared to previous surveys and the nursing workforce as a whole. Age range was compared against the nursing workforce and the baseline data on length of tenure reported.

This presentation will provide a comparative longitudinal analysis and present new baseline data on the UK nursing professions' professoriate workforce. It will discuss these findings within the context of recent research policy initiatives to develop a critical mass of research capability and clinical academic leaders (AMRC 2013; AUKUH 2013). In addition, the numbers of nursing and midwifery chairs and the diversity of this leadership group will be considered within the wider context of the nursing and midwifery professions at large.

**Funding:** No funding

2.6.3

**(467) Gripp 2***Jo Brett, Research Fellow, University of Warwick, UK**Authorship: Sophie Staniszewska; Jo Brett; and Dr Iveta Simera, University of Oxford, UK***Abstract**

**Background:** Patient and public involvement (PPI) in research has expanded over the last decade and become an integral aspect of health and social care research. However, reporting of PPI in papers is poor and there is an important need to enhance its quality and transparency, in order to develop a strong PPI evidence base (Staniszewska et al 2011).

**Methods:** This study is following EQUATOR guidance on developing high quality checklists (Moher et al 2010) utilising the original GRIPP checklist (Staniszewska et al 2011), developed from systematic review evidence of PPI (Brett et al 2011, Mockford et al 2009). GRIPP 2 follows a consensus-based Delphi process which draws together key experts and stakeholders to identify, debate and agree on the key items for inclusion in GRIPP 2.

**Results:** GRIPP 2 offers guidance on key areas for reporting of PPI such as enhancing the quality of impact reporting to ensure content validity, level of detail and completeness. It also offers guidance on reporting the context and process of PPI.

**Discussion:** GRIPP 2 provides the first international evidence-based, consensus informed checklist for reporting patient and public involvement. We will encourage journal editors and others to employ GRIPP 2 to enhance the quality of PPI reporting.

**Conclusion:** GRIPP 2 will contribute to the development of a stronger PPI evidence base, generated through better reporting. It will enable a clearer evaluation of what PPI works, for whom, why and in what context.

**Funding:** £10,001 - £50,000



2.7 Theme: Questionnaires  
(survey/statistical analysis)

2.7.2

**(141) Patients education aspects in practice guidelines and in reality**

Gunta Beta, Latvija; Liga Eriksone, Latvija

**Abstract**

**Background:** Analyzing the dimension of patients education, patient educational strategies are multifaceted. Nurses' activities in patients education are associated with their professional values and their personal understanding of the patient as a unique personality. This is connected with the communicative and situational context with setting goals and making sure that the outcome of patient education is reached.

**Aim:** To provide the patients' assessment of patient education done by nurses including the nurses' attitude in outpatient (OPC) and inpatient (IPC) care institutions as well as to identify trends in nurses' education.

**Methods:** In her study the author has used the quantitative method and surveying. Participants of this research include outpatient and hospital patients (n=407). In the evaluation the 5-point Likert scale range was used. The research was conducted in March 2013th.

**Results:** The results indicate that both in outpatient and inpatient care nurse do relatively little educational work with patients. Patient education is still largely carried out by doctors as appreciated by patients. Nurses' educational activities are relatively fewer and are mostly focused on patient education about correct use of medicines and disease prevention.

**Discussion:** One of the reasons for the result, that patients predominantly receive educational information from doctor's is partly due to trends in nursing education till 2003 in Latvia. Although for more than ten years in formal and non-formal education the emphasis has been placed on the nurses' support of people's needs and on educational management activities, it is a short period compared with the development of nursing practice in Europe.

**Conclusions:** Undeniably nurses' activities in patient education are affected by organisational factors of the institution and nurses' personal and professional values.

**Keywords:** nurse, patient, patient educational strategies, trends in education, values.

**Funding:** No funding

2.7.3

**(534) Meta analysis on warm sponging versus tepid sponging in febrile children on temperature reduction**

Athirarani Sajeew, Assistant Professor, Government College of Nursing, India

Authorship: Athirarani.M.R, Kerala,India.

**Abstract**

**Background:** Fever is a normal part of childhood illness. Although normal febrile responses are self-limiting, it can be miserable for the child, cause anxiety for parents, and expensive for health services. There is much controversy regarding the use of sponging in reducing fever among febrile children. The uncertainty about the choice of sponging is still a dilemma. Recently it has been claimed that warm sponging is better than tepid sponging (1, 2, 3). This study imparts evidence towards warm sponging which has considerable policy implications in changing the care giver practices.

**Aim:** To assess the evidence for effectiveness of Warm sponging versus Tepid sponging for temperature reduction among febrile children.

**Methods:** The design is Meta analysis. Electronic databases searched included: Pub Med, CINAHL and Cochrane. The review spanned a 34 year period (1980 to 2014). Key words for search were: warm sponging, tepid sponging, Febrile Children, temperature reduction. 240 studies matching the key words were identified but 215 studies were excluded by title and abstract review. Further review done on 35. The studies excluded after the matching of objective and methodology were 32 and the studies used for evidentiary meta-analysis was 3 with 345 samples. Analysis was done in REV MAN 5.2, the studies included were RCTs.

**Results:** The analysis yield the Heterogeneity Chi square = 20.99 df 2 ( p < 0.0001) Test for over all effect, Z= 4.24 ( P < 0.0001), favors warm sponging.

**Discussion:** Controversy exists about the use of sponging in reducing fever in febrile children. Even systematic reviews fail to answer this issue. The results of meta analysis support the findings that warm sponging is more effective in reducing temperature [Z= 4.24 ( P < 0.0001)].

**Conclusion:** The study concluded that warm sponging is clearly more effective than tepid sponging in reducing temperature in febrile children.

**Funding:** No funding

## 2.8 Theme: Mixed methods

2.8.1

**(225) A mixed methods study of the effectiveness of a nurse-led palliative care intervention on psychosocial outcomes in HIV positive patients on ART in Kenya**

Keira Lowther, PhD Student, King's College, London

Authorship: Keira Lowther, UK; Dr Richard Harding, UK; Dr Lucy Selman, UK; Professor Irene J Higginson, UK; Dr Victoria Simms, UK; Dr Aabid Ahmed, Kenya; Nancy Gikaara, Kenya; Gaudencia Afuande, Kenya; Faiza Zuhura, Kenya; Professor Lorraine Sherr, UK; Dr Hellen Kariuki, Kenya; and Dr Zipporah Ali, Kenya

**Abstract**

**Background:** Palliative care is a holistic approach to care, which assesses and treats the multidimensional needs of the patient, otherwise at risk of neglect in this period of focus on the rapid advances in the biomedical management of HIV.

**Aims:** To evaluate the effectiveness of a nurse-led palliative care intervention on psychosocial outcomes using an RCT design with a qualitative interview component.

**Method:** From July 2011 to February 2012, 120 HIV positive patients on ART reporting pain or symptoms were randomised to receive the intervention or standard HIV care. The intervention consisted of two weeks of palliative care training for HIV specialist nurses, including mentorship. Intervention patients received palliative care in addition to HIV standard care. Data were collected monthly over 4 months (5 data-points) using measures of physical and psychosocial distress (MOS-HIV, APCA African POS, GHQ-12). Qualitative interviews were conducted with 20 intervention patients and 10 control patients to explore patient experiences and perceived impact.

**Results:** Area under the curve analysis showed improvement in psychological quality of life in the intervention group (p=0.01) and reduced psychiatric morbidity (p=0.007). Over the study period, psychological well-being in both study arms, and social well-being of intervention patients improved (p<0.0001).

Qualitative analysis revealed benefit in both study arms, with reported alleviation of fear, shame and sadness. Active ingredients of the intervention were identified as feeling connected, heard, able to provide and informed. These enabled patients to rebuild their sense of self, thus recovering their sense of psychosocial well-being and ability to reject stigma.

**Discussion:** The data suggests that simple psychosocial care components such as active listening can have far reaching beneficial consequences, for patient psychosocial well-being and rejection of stigma.

**Conclusions:** These findings have implications for the care and treatment of people with HIV in



resource poor settings, particularly where there are high levels of stigma.

**Funding:** £100,001 - £500,000

2.8.2

### (214) Recruitment made easy: a feasibility study for a community based trial of wellness recovery action planning (WRAP) versus mindfulness based cognitive therapy (MBCT) for depression

*Professor Margaret Maxwell, Deputy Director of NMAHP, University of Stirling, UK*

*Authorship: Professor Margaret Maxwell, UK*

#### Abstract

**Background:** Much of the burden of depression relates to its recurrent nature. Guidelines support MBCT as a gold standard treatment. However, there is little research comparing MBCT with other interventions, and limited availability of MBCT in the NHS. WRAP based support models could be a useful community based intervention for recurrent depression but there is little evidence of its effectiveness.

**Aims:** To report on the conduct and outcomes of a community based feasibility trial of MBCT versus WRAP, and how this was conducted whilst still adhering to RCT rigour.

#### Methods:

1. Community based feasibility trial of MBCT V WRAP in 3 locations across Scotland (one WRAP and one MBCT group per location) in 2013. Recruitment was conducted via websites and local newspapers. Primary outcome= participation and data completion rates.
2. Qualitative evaluation of trial methods and intervention delivery (including reasons for drop out)
3. Pilot of economic evaluation data collection.

**Findings:** Recruitment to the study was completed within 11 weeks. The initial estimate of 120 expressions of interest was exceeded (n=148) of whom 136 provided contact details. Of these, 64 were consented to receive baseline assessments (estimated n=60) and 55 were subsequently randomised to the 2 interventions. 51 finally attended (estimated 48-60) with 71% of these completing the interventions. There were no significant differences in the socio-demographics of those included and excluded. The majority of drop-outs were due to issues of feasibility of attending groups.

**Conclusion:** Community based recruitment and randomisation of self selecting participants was highly efficient and effective and led to an even distribution of participants between interventions. A full scale community based trial can be efficiently run with minor modifications.

**Funding:** £100,001 - £500,000

2.8.3

### (344) Strategies used by case managers supporting frail, community-dwelling older persons, to engage primary care physicians in interprofessional collaboration

*Therese Van Durme, Research assistant, University catholique de Louvain, Belgium*

*Authorship: Therese Van Durme, Belgium; Marlene Karam, Belgium; Sophie Ces, Belgium; and Jean Macq, Belgium*

#### Abstract

**Background and Aim:** Although it is known that case management for frail older persons (FOP) is more likely to foster positive outcomes when the case manager works closely with the primary care physicians (PCP) (Hickam et al., 2013), engaging PCPs to collaborate is often a difficult process, especially when the case management function is new (Vedel et al., 2013). The aim of this study was to provide insight on how newly implemented case management projects managed to engage FOPs' PCP in the case management process and with which results.

**Methods:** A stepped approach was used to build the data collection, as data were collected annually among the 21 case management projects financed by the Belgian National Institute of Health and Disability Insurance (NIHDI) from the start of the projects (April 2010) till June 2013. Data collection and inductive analysis were informed by D'Amour's framework of collaboration (D'Amour et al., 2005).

**Results:** A total of 4612 FOPs were included in the 21 case management projects. The entry point for most of the projects to try to engage PCPs in the process was the need for the latter filling out the medical part of the comprehensive geriatric assessment (InterRAI-HC), a cornerstone of the case management process. Strategies to engage PCPs ranged from solely providing information to the GP of the FOP being in the project (8 projects) to provision of full feed-back about the results of the interRAI-HC (10 projects). Only parts of D'Amour's framework were used to guide these strategies, explaining the mixed results of PCPs' engagement.

**Discussion and Conclusions:** Strategies used by case management projects remained timid and the perceived PCP engagement in the case management process, weak. More targeted strategies are needed to enhance PCPs' involvement and the use of theoretical frameworks, such as D'Amour's, to guide those strategies, is expected to facilitate PCPs' involvement.

**Funding:** £500,001 - £1,000,000

2.9 Theme: Systematic reviews

2.9.1

### (124) Instruments measuring collaborative practice for use with children, young people and families for long-term conditions: a scoping review

*Dr Joanna Smith, Senior Lecturer Children's Nursing, University of Huddersfield, UK*

*Gaynor Fenton, UK*

*Authorship: Dr Joanna Smith, UK; Gaynor Fenton, UK; Dr Alison, Brettle, UK; Dr Hilary Bekker, UK; and Professor Imelda Coyne, Ireland*

#### Abstract

**Background:** Research suggests parents do not always perceive they are supported in their role as manager for their child's long-term condition and their expertise and contribution to care is not always valued (Smith et al 2013 a, b). Yet, health policy endorses a model of care delivery based on patient-centeredness and effective patient-professional collaboration (IAPO 2007). Evaluating instruments measuring collaborative practice is an essential step to monitoring and improving the child and families involvement in the active management of long-term conditions in children.

**Aim:** To identify and classify instruments measuring collaborative practice, and evaluate their usefulness when working with children, young people and families.

**Methods:** A scoping review was undertaken. MEDLINE, CINAHL, PSYCINFO databases were searched over a twelve year period (2000- 2013) to identify suitable studies.

**Results:** Studies included were classified relating to the following concepts: 'shared decision-making' (n=16), 'patient-centred care' (n=5), 'partnership-in-care' (n=2), 'family centred-care' (n=13). Theoretical constructs underpinning the development of instruments designed to measure collaborative practice are not always explicit. Measures of family centred-care are often poorly defined and measure satisfaction with care rather than collaborative practice. The shared decision-making model dominates models of patient-professional collaboration, often focusing on patient-doctor consultations with adult patients for an acute illness at one episode or point of care. Shared decision-making instruments do not assess attributes associated with involvement in the problem-solving process.

**Conclusion:** There is a paucity of measures of collaborative practice developed or adapted for use with children and families. Most measures of collaborative practice have focused on involvement in decisions about treatment options. Enhancing active self management of long-term conditions in children requires identifying components of good practice in supporting problem solving and collaboration between children / parents and professional. Measures evaluating child-parent-professional collaborative practice need to be informed by evidence and appropriate theories of self-management.

**Funding:** No funding

2.9.2

**(64) Urinary catheters and antibiotic prophylaxis***Gail Lusardi, Senior Lecturer, University of South Wales, UK**Dr Allyson Lipp, UK**Authorship: Gail Lusardi; Dr Allyson Lipp and Dr Chris Shaw***Abstract**

Indwelling short-term urinary catheters are commonly used for bladder drainage; however, approximately 80% of healthcare associated urinary tract infection (UTIs) are associated with catheter use (CDC 2008). Nursing strategies focus on catheterisation avoidance, minimising the number of catheter days and utilisation of evidence based bundles of care (Public Health Wales 2008)2. Here the findings of a Systematic Review are presented on the use of antibiotic prophylaxis that has potential as another prevention strategy.

The aim of the Systematic Review was to determine if certain antibiotic prophylaxes are better than others in terms of prevention of urinary tract infections in short term urinary catheter use (Lusardi et al 2013).

The review identified six parallel-group randomised controlled trials with 789 participants meeting the inclusion criteria in accordance with Cochrane protocol. All six trials compared antibiotic prophylaxis versus no prophylaxis in patients with a short term urinary catheter.

**Results:** Bacteriuria was less common in the prophylaxis group especially amongst surgical patients catheterised for at least 24 hours. Limited evidence also indicated prophylaxis reduced the rate of other signs of infection, such as pyuria, febrile morbidity and gram-negative isolates in urine. As expected, gram stain negative organisms and/or Enterococci were most frequently reported with all trials reporting some resistant organisms to the antibiotic prescribed.

The primary outcome in five of the six studies was bacteriuria rather than catheter associated UTI using standardised surveillance definitions. Because of the limited evidence and the few data on adverse effects, the results should be interpreted with caution.

**Conclusions:** While there is evidence of the benefit prophylaxis in reducing Bacteriuria any antibiotics selected by nurse prescribers for prophylaxis should be those that do not increase the risk of multi-resistance development or those likely to cause complications of treatment such as *Clostridium difficile*.

Key words: Bacteriuria, urinary tract infection, short term urinary catheter, antibiotics, prophylaxis.

**Funding:** No funding

2.9.3

**(273) Development of a best practice statement for screening, assessment and management of vision problems in the first 30 days after an acute stroke***Dr Elizabeth Tolmie, BHF Lecturer Cardiovascular Care, University of Glasgow, UK**Authorship: Elizabeth Tolmie; Jennifer Stanley; Eileen Cowey; Gill Alexander; Darren Brand; Thérèse Jackson; Baljean Dhillon; and Christine McAlpine, UK***Abstract**

**Background:** Every year, 15 million people worldwide suffer a stroke (World Heart Federation 2013). Stroke can affect the visual system causing problems with visual perception, eye movement disorders, low vision and visual field loss (Rowe et al 2009). UK guidelines for stroke recommend that everyone who has a stroke should be screened for vision problems. However, the guidelines conclude that there is insufficient quality research to make recommendations about how best to assess, and rehabilitate adults who experience visual problems as a consequence of their stroke.

**Aim:** This project aimed to develop a best practice statement for the Identification and management of visual problems following stroke in the acute phase (first 30 days).

**Method:** A Rapid Evidence Assessment method (Bevan et al 2010.) was used to scope the literature. Of 9,032 references identified, 234, met the review inclusion criteria. These were systematically and critically appraised by a multi-disciplinary team of clinicians, health professionals and academics with expertise in stroke and related vision problems. Data from 118 of the articles reviewed, and contributions from lay representatives, provided the evidence base for the Best Practice Statement.

**Results:** Best Practice guidelines for initial screening, assessment and management of visual field deficit, eye movement disorders, and visual neglect/inattention in the first 30 days following stroke have been published and areas for future research identified.

**Discussion Conclusion:** Not all areas of patient care have the research available to inform a clinical guideline. Using a Best Practice approach allows experts in the field to combine their clinical expertise and develop recommendations for best practice when traditional methods are unable to do so.

Randomised controlled trials (RCTs) are urgently required to determine the effects of clinically relevant rehabilitation interventions.

This presentation will describe the method used to develop the statement and present the results.

**Funding:** £10,001 - £50,000

# Concurrent Session 3

Wednesday 2 April 2014

## 3.1 Theme: Focus groups

3.1.1

### (212) To explore the use of reflective writing in pre-registered nursing students

*Diane Willis, Lecturer, University of Glasgow, UK*  
*Authorship: Diane Willis, UK*

#### Abstract

**Aims:** To explore the use of reflective writing in pre-registered nursing students.

**Background:** Nurse Education in the United Kingdom has embraced the concept of 'reflection' as a lever for developing critical thinking, insight and learning (Bulman & Schutz, 2008). Written reflection is espoused as a way for student nurses to articulate their learning but how student nurses feel about reflective writing and use experiential learning remains relatively unknown.

This work explores the student nurses perspective of written reflection and poetry writing within reflective writing accounts.

**Methods:** Student nurses from cohort years 2 through to 4 (approximately 160 students) were invited to take part in two focus group discussions (March 2012). Ten students (all female) volunteered (group 1=4; group 2=6). Topics explored included: the student's experiences of reflective writing, what they chose to write about and why, models of reflection, poetry writing, and the outcomes of reflective writing. Data was analyzed thematically using the framework of McCarthy (1999).

**Results:** Students found the process of reflective writing daunting but over time they came to value it because it served as a cue for independent learning and research. Summative assessment of reflective writing however was found to impact both on the honesty of accounts and what students chose to write about. Students also felt 'constrained' by models of reflection whereas poetry appeared to afford students greater freedom of expression, personal satisfaction and greater empathy with patients.

**Conclusion:** In comparison to poetry writing, reflective writing appears to restrict the opportunity for autonomy and connectedness to patients. This suggests there is merit in nurse educators exploring more creative approaches to reflective writing. Also teaching and learning practices that create safer and supportive environments for honest reflection, avoiding the feeling of being judged and 'telling the teacher what she wants to hear' require further investigation.

**Funding:** No funding

## 3.2 Theme: Case study

3.2.1

### (224) Uncivil behaviour in nursing education in Indonesia

*Ni Gusti Ayu Eka, PhD Student, University of Nottingham, UK*  
*Authorship: Ni Gusti Ayu Eka, Indonesia; Aru Narayanasamy, UK; and Derek Chambers, UK*

#### Abstract

**Background:** There is emerging evidence that incivility is creeping into nurse education in other countries such as Indonesia. However, it is little known about the extent of this problem in Indonesia due to lack of systematic studies of this problem there. Indonesia as a developing country has more than 700 ethnicities; it has six official religions and disparities of socio-economic backgrounds. These factors could influence individual's behaviour especially in nursing education settings. Therefore, it is vital to investigate uncivil behaviour in nursing education in Indonesia context.

**Aims:** To provide insights into incivility from the findings of an on-going incivility study in nursing education in Indonesia.

**Methods:** This case study research is an on-going study of a PhD program. Data were collected using purposive sampling. The respondents were nursing students and academic at two faculties of nursing (private and public university) in the western part of Indonesia. University IRB and ethical approval were obtained from both settings. Data collection has been carried out using survey, observations and semi-structured interviews from September 2012 until April 2013. In this presentation, only data collection from the private university is reported. There were 112 respondents for surveys, 14 respondents for interviews and four settings (two classrooms and two clinic units) have been observed.

**Results:** The main findings of surveys suggest that there were statistically significant correlations of students and academics uncivil behaviour with respondents' religions. Contextual influences were the recurrent themes from the respondents'.

**Discussions:** A factor significantly associated with perceived uncivil behaviour in Indonesia nursing education was religion or religious practice/faith.

**Conclusions:** Religion, a significant feature of Indonesia, influences the perceived uncivil behaviour in nursing education. An understanding of students' religions as a factor of incivility may provide some guidance to develop a conceptual model of managing civility in Indonesian nursing education.

**Funding:** £50,001 - £100,000

3.2.2

### (43) Safeguarding children: child records in accident and emergency (A&E): The perspectives of staff

*Dr Joyce Forge, Representative RCN National Pensioners Conventional Council, Alumni Anglia Ruskin University, UK*  
*Authorship: Dr Joyce A. Forge, United Kingdom*

#### Abstract

**Background:** The 1989 United Nations Convention on the Rights of the Child (UNCRC) has identified child protection as a top priority. Literature indicates, that research on the use of documentation for safeguarding children is limited and across agencies, record keeping, and the sharing of pertinent information to identify maltreatment is inadequate.

**Aim:** This doctoral study aimed to explore the social constructed meaning people place on hospital documentation relating to children's safety.

**Methods:** The study used a qualitative case study approach (Stake, 1995) to identify how staff in A&E and other agencies perceive the use of child records (birth-16 years). The investigation conducted in May to November 2007 used purposive samples and was carried out in three stages (a) analysis of a purposive sample of 378 A&E children's records, (b) a focus group with twelve A&E staff on the case study site and (c) another group with twelve members of the Local Operational Child Protection group.

**Results:** Although A&E records are good tools for communication, they do not focus satisfactorily on the child therefore risks factors are not always recognised. The human element affects the standard of documentation and has five key inter-related yet quite different factors; communication and power, staff passivity-disengagement with the process of assessment, recording, which includes record production, non - adoptive/adoptive approaches to hospital management, imbalance in professional knowledge (training).

**Discussion:** The socially constructed understanding of A&E staff influences how and what is communicated to the healthcare team and others and have implications for both practice and workforce training.

**Conclusion:** This paper draws on and contributes to the work of safeguarding children within different disciplines internationally by providing an original contribution to knowledge. Outcome of the study, A&E records have been redesigned locally and findings have been used to inform practice (Atkinson, 2010).

**Funding:** £1,000 - £10,000

## 3.3 Theme: Interviewing

3.3.1

**(234) A mixed method evaluation of the impact of clinical support roles working with lung cancer clinical nurse specialists***Dr Stephen Brummell, Lecturer, Sheffield Hallam University, UK**Authorship: Steve Brummell, UK; Angela Tod, UK; Ann McDonnell, UK; Maria Guerin, UK; Vanessa Beattie, UK; and Rachel Ibbotson, UK***Abstract**

**Background:** The lung cancer clinical nurse specialist (CNS) has a pivotal role throughout the care pathway, however escalating workload and substantial administrative tasks have resulted in the workforce becoming increasingly overstretched (RCLCF/NLCFN, 2013; UKLCC, 2012). Clinical support worker (SW) roles are starting to emerge as a result. There is limited evidence examining clinical SW roles, their impact on care and service development.

**Aim:** To explore the impact of support roles on the work of the lung cancer CNS and the organisation of care.

**Methods:** Mixed methods comprised of an email questionnaire to sites employing members of the National Lung Cancer Forum for nurses (n=198), and qualitative interviews with a purposive sample of seven lung cancer CNS's. Data collection was undertaken from June to September 2013. Descriptive analysis of questionnaire responses was carried out using SPSS. Analysis of the interviews was undertaken using the Framework approach (Ritchie and Spencer, 1994).

**Results:** 65/250 questionnaires were returned (response rate 26%). 29% of CNS's (n=19) indicated they worked with a SW; 31 SW's were identified with 16% (n=5) working in a clinical role. Analysis of the interviews revealed themes which significantly impacted on service development.

- Managing excessive workload
- Freeing the CNS for patient contact
- Assisting with patient communication and surveillance.

**Discussion:** By redefining role boundaries, the use of clinical SW's created the opportunity for service development initiatives that would otherwise not be possible. These included: the establishment of nurse-led post treatment clinics; the initiation of surveillance programmes to support fast-tracking systems; setting up new treatment services; implementing holistic needs health and wellbeing clinics and developing patient information material.

**Conclusion:** This study has identified that support roles enhance the work of a CNS by increased direct patient contact, facilitate the development and reorganisation of services and enhance care.

**Funding:** £1,000 - £10,000

3.3.2

**(357) Living apart, together: the liminal status of the Clinical Research Nurse***Dr Lynne Stobbart, Senior Research Associate, Newcastle University, UK**Authorship: Lynne Stobbart, England, UK***Abstract**

**Background:** Nursing involvement in the conduct of clinical research has evolved considerably in recent years shifting from duties primarily of a technical or support nature to those of implementation, administration and co-ordination. Consequently the role of the clinical research nurse (CRN) has become a hybrid of nursing, medical, technical and administrative tasks encompassing surveillance, communication, diagnostic tests, teaching, support and care. The CRN traverses several boundaries including those between medical science and medical practice; research and care; doctors and nurses, but may also encounter boundaries within the discipline of nursing.

**Method:** This ethnographic study of research practice in an acute stroke unit, yielded 279 hours of observational data and 16 audiorecorded semi-structured interviews with healthcare professionals, between June 2006 and July 2007. Analysis drew upon constant comparative and framework methods.

**Results:** CRNs are rendered 'other' than their clinical counterparts, impacting upon relationships with clinical team(s), perceptions of identity, and how research 'gets done' on a daily basis. Analysis demonstrated three main spheres:

- temporo-spatial location (geographical location and organisation of working hours);
- visibility and self presentation (uniform and other identifying paraphernalia);
- role perception and enactment (including associated attributes and activities).

**Discussion:** In practice, these issues were interwoven, rather than discrete, but are isolated here for illustrative purposes before discussing interrelatedness and impact. Centrally, I demonstrate how CRNs are afforded 'guest status', shifting between positions within the science/practice, research/care, doctor/nurse binaries alongside negotiations about their status as nurses. Focussing on issues of identity, I illustrate how the above factors contribute to what I suggest is the 'liminality' of the CRN.

**Conclusion:**

Closer integration of CRNs within clinical environments may promote transparency and greater understanding of the role, whilst demystifying research concepts. Ultimately this may enhance working relationships, contributing to improved recruitment, retention and safe management of research participants.

**Funding:** £100,001 - £500,000

## 3.4 Theme: Qualitative approaches (phenomenology)

3.4.1

**(32) The knowledge and use of emotional intelligence by Registered nurses and healthcare support workers in an acute hospital setting***Janet Wilson, Senior Lecturer (Nursing), Sheffield Hallam University, UK**Authorship: Janet Wilson, UK***Abstract**

**Background:** The ability of a healthcare worker to manage their emotions while interpreting and responding to those of others is a prerequisite of anyone working in the caring professions (Cadmen and Brewer 2001). When dealing with and managing emotionally demanding situations nurses and other healthcare staff need to evaluate, express and regulate their emotions in a positive and constructive manner.

**Aims:** The aim of this research was to explore the experiences of ward staff in managing emotionally demanding situations, specifically in relation to patient death, and identify their awareness and use of emotional intelligence. Objectives included comparing the responses of registered nurses and healthcare support workers.

**Method:** A Heideggerian phenomenological approach was used to gather and analyse data. Participants (n=13) were recruited through purposive sampling from two medical wards in a large teaching hospital in the United Kingdom in 2011. Eight Registered nurses and five healthcare support workers were interviewed about their experiences of patient death and the mechanisms they utilised to manage their emotional responses.

**Findings:** There were three commonly reported strategies used by the participants; talking to others, rationalising thoughts about the event, and trying to maintain clear boundaries between work and home life. None of the participants used the term 'emotional intelligence' and differences were identified between the Registered nurses and healthcare support workers in how they managed these emotionally challenging situations

**Discussion and Conclusions:** The findings add new knowledge relating to the emotional resilience of the two groups of participants. The implications of this for nurse managers and nurse educators in relation to support strategies and curriculum development will be discussed as part of this presentation.

**Funding:** No funding



3.4.2

**(499) Medication adherence post-stroke: an exploratory study of stroke unit nurses' perspectives of potential problems affecting patients early after discharge**

*Dr Josephine Gibson, Senior Lecturer, University of Central Lancashire, UK*

*Authorship: Josephine Gibson, UK; Jacqueline Coupe, UK; and Caroline Watkins, UK*

**Abstract**

**Background:** Poor adherence to medications is a global healthcare problem (World Health Organisation, 2003). After stroke, poor medication adherence (MA) is very common (Glader et al, 2010), and may lead to recurrent stroke due to inadequate secondary prevention measures (Intercollegiate Stroke Working Party, 2012), or to drug-related harm. Nurses working in stroke units may have opportunities to identify and address stroke survivors' potential MA problems before discharge.

**Aim:** To explore UK stroke unit nurses' experiences and views of opportunities and challenges in preparing patients to manage their medication at home post-stroke.

**Method:** We recruited 15 registered nurses from one acute and one rehabilitation stroke unit between June-November 2013 via purposive sampling. We conducted individual or small group (2-3) semistructured interviews to explore beliefs about practical and motivational factors which might affect post-stroke MA, and actual or potential interventions to identify and address post-discharge MA problems. Interviews were audiotaped and transcribed. Thematic analysis was undertaken using NVivo software.

**Results:** Practical factors included: post-stroke dysphagia, dexterity, co-ordination and mobility problems, cognitive impairment, visual impairment, polypharmacy and lack of knowledge. Motivational factors included: depression, preventive nature of medications, concerns about side effects, and denial of stroke diagnosis.

Factors which were thought to predict risk of poor MA included living alone, and poor adherence in hospital or prior to admission. Interventions to address potential MA problems included individualised assessment and planning, multidisciplinary communication, carer involvement, and practical measures relating to drug formulation, presentation, and regime simplification.

**Discussion:** The nursing role in preparing patients to manage their medication after stroke is complex but tends to be unsystematically implemented and documented. Further work is underway to explore patients' and carers' experiences of managing post-stroke medication, in order to develop, validate and evaluate methods for assessment and management of post-stroke MA problems via a larger multicentre study.

**Funding:** £10,001 - £50,000

3.5 Theme: Qualitative approaches  
(thematic analysis)

3.5.1

**(414) A qualitative study exploring the educational needs of patients undergoing total knee replacement**

*Debbie Delgado, Research Nurse, Bristol Urological Institute, UK*

*Authorship: Debbie Delgado, UK; Maggie Donovan-Hall UK; and Peter Worsley, UK*

**Abstract**

**Background:** Over 80,000 knee replacements were carried out in the UK between January 1st and 31st December 2012 (National Joint Registry 2013) and numbers are set to increase in line with an ageing population. Quantitative researchers have hypothesised that better informed patients are likely to have better pain management, be less anxious and have a shorter length of hospital stay (Crowe & Henderson 2003). However, qualitative literature exploring the educational needs of total knee replacement (TKR) patients' is limited to date.

**Aims:** To understand the educational needs of adults who undergo TKR surgery.

**Methods:** Between February and June 2013 semi-structured interviews were carried out with 12 patients, 6-8 weeks following TKR surgery. Interviews were audio-recorded and transcribed verbatim. Braun and Clarke's (2006) six stages of thematic analysis was used to analyse data.

**Results:** Information gathered from the interviews showed the potentially devastating impact of knee osteoarthritis, highlighting participant needs for information to inform decision making (regarding TKR surgery) and to provide support and reassurance throughout their surgical pathway. Participants relied heavily on accessible lay sources of information such as friends, neighbours and peers who had already undergone surgery.

The role and demeanour of the clinical educator was identified as being a significant factor in influencing participant engagement with information concerning the risks and complications associated with surgery. Several participants described feeling unprepared and unsupported following discharge post TKR surgery.

**Discussion:** Reliance on lay resources of information can provide reassurance but also exacerbate anxiety due to the potential for inaccuracy. Expectations of surgery and post-operative recovery must be individually clarified in order to manage anxieties.

**Conclusions:** Information must be individually tailored to the patient and where appropriate, family members should be included within this process. There is an identified need for additional support and information to be made available post-operatively to facilitate functional recovery.

**Funding:** No funding

3.5.2

**(443) Health literacy in 3D social virtual worlds and the influence on physical world health behaviour**

*Evelyn McElhinney, Lecturer, Glasgow Caledonian University, UK*

*Authorship: Evelyn McElhinney, UK; Francine M Cheater, UK; and Lisa Kidd, UK*

**Abstract**

**Background:** Social virtual worlds (SVWs) are online 3D social networking tools where users or 'residents' create a virtual image of themselves (avatar). Through their avatar people are able to interact with other people within the virtual world this can lead to SVWs being seen as places as they evoke subjective feelings of presence (being there) social presence (being there with others) and immersion in the environment (Bailenson et al. 2008). Recently 3D SVWs such as Second Life® (SL) have been used to try to deliver health information through interactive simulations, health talks or interactive displays of health information.

**Aims:** This study aimed to investigate how health information accessed through SVWs influenced health literacy skills and physical world health behaviour.

**Methods:** Twenty five semi-structured interviews were conducted within the virtual world Second Life from September 2011 – June 2012.

**Results:** Results of the study have shown that social presence with others within the VW increases engagement with healthcare practitioners, support groups and health information relative to 'non social' web based health information sites and other online media. Participants reported health behaviour change in the physical world and bidirectional change from the physical to virtual and virtual to physical after engaging with health information in the VW often reporting long – term behaviour change. Other findings included:

- People use multiple methods to seek out and understand health information in SVWs
- People find health information engaging and interesting often 'journeying through the information' with others via their avatar
- Issues with trustworthiness of health information and checking of healthcare practitioners credibility differ from other online

**Methods:** Evidence of social capital within SVW communities

**Discussion and Conclusions:** These results show that interacting with health information, practitioners and communities within social virtual worlds can increase engagement, social capital and more importantly lead to health behaviour change in the physical world.

**Funding:** No funding



## 3.6 Theme: Qualitative approaches

3.6.1

**(477) Parosexuality in genitourinary investigations: a qualitative study***Dr Allyson Lipp, Principal Lecturer, University of South Wales, UK**Chris Shaw, UK and Dr Paul Gill**Authorship: Allyson Lipp, UK, Chris Shaw, UK; and Paul Gill, UK***Abstract**

**Background:** Genitourinary investigations are performed on many middle-aged and older men and the majority undergo investigations for prostate issues. The possible effects depend on the type of problem, but can have lasting devastating effects.

**Aims:** The aim was to explore men's experience and views of intimate genitourinary investigations and develop hypotheses concerning gender and sexuality issues in intimate genitourinary investigations.

**Methods:** Data were collected through 15 semi-structured interviews following the patient's last urological procedure (Wengraf 2001). Initially multiple categories were identified and when analysed further certain concepts were repeatedly present.

**Results:** On analysis, gender and sexuality emerged as prominent issues. The term parosexuality was used to explain the situation dynamic (Bailey 1990). Parosexuality is a modified form of sexuality which is limited to maintain propriety. This was not sexuality in its overt, explicit sense, but instead a type of covert sexuality where professional boundaries are maintained. This managed version of sexuality was shown to create a common currency by which interactions between staff and patients could take place safely.

**Discussion:** Several issues contributed to parosexuality including gender-role stereotypes and for some participants this reflected their own experience, context, historical and cultural norms. Intimate contact in the form of exposure and handling of the participants' genitalia during the investigations also led to parosexuality. Viewing staff as professional was an additional strategy used by participants to limit any sexuality as parosexuality.

**Conclusion:** This study has contributed to examining privacy perceptions of patients in genitalia-related care and was exploratory in nature. Parosexuality goes some way to explain the dynamics of communication between men and health care professionals during genitourinary investigations.

**Funding:** £1,000 - £10,000

3.6.2

**(18) How and when do practising registered nurses engage with curiosity as a key exploratory mechanism to improve nursing practice?***Helen Chin, Senior Lecturer, University of Leeds, UK**Authorship: Helen Chin, UK***Abstract**

This study seeks to understand how practising registered nurses engage with curiosity to improve nursing practice and ensure provision of best care. Current research on curiosity suggests it is a critical motive which stimulates action to explore, integrate and generate knowledge (Silvia & Kashdan 2009). Key factors to purposeful engagement rest upon prevailing mind sets, working cultures, existing ways of practising and conditions that support combined practice challenge, learning and innovation (Silvia & Kashdan 2009, Reio & Wiswell 2000).

Given the fact that NHS quality improvement and professional development discourse invites nurses to engage in reflective practices to continuously improve patient care, curiosity would seem to be a vital mechanism for nurses to embrace and engage in. Paradoxically NHS discourse also strongly emphasises compliance to pre-prescribed practices and improvement efforts to support cost containment, efficiency and productivity. Although curiosity may have a clear benefit to nursing practice, the willingness to engage with it fully may be subverted or confused by opposing or limiting factors, compliance to accepted norms and fears of destabilising existing practices.

Important questions therefore arise as to how and when nurses engage in curiosity. This study adopted a narrative approach to inquiry, guided by three key objectives:

- explore the nature of curiosity as used by nurses
- better understand the factors which may indicate how curiosity is enabled or inhibited as a mechanism to promote knowledge exploration, integration and application
- understand nurses experiences of curiosity when utilised it in the course of their nursing practice

Data collection involved individual open form interviews with 6 registered and currently practising NHS nurses. Purposive sampling was utilised. Data collection took place over a four month period (May to September) 2013. Early findings from an initial thematic analysis of data will be presented and discussed. Implications for nursing practice, practice learning and innovation, quality improvement and support are highlighted.

**Funding:** £1,000 - £10,000

## 3.7 Theme: Questionnaire

3.7.1

**(433) Effectiveness of structured nurse-led psychoeducational intervention on Breast Self Examination among Indian working women: A Quasi-experimental study***Sivasankari Arputhanthem, PhD student, University of Bedfordshire, UK**Authorship: Sivasankari Arputhanthem, India; and Munikumar R Venkatasalu, UK***Abstract**

**Background:** It is estimated that globally, every 3 minutes one woman receives breast cancer diagnosis. Although 90% of all breast cancer is discovered by breast self-examination (BSE), many are not reported for several months. Research demonstrated that lack of appropriate educational awareness among Indian women often costs many of their lives.

**Aim:** This study aimed to assess the effectiveness of nurse-led, psycho-educational intervention on breast self examination among working Indian women.

**Methods:** A quasi-experimental pre-test-post test design was adopted. Total of 132 working women living in a sub-urban industrial South Asian city were participated in this study. Structured education about breast self examination were given using discussions, video shows and pamphlets. Pre test and post test on knowledge, attitude, education, social demographic factors and practice of breast self examination among participants were assessed using a validated questionnaire. Data were analysed using student's t test between pretest and post test on knowledge, attitude and practice of breast self examination among working women.

**Results:** Pre-test findings indicated that age groups between 21 and 48 did not showcase any prior knowledge on BSE. However, our post test revealed that although there no association between knowledge on BSE and age and women's age at menarche, however found educational level have direct relationship with engaging BSE practice. Younger women than married women has hesitance to discuss about the BSE due to cultural barriers towards unmarried women. Women with early conception have more knowledge on BSE than women with late conception.

**Conclusion:** This study suggests that structured educational intervention on BSE improves the knowledge and practices of BSE among Indian working women. However, this nurse-led psycho-educational intervention requires further validation for its generalizability.

**Funding:** No funding

3.7.2

### (205) Nurses' experiences of therapeutic relationships in hospice home care settings

*Elísabet Hjörleifsdóttir, Associate Professor, University of Akureyri, Iceland*  
*Authorship: Elísabet Hjörleifsdóttir, Iceland*

#### Abstract

**Aim:** The aim of this study was to investigate how nurses develop a therapeutic relationship with patients and family members in a hospice home care settings. The conceptual framework of the study was Peplau's four stages theory of therapeutic relationship. The aim was also to look at similarities between the participants' descriptions and the content of Peplau's four stages, the pre-interaction phase, orientation phase, working phase and the termination phase.

**Method:** The sample consisted of six nurses working in a palliative home care settings in Iceland during the time data was obtained. A semi structured interview was carried out where each participant was interviewed once. It was recorded then transcribed and themes were identified according to the methods of Grounded theory.

**Conclusion:** The main themes and sub-themes identified in the analysis indicated a clear professional insight into the importance of good communication and how to build up a trusting relationship. Further they also reflected the work of Peplau showing that good preparation, trust, respect and team-work were key factors in order to give quality palliative care. Having the opportunity to establish a relationship with people at times of serious emotional difficulties, loss and grief was described as a privilege. Nurse patient relationship is considered the foundation of nursing care, thus more studies are needed which focus on this issue and how theories in this context might have positive impact on quality of care.

**Funding:** No funding

3.8 Theme: Improvement

3.8.1

### (441) The factors influencing nurses' decisions when giving pro re nata (PRN) medication: a critical scoping review of the literature

*Helen Ford, Senior Lecturer, University of Worcester, UK*  
*Authorship: Helen Ford, UK*

#### Abstract

Pro re nata (PRN) medication is prescribed in order to allow nurses flexibility to give an appropriate dose in response to patient need. It is an autonomous role and as such requires decisions that should be based upon explicit reasoning, supported by the best available evidence. This paper will present the results of a scoping review of the international literature about PRN medication administration. Scoping reviews aim to achieve broad and in-depth results, and the framework set out by Arksey and O'Malley (2005) was used to structure the search strategy and review, in order to map the current empirical literature and identify gaps in the research. The scoping review had three objectives: to identify the epidemiology of PRN medication use, to identify the factors that influence nurses' decision-making when administering PRN medication, and to identify which theoretical models of judgement and decision-making have been used within the literature. The databases CINAHL, Medline, Embase, PsychInfo, NHS Evidence, Web of Knowledge and Cochrane were searched using relevant subject headings and keywords, from 1990 to July 2013. Reference lists of retrieved articles were searched, plus networks in order to identify all the available literature. Eighty articles were identified as being suitable for inclusion within the review. The literature is predominately from the field of mental health, where psychotropic PRN medication is used in acute areas, and from the field of pain management in various settings including acute care, nursing home care and paediatrics. The main findings are of descriptive research showing variability in practice between individual nurses, and between units within the same field of practice. Little attempt has been made to identify why this variability exists, very little empirical work has been informed by theory, and attempts to evaluate nurses' judgements using specific theories of judgement and clinical decision-making are limited.

**Funding:** £1000

3.8.2

### (143) Community pharmacists and people affected by dementia

*Veronica Smith, Postgraduate Research student, University of Stirling, UK*  
*Authorship: Veronica M Smith, UK*

#### Abstract

**Background:** The community pharmacist is a trusted health professional with whom older people interact regularly (Hobson, Scott & Sutton 2010). Recent policy initiatives, (Scottish Government 2013) are concerned with the role community pharmacist's play, especially if seen as part of the team of health professions providing support to people affected by dementia.

**Aims:** This study aims to identify what relationship community pharmacists have with people affected by dementia. The intention is to allow a broader understanding of the impacts on the individual community pharmacist of supporting people affected by dementia in order to strengthen policy.

**Methods:** Study part one

Through individual interviews with four senior pharmacists working in advisory positions, key information about pharmacy practice was gained. Community health care professionals, including a community nurse were interviewed to establish the relationship between them and the pharmacist.

Study part two

The second part of the study focused on the services community pharmacists provide for people affected by dementia. The researcher shadowed five community pharmacies; nine individual interviews were conducted with community pharmacists and two with technicians. Nine participants with dementia and their carers were interviewed as matched pairs and three as carers alone.

#### Results:

- Community pharmacists have no formal way of knowing whether a patient has a diagnosis of dementia, often relying on recognising dementia medication.
- Community pharmacists do not know when a patient enters hospital. Implication for person affected by dementia is interruption of pharmaceutical care.

**Discussion:** Better information sharing between the pharmacist and other primary health care providers could mean that pharmacists are aware when their patient has a diagnosis of dementia. If the admitting hospital nurse had a section on the admission sheet to include the patient's named pharmacist, then continuity of pharmaceutical care may be maintained.

**Funding:** £50,001 - £100,000

# Concurrent Session 4

## Thursday 3 April 2014

### 4.1 Theme: Documentary research

#### 4.1.1

### (198) Access to postgraduate nursing research: a systematic review

*Professor Rumona Dickson, Director, University of Liverpool, UK*

*Authorship: Professor Rumona Dickson, UK; Dr Angela Boland, UK; and Dr M Gemma Cherry, UK*

#### Abstract

**Background:** Master's programmes are increasingly recognising that conducting a systematic review as part of academic accreditation can provide students with an excellent learning experience.

**Aim:** To identify whether, and how, systematic reviews are being used and conducted by postgraduate students, particularly in the field of nursing.

**Methods:** Systematic review methodology was used. Four electronic databases (DART-Europe, the Networked Library of Theses and Dissertations, ProQuest Dissertation and Theses: UK and Ireland and ProQuest Dissertation and Theses) were searched for theses completed between 1990 and 2013 containing 'systematic review' in their title.

**Results:** Of the over 800 identified theses, 643 fulfilled the inclusion criteria. Only 44 (6.8%) were conducted in the field of nursing. Discussions with university staff responsible for the electronic archiving of theses revealed that, as a general policy, MSc theses are not and will not be electronically archived and consequently no MSc or MRes nursing thesis will be publically available.

**Conclusion:** We did not achieve the original aim of this research. However the results revealed a much more critical issue. Although there is a movement to make the results of health research readily available, this endeavour is limited. The reality is that the majority of nursing research carried out as part of a Master's thesis is not and will not be available in the public domain. This has at least two significant consequences. First, since the research cannot be accessed, future students will be unable to learn from it and may repeat it. Second, and more critical, is that this lack of accessibility limits the ability of students and researchers to build on the results of previous research to help enrich future nursing research. The presentation will present the detailed results of the systematic review and provide a forum for the discussion of these important issues.

**Funding:** No funding

#### 4.1.2

### (140) Finessing incivility: how student nurses respond to issues concerning their status and learning in practice: a grounded theory

*Dr Juliet Thomas, PHD Student, Edge Hill University, UK*

*Authorship: Juliet Thomas, UK*

#### Abstract

**Background:** Interest in understanding the socialisation processes that student nurses are exposed to during clinical practice has endured. At present in the UK, undergraduate student nurses experience clinical placements much sooner than their predecessors (UKCC 1986). Understanding the current processes will ensure that student nurses are prepared to function in a supernumerary capacity within current complex health and social care environments and be able to contribute to the workforce thus avoiding inappropriate socialisation and attrition.

**Aim:** To explore the impact of initial clinical experiences on the professional socialisation of student nurses.

**Method:** A classic grounded theory approach (Glaser1978) was used and the sample consisted of twenty-six student nurses recruited from four intakes (September & April 2008-2010). Solicited diary keeping was the main data collection method for the six week placement allowing the students to 'tell it as it is' about their experiences of becoming a nurse; the essence of which could generate a substantive grounded theory. Seven key informants from the first two intakes volunteered to take part in an in-depth interview either during the second or third year of their course. Data analysis was congruent with classic grounded theory methods.

**Findings/Discussion:** In response to prevailing concerns regarding their student status, learning opportunities and a general lack of professional benevolence during the initial clinical placement, the student nurses became resilient, maintained their own values and displayed and used finesse to negotiate for student status and subsequent learning opportunities in order to negate the perceived incivility they experienced.

**Conclusion:** The findings have yielded insight into the complexities involved in initial professional socialisation of student nurses. They have implications for nurse educators and potentially other health care professionals during practice and field exposure.

**Funding:** No funding

### 4.2 Theme: Case study

#### 4.2.1

### (184) Decision precision versus holistic heuristic: insights on on-site selection of student nurses

*Dr Colin Macduff, Reader, Robert Gordon University, UK*

*Authorship: Colin Macduff, UK; Ruth Taylor, UK; and Audrey Stephen, UK*

#### Abstract

**Background:** The selection of student nurses in the UK has increasingly come under the spotlight in the wake of the Francis Report (Francis, 2013). Debate in the popular and professional press has focused on the selection of the right people for nursing, emphasising qualities of care and compassion. In Scotland a programme of work around the recruitment, selection and retention of student nurses (Sabin et al 2012) led to commissioning of evaluative research examining the efficacy, reliability and validity of face-to-face interviewing and related processes as selection tools for the recruitment of student nurses and midwives.

**Aim:** Following brief summary of this study's overall methods and findings, this paper will report and discuss one of four themes that emerged from qualitative data obtained from 36 lecturers and 72 students in Scottish HEIs: that of decision precision.

**Methods:** The evaluation was designed principally to achieve explanation through multiple case study methodology. Mixed methods of data collection involving questionnaires and interviews (individual and focus group) were used. Qualitative content analysis was used as a primary strategy, followed by more in-depth thematic analysis.

**Findings:** Staff participants placed great emphasis on making correct decisions about whether or not candidates should be offered places on programmes. In doing so they typically took into account a range of attributes that they valued in order to achieve a holistic assessment of the candidate as a person. These included: interpersonal skills, team skills, group working, confidence, problem-solving, aptitude for caring, motivations, and commitment to the profession. The holistic heuristic for decision making tended to predominate over belief in the precision of validated measurement tools for particular individual attributes.

**Conclusion:** While the development of measurement tools for particular attributes such as compassion develop apace, staff are likely to have a felt need to view candidates 'in the round'.

**Funding:** £10,001 - £50,000

4.2.2

### (77) Acknowledging continuation of the doctor nurse game: advocacy, power or subordination?

*Kath Macdonald, Lecturer, Queen Margaret University, UK*  
*Authorship: Kath MacDonald, UK*

#### Abstract

**Background:** Literature suggests that despite the strive for professionalism in nursing the theory of the doctor-nurse game is said to continue to persist today (1,2).

**Aim:** To debate the reasons why the doctor-nurse game continues.

**Methods:** 30 out-patient consultations between 10 young people (18-34yrs) with cystic fibrosis and the health care professionals (HCPs) with whom they interacted were observed. Following consultations young people and HCPs were interviewed separately to gain further insight into their perceptions of partnership. Data were collected between Jan and May 2012 and analysed using thematic analysis. An emergent theme: the continuation of the doctor-nurse game is discussed.

**Results:** nurses and doctors acknowledged playing the game. Nurses were said to be highly skilled at advocating for patients and this was sometimes done through game playing. Doctors and other HCPs declared that nurses were the most powerful members of the team.

**Conclusion:** It would appear that despite the supposed equalisation and professionalisation of nursing, there is continued use of the doctor-nurse game in this setting. This presentation will debate reasons for its endurance.

**Funding:** No funding

4.3 Theme: Focus groups

4.3.1

### (399) The therapeutic relationship: an exploration of understanding and growth in undergraduate student nurses

*Dr Ann Marie Rice, Senior University Teacher, University of Glasgow, UK*

*Authorship: Dr Ann Marie Rice, UK; and Professor Effie Maclellan, UK*

#### Abstract

**Background:** Good communication and developing a therapeutic relationship between the nurse and patient are essential components of nursing care. The literature suggests that empathy, self awareness and respect are essential in developing this relationship and also underpin good communication (Moore, 2005; Shattell et al 2007).

**Aim:** To contextualise undergraduate student nurses' understanding of the therapeutic relationship and their ability to develop this relationship with patients, and explore the influencing factors.

**Methods:** A case study methodology was chosen and a single case holistic research design was utilised in which the 'case' constituted the cohort of students (n=17), and the unit of analysis, students development over time (Yin, 2009, p. 51). The study was undertaken between 2009 and 2012. A purposive sampling strategy was adopted and data were collected utilising group interviews at two time intervals to identify factors related to development, and self report vignettes over three time points, to observe growth in empathy, respect and self awareness.

**Results:** The students' had an understanding of the therapeutic relationship from an early stage, which developed over time. Students demonstrated an increasing ability and desire to engage in this relationship. The vignettes demonstrated development in empathy, respect and self awareness over the 3 time points. The group interviews identified the main influencing factors as positive patient interactions, mentor feedback and observing good practice. Theoretical learning exploring, empathy respect and self awareness, and an incremental approach to communication skills, also facilitated development.

**Discussion and Conclusion:** The therapeutic relationship and communication skills are key skills and attributes of professional nursing practice. Student nurses are able and willing to engage in a therapeutic relationship with patients. In order to enable this development undergraduate nursing curricula should be designed to ensure that the underpinning factors, such as empathy, respect, self awareness and communication skills are firmly embedded.

**Funding:** No funding

4.3.2

### (339) The impact of advanced practice postgraduate education on students and stakeholders

*Lesley Bridges, Head of Academic Department Advanced Practice, Buckinghamshire New University, UK*

*Authorship: Lesley Bridges, UK*

#### Abstract

**Background:** Over the past decade we have witnessed a proliferation of advanced practice roles within healthcare practice both nationally and internationally. There is evidence, however to suggest, that service providers perceive that advanced practitioners are ill prepared for practice and lack specific competencies needed by current healthcare (Nicolson et al 2005). Education programmes preparing advanced practitioners lack a unified approach and their professed effectiveness is compounded by a lack of evidence.

**Aims:** The study aimed to determine the expectations and effectiveness of postgraduate advanced practice education programmes from a student and Trust manager's perspective; evaluate the translation of student learning from education programmes to practice; and to examine similarities and differences between postgraduate advanced practice education programmes.

**Methods:** A case study approach was used, with three cases selected, one in the North of England, one in Central England and one in Outer London. Semi structured interviews and focus groups were used to collect data from students and focus groups respectively. In total student interviews (n=32) and focus groups (n=8) were undertaken. Data was collected between November 2012 and June 2013.

**Results:** Perceived outcomes of the learning by students and manager's included; increased confidence; improved advanced assessment, diagnostic and consultation management skills; and increased clarity in communicating with other professional groups. Support for students varied and led it stress related illnesses in some cases. A lack of understanding of advanced practice roles by other healthcare professionals was also reported.

**Discussion and Conclusions:** With no clear agreed national and international guidelines for the preparation of advanced practitioners there is variance in the experiences of trainees. This study informs future policy in advocating a need to develop consistency among higher education institutions delivering these programmes and a necessity to work with education commissioners and Trusts to support the consistent implementation of advanced practitioners.

**Funding:** No funding



## 4.4 Theme: Evaluation

4.4.1

**(50) Evaluation of current practices to involve service users and carers in practice assessment in 11 higher educational institutions (HEI'S) in Scotland***Dr Elaine Haycock-Stuart, Senior Lecturer, The University of Edinburgh, UK**Authorship: Elaine haycock-Stuart, UK; Eddie Donaghy, UK and Chris Darbyshire, UK***Abstract**

**Background:** In 2010 the UK Nursing and Midwifery Council (NMC) recommended that Higher Educational Institutions (HEIs) providing pre-registration nursing programmes: 'must make it clear how service users and carers contribute to practice assessment'.

**Aim:** To evaluate current practices on how service users and carers contribute to practice assessment in the 11 HEI's in Scotland providing pre-registration nursing programmes.

**Method:** A qualitative approach to data collection and thematic analysis involving 15 semi structured interviews which were mostly face to face took place in January to March 2013. Fifteen key informants involved in developing the pre-registration programmes and practice assessment strategies participated from the eleven Universities. Permission to gather data was granted from the eleven Higher Education Institutions in Scotland.

**Results:** Recent published literature has drawn attention to the challenges of introducing the NMC recommendation (above) that were not present or not as challenging when addressing service user and carer involvement in student selection, curriculum design and research. Participants raised concerns about protecting unwell or distressed patients; concern was expressed about the lack of guidance for developing appropriate and functional measurement tools to quantify service user and carer views on nursing students' practice skills.

**Discussion:** Given the power relations in the assessment process, can assessment by users and carers be genuinely meaningful? Caution is needed as (a) the level of evidence and the rationale for introducing this recommendation is limited; (b) exactly how to introduce, and robustly evaluate the recommendation needs clarification and (c) the terminology of the process – the term assessment should be changed to mean that of review or comment.

**Conclusions:** Guidance to operationalize and reliably evaluate Nursing student practice by service users and carers in a meaningful way, and to the benefit of all key stakeholders involved, requires greater consideration.

**Funding:** £50,001 - £100,000

4.4.2

**(419) Assessing the contribution of Nurse Practitioners to the provision of primary health care***Dr Clare Harvey, Senior Lecturer, Eastern Institute of Technology, New Zealand**Authorship: Clare Harvey, New Zealand; Jennifer Roberts, New Zealand; Elaine Papps, New Zealand; Trudy Rudge, Australia; and Dirk Keyzer, UK***Abstract**

**Background:** This paper describes the views of the New Zealand cohort of Nurse Practitioners (NP) who were interviewed as part of a trans-Tasman study underway between Australia and New Zealand.

**Aims:** The project seeks to examine the contribution that NPs are having in enhancing access to care with a particular focus on primary health care.

**Methods:** A mixed methods survey was developed using dual approach of Critical Discourse Analysis (CDA) of Nurse Practitioner (NP) understandings of their role with a comparative analysis of their practice against a Results Based Logic Model for Primary Health Care (RBLM) developed by Watson, Broemeling, Reid & Black, (2004).

**Findings:** Social determinants of health influence the approach to care, the effects of which are demonstrated across all population groups in New Zealand. Within this environment NPs believe that they contribute to primary health care through enhancing access to care by supporting a more comprehensive approach to care that focuses on a 'whole patient approach' within which they understand the diversity of care needs in what is an ageing and chronically ill population. The study found however, that organisational constraints and agendas hindered the NPs' ability to reach their full potential.

**Discussion:** This study has provided some insights into the continued hegemony of policy that encourages change in health care provision in which NPs are caught up in this debate both as onlookers and contenders; in knowing their potential to deliver health care within a wellness paradigm, but unable to progress because of the constraints consciously and unconsciously placed upon them.

**Conclusion:** The results from the Trans-Tasman study may assist in emphasizing NPs' essential worth because they do have the education and the skill to augment access to care and the equity of that care within cost effective and clinical quality parameters.

**Funding:** £1000

## 4.5 Theme: Qualitative approaches (grounded theory)

4.5.1

**(90) Engaging with extant literature in Grounded Theory: a contentious issue***Lee Yarwood-Ross, Doctoral Researcher & Lecturer, Manchester Metropolitan University, UK**Authorship: Lee Yarwood-Ross, UK***Abstract**

This paper discusses the contested role of the literature review when adopting a Grounded Theory (GT) methodology and explores the different perspectives (Glaser, Strauss and Corbin, and Charmaz) relating to this issue.

When pressed to be succinct, Glaser advises that a literature review should be delayed until the theory is constructed otherwise the researcher is likely to become preoccupied with extant theories and concepts, as oppose to focusing on what is actually going on in the data inductively (Glaser 1992). Conversely, Strauss and Corbin (1998) advocate an initial review of the literature for formulating research questions and improving theoretical sensitivity; and Charmaz (2006) is inclined to support the use of a literature review in the doctoral process without letting it stifle creativity or strangle the theory.

The rationale for using a Glaserian (Classic) approach in my doctoral research is provided which has stemmed from extensive reading of the methodological literature, attending GT seminars, and communicating with the originator, Barney Glaser, and fellows from the GT Institute.

In reality, when doctoral students search for an appropriate methodology the wider literature surrounding GT can appear confusing, disputable and misleading. Also, students tend to have engaged with the literature in their substantive areas to varying degrees, therefore, this presentation seeks to clarify the use of extant literature from a Classic GT perspective with illustrations to develop understanding. In particular, meeting the challenges of incorporating the approach in a research proposal is discussed and some advice is provided for those who may have already engaged with the extant literature.

Ultimately, doctoral students need to decide on a suitable approach that can address their research objectives and is congruent with their own beliefs about the use of extant literature for theory generation.

**Funding:** No funding

4.5.2

### (385) Perceptions of patients regarding participation in a palliative cancer clinical trial

Mary Murphy, Reserach Fellow, University of Ulster, UK

Authorship: Mary Murphy, UK; Profesora Eilis McCaughan, UK; Dr Richard Wilson, UK; and Professor Donna Fitzsimons, UK

#### Abstract

**Background:** Clinical Trial research that has no curative intent involving patients nearing the end of life, presents one of the most ethically challenging situations (Stryker et al 2006). Previous research has demonstrated that patients' understanding of clinical trials can be limited (Appelbaum, 2002).

**Aim:** This study seeks to understand the issues that patients with incurable cancer consider when making decisions regarding consent for a drug trial with palliative intent.

**Method:** Interviews were conducted with a purposive sample of 16 patients using a grounded theory approach. They were analysed using the constant comparative method.

**Results:** 'What have I got to lose?' was the main concern for patients who were offered a palliative clinical trial. A variety of contextual and decision-making issues were also highlighted. Consenting patients made their decision instantly and were influenced by a variety of factors including, desire for increased longevity, an expectation to receive better attention, desire to avoid passivity and the persuasive language used by doctors and nurses during consultation. They gave little consideration to the side-effects of the trial drug. Patients who declined did so after much deliberation. They were unhappy about extra hospital visits and unknown side-effects.

**Conclusion:** These findings demonstrate that patients' motivation for trial consent is complex and that they perceive themselves in a paternalistic relationship with their doctor and thus are influenced by the emotional context and language used. Patients evaluated the 'risk' of trial participation in the context of a limited lifespan thinking 'what have I got to lose?' Consenting patients put significant value on the trial as a vehicle of hope and personalised care from research team, whereas decliners decided they had more to lose by trial participation and opted for standard treatment. This study has the potential to provide data that may augment low levels of research with this population.

**Funding:** £100,001 - £500,000

### 4.6 Theme: Action research / participative inquiry

4.6.1

### (73) Improving the in-patient experience by reducing avoidable night-time noise: concurrent implementation and evaluation of service development

Dr Kay Currie, Research & Innovation Analyst, Glasgow Caledonian University, UK

Authorship: Kay Currie, UK Annie Ruddy, UK and Toby Mohammed, UK

#### Abstract

**Background:** Night-time noise is a perennial problem in all in-patient settings, often perceived as unavoidable; disturbed sleep adversely affects patient recovery and satisfaction with hospital care. National 'Patient Experience' survey results indicate unacceptable numbers of patients (average 30%) are disturbed by noise at night.

#### Aims:

1. To determine the nature of disruptive night-time noise from the perspective of hospital in-patients.
2. Involve clinical staff and service users in developing interventions for noise reduction.

Project conducted March-December 2012.

**Participants:** 16 wards from five clinical directorates in a large multi-site NHS Scotland Board.

**Methods:** Staged mixed methods design:

1. Semi-structured patient interviews (n= 39): Content analysis identified a comprehensive list of factors within four categories of night-time noise (staff; other patients; equipment; environment).
2. In-patient survey (n=144) measured experience, frequency and perceived severity of disturbance for each category of noise; generated a 'Top Ten' list of most frequently reported night-time noises.
3. Focus groups (clinical staff; service users) considered the 'Top Ten noise factors' and used nominal group technique to identify, discuss and rank order potential solutions.
4. PDSA cycle to develop and implement a noise reduction protocol (two-month intervention).
5. Staff survey (n=89) of effectiveness and feasibility of protocol.
6. Post intervention in-patient survey (n=142) to evaluate impact.

**Results:** Staff views positive, with all aspects of the protocol being strongly recommended for continuation.

Patient survey showed improvement in several areas of night-time noise. Notably, individual factors which ward staff have most behavioural control over showed most improvement; however, increased disturbance from other patients required further consideration.

**Discussion:** Involving patients in identifying problematic elements and working with clinicians and service users to generate practical solutions meant that ward teams gained ownership of both problem and solutions.

**Conclusion:** Disruptive night-time noise can be reduced if we identify and tackle the main causative factors.

**Funding:** £10,001 - £50,000

4.6.2

### (119) Managing practitioner/ researcher ethical dilemmas within a participatory research project

Professor Ruth Northway, Professor of Learning Disability Nursing, University of South Wales, UK  
Victoria Jones, UK

Authorship: Ruth Northway, UK and Victoria Jones, UK

#### Abstract

Internationally nurses are using participatory research approaches to work with communities to develop 'useful knowledge' (Khanlou and Peters, 2005) that can provide a basis for action to challenge and change existing circumstances. The foci of such research vary widely encompassing topics such as health promotion, developing greater insight into experiences of mental illness, and practice development within clinical settings. The positive aspects of such research are documented as including empowerment, development, education and bringing about practical change in the lives of those previously marginalised within research. Less has been written about some of the challenges faced although issues relating to time pressures, dealing with non-participatory systems and balancing multiple roles have been noted. In addition some potentially negative consequences for co-researchers such as greater awareness of the negative aspects of their own situation have been recognised.

Stoeker (1999) suggested that participatory researchers from an academic background take on four main roles within participatory research studies – the animator, the community organiser, the popular educator and the participatory researcher. However, we argue that a further dimension is added when researchers have both an academic and a practitioner background. In a recent participatory research study that examined the abuse of people with intellectual disabilities two of the research team were registered nurses. Using examples drawn from this study we aim to explore ethical dilemmas arising from this combined nurse/ participatory researcher role and to discuss the implications for wider research. It will be argued that (in addition to the roles identified by Stoeker) these practitioners also have a role as ethical decision makers. The utility of concepts under the umbrella of co-ordinated management of meaning to assist nurse/participatory researchers move towards a 'social systemic ethic that focuses

on taking responsibility within a dynamic pattern' (Pearce and Barnett, 2004, p43) will be explored.

**Funding:** £100,001 - £500,000

#### 4.7 Theme: Questionnaires (surveys)

4.7.1

### (223) Family caregiver dissatisfaction with acute hospital care: a secondary cohort analysis

*Dr Sarah Goldberg, Senior Clinical Academic Nurse, Nottingham University Hospitals NHS Trust, UK*

*Authorship: Kathy Whittamore, UK; Sarah Goldberg, UK; Lucy Bradshaw, UK; and Rowan Harwood, UK*

#### Abstract

**Background:** A high prevalence of dementia has been reported in older people admitted to general hospital, but the standard of care for such patients has been criticized. A specialist Medical and Mental Health Unit (MMHU) was developed as a model of best practice for delivering care to older, cognitively impaired patients, and evaluated in a randomized controlled trial.

**Aims:** To characterize patients and caregivers dissatisfied with hospital care

**Methods:** This study was set in an 1800 bed general hospital in England. The hospital providing sole emergency medical services for its local population. Over 16 months between July 2010 and December 2011 600 patients identified as cognitively impaired on admission were randomly allocated to either the MMHU or a standard hospital ward. 462 family caregivers were also recruited. Patient and caregiver health status was measured at baseline. After discharge (or death) the caregiver was asked to complete a satisfaction questionnaire regarding the quality of care the patient received in hospital.

**Results:** 54% of caregivers were dissatisfied with some aspects of care, but overall 87% were mostly or very satisfied with care. The main areas of dissatisfaction related to communication, discharge planning and medical management. Dissatisfaction was associated with high levels of patient behavioural and psychological disturbance at admission, caregiver strain and psychological wellbeing, a diagnosis of delirium, and the relationship of the caregiver to the patient. Dissatisfaction was significantly reduced when the patient was managed on the specialist Medical and Mental Health Unit.

**Discussion:** This study was embedded in a large randomized controlled trial, and was the first study to examine caregiver satisfaction in a setting where deliberate attempts had been made to improve patient and caregiver experience

**Conclusions:** Dissatisfaction was associated with difficult patient behaviours and caregiver strain, but was not imutable to efforts to improve care and engagement.

**Funding:** £1000

4.7.2

### (497) Burden on family caregivers and quality of life of dialysis patients at Saudi Arabia

*Professor Magda Bayoumi, Dean College of Applied Medical Sciences, King Saud University, Saudi Arabia*

*Authorship: Magda Bayoumi, Saudi Arabia*

#### Abstract

**Background:** The caregivers identified a considerable increase level of burden for caring patients undergoing dialysis therapy especially patients with QoL impairment.

**Aim:** To correlate between dialysis patients' quality of life and level of burden on family caregiver.

**Methods:** Research design: cross-sectional study, sample selection: We studied 50 hemodialysis (HD) patients, 55 peritoneal dialysis (PD) patients and their caregiver; all patients on dialysis units of Security Forces Hospital, used QoL, Kidney disease quality of life questionnaire (KDQoL) and caregiver burden interview (CBI).

**Results:** Overall QoL score was better in the peritoneal dialysis 63.8(16.4) and hemodialysis 56.6 (17.1) with increase in total burden score in PD group 49.9 (24.5) more than HD group 43.3 (21.7). In HD group, the total burden score statistically significant negative predictor with caregivers' age ( $r = -.444$ ), caregivers' level of education ( $r = -.416$ ), patients' level of education ( $r = -.290$ ) and overall QoL score statistically significant positive predictor with the caregivers' level of education ( $r = .290$ ) and patients' age ( $r = .461$ ), however in PD; total burden statistically significant predictor with patient age ( $r = .440$ ) and the QoL score was statistically significant positive correlation with caregivers' age ( $r = .280$ ). Multiple regression analysis showed that independent and significant predictors of overall QoL score in HD patients were male sex, patient age and with total burden score. The correlation between patients' QoL score and caregivers' burden describe the total burden increase and statistically significant with most multi-items targeted by KDQoL-SF except social support and work status in hemodialysis group, whereas in the peritoneal dialysis no significant relationship with cognitive function, symptoms/ problem list, sexual function, effect of kidney disease, general health, pain, role-emotion, physical emotion and social function.

**Conclusion:** The outcome showed a high level of burden on caregivers of PD patients related to specific tasks of PD. Thus education, counseling and teaching program are improve patients QoL and decrease the burden on family caregivers.

**Funding:** No funding

#### 4.8 Theme: Statistical analysis

4.8.1

### (509) Evaluation of physical function and quality of life outcomes after a 12-week nurse-led case management on home exercise training for haemodialysis patients

*Xingjuan Tao, PhD Student, The Hong Kong Polytechnic University, China*

*Authorship: Xingjuan Tao, Hong Kong; Susan Ka Yee Chow, Hong Kong; and Frances Kam Yuet Wong, Hong Kong*

#### Abstract

**Background:** Exercise has positive effects on physical function and quality of life for haemodialysis patients. Studies on facilitating patients to actively engage in regular home exercise training are scarce.

**Aims:** To examine the effects of a nurse-led case management programme on home exercise for haemodialysis patients.

**Methods:** The study was a randomized controlled trial using consecutive sampling. One hundred and thirteen patients were recruited from two tertiary hospitals in China from February to December, 2013. They were randomly assigned to either study group ( $n = 57$ ) or comparison group ( $n = 56$ ). Both groups received weekly in-center exercise training (20 minutes) before haemodialysis sessions for 6 weeks. The study group received additionally face-to-face interviews conducted by the nurse case managers weekly for six weeks and biweekly for another six weeks. The case managers discussed exercise benefits, explored exercise barriers and developed mutual goals with patients. The nurse motivated them and checked the exercise behaviors to ensure exercise progression. Gait speed, 10-repetition sit-to-stand (10-STs), and kidney disease quality of life were measured at baseline, 6- and 12-week. Data were analyzed using an intention-to-treat analysis.

**Results:** Repeated-measures ANOVA showed a significant difference between groups across the three time points for both normal and fast gait speed. Significant within-group effects were noted in 10-STs performance for both groups ( $F = 79.327$ ,  $p = 0.000$ ;  $F = 6.482$ ,  $p = 0.012$ , respectively). For health-related quality of life, significant within-group differences were observed from the study group in the subscales for Burden of Kidney Disease ( $F = 5.8802$ ,  $p = 0.007$ ), Effects of Kidney Disease ( $F = 4.832$ ,  $p = 0.013$ ), Physical Component Summary ( $F = 5.789$ ,  $p = 0.004$ ), and Mental Component Summary ( $F = 3.088$ ,  $p = 0.050$ ).

**Discussion:** Home exercise with a nurse-led case management approach is practical and effective to improve physical function and health-related quality of life for haemodialysis patients.

**Conclusion:** This program is safe and effective in guiding clinical nursing practice.

**Funding:** No funding



4.8.2

**(307) What do Scottish patients expect from their total knee replacement?**

MarieAnne Smith, Orthopaedic research nurse, Golden Jubilee National Hospital, UK  
 Authorship: Marie Anne Smith, UK; Maged Sedhom, UK; Angela H Deakin, UK; and Martin Sarungi, UK

**Abstract**

Total knee replacements (TKR) are considered a successful procedure, performed to relieve pain and enhance mobility in patients with osteoarthritis. However significant numbers of TKR patients report dissatisfaction with surgery. Unrealistic expectations may negatively affect patient recorded outcome measures (PROMS) and satisfaction even when surgery is technically successful (Mancuso et al 2001).

This study's aim was to quantify pre-operative expectations of Scottish patients undergoing TKR.

Between November 2011 and August 2012, 100 TKR patients completed a validated patient expectations questionnaire (Mancuso et al 2008) prior to surgery and after receiving standard pre-operative information (booklet, DVD, consultations), each patient rated 17 different expectations as very important (3), somewhat important (2), a little important (1) or not having the expectation (0). A total expectation score was calculated for each patient. Univariate regression analysis was used to investigate the relationship between demographics and expectation score.

The cohort mean age was 67.6 (SD 8.5), 59 were female, mean BMI=32.8 (SD 5.8) and mean Oxford score=16 (SD 8). 96% of patients had 10 or more expectations of their operation. All patients expected pain relief (93% very important), 99% expected improved ability to walk (88% very important) and 96% expected improvement in performing daily activities (67% very important). 91% expected improvement in psychological wellbeing, 93% expected improved ability to take part in recreational activities and 59% expected improvement in sexual activity. Increasing age lowered expectations ( $p=0.031$ ) but gender, BMI and Oxford score were not significantly related to expectations.

This study indicates that patients expect far more than pain relief and improved post-operative mobility from TKR surgery. These findings should guide multidisciplinary and nursing practice as pre-operative management of unrealistic patient expectations of surgery should improve patient satisfaction and PROMS. Additional related research is currently being undertaken in this area to further develop understanding.

**Funding:** No funding

4.9 Theme: Practice improvement

4.9.1

**(384) Tinkering with practices of resilience: Exploring how practice theory can help tackle inequalities in health**

Dr Kay Aranda, principal lecturer, University of Brighton, UK  
 Authorship: Kay Aranda, UK and Angie Hart, UK

**Abstract**

The social determinants of inequalities in health are widely recognized (Wilkinson & Pickett 2009, Marmot 2010), but remain firmly entrenched. And though practitioners have a central role in tackling disadvantage, and often bear witness to or deal directly with the damaging effects of inequalities (Allen et al 2013), to intervene effectively can seem overwhelming. At the same time, resilience has become a popular and prevalent concept in health and social care, even with its known normative limitations and potential to perpetuate individualistic solutions. As a galvanizing force, it has captured the imagination of parents and practitioners alike, as it appears to resonate with concerns of everyday practice and the lived experiences and struggles with disability, disadvantaged or exclusion. These two issues form the focus of this paper; how to ensure practitioners remain engaged with inequalities work and how to conceptualize resilience as a political social practice that seeks to address inequality? To do this, we explore the potential of the 'practice turn' (Schatzki et al 2001). Specifically, we draw upon the 'slim-line practice theory' proposed by Shove et al (2012), and the concept of tinkering suggested by Mol et al (2010), to explore an empirical data set collected between 2008-2012 in Sussex, England. This research focuses on resilience-based approaches to working with children and families in challenging circumstances (Hart et al 2007). In this paper, we explore how these theories frame resilience differently. As an emergent practice, entangled and enmeshed with other public health practices, we suggest practices of resilience become linked to broader practices of health (Crawford 2006), and as such, are linked inevitably to questions of politics and ethics and transformation and change

**Funding:** £100,001 - £500,000

4.9.2

**(126) The mattress triage evaluation project**

Ingrid Wragg, Project Facilitator Tissue Viability, Sheffield Teaching Hospitals NHS Foundation Trust, UK  
 Authorship: Ingrid Wragg, UK and Simon Palfreyman, UK

**Abstract**

**Background:** Dynamic pressure relieving mattress and regular turning are central to the prevention of pressure ulcers. However, mattresses can be expensive and variations in clinical acuity may result in protracted waiting times. The aim of this project was to evaluate the impact of a triage nurse to promote the timely and effective use of pressure relieving mattresses.

**Methods:** A multi-method approach was used to collect data. Adherence to best practice for dynamic mattress provision was evaluated. At risk patients and those suitable for downgrading were identified through clinical assessment and Waterlow risk scores. Audits of mattress use were repeated at one monthly intervals. Data were collected including: mattress usage, waiting times, acuity, risk factors and co morbidities. These data were used within a computer model of mattress usage. In addition, staff surveys and direct observation of pressure area care were conducted.

**Results:** The baseline audit highlighted errors in the data including duplication, discharged patients and even patients who had died. The error rate was reduced to 23% from 60% at baseline. The waiting time reduced from 42 patients waiting over 1 week in the first week to a same day service at week 6. An unmet need of 30% for dynamic mattress provision was identified on acute admission wards. Observation highlighted the reliance on non-registered nurses (HCAs) for pressure ulcer care and skin assessment. The model indicated the need to alter the proportion of dynamic mattress types.

**Discussion/Conclusion:** The introduction of a triage nurse led to a significant reduction in waiting times and a more efficient use of dynamic mattresses. The importance of staff education and the need to target HCAs was highlighted. The challenges and successes of the triage nurse role will be presented, along with the clinical significance of such a role.

**Funding:** £10,001 - £50,000



# Concurrent Session 5

Thursday 3 April 2014

## 5.1 Theme: Interviews

### 5.1.1

#### (458) Hypervigilance as a system of caregiver surveillance of patients with a left ventricular assist device

Dr Jacqueline Jones, Associate Professor, University of Colorado, USA

Authorship: Jacqueline Jones, USA; Carolyn T. Nowels, USA; Jean S. Kutner, USA; Dan D. Matlock, USA; and Colleen K. McIvnenan, USA

#### Abstract

**Background:** Patients with end stage heart failure waiting for a transplant may require implantation of a left ventricular assist device (LVAD) with an external pump to prolong life. This may also be the only option for transplant ineligible patients who are actively dying. The presence of a constant caregiver at home is an essential component for eligibility for this high risk therapeutic intervention.

**Aim:** The aim of this presentation is to describe how caregivers of patients with an LVAD provide ongoing surveillance in the context of daily living to ensure the safety and quality of life of their loved one.

**Methods:** We conducted semi-structured interviews of 60-90 minute duration with 17 caregivers recruited from an academic medical center in a western-US state (Oct-Dec 2012). Patient-identified informal caregivers were asked about their experiences taking care of patients, their loved one, with an LVAD. All interviews in this interpretive descriptive study (Thorne 2008) were digitally recorded, transcribed, and analyzed using a general inductive team-based approach (Thomas 2006).

**Results:** Caregivers were more likely to be a spouse (70.5%) living with the patient or be another female relative. Three main themes included: 1) death always in the background; 2) hypervigilance and relationship with the LVAD 3) going the distance to keep them alive.

**Conclusions:** Caregivers provide an integral safety surveillance system for adults with an LVAD living at home. Hypervigilance over time can intensify their emotional turbulence, sleep deprivation and assistance-seeking behavior. Care of the caregiver is imperative to facilitate patient goal achievement and therapeutic outcomes for both in this setting.

**Funding:** £1,000 - £10,000

### 5.1.2

#### (354) The impact of obesity on providing care for patients with leg ulcers

Professor Angela Tod, Professor of Health Services Research, Sheffield Teaching Hospitals NHS Foundation Trust, UK

Authorship: Elizabeth Dinsdale, UK; Catherine Homer, UK; Simon Palfreyman, UK; and Angela Tod, UK

#### Abstract

**Background:** Obesity is one of the causes of leg ulceration. Treatment and management of leg ulcers becomes more difficult, and less effective, in obese patients. Patients with leg ulcers may receive treatment in hospital or community settings, and from a number of multi-disciplinary healthcare professionals (HCP). Anecdotal evidence of the complications to care provision caused by obesity exists; however, there is little research offering real insight from a HCP perspective.

**Aims:** The study aims to explore the additional care needs of obese patients from a HCP perspective. This paper presents emerging findings.

**Methods:** A qualitative exploratory study using semi-structured interviews (n=17) and focus group (n=1) with HCP. Data collected April-October 2013 and analysed using framework techniques.

**Results:** Inadequacies in the provision, access and funding for specialist equipment presents major challenges for HCP. Time to manage the physicalities of an obese patient is restricted by lack of equipment, and requirements of extra staffing. The physical impact on HCP for providing care for an obese patient creates additional demands. HCP discussed how treatment settings are not suitable for providing adequate care for obese patients.

**Discussion:** The extent of the challenges which exist varies between hospital and community settings. Current experience suggests neither setting is resourced to adequately care for patients with leg ulcers, who are obese. There are implications for a change in practice such as provision and location of specialist equipment, policy regarding funding and storage of equipment and time allocation for treatments.

**Conclusion:** As the numbers of obese patients increase, the challenges are set to become more widespread. Failing to acknowledge the existing difficulties and invest in resources will make it harder to meet the care needs of this patient group.

**Funding:** £1,000 - £10,000

### 5.1.3

#### (306) Development, implementation and evaluation of a nurse-led stroke self-management intervention

Dr Lisa Kidd, Research Fellow in Public Health, Glasgow Caledonian University, UK

Authorship: Lisa Kidd, UK; Maggie Lawrence, UK; Jo Booth, UK; Anne Rowat, UK; and Sian Russell, UK

#### Abstract

**Background:** Community nurses are well placed to lead the way in promoting, encouraging and supporting stroke survivors' engagement in self-management. However, there is limited guidance for community stroke nurses on the design, implementation, feasibility and acceptability of stroke self-management interventions.

**Aim:** To develop, implement and evaluate a nurse-led self-management intervention, underpinned by the systematic assessment of stroke survivors' priorities and abilities to self-manage

**Methods:** The study was undertaken in NHS Scotland from June 2012-August 2013. The 'intervention' consisted of a person-centred, tailored self-management action plan developed jointly by stroke survivors and nurses. It's structure and content was developed based on the findings from an initial systematic literature review of stroke self-management support interventions, completion of the Patient Activation Measure by, and qualitative semi-structured interviews with, stroke survivors (n=20) and qualitative focus groups with stroke nurses (n=11). In the final phase of data collection, the 'intervention' was implemented and qualitatively evaluated with stroke survivors (n=5) in one NHS Scotland health board.

**Results:** The presentation and layout of the tailored self-management action plan was appealing to stroke survivors and it was easy and straightforward to use. The goal setting process was perceived as particularly valuable by both stroke survivors and nurses. In particular, it helped to encourage genuine partnership working, enabled their patients to verbalise their personal aspirations and priorities, and helped to structure their subsequent visits and self-management discussions. Barriers to the integration of the intervention in practice were also identified and will be discussed.

**Discussion & Conclusions:** The study findings provide some unique insights into the nuances of supporting engagement in self-management, which can inform future research on the design, implementation, feasibility and acceptability of stroke self-management interventions in existing practice.

**Funding:** £10,001 - £50,000

5.2 Theme: Research process issues

5.2.1

**(125) Degrees of theoretical visibility in qualitative studies: development of a novel typology**

*Dr Oliver Rudolf Herber, Research Fellow, Heinrich-Heine-University Düsseldorf, Germany*

*Authorship: Caroline Bradbury-Jones, UK; Julie Taylor, UK and Oliver R. Herber, Germany*

**Abstract**

There is a long tradition within qualitative research that theory is of critical importance. However, Anfara and Mertz (2006) highlight that qualitative research has a tendency to lack theory in its development or conduct. Fawcett (1978, p.49) argued that when theory and research are isolated activities, they become 'excursions into the trivial'. Wu and Volker (2009) observed that the problem is not lack of theory per se, but rather lack of identification and articulation of the theory. However, whether it is lack of presence or lack of visibility, there is a need for qualitative researchers to identify how theory is used in their studies and importantly, how this can be articulated.

We have developed a six-point typology on the degrees of theoretical visibility in qualitative research and the implications that these may have on a study. The typology has been appraised against a range of empirical, qualitative articles published in the first quarter of 2013 in five different journals. In total, 48 articles applying qualitative methodologies published during this time, were scrutinised for their reporting of the use of theory underpinning the research (theoretical visibility). The typology captures differing levels of theoretical visibility – from seemingly absent through to highly visible and applied throughout. In our appraisal of the papers, only a minority used theory consistently and prospectively throughout their study. This, we argue, is inadequate.

In this presentation we will present the typology and invite critique regarding its usefulness. The presentation should appeal to conference delegates who are using qualitative methodologies and seek a framework that helps to articulate the place of theory in their studies.

**Funding:** No funding

5.2.2

**(451) Enda ponnu mone (My dear son): Methodological challenges in researching older ethnic minorities in end of life care**

*Dr Munikumar Ramasamy Venkatasalu, Senior Lecturer in Adult Nursing, University of Bedfordshire, UK*

*Authorship: Munikumar R Venkatasalu, UK*

**Abstract**

**Background:** Older people from ethnic minorities tend to under-use available palliative and end of life care services. However, limited research is focused about their experiences, preferences and attitudes towards end of life care due issues around 'hard to reach and research' these minority ethnic groups in end of life care studies.

**Aim:** This paper explores the methodological challenges of researching ethnic minorities in end of life care from our study that aimed to examine views and perceptions about end of life issues among older South Asians living in East London.

**Methodology:** After gaining ethical approval, five focus groups and 29 in-depth, semi-structured interviews were conducted with total of 55 older South Asian adults (24 men and 31 women). Participants from six South Asian ethnic groups were recruited through 11 local community organisations. Tape recorded multilingual data were translated and transcribed into English. Constructive grounded theory used as a data analysis approach.

**Results:** We experienced two key issues; researcher centred issues including English as second language, identity, age and gender and process centred issues including recruitment, 'protective' interpreters, and presence of dominant voices during data collection.

**Conclusion:** Despite our study innovatively used a multilingual, multicultural and multi-religious approach and importantly, using an 'insider' approach, various methodological challenges posed as a threat for data contamination. We conclude that end of life care researchers who focus with ethnic minority population needs to strictly adhere reflexivity mechanisms and gain support from field notes and memo-writing to enhance data trustworthiness.

**Funding:** No funding

5.2.3

**(308) Developing understanding using a Gadamerian-based research method**

*Dora Howes, Lecturer, Glasgow Caledonian University, UK*

*Authorship: Dora Howes, UK*

**Abstract**

Despite the proliferation of qualitative research, confusion within phenomenology and hermeneutics continues to present researchers with a challenge (Dowling, 2007). It can be argued that this is due to the presence of several approaches depending on which philosopher and philosophical underpinning is used (Fleming et al., 2003). For those wishing to situate their work within the philosophic hermeneutic of the German philosopher, Hans-Georg Gadamer, this is particularly problematic as his first language was not English and he did not offer a methodology or method. The Gadamerian-based research method developed by Fleming et al. in 2003 provides an appropriate framework, as it offers an accurate interpretation of his concepts. Although published ten years ago, studies are still to emerge that demonstrate full implementation of Fleming et al.'s (2003) method or offer an appropriate alternative for those wishing to undertake a Gadamerian-based study. This presentation makes a new contribution to the body of knowledge by discussing how the method was used within the context of a doctoral study.

The study was concerned with developing understanding of what it means to be a qualified adult nurse working in Scotland at the beginning of the twenty first century. Gadamer's (2006) theoretical framework was chosen because he sought to make sense of human understanding as a philosophical, historical and cultural phenomenon. Gadamer (2006) viewed understanding as inextricably bound with language and as humans are embedded in language and culture, this influences how they understand. In order to understand, Gadamer considered the constructs of dialogue, prejudice, horizon and the hermeneutic circle as central precepts. All are incorporated within Fleming et al.'s (2003) five step research method. By considering how these precepts were applied within the above study using Fleming et al.'s (2003) method, this presentation aims to offer a template for others to follow.

**Funding:** £1,000 - £10,000

## 5.3 Theme: Focus group

5.3.1

**(316) 'Things have become stuck': views of stakeholders about the transition from child to adult health care***Susie Aldiss, Researcher in Child Health, London South Bank University, UK**Authorship: Susie Aldiss, UK; Laura Rose, UK; Dominic McCutcheon, UK; Hilary Cass, UK; Judith Ellis, UK; and Faith Gibson, UK***Abstract**

**Background:** Over the last decade, the Department of Health (DH) and Royal Colleges have published numerous policy documents which look to improve the transition from child to adult health services for young people with long-term chronic health conditions. In spite of the growing evidence base, the implementation of transitional care remains a challenge. With the advent of the DH's new transition champion, transition is again becoming a focus for the health service with renewed vigour.

**Aims:** To explore the views of experts leading on transition from child to adult health care, describe current service provision within the UK and explore opportunities for and barriers to change from their viewpoint.

**Methods:** This was a qualitative study using focus group methodology. Three focus groups were carried out between May and September 2012. Twenty stakeholders attended from various professional roles within health and social care. They had expertise in working with young people with many different health conditions and disabilities. In addition, one telephone interview was carried out.

**Results:** Transcripts were analysed using qualitative content analysis. The sequential transition model detailed by While et al (2004) provided a focus for our enquiry and the findings are presented using the elements of this model. The general consensus from the stakeholders' discussions about transition was that, 'things have become stuck'. Themes included: professional's attitudes towards and knowledge about young people and transition, organisational barriers and 'lack of joined up thinking' between services.

**Discussion/Conclusion:** Our work gives a timely investigation into experts' perceptions of the current state of transition services within the UK. The need for change in order to better meet the needs of young people and parents during transition to adult care is evident. This presentation will outline the barriers to implementing transitional care and explore solutions as discussed by experts in this field.

**Funding:** £100,001 - £500,000

5.3.2

**(268) Improving awareness and understanding about people with dementia: a qualitative study to evaluate a nurse-led project***Professor Lesley Baillie, Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University, UK**Authorship: Lesley Baillie, UK; Nicola Thomas, UK; Eileen Sills, UK; Deborah Parker, UK; Barbara Jayson, UK; Nicola Crichton, UK; and Mala Karasu, UK***Abstract**

**Background:** Internationally, there are increasing numbers of people with dementia. In the UK, concerns about their quality of hospital care have highlighted educational needs (Royal College of Psychiatrists 2012). A nurse-led initiative used a film called 'Barbara's Story' with 12,500 staff in one healthcare system in England. The aim was to engage staff with the experience of a woman with dementia as she attends hospital. Previous research indicated that drama can be used effectively in healthcare education (Jonas-Simpson et al. 2012).

**Aims:** The study's aim was to investigate staff perceptions of how Barbara's Story affected their own practice, their colleagues' practice, and the system.

**Methods:** The study used a qualitative approach with two data collection Methods: 1) Initial written responses to Barbara's Story (n=1246); 2) Ten discipline-specific focus groups (nursing, medical, allied health, non-clinical) (n=67) were conducted one year after the project's launch. The written comments were analysed thematically. The focus group data were analysed using the framework approach (Ritchie and Spencer 1994). A research ethics committee gave approval. Data were collected: September 2012-September 2013.

**Results:** Most written responses concerned changes that respondents intended to make in their professional lives (n=937; 74%). Themes from the focus groups were: 1) Impressions of Barbara's Story and its effectiveness: relating to Barbara; reflections on staff behaviour; Barbara's Story as an initiative; 2) Since Barbara's Story: awareness; interactions and behaviour; influencing others; professional responsibilities; organisational initiatives; constraints in practice; 3) The future: care improvement suggestions; sustainability of Barbara's Story.

**Discussion:** Barbara's Story made a lasting impression, prompting reflection, improvements in practice and further initiatives. Staff reported a raised awareness of dementia throughout the system and some effect on the culture, enabling staff to take more time, for example.

**Conclusions:** Educating staff about dementia in a way that encourages engagement with individual experience was an effective approach. Long-term sustainability of the project needs further research.

**Funding:** £100,001 - £500,000

5.3.3

**(116) The effects of the molecular targeted therapies in patients with advanced lung and renal cancer: focus group analysis***Karen Burnet, Cancer Research UK Senior Research Nurse, Cambridge Biomedical Research Centre, UK**Authorship: Karen L. Burnet, UK; Angela M. Tod, UK; Tim G.Q. Eisen, UK and Lavinia R.A. Magee, UK***Abstract**

**Background:** Oral therapies designed to block specific molecular targets within the cell have provided many patients with promising treatment options. Nevertheless they can cause significant side effects. The importance of preparing the patient, evaluating the physical toxicities and implementing appropriate care is recognised. What is often missing is an in depth understanding of the effects taking this therapy has on the individual. This preliminary study aimed to examine the physical and psychosocial experiences of patients with advanced lung and renal cancer, taking molecular targeted therapies.

**Methods:** Four focus groups were conducted between November 2012 and May 2013. Inclusion criteria were patients with advanced lung or renal cancer taking targeted therapy  $\geq 3$  months but  $\leq 24$  months. Eleven renal patients (9 male, 2 female), age range 50 to 78 years and 7 lung patients (6 female, 1 male), age range 58 - 81 years, participated.

Written, informed consent was obtained. Conversation was digitally recorded and transcribed verbatim. Five open ended questions guided the conversation. Field notes were taken.

Thematic analysis was used with constant comparison of the narrative and deviant case analysis. Data were analysed and coded independently by both researchers and the findings compared. Identified themes were validated by referring to the original data. Anonymous quotes were used to illustrate and further understand the findings. **Results:** Identified themes are Change, Variability of Toxicities, need for Support, importance of Time and Uncertainty about the future. Subthemes include importance of body image, pragmatic acceptance, isolation, living with anxiety, impact on role and relationships and self management.

**Conclusion:** The experience of taking molecular targeted therapies for advanced cancer is complex with physical and psychological toxicities, in a changing social context. We will now develop a sensitive tool to assess both the quantitative physical toxicities and the qualitative, psychosocial issues.

**Funding:** £1,000 - £10,000

5.4 Theme: Mixed methods

5.4.1

**(540) Compassionate care: A mixed methods study of how health care professionals and pre-qualifying health care students understand and contextualise compassion within their practice**

*Dr Angela Christiansen, Edge Hill University, UK  
Authorship: Angela Christiansen, UK; Mary R. O'Brien, UK; Kate Zubairu, UK; and Lucy Bray, UK*

**Abstract**

**Background:** The Nursing, Midwifery and Care Staff Vision and Strategy (DH. 2012) attempts to re-energise a culture of compassionate care around six core values or 6Cs, however it is recognised that making this a reality is challenging and multifaceted (Maben & Griffiths, 2008).

**Aims:** This study aims to identify how health professionals and health care students understand compassionate care and the factors that facilitate or hinder its enactment within their everyday practice.

**Methods:** The study used a sequential mixed methods design (Gerrish & Lacey 2010) to collect quantitative and qualitative data from a range of health professionals (n=155) and pre-registration students (n=197). Data were collected between April and Sept 2012. Quantitative data from a self-administered questionnaire were analysed using SPSS version 16.0 and interview data (n=16) were open coded and analysed using a thematic approach.

**Results:** Both qualified professionals and students agreed on the key skills necessary for compassionate care and indicated acting with warmth and empathy, doing the little things and acting in a way you would like others to act towards you, were the most common features of compassionate practice. However findings also implied a range of organisational and contextual factors that act as barriers to the provision of compassionate care.

**Discussion:** Findings suggest a high level of consensus in relation to participants' understanding of compassionate care however key factors within the current context of care are perceived to impeded their ability to provide care in accordance with their values. This suggests a role for personal resilience, emotional intelligence and courage to sustain compassionate care in increasingly challenging environments.

**Conclusions:** Findings from this study contribute to our understanding of how health care practitioners and health care students understand and express compassionate care and the cultural and organisational factors that challenge their ability enact compassionate practice.

**Funding:** No funding

5.4.2

**(436) Nurse practitioners changing health behaviors: One patient at a time**

*April Feddema, Project Co-ordinator, University of Victoria, Canada  
Authorship: Esther Sangster-Gormley, Canada; April Feddema, Canada; Joanne Thompson, Canada; Brenda Canitz, Canada; Janessa Griffith, Canada; Rita Schreiber, Canada; and Noreen Frisch, Canada*

**Abstract**

**Background:** The number of nurse practitioners providing patient care is increasing globally. Researchers have consistently found that patients are satisfied with the care nurse practitioners provide. What is less understood is how the care influences patient's health behaviours.

**Aims:** The aim of this study was to understand how patients' experience with nurse practitioners influenced change in health behaviours.

**Method:** This multi-year mixed method study included surveys, focus groups, and interviews involving nurse practitioners, their patients, and other team members. In this presentation we present the findings from patient surveys, which included the Cole patient satisfaction with nurse practitioner scale, and interviews with patients. Patient recruitment included obtaining access to patients through nurse practitioners participating in the larger study and direct-to-consumer advertising, a unique recruitment strategy. Data were collected November 2012 – October 2013.

**Results:** A total of 148 patients completed the survey and 20 patients were interviewed. The majority of patients were 55 years of age and older with multiple chronic conditions. Analysis of the survey data indicated that patients were satisfied with their care, liked the time nurse practitioners spent with them, and nurse practitioners' patient-centred approach. Using thematic analysis we identified three types of behaviours patients changed; dietary, physical activity, and self-care management of their chronic conditions.

**Discussion:** Our survey findings build on previous research demonstrating patient's satisfaction with nurse practitioner provided care. Interview results advance our understanding of behaviours patients might change as a result of care from nurse practitioners.

**Conclusion:** Through interviews we identified health behaviour changes made by patients with chronic health problems cared for by nurse practitioners. Changes included food choices, physical activity, and self-care management. We are unaware of previous studies demonstrating similar results. Therefore, these findings contribute to our knowledge of how nurse practitioners influence the behaviour of patients with chronic conditions.

**Funding:** £100,001 - £500,000

5.4.3

**(211) Methods for investigating decision making: an evaluation of artefact-mediated interviews as a data collection method in decision making research**

*Sarah Burden, Senior Lecturer Nursing, Leeds Metropolitan University, UK  
Authorship: Sarah Burden, UK; Annie Topping, UK; and Cath O'Halloran, UK*

**Abstract**

Any study investigating decision making is challenged to select a data collection method capable of revealing decisional components, be they decision processes or factors influencing a decision, relevant to the investigation. A variety of methods exist to explore single event judgements and decision making including case vignettes, 'think-aloud' protocols, observations, patient simulators and their use has been widely discussed and evaluated. However, such approaches are less effective in capturing an individual's cognitive processes occurring over time in 'real-world' settings. In contrast, naturalistic decision-making approaches may not only recognise these dynamics but principles of descriptive recall and cognitive probing can be incorporated into any interview process (stimulated recall procedures) producing deeper insights (Cioffi 2012). Artefacts (objects created by an individual or detailing events where they made a contribution), can facilitate this process of participant introspection and may support superior recall and cognitive elicitation of real incidents over those from an interview schedule alone (Lyle 2003, Bloxham et al 2011).

This paper explores artefact use in semi-structured interviews as a data collection method in the field of decision making research. Based on a study investigating mentor decisions of student competence in practice, the paper will appraise the effect of artefacts to stimulate recall of events, feelings, beliefs and personal practices in interviews. In this instance Practice Assessment Documents (PADs) from a cohort of undergraduate students (n=42) were used as an interview artefact to stimulate mentor (n=17) recall of decision making processes surrounding the final placement of the programme. Drawing upon personal experience of conducting artefact-mediated interviews with these mentors in 2012 and illustrated with example data from the study, the presentation aims to stimulate debate regarding the potential contribution of artefact-mediated interviews as a data collection method in decision making research.

**Funding:** £1,000 - £10,000



5.5 Theme: Qualitative approaches  
(phenomenology)

5.5.1

**(374) Preparing for day case surgery: exploring patients' spiritual perspectives: an interpretive phenomenological study***Dr Joanne Pike, Senior Lecturer, Glyndwr University, UK**Authorship: Joanne Pike, UK***Abstract**

**Aim:** To explore the spiritual meaning and significance of impending surgery and the patients' potential needs arising as a result of this conceivably anxiety-provoking event.

**Background:** Recent health care literature has shown an increasing interest in spiritual care and the way in which it supports patients as they deal with illness, but, as the body of evidence grows in many areas (Sawatzky and Pesut, 2005), the spiritual aspects of day surgery have been under-researched.

**Design:** Data were analysed utilizing hermeneutic phenomenological method underpinned by the philosophy of Martin Heidegger (1962) and Patricia Benner's (1994) interpretive approach

**Methodology:** A purposive convenience sample of 27 day case surgery patients was recruited to take part in individual, semi-structured interviews in a day case surgery unit in the UK. Interviews were transcribed and subjected to an interpretive analysis, to discover the meaning for the participants derived from their own contexts.

**Results:** Although a small sample, spirituality was not explicitly referred to by patient or staff respondents, but was found to be embedded in patients' everyday lives, corresponding to the literature. Before surgery, coping was enhanced through support offered by friends and family, while comfort was derived from positive relationships with staff.

**Conclusion:** Results show that spirituality is therefore worthy of consideration in day case surgery practice, and that patients often mobilize their own spiritual resources prior to the surgical event. This paper shows that patients have ways of coping that include spiritual resources, although the language utilized by the patients in describing their ways of being prior to surgery was representational of the spiritual phenomenon rather than speaking directly to it. This may be because a taxonomy of spirituality is missing from everyday language.

**Funding:** £10,001 - £50,000

5.5.2

**(9) Demonstrating compassionate care: The views of ex-patients in a regional Queensland district***Sandra Sharp, Nurse Educator & PhD Candidate, Central Queensland University, Australia**Authorship: Sandra Sharp, Australia, Professor Margaret Mcallister, Australia, Dr Marc Broadbent, Australia***Abstract**

In contemporary health care patients are no longer viewed as passive recipients of care but as consumers who have the right to expect quality care, to be engaged in decision-making and informed at every stage of their health care experience. Often referred to as person centred care (PCC) this is a policy priority in many organisations.

This presentation reports the findings of the first phase of a study exploring ex-patients' experience of receiving PCC in acute settings.

Semi structured interviews were held with 10 people who believed their experience of care during an acute hospital admission was particularly good. Interviews were analysed for the concept of PCC using Van Manen's principles.

Emerging concepts included: hollow care; going the extra mile; nursing intuition; making time; sharing information & power; autonomy, personhood and dignity.

This study revealed that, for people in the local community who had previously been patients in an acute care hospital, it was the 'little things' that nurses did for them that were valued as important indicators of care. The participants could clearly distinguish between nurses who seemed to be performing their work in a perfunctory or mechanical way (hollow care), and those who demonstrated compassion, and person-centeredness. When nurses went the extra mile, it was noticeable and appreciated. In terms of identifying the presence of PCC in action, participants indicated an appreciation for person-centeredness, because it stood out in comparison with the more dominant mechanical or perfunctory care. This notion of knowing something exists because it stands in stark contrast with the norm is an important insight to health care services seeking to implement and expand PCC practices.

Perhaps simple customisation of the way nursing care is delivered could make all the difference in improving consumer satisfaction, and engendering a more mutually rewarding nurse-client experience.

**Funding:** £1,000 - £10,000

5.5.3

**(423) What do healthcare practitioners know about fatigue in patients with IBD and how do they manage it?***Wladyslawa Czuber-Dochan, Preparatory Programmes, Florence Nightingale School of Nursing & Midwifery, UK**Authorship: Czuber-Dochan W; Norton C; Berliner S; Bredin F; Darvell M; Forbes A; Gay M; Nathan I; Ream E; and Terry H***Abstract**

Fatigue is one of the top complaints in inflammatory bowel disease (IBD) with 40% of patients in remission and 86% in active condition reporting fatigue [1]. However patients report that their complaints of fatigue are often not addressed in clinical consultations [2]. To date there are no studies exploring this topic from the clinician's perspective. This study aimed to gain an understanding of healthcare practitioners' (HCPs) perception of IBD fatigue as experienced by people with IBD.

Descriptive phenomenology was carried out. Purposive sampling was used to identify a range of professionals (gastroenterologists, IBD nurses, general practitioners, dietitians, psychologists and pharmacists). In-depth semi-structured interviews were conducted with 20 HCPs who work with people with IBD between June and December 2012. Colazzi's framework was used to analyse the data [3]. The study was approved by the local university ethics committee.

Three main themes and several sub-themes were identified. The main themes were: the phenomenon of fatigue as perceived by HCPs; the impact of fatigue on patients' lives; and the methods used by HCPs to deal with fatigue. Fatigue was identified as an important, but difficult and often frustrating, symptom to understand. HCPs reported that fatigue impacts on the emotional, private and public aspects of patients' functioning; however they suggested very few methods on how to assess and manage fatigue. Many expressed a desire for better education. There was consensus that managing fatigue should be a multi-disciplinary effort, but with little idea of clearly defined roles.

Despite fatigue being one of the symptoms frequently reported by IBD patients, it remains poorly understood by HCPs. There is a need for a systematic and structured assessment and management of this distressing symptom and HCPs should communicate with each other about care for each individual patient.

**Funding:** £100,001 - £500,000

5.6 Theme: Qualitative approaches  
(grounded theory)

5.6.1

**(402) 'MEmories': A grounded theory study on the use of reminiscence to build relationships with people with dementia living in long-stay care facilities**

*Dr Adeline Cooney, Senior Lecturer, National University of Ireland Galway, Ireland*

*Authorship: Adeline Cooney; Eamon O'Shea; Kathy Murphy; Dymphna Casey; Declan Devane; Fionnuala Jordan; and Edel Murphy*

**Abstract**

**Background:** Reminiscence is thought to enhance the quality of life of people with dementia (Woods et al., 2005). However little is known about how reminiscence works in practice.

**Aim:** This study aimed to understand the impact of using reminiscence in long-term care settings on residents with dementia, their relatives and staff experience of care and care-giving.

**Methods:** This grounded theory study is part of the DARES (Dementia Education Programme Incorporating REminiscence for Staff) trial (O'Shea et al. 2011). Data were collected across four sites and involved interviewing residents with dementia (n = 11), relatives (n = 5), health care assistants (n = 10), nurses (n = 9) and nurse managers (n = 3). Data were collected from Jan 2009 – November 2011.

**Key Findings:** Reminiscence enabled staff to 'see and know' the person beneath the dementia. It acted as '... a key' revealing the person and enabling staff to engage with the person with dementia. The '... key' was two-way in that reminiscence also facilitated residents to interact with staff, in a different way. Knowing the person enabled staff to 'understand' (through the lens of the person's past) and sometimes to 'accommodate' the person's current behaviour. The use of reminiscence also had an impact on the 'organisation' but its continued use was mediated by several factors.

**Discussion:** The theory of 'MEmories' was generated from the data. This theory explains that through reminiscing and engaging with the person with dementia staff begin to see the person (their personhood or ME) through the mirror of their memories. The processes involved in this will be discussed.

**Conclusion:** This paper will share the theory of 'MEmories' and explore its implications for practice.

**Funding:** £100,001 - £500,000

5.6.2

**(132) The feeling state of nursing**

*John McKinnon, Senior Lecturer in Nursing, University of Lincoln, UK*

*Authorship: John McKinnon, UK*

**Abstract**

**Background:** Studies in neuroscience show that effective judgement and decision making require tempered emotion to provide a guiding 'rudder' revealing knowing to be a 'feeling state'. Emotional labour as a central feature of nursing practice is well documented. Theorists have identified emotions as tools for reflection but this area of knowledge remains underdeveloped.

**Aims:** This paper presents the findings of a study enquiring into emotions commonly experienced in nursing practice together with the causes of these emotions. The study aims to identify the conceptual foundations of a new framework to guide professional judgement.

**Method:** Thirty-four nurses across community, public health, paediatrics, mental health and acute adult surgery talked exhaustively about the emotions they experienced while immersed in practice and the causes of these emotions. A phenomenological approach was used. The data was collected in a London teaching hospital trust and in three community NHS trusts in the East Midlands of England between November 2011 and August 2012. The interviews were audio-taped and transcribed verbatim. The transcripts were analysed using Grounded Theory Method.

**Results:** Seven emotion-related concepts; satisfaction, frustration, anger, fear, anxiety, sadness and emotional labour had commonality across the sample of participants. Nurses talk of their frustration in being prevented from achieving optimum outcomes by obstructive systems and political and social barriers to effective working. Overall a portrait of a committed caring altruistic workforce in a continual state of heightened awareness and vigilance emerges.

**Discussion:** This picture of contemporary nursing practice flies in the face of recent visions of nursing portrayed in the media as uncaring uncommitted and lacking in compassion.

**Conclusion:** The author draws on recent neural scientific theory and psychology to identify the potential of the seven core emotion related concepts as the components of a framework for professional judgement.

**Funding:** £10,001 - £50,000

5.6.3

**(181) Men's experiences of living with prostate cancer**

*Lynda Appleton, Research Nurse, The Clatterbridge Cancer Centre NHS Foundation Trust, UK*

*Authorship: Lynda Appleton, UK; Professor Elizabeth Perkins, UK; Dr Chris Wall, UK; Audrey Jones, UK; Debbie Wyatt, UK; Vanessa Brown, UK; Lynne Moorhead, UK; Claire Parker, UK; Julie Crane, UK; and Marie Pagett, UK.*

**Abstract**

**Background:** Prostate cancer has a significant impact on the daily lives of men, impacting on their physical and emotional health, relationships, social and working life (1,2).

**Aims:** The study aimed to explore how men with prostate cancer managed their disease at different stages of their treatment pathway. Twenty seven men were recruited prior to radiotherapy, 6-8 and 12-18 months post completion of radiotherapy between March 2011-2013.

**Methods:** A grounded theory approach (3) was used to collect and analyse the data.

**Results:** The findings comprised five main themes: the pathway to diagnosis; the interpretation of the diagnosis; making sense of cancer in daily life; managing the impact of treatment and living with prostate cancer in the long-term.

**Discussion:** For many men their experience of prostate cancer was defined through the series of tests and investigations leading up to their diagnosis. The function and consequences of the PSA test were subject to different levels of understanding, with painful investigative biopsies being viewed as worse than having prostate cancer. The diagnosis was experienced in the context of other health conditions and different sources of information were used to manage the uncertainty of the situation. Radiotherapy was generally considered less invasive compared to other treatments, however the preparatory regimes for radiotherapy were often associated with stress and inconvenience. Men used various strategies for dealing with prostate cancer in the long-term such as re-structuring life to aid recovery and accessing informal support networks.

**Conclusion:** This study demonstrates the significance of different time-points in the diagnosis and treatment experience of men with prostate cancer, some of which cause more physical and emotional disruption than others. Adequate preparation for diagnostic and treatment interventions is aided through meaningful and timely information. Translated into supportive care practice, this knowledge has the potential to promote well-being and improve quality of life.

**Funding:** No funding

## 5.7 Theme: Questionnaires (surveys)

5.7.1

**(182) Professional conduct among registered nurses using online social networking sites: a cross-national survey**

Sara Levati, PhD Student, Glasgow Caledonian University, UK

Authorship: Sara Levati, UK

**Abstract**

**Background:** The use of social network sites among students and members of the medical profession is posing new ethical challenges to the profession within clinical and educational settings. To date little research has examined the use of online social networks by registered nurses.

**Aims:** To explore the disclosure on Facebook profiles of personal and profession-related information by registered nurses in the UK and Italy.

**Methods:** The Facebook profiles of 124 nurses readily available to view on the internet without restrictions were accessed. Data were retrospectively collected from the following Facebook pages: information, wall and photos. Content analysis and inferential statistical analysis were undertaken to describe the usage and identify similarities and differences between nurses in the two countries. Data were collected between December 2011 and January 2012.

**Results:** Overall, UK and Italy registered nurses showed a similar use of the online platform; both groups tended to disclose personal pictures, home town and current home location, as well as updates and comments related to personal and work-related activities. A statistically significantly higher proportion of Italy registered nurses disclosed their sexual orientation ( $\chi^2=4.689$ ;  $p=0.03$ ). In both groups, a few cases were observed of potentially unprofessional content in relation to use of alcohol, nudity and material of a salacious nature.

**Discussion:** Although most of the UK and Italy registered nurses appear to be aware of the risks posed by their online exposure, their online activity indicates potential blurring of their personal and professional lives; this is posing new ethical, legal and professional challenges to members of the nursing profession.

**Conclusions:** The results of this study suggest that an increased understanding and recognition of nursing online behaviour and related challenges are necessary to inform current debates on policy guidance at national and international level.

**Funding:** No funding

5.7.2

**(102) Are longer nursing shifts in medical/surgical wards associated with reduced quality of care and patient safety? A cross sectional survey in 12 European countries**

Professor Peter Griffiths, Chair of Health Services Research, University of Southampton, UK

Authorship: Peter Griffiths, UK; Chiara Dall'Ora, Italy; Jane Ball, UK; Linda Aiken, USA; Rikard Lindqvist, Sweden; Anne-Marie Rafferty, UK; Lisette Schoonhoven, Netherlands; Carol Tishelman, Sweden; and Michael Simon, UK

**Abstract**

**Background:** In some countries, there is a move toward nurses working shifts of longer duration as a means to reduce shift to shift handovers, costs and potentially improve work life balance, with '12 hour' shifts becoming the norm in some hospitals. Concerns have been raised as to whether nurses can perform reliably and effectively when working longer shifts.

**Aim:** To describe shift patterns of European nurses and to investigate whether nurses working longer shifts is associated with nurse reported quality and safety of care and with aspects of nursing care being left undone.

**Methods:** Cross-sectional survey of 31,627 registered nurses (RN) in 2170 general medical/surgical units within 487 acute hospitals across 12 European countries.

**Results:** Most nurses (50.5%) reported working  $\leq 8$  hours, while 15% of nurses worked 12+ hours. There was variation between countries and within some countries. For example in Spain 90% of day shifts were  $\leq 8$  hours compared to England 45% and Ireland 9%. Shifts of 12+ hours were associated with more nurses reporting poor or failing patient safety (OR 1.46 95% CI 1.16 - 1.83), and poor or fair quality of care (OR 1.39, 95% CI 1.00-1.85). Nurses reported more missed care on their last shift when working longer than 8 hours (OR 1.04 to 1.13). Working beyond contracted hours was associated with reports of poor or fair quality of care (OR = 1.35), poor or failing patient safety (OR = 1.67) and missed care (OR = 1.29).

**Conclusion:** European nurses working 12 hours or longer and those working overtime were more likely to report low quality and safety ratings. Policies to adopt a 12 hour nursing shift length should proceed with caution. Use of overtime to mitigate staffing shortages or as a measure to increase flexibility may also incur additional risk to quality.

**Funding:** £1000

5.7.3

**(284) Do Greek nurses adapt positive attitude toward evidence-based practice? A nationwide cross-sectional study**

Athina Patelarou, Staff Nurse, University of Athens, Greece

Authorship: Athina E. Patelarou, Greece; Vassilis Dafermos, Greece; Hero Brokalaki, Greece; Pinelopi Ntzilepi, Greece; Evridiki Patelarou, UK; and Evmorfia Koukia, Greece

**Abstract**

**Introduction:** Evidence-based practice (EBP) is one of the main professional competencies for health care professionals and a revolution for all areas of healthcare practice. EBP leads to improve effective and efficient care and patient outcomes. For Greek nurses so far only few data are available regarding EBP implementation. Therefore, the aim of this study was to investigate Greek nurses' attitude regarding EBP.

**Methods:** A nationwide cross-sectional study was conducted in a representative sample of national healthcare settings in Greece. Data were collected from 477 nurses who completed a self-reported five-section questionnaire, the Greek version of the Evidence Based Practice Readiness Survey (EBPRS) from June to November 2012. The internal consistency of the Greek EBPRS version was very high, as the Cronbach's alpha coefficient was found equal to 0.85. Statistical analysis was carried out using SPSS 20 and STATA 12.

**Results:** According to our findings, more than 60% of Greek nurses were familiar with the term 'EBP' and the majority of them (88.6%) generally held positive attitudes toward EBP. More specific, 62.5% believed that EBP implementation is highly related to increased quality of care and leads to better health related outcomes. Interestingly, years of experience were negatively correlated with positive attitude towards EBP. Additionally, limited or no participation in research activities and difficulties in accessing research materials were reported (77.8%, 15.3%, and 58.7, respectively).

**Conclusion:** Nursing education should be strengthened and should incorporate EBP training programs in both undergraduate and postgraduate levels with the aim to enhance nurses' knowledge and understanding of EBP. Furthermore, nurse managers and leaders in healthcare settings should secure and cultivate positive climate for EBP adaptation and dissemination in healthcare settings.

**Funding:** No funding

5.8 Theme: Systematic reviews

5.8.1

**(370) Access and utilisation of maternity services for disabled women who experience domestic abuse: Findings from a systematic review**

*Dr Jenna Breckenridge, Post Doctoral Research Assistant, University of Dundee, UK*

*Authorship: Jenna Breckenridge, UK; John Devaney, UK; Thilo Kroll, UK; Anne Lazenbatt, UK; Julie Taylor, UK; Caroline Bradbury-Jones, UK*

**Abstract**

**Background:** Approximately 10% of women giving birth in the UK each year have some form of disability and nearly half of these women will experience domestic abuse during pregnancy (Sumilo et al 2012). Little is known, however, about how the coexistence of disability and domestic abuse affects the access and utilisation of maternity services.

**Aims:** This paper presents findings from a systematic review which aimed to identify: the factors that facilitate or compromise access to maternity care for disabled women experiencing domestic abuse; the consequences of inadequate care for women's health and wellbeing; and the effectiveness of existing strategies for improving maternity care access and utilisation.

**Methods:** Six databases were searched for literature published between 1946-2013 (Medline, Embase, Cinahl, ASSIA, SSCI, and PsycINFO). 6169 abstracts were screened for inclusion. Papers were included if they focused on: disability; domestic abuse; maternity care; and presented empirical data (qualitative or quantitative). Screening, data extraction and study appraisal were conducted by independent reviewers.

**Results:** Eleven papers were included (eight quantitative, one qualitative and two mixed methods papers). Analysis revealed that maternity care access and utilization is influenced by women's personal health status, relationships and environmental barriers. Inadequate maternity care has adverse effects on women's physical and psychological health, however only one study identified current strategies to improve access and utilisation for this group.

**Discussion:** Future strategies for improving disabled women's access and utilization of maternity services when they experience domestic abuse could focus on: understanding women's reasons for accessing care; fostering positive relationships; being women centred; promoting environmental accessibility; and improving the strength of the evidence base.

**Conclusions:** Disability and domestic abuse both affect access and utilisation of maternity services, however, the evidence base remains limited in scope and quality. Further research is needed in order to inform the development of robust improvement strategies.

**Funding:** £50,001 - £100,000

5.8.2

**(135) A meta-ethnography of patients' experience of chronic non-malignant musculoskeletal pain**

*Professor Kate Seers, Director RCN Research Institute, Warwick Medical school, University of Warwick, UK*

*Authorship: Fran Toye, UK; Kate Seers, UK; Nick Allcock, UK; Michelle Briggs, UK; Eloise Carr, Canada; JoyAnn Andrews, UK; and Karen Barker, UK*

**Abstract**

This metaethnography 1, 2 aimed to enhance understanding of patients' experiences of chronic musculoskeletal (MSK) pain and develop methods for qualitative research synthesis.

We included published reports of qualitative studies that explored adults' experiences of chronic non-malignant MSK pain. We searched six electronic bibliographic databases up to February 2012. The full texts of 321 potential studies were screened and 77 studies were included in the review. We quality appraised studies using three different methods.

We used the methods of meta-ethnography to synthesise the data<sup>3</sup>. Key concepts were identified, compared across studies and collaboratively organised into categories with shared meaning. A line of argument or conceptual model was developed.

The findings uncovered a new concept of an adversarial struggle. This struggle was to: affirm and reconstruct self, find an explanation for the pain, negotiate the healthcare system, be valued, be believed and find the right balance between showing and hiding the pain. Some people could move forward despite pain and did this by: listening to their body rather than fighting it, accepting their new self, becoming part of a community and telling others about the pain. We also produced a film about the findings, and clips from this will be shown.

This study produced a richer understanding of chronic MSK pain, and enabled a new conceptual understanding of what this pain experience is like. The constant adversarial struggle in many aspects of their experiences was clear. It also showed that some people can move forward despite the pain. That people in the primary studies did not feel their pain was believed was striking. Our conceptual model suggests that the recognition by policy makers and health care professionals of the patient as someone whose life has been deeply changed by the pain and who is valued is central to appropriate pain management.

**Funding:** £100,001 - £500,000

5.8.3

**(191) Breast cancer treatment for elderly women: a systematic review**

*Gerlinde Pilkington, Research Assistant, University of Liverpool, UK*

*Authorship: Gerlinde Pilkington, UK; Rumona Dickson, UK; and Anna Sanniti, UK*

**Abstract**

**Background:** Elderly patients with cancer are less likely to receive chemotherapy than their younger counterparts, and decisions regarding treatment may be based primarily on age. However, not all older people are frail; many have good life expectancy and are in good health. There is uncertainty as to the benefit and tolerability of chemotherapy regimens in these patients.

**Methods:** We conducted a systematic review to summarise evidence related to the clinical effectiveness and tolerability of chemotherapy for elderly women with breast cancer and to identify geriatric assessment tools used to assist in the treatment decision process. Four electronic databases (MEDLINE, EMBASE, The Cochrane Library and Web of Knowledge) were searched from January 2000 to May 2013. Study selection and data extraction were undertaken by two independent reviewers.

**Results:** A total of 5716 references were identified. Examination of titles and abstract yielded 149 papers for detailed examination which resulted in 75 studies being included in the review (13 Randomised controlled trials, 35 prospective cohorts and 27 retrospective analyses). Heterogeneity in patient disease status and treatments precluded the conduct of statistical analyses of the data. However, examination of the data related to overall survival and tolerability indicated that elderly women appear to gain slightly less benefit from treatment and are more likely to suffer from grade 3-4 adverse events than their younger counterparts. Of critical importance is that few of the included studies reported using any specific geriatric assessment tool (beyond performance status) to assess these women prior to making treatment decisions.

**Conclusion:** The presentation will include full details of the findings of the review and a discussion of the role of the development and use of a standard approach to the assessment of these patients for treatment.

**Funding:** £50,001 - £100,000



## 5.9 Theme: Evaluation

5.9.1

**(430) Evaluation of a mobile phone application for reporting and managing symptoms during radiotherapy for prostate cancer***Professor Ann Langius-Eklöf, Professor, Karolinska Institute, Sweden**Authorship: Kay Sundberg, Sweden; Ann Langius Eklöf, Sweden; Maria Hälleberg-Nyman, Sweden; Yvonne Wengström, Sweden; and Karin Blomberg, Sweden***Abstract**

**Background:** In the health care arena there is a broad market for e-health solutions for the self-monitoring of symptoms and problems, although few are evidence-based or include interactive components. Appropriate tools for communication are needed to enable patients to report events that health care providers may respond to effectively.

**Aim:** To evaluate an interactive mobile phone application for reporting and managing symptoms during radiotherapy for prostate cancer.

**Method:** The application was developed in cooperation with a Swedish health management company and is tailored for the targeted group. The symptom questionnaire is connected with a web interface with decision aids for the health care personnel and via the application the patients have access to self-care advice related to reported symptoms and concerns. Sixty patients with prostate cancer receiving radiotherapy in 2012 and 2013 were consecutively included in the study and reported symptoms once daily during the treatment period and three weeks after. Self-reported data such as symptom distress, quality of life, and self-care ability were collected and compared with a historical control group (n=60). Individual interviews were performed at 3 month follow-up about their perceptions of participation in their care.

**Result:** Preliminary results shows that patients report positive experiences of using the mobile phone system with almost no technological problems. Patients who reported a lot of symptoms and concerns acknowledged improved communication with health care professionals and felt reassured that their symptoms were being addressed. More results will be presented.

**Discussion:** This is a new unique approach in technology which seems facilitate symptom assessment and patient involvement supporting the patient to be a partner of care.

**Conclusion:** The application could enhance the dialogue between patients and health care professionals and may be a tool to improve patient participation and sense of security. The application needs to be further investigated.

**Funding:** No funding

5.9.2

**(150) Care planning in long-term conditions: exploring the complexities and promise of realist evaluation***Dr Monique Lhussier, Senior Lecturer in Public Health Research (FUSE), Northumbria University, UK**Authorship: Monique Lhussier, UK, Susan M Carr, UK; Simon Eaton, UK; and Natalie Forster, UK***Abstract**

This presentation relates to a critical reflection on research approaches best geared to assess care planning for people with long term conditions.

The UK health care system was historically organised to respond rapidly and efficiently to acute health issues. In the past few decades, the prevalence of long term conditions has steadily increased, challenging the NHS to develop new ways of working. Care planning is a systematic way of operationalizing patient centredness in long-term conditions and involving people in their care, in order to provide support for self-management. It involves numerous stakeholders and can impact on a wide range of organisational, professional and patient outcomes and is not without challenges from a practice implementation perspective.

From these implementation challenges and contextual complexity derives the imperative to give careful consideration to which evaluation approach is most likely to yield meaningful and useful results. (Westhorp, 2012) Attempts to establish straightforward causal relationships between care planning implementation and clinical outcomes are unlikely to yield conclusive results. Many evaluation efforts have thus far focussed on care planning resources and outcomes, with an underlying assumption of the straightforward link between the two. Instead, modelling the potential of care planning to logically lead to the desired outcomes through underlying mechanisms would equip practitioners with the rationale and effective tools to respond constructively to the challenge presented by multi-morbidities. A realist logic of investigation, which contends that intervention impacts (outcomes) occur when the necessary causal processes (mechanisms) are 'triggered' by the most favourable environments (context) offers a solution. (Pawson and Tilley, 2005) It includes an explicit acknowledgement of the impact of the political, organisational, social and economic contexts within which interventions are developed and leads to understand how, why and in what respect care planning might 'work'.

**Funding:** No funding

5.9.3

**(393) Delegation as a Newly Qualified Nurse: Early findings from an intervention study***Dr Katherine Curtis, Acting Head of Professional, University of Surrey, UK**Authorship: Katherine Curtis, UK; Martin Johnson, UK; Carin Magnusson, UK; Karen Evans, UK; Helen Allan, UK; Elaine Ball, UK; and Khim Horton, UK***Abstract**

Delegation is an underdeveloped skill among nurses (Cipriano, 2010) and yet there is international expectation of delegation within ethical nursing practice (Nursing and Midwifery Council (NMC), 2008; American Nursing Association (ANA), 2010). Extensive empirical data from of the Academic Knowledge and Recontextualising Knowledge (AaRK) Project has provided insight into early career development of delegation. This ethnographic study (Burawoy, 2003) based within three hospitals in England collected interview data from newly qualified nurses (N=28), health care support workers (N=10), ward managers (N=10) and included participant observations (N=54). Phase one findings demonstrated uncertainty in newly qualified nurses' delegation responsibility, knowledge and skills. The newly qualified nurses (NQNs) struggled with their confidence to delegate effectively and with their new professional autonomy. It was evident that communication when delegating was not always effective to meet the prioritisation requirements of care and this could impact upon care outcomes. This paper presents early evaluation findings from phase two of the project which piloted a tool designed to support the development of delegation by NQNs qualified nurses' delegation development during the first 6 months of their early careers. The tool uses a process similar to clinical supervision, encouraging a series of facilitated reflection opportunities with a more senior member of staff to enable NQNs to learn from their delegation experiences. The tool format is a pocket sized booklet containing themed trigger questions related to delegation confidence, role boundaries, knowledge, communication, care priorities and care outcomes. Early evaluation of the tool implementation provides important further contributions to understanding the support required to ensure newly qualified nurses recontextualise their knowledge and skills in a way that develops safe and effective delegation practice during their early careers.

**Funding:** £100,001 - £500,000

# Concurrent Session 6

Thursday 3 April 2014

## 6.1 Theme: Qualitative approaches

6.1.1

### (522) Approval for service evaluations in the NHS: do we need a nationally recognised pathway?

Susan Jones, Research Associate, Teesside University, UK

Authorship: Susan Jones, UK; Alison Steven, UK; and Sharon Hamilton, UK

#### Abstract

**Background:** A nationally recognised NHS pathway for ethical and governance approval of research studies is well established; however, no comparable pathway exists for service or training evaluations (STE). Some NHS Trusts devise their own systems while others have no dedicated processes. These inconsistencies may result in inefficient use of NHS resource, while frustrating and hindering multicentre projects.

#### Aims:

- To share and explore experiences of health service STE approval processes
- To identify key issues which facilitate a smooth process or disrupt and create delay
- To generate discussion about existing STE approval processes in the UK NHS and internationally

**Discussion:** This session will present two composite case studies based on the authors' experiences of seeking STE approval. Using the case studies, key issues surrounding the approval process will be drawn out; for example the use of tools to define boundaries between research, evaluation and audit (Royal College of Nursing 2009; Health Research Authority 2013), the lack of standardisation, the requirement for signposting the process, the challenges of working in a risk-averse and litigious culture, the cost-efficient nature of smooth processes and the requirement for a common sense response to risk that encourages compliance.

We will explore how approval processes that are appropriate for STEs may be developed and implemented and their benefits realised. We will consider potential solutions and how they might be achieved in a target-driven, distrustful environment.

**Conclusion:** We suggest that a national pathway for the approval of STE in terms of consistency, efficient use of resources and protection of participants is necessary and overdue. The case for a pathway is of national and international relevance and would benefit from presentation and discussion at an international research conference.

**Funding:** No funding

6.1.2

### (431) What does it mean to be an adult qualified nurse in Scotland at the beginning of the twenty first century?

Dora Howes, Lecturer, Glasgow Caledonian University, UK

Authorship: Dora Howes, UK

#### Abstract

Nursing has experienced transformational change over the last twenty years. Nurse preparation has moved from an apprenticeship system to higher education, while practice has extended, expanded and blurred with other healthcare professions. The extent and pace of change has resulted in claims that nursing has 'lost its way'. At the same time, no consensual definition of nursing exists. When considered together, the question of what it means to be a nurse arises.

The aim of this study and contribution to new knowledge was to understand what it means to be a qualified adult nurse working in Scotland at the beginning of the twenty first century. The philosophic hermeneutic of Hans-Georg Gadamer, whose main concern was the possibility of understanding, guided the study. Fleming et al.'s (2003) Gadamerian-based research method facilitated understanding in accordance with his philosophy.

A purposive sample of eleven nurses who had more than one-year post-registration experience and worked with patients on a daily basis participated in the study. These nurses are often overlooked in research, yet have an important contribution to make in terms of understanding what it means to be a nurse. Analysis of their conversations undertaken between June 2010 and March 2011 used Gadamer's hermeneutic circle. It led to the emergence of three overarching themes and an understanding, which suggests that to be a nurse is to 'make a difference' to the lives of others, while having a 'nursing identity' and 'playing the game'. The findings offer a fresh perspective from which to consider how one defines nursing whilst encouraging nurses to think about the impact of their actions and approach to practice. However, to take the profession forwards, nurses need to be culturally aware through playing the game of nursing as it has a significant impact on what it means to be a nurse.

**Funding:** £1,000 - £10,000

## 6.2 Theme: Qualitative approaches (thematic analysis)

6.2.1

### (174) Identifying the scope of practice in nursing sub-specialties using child and adolescent mental health as an illustration

Dr Philippa Rasmussen, Master Nursing Science Programme, University of Adelaide, Australia

Authorship: Philippa Rasmussen, Australia

#### Abstract

**Background:** Worldwide, nursing is a diverse profession with many recognised sub specialties, some of which are under threat. Nurses with specialised knowledge, experience and education are needed to provide specific care in nursing sub specialties. However some of these characteristics are implicit and not clear to the wider nursing community. This paper presents an overview of research to identify the parameters of practice for a sub-specialty of nursing.

**Aims:** To explore the applicability of the process of identifying a conceptual framework of practice to areas of nursing without a current clearly identified scope of practice.

**Methods:** The methodology was interpretive enquiry as it allowed for the interpretation of multiple realities which resulted in a rich description of the work of a sub-speciality. The research used document analysis, focus group interviews and individual interviews as the methods of collecting data. Documents were analysed using iterative and thematic analysis (Rasmussen et al 2012a). The focus group and individual interview data were analysed using an adaptation of a six phase thematic analysis process (Rasmussen et al 2012b).

**Results, Discussion and Conclusion:** This paper presents the findings of the entire analysis and the resultant holistic conceptual framework for the work of the child and adolescent mental health nurse in the inpatient unit. The findings have contributed new knowledge to mental health nursing, specifically child and adolescent mental health nursing making the parameters of practice more explicit (Rasmussen et al 2013). Research is currently being undertaken in Australia to further develop the framework for other sub specialties of nursing such as community health and orthopaedics. These sub specialties have been identified as potentially at risk.

**Funding:** No funding

6.2.2

### (252) Patients' self-management of diabetes. The role of health professionals, personal networks and voluntary organisations

*Dr Maria Carmen Portillo, Associate Professor, University of Navarra, Spain*

*Authorship: Mari Carmen Portillo, Spain; Manuel Serrano, Spain; Elena Regaira, Spain; Agurtzane Mujika, Spain; Maria Jesus Pumar, Spain; and Anne Rogers, UK*

#### Abstract

**Background:** The increase in the number of people living with chronic conditions and the associated costs has highlighted the need for policy makers to make self-care essential in the management of long-term conditions. Furthermore, the influence of social networks on well-being is also well documented and has led to a need to better understand the relationship between informal support and formal provision of healthcare.

**Aim:** To present diabetic patients' range of management strategies, coping styles and access to resources, and how these have emerged and changed over time.

**Methods:** Diabetic patients (type 2), living in deprived circumstances, were recruited through a purposeful sampling strategy from several primary care practices of Spain. Data were collected through biographical interviews, a sociodemographic form, and a personal communities' network diagram (all completed by March 2013). Thematic analysis of interviews and diagrams was undertaken and SPSS 15 was used for descriptive statistics.

**Results:** 25 Diabetes type 2 patients with a median age of 62.5 participated in the study. Most participants lived in rural deprived areas. Diabetes management seemed a responsibility of mainly health professionals, and partly of patients and nuclear families. Membership in a community or voluntary group was an attempt to socialise rather than to search for social support or learn how to manage diabetes. In cases where family support was weak, patients more often associated with any type of club.

**Discussion:** Findings showed the lack of self-management culture in Spain. This could be due to the lack of adaptation of patients to diabetes or the influence of the Spanish family culture in the process.

**Conclusions:** This paper will shed light about the relationships of patients, families, professionals and voluntary organisations in the implementation of self-management in Spain. This could inform the development of emerging self-management interventions that could bring all these levels together.

**Funding:** £1000

## 6.3 Theme: Focus groups

6.3.1

### (454) Ethical challenges in researching older ethnic minorities in end of life care studies

*Dr Munikumar Ramasamy Venkatasalu, Senior Lecturer in Adult Nursing, University of Bedfordshire, UK*

*Authorship: Kumar Venkatasalu, UK*

#### Abstract

**Background:** Older people from ethnic minorities tend to under-use available palliative and end of life care services. However, limited research is focused about their experiences, preferences and attitudes towards end of life care due issues around 'hard to reach and research' these minority ethnic groups in end of life care studies.

**Aim:** This paper explores the ethical challenges of researching ethnic minorities in end of life care from our study that aimed to examine views and perceptions about end of life issues among older South Asians living in East London.

**Methodology:** After gaining ethical approval, five focus groups and 29 in-depth, semi-structured interviews were conducted with total of 55 older South Asian adults (24 men and 31 women). Participants from six South Asian ethnic groups were recruited through 11 local community organisations. Tape recorded multilingual data were translated and transcribed into English. Constructive grounded theory used as a data analysis approach.

**Results:** We experienced following ethnic-centred ethical challenges against the fundamental ethical principles included, informed consent, discussing sensitive topics, privacy and confidentiality. While Informed consent issues included family members and other gate keepers involvement threatened the principle of informed and voluntary consent, we employed various ethnic-specific flexible support mechanisms while discussing such sensitive topics under investigation.

**Conclusion:** Despite our study innovatively used a multilingual, multicultural and multi-religious approach and importantly, using an 'insider' approach, various ethical challenges posed as a threat for data contamination. We conclude that end of life care researchers who focus with ethnic minority population needs to understand ethnic as well as ethical principles while conducting sensitive research with this population.

**Funding:** No funding

6.3.2

### (361) Labels used by adolescents to stigmatize people with mental illness

*Professor Amorim Rosa, Adjunct Professor, Nursing School of Coimbra, Portugal*  
*Authorship: Amorim Rosa, Portugal*

#### Abstract

**Background:** The stigma against the mentally ill is a major barrier to help-seeking in adolescents for mental health problems. The objective of this study was to investigate the extent of stigma in relation to treatment avoidance in 12-17 year-old school students in Coimbra, Portugal in relation to how they refer to people with mental illness.

**Methods:** This is a qualitative study involving three focus group. The data were gathered in June 2013, as part of the assessment of knowledge on Mental Health Literacy in adolescents. Participants were recruited from three grammar schools (urban, suburban and rural). At the start of the sessions, the students were asked 'What words or phrases might you use to describe someone who experiences mental health problems?' Words and terms used to refer to mental illness were enumerated and grouped in terms of their denotative and connotative meanings. Labels were then derived to capture the key themes attached by the students to the concepts of mental illness.

**Results:** The 23 participating students provided 44 words and terms to describe a person with mental illness. Six themes were identified from the data. The two first themes called 'popular derogatory terms' (14 items) and 'negative emotional states' (12 items) accounted for more than half of the words examined. The remaining four themes occurred less often and were described as 'use of psychiatric diagnoses' (8 items), 'terms related to violence' (5 items) and 'behavioral problems' (5 items).

**Conclusion:** Findings suggest the hypothesis that help-seeking by mentally ill adolescents may be improved by interventions that address both their lack of information about mental illness, and those which reduce their strong negative emotional reactions towards people with mental illness.

**Funding:** No funding

## 6.4 Theme: Evaluation

6.4.1

**(326) Managing patient deterioration: evaluation of what works***Dr Jennifer McGaughey, Lecturer, Queen's University Belfast, UK**Authorship: Dr Jennifer McGaughey, UK; Dr Bronagh Blackwood, UK; Dr Peter O'Halloran, UK; and Professor Sam Porter, UK***Abstract**

**Background:** Rapid Response Systems (RRS) have been implemented nationally and internationally to improve patient safety in hospital. However, to date the majority of the RRS research evidence has focused on measuring the effectiveness of the intervention on patient outcomes. To evaluate RRS it has been recommended that a multimodal approach is required to address the broad range of process and outcome measures required to determine the effectiveness of the RRS concept.

**Aim:** The aim of this paper is to evaluate the official RRS programme theoretical assumptions regarding how the programme is meant to work against actual practice in order to determine what works.

**Methods:** The research design was a multiple case study approach of four wards in two hospitals in Northern Ireland. It followed the principles of realist evaluation research which allowed empirical data to be gathered to test and refine RRS programme theory [1]. This approach used a variety of mixed methods to test the programme theories including individual and focus group interviews with a purposive sample of 75 nurses and doctors, observation of ward practices and documentary analysis. The findings from the case studies were analysed and compared within and across cases to identify what works for whom and in what circumstances.

**Results:** The RRS programme theories were critically evaluated and compared with study findings to develop a mid-range theory to explain what works, for whom in what circumstances. The findings of what works suggests that clinical experience, established working relationships, flexible implementation of protocols, ongoing experiential learning, empowerment and pre-emptive management are key to the success of RRS implementation.

**Conclusion:** These findings highlight the combination of factors that can improve the implementation of RRS and in light of this evidence several recommendations are made to provide policymakers with guidance and direction for their success and sustainability.

**Funding:** £50,001 - £100,000

6.4.2

**(422) Evaluation of the first phase of the Lothian NMAHP Clinical Academic Research Careers Scheme***Dr Rosie Erol, Research Associate, University of Worcester, UK**Authorship: Rosie Erol, UK; Juliet MacArthur, UK; Pam Smith, UK, Dominic Upton, UK; Penney Upton, UK; and Felicity Penn, UK***Abstract**

**Background:** The Clinical Academic Research Careers (CARC) Scheme for Nurses, Midwives and Allied Health Professionals (NMAHPs) in Lothian was launched in 2010, as part of the NHS Lothian NMAHP Research Framework. It is funded and managed by a partnership between NHS Lothian, NHS Education for Scotland (NES), and three University partners in Edinburgh.

**Aim:** To evaluate the processes involved in setting up and managing the scheme, and the outcomes to date.

**Method:** A mixed method approach was used to evaluate the Scheme between June and September 2013. This included a document review, questionnaire for post-holders and semi-structured interviews with key stakeholders. Data was analysed using framework analysis. A total of 27 interviews were conducted with all post-holders (n=4); steering group members (n=8); management group members (n=6); demonstration site staff (n=8) and one external stakeholder.

**Findings:** Progress was measured against specified outcome measures, including completion of research studies, accessing additional research funding, dissemination and training. According to stakeholders, success factors included having good academic and clinical support, providing opportunities for research training, development of stronger working relationships between partner organisations, supporting research focused on practice, and providing a basis upon which to develop clinical academic pathways for NMAHPs, to build further research capacity and capability. Challenges included balancing clinical and academic demands on time, recruitment of post-holders, and aligning expectations of academic and clinical partners.

**Discussion:** The CARC scheme has evolved considerably since its launch in 2010. It has addressed a number of initial problems, and is making progress, with on-going support from all partner organisations. The scheme has demonstrated flexibility in responding to problems as they have arisen, and provided a model that could be implemented elsewhere.

**Conclusions:** Lessons learnt from the Lothian scheme could usefully inform other areas looking to establish similar schemes.

**Funding:** £1,000 - £10,000

6.5 Theme: Qualitative approaches  
(narrative approaches)

6.5.1

**(276) Narrative inquiry into compassionate care as experienced by nurses, patients and relatives: an emerging theory of atunement or discordance to patient need***Annie Chellel, Principal Lecturer, University of Brighton, UK**Authorship: Moen, T. (2006) Reflections on the narrative research approach International Journal of Qualitative Methods. 5 (4). pp 56-69***Abstract**

**Background:** This research results from collaboration between academic and practice nurses in response to social, political and professional concerns about compassion in healthcare (Firth Cozens and Cornwell 2009).

**Aims of the research:**

- to capture the experience of nurse, patients and relatives regarding compassion or its absence through the stories they tell
- to identify through their stories, enabling and inhibiting factors in the delivery of compassionate care

**Methods:** A qualitative study design using narrative inquiry was chosen because it focuses on the participant (Moen 2006) and their individual experiences.

Ethical approval was obtained from Faculty and Local Research Ethics Committees.

The sample was 16 patients and relatives recruited from the distribution of 200 consent forms and 10 nurses recruited through hospital email.

Taped interviews were carried out between July 2011 and January 2012.

Data analysis was triangulated using Labov's (1999) narrative framework for the content and meaning and grounded theory techniques to generate theoretical insights.

**Findings:** Compassion is valued by nurses, patients and relatives and is demonstrated by a word, a smile, or an act of kindness. Complex contextual influences enable or inhibit its expression. Enabling factors include role modelling, lower nurse: patient ratios, supportive managers, effective teams and personal values. Inhibiting factors include high workload, fatigue, patient needs which vary from the pathway norm and management needs for audit and cost containment.

**Discussion:** A theory emerged of compassion as an interpersonal, transient and contextual experience in which one person recognises and responds to the suffering of another by giving emotional support. Compassion is the outcome of atunement, when the nurse responds to patient need. Compassion is absent in discordance, when the nurse has no capacity either to respond to patient need.



**Conclusions:** This paper demonstrates the vulnerability of compassion within the high pressure context of acute care where nurses and patients struggle to maintain their individuality and humanity.

**Funding:** £1,000 - £10,000

6.5.2

### (380) nurses voices, nurses lives: using the Listening Guide to explore oral history interviews with Médecins sans Frontières humanitarian nurses

Professor Janet Hargreaves, Associate Dean, University of Huddersfield, UK

Authorship: Janet Hargreaves, UK; and Berenice Golding, UK

#### Abstract

**Background:** Oral history research captures the person's life experience in their own words (Thompson, 2000). It is used in historical and social science research and has gathered in popularity in recent years. In this research project, following ethical approval, oral histories were recorded from seven nurses who had undertaken a period of their career working for Médecins sans Frontières (MSF). Analysis of the data was undertaken using the Voice-Centred Relational Method or listening Guide (Gilligan et al., 2003).

This paper aims to explore the particular richness facilitated by the production and analysis of data via this method.

**Discussion:** The analytical approach of the Listening Guide advocates four listenings (readings) of the text. Firstly locating the plot from within the narrative; secondly actively listening for the use of 'I' ('we', or 'you'), the 'self' within the context of the story being told; thirdly listening for relationships and finally locating participants' accounts in relation to wider social, political and societal contexts: thus allowing for a layered approach to understanding.

The oral histories were guided only in so far as the nurses were asked to relate their lives in three stages: firstly becoming nurses and subsequently seeking work with MSF, secondly the experience of working for MSF and finally the impact this has had on their continuing lives and careers. Although the gaze was determinedly on the nurses the nature of their work meant the data also illuminated the international significance of nursing's humanitarian role offering unexpected insights.

In conclusion, subjecting the oral history accounts to the Listening Guide has enabled legitimate exploration of the place nursing occupies in humanitarian work whilst respecting their individual histories and keeping their voice in the foreground.

**Funding:** £1,000 - £10,000

## 6.6 Theme: Questionnaires (evaluation)

6.6.1

### (369) The SPHERE study follow up

Claire Leatham, Primary Care Manager, Northern Ireland Clinical Research Network, UK

Authorship: C. S Leatham, UK; A. W Murphy, UK; S. M Smith, UK; E. Murphy, UK M. Byrne, Ireland; P. Gillespie, Ireland; J. Newell, UK, C. Scarrott, Ireland; A. Vellinga, Amsterdam; and M. E Cupples, UK

#### Abstract

The SPHERE Study Follow up

**Background:** Internationally people with coronary heart disease (CHD) are a priority group for preventive care. However, this care remains sub-optimal. The SPHERE Study (Secondary Prevention of Heart Disease in General Practice), the largest non-pharmaceutical trial in general practice in Ireland (2003-2007), tested an intervention to improve care and clinical outcomes for CHD in general practice. At 18-month follow-up the intervention group had significantly fewer hospital admissions.

**Aim:** This follow-up study aimed to determine if the positive changes in admissions persisted after six years.

**Methods:** In two different health-care systems, the NHS (Northern Ireland) and a mixed economy (Republic of Ireland) 903 randomly selected patients were recruited from 48 practices. Following baseline data collection, practices were randomly allocated to provide usual care or the intervention (tailored practice and patient care plans; practitioners attended training (facilitating lifestyle behaviour change; medication prescribing); patients attended 4-monthly reviews, setting and reviewing personal lifestyle targets). At 6-year follow-up practices invited patients to complete a postal questionnaire and consent for data collection from their records (risk factor and health service use). An initial sample size of 907, involving 46 practices, was projected to detect clinically significant differences in the primary outcomes with 80% power.

**Results:** Overall 98% (886/903) were traced: 138 (15.3%) had died; 31 (3.9%) declined; 68 did not respond (8.6%).

After 6 years there were no significant differences between groups in total or cardiovascular hospital admissions, mortality or blood pressure or cholesterol control. Risk factor control had improved from baseline in both groups.

**Discussion:** The longer-term outcomes of effective interventions need to be considered by policy makers. Against background population level changes, a 'turn on, turn off' approach to supporting particular initiatives may be appropriate.

**Conclusion:** Ongoing support for secondary prevention initiatives must be balanced against their opportunity costs and implications for routine practice.

**Funding:** £100,001 - £500,000

6.6.2

### (386) Measuring empathic, person-centred communication in nurses: the CARE Measure

Annemieke Bikker, Researcher, University of Glasgow, UK

Authorship: Annemieke Bikker; Bridie Fitzpatrick; Douglas Murphy; Margaret Sneddon; and Stewart Mercer; UK

#### Abstract

**Background:** An empathic, person-centred approach is linked to improved experiences of care, higher enablement and better health outcomes(1). The Consultation and Relational Empathy (CARE) Measure is a widely used, validated patient-rated measure of the 'human aspects' of healthcare encounters(2) and is used as a revalidation tool for general practitioners in the UK. The Measure had not been validated in nursing, and addressing this gap seems timely given the current interest in the nurse revalidation(3). Moreover, the CARE Measure seems suited to nursing as holistic, empathic care is central.

**Aim:** To determine the validity and reliability of the CARE Measure for nurses with different likelihoods of having serial encounters with patients.

**Methods:** Twenty practice nurses in general practice and twenty community-based sexual health nurses from three Scottish Health Boards participated in the study between September 2012 and October 2013. For each participating nurse, the CARE Measure was self completed by 50 consecutive patients at the end of their consultation. Data were analysed using generalisability theory and descriptive statistics.

**Results:** CARE Measure scores were high in both nurse populations. 60 patient consultations provide a stable basis on which to base feedback for educational and quality improvement purposes for individual nurses in relation to relational empathy. This is 10 more than required for general practitioners. Similar results were achieved for serial clinic encounters for all practitioners, indicating that the CARE Measure may be used for overall service evaluation.

**Conclusions:** Despite different patient and consultation characteristics the Measure was a valid and reliable tool for assessing patient consultations with nurses. The scores were not affected by the socio-demographic characteristics of patients, and thus can be used in high or low deprivation areas.

**Presentation:** The CARE Measure and summary of the study by population

Related work on the CARE Approach, an educational resource on empathic, patient-centred communication

**Funding:** £10,001 - £50,000

## 6.7 Theme: Mixed methods

6.7.1

**(408) Development and test of an interactive mobile phone application for patients with pancreatic cancer***Professor Ann Langius-Eklöf, PhD Candidate, Karolinska Institute, Sweden**Authorship: Tina Gustavell, Sweden; Catharina Frank, Sweden; Kay Sundberg, Sweden; Yvonne Wengström, Sweden; Maria Browal, Sweden; Ralf Segersvärd, Sweden; and Ann Langius-Eklöf, Sweden***Abstract**

**Background:** For immediate and continuous dialogue between patients and professionals new approaches in information and communication technology are encouraged. Patients with pancreatic cancer experience multiple symptoms and when not diagnosed, influencing the patients' quality of life and recovery.

**Aim:** To develop and test an interactive mobile phone application for reporting and managing symptoms for patients with pancreatic cancer after surgical resection.

**Method:** A development process including a scoping literature review (n=20 articles), individual interviews with patients (n=17) and focus group interviews (n=2) with professionals was performed to determine symptoms and self-care advice to include in the application. The interviews had questions about what symptoms the patients experience after surgery and how they handle those followed by questions about what support they received, needed and wanted. Data were analyzed by qualitative content analysis. The application will be tested during autumn 2013 whereas 7 patients reports symptoms daily for four weeks. The application provides access to self-care advice related to the reported symptoms and instant clinical management via SMS and a secure website.

**Result:** Common symptoms reported in the literature and interviews were nutritional problems, diarrhea and fatigue. Support from the health care after discharge was described by the patients as the possibility to call a nurse in case of questions. Additional support were mostly not sought, however a lack of knowledge of symptom management was identified. Results of the test will be presented.

**Discussion:** The literature review showed a lack of research focusing on self-care and patients experience of symptoms after pancreaticoduodenectomy, however the interviews gave a fuller understanding.

**Conclusion:** The results clearly demonstrate the need for a tool facilitating symptom control for patients with pancreatic cancer. An interactive tool offering instant access to self-care advice and clinical management may lead to safe and secure care for patients with pancreatic cancer.

**Funding:** No funding

## 6.7.2

**(197) The concept development of patient complexity for district nursing***Sue Thomas, PhD Student, University of South Wales, UK**Authorship: Sue Thomas, UK***Abstract**

**Background:** Patient complexity is an emerging term in health care, though little is as yet known about its application within the community nursing context. Efforts have been made within Wales to understand the nursing needs of patients in community settings, with the aim to predict which patients have greatest need or who have changing need that may place them at risk of rapid deterioration. It is believed that such need arises from multiple factors, not merely clinically related.

**Aims:** This PhD research study aimed to validate a new patient assessment instrument (ANGEL) (Wyatt, 2012) for district nurses to identify, capture and measure complexity for community-based patients.

**Method:** This stage of the study used Concept Mapping methodology (Kane & Trochim, 2007) for concept development of the term patient complexity, through expert participant consensus.

Five workshops were held between July and October, 2013, with 29 participants from across the NHS Wales' Health Boards.

The Concept Mapping stages of brainstorming, statement generation, statement sorting, and statement rating for importance were used to reveal factors participants believed should be included in a district nursing assessment of patient complexity.

**Results:** Results to date include a range of environmental, sociological, psychological, behavioural, physical and organisational factors. Further qualitative and quantitative results are expected and will be shared.

**Discussion:** Concept Mapping is a methodology which has not yet been used in this context and has proved successful in achieving group consensus without losing any participant's ideas or views.

**Conclusions:** This study offers an insight into nurses' perceptions of patient complexity, whilst illustrating factors considered essential for district nursing assessment of patient complexity. Results will be used to validate the ANGEL assessment instrument and further explore its potential contribution to understanding community-based patient need and district nursing response.

**Funding:** No funding

## 6.8 Theme: Action research / participative inquiry

6.8.1

**(257) Study of nurse initiated intranasal fentanyl to improve time to analgesia for children presenting to emergency with limb injury: Project update***Suzanne Williams, Nurse Practitioner, Mater Health Services, Australia**Authorship: Suzanne Williams, Australia; Sonia Hines, Australia; David Herd, Australia; Sharon Bluett, Australia; and Aaron Basing, Australia***Abstract**

Limb fractures are amongst the most common reasons for presentation of children to the emergency department (ED) in Australia. With injury comes pain; however many children do not receive timely analgesia despite national recommendations advocating analgesia within thirty minutes of triage. Timely analgesia is important in children as inappropriate or delayed management of pain can lead to emotional distress and contribute to heightened pain perception, causing anxiety and anger during subsequent treatments. Painful experiences in hospital during childhood influence the child's future health behaviours, manifesting in doctor phobias and avoidance of medical experiences and settings and contributing to poor health outcomes.

**Goals:**

1. To develop a nursing strategy to facilitate initiation of opioid analgesia at triage for children with suspected limb fracture and moderate to severe pain.
2. To improve time to analgesia in children presenting to the emergency department with suspected limb fracture.

**Methods:** To improve time to analgesia in children with limb injury a policy and training strategy were developed to guide nurse initiated intranasal fentanyl in the paediatric emergency department. Retrospective chart audits of all patients presenting with limb injury provided a base line for time to analgesia in the selected patient group prior to implementation of nurse initiated intranasal fentanyl. Post implementation audits were conducted to measure the impact of nurse initiated intranasal fentanyl on time to analgesia for children presenting with limb injury.

**Results:** Nurse initiated intranasal fentanyl reduces time to analgesia in children presenting to the paediatric emergency department with limb injury. This project has provided a blue print for further development of nurse initiated opioid analgesia in the paediatric emergency department. The paper will describe the initial project and provide an update regarding the ongoing development of policy supporting nurse initiated analgesia.

**Funding:** No funding

6.8.2

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**(435) Reflections on using an appreciative inquiry approach to enhance dignity within a care home setting***Tamsin MacBride, Lecturer, University of the West of Scotland, UK**Authorship: Tamsin MacBride, UK; and Professor Belinda Dewar, UK*

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**Abstract**

**Background:** Appreciative inquiry is a methodological approach which focusses on existing organisational strengths as opposed to weaknesses in order to enhance practice (Watkins and Mohr, 2001). Appreciative inquiry was first described by Cooperrider and Srivastva in 1980 (cited by Watkins and Mohr, 2001) and is now used increasingly within health and social care research (e.g. Dewar and McKay, 2010).

**Aims of paper:** This paper aims to critically reflect on the experience of using appreciative inquiry as a methodological approach.

**Methodological discussion:** The project utilising appreciative inquiry aimed to enhance dignity through the use of relational caring conversations which are at the heart of compassionate and dignified care (Dewar and Nolan, 2013). The authors actively worked with care home staff, residents and relatives to identify positive interpersonal practices that enhance dignity; illuminate these; and develop educational resources to enhance practice.

Many successes and challenges were encountered when using an appreciative inquiry approach.

Successes include:

- Active involvement of staff, residents and relatives allowing a collective approach to transforming practice.
- Real time feedback of positive interpersonal practices helped staff be less defensive. This was particularly important in a culture surrounded by hierarchy, inspection and poor representation in the media.
- Real time feedback to care home staff helped to raise the tacit nature of interpersonal skills and knowledge to their consciousness.

Challenges include:

- Spending time building trusting relationships with staff, residents and relatives.
- Finding the time in a busy care environment to provide real time feedback.
- Developing the skills of being an appreciative inquirer.

**Conclusion:** This paper contributes to the expanding use of appreciative inquiry within health and social care research, and identifies key elements that contribute to the success of this approach.

**Funding:** £1,000 - £10,000

# Concurrent Session 7

Friday 4 April 2014

## 7.1 Theme: Evaluation

### 7.1.1

#### (427) Bibliometric mapping & social network analysis: A novel approach to determine reach of caring theory

Dr Teresa Sakraida, Assistant Professor, University of Colorado, USA

Paige Alfonzo, USA

Authorship: Teresa Sakraida, USA; Paige Alfonzo, USA; Marie Hastings-Tolsma, USA; and Lilian Hoffecker, USA

#### Abstract

**Background:** Watson's Caring Science has received significant global attention over the past decades. The importance and need to utilize nursing theory such as Caring Science Theory has been widely recognized as a significant factor in building the nursing discipline. Receiving less attention are methods to evaluate use and impact of nursing theory by nurse scientists and how that process occurs over time. Bibliometric mapping and social network analysis offer two powerful infographic techniques that can be used in analyzing the extent of citation use, as well as merit and diffusion of publications. While often used in information science, these techniques have received relatively little attention in nursing and can serve to demonstrate patterns, trends, and impact of complex scholarly work.

**Aims:** The aims of this methodological study were to examine Watson's theory for 1) utility of bibliometric mapping and social networking analysis techniques to document global use, 2) determine the impact of use within the discipline, and 3) describe global temporal trends in reach of the theory.

**Methodology:** Data were gathered for bibliometric mapping of the keyword Watson's Caring Theory through review of the Web of Science database for the years 1980-2014. Over 500 citations were analyzed by observing visualization of similarities using VOSviewer software (<http://www.vosviewer.com/>) to assess patterns of use in nursing practice and research. Additionally, social media sites (e.g., Twitter, Facebook, Mendeley, ResearchGate) were searched to identify the number of informal 'mentions' or bookmarking not necessarily captured by formal citations of the publications. Results were grouped across the globe by country.

**Conclusions:** Use of Watson's theory in published works has increased globally. Interesting temporal differences exist when comparing use of the theory by formal and informal citation use. These novel techniques are worthwhile strategies for nurse scientists to employ to purposefully documenting use and reach of their work.

**Funding:** No funding

### 7.1.2

#### (112) Researching the impact of the Health Visitor implementation plan on education and practice: a case study approach

Judy Brook, Senior Lecturer, University of the West of England, UK

Authorship: Judy Brook, UK; Debra Salmon, UK; Richard Kimberlee, UK; and Judy Orme, UK.

#### Abstract

The introduction of the Health Visitor Implementation (DH 2011) set out to strengthen the service by training an additional 4200 practitioners by 2015. This research is the first formal evaluation of this large policy initiative and as such has national significance. The purpose of the study was to understand the impact on education and practice from a range of stakeholder perspectives. Lessons learned will be utilised to inform future strategy and ways of working across England, against a backdrop of complex NHS reforms.

This research, conducted over 2012-2013 used a case study approach utilising mixed methods; data were collected using quantitative and qualitative methods, specifically longitudinal baseline and follow-up survey data from students (n=141), semi-structured interviews and focus groups with a range of professionals, strategic managers (n= 18) and families (n=14). Quantitative data were analysed using descriptive statistics, and assessment of differences using  $\chi^2$  test of association. Qualitative analysis was conducted through thematic analysis and constant comparative methods.

Findings indicate students felt a weight of responsibility at being the 'new vanguard' of health visiting. Managers described high expectations of newly qualified practitioners, however, students expressed concern about the theory practice gap – being educated for a role that some were not yet observing in practice. There were tensions between new and existing staff; new staff provided an impetus to service delivery, but this impacted on existing staff, already providing services using more traditional service delivery models. Data from families highlighted the negative impact of lack of practitioner time and resource on the service offered.

The results reiterate the complex relationship between policy and practice, promote discussion around the theory practice gap and suggest cautious optimism about the influence of newly qualified health visitors on the service delivery of the future.

**Funding:** £10,001 - £50,000

## 7.2 Theme: Focus groups

### 7.2.1

#### (44) Engaging with young people (YP) with bladder augmentation to inform data collection and preliminary analysis

Sarah Doyle, Advanced Paediatric Nurse

Practitioner, Alder Hey NHS Foundation Trust, UK

Authorship: Sarah Doyle, UK; Dr Caroline Sanders, Liverpool, UK; Dr Lucy Bray, UK and Professor Bernie Carter, UK

#### Abstract

YP as service users are uniquely positioned to guide the direction of clinical research. This presentation will focus on engaging YP in the development, design and preliminary data analysis of a study examining YP's lives following bladder surgery. Following ethical approval, six YP were approached to take part in focus group meetings. Four YP responded to the invitation. Multiple telephone contacts were required to co-ordinate a date/time and suitable venue. The focus group was held in a meeting room in the hospital, away from patient areas and accessible to the YP's mobility needs. YPs travel arrangements were organised, their expenses reimbursed and vouchers were provided as a thank you for participation. The focus group explored how to frame sensitive questions and, the language and topics to be used during the proposed interviews (Kirby, 2004). Key findings identified the variations and different interpretations between the language used by the YP and the researcher such as the words used to describe the surgery.

The second engagement session focussed on data interpretation. The YP were unable to meet in a group format due to ill health and social commitments. One YP decided to leave the process. The remaining YP were keen to contribute through either face-to-face or telephone interviews with written material being sent to them to facilitate the discussion. This engagement increased the depth and interrogation of the data through the YP reflecting and challenging how their own experiences resonated with the interviewee statements.

The YP were keen to participate and enthusiastic in their contribution. Organising and coordinating two separate engagements with the same YP following a time lapse was challenging. Ample time, flexibility and creative thinking were required. However the YP's perspectives provided clear guidance in relation to undertaking the interviews and their interpretation of the data enhanced the researcher's analysis.

**Funding:** No funding



7.2.2

### (256) Repertoires used by student nurses and lecturers while discussing student nurse professionalism while they study at university

Sue Jackson, Director of Practice Development, Northumbria University, UK

Authorship: Sue Jackson, UK; and Dr Alison Steven, UK

#### Abstract

Nurse professionalism is a 'vague' concept according to Furaker (2008). Studies of professionalism have tended to focus on defining behaviours in clinical settings rather than professional attributes (Livsey 2009). In academia lecturers have voiced frustrations regarding what they view as students' lack of professionalism (Lipscomb and Snelling 2010) which may offer insight into lecturers' conceptualisations. Timmins and Kaliszer (2002) report greater student absence from university lectures than from ward placements. Thus suggesting student's concepts of professionalism may differ in relation to context. This is of concern given that the NMC (2010) require students to spend 4,600 hours divided equally between practice and university before they are able to register as a nurse.

While some studies have explored student professionalism in the clinical context, little appears to have been done to study professionalism in university settings thorough student nurse and lecturers talk.

This study forms the work conducted towards PhD qualification and presents data collected in May 2013.

**Aim:** To make explicit the discourses and perceptions at play around the use of language on professionalism and professional identity used by student nurses and their lecturers while students are studying at university.

**Methods:** Discourse Analysis Methodology was employed with the purpose of uncovering Interpretive Repertoires, stylistic ways of talking about objects and events. Interviews were conducted with 10 first year student nurses (all fields) and 8 lecturers.

**Results:** Data analysis indicates that a number of common repertoires exist across the 'talk' examined, which can be related to discourses which are enacted at different levels. Macro: - societal, Meso: - context specific and Micro: - personal level.

**Discussion:** The repertoires may reflect and perhaps perpetuate a number of contrasting and dichotomous wider discourses related to nurses and nursing; education, training and academia; and personal and professional power.

**Funding:** No funding

### 7.3 Theme: Service innovation and improvement

7.3.1

### (432) Improvement science in service redesign: critical reflections on the application of the US Dartmouth Institute Clinical Microsystems Methodology in a UK falls pathway redesign

Sue Hunter, Community Matron, Sheffield Teaching Hospitals NHS Foundation Trust, UK

Angela Wright, UK

Authorship: Sue Hunter, UK; Judith Palfreyman, UK; and Angela Wright, UK

#### Abstract

Falling impacts hugely on the independence and quality of life of older people and, as the population ages, imposes a rising cost burden to healthcare services. Addressing the causes of falls and preventing injurious falls is ever more important in community and acute services.

Well-established Falls services in Sheffield, UK, deliver quality care to many fallers, but data shows inconsistencies in access and inefficiencies in transitions between services. The Burdett Trust for Nursing funded a two year nurse-led project to apply the internationally validated Clinical Microsystems methodology to whole service redesign.

This presentation will introduce this innovative approach in improvement science and critically reflect on the successes and challenges of adopting a methodology developed in the US and applying it a different (UK) healthcare system, looking closely at some of the tools and tips that we modified for the UK.

Utilising the Dartmouth Institute's training in microsystems methodology and quality improvement the project team facilitated staff groups to analyse their systems and processes and, with patient experience as a focus, reassessed the effectiveness of existing services and identified areas for change. Plan-Do-Study-Act cycles measured and evaluated small tests of change.

A new fully integrated Falls Pathway has emerged - slowly and sustainably redesigned from the inside out with improved access and faster flow through the pathway. It has strengthened co-ordination and communication between services and generated a truly collaborative sense of working between staff at all levels and with service users, who have contributed actively to the redesign.

This project has demonstrated that the microsystems approach can be adapted to a different health care arena and can give staff confidence to continue to redesign their own services beyond the life of the project.

**Funding:** £100,001 - £500,000

### 7.4 Theme: Questionnaires (statistical analysis)

7.4.1

### (309) Tracking the Impact of Emotional Intelligence on Student Progression

Professor Austyn Snowden, Professor in Mental Health, University of the West of Scotland, UK

Jenny Young, UK; and Hannah Carver, UK

Authorship: Rosie Stenhouse, UK; Austyn Snowden, UK; Jenny Young, UK; Norrie Brown, UK; Fiona Carver, UK; and Hannah Carver, UK

#### Abstract

**Background:** Following publication of the Francis Report (2013) the UK Government and NMC expressed the desire to select students for caring values and attributes. HEIs need evidence on which to base decisions about which attributes/values must be present in students. Emotional intelligence (EI) is contested but well conceptualised in the psychology literature and might be related to quality of nursing care (Bulmer Smith et al 2009).

**Aim:** The study aims to identify the impact of emotional intelligence, previous caring experience and mindfulness training on student progression and achievement of competence for registration with the NMC.

**Method:** A longitudinal (2013-2016) quasi-experimental design. This paper presents baseline results from 870 nursing and midwifery students enrolling in the first year of the degree programmes at two Scottish universities in Sep 2013. 68 year one computing students operated as control group. Measures were shortened version of the Trait Emotional Intelligence Questionnaire (TEIQue-SF) and Schutte's (1998) Emotional Intelligence scale. Demographic data, previous caring and previous training in mindfulness were also collected. Statistical analysis was carried out using SPSS. Ethical approval was gained from all institutions involved.

**Results:** Previous caring experience was not associated with any difference in EI scores, nor was age. Females scored significantly higher than males on both measures of EI ([TEIQ;  $t = -5.553$ ,  $p = 0.000$ ] [EIM;  $t = -4.87$ ,  $p = 0.000$ ]). Nursing students had higher EI than computing students ( $F = 6.558$ ,  $p = 0.000$ ). Mindfulness training was associated with higher EI on the Schutte (1998) measure ( $t = 2.226$ ,  $p = 0.018$ ). Scores in both EI measures were closely correlated ( $r = .557$ ,  $p < 0.000$ ).

**Discussion:** It is unknown if emotional intelligence is associated with success in this cohort. These findings suggest that mindfulness training appears to be a predictor of emotional intelligence, whereas previous caring experience does not. Strengths and limitations of these hypotheses will be discussed in the context of the longitudinal study protocol.

**Funding:** £10,001 - £50,000

7.4.2

**(14) Combining factor and rasch analysis in validating the NHS Scotland employee engagement index**

*Professor Austyn Snowden, Professor in Mental Health, University of the West of England, UK  
Authorship: Austyn Snowden, UK; Ewan MacArthur, UK; and Liz Reilly, UK*

**Abstract**

**Aim:** To develop and psychometrically test the NHS Scotland Employee Engagement Index.

**Background:** Employee engagement is a fundamental component of quality healthcare. In order to provide empirical data of engagement the NHS Scotland Employee Engagement Index was co-constructed with staff. The questionnaire consists of 28 Likert questions.

**Design:** Cross sectional survey of three regions in Scotland.

**Methods:** In January 2013 the questionnaire was sent to 2300 staff across disciplines in NHS Scotland. 1280 staff completed it. Demographic data and summary statistics were collected. Validation consisted of factor analysis and Rasch analysis, followed by 3 focus groups.

**Results:** The majority of the sample was engaged. Mean score was 69%, equivalent with an overall Likert category response of 'agree'. Managers were most engaged, support services least. Factor analysis revealed a four-factor structure consistent with the following interpretation:

1. My experience as an individual
2. My experience with my direct line manager
3. My experience with my team
4. My experience with my organisation

Rasch analysis confirmed the majority of items pertained to the latent trait of staff engagement with infit statistics between 0.7 and 1.3 and a good spread of item difficulty. Focus groups found the questionnaire popular with staff for brevity, relevance and clarity.

**Conclusions:** The NHS Scotland Employee Engagement Index showed evidence of acceptable validity and is a popular measure of staff engagement in NHS Scotland. Limitations of combining conclusions from factor analysis and Rasch analysis are discussed. Implications for practice focus on importance of theory and coproduction in psychometrics.

**Funding:** £10,001 - £50,000

7.5 Theme: Research process issues

7.5.1

**(315) Using Photovoice with people with problematic long-term alcohol use: Exploring the methodology**

*Dr Aisha Holloway, Lecturer, The University of Edinburgh, UK  
Authorship: Aisha Holloway, UK*

**Abstract**

**Background:** Increasingly researchers are exploring new, innovative and creative methods of engaging in a more participatory way with research participants. Photovoice is a qualitative methodology whereby cameras are used by the participants, utilising the photographs as data collection (Wiersma 2011). This artistic record can be used to document their experiences with the aim of enabling their voices to be heard. Wang & Burris (1997) propose that Photovoice enables individuals to record and reflect whilst promoting critical dialogue through discussions of photographs.

Individuals experiencing the consequences of alcohol-related harm are often a marginalised group and are particularly difficult to engage with, due to their chaotic lifestyles and often as a result of their cognitive impairment (McCabe 2006). They are also a group that society often has negative perceptions of. Photovoice therefore may offer researchers the opportunity to engage, working together to create opportunities to better understand, challenge and explore change.

**Aim:** The aim of the paper is to present an account of a knowledge exchange project where the uses of Photovoice as a methodology with people suffering the consequences of alcohol-related harm was explored.

**Sample:** Males and females (n=8) who access and engage with a Charity that provides support and care for those with problematic long-term alcohol use.

**Setting:** Charity run Community Alcohol Related Damage Service in Scotland.

**Design:** Using Photovoice as a data collection method.

**Results:** An analysis of the practical challenges that arose during the study: negotiating ethics, capacity of participants, consent and the presentation of the research itself.

**Conclusion:** The paper will contribute to the knowledge base by increasing our understanding of how Photovoice could be used as a methodology with this group, examining the benefits and challenges, and to further understand the experiences of those living with problematic long-term alcohol use.

**Funding:** £1,000 - £10,000

7.5.2

**(207) Patients: Passive subjects or active participants in reducing the spread of infection?**

*Mary Wyer, PhD Candidate, University of Technology, Australia  
Authorship: Mary Wyer, Australia*

**Abstract**

**Background:** Healthcare associated infections (HAI) are the most frequent adverse event experienced by patients worldwide (World Health Organisation, 2011). Strategies for reducing HAIs largely concentrate on what healthcare professionals can do to prevent spread of infection. However, little consideration has been given to the role of patients in preventing infection transmission.

**Aims:** This paper presents data from current research investigating how patients experience, understand and enact infection control.

**Methods:** Ongoing co-research with patients commenced in March 2013. Everyday patient/carer/clinician care interactions are filmed and then shown back to participants in reflexive sessions. This offers patients the opportunity to consider how their needs and actions intersect with clinicians' infection control practices and understandings. This novel approach also assists clinicians to acknowledge and engage with safety contributions made by patients.

**Results:** Findings show that patients recognise infection control practices and roles they can play in reducing infection transmission. However, they also describe challenges they face attempting to enact these roles, including lack of information, poor communication and fear of being labeled a difficult patient. Findings thus reveal a tension between patients wanting to actively contribute to their own safety around infection transmission and clinicians' lack of receptiveness towards patients' role in infection control. The findings are presented both in the form of coded transcripts and edited video clips from video sessions and filmed interviews.

**Discussion/ conclusions:** There is worldwide recognition that healthcare services must become more responsive to consumer needs. This paper provides compelling and previously unavailable data about patient experiences, understandings and enactments of infection control. Patients' feedback about infection and infection risk may enhance clinicians' and policy makers' insights into infection control risks and behaviours. Such insight is vital to support appropriate patient self-care behaviour and to improve interactions between patients and staff.

**Funding:** £100,001 - £500,000

7.6 Theme: Quantitative approaches  
(measurement)

7.6.1

**(267) Suggested shortened version of the Barthel Index for stroke patients in Greece***Dimitrios Theofanidis, Clinical Lecturer, Alexandroio Technological Educational Institute of Thessaloniki, Greece**Authorship: Dimitrios Theofanidis, Greece; and Rudolf Giobst, Greece***Abstract**

**Background:** The 10 item Barthel Index (BI) evolved from the development of a multi-item measurement initially developed by Mahoney and Barthel 1965 and has stood the test of time, being extensively used in stroke research. Its items cover activities chosen on the basis of their clinical relevance to coping with daily living in a variety of different settings and cultural circumstances.

**Aim:** to adjust standard scales to measure stroke severity in order to provide a quicker measuring tool for stroke progression.

**Method:** a sample of 57 stroke patients was followed from admission to discharge in a Greek tertiary hospital, whereby BI measurements were obtained as a way to assess trajectory of recovery.

**Results:** this study identified five items to be of greatest importance for potential use in Greek hospitals as they correlate highly with overall scores both on-admission and on-discharge. These are: urinary continence, bed-chair transfers, mobility, toilet use and stairs, correlating more than  $r=0.694$ ,  $p<0.001$  with overall BI scores. Higher correlation with overall BI scores on admission was observed for transfers ( $r=0.967$ ), ( $p<0.001$ ). Similarly on discharge, mobility was the item with the highest correlation with the overall BI scores ( $r=0.929$ ), ( $p<0.001$ ). It should also be noted that the five items of the recommended Greek version of the BI, are in line with other short BI as identified by other researchers.

**Conclusions:** It is thus recommended that the above five item short BI be used in Greek hospitals. As well as a tool for measurements of baseline admission and to record progress at discharge, it would also act as a tool to remind practice nurses which measures of change give a greater indication of treatment progress and where focus is needed when nursing stroke patients.

**Funding:** No funding

7.6.2

**(178) Evaluation of diabetes service delivery in general practice: a comparison of nurse prescriber and non-nurse prescriber sites***Dr Karen Stenner, Lecturer, University of Surrey, UK  
Authorship: Molly Courtenay, UK; Karen Stenner, UK; and Nicola Carey, UK***Abstract**

**Background:** nurses make a major contribution to the care of patients with type 2 diabetes, the majority of which is provided within general practice (Houweling et al, 2011). Evidence indicates that this care is enhanced when nurses are qualified to prescribe (Courtenay et al, 2009).

**Aim:** To evaluate services for patients with diabetes provided by nurses in general practice who prescribe medicine. This presentation reports preliminary findings on the objective to compare outcomes (including clinical outcomes, self-care activity and satisfaction) in patients who received care from a qualified nurse prescriber (NP) to those who received care from a nurse without a prescribing qualification (NNP).

**Methods:** A case study design using multiple methods of data collection from 12 general practice sites (6 NP and 6 NNP) across England between July 2011 and April 2013. A consecutive sample of 30 patients with type 2 diabetes with HbA1c  $\geq 6.5$  was sought at each site. Data was collected at entry point, 3 and 6 months.

**Results:** Data was collected on 214 patients (131 NP, 83 NNP). At entry point, patients of the NP group had a longer time since diagnosis (mean years 9.09 NP, 6.24 NNP,  $p=0.001$ ). There were no significant differences in HbA1c, satisfaction with information about medicines, or self-care diet and exercise activities between NP and NNP patients at data collection points. Patients reported a higher level of satisfaction with care provided by NPs (mean 4.83 NP, 4.70 NNP,  $p=0.035$ ).

**Discussion and Conclusion:** While satisfaction with diabetes services in primary care was high, patients were more satisfied with the care provided by nurses who prescribe medication. There were no other differences in key outcomes measured. The next phase of the project will evaluate cost outcomes.

**Funding:** £100,001 - £500,000

## 7.7 Theme: Mixed methods

7.7.1

**(185) Visualising the invisible: developing innovative approaches to visualisation to help NHS staff prevent and control healthcare associated infections***Dr Colin Macduff, Reader, Robert Gordon University, UK**Authorship: Colin Macduff, UK; Alastair Macdonald, UK; John McGhee, UK; Fiona Wood, UK; David Loudon, UK; Charlie Hackett, UK; Stephanie Dancer, UK; AnneMarie Karcher, UK; and Dylan Gauld, UK***Abstract**

**Background:** Healthcare associated infections (HAIs) constitute a widespread problem, especially given increasing resistance to antibiotic therapies (Vickery et al 2012). However literature review identifies a lack of fundamental knowledge about the extent to which healthcare workers (and patients and visitors) actively envisage/imagine the invisible pathogens that cause HAIs and the relationship of this to prevention and control of HAIs in clinical contexts. Moreover the use of dynamic visualisation approaches to address this appears under-developed. This paper will use words and dynamic visuals to report on a project that engaged in research and knowledge exchange to address these gaps.

**Research questions**

1. Given that pathogens are, under normal circumstances, invisible, how do healthcare workers in medical and surgical care settings envisage pathogens and what does this mean in the context of daily working practices?
2. What current ways of representing pathogens and their consequences are most meaningful to these workers in terms of perceived influence on awareness and behaviour?
3. Focusing on the specific challenge of digital visualisation of new data about high risk hand touch sites and worker behaviour in these settings, how might this best be developed in a way that is meaningful and may influence awareness and behaviour?
4. What are the perceived strengths and weaknesses of the prototype visualisation options, and how might they be further developed and applied to enhance prevention and control of HAIs?

**Methods:** Questions 1-3 were addressed using an arts based qualitative methodology with ten hospital-based healthcare workers (four of whom were nurses) and two patient representatives. Resultant prototype dynamic visualizations were evaluated by a mixed group of almost 200 healthcare workers.

**Findings and Conclusion:** Dynamic visualisations of pathogens in healthcare contexts were seen as meaningful by participants and initial prototypes evaluated well. Further research and developments would be valuable.

**Funding:** £50,001 - £100,000

7.7.2

### (33) Enhancing public health employability: Developing a public health employability tool for new nursing registrants

Marie Therese Massey, Senior Lecturer, Sheffield Hallam University, UK

Authorship: Marie Therese Massey, UK

#### Abstract

**Background:** Key government documents state that the public health contribution of all nurses must be maximised if patients are to get the best possible outcomes of care (DoH 2013) and they require new registrants to be fit for public health practice at the point of qualification. The need to successfully enable students to map the essential skills acquired on their course to public health practice is a priority for students and nurse educators if government aims are to be met.

**Aims:** A study was developed that aimed to determine whether final year student nurses, studying at a school of nursing in the North of England, felt they were prepared for public health practice on qualification.

**Method:** A mixed method research design was employed. Data was collected from participants (n=60) in their final year. Participants completed a questionnaire after reviewing job descriptions for roles as public health nurses. Focus groups with a sub sample of participants explored the application of person specific skills in more depth. Thematic analysis (Boyatzis 1998) explored key emerging themes.

**Results:** The data demonstrates that there were varied feelings of confidence in their own skills by the participants. Students did not always recognise their own skill base in relation to delivering public health interventions. Challenges were identified and participants shared the anxiety of being thrust into a role that required a strong leadership element from the outset.

**Discussion:** A tool was developed to encourage students to identify their strengths and skill base in delivering public health care. The mapping tool and the implications of these findings for future employability and nursing education will be discussed as part of this presentation.

**Funding:** No funding

7.8 Theme: Questionnaires (statistical analysis)

7.8.1

### (62) Health related quality of life measures in idiopathic pulmonary fibrosis (IPF): Longitudinal evaluation

Anne-Marie Russell, Senior Lecturer, National Heart and Lung Institute, UK

Authorship: AM Russell, UK; E Renzoni, UK; AU Wells, UK; M Kokosi, UK; U Fraser, UK; H Adamali, UK; J Simpson Stevenage; R Marshall, UK and TM Maher, UK

#### Abstract

**Rationale:** Patients diagnosed with IPF experience debilitating symptoms which impact upon their quality of life (QoL). Given there is no curative treatment and only limited options for slowing disease progression (1), the management of IPF presents a major challenge. At best one hopes to optimise QoL for the patient, but there is not as yet a validated instrument for measuring and monitoring health related QoL status in IPF (2).

**Methods:** Individuals, diagnosed with IPF, according to current criteria (1), were recruited from referrals to our unit. Baseline severity was assessed by FVC, DLCo, CPI and 6 minute walk test. Participants completed: Hospital Anxiety & Depression scale (HADS); MRC dyspnoea scale; FACIT fatigue scale; Leicester cough questionnaire (LCQ); St Georges Respiratory questionnaire (SGRQ (original)) and A Tool to Assess Quality of Life in Idiopathic Pulmonary Fibrosis (ATAQ-IPF (V2)). Baseline correlations were determined by Spearman's Rho coefficient. Multivariate regression explored the interrelationship of domains and individual items within QoL measures. Spearman's Rho was used to determine the correlation between absolute change in QoL measures with FVC % change from Baseline to 12 months.

**Results:** 125 patients completed baseline questionnaires (82% males); mean age 68(± 8.5) years; 62 patients completed questionnaires at 12 months. ATAQ correlates well with disease severity (CPI Rs 0.26; p=0.0333) and with SGRQ (Rs 0.72 p=0.00001. ATAQ also correlates well with HADS depression (Rs 0.62) and anxiety (Rs 0.65) and FACIT Fatigue (Rs 0.59). At 12 months strongest correlations were between SGRQ (Rs 0.40 p=0.0026) and HADS Depression (Rs 0.47 p=0.0028). Multivariate regression demonstrates an independent relationship between change in FVC from Baseline with SGRQ total (p=0.0002) and HADS depression (p=0.0001).

**Discussion:** This large cohort of patients offers some insight into QoL and symptom measures over 12 months. However the relationship between QoL, symptom measures and disease severity warrants further longitudinal evaluation. This work is ongoing.

**Funding:** £500,001 - £1,000,000

7.8.2

### (30) A cross sectional examination of health-related quality of life and its associated factors in Egyptian patients with liver cirrhosis

Dr Naglaa Youssef, Lecturer, Cairo University, Egypt

Authorship: Dr Naglaa F.A. Youssef, Egypt; Dr Josie Evans, Scotland and Dr Ashley Shepherd, Scotland

#### Abstract

**Background:** Poorly perceived health-related quality of life (HRQOL) has been recorded among patients with liver cirrhosis (LC) worldwide. However, there is limited literature relating to HRQOL of cirrhotic patients in the Middle East, particularly in Egypt; and factors associated with HRQOL.

**Aim:** The study aimed to describe and evaluate HRQOL of Egyptian patients with LC and to identify factors associated with the (HRQOL) physical component summary (PCS) and mental component summary (MCS) of a measure of functional health and well-being. Method: A cross-sectional study with a convenience sample of 401 patients from three hospitals in Cairo, Egypt, was conducted between June and August 2011. Patients were interviewed to complete a background data sheet, Short Form-36 (SF-36), the Liver Disease Symptom Index 2.0, and the Multidimensional Scale of Perceived Social Support.

**Results:** All domains and component summary scores of the generic SF-36 were poor. About 87.2% of patients rated their general health as poor or fair. Using stepwise multiple linear regression analyses, two models identified factors associated with PCS and MCS. Model 1 explained 19% of the variation in PCS ( $R^2 = 0.190$ ,  $R^2_{adj} = 0.180$ ,  $p = 0.0005$ ). Four variables were significantly associated with PCS [symptoms severity, employment status, number of comorbidities and disease stage ( $p \leq 0.02$ )]. Model 2 explained 31.7% of the variation in MCS ( $R^2 = 0.317$ ,  $R^2_{adj} = 0.308$ ,  $p = 0.0005$ ). Four variables were significantly associated with MCS [symptoms severity, perceived spouse support, employment status and perceived family support ( $p \leq 0.02$ )].

**Conclusion:** Cirrhotic patients in Egypt experience various symptoms that can affect their PCS and MCS, but social support may alleviate suffering for certain cirrhotic patients. Healthcare providers should involve the patient's family in any plan of care. Further research is needed to explore additional associated factors and to establish whether associations are causal.

**Funding:** No funding





# Concurrent Session 8

Friday 4 April 2014

## 8.1 Theme: Documentary research

8.1.1

### (290) What's my line? A narrative review and synthesis of the literature on registered nurses' communication behaviours between shifts

Janice Elliott, Lecturer, University of Adelaide, Australia

Authorship: Alison Kltsen, Australia; Åsa Muntlin Athlin, Sweden; Janice Elliott, Australia; and Megan Cant, Australia

#### Abstract

**Background:** Effective communication across shifts is acknowledged as a prerequisite to safe and high quality patient-centred care. The communication behaviours at shift handover by nurses have been acknowledged as inconsistent and imprecise. Inaccurate clinical communication is identified as contributing to poor clinical outcomes (JCAHO 2003). Standardised nursing handover processes and technologies have developed based upon the hypothesis that by standardising communication high quality safe patient outcomes will ensue (Patton, 2007; Australian Commission on Safety and Quality in Health Care, 2007).

**Aim:** To describe, appraise and synthesise the seminal and relevant literature around registered nurses' communication behaviours across shifts in acute hospital settings.

**Methods:** A narrative review and synthesis was utilised. English language peer reviewed papers published between 1970 and April 2012 were identified using the bibliographic databases PubMed, CINAHL and Scopus.

**Results:** Twenty nine papers were reviewed. The complex nature of clinical handover is not acknowledged and the quality of the research undertaken was variable and was not based on robust conceptual frameworks. Seven consistent themes emerged: overall purpose; report givers and receivers; seeing the whole picture; teaching and education; language; patient-centred care; and social cohesion. Two main communication processes were identified as required – one describing the whole picture – of the ward environment or preceding shift, the other providing information about individual patients.

**Conclusion:** Barriers to the research on this important nursing practice include the highly variable terminology and methodological rigour. The more recent research has not built upon pre-existing knowledge. A whole of system approach is required in order to understand the complexities

of improving nursing communication handovers, especially with regard to clinical handover. The role of the nursing unit/ ward lead in setting communication standards is identified as an area of study yet to be undertaken and research into this key role is recommended.

**Funding:** No funding

8.1.2

### (396) How to measure the safety of medication preparation and administration?

Marian Smeulers, Advisor Quality and Safety /Researcher, Academic Medical Centre, The Netherlands

Authorship: Marian Smeulers; Lotte Verweij; and Hester Vermeulen, Netherlands

#### Abstract

**Background:** nurses have a pivotal position in medication safety. It is known that one third of medication errors occur in the preparation and administration phase. To measure the safety of this process labor-intensive direct observations are not feasible. Another way to monitor a medication safety is through clinical indicators.

**Aims:** To identify evidence-based indicators (structure, process and outcome) for the medication preparation and administration process.

**Methods:** A search in Medline was performed through August 2013. Two authors selected appraised and extracted indicators independently from studies, if the study combined a literature search with expert panel opinion (RAND modified Delphi method) and enclosed indicators on medication preparation and administration.

**Results:** The search identified 728 articles, 40 were reviewed in detail and three articles met the inclusion criteria. A total of 16 indicators were identified.

Four structure indicators:

1. Removal of concentrated electrolytes from patient areas
2. measures for narcotic safety
3. incident reporting and analysis
4. prospective medication safety analysis.

Seven process indicators:

1. Antibiotic prophylaxis for surgery
2. VTE prevention for surgery
3. administering protocols for high alert prescription medications
4. verification of high alert prescriptions

5. machine readable coding systems for administration

6. differentiation of high alert prescription medication

7. monitoring by assigning pharmacists on rounds. Five outcome indicators:

1. Top 10 medications associated with harm/death medication incidents
2. harm/death incidents by type of error
3. harm/death incidents per days of patient care
4. deaths associated with medication incidents and
5. medication errors.

**Discussion:** Since indicators are used for quality assessment and internal as well as external benchmarking, it is important to use reliable and valid, i.e. evidence-based indicators, with clear definitions. Our study indicates that only a few studies used an evidence-based approach to indicator development for the important nursing process of medication preparation and administration.

**Funding:** No funding

8.1.3

### (103) Veterans' perspectives of life following combat-related limb-loss

Lee Yarwood-Ross, Doctoral Researcher & Lecturer, Manchester Metropolitan University, UK

Authorship: Lee Yarwood-Ross, UK; Kirsten Jack, UK; and Carol Haigh, UK

#### Abstract

**Background:** The post-2001 conflicts (Iraq and Afghanistan) has led to armed forces personnel experiencing traumatic or surgical amputation but the advances in protective equipment and medical care has increased the survival rates (Ling et al, 2010). For example, statistics in the United Kingdom (UK) from 2001-2013 show a total of 291 surviving personnel whose injuries have included amputations; 105 of which are significant multiple limb amputations (Ministry of Defence, 2013). These injuries often result in medical discharge which initiates a transition to civilian life. The Murrison report (2011) has projected that a lot more amputees will leave the armed forces by 2020 and will require long term health care from the National Health Service.

**Objective:** to explore the lives of combat amputees using a grounded theory approach to increase our awareness of life after injury.

**Methods:** the data has been collected through discussions with combat amputees and from online sources, documentaries and autobiographies.

**Findings:** preliminary findings suggest that these amputees are young, highly motivated individuals who seek independence and achievement. This requires them to adapt, re-learn and find new ways to succeed. They often participate in extraordinary activities such as mountain climbs which have a positive impact on their recovery and aims to inspire other amputees. Some are also motivational speakers and are actively involved in charities for the wounded. However, some do live with post-traumatic stress disorder and chronic pain.

**Implications:** these findings will enable nurses to have an awareness of the individual nature of combat-related limb-loss and gain an insight into the lives and behaviours of combat amputees after their injury. Having this knowledge will be useful for nurses when caring for amputees in their clinical practice and it will contribute to their continual professional development around limb-loss.

**Funding:** £10,001 - £50,000

## 8.2 Theme: Interviewing and qualitative approaches

8.2.1

### (159) A communication model between health care workers and ethnic minority's elders

*Dr Gloria Likupe, Lecturer, University of Hull, UK*  
*Authorship: Dr Gloria Likupe, UK*

#### Abstract

The minority ethnic population of the United Kingdom has increased to 8-16.5% from 2001 – 2011 (UK Census 2011) and is expected to keep on increasing. This will greatly increase the proportion of ethnic minority elders (EMEs) who need care. As multicultural society, the UK will experience a range of challenges as various sections of the population age since it is known that the perceptions of ageing vary across cultures. Effective communication is seen as one of the key factors in determining needs of ethnic minority elders (EMEs). However, older peoples' views of communication in this category have rarely been sought.

**Aim:** The aim of this study was to explore factors that act as barriers and those that facilitate effective communication between EMEs and health care professionals. Based on the findings of this exploration, a model of communication is proposed to improve existing communication models and include ethnic minorities more effectively.

**Method:** A qualitative approach using semi-structured individual interviews was used to collect data from HCWs and EMEs between April to June 2013. A purposive sample of 5 minority ethnic elders who identified themselves as Black or Asian was invited to participate in the study. Ten health care workers were also selected to participate.

The data were analysed using content analysis and from this a communication model between HCWs and EMEs is proposed.

**Findings:** Analysis of both minority elders and HCWs' conversations revealed that barriers of communication include difficulties in understanding culture, stereotyping of ethnic minority elders, limiting physical conditions and insufficient training of HCWs. In addition, EMEs identified misinformation about their immigration status as a barrier to communication. Factors that facilitate communications were found to be: treating elders as individuals; knowledge of cultural beliefs and values; respecting confidentiality; and being patient and listening to elders.

**Funding:** £10,001 - £50,000

8.2.2

### (543) Learning, recovering and working in mental healthcare practice

*Dr Briege Casey, Lecturer, Dublin City University, UK*

*Authorship: Briege Casey, UK*

#### Abstract

This paper concerns a participatory research study with 14 women of varying ages and backgrounds, including former mental health service users, who work alongside mental health nurses in psychiatric services in Dublin, Ireland. The women had just completed a vocational, government funded training course in 'Recovery in Mental Health' and their experiences and perceptions while undertaking this course were explored using arts-based methods. Edgars' (2004) Image-work framework and the incorporation of the metaphor of 'journey,' (Morgan 1996) enabled us to meaningfully engage in analysis and dialogue regarding the women's experiences of learning, recovery, being helped and helping others as expressed through their artwork.

The paper is derived from analysis of these visual images, group discussions, and researcher field notes. The capacities of arts-based inquiry as a means, for these women, of exploring and dialoguing complex experiences and perceptions will be discussed. The women's understandings of the inter-relatedness of their learning journeys and their personal recovery journeys will be shared. Co-existing and often ambivalent states of needing help and giving help to others (Cleary et al 2006) will be considered. The women were confident in the value of their potential contributions to mental health teams, moreover undertaking the course inspired hope and a renewed sense of possibilities; however the artwork also poignantly demonstrates that this optimism and purpose is not always fostered/supported in practice contexts. The women voiced uncertainty, frustration and a sense of exclusion concerning their positions and roles within healthcare teams. These findings have important implications for healthcare teams and nurses in particular concerning inclusive, collaborative, interdisciplinary practice and education.

**Funding:** No funding



8.2.3

### (416) Investigating the attitudes and perceptions of key stakeholders regarding older adults with serious mental illness experiencing physical health needs

Dr Andrew Clifton, Senior Lecturer - Mental Health Nursing, University of Huddersfield, UK  
 Authorship: Gwen Marples, UK; \*Andrew Clifton, UK; and Clarke, A., UK

#### Abstract

**Background:** To date little published evidence exists about the older adult (aged sixty five years plus) with serious mental illness (SMI) experiencing physical health needs. Such people may have long-standing conditions such as schizophrenia or bipolar disorder, are known to have higher levels of morbidity and mortality from chronic diseases resulting in a reduced life expectancy (Cormac and Gray 2012). With UK population projections indicating that numbers of older adults will increase to 12.7 million by 2021, it is likely that numbers of those with SMI will increase.

An exploratory qualitative study was undertaken with key stakeholders (healthcare staff) employed by an NHS mental health trust in the north-east of England which sought to investigate their perceptions and attitudes surrounding the care of older adults with SMI having physical health needs.

**Data collection:** Data collection took place between April and September 2013; a total of 24 qualified members of staff were interviewed. Face to face interviews were conducted with 10 staff. Focus groups (x2) were conducted with 14 staff (6 and 8 members respectively). Informed written consent was obtained prior to interview. A topic guide was used to direct discussion. All interviews were digitally recorded, transcribed and analysed using a Framework Matrix approach (Ritchie and Lewis 2003).

**Results:** The following themes emerged: 1. Defining the patient group and their journey in care, 2. Seeing the 'whole' person, 3. Devolving care 'falling through the gap' and 4. Making it happen and moving forward.

**Conclusion:** This presentation will explore some of the findings from the study highlighting the need for effective communication, the importance of the role of the GP as well as the need for a review of the teaching of health care professionals so that such older adults do not to 'fall through the net'.

**Funding:** £1,000 - £10,000

### 8.3 Theme: Qualitative approaches (phenomenology)

8.3.1

### (45) Understanding epistemic injustice as a way to providing culturally appropriate care

Gayatri Nambiar-Greenwood, Senior Lecturer in Nursing, Manchester Metropolitan University, UK  
 Authorship: Gayatri Nambiar-Greenwood, UK

#### Abstract

This theoretical paper, part of a doctoral study analysis, intends to consider the possibility that coming to understand the concept of Epistemic Injustices, would positively add to the personal knowledge health and social care professionals acquire, in understanding the provision of culturally appropriate care (CAC) for service users.

The doctoral study, guided by Gadamer's (1989) philosophical hermeneutics, is concerned with answering 'What do patients perceive as culturally appropriate care?'. A number of open unstructured interviews were carried out over a period of 12 months for analysis, to add to the knowledge base that is provided by textbooks and government legislation on non-discriminatory practice

Utilising Miranda Fricker's seminal piece Epistemic Injustice (2006), the central argument within her work is that people can be distinctively wronged in their capacity as knowers. In relation to this paper, the words of a service user's assertions may be given unduly low weight because of the listener's prejudices about a particular social grouping to which the speaker belongs to (Medina, 2013).

This paper will argue that the approach taken in the past 3 decades to widening knowledge about 'other' minority cultures and being told not to be discriminatory remains limited in its success of providing CAC to all patients, as it does not focus on the strength of epistemic injustices in limiting the patients' perspective from minority and marginalized members of the majority populations. It will also propose that the persistence of this method will limit personal cultural insight and self-awareness in improving the delivery individualized CAC.

**Funding:** No funding

8.3.2

### (298) Coping with chronic illness whilst homeless: findings of a study exploring the impact on quality of life

Sarah Bell, Clinical Nurse Specialist Palliative Care, St Wilfrid's Hospice, UK  
 Authorship: Sarah Bell, UK

#### Abstract

Many homeless people suffer a disproportionately high rate of ill health compared to the general population, living with complex physical, mental and substance abuse issues (Hewett, Hiley & Gray, 2011). These conditions are often chronic, affecting daily living and resulting in poorer quality of life.

This study focused on how being chronically ill and homeless affected quality of life. It was a qualitative enquiry adopting hermeneutic phenomenology, seeking to explore and understand the experiences of the homeless by grasping the hidden meanings within their stories. Data was collected using one to one interviews with twelve homeless people living within a UK locality who had access to day centres for the homeless. Interview texts were transcribed and analysed to enable interpretation of meaning.

Findings from this study provide in-depth data on participants' chronic health issues, with some directly attributing worsening health to becoming homeless. Some perceived inadequate support from healthcare services as a contributory factor. Participants had experienced past abuse and relationship breakdown, issues that still affected them and their ability to cope. Many continued to struggle with the complexities of ill health and substance abuse, with a negative impact on quality of life. A number were found to be coping with daily life through the support of family, healthcare professionals and charity workers. Participants were found to be selective in the healthcare services they utilised, sometimes influenced by previous negative experiences with health care.

It is imperative that the appropriate healthcare services are available for those with chronic illnesses who are homeless. Interdisciplinary and multiagency working will best address the complex issues that they face, but there is also a place for the views of the homeless themselves to be heard (Charmaz, 2004). This study helps give them a voice.

**Funding:** No funding

8.3.3

**(449) The Lived Experience of Breastfeeding Methadone-Treated Mothers in Early Motherhood***Rosemary Jambert-Gray, Lead Nurse: Primary Care Addiction, Camden and Islington NHS Foundation Trust, UK**Authorship: Rosemary Jambert-Gray, UK***Abstract**

**Background:** This longitudinal phenomenological study explores life-world experiences of four breastfeeding mothers in methadone maintenance treatment during the first 12 weeks of motherhood. Research interest stemmed from practice observations in which substance-misusing women consistently report frustration struggling to work with professionals to prove their trustworthiness as mothers.

**Method:** Each woman was interviewed four times over four months in 2008 - 2010. Relational maps and drawings of their imagined non-ideal and ideal mothers facilitated conversation in a non-threatening environment. Rich contextualised data were analysed to explore and interpret the previously hidden meaning of early motherhood.

**Results:** The data indicated that whilst in hospital, mothers experience: internal emotional turbulence. In addition, within their external worlds they feel stereotyped as drug users and of risk to their babies. However after discharge from hospital, mothers describe becoming good-enough and insightful mothers for themselves

**Discussion:** This thesis reveals five major findings. Firstly, due to profound and powerful feelings of love, breastfeeding can provide a window of opportunity to change lives. Secondly, as a non-verbal method of communication, mothers publicise care and nurturing of their infant by breastfeeding. However professionals often expect them to attend numerous multi-agency appointments to prove their worth as mothers. Thirdly, where infant safeguarding is the focus of professional concern, mothers are at risk of becoming unintentional victims of institutional abuse. Fourthly, by embracing their drug-user identity women rationalise becoming good-enough mothers for themselves. Finally breastfeeding methadone-treated mothers have insight into the functional role of methadone, stating unwillingness to sacrifice a sense of well-being to satisfy demands for abstinence from social services.

**Conclusion:** This study highlights the importance of supporting breastfeeding and providing empathetic care of vulnerable mothers. Health and social care professionals need to be aware of the effects of stigmatisation and actively incorporate this knowledge into their practice.

**Funding:** No funding

8.4 Theme: Evaluation (patience experience)

8.4.1

**(538) Is that what you mean? Learning from interpreters, migrants and health professionals in interpreter mediated health encounters***Dr Ima Jackson, Lecturer, Glasgow Caledonian University/GRAMNET (Glasgow Refugee Asylum and Migration Network)**Authorship: Dr Ima Jackson, UK and Dr Teresa Piacentini, UK***Abstract**

Increased migration of peoples to Scotland over the last 12 years suggests that this is the moment for greater understanding of the communicative significance of migration on health provision. Unprepared translators and health care providers working with patients with limited English language proficiency create poor outcomes and well evidenced inequalities (Karliner et al 2007; Flores (2005); Flores et al 2003). These include risks of misdiagnosis, medication mismanagement, delay and ineffective service delivery (Green et al 2005 Jacobs et al 2004; Ghandi et al 2000).

Presenting from a 2 year interdisciplinary qualitative study, which investigated through analysis of individual interviews and focus groups with health professionals, interpreters and migrants, how aspects of this tri partite relationship are managed within practice. Empirical data collection was undertaken in Scotland between April and August 2012. Analysis evidenced how practitioners draw on their experience to manage intercultural communication, how interpreters develop a range of strategies to manage complex social interactions within an intercultural context and how service users bring their communicative skills and manage their own expectations of interpreters and health care service providers.

Rather uniquely a key output from this study is 5 educational filmed scenarios developed directly from analysis of practitioner, migrants and interpreters experience of interpreting in health care. These filmed scenarios form the basis of an educational tool developed for students in health care and interpreting, for practising health care professionals and interpreters and for migrants and contributes to evidenced intercultural education in healthcare.

**Funding:** £100,001 - £500,000

8.4.2

**(266) Goal-setting intervention in patients with active asthma: Is it acceptable? Is it useful?***Dr Purva Abhyankar, Research Fellow, University of Stirling, UK**Authorship: Purva Abhyankar; Gaylor Hoskins; Anne Taylor; Edward Duncan; Aziz Sheikh; Hilary Pinnock; Peter Donnan; Marjon van der Pol; and Brian Williams, UK***Abstract**

**Background:** Supporting self-management behaviour is recommended guidance for people with asthma. Patient-centred methods that improve patient involvement, skills and self-efficacy are effective for enabling self-management<sup>1</sup>. Such methods involve shared agenda setting, collaborative goal-setting and skill and confidence building to help achieve goals. This paper reports on the acceptability and perceived utility to patients and health professionals of a patient-centred, goal-setting intervention delivered in the context of a primary care asthma review consultation.

**Methods:** A qualitative study embedded within a two-armed cluster randomised controlled trial<sup>2</sup>. The intervention involved completion of a goal-eliciting tool by patients prior to their asthma review, collaborative goal-setting during the review and action planning to facilitate goal-achievement. Twelve practice nurses and 16 patients took part in semi-structured interviews exploring perceived usefulness and feasibility of the intervention. Patients were selected purposively based on age, gender, study arm, GP practice, and asthma severity to obtain maximum variation in views and experiences. Data were analysed using thematic analysis approach.

**Results:** Patients were positive about the intervention as reviews normally concentrated on physical check-ups and medication management with little discussion about everyday life and aspirations. Focussing on goals gave patients the chance to become active members of the healthcare team rather than passive recipients of instruction; care was seen to be more holistic and there was a perception of enhanced rapport with the nurse. However, nurses reported time constraints as a major barrier to successful intervention implementation and admitted screening-out patient goals they believed unrelated to asthma.

**Conclusion:** The goal-eliciting tool gave people with asthma an opportunity to raise issues that may not otherwise have been addressed. However, delivery of this intervention in the context of a routine asthma review is problematic due to consultation constraints. Despite perceived value there are practical difficulties for implementing patient-centred self-management support.

**Funding:** £100,001 - £500,000





8.4.3

### (149) Embedding compassionate care in local NHS practice: a realistic evaluation

Juliet MacArthur, Chief Nurse Research, NHS Lothian, UK

Authorship: Juliet MacArthur, UK

#### Abstract

**Background:** There has been considerable concern about the delivery of compassionate care in the United Kingdom and beyond in the last 10 years (Patients Association 2011, Francis 2013). To date there has been little evaluation of dedicated initiatives designed to embed compassionate care in local NHS practice. One example, the 'Leadership in Compassionate Care Programme' was implemented in Scotland 2008-2011 and involved collaboration between the NHS and higher education. This Programme was centred on three underpinning principles: action research, relationship-centred care and appreciative inquiry.

**Aims:** The aim of the study was to critically examine the impact of the Leadership in Compassionate Care (LCC) Programme within in-patient settings.

**Methods:** This qualitative study adopted Pawson and Tilley's (1997) realistic evaluation framework to examine the question of 'what worked, for whom and in what circumstances?' 46 semi-structured interviews were held with 33 stakeholders over the three year period. The main focus was examination of 8 participating wards that included acute admissions, medicine of the elderly, mental health rehabilitation and continuing/palliative care.

**Results:** Compassionate care was seen to be founded on meeting the needs of patients, relatives and staff. Analysis of the 8 wards identified varying degrees of 'level of adoption' of the LCC Programme, with resultant difference in outcomes for the range of stakeholders.

**Discussion:** Four essential elements were recognised as necessary for understanding and embedding compassionate care: strategy, relationships, practice development and leadership. A conceptual model demonstrating the dynamic nature of their inter-relationships was developed. This was based on the key enablers identified in the 'high adopting' wards and led to recommendations for policy and practice at macro, meso and micro levels.

**Conclusions:** Embedding and sustaining compassionate care demands a strategic vision and investment in a local infrastructure that supports relationship-centred care and investment in practice development and leadership at all levels.

**Funding:** £10,001 - £50,000

8.5 Theme: Case study

8.5.1

### (108) Capturing the voice of young women in research on sensitive topics: use of 'my story book' in Malawi

Gertrude Mwalabu, PHD Student, The University of Nottingham, UK

Authorship: Gertrude Mwalabu, UK, Catrin Evans, UK and Sarah Redsell, UK

#### Abstract

**Background:** Globally, the number of adolescents living with perinatally acquired HIV continues to rise, particularly in Africa. Several studies have explored the sexual and reproductive health (SRH) experiences of these adolescents as they transition to adulthood (Busza et al., 2013, Obare & Van der Kwaak, 2010, Birungi 2009, Fielden et al., 2006). However, authors acknowledge that in using 'conventional' data collection techniques, young people were sometimes reluctant to discuss their sexuality and avoided direct questions on sexual issues. This could be attributed to cultural norms in which open discussion of sex/sexuality between generations is taboo. As part of a wider study on life experiences and SRH needs of female adolescents living with perinatally acquired HIV in Malawi, an innovative 'my story book' approach was adopted to encourage openness.

**Aim:** This paper explores the usefulness of the 'my story book' approach in collecting data on a sensitive topic among a vulnerable participant group.

**Methodological Discussion:** A qualitative case study design was adopted whereby each 'case' comprised a female adolescent (15-19 years), a nominated caregiver and a service provider. Data was collected for 14 cases through in-depth interviews. The interviews with adolescents were based around 'My story book'. The book comprised sentence completion exercises and researcher-generated images depicting different life experiences and events. Adolescents were invited to select and discuss the images that best suited their different experiences and needs/issues. 'My story book' yielded powerful and rich data on young women's sexual experiences.

**Conclusion:** 'My story book' gave young women more control over the representation of their lived realities, thereby addressing unequal power relations between the researcher and the researched. The book allowed young women to communicate not only key events but also contexts, values and challenges as they explained the experiences in reference to the chosen images.

**Funding:** No funding

8.5.2

### (407) The impact of the implementation of Section 5(4) (nurse's holding power) of the Mental Health Act 1983 on the therapeutic alliance

Dr Russell Ashmore, Senior Lecturer (Mental Health Nursing), Sheffield Hallam University, UK

Authorship: Russell Ashmore, UK

#### Abstract

**Background:** Section 5(4) [S5(4)] of the Mental Health Act 1983 (DH, 2007) empowers mental health nurses (MHN) to legally prevent informal inpatients from leaving hospital for their health or safety or the protection of others. Since its introduction in 1983 there have been over 36,000 applications of the section (NHSICHCSC, 2012).

The therapeutic alliance between patient and nurse has been recognised as the foundation on which all care and recovery in mental health nursing is based. Some have argued that implementation S5(4) is likely to impact negatively on the therapeutic alliance (Hoggett, 1996), a belief shared by some MHN (Carver and Ashmore, 2000). However, there have been no attempts to examine this belief systematically.

**Aim:** As part of a PhD completed in July 2012, this study sought to address this deficit by examining nurses' and patients' stories of the impact of S5(4) on the therapeutic alliance.

**Method:** A case study approach generated data from multiple sources including: nursing notes and 34 narrative interviews with nurses and patients. Within- and cross-case narrative analysis was undertaken on the data set.

**Findings:** The analysis produced an eight-part collective story (Richardson, 1990) that explained the impact of S5(4) on the therapeutic alliance. The eight parts were: 'the Mental Health Act and therapeutic alliances'; 'accepting their fate'; 'no impact'; 'short-term impact'; 'long-term impact'; 'emotional impact on nurses'; 'resolving difficulties'; and 'therapeutic alliances and safety'. The presentation will outline the collective story in detail and discuss the implications for the relationship between the therapeutic alliance and patients' experiences of recovery, choice, discrimination, and exclusion within acute psychiatric settings.

**Conclusions:** While the implementation of S5(4) has the potential to negatively impact on the therapeutic alliance, the findings of this study suggests that MHN are able to overcome any initial difficulties resulting from the detention.

**Funding:** No funding

8.5.3

**(260) How nursing students learn clinical decision-making in practice placements: a case study**

*Joady Mitchell, Principal Lecturer, London South Bank University, UK*  
*Authorship: Joady Mitchell, UK*

**Abstract**

The abstract is for a research study that explored how nursing students learn clinical decision-making in practice. The presentation will focus on the methodology, results and discussion of findings.

In the UK 50% of nursing students' learning is in practice placements. Learning clinical decision-making is essential for registration as a nurse but has been a relatively unexplored aspect of learning to be a nurse. The literature related to students' learning in practice did not focus on how students learn clinical decision-making and there was little research that used observation as a data collection tool rather than interview data, or involved mentors in the study.

Using a case study methodology (Yin 2009), how first and third year nursing students learnt clinical decision-making in a practice placement was explored. The support of gatekeepers and consultation with service user groups was sought prior to gaining NHS ethical approval.

The data collection took place from February to July 2011 and used three data collection methods; observation, interview and documentary analysis. Framework analysis (Richie and Spencer 1994) was used for the data analysis as it offers a structured approach and enhanced the management of a rich data set. The themes identified were dignity, practicing, understanding risk, developing knowing and making decisions. An overarching theme of 'community' including the whole ward team and learning environment was significant to students learning clinical decision-making. In addition, both the students' motivation to learn and their ability to recognise potential learning opportunities impacted on their learning clinical decision-making.

The researcher's ability to link observed practice with the students' thoughts and problem solving in situations gave a unique understanding of how clinical decision-making developed. Through observing the community of staff and mentors working with students, exceptional insight has been achieved which can inform future developments in nurse education and practice learning.

**Funding:** No funding

8.6 Theme: Issues in research policy

8.6.1

**(209) nurses and the NICE appraisal process**

*Professor Rumona Dickson, Director, University of Liverpool, UK*  
*Authorship: Professor Rumona Dickson, Caroline Rapu UK*

**Abstract**

The National Institute for Health and Care Excellence (NICE) appraisal programme determines the treatments available to patients in the NHS (NICE 2013). The process is complex and includes input from clinicians, nurses and patients as well as academics, researchers and pharmaceutical manufacturers. However, in routine clinical practice, it mainly falls to nurses to respond to questions from patients and their families regarding the implications of the decisions taken by NICE - especially the decisions that mean treatments are not approved for use in the UK.

**Objectives:** The first is to present an overview of the NICE appraisal process with a focus on how decisions are made in both the single and multiple health technology appraisals. We will describe how clinical and cost effectiveness evidence is considered by NICE and who contributes to the decision making process. The aim is to provide nurses with the information they need to be better able to understand NICE decisions, but more importantly, be equipped to deal with the questions raised by patients and families by demonstrating that NICE targets resources and efforts at health technologies which offer significant health improvement and value for money.

Second, we will discuss routes that exist for nurses to become more involved at local and national levels and effectively contribute to decision-making and implementation within NICE programmes. It is imperative that the unique nursing perspective is taken into consideration when decisions regarding the delivery of care are being taken. Working alongside NICE, nurses can support evidence-based care and, at the same time, benefit from excellent networking and career development opportunities (RCN 2013).

The session presenters have extensive experience of the NICE appraisal process and working with NICE and understand the important role of the RCN in the development of guidance for the NHS in England and Wales

**Funding:** No funding

8.6.2

**(158) The contribution of mentorship to developing clinical academic nurses: reflections from year one of a Department of Health funded national mentoring scheme in England**

*Dr Geraldine Byrne, Principal Lecturer, University of Hertfordshire, UK*

*Authorship: Geraldine Byrne, UK; Sally Kendall, UK; Berenice Golding, UK; and Annie Topping, UK*

**Abstract**

**Aims:** The paper will describe the background to, and organisation of, a mentorship scheme to support those awarded National Institute for Health Research (NIHR) fellowships as part of the Clinical Academic Training (CAT) for nurses and the allied health professions in England.

**The NIHR Mentorship Scheme**

In 2007 the UK Clinical Research Collaboration Report 'Developing the Best Research Professionals' was published (UKCRC, 2007). It recommended that a career structure for nurses and allied health professionals mirroring that already in place for doctors was needed to develop world-class clinical researchers who could build the evidence base to underpin quality healthcare. In 2008 the NIHR and the Chief Nursing Officer for England launched the CAT scheme to develop such a career pathway. However it was recognised that education alone may not be sufficient to achieve the goal of building a robust scientific base for healthcare and ensure this evidence is used to improve patient care. In 2012 the Mentorship for Health Research Training Fellows Scheme was established to support the CAT programme in developing future clinical academic leaders.

**Evaluation:** The scheme now has 20 mentee-mentor pairs actively working together, with new fellows currently being recruited. Kirkpatrick's (2006) Framework is used as a model to guide evaluation and explore factors influencing the impact of mentoring. Preliminary findings from the 20 post-doctoral fellows who joined the scheme at its inception and completed a baseline and year one evaluation questionnaire and interview will be presented.

**Conclusions:** Fellows found mentoring invaluable, particularly in understanding how to navigate the challenges of challenging clinical roles whilst making a contribution to research. Mentorship has a strong tradition in nursing, but its use to support research is limited. Key issues in developing mentorship to support practitioner nurse researchers to develop and implement an evidence-base for care will be discussed.

**Funding:** £100,001 - £500,000



8.6.3

### (390) GRIPP 2: Developing consensus on the reporting of patient and public involvement

Jo Brett, Research Fellow, University of Warwick, UK

Authorship: Staniszewska S; Brett J; and Dr Iveta Simera

#### Abstract

**Background:** Patient and public involvement (PPI) in research has expanded over the last decade and become an integral aspect of health and social care research. However, reporting of PPI in papers is poor and there is an important need to enhance its quality and transparency, in order to develop a strong PPI evidence base (Staniszewska et al 2011).

**Aims:** To develop GRIPP 2, a checklist that provides guidance on key information papers must report in order to provide an appropriate description of their PPI study.

**Methods:** This study is following EQUATOR guidance on developing high quality checklists (Moher et al 2010) utilising the original GRIPP checklist (Staniszewska et al 2011) to develop GRIPP 2 using a Delphi method. This consensus-based process is drawing together key experts and stakeholders to identify, debate and agree on the key items for inclusion in GRIPP 2, underpinned by updated systematic review evidence (Brett et al 2011, Mockford et al 2009).

**Results:** The original GRIPP checklist identified key areas of poor reporting in the field of PPI that need enhancement. GRIPP 2 offers guidance on key areas such as enhancing the quality of impact reporting to ensure content validity, level of detail and completeness. It also offers guidance on reporting the context and process of PPI.

**Discussion:** GRIPP 2 provides the first international evidence-based, consensus informed checklist for reporting patient and public involvement. We will encourage journal editors and others to use GRIPP 2 to enhance the quality of PPI reporting.

**Conclusion:** GRIPP 2 will contribute to the development of a stronger PPI evidence base, generated through better reporting. It will enable a clearer evaluation of what PPI works, for whom, why and in what context.

**Funding:** £10,001 - £50,000

8.7 Theme: Mixed methods

8.7.1

### (293) Weight gain after a stroke: the issue and control

Professor Angela Tod, Professor of Health Services Research, Sheffield Hallam University, UK

Authorship: Catherine Homer, UK; Peter Allmark, UK; Sadiq Bhanbhro UK; Angela Tod, UK; Rachel Ibbotson, UK

#### Abstract

**Background:** Over 900,000 people in England live with the effects of a stroke (NICE 2010). Modification of health behaviour can be crucial in stroke rehabilitation and in preventing avoidable long term impairment. Consultation with stakeholders identified a growing number of patients who are gaining weight as a longer term consequence following a stroke.

**Aims:** This study aims to i) explore the issues of weight gain for stroke survivors (aged 65-70); ii) identify what factors contribute to weight gain and iii) inform and develop patient pathways and services. This paper presents emerging findings.

**Methods:** A mixed method design using: surveys of South Yorkshire Cohort participants (n=87); interviews with staff (n=16); and framework analysis methods. Data collected June 2013-October 2013

**Results:** The long-term effects of strokes influencing weight gain are complex impacting on eating and activity behaviours and social isolation. Families, social networks and lifestyles before and after a stroke influence weight. Interviews indicated that timing of health promotion advice needs to take a patient centred approach and that people were challenged in controlling lifestyle and diet change following their stroke.

**Discussion:** The pathway of community based support is predominantly restricted to twelve weeks which impacts the quality and acceptability of advice given to patients and carers. The loss of control of lifestyle and diet in the medium to long-term was an overarching theme. This paper reflects on the findings and how nurses in acute and community settings can assess and facilitate patients in preventing and reducing weight gain in patients following stroke.

**Conclusion:** Care and information provided to stroke patients is restricted by pathways, availability of specialist support and current funding cuts to community based services. Long term follow up support would provide additional opportunities to influence the diets of patients and carers to reduce weight gain and risk factors for future chronic conditions.

**Funding:** £10,001 - £50,000

8.7.2

### (194) Patients and nursing staff views of using the ENAT (Education Needs Assessment Tool) in patients with rheumatoid arthritis: reconciling qualitative and quantitative findings from a mixed methods study

Professor Claire Hale, Dame Kathleen Raven Professor of Clinical Nursing, University of Leeds, UK

Authorship: Claire Hale, UK; Bernadette Hardware, UK; Dawn Johnson, UK; Mwidimi Ndos, UK; and Adebajo Adewale, UK.

#### Abstract

**Background:** The ENAT is a validated tool designed to help rheumatoid arthritis patients assess their educational needs. It has been translated into 7 languages. However its usability in clinical practice has not been studied. Therefore, a study was undertaken using a randomised controlled trial (RCT) with an embedded qualitative study. The use of the ENAT was the intervention. This NIHR funded study was carried out between 2010 and 2013 and involved 132 patients and 7 nurse specialists from 6 acute hospitals in the UK.

**Aims:** (i) to evaluate the usability of the ENAT in clinical practice, (ii) to establish whether the ENAT intervention experimental group (EG) and the control group (CG) perceive that they are getting an equally good or equally inadequate educational service for their needs. (iii) to evaluate the effectiveness of ENAT-focused patient education on self efficacy, patient knowledge and health outcomes. The first two aims were met by qualitative methods, the last by quantitative methods.

**Method:** For the qualitative study, interviews were undertaken with a sample of 16 patients and 4 Clinical Nurse Specialists (CNS). For the RCT, the primary outcome was perceived self-efficacy measured by the Arthritis Self Efficacy Scale (ASES). A secondary outcomes was disease-specific health status measured by the Arthritis Impact Measurement Scale 2 (AIMS2-SF)

**Findings:** Those who used the ENAT found it straightforward, comprehensive and easy to use. All patients felt supported and reassured by their CNS and perceived they received an equally good and adequate education provision from their CNS. In the RCT we found that the ENAT group saw significant improvements in self-efficacy and some aspects of health status.

This paper will discuss the reconciliation of these findings and our conclusion that there may be a 'CNS effect' which overrides the beneficial effects of the ENAT emerging from the RCT.

**Funding:** £100,001 - £500,000

8.7.3

### (204) Music and communication in the operating theatre

Sharon-Marie Weldon, Research Nurse, Imperial College London, UK

Dr Terhi Korkiakangas, UK

Authorship: Sharon-Marie Weldon, UK

#### Abstract

**Background:** Music is played in over 70% of surgical operations performed (Way et al. 2013). Noise levels in the operating theatre (OT) already exceed WHO (2004) recommendations. There is currently a divide in health care professional opinions with few studies conducted and no policies or guidance in place (Moris et al. 2012).

**Aim:** This study aims to address the use of music in the OT based on the effect it has on communication.

**Methods:** A study using ethnographic observation and video-recordings of teamwork in the OT was conducted between July 2012 and January 2013. Video recordings of 20 operations over a period of six months in two theatres were captured. A sub sample of the recordings were randomly selected, consisting of music and non-music playing cases. Participants included 4 consultant surgeons, 6 Registrar surgeons, 5 anaesthetists, 6 Operating Department Practitioner's (ODP's) and 10 nurses. Each case was logged using a request/response sequence identified through interactional analysis. Statistical and interactional analyses were performed.

**Results:** A total of 2537 request/response observations were documented. Repeated requests were 1.2% to 3.2% more likely to occur in cases playing music than those not with a p-value of  $<0.0001$ .

**Discussion:** The statistics reveal that there is a significant difference between the amount of times a request is repeated when music is playing compared to when it is not, thus indicating that music is a barrier to good communication. The in-depth interactional analysis provides insight into why this is happening such as team member's not hearing initial requests as well as the extra time taken to respond and subsequent frustrations.

**Conclusions:** Further research is needed to gain a better understanding of the effect music has on communication. Discussions between clinicians, managers, patients and governing bodies should be encouraged in order for recommendations and guidance to be developed.

**Funding:** £100,001 - £500,000

8.8 Theme: Questionnaires (psychometric)

8.8.1

### (425) Development and psychometric testing of an inflammatory bowel disease fatigue (IBD-F) patient self-assessment scale

Wladyslawa Czuber-Dochan, Lecturer, Florence Nightingale School of Nursing & Midwifery, UK

Authorship: Czuber-Dochan W; Norton C; Bassett P; Berliner S; Bredin F; Darvell M; Forbes A; Gay M; Nathan I; Ream E; and Terry H

#### Abstract

Fatigue is one of the main symptoms of inflammatory bowel disease (IBD) and is frequently reported by people in both active and quiescent disease. Different fatigue assessment scales have been used to measure fatigue, but none has been developed or sufficiently tested in IBD [1]. This study aimed to develop a new fatigue scale specific to the needs and experiences of people with IBD.

A sequential mixed methods design was used: a qualitative phase (Phase 1) to assess patients' experience of fatigue and four mixed qualitative-quantitative phases (Phase 2-5) to refine the scale and to assess its psychometric properties. The study was undertaken July 2010- July 2013. Phase 1-4 participants were purposively selected from a group of volunteers self reporting fatigue, and participants for Phase 5 were randomly selected from the Crohn's and Colitis UK membership database.

567 people participated in the study. The resulting IBD-F questionnaire has 3 sections: Section 1 Fatigue Assessment; Section 2 Fatigue Impact on daily Activities; Section 3 Additional Comments about Fatigue.. Initial validation suggests that the questionnaire has good face and content validity and acceptable to excellent test-retest stability (ICC 0.74 for section 1 and 0.83 for section 2) and a high degree of internal consistency with Cronbach's alpha value of over 0.9.

The participants in the study confirmed that fatigue in IBD is burdensome. Items generated and refined by people with IBD-fatigue reflect their experience and form the basis of this new IBD-fatigue scale, which is psychometrically robust and its reliability falls within statistically acceptable ranges. The fatigue scores obtained by this disease specific IBD-F self-assessment scale strongly correlated with the existing fatigue scales (MFI and MAF) developed with other diseases. The scale can be used by patients and practitioners to assess severity and impact of fatigue in people with IBD.

**Funding:** £100,001 - £500,000

8.8.2

### (274) Burnout in nursing: Identification of a 'vulnerable personality profile'

Nina Geuens, Researcher, Karel de Grote - Hogeschool, Belgium

Authorship: Nina Geuens, Belgium; and Erik Franck, Belgium

#### Abstract

**Background:** Recent international studies show that health care professionals, and especially nurses, run a high risk of developing stress symptoms and symptoms of burnout (1).

Furthermore, research proves that context related variables such as organizational and job related factors have an impact on the job satisfaction and engagement of nurses (2).

Beside these context related factors, individual characteristics also seem to be a predispositional factor for developing burnout (3). However, studies which focus on these individual elements are rather scarce, particularly concerning nurses.

**Aims:** The current study aimed to investigate the relation between personality, interpersonal behavior and burnout in nurses in order to identify a 'vulnerable personality profile' for burnout.

**Methods:** In order to answer this research question, a cross-sectional quantitative investigation was set up. Data were collected in Flemish hospitals using a written questionnaire from March to June 2013. The questionnaire contained validated instruments such as the NEO-Five Factor Inventory, the Type-D Personality Scale-14, an instrument concerning interpersonal behavior(NIHS), the Utrecht Burnout Scale and the Perceived Stress Scale.

The departments and nurses which were included were selected randomly.

**Results:** Two hundred twenty-two of the 250 questionnaires were returned.

Burnout was observed in 10% of nurses. Variation in the prevalence of burnout was determined between different nursing specialties with the highest percentage of burnout in geriatric departments and the lowest in psychiatric wards. Neurotic personalities correlated strongly positive with the prevalence of burnout, as did type-D personality, dominant cooperative behavior and submissive uncooperative behavior.

**Discussion and Conclusion:** This study was able to identify vulnerable personality features for burnout. As such, it is possible to aim prevention programs at these individual factors. Since job related and organizational factors are often difficult to change, concentrating on these personal vulnerability factors might prove more effective in ameliorating the resilience of the individual and reducing the incidence of burnout.

**Funding:** £50,001 - £100,000



# Symposia 1 – 5

## Wednesday 2 April 2014 17.10 - 18.25

### Symposium 1

Room: Gilbert Scott 250

#### **Researching with children, young people and young adults – a journey through engineering and physiological challenges**

*Symposium lead: Prof Faith Gibson, Clinical Professor of Children and Young People's Cancer Care, Great Ormond Street Hospital for Children NHS Foundation Trust, UK*

Fifty years on from the Platt Report, Kraemer edited a paper given by the late Sydney Brandon at the 20th anniversary Conference of the National Association for the Welfare of Children in Hospital (<http://actionforsickchildren.org.uk/>). This paper traced the history of increasing interest in children's welfare and parental presence in hospitals, a pathway described as one from exclusion, to toleration and parental participation in the care of the hospitalized child. "What seemed normal 50 years ago would now be regarded as naïve, yet how will we view current practice 50 years hence"? What we will show here is that there will be a significant difference in the 'before and after stories' tracing the care of children, young people and young adults in the future. Why, because unlike the years post Platt, where we relied on identifying important aspects of care from the perspective of parents as proxies we now have both policy and practice that will enable us to research children's experiences.

This symposium brings together a group of experienced researchers who are committed to working together, with others across different disciplines, and with new researchers to shape, refine, test and evaluate approaches that make research across the life stages possible and ethical. Our aim is to show the possibilities, breadth and depth of this work, as well as show, that over time, and through intellectual inquiry and a willingness to challenge well established beliefs sustained by societies views about children and young people, that together we can make a difference. The symposia will have much to offer researchers who undertake children and young people's research. As President John Kennedy once said: 'A rising tide lifts all boats.' Lets lift those boats together ([http://en.wikipedia.org/wiki/A\\_rising\\_tide\\_lifts\\_all\\_boats](http://en.wikipedia.org/wiki/A_rising_tide_lifts_all_boats))

### Paper 1

#### **A journey through engineering and physiological challenges: how do we navigate this**

*Margaret Fletcher, UK  
Authorship: Margaret Fletcher, UK*

#### **Abstract:**

This paper will explore the challenges faced when trying to measure physiological parameters in participants who don't fit the standard adult norm, for whom most systems are first developed. We will also explore some of the implications for studies when immature physiology comes face to face with research requirement, in both medicines and epidemiological studies.

When working with infants, children, young people and adults with limited capacity to comply with complex procedures, simply obtaining successful measurements is an achievement. When these require special systems to substitute for techniques and technology which cannot simply be scaled up or down, the challenges become even more interesting. This also applies when trying to prevent the very equipment being used for intervention delivery or outcome measure from impacting on the intervention or the measurements.

As one engineer put it when trying to develop a suitable small scale system– 'there is no such thing as magic, this should just work'. Yet sometimes engineering is not enough, it requires the skill of the researcher who is familiar with the target subject group to see where the magic is needed. This can be as subtle as seeing the obscure, as obvious as something any parent would notice, or using the lateral thinking bourn of experience. As Terry Pratchett put it 'Just because you know how something works, doesn't mean it isn't magic' (paraphrased). And this is how it sometimes feels to the outside observer when a challenge is finally overcome.

Examples will be given from studies as diverse as those of infant respiratory function, vaccine trials and community based studies of infection.

#### **References**

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### Paper 2

#### **Four 'fazes' of data collection with young children**

*Bernie Carter, UK  
Authorship: Bernie Carter, UK*

#### **Abstract:**

Once upon a time and not that long ago, researchers knew better than to attempt to undertake research with children (Carter & Ford 2013). Research with children was perceived as being plain ridiculous, pointless, unnecessary, dangerous and impossible; DATA stood for 'Dangerous Academic Territory Ahead'. It was against this backdrop, that a few brave souls ventured forth, and questioned these assumptions. The researchers who pioneered the engagement of young children within health care research often bear scars from the methodological and methods battles waged, won and lost. Together they created a better understanding of what is actually possible in undertaking research with young children. Change occurs in phases and is often uncomfortable and can be disturbing; change can literally faze people. I use the spelling 'faze' deliberately to acknowledge the disturbing history and current conundrums of researching with young children. Change is still occurring, as people question practice and determine how research practice needs to be further developed (Hunleth 2011).

In this paper I will explore four 'fazes' of researching with children and attempt to look at some of the truths. This is a personal look backwards and forwards on undertaking research with/on/by young children. As Terry Pratchett notes: 'The truth isn't easily pinned to a page. In the bathtub of history the truth is harder to hold than the soap and much more difficult to find.' Bearing the slippery nature of truth in mind, Faze 1 looks back to 'ancient history'; the days when research with children was seen to be a contradiction in terms. Faze 2 examines the emergence of early attempts at engaging with children. Faze 3 sees the beginnings of methodological maturity and greater mastery of methods. Faze 4 is future oriented and focuses on where we are going and where the children are taking us.

#### **References**

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Paper 3

**Researching young people's lives: have we mastered the methods yet?**

Faith Gibson, UK  
 Authorship: Faith Gibson, UK

**Abstract:**

It is recognised that teenagers and young adults are caught between two worlds: childhood and adulthood. It is essential that we understand the world of young people, and yet we can be challenged to find out what their world is really like because we are still developing and shaping effective strategies to engage them in the research process. Young people are often categorised as 'hard-to-reach', 'difficult-to-engage', 'inaccessible', 'challenging' and consequently are often unfairly over-looked as engaging research participants. Those who engage in 'youth research' often do so through a shared belief that young people are social actors in their own right, and they can be both research participants as well as active partners in the process of research itself (Heath et al. 2009).

But what would count as 'good' participation with this population? What we agree is crucial is a working definition of this life stage, as distinct from childhood and adulthood, which also considers the life stage of emerging adulthood, from late teens through the twenties (Arnett 2000). Adoption of such a definition implies a respect for the uniqueness of each life stage, that recognises diversity and individuality that has implications for the research methodologies we choose to use.

So are we there yet, I remain unsure, it feels like there is still so much to learn as we work with different populations across the various life stages. But what I am sure of is the confidence we have as researchers to be creative, to take risks, to try out and adapt our methods while often thinking on our feet, and to learn from the young people we work with. This paper will draw upon a number of research studies working with a population who have cancer, and offer some reflections along a timeline exceeding 10 years (Gibson 2008).

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 Heath Su, Brooks R, Cleaver E, Ireland E (2009) *Researching young people's lives*. Sage, London, p 58-76

Paper 4

**Risky Business? Overcoming Ethical Challenges in Research with infants, children, young people and young adults**

Jane Coad, UK  
 Authorship: Jane Coad and Faith Gibson, UK

**Abstract:**

In the U.K, the regulation and governance of research has fallen within the responsibility of a number of statutory agencies, most recently from 2012, to the Health Research Authority. However, depending on the level of risk of the project understanding such arrangements can feel at times like a very complicated journey. Consequently, researchers have to develop a repertoire of skills in order to successfully apply for research ethical approval. This has led to key researchers questioning the process as lengthy and bureaucratically fraught (Beardmore & Westaway 2009)). Whilst such valid debate continues, there remains a need for researchers to overcome encountered hurdles. One strategy suggested is sharing with, and support from, 'experienced researchers' and developing specific tool kits to enable successful application (RCN 2012 on line).

This presentation will draw in extensive field work from share useful navigation in common ethical dilemmas and challenges that have arisen around health research with infants, children, young people and young adults under the age of 25 years. Both presenters have supported National Ethics Research Service (NRES) trainers and developed on line resources to support ethics applications which we will share. We will share the use of peer review as a strategy for support and specific issues relating to health literacy, language and information needs of children, young people and their families. Delegates will have an opportunity to share their common issues that have arisen out of their research work and how these might be overcome.

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 Royal College of Paediatrics and Child Health Ethics Advisory Committee Guidelines for the ethical conduct of medical research involving children *Arch Dis Child* 2000; 82:177-182. (Currently being updated for launch 2014 - NB. Profs Coad and Gibson are part of this group and will share this work)

Symposium 2

Room: Gilbert Scott 253

**Strengthening commitment to ensure people with learning disabilities enjoy a good life.**

Symposium lead: Dr Diane Willis, University Teacher, University of Glasgow, UK

Work presented in this symposium demonstrates collaboration between two providers of pre-registered nurse training and NHS clinical practitioners working within the field of learning disability in one area of Scotland. It documents shared commitment to addressing Scottish Government policy and the Nursing and Midwifery Council Standards for pre-registered nurse education (2010) regarding meeting the health needs of people with learning disabilities (PWLD), their carers, family, and the professionals who have contact with this client-group.

**Symposium content:**

This symposium will explore issues along the lifespan for PWLD, starting with entry into adulthood, moving to specific initiatives to address health needs and finally exploring ways to prepare the nursing workforce to meet the needs of this client group.

Transition is typified by the change from children's to adult services and is acknowledged to be a difficult time for families and the young person (Scottish Government 2013). Mark Gallagher's paper explores parents' experience of transition and their advice for surviving transition. Access to and up-take of health services remains poor for PWLD. Isla McGlade's paper reports on one initiative which addresses deficits in cancer screening up-take, whilst Allison O'Donnell and Liz Smith document the development of a care pathway for PWLD with palliative care needs. Nurses, irrespective of nursing specialism, will have contact with PWLD at some point in their career due to the multiple and often complex health needs of this client group. To ensure these health needs are met, Diane Willis (symposia chair), shares her experience of developing awareness within a pre-registered adult nursing programme about learning disability and mental health problems through service-user involvement and resource-based workbooks.

This symposium has broad interest because PWLD encounter the same health problems and require the same services as others in the general population.

## Paper 1

**Exploring parents' experience of their child's transition from children's to adult learning disability services.***Mark Gallagher, UK**Authorship: Mark Gallagher, UK***Abstract:**

**Background:** Transition (the movement from children's into adult services) has been acknowledged as problematic for young people with learning disabilities (LD) and their families (Scottish Government 2013). This is often because many parents are forced to continue their responsibility for their child's care needs at home due to the scarcity of resources and investment in adult LD services. Transition necessitates joint working between the young person, parents and professionals and this is not always harmonious. For this reason the challenges that parents have are of interest to the proposed health and social integration (Public Bodies (Joint Working) (Scotland) Bill (2013).

**Aims:** To explore the experiences of transitions for parents of children with LD and ascertain what advice they would give to services and other parents.

**Methods:** Six semi-structured interviews exploring transition were conducted with seven participants (five mothers and one couple) in March-May 2013. Data was analysed thematically using Burnard's framework.

**Findings:** The overarching theme, 'The expert parents?', was discussed under advice to services/other parents and their role as parent, carer and advocate. Key findings were that parents felt that service providers and professionals did not listen to them and that although parental care was willingly provided, this impacted on their own quality of life. Practical advice about transition was offered to other parents.

**Discussion:** Parents defined transition as more than a move into adult services. It often meant less services and more caring responsibility which impacted on their health. Transition tested parental resilience, especially during interaction with professionals, services and administrators. Advice by parents was to be proactive and not to compromise on services.

**Conclusions:** Parents' experiences of transition were shaped by the parents' and young person's journey through services. Despite this, parents remained willing carers who wanted to share their knowledge and experience with service-providers and other parents.

**References:**

The Scottish Government (2013) 'The keys for life, improving quality of life for people with learning disabilities'. Edinburgh, APS Group Scotland.

The Scottish Government (2013) Public Bodies (Joint Working)(Scotland) Bill Available at:

<http://www.scottish.parliament.uk/help/63845.aspx> [accessed 3rd November 2013].

## Paper 2

**Supporting people with learning disabilities to take care of their bowels and ensure good bowel health***Isla McGlade, Scotland, UK**Authorship: Isla McGlade, UK and Emma Anderson Bowel, UK***Abstract:**

**Background:** NHS Greater Glasgow and Clyde Learning Disability Health Needs Assessment (2011) found that people with learning disabilities (PWLD) and their carers often lack of awareness about bowel health, cancer and screening. Increasing awareness through health information is one way to reduce their risk and enable early diagnosis of bowel cancer. The focus of this paper is on the development and evaluation of bowel health and screening resources for PWLD which could potentially be rolled out nationally. This resource would be transferable to all fields of nursing.

**Aim:** To create accessible resources for PWLD and their carers regarding bowel health and screening.

**Method:** Six focus groups with a total of thirty participants (carer and PWLD) were undertaken in December 2011-February 2012. Eight training sessions on bowel health and screening for carers (n=97) were undertaken and evaluated between June 2012-August 2013. In addition 1,000 resource-packs were developed and sent to individual carers, learning disability nurses and care organisations across Scotland for evaluation (2012).

**Findings:** Findings from the focus group suggested that standard material was too complicated and informed development of this resource pack. Findings from the training day suggested that the training was beneficial (86%) and that all participants were more confident to discuss bowel health with their client(s). There was a poor response (4.6%) rate to the evaluation of the resource-pack but of these respondents, 86% of respondents rated the pack as good-excellent and 90% said the resource helped them to discuss good bowel health with the person/s they supported.

**Discussion/Conclusion:** Approaching clients, carers and practitioners about bowel health on such a large scale has not been undertaken before. Findings to-date suggest that developing specifically tailored resources and directly offering training to carers helps to increase their confidence and awareness of bowel issues within the client group they support.

NHS Greater Glasgow and Clyde Learning Disability Health Needs Assessment (2011): internal document.

## Paper 3

**A care pathway for people with learning disabilities with palliative care needs – a collaborative approach***Allison O'Donnell, UK**Authorship: Allison O'Donnell and UK and Liz Smith UK***Abstract:**

Longevity is increasing across the age continuum in people with learning disabilities [PWLD] (Emerson and Baines 2010). Recognising ill health in this client group can be challenging and complex, as there are different disease profiles within both malignant and non-malignant conditions. Those with greater support needs and with the most complex and co-morbid conditions have poorer life expectancy which requires skilled support and access to specialist services. The work presented here will discuss an innovative, multifaceted approach to collaborative working in the field of learning disabilities and palliative care within Greater Glasgow and Clyde.

Two senior practitioners from local learning disability and specialist palliative care services have developed a Care Pathway. The aim of the Pathway is to support practitioners across all health and social care settings, whilst ensuring the holistic care of PWLD who have palliative care needs. It commences at the identification of a concern and not within the last six-to-twelve months of life. The Pathway is strengthened by evidenced-based practice through collaborative working.

Phase one has facilitated the educational development of Key Practitioners from six adult hospices and all learning disability teams within the local area. Phase two will evaluate and roll out the pathway nationally (see recommendation 26 in 'Keys to life', Scottish Government, 2013). This initiative also fits with both the Hospice Widening Access and the Scottish Government's Health Inequalities agendas.

Informal feedback from the Key Practitioners in 2012-13 acknowledged that there are a number of issues in terms of recognising the need for palliation and that prognostic indicators are often overlooked in the learning disability population. Hence access to palliative care is more difficult and this will be explored fully at phase two. The Care Pathway has application across nursing fields and the project has already won four national awards.

**References**

Emerson, E. and Baines, S. 2010. Health Inequalities & People with Learning Disabilities in the UK: 2010. Available at [http://www.improvinghealthandlives.org.uk/uploads/doc/vid\\_7479\\_1HaL2010-3HealthInequality2010.pdf](http://www.improvinghealthandlives.org.uk/uploads/doc/vid_7479_1HaL2010-3HealthInequality2010.pdf) [Accessed November 3rd 2013].

The Scottish Government (2013) 'The keys for life, improving quality of life for people with learning disabilities'. Edinburgh, APS Group Scotland.



Paper 4

**Preparing the future adult nursing workforce to meet the needs of clients with mental health and learning disabilities**

*Diane Willis, UK*

*Authorship: Diane Willis Scotland, UK*

**Abstract:**

**Background:** The Nursing and Midwifery Council Standards for Pre-registration Nursing Education (2010) in the United Kingdom have re-emphasised the need for all nurses, irrespective of their own field of practice, to be able to meet the needs of a wide range of people. This paper explores the use of resource-based workbooks and service-user involvement to enhance knowledge about people with learning disabilities and mental health problems within an undergraduate nursing curriculum.

**Aim:** To evaluate resources to increase knowledge about different client-groups in an undergraduate nursing programme.

**Methods:** Between June and August 2013, questionnaires were administered to 46 first-year nursing students while a random sample of 45 mentors were approached to undertake telephone interviews to discuss the introduction of this component to the programme and whether it helped students understand the needs of these clients. University ethical approval was sought and granted for this study.

**Results:** Eighty-three percent of students responded stating that the resources and practice learning experience had given them an insight into these client groups. Mentors' response rate was poor (11%) but all agreed that the introduction of this component to the programme was important and enabled students to gain valuable experience of working with these client groups.

**Discussion:** Preparing students from Year One ensures that they can build on their experience and are equipped from the start to work with different client groups. Introducing resource-based workbooks and service-user teaching and assessment gives service users a meaningful participation and involvement within the nursing programme.

**Conclusion:** More work needs to be undertaken, but commencing education at Year One about the needs of people with learning disabilities and mental health problems helps to provide a solid grounding on which they can build during and after their training.

Nursing & Midwifery Council, 2010. Standards for Pre-registration Nursing Education Report. Nursing & Midwifery Council, London.

**Symposium 3**

Room: John McIntyre 208

**Design in health**

*Symposium lead: Daniel Wolstenholme, Clinical Researcher, National Institute for Health Research (NIHR), UK*

This unique symposium will demonstrate, through four presentations, the range and potential of linked but diverse design science-based approaches to deliver better services and care to patients, and better working conditions for staff delivering that care.

Since the first work by the British Design Council in 2004 (Leadbeater & Cottam) there has been a systematic and explicit exploration of the potential of design theory and practice in health care. Bate and Robert's book (2007) describes the creation and application of the Experience-based Co-design (EBCD) approach which has now been implemented in almost 60 clinical services worldwide. Since 2009 the User-centred Healthcare Design theme of the National Institute for Health Research (NIHR) Collaboration for Leadership in applied Health Research and care (CLAHRC) for South Yorkshire have undertaken a series of case studies to explore a participatory design approach to working in healthcare. The School of Design at The Glasgow School of Art has a track record of introducing innovative design methods into multidisciplinary research projects across a range of healthcare issues and services. Sheffield Hallam University has the multi-disciplinary Lab4Living, bringing together skilled engineering and product designers with health service researchers, practitioners and patients.

These projects represent a range of approaches in both service and product design and reflect the 'state of the art' of design in health in the UK and beyond.

**References:**

Cottam, H. & Leadbeater, C., 2004. RED Paper 01 Health: Co-creating Services, Available at: <http://www.designcouncil.info/RED/health/REDPaper01.pdf>.

Bate, P. & Robert, G., 2007. Bringing user experience to healthcare improvement., Oxford, UK: Radcliffe Publishing.

Paper 1

**Innovation and improvement in healthcare services delivery through participative co-development and design**

*Professor Alastair Macdonald*

*Authorship: Professor Alastair Macdonald; Dr David Loudon; and Dr Anne Taylor*

**Abstract:**

Innovative approaches and tools developed by researchers in the School of Design at The Glasgow School of Art (GSA) working within multi-disciplinary healthcare research teams demonstrate the opportunities for greater patient-centred treatment, and for enhancing patient-professional relationships and healthcare expertise. The work of Macdonald's research group in this field has been supported since 2002 by RCUK-funded healthcare- and ageing-related grants. Over this period, their programme of integrated people-centred, participative co-design and development has been used to: i) create new tools and methods for healthcare research; ii) embody these approaches in the design of multidisciplinary healthcare-research studies; iii) use these to yield new insights and knowledge; and iv) use study findings as the basis for proposing improvements to healthcare services delivery and professional practice. The collaborative approach enables a process of 'co-designing' services where all stakeholders involved in providing, delivering and receiving the healthcare services are able to contribute with their particular expertise, and from their own experiences, whether professional, clinical or lay. This paper presents insights and findings from three case studies, each of which has involved multi-disciplinary expertise including healthcare professionals, patients or their representative groups, clinicians and NHS trusts, to illustrate the approach of introducing and integrating qualitative and collaborative design methods to complement current clinical approaches and practices: i) the development of 'envisage' visualisation tools to assist in physical rehabilitation following stroke, resulting in improved patient understanding, patient-professional communication and a more objective understanding of patient progress; ii) the development of a prototype 'hospitalfoodie' system for nutrition management and monitoring in the older adult hospital population which provides a tailored food service able to meet individuals' daily nutritional targets; and iii) the exploration of experience-based approaches for spinal cord injury survivors to develop improved resourcefulness and self-reliance over the course of their rehabilitation trajectory.



## Paper 2

**Experience-based Co-design: lessons so far and adapting the approach***Professor Glenn Robert, UK**Authorship: Professor Glenn Robert; Dr Sara Donetto; and Dr Vicki Tsiarakas***Abstract:**

Experience-based Co-design (EBCD) is a participatory research methodology that draws upon design tools and ways of thinking in order to bring staff and users of services together to improve the quality of healthcare. Through a six-stage facilitated process, EBCD draws on the filmed narratives of healthcare users and staff to promote change that is grounded in people's experiences. It engages participants in co-design activities to plan, implement, and monitor improvements.

An international survey completed in summer 2013 found that - since the original pilot project in 2006 - there have been at least 57 EBCD projects implemented in six countries: England, Australia, New Zealand, Canada, Sweden and the Netherlands. The projects have been undertaken in a range of clinical services including cancer, mental health, drug and alcohol services, emergency services, intensive care, and palliative care. Respondents were asked about the strengths of the EBCD approach. Ninety per cent said 'it really engaged patients', 78% said 'it really engaged staff' and 63% said 'it allowed discussion of difficult topics in a supportive environment'. A further 24 projects were in the course of being planned by respondents. Findings from the survey will be presented.

Recent work has focused on developing and testing an 'accelerated' version of the EBCD approach which draws on an existing library of filmed patient narratives based at the University of Oxford; this adapted approach has now been successfully tested in two lung cancer services and two Intensive Care Units and reviews of the project have included that 'This is an exceptional work which has ... serves to restore [peoples'] faith in the power of applied qualitative research to shape both real knowledge production and beneficial change in the organisation of service delivery'. The main findings will be presented and plans for future adaptations of the EBCD approach outlined.

## Paper 3

**Better Services by Design***Dr Simon Bowen, UK; Dr Helena Sustar, UK; and Professor Andy Dearden, UK**Authorship: Daniel Wolstenholme; Dr Simon Bowen; Dr Helena Sustar; and Professor Andy Dearden***Abstract:**

Over the last 5 years the User-centred Healthcare Design theme of the National Institute for Health Research (NIHR) Collaboration for Leadership in applied Health Research and care (CLAHRC) for South Yorkshire has been exploring the practice of design in healthcare through a series of case studies. This paper will present preliminary qualitative and quantitative findings from the research and an overview of the two partner projects the team mentored to use creative design methods in their own practice.

The two partner projects were led by; the Public Health Team in a metropolitan borough council, working to increase the uptake of physical exercise in the local population, and, a third sector charity supporting young peoples' empowerment working with the local Improving Access to Psychiatric Therapies (IAPT) service.

Data collection included pre and post questionnaires for participants with items drawn from a range of psychologically validated questionnaires, transcribed reflection interviews and process evaluation interviews with partners and subject and methods experts. The process evaluation interviews were transcribed and analysed using Framework Analysis.

The main findings were that with mentorship, practitioners with no previous exposure to design methods could use the adapted British Design Council Double Diamond process to successfully undertake human-centred creative design, that the innovative processes espoused by a design approach had the ability to engage and enthuse wider stakeholders, and that the creative methods and tangible, culturally relevant, outputs of such projects (films, theatre, cartoons) acted as boundary objects for the project, and design process itself.

This project represents the application of the learning of the 5 year programme of research undertaken by the multidisciplinary User-centred Healthcare Design theme.

## Paper 4

**Head Up: Co-design of a novel neck orthosis for Motor Neurone Disease Patients***Dr Joe Langley, UK; Heath Reed, UK; Andy Stanton, UK; Dr Nicola Heron, Zoe Clarke, UK; Simon Judge, UK; Ann Quinn, UK; and Dr Chris McDermott, UK**Authorship: Dr Joe Langley, UK; Heath Reed, UK; Andy Stanton, UK; Dr Nicola Heron, Zoe Clarke, UK; Simon Judge, UK; Ann Quinn, UK; and Dr Chris McDermott, UK***Abstract:**

People with Motor Neurone Disease (MND) often develop weak neck muscles, leading to pain, restricted movement and problems with swallowing, breathing and communication. Ideally, neck collars would help alleviate these. However, neck collars currently available are often rejected by patients.

Head-Up is a 2 year study funded by the National Institute for Health Research's Invention for Innovation (i4i) programme. Its principal aim was to develop a novel neck orthosis for neck weakness due to MND that supports whilst allowing freedom to move without negatively impacting quality of life. The development includes provision for axisymmetric support and incrementally increasing/decreasing support. The research is a collaboration between clinicians, engineers, creative designers, patients and carers working in a co-design process. Ethical approval was obtained for all participatory elements.

Current provision broadly falls into two categories; soft foam collars and rigid immobilisation collars. The former do not provide sufficient support whilst the latter do not allow any movement neither or which are desirable for neck weakness and significantly impacts quality of life. All collars in both categories are extremely uncomfortable and ugly.

The research followed an iterative, user-centred and participatory design process developing increasingly higher resolution prototypes, making concepts tangible to enable participants to 'test' them out and see how they function and feel. This enabled participants to identify and explore various attributes and parameters of neck support systems and prioritise them to determine a hierarchy of needs. Within this process, designers 'throw in' provocative prototypes to test attributes that participants had not considered or had previously dismissed.

This paper will present the co-design process based on creative design thinking and practice and focus on the benefits of early prototyping within this process.

The resulting product has been patented and CE marked as a Class I device and is currently in a clinical evaluation.

**Symposium 4**

Room: John McIntyre 201

**Apples, pears and elephants: challenges and solutions to making systematic reviews more useful**

*Symposium lead: Prof Mary Wells, Professor of Cancer Nursing Research & Practice, University of Stirling, UK*

This symposium presents examples of real-life challenges and solutions facing systematic reviewers as they attempt to maximise the relevance and utility of systematic reviews relating to nursing and allied health professional (AHP) practice.

Systematic reviews aim to promote the accessibility of best evidence for health care decisions in policy and practice. However, recent studies illustrate that decision makers face a range of barriers in using the evidence presented in systematic reviews, and that the degree to which systematic reviews are useful for clinical practice may be limited<sup>1, 2, 3</sup>. Interventions delivered by nurses and AHPs tend to be complex, and many nursing and AHP research questions are answered by qualitative research, creating further challenges to the production of systematic reviews which have clinical relevance and meaning.

The four papers presented in this symposium will address some of the challenges to complex nursing and AHP systematic reviews using examples from recent systematic reviews of a range of different sources of evidence. Papers 1 and 2 describe methods aimed at enhancing the clinical relevance and usefulness of an updated Cochrane systematic review, including the development of a taxonomy for categorising complex physiotherapy interventions and the involvement of stroke survivors, carers and clinicians in the review. Paper 3 asks when and how should systematic reviews of qualitative studies be updated, using an example of a meta-synthesis of the experience of head and neck cancer. Paper 4 shows the application of realist methodology to a review of computerised cognitive behavioural therapy interventions, to address the question of what works, for whom and in what circumstances. By exploring a diversity of evidence and approaches used, the symposium offers a range of solutions to the production of meaningful and context-sensitive reviews for practice.

Paper 1

**Categorising complex interventions for inclusion within meta-analysis: can we mix apples and pears**

*Alex Pollock, UK  
Authorship: Alex Pollock, UK*

**Abstract:**

Cochrane systematic reviews aim to provide a reliable source that summarises the best evidence on the effects of a particular healthcare intervention. Systematic reviews of complex interventions, such as hand-on nursing or therapy treatments, have a number of methodological challenges. Classifications of current complex interventions are generally inadequately defined, difficult to apply objectively, and lack universal international acceptance or interpretation. The paper will explore the challenge of achieving clinically meaningful methods when pooling quantitative data, from international studies, within meta-analysis.

We aimed to determine an internationally, clinically relevant taxonomy of physiotherapy interventions for stroke and to apply this to an update of a Cochrane systematic review<sup>1</sup>. A stakeholder group, comprising stroke survivors, carers, physiotherapists and educators, proposed and agreed a taxonomy of intervention components, designed for classification of interventions administered around the world. We searched multiple electronic databases to identify randomised controlled trials of physical treatment approaches for adults with stroke and included 97 studies (10,578 participants). The studies included 121 active interventions, which were categorised using the taxonomy of intervention components and pooled within meta-analyses.

Meta-analyses demonstrated that physiotherapy interventions have a beneficial effect, as compared to no treatment, on functional recovery after stroke (27 studies, 3,423 participants; SMD 0.78, 95% CI 0.58-0.97), and that this effect persisted (9 studies; 540 participants; SMD 0.58, 95% CI 0.11-1.04). Subgroup analysis demonstrated a significant difference based on dose of intervention ( $p < 0.0001$ ), indicating that a dose of 30-60 minutes per day, delivered 5-7 days per week is effective. Subgroup analyses found no significant effects of different treatment components or categories of intervention.

Evidence from this Cochrane review demonstrates that clear, clinically relevant taxonomies of complex interventions are essential to enable objective, clinically meaningful evidence synthesis within systematic reviews. The implications for other systematic reviews of complex interventions will be explored.

**Reference**

1. Pollock A, Baer G, Pomeroy VM, Langhorne P. Physiotherapy treatment approaches for the recovery of postural control and lower limb function following stroke. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD001920. DOI: 10.1002/14651858.CD001920.pub2.

Paper 2

**Successfully involving patients, carers and clinicians in a Cochrane systematic review**

*Pauline Campbell, UK; and Heather Goodare, UK,  
Authorship: Pauline Campbell, UK; Heather Goodare, UK; and Alex Pollock, UK*

**Abstract:**

We adopted a novel approach to engage stroke survivors, carers and physiotherapists in an update of a Cochrane systematic review relating to physiotherapy for patients with stroke<sup>1</sup>.

We convened a stakeholder group, comprising purposively selected stroke survivors, carers and physiotherapists which met at three pre-determined time points during the systematic review update. The aims of the group were to ensure that the updated review was clinically relevant; agree on the inclusion, or exclusion, international evidence arising from different cultures and health-care systems; and to guide dissemination to ensure that the updated review impacted on practice.

Formal group consensus methods were used to reach consensus decisions, as such methods are recognised to be advantageous when subjective judgements need to be organised<sup>2</sup>. The consensus methods were based on nominal group techniques, as this method enables the pooling of decisions and judgments from a group of informed experts, leading votes on a range of options until ultimately group consensus is reached<sup>3,4</sup>. Consensus decision meetings were audio-recorded and qualitative data analysed using NVivo software.

This paper will discuss the impact of this stakeholder group on the updated review, which included changes to; the inclusion of international studies, classification of treatments, comparisons and subgroup comparisons explored within meta-analysis, and local dissemination strategies aiming to translate review evidence into practice. Feedback from group members relating to their involvement, and the perceived impact which they felt their contribution made will be presented, with a co-presentation by one of the stakeholder group members.

Presenters will provide evidence that involving key stakeholders in this systematic review has influenced decisions around the scope and format of the review, and ensured relevance and accessibility of the output.

**References**

1. Pollock A, Baer G, Pomeroy VM, Langhorne P. Physiotherapy treatment approaches for the recovery of postural control and lower limb function following stroke. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD001920. DOI: 10.1002/14651858.CD001920.pub2.  
2. Nair R, Aggarwal R, Khanna D. Methods of formal consensus in classification/diagnostic criteria and guideline development. *Seminars Arthritis Rheumatology* 2011;41(2):95-105.

3. Stapleton T, Connelly D. Occupational Therapy Practice in Pre-driving Assessment Post Stroke in the Irish Context: Findings From a Nominal Group Technique Meeting. *Topics Stroke Rehabilitation* 2010;17(1):58-68.

#### Paper 3

### Challenges in qualitative meta-synthesis: describing the whole elephant

Emma France, UK

Authorship: Emma France, UK, Mary Wells, UK, Heidi Lang, UK, and Brian Williams, UK

#### Abstract:

Qualitative meta-synthesis is increasingly being used in health care research to generate a broader understanding of complex experiences and views. Meta-syntheses can potentially overcome the limited scope and generalisability of single qualitative studies by increasing transferability of findings to broader contexts; revising current understanding of a particular phenomenon to inform clinical practice and policy; generating models, theories, and hypotheses that can be tested; and identifying gaps in knowledge and directions for future research.

This paper explores the pros, cons, and challenges of synthesising individual studies and uses the example of a recent meta-synthesis of the psychological experiences of head and neck cancer (Lang et al 2013) to discuss why, when and how to update a meta-synthesis. It is widely accepted that systematic reviews of effectiveness studies need to be updated, and the Cochrane collaboration recommends that reviews should be assessed for updating every two years (Higgins et al 2008). However, there is no published guidance on why, when and how a qualitative meta-synthesis should be updated to include new studies.

Although different meta-synthesis methods exist, all qualitative reviews aim to analyse and distil into a coherent whole the findings from multiple individual qualitative studies that focus on the same topic. The degree to which it is possible to synthesise findings across qualitative studies with different philosophical underpinnings is already contested (Zimmer 2006). How and whether a qualitative meta-synthesis continues to be relevant over time is also an important consideration for researchers and users of systematic reviews of this nature.

This paper debates whether there needs to be more attention paid to the temporal and cultural relevance of qualitative evidence in meta-synthesis, considers how an update of a meta-synthesis might be carried out, and discusses the potential for such reviews to inform future research.

#### References

Higgins JPT, Green S (eds), editors. (2008) *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.0.0 [updated February

2008]. The Cochrane Collaboration, 2008. Available from [www.cochrane-handbook.org](http://www.cochrane-handbook.org)

Lang, H., France E., Williams, B., Humphris, G., Wells, M. The psychological experience of living with head and neck cancer: a systematic review and meta-synthesis, *Psycho-oncology*, Article first published online: 10 JUL 2013. DOI: 10.1002/pon.3343

Zimmer, L. (2006). Qualitative meta synthesis: a question of dialoguing with texts. *Journal of advanced nursing*, 53(3), 311-318.

#### Paper 4

### Getting real with a realist review: optimising the value of a systematic review of online self-help for depression

Fiona Harris, UK; and Purva Abhyankar, UK

Authorship: Fiona Harris, UK; Purva Abhyankar, UK; and Margaret Maxwell, UK

#### Abstract:

Systematic reviews of effectiveness are limited by a core question: 'Does the intervention work?' To ensure comparisons of like with like, reviews seek to minimise the diversity in evidence, resulting in too specific and inflexible conclusions. However, the complex and dynamic context of service delivery means that interventions rarely work in the same way across different contexts. Traditional systematic reviews often fail to provide useful information about what type of interventions work, why they work and how best to implement them in different contexts. Informed by the realist approach, we argue that the utility of a systematic review can be optimised by explicitly exploring data on implementation processes, contexts and target populations that contribute towards achieving positive outcomes. Thus the core question is extended to become: 'What works, for whom and in what contexts?'

This paper illustrates the method for a realist-inspired review aimed at identifying best-practice recommendations for development and implementation of computerised cognitive behavioural therapy (cCBT) for depression. The search strategy, selection criteria and data extraction process were set to ensure a diverse range of evidence in order to link population characteristics, implementation contexts and processes with positive or negative outcomes. A total of 58 papers were reviewed, including effectiveness reviews, guidelines, process evaluations, feasibility and qualitative studies.

cCBT with some level of guidance works better than purely self-guided interventions but no clear evidence exists on optimal length, content and type of guidance. Interventions are more likely to be completed if they are highly structured, short, flexible, and accompanied by support, and if individuals are adequately motivated, educated and expect it to reduce depression.

The realist approach offers potential to overcome the limitations of effectiveness reviews by a) accommodating the diversity and complexity that is inherent to complex interventions and b) providing information useful for their effective implementation.

**Symposium 5**

Room: Gilbert Scott 250

**Making an economic case for nurse-led service innovation**

*Symposium lead: Dr Ann McMahon, Research & Innovation Manager (Innovation), Nursing Department, RCN, Visiting Research Fellow, University of Glasgow, UK*

This symposium will present and discuss the practicalities of empowering clinical nurses to undertake an economic assessment of a service innovation in clinical practice. The first paper is presented by a technical expert in economic assessment and evaluation, Dr Chih Hoong Sin, Director at the Office for Public Management. Chih Hoong will detail a pragmatic approach to economic assessment developed and delivered in a bespoke training programme to frontline nurses in the UK.

The second and third papers are presented by frontline nurses who have undertaken the programme and completed a monetised case study of their service innovation. In paper 2, Jill Nicholls, a heart failure specialist nurse from NHS Tayside, will discuss the practicalities and methodological challenges overcome in developing her case study of an innovative nurse-led heart failure service. In paper 3, Jayne Miller, an Assistant Clinical Nurse Manager in an Early Years, Children and Families Community Nursing Service in NHS Ayrshire and Arran will present her case study - an economic assessment of an electronic child health record. Jayne will also highlight the challenges she encountered and the impact of her case study to date.

The fourth and final paper will be presented by Dr Ann McMahon, Royal College of Nursing Research and Innovation Manager. This paper will provide an overview of the programme participants and their fields of practice. Ann will conclude the symposium with a discussion on the challenges of innovating in practice and developing an economic case for nurse-led service innovation, and how these challenges may be overcome.

Paper 1

**Demonstrating the economic impact and value of nursing in times of austerity**

*Dr Chih Hoong Sin, UK  
Authorship: Dr Chih Hoong Sin, UK*

**Abstract:**

In the UK, the National Health Service (NHS) has been undergoing one of the most significant financial challenges in its history. The NHS has to achieve cash-releasing efficiency savings amounting to £20billion by 2015. In relation to nursing, studies have shown that reducing cost through shedding or not replacing frontline nursing staff impacts on the quality and safety of care that, in turn, have implications not only on patient outcomes but also on the financial costs to the health and social care system.

While no one denies the importance of establishing the costs and benefits of different healthcare interventions, the evidence base relating to the economic contributions of the healthcare workforce and of specific nurse-led innovations is still poorly developed. In addition, nurses often lack the skills to formulate and put forward arguments about the economic impact of what they do, over and above the clinical outcomes they contribute toward achieving. This can make efficiency drives feel very disempowering to the nursing workforce.

This introduction sets out a simple framework for helping frontline nurses and nurse leaders to be able to understand how they can generate evidence on the economic impact and value of nurse-led innovations. It raises awareness of the 'key ingredients' involved in setting out and calculating direct and indirect costs, as well as direct and indirect benefits (HM Treasury 2002). It presents an approach that helps nurses and the wider healthcare system adopt a whole-system and outcomes-focused approach when looking at costs and benefits.

It concludes by explaining how these have informed a programme aimed at building the capability of nurses to demonstrate the economic impact and value of their services (Ryrie and Anderson 2011).

**References**

HM Treasury (2002) *The Green Book: Appraisals and Evaluations in Central Government*, London: The Stationery Office.

Ryrie, I. and Anderson, B. (2011) Tool to assess the cost and quality benefits of nursing innovation, *Nursing Management*, vol. 18, no. 4, pp. 29-31.

Paper 2

**The challenges of undertaking an economic assessment in clinical practice**

*Jill Nicholls, UK  
Authorship: Jill Nicholls, UK*

**Abstract:**

The Royal College of Nursing's Frontline First campaign reported where frontline nurses experienced cuts in staffing levels, where they witnessed waste in the system and where they were innovating to improve care and services in the face of austerity measures. Whilst many of these nurses could evidence the impact their innovations were having on the quality of patient experience or health outcomes, very few were in a position to demonstrate the economic impact of their work. Those who could and did were usually undertaking doctoral or post doctoral research and receiving expert support from health economists (eg: Lupari 2011). This suggested that the only alternative to doctoral / post-doctoral level academic research in nursing, was for a third party to conduct an economic analysis on behalf of nurses leading services.. However a third way was to develop an innovative programme to build the capability of frontline nurse leaders to undertake economic assessments themselves. This would arguably empower frontline nurses to influence decision makers and to continue to transform services in response to new evidence and patient need. The RCN therefore teamed up with OPM to develop and deliver such a programme.

This presentation will share the experiences of one of the first cohort of frontline nurses to undertake the programme and complete an economic assessment of an innovative nurse-led heart failure service (Nicholls 2012). It will discuss the methodological and practical challenges faced in conducting a real world economic analysis in a clinical setting including

- a) identifying stakeholders and enablers and negotiating agreement on a feasible and impactful approach to economic assessment and
- b) accessing, managing and using data routinely collected as a source of evidence.

It will reflect on the experience and discuss how the challenges were overcome and how the case study has impacted on decision making.

**References**

Lupari, MT (2011) An investigation of the effectiveness and the cost-effectiveness of the case management approach for older people with multiple chronic conditions within a community health care setting. Unpublished PhD thesis, University of Ulster. RCN Steinberg Collection, London

Nicholls, J (2012) Demonstrating the value of nurse-led services – findings from an economic assessment of a nurse-led heart failure liaison service and reflections on lessons learned from the process in Symposium 11: Generating clinically relevant and impactful economic evidence of nurse-led services in practice RCN International Nursing Research Conference, London UK



## Paper 3

**An economic assessment of a child health record***Jayne Miller, UK**Authorship: Jayne Miller, UK***Abstract:**

NHS Ayrshire & Arran developed an electronic Child Health Record to support professional record keeping. It is used by Health Visitors and School nurses and other practitioners who provide care and support to children. Nursing assessment information is recorded, updated and shared with local authority partners to support multi agency working where there are concerns impacting on a child's wellbeing. Team Leaders and Nursing Managers can now provide supervision and support to nurses when not co-located. Significant improvements in the standards of record keeping have been achieved as a result. Whilst patient care benefits were recognised, no economic value had been attributed to the developments.

Applying the pragmatic EAT methodology (Ryrie and Anderson 2011), stakeholders agreed that a cost avoidance model fitted with the preventative nature of the service. The author monetised the innovation and compared it with the costs that would have incurred if the systems were not in use. The potential for an increase in the services provided was also factored in. Cost avoidance benefits included travel costs. Improved information sharing and care planning between nurses working together to provide care to individual children and families also reaped economic benefits, as did improved access to management supervision and support to nurses within the community setting. The main challenge was conceptualising record keeping as an economic case study. The solution was to keep it simple and focus where record keeping is known to improve patient care outcomes. The case study and the skills learned have informed a number of projects currently underway within health and social care, including the development of a multiagency children's record known as AYRshare. This will be used to support information sharing between NHS staff, education staff and social services to enable multiagency assessment and care planning. The case study will be presented and discussed.

**Reference**

Ryrie I and Abderson B (ibid)

## Paper 4

**The innovation challenge: how to realise the benefits and demonstrate the value of nurse-led service innovation in practice***Dr Ann McMahon, UK**Authorship: Dr Ann McMahon, UK***Abstract:**

In times of austerity, nurses and nursing services are particularly under threat as health service managers are charged with identifying short term efficiency savings. Paradoxically, decisions taken in the absence of evidence may prove to be a false economy and in the fullness of time may actually increase costs. Demonstrating the value of services in monetary terms is not traditionally a competence included in nursing curricula. Arguably this poses a risk for nursing and patient care.

Having demonstrated the benefits of monetising nurse led innovations (McMahon and Ryrie 2012) a plan to develop this capability in front line nurses was developed. Funding was secured to train up to 60 nurse leaders in economic assessment across Scotland, Wales and Northern Ireland (Sin and McMahon 2011).

To qualify for the programme applicants had to be sponsored by their Director of Nursing, leading a service innovation at the hospital community interface, ideally of twelve months standing supported by their employer to attend two studies days and have protected time to complete a monetised case study of their service.

These criteria were identified in an effort to ensure executive level professional support for the programme and participants; sufficient data to generate a robust economic assessment; organisational support for participants to undertake training and complete a case study

Forty eight nurses who met these criteria were identified and recruited onto the programme. These nurses, and the service innovations they were leading reflected nursing: they evidence nurses providing preventative, physical and mental health care throughout the lifespan. Participants have evaluated the programme positively however many have found completing their case study particularly challenging.

This presentation will provide an overview of the participants and their innovations. It will draw on lessons learned from the programme and discuss challenges experienced and how these might be overcome in the future.

**References**

Sin CH and McMahon A (2011) The Empowerment Programme: Building Capacity Within the Nursing Workforce to Conduct Economic Assessments of Nursing Innovations

Proposal to the Burdett Trust for Nursing

Office for Public Management, London

# Symposia 6 – 11

## Thursday 3 April 2014 15.25 - 16.25

### Symposium 6

Room: Gilbert Scott 253

#### Bright light: a lesson in collaboration

Symposium lead: Dr Rachel Taylor, London South Bank University, UK

Approximately 2,000 young people aged 13–24 years, are diagnosed with cancer each year in England. Although this represents less than 1% of cancer incidence, cancer is the main cause of death outside accidents in this population. Improvements in survival for 13–24 year olds have been less than for younger children and older adults. In recognition of this survival deficit NICE issued the Improving Outcome Guidance in 2005. This stated young people 13–19 should be referred to a principal treatment centre and those aged 19–24 should have ‘unhindered access to age-appropriate care.’

BRIGHTLIGHT is a programme of research comprising of four inter-connected workstreams evaluating teenage and young adult cancer care in England. Central to BRIGHTLIGHT is a cohort study involving 2,012 young people followed over three years. Success of BRIGHTLIGHT depends upon three main criteria: accessing all young people in England; recruiting all young people in England; and retaining all young people through the study period. The BRIGHTLIGHT project has evolved through collaboration and feasibility work and the team has strove to extend collaboration to a wider group of stakeholders in order to address these three main criteria.

This symposium presents four papers. The first introduces the BRIGHTLIGHT collaboration framework outlining the range of professionals and organisations required to identify, recruit and data collect throughout England. The second paper reports the discussion groups held nationally with clinical trials researchers, which identified problems and challenges to recruitment into BRIGHTLIGHT. Paper three describes the development of the survey reflecting young people’s cancer experiences and introduces BRIGHTLIGHT’s commercial partners, Ipsos MORI who validated the survey and methods of survey administration. Finally, the fourth paper describes how user involvement with young people has been incorporated throughout BRIGHTLIGHT, with young people progressing from consultation to co-researchers in BRIGHTLIGHT.

#### Paper 1

#### Overview of collaboration: from academic to industry

Rachel Taylor, UK

Authorship: Rachel Taylor, UK; Catherine O’Hara, UK; Louise Hooker, UK; Lorna Fern, UK; and Jeremy Whelan, UK on behalf of the BRIGHTLIGHT Team

#### Abstract:

BRIGHTLIGHT is a national evaluation of teenage and young adult cancer care. The BRIGHTLIGHT cohort will consist of young people aged 13 – 24 years diagnosed with cancer in England between July 2012 and July 2013. Data collection is at five time points over three years. The study design has required a complex negotiation of collaboration to enable all young people to be identified and recruited, and for initial data collection to be carried out face-to-face in their home.

The BRIGHTLIGHT collaboration framework involves:

- North West Cancer Intelligence Service (NWCIS)

Collaboration with the NWCIS enables identification of all newly diagnosed young people with cancer through reviewing monthly Cancer Waits dataset.

- Researchers nationally

Collaboration with the NIHR Cancer Research Network (NCRN) to critical enable recruitment in every Trust in England. BRIGHTLIGHT also includes researchers from three academic organisations.

- Health professionals

To ensure recruitment of all young people BRIGHTLIGHT needs to open in every NHS Trust in England. Facilitated by the NCRN, BRIGHTLIGHT has collaborated with health professionals nationally to identify principal investigators to allow recruitment in over 80% of NHS Trusts.

- Industry

National data collection in young people’s homes requires a national body of interviewers with training and expertise in survey administration. This is been facilitated through collaboration with Ipsos MORI’s Social Research Institute.

- Young people

Consultation, collaboration, co-researchers and co-applicant; young people’s involvement in BRIGHTLIGHT is central to our recruitment and retention strategy. It will also ensure results generated by BRIGHTLIGHT will influence practice in a way that is relevant to them.

**Conclusion:** BRIGHTLIGHT will provide the most extensive evaluation of cancer services in England. This paper will discuss how, in addition to improving services for young people, it will highlight the critical role of the NCRN and multi professional collaboration for facilitating national studies.

#### Paper 2

#### Collaboration with researchers: bridging between trial and survey

Stefan Durkacz, UK

Authorship: Stefan Durkacz, UK; Rachel Taylor, UK; Lorna Fern, UK; and Jeremy Whelan, UK on behalf of the BRIGHTLIGHT Team

#### Abstract:

**Background:** Clinical research, including clinical trials, in England is supported by the National Institute for Health Research (NIHR) Cancer Research Network (NCRN). The 32 local networks covering the whole of the NHS in England employ more than 700 researchers, supporting over 600 studies within the portfolio. Researchers in the NCRN are mainly from a health or scientific background with the primary role of conducting clinical trials. In order to collaborate on BRIGHTLIGHT NCRN researchers were faced with a number of challenges:

1. Researchers mostly recruit to specific tumour types rather than an age group spanning a numerous tumours.
2. The NCRN comprises mainly of researchers with expertise in recruiting to adult studies; BRIGHTLIGHT includes ‘children’.
3. The NCRN portfolio contains a number of non-trial studies however researchers have limited experience of survey methods.

**Aims:** Using novel online methodology we aimed to explore with researchers their perceived role in recruitment, identify potential challenges and pose solutions.

**Methods:** Ideation Exchange is an online, telephone-moderated discussion method, which allows larger numbers of participants compared to face-to-face. Critically, all participants remain anonymous facilitating honest and hierarchy free discussion. As participants enter the discussion directly into the online programme, transcripts are available immediately.

**Results:** Thirty-four researchers from 21 networks participated in two Ideation Exchanges. A number of challenges to recruitment were identified, including being able to identify young people, making initial contact and gaining consent. Researchers unfamiliar with talking to young people expressed their anxieties in approaching and communicating with children.

**Summary:** Ideation Exchange was a successful method in engaging participants from a wide geographical area. Researchers openly expressed their anxieties and perceived difficulties with the protocol. Transcripts were available immediately facilitating ‘FAQ document’ to be produced and circulated throughout the networks within a week of the discussion group in order to alleviate researcher anxiety.

## Paper 3

**Collaboration with Industry: survey validation & delivery***Julia Pye, UK**Authorship: Julia Pye, UK; Lorna Fern, UK; Anita Solanki, UK; and Rachel Taylor, UK on behalf of the BRIGHTLIGHT Team***Abstract:**

**Background:** Patient-reported outcome measures (PROM) have become core to assessing quality of health care to ensure quality is based on patients' views and not solely those of providers. However, the extent to which quality assessment reflects patients' views and experience depends on the outcome measure; its conceptual basis and how it was developed.

**Aims:** To develop and validate an outcome measure, the BRIGHTLIGHT Survey, for use with young people with cancer that accurately reflects their experience.

**Methods:** Stage 1: develop the theoretical basis of the BRIGHTLIGHT Survey through a systematic review of literature and semi-structured interviews with eleven young people.

Stage 2: identify core domains and generate questions.

Stage 3: validate the BRIGHTLIGHT Survey (health professionals' review, and cognitive interviews with young people).

Stage 4: validate the methods of survey administration through focus groups with young people and their families.

**Results:** Ten common themes emerged in the meta-synthesis of 17 papers identified in the review and eight themes emerged from the interviews with young people, which formed the basis of a conceptual model of the cancer experience. The conceptual model underpinned the core domains and related questions of the BRIGHTLIGHT Survey e.g. quality of life, social support, financial impact, achieving life goals. Content was reviewed by health professionals and refined through cognitive interviews with 22 young people. Three focus groups with 11 young people refined the accompanying documents and consent forms, changed the time-point of survey administration and confirmed the appropriateness of methods of administration.

**Conclusion:** The BRIGHTLIGHT Survey has been developed to accurately reflect young people's experience of cancer. This is important to ensuring young people remain interested in completing it over a three year period and to ensure changes in care will be based on young people's experience and need rather than being determined by providers alone.

## Paper 4

**Collaboration with young people: from consultant to co-researcher***Lorna Fern, UK**Authorship: Lorna Fern, UK; Faith Gibson, UK; Rachel Taylor, UK; Anita Solanki, UK; and Jeremy Whelan, UK on behalf of the BRIGHTLIGHT Team***Abstract:**

Patient and public involvement (PPI) is central to healthcare policy and research in the UK. The BRIGHTLIGHT team worked with young people during the feasibility and pilot work. The aim of this paper is to describe the role young people have played in BRIGHTLIGHT highlighting how they have progressed from consultation to working as co-researchers.

**BRIGHTLIGHT inception**

The National Cancer Research Institute Teenage and Young Adult (TYA) Clinical Studies Group Core Consumer Group (CCG) comprised of five young people with a previous cancer diagnosis. The CCG worked as co-researchers to identify priorities for a TYA cancer unit and describe the experience of cancer care for young people. This work underpinned the development of the patient survey for BRIGHTLIGHT.

**Becoming BRIGHTLIGHT**

Young people suggested the original study name 'essence of TYA cancer care' or '2012 TYA Cancer Cohort' was uninspiring. A brand transformation exercise was carried out a workshop with young people and independent creative advisors. Young people branded the study BRIGHTLIGHT (light at the end of the tunnel, leading the way).

**Being BRIGHTLIGHT**

The Young Person's Reference Group (YPRG) is a 'virtual' steering group with an annual meeting. Membership is open to all non-BRIGHTLIGHT participants, aged 13-24 at diagnosis within the last three years. The role of the YPRG varies with study progression but includes advising on content and editing the study newsletter and website ([www.thebrightlightstudy.com](http://www.thebrightlightstudy.com)), and providing advice on study conduct. Two members of the YPRG are trained in telephone interviewing and will interview young people who do not want to take part in BRIGHTLIGHT to explore reasons for this.

**Conclusion:** The key to longitudinal research is to keep participants engaged throughout the study. Young people are best place to advice professionals on strategies to do this. This paper will also discuss evaluation of PPI.

## Symposium 7

Room: Gilbert Scott 253

**Empowering Parents to Become Active Participants in Pain Management**

*Symposium lead: Dr Alison Twycross, Head of Department for Children's Nursing and, Reader in Children's Pain Management, Editor: Evidence Based Nursing, London South Bank University*

Parents play an integral part in their child's pain management both in hospital and at home. However, very little is known about the most effective ways of involving and supporting parents in this context. This symposium will focus on parents' pain management in two different care settings: the neonatal intensive care unit (NICU) and an acute paediatric ward. The results of a study looking at parents' attitudes to pain and pain medications will also be presented.

The first paper presents the results of a Cochrane systematic review about the use of skin-to-skin contact in the NICU – an area of care where parents are regularly involved - and identifies best practice in this context. The second paper presents the result of an ethnographic style study which provides unique insights into parents' roles in pain management on an acute paediatric ward. The third paper presents the first UK data to explore parents' attitudes to pain and pain medications. Implications for current practices will also be discussed.

## Papers:

1. Skin-to-skin contact to relieve neonatal procedural pain: What's the evidence?
2. 'Making Sense' and 'Being Good': Mothers' Accounts of Acute Pain and Pain Management in their Children
3. Parental Attitudes Towards Children's Pain and Analgesic Drugs in the UK

The symposium will be chaired by Professor Faith Gibson, London South Bank University and Great Ormond Street Hospital, UK

## Paper 1

**Skin-to-skin contact to relieve neonatal procedural pain: What's the evidence?***Marsha Campbell-Yeo, Canada**Authorship: Marsha Campbell-Yeo, Canada; Celeste Johnston, Canada; Rebecca Zee, Canada; Ananda Fernandes, Portugal; Darlene Inglis, Canada; and David Streiner, Canada***Abstract:**

**Background:** Skin-to-skin care (SSC), otherwise known as kangaroo care (KC) refers to the ventral upright holding of a diaper clad infant on the mother's bare chest.

**Aim:** To determine the effect of SSC on procedural related pain in neonates.

**Methods:** Using standard Cochrane Neonatal Collaborative Review Group methods, databases were searched in August 2012. Studies with random or quasi-randomisation, on term and preterm neonates to a maximum of 44 weeks post-menstrual age receiving SSC undergoing painful procedures were included. Outcome measures were physiological and/or behavioural pain indicators and/or composite pain scores.

**Results:** Nineteen studies (n=1595 infants) were included. Fifteen studies (n=744) examined heel lance, one study used a combination of venepuncture and heel lance (n=50), two used intramuscular injection, and one used 'vaccination' (n=800). Eleven studies (n=1363) compared SSC to no-treatment-control alone. Five studies used the Premature Infant Pain Profile (PIPP) as a primary outcome of SSC versus standard care at 30 seconds (n = 268) and the results favoured SSC (MD -3.21, 95% CI [-3.94, -2.48]). Three studies reported PIPP at 60 seconds (n=164) favouring SSC (MD-1.85, 95% CI [-3.03, -0.68]), at 90 seconds scores (n=163) favouring SSC (MD -1.34, 95% CI [-2.56, -0.13]), and at 120 seconds (n=157), which was non-significant between groups. Heart rate, recovery, oxygen saturation, salivary and serum cortisol, duration of crying, and facial actions had no studies that could be combined for meta-analysis. No adverse events were reported.

**Conclusions:** SSC appears to be effective and safe for a single painful procedure such as heel lance, venepuncture, or intramuscular injection in neonates. Most physiological indicators were similar between conditions except that recovery, time for heart rate to return to baseline levels, favoured SSC. Further studies examining optimal duration, differences in gestational age, provider, sustained effect, and the longer term effects of SSC are warranted.

## Paper 2

**'Making Sense' and 'Being Good': Mothers' Accounts of Acute Pain and Pain Management in their Children***Anna Williams, UK**Authorship: Anna Williams, UK; Alison Twycross, UK; Jon Gabe, UK; and Paula Nicolson, UK***Abstract:**

**Background:** Children's experiences of health and illness are intricately bound up in their relationships with those around them, and in particular, their parents. Parents play a central role in the interpretation of symptoms, help-seeking, and deciding on courses of action for and with their child. Previous work has examined parental understandings of interpretations of everyday health and illness in their children and their roles in the management of chronic illness in childhood, yet little is known in relation to parental accounts of acute pain in their children from a sociological perspective.

**Aims:** To present mothers' accounts of acute pain and pain management in their hospitalised child.

**Methods:** An ethnographic study was conducted on one ward over a period of 11 months. Data were collected using observations (348 hours), informal interviews and in-depth interviews with mothers (n=4).

**Results:** Mothers presented detailed, contextualised, narratives of pain in their child, demonstrating that pain is simultaneously and retrospectively interpreted by children's caregivers. Salient dimensions of maternal accounts included time, causality, and knowledge of their child. Pain management was described primarily in terms of analgesic drugs, with mothers playing a central role in balancing perceived need and the responsibility to prevent suffering in their child as in communication between children and healthcare professionals.

**Conclusions:** These findings offer insight into parental roles in pain management focusing on caregiver interpretations and conceptualisations of pain. These are central to the way they respond to pain in their child and mediate pain management in the hospital setting. The analysis presented here shows how maternal interpretations are culturally embedded and individually contextualised, and explores the implications this has for nurses and understanding parental involvement in pain management in the hospital setting.

## Paper 3

**Parents' Attitudes Towards Children's Pain and Analgesic Drugs in the UK***Rachael Bolland, Nurse Consultant, Acute Paediatrics, St George's Healthcare NHS Trust, UK**Authorship: Alison Twycross, UK; Anna Williams, UK; Rachael Bolland, UK; and Robin Sunderland, UK***Abstract:**

**Background:** Children continue to experience moderate to severe pain following surgery, including day surgery. Parents' attitudes towards and beliefs about pain and pain management in children have been explored in the USA and Finland and found that parents may be reluctant to administer analgesic drugs (Kannkkunen et al. 2003; Zisk-Rony et al 2010).

**Aims:** This study explored parental attitudes and beliefs in relation to pain in children and analgesic drugs in the UK.

**Methods:** A convenience sample of parents (n=108) attending outpatient clinics or whose children were admitted to the paediatric wards at one hospital in South West London during August-October 2012 completed the Parental Pain Expression Perceptions and Medication Attitudes Questionnaires. Descriptive statistics were calculated to examine questionnaire scores and explore patterns in participant responses.

**Results:** Misconceptions about how children express pain are evident amongst UK parents. For example, nearly half of all parents believed children always tell their parents when they are in pain. Furthermore, misconceptions about analgesic drugs were evident including uncertainty regarding their addictive properties and beliefs that pain medication works best when given as little as possible.

**Conclusions:** Parents' beliefs and attitudes towards pain in children and analgesic drugs in the UK reflect the results of other studies, in other countries suggesting misconceptions persist. These may shape parental management of postoperative pain, and it is therefore important to explore parental understandings in this context to improve the quality of care children receive.

**References**

Kannkkunen P, Vehvilainen-Julkunen K, Pietila A-M, Kokki H & Halonen P (2003): Parents' perceptions and use of analgesics at home after children's day surgery. *Paediatric Anaesthesia* 13, 132-140.

Zisk-Rony RY, Fortier MA, MacLaren-Chorney J, Perrett D & Zain ZN (2010): Parental postoperative pain management: Attitudes, assessment and management. *Pediatrics* 125, 1372-1378.



**Symposium 8**

Room: Gilbert Scott 356

**Knowledge Translation through Creative Partnerships***Symposium lead: Dr Sarah Goldberg, Senior Clinical Academic Nurse, Nottingham University Hospitals NHS Trust, UK*

Ensuring research studies have impact is becoming increasingly important for academics. One form of impact is conceptual impact which is about changing hearts and minds, attitudes and knowledge. A greater diversity of dissemination methods are required to ensure that research findings reach a diverse audience including non-academic audience if we are to close the 'know-do' gap. Ward based nurses and healthcare assistants, NHS management, patients and their carers, decision and policy makers often do not have the time, skills or inclination to find and read academic journals. Using the creative arts, particularly theatre and documentary as a medium for knowledge translation can be a more effective way of reaching these audiences than the traditional academic journals and conference presentations.

This symposium will present three papers where the creative arts have been used to create innovative research outputs aimed at disseminating research findings to a wide and diverse audience. All studies involve frail older people, particularly those with dementia. The usefulness and opportunities generated to reach a wide audience will be discussed, together with some of the challenges of creating such outputs. During the presentations we will show the documentaries produced for some of our studies.

## Paper 1

**Person-Centred Care for Confused Older People – The use of documentary to disseminate research findings.***Sarah Goldberg, UK**Authorship: Sarah Goldberg, UK; Pippa Foster, UK; Owen Davies, UK; Justine Schneider, UK; and Rowan Harwood, UK.***Abstract:**

**Background:** We developed a specialist Medical and Mental Health Unit (MMHU) for older people with suspected dementia or delirium as a model of best practice and evaluated it in a randomised controlled trial (the NIHR TEAM trial). Data collection was between July 2010 and May 2012. Results showed that whilst patient's 90 day outcomes were unchanged, the patients cared for on the MMHU experienced a better quality of care and their carers were more satisfaction with care.

**Aims:** To create a research output which could be used to show a wide audience the reality of person-centred care for cognitively impaired older patients in the acute hospital.

**Methods:** A film-maker from a local independent cinema (The Broadway Cinema, Nottingham), Owen Davies, was commissioned to film on the MMU. The 26 hours of filming was edited into 23 minutes to represent 24 hours of care on the MMHU. Editing was by the film maker and a research associate, with involvement from the wider clinical academic team to ensure the film accurately reflected the healthcare needs of these patients and the care delivered on the MMHU.

**Results:** The documentary 'Today is Monday' has been shown to over 500 people from the UK, US, Canada, Europe and Australia. Request for the use of 'Today is Monday' has come from Medics, psychologists, nurses, therapists, commissioners, charities, families, carers, politicians and educationalists. Feedback has been highly positive, and many people watching the documentary have requested that they use it for educational purposes.

**Conclusion:** The documentary 'Today is Monday' has allowed us to raise the importance of person-centred care and the difficulties of delivering such care in the acute hospital to a diverse group of people, most of whom would not read a research publication.

## Paper 2

**Passing On - Process, Ethics and Evaluation of ethnodrama on End of Life Care through verbatim theatre and debate***Gillian Lewando Hundt, UK**Authorship: Gillian Lewando Hundt, UK and Claudette Bryanston, UK.***Abstract:**

**Background:** Ethnodrama – theatre developed from research is a powerful form of knowledge translation and public engagement. This is an emergent area within health care being used to address salient and complex issues. The process of collaboration between artists and researchers, the ethics of using research for theatre and the ways of evaluating impact and meaning of the play and public debate it engenders is the subject of this paper.

**Aims:** To elucidate the method of collaboration between researchers and artists in developing Passing On an ethnodrama on end of life care

To identify ethical issues in this process

To demonstrate through evaluation the impact and type of knowledge translation

**Method:** The study was carried out in 2006–9 on the experiences of end of life care of bereaved relatives concerning the pathways to care and death of their family member in a district hospital as well as interviews with health professionals. The research interviews were used to develop a play using verbatim text. The play was performed in 2011 and 2012 in professional and non-professional theatre venues and was evaluated immediately after the performances and post show discussions and also 6 months later.

**Results:** The process of collaboration between artists and researchers involved developmental

workshops, discussion during rehearsals and participation in post-show discussions. Ethical issues arose through the use of verbatim text that required consultation with the Ethics Committee and contacting interviewees. Evaluation immediately post performance and subsequently showed a range of ways that this play resulted in knowledge translation that impacted on thinking and practice.

**Conclusion:** Ethno-drama is an effective way of translating research findings and having impact with a wide audience.

## Paper 3

**Inside out of Mind: Empowering support staff through theatre***Justine Schneider, UK**Authorship: Justine Schneider, UK***Abstract:**

**Background:** Unregistered support staff or health care assistants make up about half of the NHS workforce, yet they receive little more than mandatory training. Their hands-on care makes an important contribution to the patient experience, but their role is at risk of being overlooked by the wider multidisciplinary team.

**Methods:** An ethnographic study of health care assistants on dementia 'assessment and challenging behaviour' wards was commissioned by the Department of Health policy research programme, and completed in 2010. The rich field-notes collected by three participant observers were entrusted to a playwright, Tanya Myers, and the play was subsequently performed to an audience of health care assistants, who also attended experiential workshops jointly led by professional trainers and actors from the cast of the show, Inside Out of Mind.

**Results:** A 7-minute video will be shown to illustrate the experience. 863 (78%) completed evaluation forms. Of this number:

- 82% said they worked with people with dementia at least once per month
- 52% said they had received no training of any kind in relation to dementia, but NHCT staff were significantly more likely to have had such training (67% v 37% and 41% for the SFHT and NUH respectively)
- 92% said the day would have a positive impact on their work with people with dementia
- 93% rated the day overall as 'good' (16%), 'very good' (35%) or 'excellent' (42%)

The overwhelmingly positive rating of the day was reflected in most of the comments.

**Conclusion:** Although many of those attending were unfamiliar with theatre as a medium of entertainment, this proved to be an effective way to raise participants' confidence and sense of competence in caring for people with dementia. The project has opened up many opportunities to harness the arts for workforce education in dementia care.

**Symposium 9**

Room: John McIntyre 208

**Diabetes in people with intellectual disabilities***Symposium lead: Dr Laurence Taggart, Reader, University of Ulster, UK*

Diabetes is increasing worldwide yet like many chronic secondary conditions type 2 diabetes can be prevented. Evidence indicates that people with intellectual disabilities are at a higher risk of developing type 2 diabetes as a consequence of limited physical activity, poorer diets and sedentary behaviours.

People in the general population with diabetes are typically offered a structured education programme to improve their blood glucose, weight, blood pressure and cholesterol levels. However, education programmes are not routinely offered to people with intellectual disabilities: these programmes do not address the specific challenges posed by this population's cognitive deficits, communication difficulties, low levels of literacy skills and learning styles. With adaptations and reasonable adjustments, adults with intellectual disabilities and co-morbid physical health conditions such as diabetes can successfully participate in appropriately modified self-management programmes. In this specific symposium, we will explore three leading research studies examining different aspects of Type 2 diabetes in people with intellectual disabilities.

Taggart and colleagues report difficulties in identifying people with intellectual disabilities who have diabetes and how their diabetes was found to be poorly controlled compared with the national benchmarks of good diabetes management. Brown and colleagues found diabetes professionals have limited education, knowledge and skills of the distinct needs of this group. Intellectual disability services lack knowledge about diabetes. Taggart and colleagues explores adapting a national Type 2 diabetes self-management programme (DESMOND) for adults with intellectual disabilities.

Government policies place a strong ethos upon self-management at the heart of living with diabetes; however this further poses challenges for this population and those who provide care for them. Greater emphasis needs to be placed upon collaborative working and education between intellectual disability, primary healthcare and diabetes staff in order to meet these quality indicators and improve the quality of life of this population.

## Paper 1

**Prevalence and management of diabetes in people with intellectual disabilities***Laurence Taggart, Northern Ireland**Authorship: Laurence Taggart, Northern Ireland***Abstract:**

**Background:** People with intellectual disabilities are at a higher risk of developing diabetes due to higher obesity levels and poor diets compared to the general population.

**Aim:** The aim of this study was to explore the prevalence and management of diabetes in people with intellectual disabilities in N. Ireland.

**Methods:** Two methods were employed. Firstly, all GP Practices were contacted and asked to provide figures for the number of people with intellectual disabilities and diabetes registered within their practice. Secondly, a postal survey was forwarded to nursing and residential staff caring for people with intellectual disabilities who had diabetes. Ethical approval was obtained.

**Results:** Obtaining accurate prevalence figures of diabetes in people with intellectual disabilities from the GP practices was found to be methodologically problematic. The nursing and residential staff completed questionnaires on 186 people with intellectual disabilities with diabetes: 67.2% had Type 2 and 32.8% had Type 1 diabetes. Overall, the diabetes management of this population by staff was found to be poor.

**Conclusion:** Findings from this study highlight the difficulties that GP practices encounter in recognizing and coding a person to have an intellectual disability as well as diabetes; thereby deflating prevalence rates. The poor management of this population raises concerns that require immediate attention pertaining to staff training and education in diabetes.

**References**

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- van Schrokenstrin Lantman-de Valk, H.M & Noonan-Walsh, P. (2008): Managing health problems in people with intellectual disabilities. *British Medical Journal*, 337, 1408-1412.

## Paper 2

**The view and experiences of professionals caring for adults with intellectual disabilities and type 2 diabetes.***Professor Michael Brown, UK**Authorship: Professor Michael Brown, UK***Abstract:**

**Background:** The intellectual disability population is ageing and increasing with many presenting with long-term health conditions including type two diabetes. Little has been published about the view and experiences of professionals who treat patients with learning disabilities with type two diabetes, despite the growing evidence of the increasing prevalence of the condition within the population.

**Aim:** To explore the views and experiences of professionals on caring for adults with intellectual disabilities with type 2 diabetes.

**Methods:** Qualitative one: one structured interviews were conducted (n=30), with professionals from primary care diabetic services, learning disability services and community support workers involved in the treatment of adults with intellectual disabilities.

**Results:** Professionals have limited education, knowledge and skills of the distinct needs of this group and face barriers in relation to communication, capacity and consent to treatment, making reasonable adjustments to meet care needs, managing the diabetes and lack networks with other professionals involved in care. Intellectual disability services lack knowledge about diabetes and the risks and complications. They have strategies that can assist patients and professionals with type 2 diabetes, with scope for joint working. Community support workers play a central role in supporting people access diabetic care and need further education and support.

**Discussion:** Professionals need shared education about the type 2 diabetes and the needs of people with intellectual disabilities to share practice and provide better support. There are examples of collaborative working across services that can be shared and disseminated and the need to develop joint working in the future as it is anticipated there will be more people with intellectual disabilities with type 2 diabetes.

**Conclusions:** Further education and collaborative working is required in the future to meet the needs of this growing population.

**References**

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- Cardol, M., Rijken, M. & Schroyenstein, Lantman-de Valk, H. (2012) People with mild to moderate intellectual disability talking about their diabetes and

**Symposium 10**

Room: John McIntyre 201

**Living with chronic illness: Bridging knowledge, research and practice to tackle an emerging global challenge***Symposium lead: Dr Maria Carmen Portillo, Associate Professor, University of Navarra, Spain*

Current healthcare strategies in chronicity have started to focus on the person rather than the disease. This holistic point of view emerges in response to the increase of chronic diseases in Europe and its associated growth of costs. The process of living with a chronic illness is complex and multidimensional and involves several factors and mechanisms. Health professionals need to know common and particular aspects of the process of living with different chronic illnesses to plan adequate assessments and interventions accordingly.

This symposium consists of three interconnected papers that show how knowledge about the process of living with chronic illness is created and applied to enhance healthcare. The three papers are part of a larger multidisciplinary research programme called 'ReNACE programme', which aims to promote the integration of different chronic diseases in the daily life of patients and carers, through the design, implementation and evaluation of individually tailored interventions.

Paper 1, led by Dr Amparo Zaragoza, provides a deeper understanding of the phenomenon of living with chronic illness from the perspective of Parkinson patients and their carers and also identifies the factors and mechanisms that influence the adaptation towards a positive living, leaving recommendations for future health strategies and comparisons with the process in other chronic illnesses open for discussion.

Paper 2, led by Victoria Navarta, reflects on Realist Review as an ideal approach to foster the process of living with chronic illness and provide essential contextual information about the change and evaluation, and outcomes to replicate interventions in future situations and with different populations.

Finally, paper 3, led by Leire Ambrosio, critically presents the method underpinning the development of a new measuring scale of the process of living with chronic illness and how this scale will also contribute to growing tacit knowledge and identifying new areas to tackle.

how they manage. *Journal of Intellectual Disability Research*, 56, (4), 351-360.

Taggart, L., Coates, V. & Truesdale-Kennedy m. (2013) Management and quality indicators of diabetes mellitus in people with intellectual disabilities. *Journal of Intellectual Disability Research*, 57, (12), 1152-1163

**Paper 3****Type 2 diabetes education for adults with intellectual disabilities***Dr Laurence Taggart, UK**Authorship: Dr Laurence Taggart, UK***Abstract:**

**Background:** Prevalence figures for Type 2 diabetes in people with intellectual disabilities are estimated to be some 4-5 times higher than the non-disabled population. However, little is known about how this population and their carers manage this condition.

**Aim:** The aim of this study was to adapt and evaluate one such self-management Type 2 diabetes education programme (DESMOND) for adults with intellectual disabilities and their carers.

**Method:** Two iterations of the DESMOND education programme were delivered in N. Ireland. In total sixteen adults with intellectual disabilities with Type 2 diabetes and their family/residential carers engaged in this programme over a six-week period. Feedback was obtained using focus groups with the adults, their carers, the educators and three independent observers. Video recordings of the sessions were also used to supplement this evaluation.

**Results:** The feedback from the first iteration of the DESMOND programme illustrated that it needed to be adapted to accommodate for the adults literacy skills and comprehension levels. The adults with intellectual disabilities also required the support of their carers to develop and maintain the skills to self-manage their diabetes at home focusing on diet, exercise and medication. The second iteration of the programme supported the adaptations that have been made to the programme: although other minor changes are still required. Family/residential carers need a separate day to prepare them to engage effectively to help support the adults to learn the objectives of the adapted DESMOND programme.

**Conclusion:** Adults with intellectual disabilities can be educated and supported to develop the skills to self-manage their Type 2 diabetes. It is important to have the support of family/residential carers. Such self-management programmes developed for the non-disabled population need adapting for adults with intellectual disabilities.

**References:**

Gillett, M., Brennan, A., Carey, M. E., Campbell, M. J., Heller, S. Khunti, K., Skinner, T. C. & Davies, M. J. (2010): Delivering the diabetes education and self-management for ongoing and newly diagnosed (DESMOND) programme for people with newly

diagnosed T2D: cost effectiveness analysis. *British Medical Journal*, 341: 4093 - 5003.

Taggart, L., Coates, V. & Truesdale-Kennedy m. (2013) Management and quality indicators of diabetes mellitus in people with intellectual disabilities. *Journal of Intellectual Disability Research*, 57, (12), 1152-1163

Wilson, P. & Goodman, C. (2011): Evaluation of a modified chronic disease self-management programme for people with intellectual disabilities. *Journal of Nursing and Healthcare of Chronic Illness*, 3, 310-318.



Paper 1

**Understanding the phenomenon of living with chronic illness: The perspective of Parkinson patients and carers**

*Amparo Zaragoza, Spain*

*Authorship: Amparo Zaragoza, Spain; and Mari Carmen Portillo, Spain*

**Abstract:**

**Background:** Chronic illnesses such as Parkinson Disease have a considerable impact on patients' and families' lives, and society. Nowadays, health professionals need to understand how life with chronic illness is from the patients' and carers' perspectives to provide holistic care and ease the adaptation process.

**Aims:** To explore and understand the process of living with PD for patients and caregivers and the main factors influencing this process.

**Method:** An exploratory sequential mixed-method project with qualitative and quantitative data collection was developed (completed in November 2012). Purposive sampling took place with patients and caregivers from 3 settings in Spain: an association of Parkinson patients, a neurological consultation and a primary care practice. Semi-structured interviews, socio-demographic forms, and two motor and non-motor symptoms scales were used. Interviews were content analysed using NVivo 9.2 and SPSS 15 was used for descriptive statistics.

**Results:** 46 participants constituted the sample. Patients had mild motor and moderate non-motor impairment. Three elements were found essential in the process of living with PD: acceptance, adaptation and self-management and led to two possible ways of living with PD: positive and negative. This was influenced by participants' personality, values and beliefs, coping strategies, family support, social support, resources, treatment and symptoms.

**Discussion:** Three key elements of the process of living with Parkinson's disease have been identified and explored in depth: acceptance, adaptation and self-management. The relationship between these elements and two ways of living with Parkinson's disease has been acknowledged. The factors and mechanisms influencing this process have also been unveiled.

**Conclusion:** Further understanding and knowledge about the phenomenon of living with a chronic illness has been developed from the perspective of Parkinson's disease. Based on this framework cost-effective interventions and instruments could be developed so that patients and their relatives adapt to the process and have satisfactory lives.

**References**

Ministerio de Sanidad, Servicios Sociales e Igualdad (2012) 'Estrategias para el abordaje de la cronicidad en el Sistema Nacional de Salud'. Madrid. Ministerio de Sanidad, Servicios Sociales e Igualdad Centro de Publicaciones.

Stanton, A.L., Revenson, T.A., Tenneh, H. (2007) 'Health Psychology. Psychological Adjustment to Chronic Disease'. Annual Review Psychology, 58, 565-92.

Miles, M., Huberman, A. (1994) 'Qualitative data analysis: an expanded sourcebook'. 2nd Edition. London: Sage publications.

Paper 2

**Development of interventions to improve the process of living with a chronic illness: Realistic Evaluation as an ideal approach**

*Victoria Navarta, Spain*

*Authorship: Victoria Navarta, Spain; and Mari Carmen Portillo, Spain*

**Abstract:**

**Background:**

Living with a chronic illness is a complex process influenced by multiple physical and psychosocial factors<sup>1-2</sup>. Different attempts can be found in the literature to foster this process. However, a recurrent interest in biomedical outcomes and cost-effectiveness leads to partial results, which do not reflect on and tackle the mechanisms and contextual factors that the promotion of a successful living with chronic illness encounters<sup>1-2</sup>.

In this regard, Realistic Evaluation is an approach that allows developing and evaluating health care complex interventions<sup>3</sup>. This becomes essential when it comes to understanding how certain circumstances influence how and why an intervention works in terms of effectiveness and efficiency.

**Aim:** To reflect on the suitability of the Realist approach in the development and evaluation of programmes to promote positive living with chronic illness; and in building knowledge to replicate interventions in different contexts.

**Methodological discussion:** According to paper 1 some factors that influence the process of living with a chronic illness are: interpersonal relationships, personality attributes or coping processes, which involve subjective and personal characteristics. When planning an intervention to tackle this type of dynamic factors, a deep analysis of the context and mechanisms that explain the operationalization of the factors is needed. In this paper, it will be shown how Realistic evaluation provides answers to patterns of change in behaviours, attitudes and skills while growing understanding of organizational and contextual issues that are also embedded in the process. This will build knowledge about the success or failure of this type of intervention and its outcomes, which could be applied to different chronic conditions.

**Conclusion:** Realistic Evaluation is an appropriate design to develop and understand how an intervention that could ease the dynamic phenomenon of living with a chronic illness of patients and carers could be operationalized.

**References**

1. Stanton, A.L., Revenson, T.A., Tenneh, H. (2007) 'Health Psychology. Psychological Adjustment to Chronic Disease'. Annual Review Psychology, 58, 565-92.

2. Livneh, H., Antonak, R.F. (2005) 'Psychosocial adaptation to chronic illness and disability: A primer for counselors'. Journal of Counselling Development, 83, 12-20.

3. Pawson, R., Tilley, N. (2004) 'Realistic Evaluation'. London: SAGE Publications Ltd.

Paper 3

**Individual assessment of the process of living with chronic illness: Developing a new measuring scale**

*Leire Ambrosio, Spain*

*Authorship: Leire Ambrosio, Spain and Mari Carmen Portillo, Spain*

**Abstract:**

**Background:** Although there is clear evidence regarding the process of living with some chronic illnesses like diabetes or arthritis (Koch y Kralik), there is an important gap regarding how the process of living is individually experienced by the patient and how it is measured. Furthermore, the phenomenon of 'living with chronic illness' is on many occasions interchanged with adaptation or adjustment, leading to a lack of specific instruments to measure this process.

**Aim:** To provide an overview of the method used to develop a measuring scale for the process of living with chronic illness.

**Methods:** The following steps have been planned 1. To analyse the concept of living with chronic illness through Rodgers' evolutionary method (Rodgers and Knafel, 2000). 2. Based on the review findings and previous research, to design a scale to measure the degree of living with a chronic illness with patients. 3. To validate the designed scale with a Parkinson's disease population through a cross-sectional study.

**Results:** For step one, a narrative review of the literature has been completed and 23 topic related topics were identified and critically reviewed. According to this literature living with chronic illness is a complex, dynamic, cyclical and multidimensional concept that has five attributes: Acceptance, Coping, Self Management, Integration and Adjustment. For step two, these attributes will inform the theoretical basis of the scale and constitute its domains.

**Discussion:** According to this concept analysis there is no consensus on what living with chronic illness constitutes. However, these findings provide rich knowledge, which is essential at this theoretical stage in the design of a measure. Also this conceptual analysis and the development of this scale will provide better understanding of the phenomenon in practice, facilitate individual assess-



ments and patient-centred care, and foster related interventions whose outcomes could be measured through this scale.

#### References

- Koch, T., Jenkin, P., Kralik, D. (2004) 'Chronic illness self-management: locating the 'self'' *Journal of Advanced Nursing*, 48, 484-492.
- Maher, K. & De Vries, K. (2011) 'An exploration of the lived experiences of individuals with relapsed Multiple Myeloma'. *European Journal of Cancer Care*, 20, 267-275.
- Rodgers, B., & Knafl, K. (2000). 'Concept Development in Nursing'. *Foundations, Techniques, and Applications*. 2nd ed. Saunders.

### Symposium 11

James Watt J10

#### Life after Critical Illness: an Overview and Methodological Challenges

*Symposium lead: Dr Janice Rattray, Co-ordinator, University of Dundee, UK*

Survival rates from critical illness have improved but survivors may face significant problems during a prolonged recovery trajectory. The recognition of short and long-term problems has led us to view critical illness as a continuum that starts with the onset of acute deterioration or traumatic event and continues for some time after hospital discharge. This presents a challenge for the investigation and identification of an effective rehabilitation pathway for these patients. Significant international research in this area has been undertaken over the last decade and our understanding of the consequences of critical illness has increased greatly. However there are a number of methodological challenges in researching this patient population that will be discussed in this symposium. These include the heterogeneous nature of critically ill patients, their lack of recall of factual events surrounding the critical illness event, relatively small sample sizes and the challenge of loss to follow-up in longitudinal studies. The purpose of this symposium is to a) illustrate the physical and psychological problems that patients experience, b) identify gaps in our knowledge regarding patient recovery, c) highlight interventions that have been examined and the methodological challenges experienced in testing those interventions and d) identify areas for future research.

Papers to be included in this symposium include:

1. Overview of life after critical illness– Dr Janice Rattray
2. Measuring mental health in survivors of critical injury – Prof Leanne Aitken
3. Challenges of implementing interventions to improve recovery after critical illness and injury - Prof Leanne Aitken & Dr Janice Rattray.

Paper 1

#### Overview of Life after Critical Illness

*Janice Rattray, UK*

*Authorship: Janice Rattray, UK*

#### Abstract:

**Background:** Patients recovering from critical illness and injury experience significant physical and psychological problems over a prolonged recovery trajectory. These problems affect all aspects of life including resuming usual personal, family and societal roles.

**Aim:** The aim of this presentation is to use examples from current literature and research projects to a) illustrate the physical and psychological problems faced by many patients after an episode of critical illness, b) highlight some of the interventions that have been tested, c) highlight the methodological challenges underpinning this evidence base, and c) identify areas for future research.

**Methods:** The literature was identified using 'The Knowledge Network Scotland' with the following words and phrases 'anxiety', 'depression', 'post-traumatic stress', 'early mobilisation', 'delirium', 'cognitive function' and intensive care.

**Results:** Physical problems include significant muscle wasting and weakness, fatigue and lethargy. This poses a significant challenge for recovery after discharge. Interventions have been developed to improve physical functioning but have had variable results. These include early mobilisation whilst the patient is in intensive care, follow-up clinics and physiotherapist led exercise programmes.

Psychological problems are anxiety, depression, posttraumatic stress, delirium and cognitive dysfunction. The prevalence of delirium ranges from 20% to 80%, and is associated with a longer hospital stay, increased mortality and subsequent cognitive impairment. Cognitive issues include significant problems with memory, attention/concentration, and executive function for some months after discharge.

**Conclusions:** Methodological issues mean that establishing prevalence of problems is difficult. However we do know that these issues may be enduring for some and may cause significant disruption to both the patient and families. Our understanding of the consequence of critical illness has improved but the heterogeneous nature of ICU patients has resulted in difficulty in implementing successful interventions. Future research should focus on establishing those patients most at risk.

Paper 2

### Measuring mental health in survivors of critical injury

Leanne Aitken, Australia & England, UK  
Authorship: Leanne Aitken, Australia & UK

**Abstract:**

**Background:** Compromised mental health after survival from traumatic injury is significant.

**Aims:** The aim of this paper is to describe the frequency of mental health compromise and to examine the consistency of compromise identified on four available measures of mental health.

**Methods:** Adults admitted to a tertiary Intensive Care Unit (ICU) following injury were prospectively followed. Ethics approval and participant consent were obtained. Mental health was measured using the Post-Traumatic Stress Disorder Symptom Checklist (PCL), the Kessler-10 (K10) scale of psychological distress and the Short Form 36 Mental Health (MH) subscale via questionnaire 1, 6, 12, and 24 months post hospital discharge. Definitions of compromise provided by the PCL and K10 developers were used to determine mental health compromise. Two definitions of compromise on the MH subscale were used including  $\leq 50$  (below average health) and  $\leq 30$  (2 standard deviations below median).

**Results:** Measures of mental health were collected from 93 participants 1 month after hospital discharge with 88 (6 months), 84 (12 months) and 69 (24 months) responses at subsequent time points between July 2008 and August 2012. Rates of compromise on the four measures were: K10: 57-64%; PCL: 19-23%; MH $\leq 50$ : 61-71%; MH $\leq 30$ : 17-21%. Limited agreement of compromise existed between measures with 10-16% of participants categorised as compromised on all measures when MH $\leq 30$  was used and 19-23% when MH $\leq 50$  was used. Most patients identified as symptomatic on PCL also reported distress on the K10. Further, a high level of agreement between the PCL and MH $\leq 30$  existed, while MH $\leq 50$  had high agreement with the K10.

**Conclusions:** Varying rates of mental health compromise in trauma ICU participants were identified on the different measures. These results suggest that different instruments measure different elements of mental health, but some rationing of measures in subsequent studies may be feasible to reduce participant fatigue.

Paper 3

### Challenges of implementing and evaluating interventions to improve recovery after critical illness and injury

Dr Janice Rattray & Professor Leanne Aitken  
Authorship: Leanne Aitken, Australia & England, UK and Janice Rattray, UK

**Abstract:**

**Background:** Interventions to improve recovery after critical illness have been targeted at various time points through the recovery trajectory including in ICU, after discharge from ICU while still in hospital and after discharge from hospital. Intervening in each of these settings presents unique benefits and challenges.

**Aim:** The aim of this paper is to summarise interventions used to improve recovery after critical illness and injury and examine the benefits and challenges associated with delivery in different settings.

**Findings:** Examples from the literature and our own research work will be discussed. These include a number of in and out of hospital interventions.

**Discussion:** Interventions delivered within the ICU include optimising sedation, commencing early mobilisation and preventing delirium. Although intervening in ICU is beneficial in that it minimises patient deterioration, the challenges associated with informed consent, intervention fidelity and measurement of impact from each intervention are significant. Interventions delivered in the hospital environment include providing additional rehabilitation through a generic healthcare assistant, and attendance at an ICU follow-up clinic. Challenges include loss to follow up, lack of recall of the critical illness event and lack of pre-ICU status. Interventions delivered in the home environment enable full participation from the patient, however they present challenges in terms of accurate measurement of the extent and intensity of the intervention and associated outcomes, as well as ensuring a safe work environment for project staff.

**Conclusion:** Interventions to improve recovery after critical illness and injury may be delivered at multiple time points and in multiple settings, although each option presents different challenges and benefits. Early intervention is frequently preferred, although sustained or repeated intervention may provide additional benefits.

# Symposia 12 – 18

Friday 4 April 2014 13.40 - 15.10

## Symposium 12

G466

### Teenagers, Young Adults and Access to Research: perspectives from policy, participants and researchers

*Symposium lead: Dr Rachel Taylor, Reader in Children and Young People's Healthcare, London South Bank University, UK*

The National Institute for Health Research (NIHR) was established in 2006 to provide a structure to enhance the conduct, delivery and implementation of research within the NHS. This includes providing over £1 billion in funding per year and establishing clinical research networks to facilitate and promote research. Despite this substantial investment, many studies still encounter recruitment difficulties (McDonald et al 2006). Campbell et al. (2007) noted '... if recruitment has to be extended to reach the required sample size, the trial will cost more and take longer, delaying the use of the results in clinical practice. If trials become more expensive and take longer, fewer trials can be conducted overall with the limited funding and resources available.'

Optimising recruitment and facilitating access to research is complex. It requires study availability and eligibility, participant awareness, and active participation by professionals. Failure in one or more of these identified parameters has a detrimental impact on study accrual. The aim of this symposium is to address each of these aspects within the context of young adult health services research through three papers and generate discussion among the audience. The first paper presents the work undertaken by the National Cancer Research Institute Teenage and Young Adult Clinical Studies Group to increase access for 13–24 year olds to cancer clinical trials. The second paper reports the results of a workshop to elicit young people's opinions about access and participation in research. Paper three presents some reflections from the field from the perspective of a researcher recruiting young people to research studies. Finally, the symposium will end with an audience-led discussion to establish guidance for nurses to promote access to research.

Symposium Chair: Professor Jane Coad, Professor in Children and Family Nursing/Director Centre for Children and Families Applied Research, Coventry University

#### Paper 1

### Perspective from Healthcare and Research Policy

*Lorna Fern, UK*

*Authorship: Lorna Fern, UK; and Jeremy Whelan, UK on behalf of the National Cancer Research Institute Teenage and Young Adult Clinical Studies Group*

#### Abstract:

**Background:** The UK has the highest participation rate of cancer patients in clinical trials in the world (Sinha 2007). However, geography, ethnicity and age are all recognised as barriers to participation. Exclusion by age for the very eldest and those who span paediatric and adult oncology, teenagers and young adults (TYA) is recognised (Fern et al 2008).

In 2007, national healthcare policy stated 'We will also encourage medicines regulators and industry to work together so that the use of age as an exclusion criterion in cancer clinical trials is avoided wherever possible' (Cancer Reform Strategy 2007). Despite this, evidence of exclusion by age persists in 2013, particularly for industry sponsored studies. In 2008, we reported under-representation for teenagers and young adults (TYA) aged 13–24 years to cancer trials in England (Fern et al 2008). We have now tracked participation rates and extended the analysis to include Scotland and Wales over the past six years.

**Results:** Participation rates have improved between 2005 and 2011 for patients aged 0–24 years. The largest improvements were observed for those aged 15–19 years where participation rates increased year on year, this was not observed in any other age group. Some, albeit modest improvements were seen for those aged 20–24 years.

**Summary:** This paper will discuss five clearly defined reasons for improvements in participation rates for TYA. In particular, the impact of restrictive age eligibility criteria will be examined and how this has led to a policy change for new NIHR cancer studies entering the portfolio. However, age eligibility criteria are only a small part of a complex picture behind the reasons for under-representation of young people in cancer trials. Consequently there is no 'quick win' to improving access to research for young people. The costs, resources and risks associated with investing research activity in rare cancers are also a contributing factor and will be discussed.

#### References

Cancer Reform strategy (2007) Section 6, reducing cancer inequalities, p89.

Fern, L., et al. (2008) Rates of inclusion of teenagers and young adults in England into National Cancer

Research Network clinical trials: Report from the National Cancer Research Institute (NCRI) Teenage and Young Adult Clinical Studies Development Group. *Br J Cancer*, 99(12):1967–1974.

Sinha, G. (2007) United Kingdom becomes the cancer clinical trials recruitment capital of the world. *J Natl Cancer Inst*, 99(6):420–2.

#### Paper 2

### Perspective from patients: 'It's our human right'

*Rachel Taylor, UK*

*Authorship: Rachel Taylor, UK; Anita Solanki, UK; Natasha Aslam, UK; Jeremy Whelan, UK; and Lorna Fern, UK*

#### Abstract:

**Background:** BRIGHTLIGHT is a cohort study examining specialist care for young people aged 13–24 years newly diagnosed with cancer in England. The study is open to recruitment in 107 NHS Trusts and so far 475 young people have been recruited, making BRIGHTLIGHT the largest cohort of 13–24 year olds with cancer in the world. However, this is just one-third of the anticipated accrual. Analysis of screening logs shows the main reason for the lower than expected accrual are one-in-four young people is not being approached about the study. Our lower than anticipated refusal rate of 18% illustrates the benefits of developing BRIGHTLIGHT with young people, for young people. We held a workshop with the BRIGHTLIGHT's Young Advisory Panel (YAPPERS) to determine their opinions on access to research and to identify strategies to overcome barriers.

**Results:** The YAPPERS were asked to make comment about access to participation in eight different types of research. They all reported being upset if their treatment team withheld study information and reported the only reason for not being told about a study was 'I was too unwell to take part'. One YAPPER noted 'I think it's always okay to ask people to take part'.

The subsequent discussion focussed on three main themes:

1. Patient choice: the importance of knowing their options and what is available.
2. Role of healthcare professionals as facilitators/barriers: young people have different relationships with different professionals so other members of the team maybe more appropriate to discuss research with them rather than the doctor/nurse

3. The delivery of information: what is given, when and how were all key to making the choice to participate

**Summary:** This paper will present the results of the workshop and outline the strategies young people identified to improve access to BRIGHTLIGHT.

Paper 3

### **The Researcher Perspective: Reflections from the field**

*Lisa McCann, UK*

*Authorship: Lisa McCann, UK*

#### **Abstract:**

**Background:** Recruiting young adults to participate in health services research can be a very time-consuming process. However, the importance of doing so far outweighs any challenges that may be encountered. Researchers are required to work closely with gatekeepers to access young adults to invite to participate in research and must develop a range of appropriate strategies to engage both with these individuals and the young adults throughout the entire recruitment process. Researchers need to be mindful that despite desires and willingness to assist with recruitment, in reality, recruitment may not be a priority for clinicians within their clinical workloads. As such, researchers need to adapt to these circumstances and adopt a range of strategies to support this recruitment in as many ways as possible to ensure its success.

**Aims:** This paper will draw on some researcher experiential accounts of conducting health services research with young adults and present a reflexive discussion on some of the challenges encountered, strategies implemented to resolve these challenges and lessons learnt during these studies.

**Findings:** Successful recruitment often requires perseverance, adaptability, flexibility and patience from researchers and the ability to work effectively and collaboratively with gatekeepers and young adults, tailoring strategies as appropriate. Continued and open communication with key stakeholders and a presence within clinical areas often prove crucial strategies for successful recruitment.

**Summary:** This paper will discuss potential challenges researchers can face during recruitment of young adults and highlight a number of strategies that can be implemented by nurses/researchers working with young adults in their own current or future research studies to ensure successful recruitment. The importance of investing time and resources in recruitment planning and activities will also be demonstrated by drawing on recently conducted research studies in which successful recruitment of young adults have been central to project success.

Paper 4

### **This house proposes an indicator of high quality nursing care is promotion and recruitment to research: over to the delegates**

*Professor Jane Coad, UK*

*Authorship: Professor Jane Coad, UK and presenting team*

#### **Abstract:**

The final intention of the symposia is to provide a platform for delegates to have an audience-led discussion and critical debate around the issues of recruitment of young people into research studies. An opportunity will be provided to delegates in sharing their own challenges in recruitment and generate some practical solutions of how these might be overcome. The points will be recorded and made available via the RCN following the event. The papers and debate in the symposia will be of interest to researchers who undertake research with children, young people and young adults but the important focus of recruitment and access will also be of much interest to any researcher planning or conducting similar studies.

#### **References:**

Campbell MK, Snowdon C, Francis D et al. (2007) Recruitment to randomised trials: strategies for trial enrolment and participation study. The STEPS study. *Health Technology Assessment*, 11: 48

McDonald AM, Knight RC, Campbell MK et al. (2006) What influences recruitment to randomised controlled trials? A review of trials funded by two UK funding agencies. *Trials*, 7:9



## Symposium 13

James Watt J7

**Experience based co-design: stories from clinical practice***Symposium lead: Dr Sharon Fleming, Head of Research in Nursing, Royal Brompton and Harefield NHS Foundation Trust, UK*

This symposium brings together five presentations showing how experience based co-design (EBCD) is an innovative method to capture and improve patients' experiences. The first presentation gives an overview and a summary of a new accelerated EBCD approach (AEBCD) which uses a national archive to create a film of patients' experiences and means improvements can be implemented faster.

The next highlights the importance of facilitation and the use of tried and tested resources in projects using EBCD to enable staff and patients to share experiences and to meet improvement goals. Another project highlighted how using AEBCD provided a safe space for patients to describe their distress at 'losing their voice'. This presentation discusses the innovative improvements resulting from patient-staff co-design work to ensure future patients can communicate effectively even though they are 'voiceless'.

One of the key mediums used in EBCD is filmed interviews and the next presentation shows how adapting EBCD methodology using filmed interviews and a single patient-staff event can drive forward service improvements even when working to a limited time scale. The manager's perspective in the last presentation highlights how a team was empowered to develop an enhanced recovery pathway for patients with cancer. Taking part in EBCD has resulted in a springboard to involve more patients in service improvement work.

By telling the stories from our experiences in using EBCD methodology within the symposium framework, the audience can share thoughts and learn about this innovative approach. EBCD and AEBCD gives clinical nurses and researchers the tools and methodology to hear patients' experiences and to make improvements or to co-design health care with patients.

## Paper 1

**Overview of experience based co-design, including AEBCD***Caroline Shuldham, UK**Authorship: Caroline Shuldham, UK***Abstract:**

Experience-based co-design (EBCD), developed by Bate and Robert (2007), is a form of participatory action research where patients, carers and staff come together to share their experiences of how a service truly feels for all who participate in it and then work together, as equal partners, to redesign (co-design) those services.

EBCD is typically a 6 stage process. In an exploratory phase patients, carers and staff are interviewed and environmental observations are made. Patients are filmed, their responses are analysed to create themes known as 'touch points', and edited to create a film. In an accelerated form (AEBCD) the film is derived from patient and carer narratives from a national archive (Locock et al: in press).

The staff review the themes that emerged from their interviews. They choose 4 or 5 priorities to take forward to the next stage. At a similar time, the patients and carers meet, often for the first time. They watch the film which is used as a 'trigger' to prompt recall and generate discussion. The discussion is facilitated and once the themes have been identified patients/carers choose their priorities to take forward to the next stage.

Patients, carers and staff then come together and are invited to join together in groups to discuss issues arising from the film and the priority themes that emerged from the previous events. They identify 4 or 5 joint priorities to work on together in co-design groups. Action points are agreed and taken forward by volunteers from the group and so quality improvements are made that enhance the experience for all. The final stage occurs when the co-design groups reconvene to review their work, celebrate their successes and plan for the future.

## Paper 2

**Implementing EBCD: the facilitators role***Ruth Tollyfield**Authorship: Ruth Tollyfield***Abstract:**

**Background:** ITU and Cancer Services in two hospital Foundation Trusts, Royal Brompton & Harefield and Royal Berkshire, undertook a project involving patients, carers and staff which was an accelerated version of an EBCD process. EBCD, a form of participatory action research (Bate & Robert, 2007), is a process that enables service users and providers to come together, develop new ways of working together and redesign services to ensure they better meet the needs of all. Effective facilitation of the process is essential in order to obtain the best outcomes.

**The Facilitators Role**

Harnessing full support and buy-in from senior staff within the organisations; recruiting and engaging with patients, carers and staff as well as continually promoting the project were key aspects of the facilitators role. All had experience within the clinical settings and this was necessary as it ensured they had a comprehensive understanding of the potential needs of the patients, carers and staff in that environment. Although the facilitators had half a days training and support from the researchers they also found the Kings Fund toolkit, <http://www.kingsfund.org.uk/projects/point-care/ebcd> to be an excellent resource.

Planning and organising the number of events and co-design meetings within the process was necessary although the overall role of the facilitator was that of catalyst or enabler; creating a positive working environment in order to enable the participants to come together and achieve the goals of the project (Rees, 2005). The possession of strong verbal and non verbal communication skills was absolutely necessary.

**Conclusion:** The effective facilitation of the accelerated EBCD project ensured patients, carers and staff were truly engaged, had the opportunity to express their opinions and were provided with a forum in which they could effectively work together to generate service improvements for all.)

**References**

Bate P, Robert G (2007) Bringing User Experience to Healthcare Improvement: the Concepts, Methods and Practices of Experience-Based Design. Radcliffe Publishing. Oxford.

Locock L, Robert G, Boaz A, Vougioukalou S, Shuldham C, Fielden J, Gager M, Tollyfield R, Piercey J (in press) Testing accelerated experience-based co-design: a qualitative study of using a national archive of patient experience narrative interviews to promote rapid patient-centered service improvement. Health Services and Delivery Research.

Rees F (2005) The Facilitator Excellence Handbook 2nd edn. Pfeiffer. San Francisco

## Paper 3

**The Patient's Voice in EBCD***Melanie Gager**Authorship: Melanie Gager***Abstract:**

Critically ill patients often require lung support (invasive mechanical ventilation) to survive. Yet patient experience of being ventilated does not focus on the fundamentals of 'life' giving breath but rather the impact of the distress and de-personalisation of not being able to communicate – being 'Voiceless'.

'Voiceless' was one of the co design projects facilitated within the Intensive Care Unit (ICU) at the Royal Berkshire Hospital, Reading. Patients, relatives and staff were engaged in an EBCD process which created a safe and flexible space where narratives of these private and often distressing experiences could be communicated. These revelations or 'deep dives' crystallised the main problem as not only the inability to communicate but also the lack of understanding as to why it was not possible to speak – 'I lost my voice – nobody warned me of that possibility'. Narrative is a powerful way of accessing human experience, transporting us to another world and enabling us to see things through another's eyes (Bate & Robert, 2007; Greenhalgh et al, 2005). It engages the care providers at a deep emotional level in reflecting on how services could be improved and provides the ongoing impetus and commitment to completion.

The outcomes of this project was the introduction of an Ipad with relevant software to facilitate speech for a ventilated patient; an information leaflet for patients, relatives and staff to increase their understanding and a DVD of the whole critical care experience.

This creative and pragmatic approach did achieve sustained measureable outcomes which improved the experience of ventilation for future patient, relative and staff. It also enabled and empowered staff to re-connect with their core beliefs and values regarding care and compassion – acting as a catalyst for regeneration and revitalisation – sustaining a resilience and capacity to care within the workforce - Immeasurable.

**References**

Bate P, Robert G. Bringing user experience to healthcare improvements: the concepts, methods and practices of experience-based design. Oxford: Radcliffe Pub, 2007.

Greenhalgh T, Russell J, Swinglehurst D. Narrative methods in quality improvement research. *Qual Saf Health Care*. 2005; 14(6): 443 – 9

## Paper 4

**Adapting the EBCD process: patients' experiences of Early Post-Hospitalisation Pulmonary Rehabilitation***Sharon Fleming, UK*

*Authorship: Sharon Fleming, UK; Sarah E. Jones, UK; Stuart Green, UK; Amy L Clark, UK; Cathy Howe, UK; Samantha SC Kon, UK; Derek Bell, UK; and William D-C. Man, UK*

**Abstract:**

**Background:** Early post-hospitalisation pulmonary rehabilitation (PR) following acute exacerbation of COPD (AECOPD) improves health-related quality of life, increases exercise capacity and reduces rate of hospital readmission. However, a minority of eligible patients are referred to or receive this intervention. We adapted the EBCD approach to explore patient experiences of post-AECOPD PR and the referral process through filmed interviews.

**Methods:** Ten patients were interviewed using experience based co-design (EBCD) methodology: six PR 'completers', one PR starter who subsequently withdrew, and 3 patients who declined PR. The films were analysed and edited to represent the common themes. The approach was adapted as although separate patient and staff events weren't held, one patient-staff event facilitated the co-design of a patient information leaflet and film.

**The use of filmed interviews**

The project team were new to using films to capture patients' experiences of PR. However, resources at <http://www.kingsfund.org.uk/projects/point-care/ebcd> were invaluable, giving advice on the best way to film and edit patient interviews. When findings are presented through the medium of edited film clips, the team found that staff and patients engage with the findings in a more positive way than occurs when quotes from tape-recorded interviews are presented. Interventions to improve access, to provide a more patient focussed service and to provide information in more responsive ways were implemented quickly and effectively. This will be illustrated with patient film clips from the project.

**Conclusion:** The adapted EBCD approach was ideal to engage patients and staff in the co-design of service improvements. It takes courage to try new methodology but for our team adapting EBCD methodology using filmed interviews and a single patient-staff event drove forward service improvements even when working to a limited time scale.

**References**

Jones S.E., Green S.A., Clark A.L. et al (2013) Pulmonary rehabilitation following hospitalisation for acute exacerbation of COPD: referrals, uptake and adherence. *Thorax* doi:10.1136/thoraxjnl-2013-204227

Bate P, Robert G. Bringing user experience to healthcare improvement: the concepts, methods and practices of experience-based design. Oxford: Radcliffe Pub.; 2007

<http://www.kingsfund.org.uk/projects/point-care/ebcd>

## Paper 5

**Setting a New Direction from Accelerated Experience Based Co-Design (AEBCD)***John Pearcey, UK**Authorship: John Pearcey, UK***Abstract:**

The use of the Kingsfund experience based co-design toolkit and Healthtalkonline clips of patients discussing their experiences provided an accelerated approach for service improvement within lung cancer and ITU services at the Royal Brompton & Harefield NHS Trust. The outcome of which, within lung cancer, has led the team to focus on the implementation of the Enhanced Recovery Programme (ERP) for Thoracic Surgery.

As the AEBCD project drew to an end and individual improvements were agreed upon, such as; the improvement of tracking/location of patient personal belongings and the development of a patient check list for admission for surgery, it became clear that there were some core themes such as communication and information pre, during and post surgery that needed to be reviewed.

Having patients discuss with staff their perspectives of the same shared experience there was a group agreement that things could be improved in a wider sense for both parties. There had already been successful implementation of the enhanced recovery programme within a thoracic surgical unit in Bristol. The process effectively gave the team a 'trigger' with which to act. It was felt that with the new gained knowledge from the patient and staff group, it was this programme that could pull together the overall improvements for the service.

From a management perspective the process was challenging and daunting, however it was also extremely positive. The benefits are immediate patient narratives about the service you are responsible for. There can be some anxiety around this; however the underlying common goal is to address the challenges together, while working toward making a change for the better.

The AEBCD approach has led to an empowering way for staff and patients to work together. The team are now automatically thinking about how patients could actively help future service developments.

**References:**

The King's Fund (2011) Experience-based co-design. Working with patients to improve health care. Available at: <http://www.kingsfund.org.uk/ebcd/index.html>.

<http://www.improvement.nhs.uk/enhancedrecovery/>  
<http://www.aswcs.nhs.uk/main.cfm?type=NI&objectid=2753>

## Symposium 14

Room: Gilbert Scott 250

**Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs.***Symposium lead: Prof Alison Kitson, Program Coordinator-Bachelor of Nursing & Lecturer, University of Adelaide, Australia*

As the largest global healthcare profession, nursing has a central role to play in providing safe, affordable and respectful care for patients and their families. There is however, an ongoing challenge for nursing to ensure the 'basics' or fundamentals of care are carried out correctly. The International Learning Collaborative (ILC), is a group of nurse leaders, policy makers, healthcare researchers and clinicians who have come together to explore how these fundamentals of care can be more explicitly embedded into the patient centred care agenda. This symposium will describe the ILC's work around these challenges and outlines a series of activities that have been undertaken to address them. Further actions are proposed and will form part of the ongoing work of the International Learning Collaborative. The primary purpose of the symposium is therefore to critically engage the nursing research community in this ongoing dialogue.

**References**

- Kitson, A, Conroy, T, Kuluski, K, Locock, L & Lyons, R 2013, Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs, School of Nursing, University of Adelaide, Adelaide, Australia. Available at <http://digital.library.adelaide.edu.au/dspace/handle/2440/75843>
- Kitson A, Conroy T, Wengstrom Y, Profetto-McGrath J, Robertson-Malt S.,s 2010, Defining the fundamentals of care, *International Journal of Nursing Practice* vol. 16, 423-434
- Kitson, A.L., & Muntlin Athlin, Å. 2013, Development and preliminary testing of a framework to evaluate patients' experiences of the fundamentals of care: a secondary analysis of three stroke survivor narratives. *Nursing Research and Practice*, vol 2013, article ID 572437, 12 pages.
- Kitson, A.L., Dow, C., Calabrese, J.D., Locock, L., & Muntlin Athlin, Å. 2013, Stroke Patients' Experiences of the Fundamentals of Care: A Qualitative Analysis. *International Journal of Nursing Studies*, vol. 50, no 3, 392-403.

## Paper 1

**What all patients need and expect from nurses: has nursing stopped listening?***Alison Kitson, Australia  
Authorship: Alison Kitson, Australia***Abstract:**

Background to debate

Healthcare systems are occupied with balancing safe and affordable healthcare with a service that respects and protects individual patients and their families. A group of nurse leaders, policy makers, healthcare researchers and clinicians met to debate and draw up an action plan to address the integration of the fundamentals of care into the patient centred care agenda.

**Aims:** To produce an implementation and action plan aimed at stimulating discussion and debate within key stakeholder groups.

**Discussion:** A framework to guide and shape the delivery of the Fundamentals of Care has been developed (Kitson et al 2013). The framework comprises three dimensions:

Statements about the relationship between the nurse and the patient within the care encounter;

The negotiation and integration of the Fundamentals of Care between the patient and the nurse; and  
The system requirements necessary to support the development of the relationship and the safe delivery of the Fundamentals of Care within a patient-centred care environment.

The framework is constructed to integrate the relational elements at its core, practical actions relating to the physical aspects of the Fundamental of Care encompassing the core and with system requirements at the periphery. A detailed illustration of the Framework will be provided at the presentation.

**Conclusion:** Actions are suggested in an attempt to turn abstract parts of the framework into practical activities to be performed at the level of the encounter between the nurse and the patient in any healthcare system. These actions are aimed at clinicians, managers, educators, researchers and policy makers.

**Reference:**

- Kitson, A, Conroy, T, Kuluski, K, Locock, L & Lyons, R 2013, Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs, Adelaide, South Australia: School of Nursing, The University of Adelaide .

## Paper 2

**What are the Fundamentals of Care?***Yvonne Wengström, Sweden  
Authorship: Yvonne Wengström, Sweden***Abstract:**

**Background:** Despite innovations in nursing clinical practice and research, gaps exist in our understanding of what matters to patients and to those who deliver care in complex environments. A focus on the fundamental aspects of patient care and how to construct a composite taxonomy that describes these fundamentals will help to provide the core data needed to direct the transformation of the healthcare systems within which we work.

**Aims:** To review how the fundamentals of care have been described, researched and reported in the seminal nursing literature. To map the terminology used, its development over time, and the congruency and/or divergence in the terminology used.

**Methods**

A meta-narrative review methodology was used to undertake a thematic analysis, categorization and synthesis of selected contents extracted from seminal texts relating to nursing practice. (Kitson et al 2010)

**Results:** Marked variation was discovered in elements identified under the broad term activities of living or fundamentals of care and in the language used to describe these elements. Variation in the focus or underlying conceptual framework used to describe the specific element, whether it had a physiological, self-care or environmental (safety) base to it, and in the level of synthesis of elements and how they were grouped together and guidance for assessment and action following the description of the particular element of care.

**Discussion and conclusions:** Based on the results we argue that that physiological aspects of care, self-care elements and aspects of the environment of care are central and need further exploration to determine whether a separation of the core aspects support the conceptual refinement of the term fundamentals of care. In conclusion, efforts to systematize information on the aspects of fundamentals of care will enhance care delivery through improvements in patient safety and quality initiatives.

References: Kitson A, Conroy T, Wengstrom Y, Profetto-McGrath J, Robertson-Malt S. 2010. Defining the Fundamentals of care, *International Journal of Nursing Practice*, vol. 16, 423-434

## Paper 3

**Nursing's challenge in meeting patients' fundamental care needs.***Tiffany Conroy, Australia**Authorship: Tiffany Conroy, Australia***Abstract:**

**Background:** An exploration of the fundamental aspects of patient care in a systematic, conceptually coherent, scientific way is required in order to address a number of ongoing challenges.

**Aims:** To create collaboration to generate, test and implement meaningful ways of capturing nursing practice around basic or fundamental care in order to ensure more integrated, holistic patient care.

**Method:** Each challenge is identified and addressed in the form of a proposition with evidence provided to support the arguments put forward and defend the proposed actions.

**Results and Discussion:** The challenges derived from the propositions include:

The need for an integrated way of thinking about the fundamentals of care from a conceptual, methodological and practical perspective;

The on-going and unresolved tension in nursing practice between the 'task and time' driven culture and the desire to integrate care for the patient (termed 'thinking and linking') needs to be addressed;

The importance of the relationship between the nurse and the patient and how to operationalise this in a complex care environment requires acknowledgement and further systematic investigation; and

Knowledge generation and synthesis around the fundamentals or basics of care needs a systematic approach that combines the physical, psychosocial and relational dimensions of the care encounter within the wider context. Pragmatic and practical frameworks are needed to ensure that the basic physical and psychosocial needs of patients are embedded in the practice and the thinking, reflection and assessment processes of the nurse.

**Conclusions:** Nursing's challenge to meet patients' basic or fundamental needs is complex. Developing a knowledge base will include identifying researchable questions, using rigorous methodologies, ensuring the relational dimensions are not lost and ensuring the new knowledge is applied in practice. This requires collaboration on an international scale to achieve improvements in care.

## Paper 4

**How do patients experience the Fundamentals of Care?***Maria Browall, Sweden**Authorship: Maria Browall, Sweden***Abstract:**

**Background:** The fundamentals of care (FOC) need to be explicitly addressed within the patient-centred care discourse. It is impossible to investigate issues of patient dignity and respect without acknowledging their basic physical needs. While the literature on nursing care for people with a stroke or a cancer diagnosis is extensive, limited research describes their experiences of the FOC during and after treatment.

**Aims:** To investigate the experiences of the FOC for stroke patients during the in-hospital phase of their care and for people with a cancer diagnosis, during and after treatment.

**Method:** Secondary analyses of interviews done with people who had a stroke (n=15) (Kitson et al 2013) and patients with breast, colorectal or prostate cancer (n=30) was undertaken. The interviews of stroke patients were conducted in 2006–2007 and the interviews with cancer patients were undertaken between 2000–2011.

**Results:** For stroke patients, dignity, communication and education, privacy, and respecting choice were part of the psychosocial elements of FOC, whereas mobility, elimination, eating and drinking, safety and medication, personal cleansing and dressing and comfort were frequently discussed as physical elements. For cancer patients, communication and education was the most frequently described FOC, followed by comfort and elimination. Features of positive experiences included stroke survivors describing how the physical, psychosocial and relational dimensions of care were integrated and coordinated around their particular needs. Noticeable among the cancer patients was the absence of descriptions of interactions with nursing staff.

**Discussion and Conclusion:** People with both diagnoses value recovering independence and being actively involved in decision-making. However, findings indicate that they have to strive for help and support, and positive interactions are rarely described. Both groups talk about the FOC in the physical, psychosocial and relational dimensions.

References: Kitson, A.L., Dow, C., Calabrese, J.D., Locock, L., & Muntlin Athlin, Å. 2013, Stroke Patients' Experiences of the Fundamentals of Care: A Qualitative Analysis. *International Journal of Nursing Studies*, vol. 50, no. 3, 392–403.

## Paper 5

**Developing and improving methodologies to explore patient experiences of the Fundamentals of Care***Åsa Muntlin Athlin, Sweden; and Eva Jangland, Sweden**Authorship: Åsa Muntlin Athlin, Sweden and Eva Jangland, Sweden***Abstract:**

**Background:** To address the importance of the fundamentals of care (FOC) we have to develop measurements around the effect of their delivery on the patient. Previous FOC research has used secondary analysis of patient narratives carried out after the initial hospital stay (Kitson et al 2013, Kitson & Muntlin Athlin 2013).

**Methodological presentation and Discussion:** A pilot study was undertaken to explore patients' current experiences around FOC. A qualitative descriptive design with a phenomenological approach was used.

A strategic sampling procedure was used to include a variety of patients with acute abdominal pain, admitted from the emergency department to the surgical acute care units at a Swedish university hospital (n=6).

Data were collected during 2013, using reflective interview methods, where participants were interviewed 2–3 times during their hospital stay; at the beginning of the hospital stay, during the hospital stay and after discharge. An interview guide with open-ended questions was used. Transcripts were analysed using systematic text condensation.

Reflective interviews over time provide the opportunity to gain deeper knowledge and understanding of the patient experience from admission to discharge, which is important to address given differences in variation of length of stay. Also, the participant has the opportunity to clarify earlier narratives and answers. The benefits are to achieve a real-time experience compared to interviews or questionnaires undertaken after discharge.

Patients identified different care episodes from onset and during the hospital stay. Initial positive interactions with nurses were used to compare and describe further experiences and interactions during the admission. However, this method requires advanced interview skills and is time-consuming.

**Conclusion:** Reflective patient stories should be used to involve patients in the evaluation of care delivery to gain a real-time experience of the entire hospital stay.

**References:**

Kitson, A.L., & Muntlin Athlin, Å. (2013). Development and preliminary testing of a framework to evaluate patients' experiences of the fundamentals of care: a secondary analysis of three stroke survivor narratives. *Nursing Research and Practice*, vol 2013, article ID 572437, 12 pages.



Kitson, A.L., Dow, C., Calabrese, J.D., Locock, L., & Muntlin Athlin, Å. 2013, Stroke Patients' Experiences of the Fundamentals of Care: A Qualitative Analysis. *International Journal of Nursing Studies*, 50(3), 392-403.

## Symposium 15

Room: Gilbert Scott 253

### **Translational research in nursing: mapping the field and developing strategies using a case study of authentic learning environments addressing global medication dosage calculation error**

*Symposium lead: Prof David Pontin, Aneurin Bevan Chair of Community, University of South Wales, UK*

Translational research in nursing is uncommon compared with other disciplines. In this symposium we explore what it means to carry out translational research, and start a dialogue on developing sustainable strategies for translational research in nursing.

We share our experience of conducting a programme of medication dosage calculation problem-solving (MDC-PS) education translational research (\*) that designed, developed and tested:

- A competence model/rubric informing the UK NMC (2010) Essential Skills Clusters for MDC-PS
- An authentic MDC-PS virtual education environment adopted by over 60% of UK university nursing programmes and used worldwide by over 145,000 healthcare students/practitioners (UK, USA, Canada, Australia, Poland & Qatar).

To facilitate dialogue we present five integrated papers focused on:

1. Translational research in nursing (four phases of translational research and bridging the gaps i.e. from bench to bedside).
2. Translating innovative ideas into global education solutions: Modeling MDC-PS competence and designing an authentic virtual learning and assessment environment.
3. Testing ideas: Transatlantic evaluation of the relationship between exposure to authentic and didactic education environments and nursing students' MDC-PS competence development.
4. Establishing benchmarks: Evaluation of authentic assessment and high fidelity simulated OSCE environments in developing a point of registration MDC-PS benchmark.
5. User involvement: Grounded theory of nursing students' experiences of authentic and didactic environmental factors that enable/inhibit learning and competence development in MDC-PS.

(\*) There is an increasing focus on patient safety within healthcare. Medication errors remain the most prevalent medical/nursing error type recorded worldwide. Approximately 6000 UK error cases are reported monthly and USA medication errors injure over 1.5 million people annually. Many medication errors are blamed on inadequate staff training and assessment. Common contributory factors are miscalculation, failure to titrate doses to patients' needs, miscommunication and team members failing to check doses before they are

dispensed, prepared or administered (NPSA, 2009, p. 19).

Paper 1

### **Translational research in nursing: A systematic process for translating innovative ideas into solutions to global healthcare problems**

*Keith Weeks, UK and David Pontin, UK*

*Authorship: Keith Weeks, UK; and David Pontin, UK*

#### **Abstract:**

**Aims:** To introduce:

- a. Translational research in nursing.
- b. An education translational research programme that guided the generation and transfer of medication dosage calculation problem-solving (MDC-PS) education knowledge into action.
- c. Translating MDC-PS education knowledge into a technical solution that informs education practice across four continents.

**Background & application to nursing:** Translational research is a term used to represent multi-phase, systematic programmes of applied research, development and evaluation (Weeks et al 2013). The metaphor 'from bench to bedside' illustrates a continuum in healthcare research beginning with basic research and ending with its application in clinical practice. The Cooksey Report (2006) highlights four translation research activities that we adapted and applied to solving MDC-PS education problems and two gaps in the process that must be addressed if translation is to be successful:

**Phase 1 New knowledge production (1992-2001):** We explore the immersion of a research team into classroom and clinical environments where nursing students traditionally learned MDC-PS knowledge and skills. The team collaborated with essential stakeholders (students, educators, nurses and pharmacists) to identify factors that enable/inhibit nursing students learning and developing competence in MDC-PS. This was followed by the development and evaluation of a unique prototype authentic MDC-PS learning environment from basic PhD research.

**Phase 2 Knowledge transfer (2002-2005):** We explore how the first gap in the translation process was bridged, i.e., the translation and transfer of MDC-PS education knowledge into a new virtual MDC-PS authentic learning and diagnostic assessment environment.

**Phases 3 & 4 Knowledge reception & knowledge use (2006-current):** We explore how the second gap in the translation process was bridged and facilitated, i.e., the reception, assessment, evaluation and global uptake of the MDC-PS authentic environment by international education, clinical and regulatory stakeholders.

**Conclusion:** This paper introduces and advances the use of education translational research in nursing.

Weeks KW, Sabin M, Pontin D & Woolley N (2013) Safety in numbers: An introduction to the series. *Nurse Education in Practice* 13: 2 e4-e10

Cooksey D (2006) A review of UK health research funding. HM Treasury, London

## Paper 2

### Translating innovative ideas into global healthcare education solutions

Keith Weeks, UK; John Clochesy, USA; and Norman Woolley, UK

Authorship: Keith Weeks, UK; John Clochesy, USA; and Norman Woolley, UK

**Abstract:**

**Background:** Accurately defining and modeling competence in MDC-PS is a fundamental prerequisite to measuring competence, diagnosing errors and determining the necessary design and content of professional education programmes.

**Aims:** To explore and illustrate the design and development of:

- a. A MDC-PS competence model.
- b. An authentic virtual MDC-PS learning and diagnostic assessment environment.

**Method and process:** We explore how inductive reasoning (generating theory from observation of emergent patterns in the field), resulted in the development of an MDC-PS competence model that illustrates the relationship between conceptual competence (dosage problem-understanding), calculation competence (dosage-computation) and technical measurement competence (dosage-measurement) (Weeks et al 2013 a&b).

To bridge the theory-practice gap we operationalised the model within a wider education framework supportive of learning, assessment and synthesis of cognitive competence (knowing-that and knowing-why) and functional competence (know-how and practice skills used in clinical settings).

We explore how when designing learning and assessment environments that it is essential to articulate the underpinning education philosophy, theory, model and learning-style support mechanisms that inform their structure and content. We elaborate on original PhD research that articulates the design rationale of authentic MDC-PS learning and diagnostic assessment environments. These environments capture the features and expert practices of real world practice cultures and recreates them in authentic virtual clinical environments. We explore, illustrate and allow delegates to experience how this provides students with a safe virtual authentic environment to actively experience, practice and undertake MDC-PS learning and assessment activities.

**Conclusion:** We argue that the above approaches are integral to the construction and diagnostic assessment of schemata validity, bridging the theory-practice gap, and cognitive and functional competence development. We illustrate these princi-

ples through the underpinning pedagogical design of an online virtual authentic learning and diagnostic assessment environment – safeMedicate®. This acts as a precursor to empirical evaluation of the environment.

Weeks KW, Hutton BM, Young S, Coben D, Clochesy JM & Pontin D (2013) Safety in numbers 2: Competency modelling and diagnostic error assessment in medication dosage calculation problem-solving. *Nurse Education in Practice* 13:2, e23-e32

Weeks KW, Hutton BM, Young S, Coben D, Clochesy JM & Pontin D (2013) Safety in numbers 3: Authenticity, Building knowledge & skills and Competency development & assessment: The ABC of safe medication dosage calculation problem-solving pedagogy. *Nurse Education in Practice* 13:2 e33-e42

## Paper 3

### Testing ideas: Empirical evaluation of the relationship between exposure to traditional & authentic education environments and the development of MDC-PS competence

Keith Weeks, UK; John Clochesy, USA; and David Pontin, UK

Authorship: Keith Weeks, UK; John Clochesy, USA; and David Pontin, UK

**Abstract:**

**Background:** Healthcare education translation research involves specific education technology assessment/evaluation using empirical data.

**Aim:** To report the results of two empirical studies that evaluated the relationship between exposure to authentic learning environments and MDC-PS competence development.

**Methods, results & Discussion:** In this paper we focus on testing the learning environments in two strands of inquiry:

1. Relates to the outcomes of UK and USA experimental cross-over design research (1998-2001) evaluating the relationship between exposure of n=44 and n=72 nursing students to traditional didactic education methods and a prototype authentic MDC-PS environment, and nursing students' construction of conceptual and calculation competence in MDC-PS. Outcome measures in the UK and USA identified highly significant differences in MDC-PS skills development across a range of learning styles following exposure to the authentic environment: ( $p < 0.001$  and  $p < 0.001$  respectively) (Weeks et al. 2013).
2. Relates to the outcomes of a three-year evaluation study (2009-2012) tracking the progress of 210 UK undergraduate/pre-registration nursing students. Tracking students' MDC-PS competence development is critical to ensure achievement of regulatory requirements, and to evaluate the validity and reliability of nursing education preparation (Macdonald et al. 2013).

Despite many students displaying a range of arithmetical deficits on entry to the undergraduate programme, outcome measures indicate that exposure to an authentic virtual learning environment and practice-based learning environments helps all participants demonstrate:

- a. MDC-PS cognitive competence (knowing-that and why) - scoring 100% in the field specific authentic assessments of the authentic learning environment.
- b. MDC-PS functional competence (know-how and skills) - successful completion of all medicines management and MDC-PS NMC ESC competencies in practice based competency assessments.

**Conclusion:** Authentic environments support the learning and diagnostic assessment of conceptual, calculation and technical measurement competencies. This preceded an evaluation of authentic environments as a vehicle for articulating a MDC-PS competence benchmark.

Macdonald K, Weeks KW & Moseley L (2013) Safety in numbers 6: Tracking pre-registration nursing students' cognitive and functional competence development in medication dosage calculation problem-solving: The role of authentic learning and diagnostic assessment environments. *Nurse Education in Practice* 13: 2, e66-e77

Weeks KW, Clochesy JM, Hutton BM & Moseley L (2013) Safety in numbers 4: The relationship between exposure to authentic and didactic environments and Nursing Students' learning of medication dosage calculation problem solving knowledge and skills *Nurse Education in Practice* 13:2, e43-e54

## Paper 4

### Establishing benchmarks: An NHS Education for Scotland (NES) commissioned evaluation of virtual authentic environments and OSCE environments as a framework for articulating a point of registration medication dosage calculation benchmark.

Mike Sabin, UK David Rowe, UK Keith Weeks, Carol Hall, UK; and Diana Coben, New Zealand

Authorship: Mike Sabin, UK David Rowe, UK Keith Weeks, Carol Hall, UK; and Diana Coben, New Zealand

**Abstract:**

**Background:** In this paper we explore the principle of MDC-PS benchmarking via a key educational initiative undertaken by NES. This explores the role of authentic environments as assessment vehicles within which a profession-validated criterion-referenced MDC-PS benchmark could be articulated (Sabin et al 2013).

**Aim:** To evaluate the internal consistency reliability and criterion-related validity of a virtual authentic assessment environment against a high-fidelity

simulated objective structured clinical examination (OSCE) as a vehicle for articulating a MDC-PS benchmark.

**Sample & method:** In 2008-2010 a sample of 63 final year pre-registration nursing students was recruited from four participating UK universities. A counterbalanced design was used that exposed half of the sample to MDC-PS assessments in the virtual environment followed by assessment of identical problems in a practical OSCE. The other half of the sample completed the assessment in the reverse sequence.

**Results & Discussion:** Outcome measures indicated an extremely high internal consistency of the virtual authentic environment (Cronbach's coefficient alpha: .94 & .89). The significant correlations between student MDC-PS performance in the virtual authentic assessment environment and the OSCE format (high score=high score; low score=low score etc.), supports the proposition of using a virtual authentic assessment environment for testing the full range of dosage calculation skills in nursing students; and that the combined assessment of:

- i) A profession-validated benchmark articulated within a virtual authentic assessment environment that assesses the full range of MDC-PS conceptual, calculation and technical measurement regulatory competence requirements, and
- ii) Wider practical aspects of medicines management and MDC-PS in practice/practice simulation settings, is a valid and reliable assessment strategy for the safe administration of medicines.

**Conclusion:** This assessment strategy informed the UK NMC's revised Essential Skills Clusters for Medicines Management (NMC, 2010a & b). This is a strong example of research directly influencing policy and of evidence-based regulation.

NMC (2010a) Essential skills clusters and guidance for their use. [http://standards.nmc-uk.org/Documents/Annexe3\\_%20ESCs\\_16092010.pdf](http://standards.nmc-uk.org/Documents/Annexe3_%20ESCs_16092010.pdf)

NMC, 2010b Advice and supporting information for implementing NMC standards for pre-registration nursing education. <http://standards.nmc-uk.org/PreRegNursing/non-statutory/Pages/supporting-advice.aspx>

Sabin M, Weeks KW, Rowe DA, Hutton BM, Coben D, Hall C & Woolley N (2013) Safety in numbers 5: Evaluation of computer-based authentic assessment and high fidelity simulated OSCE environments as a framework for articulating a point of registration medication dosage calculation benchmark. *Nurse Education in Practice* 13:2, e55-e65

## Paper 5

### **User involvement: veni, vidi, duci (I came, I saw, I calculated) – a grounded theory of nursing students' medication dosage calculation problem-solving (MDC-PS) schemata and competence development**

Ray Higginson; UK, Keith Weeks, UK; and David Pontin, UK

Authorship: Ray Higginson; UK, Keith Weeks, UK; and David Pontin, UK

#### **Abstract:**

**Background and aims:** To develop a theory of how learning and assessment environments contribute to nursing students' construction of schemata (cognitive structures, frameworks and models) and development of competence in MDC-PS.

**Method and sample:** We undertook a grounded theory (GT) evaluation from interview data reflecting the MDC-PS learning experiences of two groups of pre-registration nursing students: eight students exposed to a prototype authentic MDC-PS environment and didactic transmission education methods (1998), and 15 final year students exposed to an authentic MDC-PS environment (2011).

GT involves the discovery of theory through the analysis of data. In exploring MDC-PS schemata and competence development we used GT method as it (i) allowed for an exploration of learning as both an individual and a social process; (ii) facilitated an analysis and evaluation of how nursing students made sense of and constructed meaning of the MDC-PS process as a socially situated activity (and not one of merely manipulating abstract mathematical symbols in paper based tests that are divorced from the reality of clinical practice); (iii) facilitated the generation of a theory that established the education conditions required to support MDC-PS schemata construction and the development of MDC-PS competence.

**Results, discussion & Conclusion:** We advance a GT of how classroom-based 'chalk and talk' didactic transmission environments offer multiple barriers to accurate MDC-PS schemata construction among novice students. Conversely, drawing on the principle of *veni, vidi, duci*, students perceived that authentic learning and assessment environments enable MDC-PS schemata and competence development: by helping them 'see' the authentic features of medication dosage problems; by providing context-based and situational learning; by learning in a scaffolded environment that helps them build cognitive links between the concrete clinical MDC-PS world and the abstract mathematical world; and by building their confidence in their cognitive and functional competence ability (Weeks et al 2013).

Weeks KW, Higginson R, Clochesy JM & Coben D (2013) Safety in Numbers 7: *veni, vidi, duci*: A grounded theory evaluation of nursing students' medication dosage calculation problem-solving schemata construction. *Nurse Education in Practice* 13:2, e78-e87

## Symposium 16

Room: Gilbert Scott 356

### **A Social Capital Toolkit to Achieve Productive Capacity and Nursing Renewal Worldwide**

*Symposium lead: Dr Brenda Sheingold, Assistant Professor, Director of Healthcare Quality Programs, The George Washington University, School of Nursing*

This submission represents the aggregate research of 12 scholars, from five countries, Australia, Canada, South Africa, the United Kingdom and United States.

Our first abstract anchors the symposium by defining social capital and its relevance to nursing culture. It is followed by four others that demonstrate diverse applications, culminating with a focus on international collaboration for research. We believe this submission meets all three of the stated RCN conference aims.

This Symposium facilitates sharing among nursing professionals by design, as participants will be provided with an innovative range of techniques, methods and ideas ready for adaptation and implementation in their own workplace. Each abstract builds on the knowledge gained from the one preceding it. The names of the abstracts and linkage to each other are provided below:

1. Pioneering Social Capital Research to Support Distance Learning Programs (Foundational; Introductory)
2. Social capital Research in Distance Learning Nursing Education: Methodological Issues (Exemplar – Strategies for Adaptation)
3. Art Therapy Approaches to Enhance Social Capital Research in New Nursing Practice Student Cohorts (Exemplar – Strategies for Inter-professional Collaboration)
4. Social Capital as a Means to Foster Non-formal Academic Leadership (Exemplar – Strategies for Higher Education)
5. Social Capital to Build Global Research Networks to Renew Nursing (Exemplar – Strategies for International Collaboration)



## Paper 1

**Pioneering Social Capital Research to Support Distance Learning Programs***Brenda Helen Sheingold, USA**Authorship: Brenda Helen Sheingold, USA; Joyce Hahn, USA; Deborah Chapa, USA; Billinda Tebbenhoff, USA; Anne Hofmeyer, Australia; and Terri Gibson, Australia***Abstract:**

**Background:** Globally, nursing coursework is increasingly offered online. This creates opportunities to innovate techniques that build a sense of community, camaraderie and support, aimed at limiting student isolation (Mayne & Wu, 2011). Social capital is the quality and quantity of the social relations embedded within community norms of interaction.

**Aims:** To measure baseline social capital awareness for nursing students entering 2nd degree BSN, MSN and BSN-to-DNP programs; understand student perceptions of online education relationships in the context of social capital; apply learning to support advanced practice program growth.

**Methods:** Data collected August – September 2013. Study approval obtained from the George Washington University Internal Review Board. Convenience sample of (n=141) participants who provided informed consent. Stage One: Online survey administered through PsychData® to measure social capital awareness prior to on-campus orientation. Stage Two: Scripted social capital information session delivered during on-campus orientation, followed by faculty facilitated student discussion. Students provided written responses to four qualitative questions. Stage Three: Administration of Stage One survey through PsychData® four weeks after online course work began. Stage One and Three data analysis mapped into SPSS-20.

**Results:** Descriptive statistics examined the level/distribution of key indicators related to various aspects of social capital across demographic characteristics of participants. The p-value for the aggregate of social capital questions was 0.001 indicating a statistically significant increase in participant understanding of social capital attributes in the Stage Three survey. Six researchers identified significant verbatim quotes to inform themes that illustrated how social capital was understood and operationalized. Participants indicated social capital would enable their success, improve morale, and help them overcome barriers.

**Discussion:** Utilization of a social capital framework provides faculty with a model that can mitigate student isolation and enhance the perception of connectedness.

**Conclusion:** This study provides nursing faculty with a new tool to develop their role in delivering effective online programs.

**References**

Mayne, L.A. & Wu, Q. (2011). Creating and measuring social presence in online graduate nursing courses. *Nursing Education Perspectives*, 32:2, 110-114.

## Paper 2

**Social capital Research in Distance Learning Nursing Education: Methodological Issues***Ruth Taylor, UK**Authorship: Ruth Taylor, UK; Brenda Helen Sheingold, USA; Joyce Hahn, USA; Anne Hofmeyer, Australia; and Terri Gibson, Australia***Abstract:**

**Background:** The paper discusses the adaptation of research tools from US- to UK-based contexts. The US research had investigated the use of social capital as a means of building community within distance learning nursing graduate programmes (Sheingold et al., 2013). The process of adaptation focused on the need to ensure that the conceptual meaning of social capital was preserved and authentically illustrated in the adapted tools.

**Aims:** 1. To describe the adaptation of validated research tools to a different research context.

2. To describe the methodological issues arising from the process.

**Methodological Discussion:** The aim of the adaptation was to ensure that lexical problems were minimised (Drennan, 2003) so that words and pictures that were familiar to the US-based group could reflect the UK context. The theoretical concept of social capital could not diverge from the meaning as described in the US research. In addition, the existing validity of the questionnaires had to be preserved with adaptation focusing on the demographic and course-specific issues and not the expression of social capital. Consensus was reached through expert input (Sheingold, Hahn and Hofmeyer).

The participants in the process (three qualified nurses undertaking distance learning Master's studies) completed the questionnaires and associated activity (the latter aimed to build a sense of community). Analysis revealed that the adaptations had enabled participants to engage meaningfully in the process.

**Conclusion:** The process of adaptation has led to the creation of resources that others may wish to utilise. Embodying the spirit of social capital within this academic pursuit leads to two recommendations from this work:

i) To undertake a UK-based study utilising the research tools.

ii) To work globally to build up a resource of validated instruments and knowledge base in social capital research.

**References**

Drennan, J. (2003) 'Cognitive interviewing: verbal data in the design and pretesting of questionnaires'. *Methodological Issues in Nursing Research* vol. 42, no. 1, pp. 57-63.

Sheingold, B., Hahn, J. & Hofmeyer, A. (2013) 'Hiding in plain sight: Building community social capital in distance education graduate programs'. *Contemporary Issues in Education Research* vol. 6, no.2, pp. 265-271.

## Paper 3

**Art Therapy Approaches to Enhance Social Capital Research in New Nursing Practice Student Cohorts***Donna Betts, Canada/USA**Authorship: Brenda Helen Sheingold, USA; Donna Betts, Canada/USA; Deborah Chapa, USA; and Carol Lang, UK/USA***Abstract:**

**Background:** Learning to work collaboratively within teams is a key component of learning for new undergraduate and graduate nursing students. Schools of nursing, especially those with a distance education (DE) component, may have difficulty in helping students develop the social capital skills required for teamwork (Rovai & Jordan, 2004).

**Aims:** To facilitate support for community building and to foster a sense of belonging for nursing students by incorporating art therapy approaches in orientation programs.

**Methods/Design:** This study received IRB approval from the GW Office of Human Research, and participants (n=77) provided informed consent. Qualitative data (drawings) and quantitative survey results were collected during normal curriculum delivery to onboarding students from one undergraduate cohort and two graduate cohorts from August – October of 2013. For the art-making task, students were instructed to 'draw a metaphor of what your ideal team looks like,' and subsequently, 'examine all of the drawings and select the one that best represents your ideal, draw yourself in the picture, and your patient.' These drawings are being evaluated by a team of experts from the George Washington University (GW) art therapy program using qualitative thematic content analysis.

**Results:** Data collected from preliminary study indicates a strong connectivity between students in each cohort. It is expected that the drawing content will increase an understanding of students' functional team dynamics, and inform undergraduate to graduate transition. Quantitative analysis revealed 76.7% of participants felt the art therapy exercise fostered a learning culture, and 83.4% felt more connected as a new cohort.

**Discussion:** This study describes experiences in discovering and promoting functional team dynamics within new student cohorts using art therapy approaches during on-campus student orientation.

**Conclusions:** Interprofessional collaboration improves the opportunity for nursing student engagement in meaningful social capital development and team building by integrating arts and humanities with science.

**References**

Rovai, A.P. & Jordan, H.M. (2004). Blended learning and sense of community: A comparative analysis with traditional and fully online graduate courses. *International Review of Research in Open and Distance Learning*, 5. Retrieved from <http://www.irrodl.org/index.php/irrodl/article/view/192/274>



Paper 4

**Social Capital as a Means to Foster Non-formal Academic Leadership***Anne Hofmeyer, Australia**Authorship: Anne Hofmeyer, Australia; Jane Warland, Australia; Brenda Helen Sheingold, USA; Hester Klopper, South Africa***Abstract:**

**Background:** Higher education faces complex challenges worldwide to demonstrate relevance, accountability and benefit to societies (Scott et al 2008). Leaders and leadership are key factors to improve learning and teaching, relevance and success in higher education institutions (Scott et al 2008, Bryman 2009). Leadership is considered everyone's responsibility and is a social process that occurs in relationships with others. Many studies have explored formal leadership in academe, but few have explored processes of non-formal academic leadership.

**Aims:** To explore how academics not employed in formal leadership roles described and developed their leadership capacity to enhance their practise in higher education.

**Methods:** Semi-structured interviews were conducted with eight academics from a university in Australia between January and March 2013. Ethical approval was obtained and participants provided consent. Interviews were audio-taped and transcribed. Data were analysed by two researchers using thematic analysis that was a systematic, iterative process involving active reflexivity to organise the data into meaningful categories and produce credible explanations.

**Results:** Five themes emerged from the data: Being a good leader; Leading and Managing; Acting the good leader; It is all about the culture; and Growing together.

**Discussion:** Leadership matters for promotion, but there is minimal incentive, support, recognition of everyday leadership achievements in the workplace. Connected participants formed a 'sub-culture' and were thereby more effective in their leadership of teaching teams, mentoring students, and colleagues. Participants identified strategies to enhance the social process of leading and influencing others (building social capital).

**Conclusions:** Leadership development and training must be available for all academics. Leading research teams and teaching teams to deliver high quality outcomes must be acknowledged as legitimate academic leadership. Academics in formal leadership roles can foster conditions that build social capital (networks and norms of cooperation and trust) to strengthen work environments and leadership capacity-building for all.

**References**

Bryman, A. (2009) 'Effective leadership in higher education'. Research and Development Series. London, Leadership Foundation for Higher Education.

Scott, G. Coates, H. Anderson, M. (2008) 'Learning Leaders in Times of Change: Academic Leader-

ship Capabilities for Australian Higher Education'. Available at: [http://www.acer.edu.au/documents/UWSACER\\_CarrickLeadershipReport.pdf](http://www.acer.edu.au/documents/UWSACER_CarrickLeadershipReport.pdf) accessed 24 October 2013.

Paper 5

**Social Capital to Build Global Research Networks to Renew Nursing***Anne Hofmeyer**Anne Marie Rafferty**Brenda Helen Sheingold**Debra Jackson**Hester Klopper**Joyce A. Hahn**Authorship: Anne Hofmeyer, Australia; Brenda Helen Sheingold, USA; Debra Jackson, Australia; and Joyce Hahn, USA***Abstract:**

**Background:** The paper discusses the application of social capital as a means to collaborate to build global research networks to foster productivity. Collaboration is a strategic response to the call for universities to improve relevance and strengthen societies. Boyer (1990) called for all academics to connect through integration and application scholarship to develop new knowledge to address urgent problems. Global interdisciplinary collaborations can create new perspectives to solve problems not possible to answer locally, such as strengthening teaching and work environments to foster compassionate care in nursing. It is timely to find ways to work with others, cluster around problems, and break down silos. Social capital is defined as norms and networks that facilitate collective action for mutual benefit and increased productivity (Woolcock 2001). Social capital is the value derived from being a member of a network and its presence fosters good will and collaborative outputs.

**Aims:**

1. To utilise social network analysis (SNA) to analyse how researchers networked globally to foster social capital and collaborated to adapt measurement tools.
2. To describe the methodological issues arising from the process.

**Methodological Discussion:** Knowledge is located in social networks so it is imperative to understand how to build ethical, productive connections. Social networks are groups of individuals who connect with others to access essential resources (such as knowledge and support) that flow between connections (Burt 2000). Findings trace the networking activities and outputs of researchers in Australia, Canada, USA, and UK for more than a decade.

**Conclusion:** The production of knowledge is a collaborative activity. The value of networking and social capital is considered in the context of the global mandate for universities to adopt strategies to be more relevant and engaged in generating knowledge to address urgent societal problems.

Strategies to build productive global research networks are presented.

**References**

Boyer E.L. (1990) *Scholarship Reconsidered: Priorities of the Professoriate* San Francisco: Jossey-Bass Publishers.

Burt, R. S. (2000) 'The network structure of social capital'. *Research in Organizational Behavior* vol. 22, pp. 345–423

Woolcock, M. (2001) 'The place of social capital in understanding social and economic outcomes'. *Canadian Journal of Policy Research* vol. 2, no. 1, pp. 11–17.

**Symposium 17**

John McIntyre 208

**Making sense of complexity within the ICONS: Identifying Continence Options after Stroke trial**

*Symposium lead: Dr Lois Thomas, Reader in Health Services Research, University of Central Lancashire, UK*

ICONS was a collaboration between Lancashire NHS Foundation Trust, University of Central Lancashire, Wirral University NHS Foundation Trust and six other Universities. It was successful in obtaining a prestigious NIHR Programme Grant for Applied Research (£1.2 million). The programme was based on the MRC framework for the evaluation of complex interventions and aimed to develop, implement and explore the potential effectiveness and cost-effectiveness of a systematic voiding programme, with or without supported implementation (using facilitation as a means of supporting and enabling people to change their practice (1,2), for the management of urinary incontinence after stroke in secondary care.

This symposium will focus on methodological challenges posed by introducing and evaluating a complex intervention, with a particular focus on integrating multiple sources of evidence to evaluate feasibility and the utility of the logic model as the overarching framework within the process evaluation. Presentations will comprise:

1. an introduction to the ICONS trial and presentation of key findings;
2. managing complexity of trial processes: the Trial Manager's perspective;
3. the utility of the logic model in explaining conditions necessary for the intervention to work and the success of implementation strategies adopted, illustrated through findings from the process evaluation;
4. methodological challenges in assessing fidelity and adherence to a complex intervention;
5. the contribution of our two dedicated Patient, Public and Carer Groups throughout the trial phase.

**References:**

1. Cheater FM, Baker R, Reddish S et al. Cluster randomized controlled trial of the effectiveness of audit and feedback and educational outreach on improving nursing practice and patient outcomes.[see comment]. *Medical Care* 2006;44(6):542-551.
2. Harvey G, Loftus-Hills A, Rycroft-Malone J et al. Getting evidence into practice: the role and function of facilitation. *J Adv Nurs* 2002;37(6):577-588.

**Paper 1****An introduction to the ICONS: Identifying Continence Options after Stroke trial**

*Lois Thomas, UK*

*Authorship: Lois Thomas, UK on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

**Abstract:**

This presentation will focus on the cluster randomised controlled trial designed to assess the feasibility of a full-scale cluster randomised trial and to provide preliminary evidence of the effectiveness and cost-effectiveness of a systematic voiding programme (SVP) for the management of continence after stroke. The SVP comprised a comprehensive continence assessment followed by prompted voiding for patients with cognitive impairments and bladder training for patients who were cognitively able. Stroke services were randomised to receive the SVP (n=4), the SVP plus supported implementation (n=4), or usual care (n=4).

The primary outcome was presence/absence of incontinence measured at 12 weeks post-stroke. Secondary outcomes included frequency and severity of incontinence and quality of life. Outcomes were measured at six, 12 and 52 weeks after stroke.

413 patients were recruited (124 usual care, 164 SVP and 125 SVP plus supported implementation).

**Findings:** There was no suggestion of a beneficial effect of the intervention on outcome at 12 weeks post-stroke (Intervention versus Usual Care: Odds Ratio (OR) 1.02, 95% Confidence Interval (CI) 0.54-1.93; Supported Implementation versus Usual Care: OR 1.06, 95% CI 0.54-2.09 respectively). However, both intervention arms had higher estimated odds of continence for patients with urge incontinence than Usual Care (Intervention: OR 1.58, 95% CI 0.83-2.99, Supported Implementation: OR 1.73, 95% CI 0.88-3.43). There was a similar increase in the estimated odds of continence for patients with stress incontinence in Supported Implementation (OR 1.82, 95% CI 0.82-4.01) but this was not as marked in Intervention (OR 1.04, 95% CI 0.45-1.82). Findings are suggestive of a potential reduction in the odds of specific types of incontinence.

**Paper 2****Dealing with complexity in trial management: The Trial Manager's perspective**

*Denise Forshaw, UK*

*Authorship: Denise Forshaw, UK on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

**Abstract:**

This presentation will focus on challenges encountered in setting up and running a trial in 12 stroke services across England and Wales. Topics discussed relevant to the 'set up' phase will include: negotiating research and development approval; obtaining excess treatment and service support costs and recruiting research nurses and additional staff to deliver the intervention. Topics discussed in terms of running the trial will include: introducing effective processes in line with research governance; maintaining enthusiasm for the trial over a long period and strategies for ensuring good relationships between researchers and trial sites.

**Paper 3****Using a logic model to underpin the development of a process evaluation**

*Beverley French, UK and Christopher Burton, UK on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

*Authorship: Beverley French and Christopher Burton, UK on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

**Abstract:**

We conducted an evaluation to describe SVP implementation and assist in explaining intervention outcomes. Reflecting best practice in complex intervention research, we developed a logic model to underpin the process evaluation using Hasson's (1) adaptation of Carroll et al's (2) framework. The model represents practitioners' implementation activities, expected impacts and contextual mediators of change. To increase explanatory power of the model, we synthesised principles from theoretical frameworks underpinning the study (e.g. the Normalisation Process Model [3-6]) into mechanisms of action to explain conditions necessary for activities to impact on outcomes. Mechanisms were:

- Understanding and agreeing: conceptual work associated with the SVP, e.g. increasing awareness.
- Driving and aligning: organising systems or processes to align and drive new practice.
- Building and supporting: enacting the SVP.
- Learning and evaluation: reflecting on performance and progress.

We will discuss the utility of the logic model in explaining conditions necessary for the interven-

## Symposium 18

John McIntyre 201

**The urinary catheter: A programme of research to minimise use, reduce complications and improve the patient experience in acute and community care***Symposium lead: Dr Jacqui Prieto, Senior Clinical Research Fellow, University of Southampton, UK*

The indwelling urinary catheter is commonplace in acute and community care. Overuse is a known problem and carries a significant risk of urinary tract infection (UTI) and other complications. Reducing UTI is a high priority in the NHS yet there is little research on alternatives to the indwelling catheter and the impact of catheterisation on the patient experience. This symposium presents a programme of research to minimise the use of short-term indwelling urinary catheters, reduce complications and improve the patient experience.

Previous research in acute care has focused on interventions to promote removal of catheters rather than to avoid their insertion. Paper 1 will present the findings of a qualitative research study to investigate why clinicians decide to place a urinary catheter. It sheds new light on the reasons for misuse of urinary catheters in acute medicine.

Paper 2 presents the findings of a qualitative research study investigating the patient's experience of voiding difficulty and urinary catheterisation following elective knee or hip replacement surgery. It reveals how patients have differing expectations and preferences relating to urinary catheterisation, which is important to inform the development of a strategy to avoid routine use of catheters in surgery.

In paper 3, nursing practice relating to the use of indwelling catheters as part of end of life care will be explored. There is little published evidence to guide practice in this area and consequently there is wide variation in practice.

Paper 4 will focus on the quality of life for community users of long-term indwelling or supra-public catheters. It presents the first validated tool in this population and will allow important comparisons across the group.

The final paper in this series describes a challenging clinical problem on preventing biofilm blockage in long-term catheters, identifying biofilm as a significant source of catheter-related urinary tract infections.

tion to work and the success of implementation strategies adopted using evidence from process evaluation findings. We will also consider the challenges of synthesising across multiple data sources to understand variation in intervention delivery, maintenance and outcome in cluster trials.

**References:**

- (1) Hasson H. Systematic evaluation of implementation fidelity of complex interventions in health and social care. *Implement Sci* 2010;5:67.
- (2) Carroll C, Patterson M, Wood S, Booth A, Rick J, Balain S. A conceptual framework for implementation fidelity. *Implement Sci* 2007;2:40.
- (3) May C, Finch T, Mair F et al. Understanding the implementation of complex interventions in health care: the normalization process model. *BMC Health Serv Res* 2007;7:148.
- (4) May C. A rational model for assessing and evaluating complex interventions in health care. *BMC Health Serv Res* 2006;6:86.
- (5) May CR, Mair FS, Dowrick CF, Finch TL. Process evaluation for complex interventions in primary care: understanding trials using the normalization process model. *BMC Fam Pract* 2007;8:42.
- (6) May CR, Mair F, Finch T et al. Development of a theory of implementation and integration: Normalization Process Theory. *Implement Sci* 2009;4:29.

## Paper 4

**Assessing fidelity to the intervention**

*Bridget Chesworth, UK on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

*Authorship: Bridget Chesworth, UK, on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

**Abstract:**

This presentation will focus on how delivery of the intervention to target participants was assessed in order to evaluate fidelity and provide explanatory evidence around trial outcomes. Fidelity is defined as 'the degree to which programs ... are implemented as intended by the program developers' (1). We will focus on fidelity in terms of adherence to the intervention (i.e. content, coverage, frequency and duration<sup>3</sup>). Staff adherence was assessed through an examination of:

- 1) completion of intervention documentation (three day diaries and daily clinical logs for participants on bladder training and prompted voiding)
- 2) adherence to the protocol in terms of allocation of participants to the appropriate regime and the management of catheterisation.

**Findings:** Some aspects of catheterisation appeared closer to protocol recommendations in Supported Implementation in terms of catheter removal (median 13 days, IQR 5-35 days compared with 20 days, IQR 8.75-35.25) and patients still catheterised at discharge (19, 15.2% compared with 35, 21.3%).

Documentation of the regime interval and the schedule of proposed voiding times in the clinical logs was done on less than half of occasions (38.9% in Intervention; 31.9% in Supported Implementation).

We will highlight challenges encountered in the assessment of fidelity to complex interventions and discuss lessons learnt to inform the definitive trial.

**Reference:**

- (1) Dusenbury L, Brannigan R, Falco M, Hansen WB. A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health Educ Res* 2003;18(2):237-256.

## Paper 5

**Service user involvement in the ICONS trial**

*David Britt, UK; Crosby C and Lewin A, UK, on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

*Authorship: Britt, D, Crosby C and Lewin A, UK on behalf of the ICONS Project Team and the ICONS Patient, Public and Carer Groups*

**Abstract:**

Service users, carers and the public have been involved throughout the research programme through two dedicated Patient, Public and Carer Involvement Groups. The aim was to develop a model of best practice for active public participation in healthcare research. Good evidence of the value of such involvement remains sparse so an evaluation of the impact made by the ICONS Patient, Public and Carer Involvement (PPCI) Groups was also conducted.

As an input to this presentation we, as service users, will describe how the groups were set up, how they were managed and what they did. Our major focus in the project was on how we could contribute most meaningfully to developing and evaluating a new clinical intervention to benefit future ranks of stroke patients. An associated theme was helping to ensure that the research process itself was optimised to ask the right questions and elicit the necessary data for careful analysis in framing the outcome and was conducted in a manner that will encourage patient and NHS staff enrolment.

We will reflect in the presentation on common problems of managing groups of individuals with long-term health conditions and how specific needs such as communication difficulties, were accommodated. How were service users adequately prepared and supported to be most effective? And, how did we maintain interest and involvement throughout the life of a long project? Just as the professional members of the research team bring a wide variety of skills, knowledge and experience to the project, so too our PPI Groups were far from homogenous. Collectively, we believe we made an important difference. We will also present findings from the independent evaluation.

## Paper 1

**Understanding why clinicians make the decision to place a urinary catheter in acute care***Catherine Murphy, UK**Authorship: Catherine Murphy, UK; Jacqui Prieto; UK; and Mandy Fader, UK***Abstract:**

**Background:** The use of indwelling urinary catheters (IUCs) should be avoided where possible. However, measuring overuse is difficult due to lack of agreement in the literature on when an IUC is clinically indicated. Moreover, little is known about the reasons clinicians place IUCs in practice. Without this knowledge, the effectiveness of strategies aimed at reducing IUC use is likely to be sub-optimal.

**Aim:** To explore why clinicians make the decision to place IUCs in acute care.

**Methods:** A qualitative study in the A&E department and acute medical wards of a 1000+ bed hospital was completed in September 2013. Clinicians who made the decision to place an IUC were asked to participate in a 'retrospective think aloud' interview to describe how they came to the decision, later participating in a semi-structured interview to discuss their wider experiences of making the decision to place an IUC. A purposive sample was used.

**Results:** 30 'retrospective think aloud' interviews and 20 semi-structured interviews were undertaken. 22 out of 30 decisions were made by physicians. The following themes were identified i) IUC risks compete with other perceived risks, e.g. without a catheter skin might breakdown or the patient might deteriorate unnoticed, ii) pragmatic decisions based on the cumulative impact of two or more weak indications, iii) age and gender of the patient, iv) lack of resources, e.g. bladder scanner, pads or staff and v) differences between clinical areas with a short or longer term focus.

**Discussion:** This study demonstrates that the decision to place a catheter can be complex, with competing clinical goals and priorities that need to be understood in order to assess whether or not an IUC is inappropriate and minimise sub-optimal decisions.

**Conclusion:** This study contributes to the evidence base for evaluating the appropriateness of IUCs and developing IUC avoidance strategies.

## Paper 2

**Understanding patients' experiences of postoperative voiding difficulty and short-term urinary catheterisation following knee and hip replacement surgery***Jacqui Prieto, UK**Authorship: Jacqui Prieto; Samantha Sartain; and Allison Willis, UK***Abstract:**

**Background:** Urinary retention is a frequent complication following lower limb joint surgery. It is managed by indwelling urinary catheterisation (IUC) either routinely before surgery or as needed afterwards, introducing the risk of urinary tract infection (UTI) and related problems. Little is known about patients' experiences of postoperative voiding difficulty and catheterisation or their awareness of the associated risks.

**Aim:** To explore patients' experiences and preferences relating to the management of voiding difficulty following planned knee and hip arthroplasty.

**Methods:** A qualitative study in the elective orthopaedic ward of a large teaching hospital was completed in October 2013. Patients who underwent knee or hip replacement surgery were invited to participate in a semi-structured interview to describe their experience of voiding post-operatively or having a urinary catheter. A purposive sample was used.

**Results:** 15 interviews were undertaken, 8 with patients following total hip replacement (4 female, 4 male) and 7 with patients following total knee replacement (1 female, 4 male). Patients were aged 43-99 years (mean 69 years). Most participants were worried about toileting while in hospital and had strong preferences for or against having a catheter. Participants' information needs varied and whereas some accepted the clinician's decision whether or not to catheterise before surgery, others would like to have been given the choice.

**Discussion:** This study demonstrates that patients worry about toileting while in hospital and have strong preferences relating to urinary catheterisation following surgery.

**Conclusion:** It is important to address patients' concerns and preferences when developing a strategy to avoid routine use of catheters in surgery.

## Paper 3

**Understanding indwelling urinary catheter use in end of life care***Naomi Farrington, UK**Authorship: Naomi Farrington, Mandy Fader, and Alison Richardson, UK***Abstract:**

**Background:** It is well known that patients at the end of life often suffer from urinary difficulties, including incontinence and retention (Glare et al, 2011), which can be distressing for patients and families. Strategies for managing these problems at the end of life can be controversial. For example, while indwelling urinary catheters may relieve the problems of retention and complications associated with intractable incontinence such as skin integrity (Grey et al, 2012), insertion may in itself cause discomfort and distress to a dying patient. Despite this, a recent review (Farrington et al, 2013) found there is minimal research to indicate how a patient's incontinence should best be managed at the end of life, representing a substantial knowledge gap.

**Aim:** This presentation explains and critiques the gaps in evidence available to nurses managing patients with urinary problems at the end of life, and highlights where the lacunae lie.

**Methods:** Review of published literature and local audit of patient case notes (conducted March-May 2013 in Southampton).

**Results:** Many patients (over 60 per cent in this sample) at the end of life died with an indwelling urinary catheter in situ. However, the documentation accompanying catheter insertion and care was often unclear and incomplete, and showed that

**Discussion:** Based on the limited available evidence and local findings of incomplete documentation about catheter insertion, it appears that nurses are sometimes uncertain about the reasons for inserting an indwelling catheter. Further exploration of clinical reasoning with respect to catheters is warranted.

**Conclusion:** The presentation concludes that clinical opinion based on practical nursing experience is a valuable resource that should not be ignored, but it must be used alongside evidence-based research. Further investigation is needed, to establish what best practice is in relation to managing urinary difficulties at the end of life.

Farrington N, Richardson A, Fader M (2013) Managing urinary incontinence at the end of life: an examination of the evidence that informs practice. *International Journal of Palliative Nursing* 19(9): 449-456.

Glare P, Dickman A, Goodman M (2011) Symptom control in care of the dying. In: Ellershaw J, Wilkinson S, eds. *Care of the Dying: A Pathway to Excellence*. Oxford, Oxford University Press: 33-61

Grey M, Beeckman D, Bliss DZ, Fader M, Logan S, Junkin J, Selekof J, Doughty D & Kurz P (2012) Incontinence-associated dermatitis: a comprehensive review and update. *Journal of Wound, Ostomy and Continence Nursing* 39(1) 61-76.



Paper 4

**Assessing the impact of long-term urinary catheterisation on quality of life**

Miriam Avery, UK

Authorship: Miriam Avery, Nickki Cotterill; Alan Cottenden; and Mandy Fader, UK

**Abstract:**

**Background:** Long-term catheterisation remains a common management option for urinary control. Long-term indwelling catheters are associated with complications including urinary tract infection, blockage or leakage (Wilde et al, 2010) all of which are known to be detrimental to quality of life (O'Donohue et al, 2010). Yet clinical assessment and monitoring of patients with urinary catheters is known to be poorly recorded (Getliffe et al, 2006). New innovations are designed to reduce such complications but without a validated measure of quality of life it is difficult to measure their clinical effectiveness.

**Aims:** The study aimed to develop a quality of life questionnaire specific for the needs of long-term catheter patients and consider how patient characteristics affect quality of life.

**Methods:** The quality of life questionnaire was developed from in-depth interviews with 62 long-term catheter users/carers. The questionnaire was then sent by post to more than 700 long-term catheter-users; the 370 completed questionnaires were used to test content validity and reliability. The final questionnaire was sent by post to another 430 long-term catheter-users to evaluate the domain scores. The effect of respondent gender and catheter type on quality of life scores was then investigated.

**Results:** The final ICIQ-LTCqol was shown to have good levels of validity and reliability. It contains 16 items and is composed of 2 scored domains: catheter function and concern (9 items), lifestyle impact (3 items) and 4 stand-alone items, relating to pads, pain, sexual activity and bladder spasms. Gender and catheter type were shown to have an impact on quality of life.

**Discussion:** This is the first validated instrument and will allow clinicians and researchers to compare results across studies.

**Conclusion:** The ICIQ-LTCqol is a psychometrically robust self-report questionnaire for the evaluation of quality of life for long-term catheter users.

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Age and Ageing 35: pp477-481

Paper 5

**New approaches in the detection of biofilms on catheters**

Sandra Wilks, UK

Authorship: Sandra Wilks; Verena Koerfer; Jacqui Prieto; Mandy Fader; and William Keevil, UK

**Background:** The risk of infection from indwelling catheters is a serious problem, with many infections being difficult to clear. Previous work suggests that the recurrence and persistence of such infections are due to biofilm development, where bacteria attach to surfaces and are protected from chemical (e.g. antibiotic) and physical (e.g. flushing) attack. The presence of additional substances such as exopolysaccharides (EPS) can provide a substrate, which results in the adhesion of other compounds (e.g. salts) contributing to catheter blockages.

**Aim:** We have used a new microscopy method to better understand the development, structure and persistence of biofilms on catheters.

**Methods:** Biofilms were developed on silicon and hydrogel catheters using a simple 6-well plate method with an artificial urine medium. These were then assessed using culture and LIVE/DEAD BacLight™ fluorescent staining. Catheter samples were examined directly by episcopic differential interference contrast (EDIC)/epifluorescence (EF) microscopy.

**Results:** Biofilms of *Escherichia coli*, *Pseudomonas aeruginosa* and *Proteus mirabilis* developed rapidly on catheter surfaces exposed to urine; within 2 hours attaining 10<sup>6</sup> cells cm<sup>2</sup>. Using EDIC/EF microscopy, it was possible to examine the catheter samples directly with minimal disruption. EDIC microscopy provides a pseudo-3D brightfield image, which gives important information on surface topography and biofilm structure. Well-defined biofilm microcolonies interspersed by water channels were evident, typical of our new understanding of biofilm heterogeneity.

**Discussion:** There is little understanding of biofilm development on the internal surfaces of indwelling catheters. The approach used here has improved our understanding of biofilm development, structure and persistence as well as the influence of different materials.

Conclusions: Further work, using these techniques with laboratory flow models, will help our understanding of the role of biofilms in recurrent infections and catheter blockage. This will aid in the development of evidence-based protocols for treatment and management.

# Posters

Wednesday 2 April 2014

## Nurse focus

### Patient initiative

1

#### (58) Pre-analytical blood sample haemolysis: Staff confidence level and knowledge on the causes

*Nellie Makhumula-Nkhoma, RGN, South Tees Hospitals NHS Trust, UK*

*Authorship: Nellie Nkhoma, UK; Vicki Whitiaker, UK*

#### Abstract

**Background:** Pre-analytical blood sample is associated with high haemolysis (breakdown of Red Blood Cells) rate impacting on its quality. Although this is linked to material used, technique in sample collection and handling, relationship between staff confidence level in venepuncture (act of collecting blood using a needle) and knowledge of pre-analytical sample haemolysis is not known.

**Aim:** To investigate the association between staff confidence level in venepuncture and knowledge on causes of pre-analytical sample haemolysis.

**Methodology:** A purposive sample of 290 clinical staff and phlebotomists conducting venepuncture in one North East England hospital participated in this quantitative survey. Data was collected using a web-based questionnaire consisting of a structured demographic profile, confidence level (at first and last venepuncture) and 10 knowledge questions; in 2012. The Chi square test for independence was used to compare the distribution of responses for categorical data. ANOVA was used to determine mean difference in the knowledge scores of staff with different confidence levels.

**Findings:** There was increase in confidence at last venepuncture amongst staff of all categories. While doctors' scores were higher compared to Health Care Assistants' (HCAs),  $p=0.001$ , those of nurses were spread and had the lowest score. There was no statistically significant difference (at the 5% level) in the total knowledge scores and confidence level at last venepuncture  $F(2, 4.690) = 1.67, p=0.31$ , amongst staff of all categories.

**Conclusion and implications for clinical nursing:** Reduction in pre-analytical blood sample haemolysis requires more than confident and knowledgeable clinical staff and phlebotomists. While regular training is offered; this is one aspect of quality. Monitoring and evaluation of the training, the conduct and the rate of haemolysis is required in facilitating implementation of high quality services based on current evidence.

**Funding:** No funding

## Nurse focus

### Patient initiative

2

#### (244) Developing and testing a computerized decision support system for nurse-to-patient assignment: A multi method study

*Catharina Van Oostveen, Phd Student, Academic Medical Centre, The Netherlands*

*Authorship: Catharina J. van Oostveen, Netherlands; Aleida Braaksma, Netherlands; and Hester Vermeulen, Netherlands*

#### Abstract

**Background:** Nurse-to-patient assignment (NPA) is a frequently recurring, time-consuming, and complex process due to the many considerations involved. Creating well-balanced, high-quality assignments is crucial in ensuring patient safety (e.g. nosocomial infections), quality of care (e.g. patients' experiences) and job satisfaction for nurses (e.g. high turnover). A computerized decision support system (CDSS) can assist nurses in the NPA process.

**Aim:** Developing a CDSS to assist nurses with their daily NPA process, to evaluate assignment duration and workload.

**Methods:** In this two-phase multi-method study, a CDSS was developed and evaluated. Three nursing wards in a 1000-bed Dutch university hospital participated. In the first phase, all considerations relevant to the NPA were investigated in a literature review, focus group sessions with nurses, and a survey among nurses. Using this combined information, the CDSS was developed based on an integer linear program. In the second phase, a before-and-after study was conducted with thirty-six time measurements and surveys on workload of (charge) nurses.

**Results:** Large variety of decision-making factors for the NPA were identified and matched with factors mentioned in the focus groups. Seven factors were integrated in the CDSS; Patient acuity, Judgment of patient nursing needs, Patient preference, Nurse experience with patient, Student-nurse assignment, Student's year of education and Location on the unit. After implementation of the CDSS, a 30% time reduction was achieved in the NPA and nurses ( $n=138$ ) experienced a lower workload.

**Discussion:** Nursing workload and patient safety is not only affected by the NPA, but also by the design of nurses' work system.

**Conclusions:** CDSS shortens the duration of the NPA and generally improves the workload of

nurses. Therefore, the implementation of CDSS would increase both the quality and safety of care as well as the nurses' job satisfaction and should be investigated more rigorously in the coming years.

**Funding:** No funding

## Nurse focus

### Patient initiative

3

#### (508) The ebb and flow of Filipino first-time fatherhood transition space: A grounded theory study

*Neil Villamor, University of Santo Tomas, Spain*

*Authorship: Neil Jupiter E. Villamor, Philippines; Allan B. de Guzman, Philippines; and Evangeline T. Matienzo, Philippines*

#### Abstract

Fatherhood, as a developmental process, is both a human experience and a text that needs to be read. By and large, it is a high point in a man's life journey nested among other life challenges and transitions. For developing nations like the Philippines, very little is known about the process undergone by first-time fathers on their transition to fatherhood, and how nurses can play a significant role in assisting them. Recognizing the dearth of literature, this grounded theory study purported to conceptualize the multi-faceted process of fatherhood from the lens of Filipino first-time fathers' lived experiences. A total of twenty (20) respondents were purposively selected to take part in an individual, semi-structured, and in-depth interview. The Glaserian method of grounded theory analysis was used, and field texts were analyzed inductively using a repertory grid. Member-checking and correspondence were observed to validate the six (6) surfacing stages, which emerged to describe the layer of human experience under study. Interestingly, the B.R.I.D.G.E. Theory of First-Time Fatherhood Transition Space describes how these fathers progress from the beholding, reorganizing, inhibiting, delivering, grasping and embracing phases toward successful transition. This emerged model can be used in framing health care programs where the needs of fathers during this period are met and addressed. Finally, it can also be used as a guide for nurses in providing a more empathetic care to first-time fathers.

**Funding:** No funding

Nurse focus

Patient initiative

4

**(6) UK healthcare professional's perceptions of therapeutic holding techniques**

*Andrea Page, Birmingham City University Faculty of Health*

*Authorship: Andrea Page, UK*

**Abstract**

Physical holds are used to help the child/young person receive clinical care in situations where their behaviour may limit the ability of nurses and allied professionals to effectively deliver this treatment. The literature which identifies appropriate techniques is limited. The author met with healthcare professionals from dentistry, theatres, emergency department and the play specialists to record therapeutic holding techniques used within a specialist service within the West Midlands. 39 techniques were identified. One additional method was identified from a publication (Brown and Klein 2011).

The author interviewed 12 healthcare professionals asking them to review the 40 techniques in terms of :-

- Which technique did you like most?
- Which technique did you like least?

Analysis separated the information from the participants into component parts (likes, dislikes) and linked the data to each technique. To interpret the participants' preferences the author used a likert scale to identify those techniques which the participants 'strongly liked', 'liked', 'expressed no preference on', 'disliked' and 'strongly disliked'.

This poster will analyse the four techniques which came into the 'strongly liked' category, in terms of similarities between the techniques and factors which influenced the participant's choice. Areas for further research will also be identified.

**Funding:** No funding

Nurse focus

Education and development

5

**(67) Problem-based learning (PBL) used as a tool in the nurses professional development: buliding bridge between theory and practice**

*Birthe Stolberg-Rohr Hansen, Nurse Educator, Master of Learning processes (MPL) + Master of Science of Nursing (MSN), Odense University Hospital, Denmark*

*Authorship: Charlotte Myhre Jensen, Denmark; Birthe Stolberg-Rohr Hansen, Denmark; Birthe Ottosen, Denmark*

**Abstract**

In the last 3 years six-day courses for senior nurses was held annually at Odense University Hospital, in Denmark. The purpose of the courses are to investigate whether problem-based learning (PBL) could be used as a tool in the nurses' professional development. A seven-step model is rigorously adhered to throughout the course. The course participants' evaluation are categorized into three themes: 1) requirements vs. no requirements, 2) motivation and 3) scepticism. The nurses find the process-oriented work to be liberating in comparison with solution-oriented work, and they express the switching back and forth between theoretical and group discussions to be very profitable. The course motivates the participants to critically read medical journal articles, to validate evidence in practice, to take supplemental coursework and develop an understanding for how much nurses can spar with each other and nurse trainees.

Everyone is satisfied with the courses and recommend other colleagues to participate in a similar courses. Based on this experience, problem-based learning (PBL) is found to be useful for the further professional development of experienced nurses.

The course will be held continuously once annually.

**Key words:** Experienced nurses, problem-based learning, evidence, evidence-based practice, nursing.

**Funding:** No funding

Nurse focus

Education and development

6

**(83) Perception and workplace experiences of new graduates of bachelor of nursing science programme in Nigeria: a phenomenological study**

*Professor Mildred John, Professor, University of Calabar, Nigeria*

*Authorship: Mildred John, Nigeria; Patience Samson-Akpan, Nigeria; and Alberta Nsemo, Nigeria*

**Abstract**

**Background:** Successful adjustment of new nurses into the workplace is fundamental to the development of essential work attitudes and abilities. With growing reports of nursing workplace incivility and bullying (Read & Laschinger, 2013), new nurse graduates face many challenges which may threaten their retention in the profession Rhéaume et al (2011). In Nigeria young graduate nurses often talk of leaving bedside nursing for jobs in drug companies, classroom or NGOs because of their experiences. There is however no documented evidence of the workplace experiences of newly qualified graduate nurses in Nigeria. This study will contribute towards bridging that gap.

**Aims of the study:** To determine the perception and experiences of new nurse graduates in Nigeria about the nursing workplace

**Methods:** Hermeneutic-phenomenology design (Van Manen, 1990) was used to produce rich textual descriptions of workplace experiences. Forty eight newly qualified nurse graduates of the baccalaureate programme in Nigerian universities were purposively selected. Ethical approval was obtained from University of Calabar Research Ethics Committee and informed voluntary consent from participants. Data collection (from November 2012 to May 2013) involved Focus group discussion and in-depth interview to explore participants' verbatim narratives and reflect on their meaning. Hermeneutical analysis (the Hermeneutic cycle) resulted in formulation of essential theme clusters.

**Results:** Four emerging themes (surviving the first one year, transition from student to novice to expert without support; need for preceptors and mentors; and unrealistic expectations) described the workplace experiences of new graduate nurses. There was no report of physical assault but participants referred to their experiences as 'professional terrorism' and 'nurses eating their young'.

**Discussion:** Nurse Managers need to put in place strategies to enhance successful integration of new nurse graduates into the profession (Laschinger, Wong & Grau, 2012).

**Conclusion:** New nurse graduates in Nigeria find the workplace stressful during the first year.

**Funding:** No funding

Nurse focus

Education and development

7

**(259) The evaluation of a model of dissertation supervision for 3rd year BSc undergraduate nursing students: A pilot study**

*Donna Scholefield, Senior Lecturer, Middlesex University, UK*

*Authorship: Donna Scholefield, UK*

**Abstract**

**Background:** A consequence of the NMC (2011) phasing out the Diploma in Higher Education programme is that more nurses in the final year of their degree are undertaking a dissertation project. Many universities currently use the model of 1:1 supervision which is manageable with small numbers, but with numbers of over 200 and finite resources universities will need to reconsider how they support the supervision of future dissertation students.

**Aim:** This pilot study aims to evaluate a mixed (group and individual) model of supervision in order to improve the supervision of a large number of undergraduate nursing students.

**Method:** Using a mixed methodology approach a convenience sample of n=37 supervisors and n=110 3rd year students was selected from one large university between August and September 2013. The method of data collection applied to both groups consisted of postal questionnaires and focus groups. Survey Monkey and SPSS was used to gather and analyse the quantitative data whilst thematic analysis was applied to the qualitative data.

**Results:** A 48% response rate was obtained from the students and 65% for the supervisors. The data so far suggests that the majority of both students and supervisors were satisfied with the new model. Nevertheless, it also identified that some of the students had a mixed response to the group workshops, while some supervisors favoured the mixed approach and wanted more group workshops to be used in the future.

**Conclusions:** Using a mixed model of supervision for final year dissertation students together with a range of other learning resources can be an efficient and effective approach in supporting students through the dissertation process. It is hoped that the results can be used to make changes to the curriculum.

**Funding:** No funding

Nurse focus

Education and development

8

**(233) The introduction of an integrated electronic system for managing student placements: an evaluation of strengths and areas for future developments**

*Susan Jones, Research associate, Teesside University, UK*

*Authorship: Susan Jones, UK; Sharon Hamilton, UK*

**Abstract**

**Background:** Paper-based systems for managing nursing and allied healthcare student placements are becoming obsolete as stakeholders demand efficient, flexible systems that offer real-time information. In response, many UK universities have developed integrated, multi-organisational, electronic systems. Different systems have developed across England but evidence of their benefits and weaknesses is limited. At Teesside University, ARC Technology Ltd. data management software was introduced in 2006 and continues to evolve. Its ongoing aim is to provide an efficient, accurate system that supports the student experience and is effective in managing placements to a high standard. An evaluation was commissioned to explore stakeholders' views of this system and inform future developments.

**Aim:** To inform future developments by identifying key lessons from the introduction of an integrated placement management system.

**Method:** A qualitative design was used. Data were collected (November 2012 to March 2013) through interviews and focus groups with administration staff (n=4), academic staff (n=13), practice placement facilitators (n=6), student mentors (n=2) and students (n=11). Data were entered onto Nvivo 10 software and thematically analysed using constructivist grounded theory (Charmaz 2006).

**Findings:** This has been a pioneering process, evolving in response to specific development drivers and focused on fulfilling particular purposes. The extent to which the system was perceived to achieve these purposes varied amongst stakeholders. Some staff found it highly effective while others identified significant problems. Three themes emerged: system capacity and functionality enhanced over time, development of a new skill set and challenges to the implementation. Eight key lessons, which emerged from these themes, will be presented.

**Conclusion:** There are significant gains from introducing inter-organisational, electronic, placement management systems; however there are barriers to be overcome to realise their full potential. Identifying key lessons has enabled staff and software designers to consolidate their successes and focus on areas for improvement.

**Funding:** £1,000 - £10,000

Nurse focus

Research issues

9

**(250) Blurring the boundaries between research and practice: Inquiry as intervention in appreciative action research**

*Professor Belinda Dewar, Professor of Practice Improvement, University of the West of Scotland, UK*

*Authorship: Professor Belinda Dewar, UK*

**Abstract**

Appreciative action research (AAR) is an approach to research that works with people to understand what works and enable these practices to happen more of the time (Dewar and Mackay 2010). A central principle in this approach is that of inquiry as intervention (Bushe and Kassam 2005). Can the act of asking curious, affirmative questions in the context of relationships be the intervention to be tested and refined? AAR clearly and explicitly acknowledges the inextricable relationship between the process of research and the outcomes.

The aim of this presentation is to discuss the potential of the process of inquiry to be an intervention in itself and discusses how the methodological process of AAR developed compassion in practice in a number of health and social care settings.

A description of the methodological processes in AAR and the data generation activities that became intervention to promote compassion will be discussed. For example, methods that helped to hear the voices of others and focused on emotion and the focused exploration of beliefs and values were all methods that aimed to open up conversations to enhance relationships. Values inherent in AI in many ways are congruent with values of compassionate caring. Thus it is perhaps no surprise that staff, in mirroring the process inherent in AAR, were developing more as compassionate carers themselves.

All too often, novice action researchers implement a practical change in a project that does not necessarily change the culture of the organisation. This can result in a 'quick fix' response where an activity is implemented but there is little change in the fundamental ways in which the organisation thinks and acts (Dewar and Nolan 2013).

This paper contributes to knowledge about the how participatory approaches to research can generate practice based theory and bringing about truly transformational change.

**Funding:** £1,000



Nurse focus

Research issues

10

**(498) Evaluating the impact of the NMC (2008) approved preparation programme for mentors in Scotland**

*Dr Barbara Neades, Senior Lecturer, Edinburgh Napier University, UK*

*Authorship: Barbara Neades, UK*

**Abstract**

An evaluation of the NHS Education for Scotland (NES, 2009) framework to implement the Nursing and Midwifery Council (2006; 2008) Standards for Learning and Assessment on Practice could not clearly identify the impact of the newly introduced NMC (2006) standards on the preparation of mentors for their new role. Additionally, no data exists that supports or challenges the NES finding that perceptions of mentorship has changed post the introduction of the new framework for mentor preparation or explores the impact on the NHS of the introduction of this new method of preparing mentors. The L&B Mentorship Steering Group has considerable experience of preparing supporting a considerable cohorts of student mentors who have completed the mentorship in practice preparation programme. To address the lack of data, a small scale qualitative study was undertaken employing a mixed methods of data collection using participant questionnaires and focus groups to capture the experience of mentors (n=19), who had completed the course, sign off mentors (SOM's) (n=6) and clinical nurse managers (n=6) in practice who had supported mentor candidates throughout this new approach to mentorship preparation. Initial data analysed using a phenomenological approach described by Gadamer (1976; 1996) has identified a number of welcome developments since introduction of this new approach to mentorship preparation in the development of their knowledge and skills in the support of the student in practice. However, challenges still exist in relation to the support and resources that the mentor and sign off mentors in practice. This poster identifies the experiences of the Mentors, SOM's and Clinical Managers of the new mentorship programme suggesting some collaborative initiatives between clinical practice and HEI's which may assist in the support of these professionals and in so doing the achievement of the vision of the mentor described by the NMC (2008).

**Funding:** No funding

Nurse focus

Research issues

11

**(485) Does including echocardiography increase the clinical efficacy of PPS in young competitive athletes?**

*Nelly Khalil, Nurse Manager, Aspire Zone foundation, Qatar*

*Authorship: Nelly Khalil, Qatar*

**Abstract**

**Introduction:** Regular physical activity has been shown to decrease morbidity mortality; however, a small percentage of athletes with underlying cardiovascular conditions, have a higher risk of sudden cardiac death. Pre-participation screening PPS has been extensively adopted to identify those athletes at risk of SCD. Intense debate exists relating to the most effective protocol to use and whether to include the ECG. Recently however including echocardiography has also been promoted despite its clinical value not having been established.

**Aim:** To examine the clinical efficacy of including systematic echocardiography within PPS for competitive athletes.

**Objectives:** To identify the most effective combination of screening tests that identifies conditions that may predispose an athlete to SCD. Furthermore, to provide sporting bodies with evidence based recommendations on the best protocol to be used for PPS, and thus to standardise the screening process.

**Methods:** A cross sectional quantitative study using secondary data collected from 965 athletes presenting for PPS at Aspetar, Qatar, over a one year period (2011) were used. All received cardiological consultation, physical examination (PE), family history (FH), and personal symptom (PS) questionnaire, ECG and echocardiogram. Sensitivity and specificity analysis were used to identify the best screening tests to be included in the PPS protocol.

**Results:** PS, FH and PE performed together showed a sensitivity of 75%; when adding ECG to this combination, sensitivity increases 100% with a specificity of 61% in detecting athletes at risk for SCD. Echocardiography performed alone had a sensitivity of 50%, and identified no pathological condition in isolation.

**Conclusion:** The PPS protocol should include a combination of PS and FH questionnaire, PE and ECG due to the high sensitivity found, and thus it was able to identify all athletes at risk for the disease. It is recommended that echocardiography is used as a secondary test after positive results of the preliminary ones.

**Funding:** No funding

Nurse focus

Workforce characteristics

12

**(93) Resilience among nurses: a critical review of the literature**

*Professor Michael Traynor, Professor of Nursing Policy, Middlesex University, UK*

*Authorship: Michael Traynor, UK; and Liang Liu, UK*

**Abstract**

**Background:** Recent scandals concerning UK nursing have revealed the possibly harmful effect on nurses of exposure to trauma. Some commentators have looked to 'resilience' as a protective personal attribute (Gray 2011). However, the concept and use of the term is inconsistent and problematic.

**Aims:** This paper presents a critical literature review of research on resilience in order to re-evaluate its usefulness to the nursing workforce.

**Method:** First, contextual work located the historical and philosophical background from which resilience emerged. Second, we searched for research published from 1980-June 2013. Medline & CINAHL were searched using **Keywords:** 'nurs\*' and 'resilien\*' which were then combined. Inclusion criteria: any type of study design ranging from RCTs to qualitative studies; target population: any level or speciality of nurses, nursing managers, nursing students. Exclusion criteria: descriptive pieces or editorial opinions. After removing duplicates, one reviewer (LL) screened all titles and abstracts. Those likely to meet inclusion criteria or unclear were reviewed by another reviewer (MT). Full reports of the studies were retrieved for all potentially relevant abstracts. The final inclusion/exclusion decisions were made by reviewer (MT) by sifting through full-text papers. Third, we contextualised the findings from this search within critical political and policy studies.

**Findings:** Thirty-eight papers were included, approximately equal numbers of qualitative and quantitative studies, with 6 reviews. Some authors identify inconsistencies in definitions of key concepts, such as vulnerability and adversity and there is a debate whether resilience is a personal trait or process with learnable techniques (Jacelon 1997). Critical literature suggests 'resilience' can only be meaningful within a political or ecological context and that it presents advantages to some political interests by avoiding exploration of problems and because it can become an alternative to resistance.

**Conclusion:** Nurse leaders need to be aware of the problematic aspects of resilience before promoting it uncritically.

**Funding:** No funding

Nurse focus

Workforce characteristics

13

**(542) Caregivers' Knowledge on Rabies**

Kareen Abarra, Saint Louis University, USA  
Desiree Jane M. Aquino, Philippines; Alvin Rommel S. Bartolome, Philippines; Ral C. Cali, Philippines; Chrisvie Johara S. Daquigan, Philippines; Justin Carl C. Dobles, Philippines; Cecilia N. Lapa-an, Philippines; Patricia Joyce L. Lebantino, Philippines; C

Authorship: Rhoel Abubo, Philippines; Kareen Gail P. Abarra, Philippines; Desiree Jane M. Aquino, Philippines; Alvin Rommel S. Bartolome, Philippines; Ral C. Cali, Philippines; Chrisvie Johara S. Daquigan, Philippines; Justin Carl C. Dobles, Philippines; Cecilia N. Lapa-an, Philippines; Patricia Joyce L. Lebantino, Philippines; Crislyn L. Litawen, Philippines; Florie Mae P. Philippines; Chester Neil V. Pena, Philippines; Bede Berenice G. Pul-oc, Philippines; Cleo P. Sendayen, Philippines

**Abstract**

**Keywords:** Educational Attainment, Gender, Knowledge, Rabies

**Background:** Despite the campaign against rabies, there's an increasing number of animal bite cases for the past two years in Baguio City. Most of the deaths by rabies are caused by lack of prevention measures: dogs not being vaccinated; lack of treatment after animal bite; misconceptions on the management of rabies

**Aims:** The findings of the study would help the respondents to increase the awareness with the prevention and treatment of rabies which will eventually prevent other members of the family and community from being infected with rabies; provide information that can be utilized by the Department of Health and other agencies to include in education campaign about rabies prevention and management of dog bites.

**Methods:** A quantitative-descriptive study, which utilized purposive sampling as sampling technique. Conducted in Irisan, Baguio City with 347 respondents. A self made questionnaire was utilized. T-test was used to determine the significant difference of caregiver's knowledge on rabies according to gender and educational attainment.

**Results:** Respondents are moderately knowledgeable on the signs, symptoms, management of rabies according to gender and educational attainment. There is no significant difference in the extent of knowledge of caregivers regarding the signs, symptoms, management of rabies according to gender and educational attainment.

**Discussion and Conclusion:** The respondents have varied knowledge regarding the signs and symptoms and management of rabies. Neither gender nor educational attainment is a variable in the extent of knowledge of caregivers on the signs, symptoms, management of rabies.

**Funding:** No funding

Nurse focus

Workforce characteristics

14

**(453) Building capacity in health visitor students to respond to adversity experienced in the reality of practice**

Professor Angie Hart, Community Health, University of Brighton, UK

Penny Lindley, UK

Authorship: Penny Lindley, UK; and Angie Hart, UK

**Abstract**

Health visiting has been under threat, with considerable reduction in staff establishment. This has contributed to discrepancies in practice between broad public health standards, against which health visitor education is validated, and the reality of practice that is dominated by safeguarding work. Negative workplace experiences coincide with the reduction in staff numbers. These difficult experiences can impact negatively on the functioning and wellbeing of the newly qualified health visitor.

The notion of 'practitioner resilience' is established in the literature. However, there is a lack of research examining the whole experience of student learning and the means by which this may enhance practitioner resilience. In addressing this issue the study explores 12 student health visitors' expectations of their new role and the reality of their experience, together with learning experiences that have contributed to development of existing or new abilities to respond to this reality.

Case study methodology rooted in a critical realist perspective allows for analysis of the complex, non-linear relationships between what students bring to learning, what they experience and what causes those experiences. Course documents provided the context of the planned curriculum. Data was collected from 12 participants through two series of 3 activity-based focus groups, run in parallel, spread over the year's duration of the course. Semi-structured interviews were carried out with 6 of the participants. The longitudinal nature of the data collection allowed for triangulation of data and an iterative approach to both data collection and analysis. A conceptual web of learning for practitioner resilience, drawing on resilience and transformational learning theory, emerged from initial literature review and preliminary data collection, providing a framework for data analysis.

The ensuing analysis contributes new knowledge regarding the development of practitioner resilience through the transformational learning experience of a professional education course.

**Funding:** £10,001 - £50,000

Nurse focus

Workforce characteristics

15

**(395) Developing core competencies for HCA's/HCSW's working in a clinical research setting**

Josephine Studham, Co-Chair of NIHR /Nursing Strategy, Manchester Royal Infirmary, UK

Authorship: Caroline Gunnell, UK; and Josephine Studham, UK

**Abstract**

NHS clinical research is an area experiencing an increase in complexity and growth. This has led to an increase in headcount to support the work undertaken. Historically this work was undertaken by clinical research nurses. The RCN has been instrumental in developing a set of core competencies for clinical research nurses, helping them to define and promote their professional development. The increasing complexity of the work has led to the creation of additional roles to support the collection of research data and most importantly maintaining the safety and well being of volunteers throughout their clinical study pathway. In many clinical areas the additional roles and responsibilities are being undertaken by HCA's, this trend mirrors that which is seen in conventional clinical settings. The RCN has undertaken to create a set of clinical research competencies for HCAs recognising the valuable contribution they make to the advance of the national clinical research agenda. We will provide an overview of the evolving national clinical research agenda and the way in which roles and responsibilities have evolved beyond the scope of the traditional role of clinical research nurses. The process for defining the competencies will be described along with the methods used to validate them in the ever evolving clinical research arena ranging from clinical research facilities supporting early phase experimental medicine, specialist settings and not least primary care settings, where there has been a huge growth in clinical research related work. This work is being undertaken with the intention that the competencies will be universally available to all staff working across the Agenda for Change bands who are not registered nurses, but work in partnership with nurses. The work undertaken in the UK is also of interest at an international level and an overview of this work will be given.

**Funding:** No funding

Patient focus

Mental health & dementia

16

**(349) Measuring feeding difficulty in patients with dementia: cross-cultural validation of the Italian version of the Edinburgh Feeding Evaluation in Dementia (EdFED) Scale**

*Professor Annamaria Bagnasco, University of Genova, Italy*

*Authorship: Annamaria Bagnasco, Italy; Gennaro Rocco, Italy; Milko Zanini, Italy; Antonella Caviglia, Italy; Francesca Rosa, Italy; and Loredana Sasso, Italy*

**Abstract**

**Background:** Evaluating the factors correlated to the nutrition of older people affected by dementia is very important because this can prevent them from developing conditions of malnutrition. The Edinburgh Feeding Evaluation in Dementia (EdFED) Scale can be used to evaluate these factors. The EdFED Scale has already been linguistically and culturally validated in China, but not in Italy. Therefore, the linguistic translation and the test of its construct validity in Italian could extend the use of the EdFED Scale to another language and culture.

**Aim:** Test the content and construct validity of the Italian version of the EdFED Scale (I-EdFED-Q).

**Methods:** Participants (202) were selected among the residents affected by dementia living in nursing homes. The research assistants collecting the data, were trained to observe the residents' eating problems and their food intake. Each resident was observed for two days, during lunch and dinner. The data were analysed using principal component analysis.

**Results:** Internal consistency for the I-EdFED-Q was assessed using Cronbach's Alpha Coefficient, which was equal to 0.717. A two-factor structure was demonstrated for the 11 items of the Italian version of the scale.

**Discussion:** The best indicators of feeding difficulties identified at the end of this study were: refusal to open one's mouth, spitting food out, leaving one's mouth open letting the food fall out, and refusal to swallow. A limitation of the study is that our population was restricted to residents at special care units of long-term care facilities in Italy, this may limit the generalization of the findings to other populations.

**Conclusions:** Translational equivalence of the Italian and English versions has been established. Finally, further study is required to design interventions to address feeding difficulty, as demonstrated in a review of the literature.

**Funding:** £1,000 - £10,000

Patient focus

Chronic health conditions

17

**(279) The sustained uncertainty of living with hepatitis C: the results of a phenomenological study**

*Dr Rebekah Hill, Lecturer, University of East Anglia, UK*

*Authorship: Rebekah Hill, UK; Michael Pfeil, UK; Jenny Moore, UK; and Barbara Richardson, UK*

**Abstract**

**Background:** Hepatitis C virus is a growing problem affecting thousands of people worldwide. The majority of individuals infected develop chronic liver disease yet only the minority receive treatment, which is not always successful (HPA, 2012). Consequently, many live with the virus indefinitely. Experiences of living with hepatitis C are poorly understood yet essential in order to meet the needs of an increasing number of affected people for whom hepatitis C will exist as a chronic disease of slow progression and long duration (WHO, 2010).

**Aim:** The study aimed to explore the experience of adults living with hepatitis C over time.

**Methods:** A descriptive phenomenological exploration of the experiences of 23 purposefully selected hepatitis C positive individuals in the East of England was undertaken. Unstructured interviews were conducted twice per participant in September 2008 and 2009.

**Results:** Data analysis revealed six themes of the experiences of living with hepatitis C: the impact the diagnosis has on an individual's personal and social sense of self, dilemmas individual's face when attempting to manage the condition and its treatment, the consequences of living with the virus on a daily basis and perspectives of the future.

**Conclusions:** Hepatitis C can disrupt identity and trigger a life transition for many diagnosed with the virus. A complex range of factors create uncertainty for people living with the disease and many struggle to make a healthy transition to life with hepatitis C. Rather than making a gradual adjustment to chronic illness, as suggested by Charmaz (1997), instead many live in a state of sustained uncertainty. The findings of this study advance the understanding of the experience of living with hepatitis C and recognise the importance of health-care professionals acknowledging the disease as a chronic illness which requires ongoing support and help to enable individuals to make a transition to life with the virus.

**Funding:** No funding

Patient focus

Chronic health conditions

18

**(265) The views and experiences of HIV research participants in sub-Saharan Africa, regarding their participation in HIV research: a systematic review of qualitative studies**

*Sylvia Nalubega, Nurse, The University of Nottingham, UK*

*Authorship: Sylvia Nalubega, Uganda; and Catrin Evans, UK*

**Abstract**

**Background:** Due to the high incidence of HIV in sub-Saharan Africa, a large number of HIV-related research studies are being conducted in this region. However, a range of socio-cultural, economic and educational factors may hamper research participants' understanding of research concepts, presenting unique ethical challenges, including a possibility of coercion or exploitation. Little is known about the experiences of people who have participated in HIV research. Their views are important however in order to shape good practice for the conduct of HIV research in this region.

**Aim:** To investigate the views and experiences of HIV research participants in sub-Saharan Africa, regarding their participation in HIV research.

**Methods:** An aggregative systematic review of qualitative studies was conducted. Participants were current or former adult HIV research participants from sub-Saharan African countries. Nine databases were searched in June 2013, followed by hand searching of reference lists. Studies published between 1995 to present were considered. Eleven qualitative studies were included in the review. Methodological quality was assessed using the Qualitative Assessment and Review Instrument (QARI) developed by the Joanna Briggs Institute.

**Results:** 58 findings were extracted from the included studies and grouped into 8 categories. Synthesis of the 8 categories yielded 4 synthesised and directive findings. These were: (i) participation in HIV research is related to perceived personal benefits and benefits for wider society; (ii) research participation is influenced by fear of social or physical harm; (iii) poor understanding of research processes and concepts is common; and (iv) social relationships and domestic contexts have a significant impact on HIV research participation and adherence.

**Discussion/Conclusion:** HIV research participation in sub-Saharan Africa faces significant challenges. Research nurses can contribute to achieving successful and ethical conduct of HIV research by adopting innovative strategies to ensure that participants fully understand the research process and by offering on-going support.

**Funding:** No funding

Patient focus

Chronic health conditions

19

**(97) Benefits of interdiayltic exercise programme on quality of life for haemodialysis patients in Saudi Arabia**

*Magda Bayoumi, Assistant Professor & Dean, King Khalid University, Saudi Arabia*

*Authorship: Magda Bayoumi,KSA; Jamal Al Wakeel,KSA*

**Abstract**

Physical functioning decline over time with dialysis therapy, in hemodialysis (HD) patients, the exercise has been established as a vital part of health promotion activities to improve all aspects of quality of life.

**Methods:** A quasi-experimental intervention design was used, pre-post assessment of the effect of implementation of exercise program for hemodialysis patients at Mohail General Hospital-southern of Saudi Arabia. The questionnaires were used to collect data: Physical Fitness Measurement, KDQoL-SFTM 1.3, Borg's 15-point scale for rating of perceived exertion (RPE), vital signs and lab investigation (Hemoglobin, Serum phosphates, Serum albumin, Creatinine, Fasting blood sugar, Kt/v, and Urea).

**Results:** The pre-post physical fitness scale as assessed among patients; statistically significant changes in the scores of all activities ( $p < 0.001$ ). Regarding the correlations between pre-post-program QOL scores were indicate weak to strong statistically significant positive correlations in all domains except for those of cognitive function, quality of social interaction, and sleep. Moreover the patients' Borg scores statistically significant decreases in throughout the three months of follow-up ( $p < 0.001$ ). In addition improvements in the adequacy of dialysis (kt/v) and in serum potassium level ( $p < 0.001$ ) from the first to the third months. Although the percentages of patients with hemoglobin level 11 gm/dl or higher increased from 41.1% at the first month to 60.3% at the third month, the difference could not reach statistical significance ( $p = 0.067$ ).

**Conclusions:** The implementation of the exercise program was associated with significant improvements in the score of all domains of quality of life and physical fitness scale. Therefore might be applied in other similar situations as on peritoneal dialysis patients, and evaluated for further improvement.

**Funding:** £1,000

Patient focus

Chronic health conditions

20

**(57) A systematic review of heel elevation devices in the prevention of pressure ulcers**

*Rosie Clegg, Sheffield Teaching Hospitals NHS Foundation Trust, UK*

*Authorship: Simon Palfreyman, UK; Rosie Clegg, UK*

**Abstract**

**Background:** Pressure ulcers usually develop over bony prominences as a result of immobility or restricted movement. Heels have been identified as one of the most common sites. Elevation devices are used to off load pressure by supporting the foot or calf.

**Method:** A systematic review of the existing published evidence for off-loading devices in the prevention of heel pressure damage was conducted. Searches of the major electronic databases and Internet sources sought randomised controlled trails. No restrictions were applied to the searches based on the date of publication. Data were extracted including trial design, sample and outcomes. The quality of the studies was assessed using key criteria from the CASP (Critical Appraisal Skill Programme) framework.

**Result:** A total of 106 potential studies were identified from the searches. The majority of these were excluded as they were descriptive reviews or non-comparative studies. A total of six studies fulfilled the inclusion criteria. These examined boots ( $n=3$ ) and cushions/ pillows ( $n=3$ ) as offloading devices. The quality of the trials was poor with particular problems data collection and outcome assessment. There was a lack of evidence for the use of any specific elevation device. There were also problems reported in terms of patient concordance linked to the comfort and acceptability of the devices.

**Discussion/ Conclusion:** Despite the poor methodological quality of the identified studies they did report that the use of heel elevation devices appear to be beneficial and was better than simply using pillows or no-device. However, there was no data on the cost-effectiveness of specialist boots and cushions in the prevention of pressure ulcers.

More research is needed to evaluate the comparative effectiveness of elevation devices.

The findings of the review and clinical implications will be presented with particular emphasis on the care of fractured neck of femur patients.

**Funding:** No funding

Patient Focus

Patient experience

21

**(536) Creatively preparing children for having their blood taken: developing the blood quest game**

*Dr Kate Oulton, Research Fellow, Great Ormond Street Hospital NHS Foundation Trust, UK*

*Authorship: Kate Oulton, UK; Julie Bayliss, UK; Victoria Jones, UK; Naomi Oldreive, UK; Isobel Manning, UK; Lisa Shipway, UK; and Faith Gibson, UK*

**Abstract**

**Background:** Blood tests can be distressing for children and prove detrimental to their psychological well-being with some developing needle phobia, or anticipatory/procedural distress. Preparation for blood taking at the onset of illness is therefore invaluable in minimising such distress. Current literature focuses on distracting or managing children with existing needle phobia. There remains a lack of resources for nurses to use and yet many blood tests occur out of 'working hours' where access to other professionals may be limited or non-existent.

**Aims:** To develop and evaluate a 'tool' to help prepare children for blood tests.

**Methods:** Seven hospitalised children aged 4-12 with non-malignant haematological conditions participated in a range of creative activities. A professional illustrator explored with them the importance of blood within the body, its role in medical conditions and why blood tests are needed. Participants made some blood of their own using some unconventional ingredients! They invented comical 'blood' characters and made life-size maps of their own bodies. A 'BLOOD QUEST' game was subsequently developed. 15 children played the game prior to having blood taken and completed a questionnaire about its usefulness and effectiveness.

**Results:** Using visual and interactive analogies helped children to understand the complexities of blood. They fully engaged with the creative process, drawing on their own experience to help design what the 'BLOOD QUEST' game looked like. Following their involvement, they continued asking nurses questions about their blood. Most children who tested the game found it fun and informative. Half reported that playing the game made them feel better about having their blood taken and half felt the same. The game was more suited to children aged 4-7.

**Conclusion:** A broader approach to preparation and working collectively with patients, clinicians and creative professionals has been important in the development and early testing of the 'tool'.

**Funding:** £1,000 - £10,000



Patient Focus

Patient experience

22

**(303) A systematic review of do-not-attempt-cardiopulmonary-resuscitation (DNACPR) orders: summarising the evidence around decision making and implementation**

*Dr Carole Mockford, Senior Research Fellow, Royal College of Nursing Research Institute and University of Warwick, UK*

*Authorship: Carole Mockford, UK; Amy Groves, UK; Rachel Court, UK; Ben Clarke, UK; Norman Waugh, UK; Gavin Perkins, UK*

**Abstract**

Decision making during cardiac arrest, where only a small percentage of patients survive to hospital discharge, is an international issue. DNACPR orders have wide cultural variations and entail consideration of a number of factors often including compliance with guidelines or local policy. DNACPR decision making and implementation can be problematic for staff, patients and families particularly in emergency situations, revealing a gap between optimal care and real life practice.

**Aim:** This review seeks to summarise the research evidence around DNACPR decision making and implementation, identify the reasons why conflict and complaints arise, and identify inconsistencies in implementation of guidelines.

**Methods:** A systematic search of key databases including Medline, CINAHL, and Embase for the years 2003 to 2013. Criteria includes all study designs, DNACPR decision making and implementation, patients over 18 years and written in the English language. The search identified 3097 references, 53 papers met the inclusion criteria. A thematic analysis was conducted.

**Results:** Key areas of concern include a) variation of involvement of medical teams in decision making e.g. Nurses may feel closer to the patient but excluded from the decision making process; b) poor quality of consultation and understanding about DNACPR orders between physicians and patients/relatives, which nurses often follow up with families; c) variation in timing and poor documentation of DNACPR orders, which can leave nurses and other staff feeling unclear about actions to take during cardiac arrest; d) variations in care after a DNACPR decision is made.

**Conclusion:** There is a need for inclusive discussions around DNACPR decision making and implementation, and therefore a need to improve professional education and skills. Jointly made DNACPR orders which are highly visible on the wards help staff to be clear on their actions during cardiac arrest. Clear, standard guidelines could help to relieve ambiguity and aid decision making.

**Funding:** £100,001 - £500,000

Patient focus

HIV

23

**(114) Development of a validated patient experience questionnaire for HIV clinic attendees**

*Lucy Land, Professor of Nursing, Birmingham City University, UK*

*Authorship: Lucy Land, UK; Steve Sizmur, UK; Jan Harding UK and Jonathan Ross, UK*

**Abstract**

**Background** Around 27% of the world's population with HIV do not present for testing because of the perceived stigma that a positive result would bring and many do not engage with health services at all. The benefits of early engagement with HIV services include improved survival and clinical outcomes and better concordance with treatment. Using HIV patients' experience regarding their care to improve services is essential to improving uptake of services. A previous systematic review failed to locate a gold standard method of measuring satisfaction in this setting.

**Aim:** To design a specific HIV patient experience questionnaire

**Methods:** Several work streams were employed to develop and test a new questionnaire and carried out between 2009 and 2012. Key themes identified in the systematic review provided a topic guide for 4 focus group discussions (a total of 32 participants with HIV). Findings revealed the importance of physician knowledge, and the need for dignity and respect. Additionally ten further participants were interviewed to explore their motivation to complete a questionnaire. These two sets of data were used to develop an initial questionnaire which was cognitively tested on a further ten participants, providing face validity for the questionnaire design, layout and wording. Finally a pilot study of the questionnaire with 80 HIV clinic attendees was conducted.

**Results:** The pilot survey demonstrated that there was a high completion rate. Two questions were modified and additional routing instructions were added. Pairwise correlations reflected the thematic structure of the questionnaire and supported good criterion validity.

**Conclusions:** The combination of a systematic analysis of previous patient survey tools, focus group discussions and cognitive testing of the questionnaire was used to ensure high content validity. The questionnaire was found to be acceptable to patients and a high completion rate was attained without the use of a financial incentive.

**Funding:** £10,001 - £50,000

Patient focus

Falls

24

**(76) A literature review of current evidence examining any correlation between falls and appropriate footwear**

*Irene Mabbott, Practice Development Co-ordinator (Evidence Based Practice), Northern General Hospital, UK*

*Authorship: Irene Mabbott, UK, Jayne Claire Trent, UK, Members of the Evidence Based Council at STHFT, UK*

**Abstract**

**Background:** Falls cause a great deal of distress to patients, their family and those caring for them, and if the fall occurs on healthcare premises, the length of stay can be extended because of further treatment and rehabilitation. This presentation will detail the methods and results of a literature search and the resulting local evidence based guidance on footwear to help healthcare staff reduce falls.

**Methods:** A systematic literature search was performed of the major electronic databases including CINAHL, NHS Evidence, and Medline. Other internet based resources were accessed including patient information sites, charities, footwear providers and author sites. The identified citations were reviewed by members of a Trust-wide multi-disciplinary group – the Evidence Based Council. Data was extracted regarding the type of study, level of evidence and key interventions and ideas.

**Results and Discussion:** The searching exercise brought forward an initial 25 pieces of evidence, which were appraised using a robust toolkit. There is a general body of evidence around falls and falls prevention with subsections examining the assessment of footwear, foot conditions, therapy interventions as well as the influence of footwear on falls. Menant et al, (2008) discuss how the choice of footwear has an impact on falls both inside and outside the home, whilst Sherrington & Menz, examine the link between poor footwear and fractured hips. (2003) Other authors gave specific guidance on the type of footwear that would reduce falls, including fastening types, heel shape and height and slip resistant sole materials. (Tencer et al, 2004) From a patient perspective, there was some consideration of comfort and financial reasons for wearing inappropriate footwear.

**Conclusions:** nurses and members of the multi-disciplinary team are ideally placed to not only assess the footwear of patients, but also to provide guidance on potentially more suitable shoes and slippers to reduce falls.

**Funding:** No funding

Patient focus

Patient experience

25

**(129) Changes in patient satisfaction following a service redesign: a secondary analysis.**

*Professor Bridie Kent, Professor in Leadership in Nursing, Plymouth University, UK*

*Authorship: Bridie Kent, UK; Maryann Street, Australia; and Sandhya Limbu, Australia*

**Abstract**

**Background:** Patient-centeredness is recognised as an important concept in health care producing safer care and better patient outcomes. One aspect of this is evaluating patients' perceived experiences of hospital care.

**Aim:** 1) Describe self-reported levels of satisfaction, 2) Identify trends in satisfaction scores for each item, and 3) Identify and explore themes affecting satisfaction levels.

**Method:** Secondary analysis of data gathered during an exploratory descriptive study was undertaken. Randomly chosen adult patients, in one outer metropolitan public hospital in Victoria, Australia, completed patient satisfaction surveys, between October 2009 and October 2011. Surveys consisted of six items; five scales related to aspects of care; overall satisfaction, cleanliness of ward, response to patient needs, contact by nurses, and pain relief and one open item inviting comments or suggestions. Quantitative data were analysed using IBM SPSS Version 20.0 ©. Comments were analysed thematically to identify main themes affecting patient satisfaction.

**Results:** Consistently high patient satisfaction scores were recorded over the duration of the study. Slight increases in patient satisfaction were observed following the introduction of the service redesign initiative although none were statistically significant. 'Cleanliness' emerged as the item that consistently scored lowest. Seasonal effects were found, which will be discussed.

Content analysis identified 5 main themes; Non-clinical 'Hotel' services, Nursing care, Overall care, Individual patient needs, Staff and other professions. Patients' comments did not always support accompanying satisfaction scores.

Discussion: Patients were more willing to write about aspects of their stay that were not related to care, such as cleanliness. Patients expressed concern about nurses' working environment and workload.

**Conclusion:** Secondary analysis provided the opportunity for further exploration of existing data and identified areas for further research. There was a mismatch between satisfaction scores and comments provided.

**Funding:** No funding

Patient focus

Surgery

26

**(330) Effects of fasting time on patients' psychological parameters before surgery**

*Dr Asiye Gül, Assistant Professor, Istanbul University, Turkey*

*Authorship: Asiye Gül; Birgül Ödül Özkaya; İtil İnk Andsoy; and Hülya Üstünda, Turkey*

**Abstract**

**Aim:** The aim of the study was to determine the fasting time, and its effects on the patient.

**Method:** A descriptive, cross-sectional study carried out in the State Hospital in European Side of Istanbul. The Institutional Review Board (IRB) approved the study protocol and patients gave their informed consent before entering the study. The inclusion criteria for the sample included: patients aged between 18 and 70 years, with ASA I or II, without diabetes and undergoing any surgical procedure. The data were collected by a form including personal and demographic information, and a second form to determine the effects of fasting time. This Survey is a likert type, containing eleven questions such as, feeling of thirst and hunger, mouth dryness, weakness, tiredness, anxiety, headache etc. In it, questions about fasting time were administered with four point response categories: 1-it does not affect, 2-it affects slightly, 3-it affects a little bit more, 4-it affects a lot. Highest score shows that the fasting has negative impact on patients. Surgery patients were randomly divided into two groups according to the list of operations (before noon, n=45, afternoon, n=43). Before preparing the patients for surgery, peripheral blood sugar and blood pressure of both groups were measured and recorded. Data analysis was done using the computer software SPSS version 15.

**Results:** Totally 88 patients were included in the study. The mean length of fasting for solid and fluids are over ten hours. Thirsty and anxiety are the most important factors for preoperative discomfort. Blood glucose values of the group in the afternoon are lower than group in the before noon.

**Conclusion:** Prolong periods of fasting are common in our country. Preoperative fasting guidelines must be applied. More studies should be performed including the affect of fasting on patient's well-being.

**Keywords:** Adults, elective surgery, fasting, starvation

**Funding:** £1,000 - £10,000

# Posters

Thursday 3 April 2014

## Nurse focus

### Patient initiative

27

#### (166) The impact of lung cancer nurse specialists on access to anti-cancer treatment: implications for advanced nursing practice and patient care

*Professor Angela Tod, Professor of Health Services Research, Sheffield Hallam University, UK*  
*Authorship: Angela M Tod, England, UK; Judith Redman, England, UK; Ann McDonnell, England, UK; John White, England, UK; Diana Borthwick, Scotland, UK.*

#### Abstract

**Background:** In 2010 the National Lung Cancer Audit revealed that 64% of patients seen by a specialist nurse received anti-cancer treatment compared to 30% of those who did not (NHS Information Centre, 2011). The reason for this association is not clear.

**Aims:** The study aimed to explore the role of the LCNS within the lung cancer multi-disciplinary team, identify ways the LCNS can increase treatment access for people with lung cancer and generate recommendations for Multi-disciplinary Teams (MDTs) and for future research.

The study was funded by grants from the General Nursing Council Trust and the National Lung Cancer Forum for Nurses.

**Methods:** A collective case study, comprising four individual LCNS and lung cancer MDTs (Stake 1995). Methods individual interviews, focus groups with MDT members, observation, and documentary analysis. Sheffield Hallam University and NHS research governance and ethics procedures were complied with. Data were collected from March until September 2013. Interviews and focus group discussions were recorded and transcribed verbatim; data were analysed using 'Framework' approach and NVIVO 10 (Ritchie and Lewis, 2003).

**Results:** The findings from the study provide insight into the LCNS' unique role across the patient pathway to influence holistic decisions about access to treatment, observing respect for patient preference as central. The presentation provides case study examples to illustrate how the nurse specialist can increase access to active lung cancer treatment

**Discussion:** The LCNSs' approaches to practice, and the range of people and places they worked with across different disciplines, services and health sectors meant they became the lynchpin to clinical treatment decisions. The findings presented here

focus on the implications for advanced nursing practice and the impact on patients.

**Conclusions:** The study indicates how workload, relationships and context are key facilitators to effective treatment decision making.

**Funding:** £10,001 - £50,000

## Nurse focus

### Research issues

28

#### (201) A systematic review of adherence measurement methods currently used in UK home-based allied health professional rehabilitation trials

*Jocelyn Watson, Specialist Research Midwife, Plymouth Hospitals NHS Trust, UK*

*Authorship: Rachael Frost, Scotland, UK; Brian Williams, Scotland, UK; Marian Brady, Scotland, UK; Doreen McClurg, Scotland, UK; Sara Levati, Scotland, UK;*

#### Abstract:

**Background:** Assessing intervention adherence, whether as a general concept or as its components of frequency, intensity, duration and accuracy, is a vital component of allied health professional (AHP) clinical trials. However, little is known regarding the measurement methods used and their level of validity, reliability and acceptability. **Aims:** To summarise the validity, reliability and acceptability of adherence measurement methods currently used in trials.

**Methods:** A two phase systematic review was undertaken. Phase I searched a limited number of databases to identify adherence measurement methods used in recent UK AHP home-based rehabilitation trials. For each method, validity, reliability and acceptability studies were located through a Phase II Medline, Embase, CINAHL, AMED, PsycINFO, CENTRAL, ProQuest, Web of Science and WHO ICTRP search and assessed for quality using the COSMIN checklist. In cases of uncertainty full texts were screened by a second reviewer and dual data extraction was undertaken for both phases.

**Results:** Phase I identified eight named methods. Strong supporting evidence was found for the StepWatch Activity Monitor in walking interventions and the Borg 6-20 rating of perceived exertion scale to assess adherence to intensity. Moderate evidence supported the use of the Joint Protection Behaviour Assessment and patient diaries whilst Bassett & Prapavassis' scale had limited evidence

of internal consistency. No evidence was found for the Polar A1 & FS1 heart rate monitors, the Yamax Digiwalker CW-701 or the Problematic Experiences of Therapy Scale. Acceptability data were sparse across all methods. Discussion: The most commonly used methods had little to moderate supporting evidence and the most strongly supported methods had limited application across interventions. Further research to validate the methods most frequently used and assess their acceptability to participants needs undertaking.

**Conclusion:** An evidence-based approach needs to be taken towards the selection of appropriate adherence measurement methods in trials.

**Funding:** No funding

Nurse focus

Patient initiative

29

**(295) Different decision-making models of nurse practitioners associate with the chance of infection in performing invasive procedures**

*Ya-Wen Lee, Supervisor, Changhua Christian Hospital, Taiwan*

*Authorship: \*Rachael Frost, Scotland, UK; Brian Williams, Scotland, UK; Marian Brady, Scotland, UK; Doreen McClurg, Scotland, UK; Sara Levati, Scotland, UK;*

**Abstract**

**Background:** In the year 2000, Taiwan's legislature approved the legal title 'nurse practitioner' and consequently, certification examinations for nurse practitioners began in 2006. Some invasive procedures including central/urinary catheter implantation could be performed by a well-trained NP. Different decision-making models of NPs in performing medical procedure may result iatrogenic injuries.

**Aims:** To investigate the factors between decision-making models of NPs and catheter-related infection.

**Methods:** A descriptive cross-sectional survey design was conducted via purposive sampling of one hundred nurse practitioners between January to November, 2011 and administering the decision-making models scale including analytical and intuitive type, and a questionnaire for critical thinking disposition, basic knowledge and catheter-related variables. Correlations, chi-square and ANOVA were analyzed from hospital's Center of Infection Prevention and Control.

**Results:** NPs in ED have higher catheter infection ratio (chi-square=9.907, p=0.003) in terms of catheter infection for NPs of analytical type. Significant differences are noticed between intellectual curiosity (F=5.732, p=0.021) and holistic and reflective thinking (F=4.074, p=0.05) in terms of critical thinking disposition. As for catheter infection for NPs of intuitive type, it is related to the age (F=4.200, p=0.046) and working years of NPs (chi-square=11.837, p=0.003).

**Discussion:** The rate of catheter infection for NPs with analytical type decision-making in ED is higher than that in non-ED units. The possible reason was that ED is a noisy environment with high risk of pollution exposure. NPs are required to be accurate, fast and skillful in performing invasive procedures, so proficiency is requisite for NPs with analytical type decision-making. Among these NPs with analytical type decision-making in ED, the infection rates decreased when their working years increased. Most importantly, these NPs with less working years are required to monitor their skills while operating invasive procedures.

**Conclusions:** NPs with analytical type decision-making in ED are in a higher risk of catheter-related infection.

**Funding:** £1,000 - £10,000

Nurse focus

Education and development

30

**(213) Using knowledge discovery through data to explore nurse independent and supplementary prescribing students' perceptions and concerns about intended practice**

*Penelope Franklin, Associate Professor/Senior Lecturer - Non-medical Prescribing, Plymouth University, UK*

*Authorship: Penny Franklin, UK; Nicola Carey, UK; Karen Stenner, UK; Alison Leary, UK; Ruth Endacott, UK; and Anita O'Connor, UK*

**Abstract**

**Background:** Research suggests that non-medical prescribing enables healthcare professionals to contribute to improved services in a number of ways including greater choice and access for patients, better use of time and skills within the healthcare team and improved patient care (Bradley & Nolan 2007). Knowledge discovery through data mining, although underused in relation to nurse prescribing, can reveal associative patterns and new areas of enquiry.

**Aim:** To explore students' perceptions and concerns about their intended practice once qualified as nurse independent and supplementary prescribers and identify emerging patterns between intended practice and concerns about implementing the prescribing role.

**Methods:** A questionnaire survey of a convenience sample of 140 students enrolled on non-medical prescribing programmes in 4 English Universities, September 2012-February 2013. Data were analysed using descriptive statistics and pattern recognition techniques (Han et al., 2004).

**Results:** Using 2,800 items of data results indicated that the majority worked in secondary care (75, 44%) as specialist nurses (67, 40%). Participants anticipated they would prescribe for 1-16 medical conditions (mean=4.8) and 1-20 medicines (mean=5.2). Less waiting time (30%), was rated top benefit, with fear of litigation (30%) and gaining confidence greatest concerns (30%). University and job title influenced benefits and concerns (p<0.05), and conditions prescribed (p<0.05).

**Discussion and conclusion:** The study forms the basis for further exploration to locate parameters for modelling in larger populations, including associations relating to efficacy, safety, appropriateness and cost effectiveness. Further research, which will include patient/public involvement, will lead to prospective data mining; modelling frequent patterns, causal relationships and associations and will contribute to the development of an audit tool. Findings will articulate the value of nurse prescribing and test pre-existing qualitative perceptive report findings. Findings will target policy makers, commissioners and providers in the UK and will be of use to countries developing similar service provision.

**Funding:** No funding

Nurse focus

Education and development

31

**(299) The perception of stress among students of the professional study of nursing**

*Sandra Boskovic, lecturer, Medical Faculty of Rijeka, Croatia*

*Authorship: Sandra Boskovic, Croatia; Gordana Brumini, Croatia; and Daniela Malnar, Croatia*

**Abstract**

The aim of this pilot research is to define the perceived stress among students of nursing studies caused by studying demands. The aim is also to define the difference of perceived stress with reference to the year of studying and student's status (full-time or part-time studying)

The stress perception of students on the first and third year of study of nursing has been examined within the research. The research includes 30 students of the first year full-time study and 45 students of part-time study as well as 40 students of the third year full-time study and 35 students of the part-time study of nursing.

The perceived stress among the examinees has been examined by the questionnaire Perceived Stress Scale (PSS-10, Perceived Stress Scale, Cohen, Kamarch and Mermelstein, 1983) which has been adjusted for the use in Croatian language. This scale measures in which scale the examinee evaluates a certain life period (in this case the beginning and the end of studies) to be stressful, i.e. how unexpected and encumbering he perceives it. It consists of 10 statements that are evaluated from one to five on Likert Scale.

The results of this pilot research show that there are differences in the manifestation of perceived stress among first-year and third-year students of full-time and part-time studies of nursing. The intensity of perceived stress among the first-year students is influenced by external causes of adaptation to a new situation and set demands of higher education. Besides this, an increased intensity of stress is also visible among part-time students due to the coordination of everyday working obligations with demands of studies.

The pilot research has proved useful knowledge on stress as a predictor of successful studying.

**Funding:** No funding



Nurse focus

Education and Development

32

**(495) Impact of UK & Australian transnational higher education programmes in Malaysian clinical practice**

*Dr Nirmala Arunasalam, Senior Lecturer, University of Hertfordshire, UK*

*Authorship: Dr Nirmala Arunasalam, UK*

**Abstract**

**Background:** Globalisation is affecting Higher Education as both developed and developing countries reconsider how they fit into and relate to the larger world. It has led to Internationalisation as Higher Education Institutions increase their influence and profile. To reflect this, some university Schools of Nursing have collaborated with Malaysia to deliver Transnational Higher Education post-registration nursing programmes.

In nursing, it is essential that the theoretical knowledge taught on nurse education programmes is developed from, and underpins clinical practice, with nursing skills developed alongside in an integrated manner. Only then, will the individual nurse be able to internalise and contextualise the knowledge taught to the national and/or cultural context (Leininger, 1978).

TNHE post-registration programmes impact on clinical practice in UK and Australia remains unclear as no research shows a profession-wide improvement (Pelletier, 2003; Griscti & Jacono, 2006; Gijbels et al., 2010). However, these findings conflict with three studies undertaken in Malaysia (Chiu, 2005; Birks, 2005; Chong, Sellick, Francis & Abdullah, 2011) which reported application of knowledge in practice that improved patient care delivery.

**Methodology:** Interpretive hermeneutic phenomenology and ethnographic principle of cultural interpretation. Qualitative methodology to obtain views.

**Data Collection:** Tool Semi-structured interviews in Bahasa Malaysia and English.

Sample Participants recruited via convenience and snowball sampling.

**Data Analysis:** Thematic Analysis based on four key aspects: personal development, professional transformation, implementation and others acceptance of change.

Findings Nurses' reported improved self-confidence, knowledge, questioning skills and professionalism. The extent to which TNHE theory was applied in clinical practice was unable to be determined due to conflicting perceptions and contradicting views. Resistance to change in clinical areas was evident.

**Recommendation:** TNHE academics may need to undertake cultural immersion with the local community prior to TNHE teaching.

Contribution to knowledge Informs continuous professional education policy for Malaysian Nursing Board and development of TNHE nursing programmes.

**Funding:** No funding

Nurse focus

Education and Development

33

**(496) Public health nursing education as a Master's Program in Norway – for better or for worse? A critical change for future competence**

*Anne-Gerd Karlsen, The Arctic University of Norway, Norway*

*Authorship: Anne-Gerd Karlsen, Norway*

**Abstract**

**Background:** Since 2003, nursing education in Norway has been coordinated through higher degree programmes, many producing clinical specialists, including Public Health Nurses. Following decisions by the Norwegian Ministry of Education and Research, UiT the Arctic University of Norway piloted an innovative Master's program in Public Health Nursing in 2011; the first cohort graduates in 2014. This shift from postgraduate clinical specialization to Master's accreditation has led to questions about which forms of knowledge are appropriate for Public Health Nursing.

**Aim:** To research this issue; whether the curriculum had helped or hindered the development and integration of Master's students professional and academic knowledge. The research question is: How can a Master's programme integrate academic and practical knowledge to ensure Public Health nurses acquire capacity for both clinical studies and for professional practice?

**Method:** This qualitative research, conducted from October to November 2012, involved 60–90 minute audio-taped interviews with 6 nurses on the Master's programme who had completed their first year and first period of clinical studies. Interviews were transcribed and analyzed using qualitative content analyses to extract themes of students' experiences.

**Findings:** Nurses' expectations of the study programme were not met as they felt inadequately prepared for practical studies. Scientific studies were prioritized in the curricula and the candidates wanted more time to practical tasks. Nurses said that the scientific focus had helped them develop a more reflective and critical stance towards professional practice.

**Discussion:** These findings are potentially of international interest, highlighting issues about which forms of knowledge are needed in Masters Programs, for nurses and healthcare professionals. They raise dilemmas about integrating nurse's practical knowledge and academic competence, and some potential contradictions and opportunities in negotiating curricula.

**Funding:** No funding

Nurse focus

Education and Development

34

**(528) Full Circle**

*Dr Fiona Duncan, Research Fellow, Manchester Metropolitan University, UK*

*Authorship: Fiona Duncan, UK and Carol Haigh, UK*

**Abstract**

Acute Pain Services in the United Kingdom evolved rapidly in the 1990s. This was in response to a 1990 report highlighting the high number of patients reporting severe pain after surgery [1]. One key recommendation was the safe management of new technology such as epidural analgesia and Patient Controlled Analgesia (PCA) pumps.

**Aim:** To describe the changes in technology and identify trends in drug administration.

**Method:** Data collection and audit has been ongoing in one hospital since 1993. Database records, annual reports and audit presentations were searched for a variety of activities.

**Results:** The use of epidurals increased from 300 annually in 1994, to 700 in the early 2000s, dropping back to under 400 in 2012. Patients with epidurals were nursed on 10 different general wards between 1990 and the early 2000s, but are now nursed on one surgical ward and a High Dependency Unit (2013). There is a similar pattern of rise and fall in the use of PCAs: 3000 annually in the 1990s, rising to over 4000 in the early 2000s, now 1500 in 2013. The reduction is most marked in maternity, orthopaedic and cardiac surgery. Other notable changes include: the increased number of patients presenting with chronic pain, a large reduction in the use of NonSteroidal Anti-inflammatory drugs, and the deregulation of morphine as a Controlled Drug.

Discussion: The number of patients reporting severe pain is still a major problem in 2013 [2], despite the different patterns of drug delivery. Reasons for failure are multifactorial [3].

**Conclusion:** This paper contributes to general knowledge by highlighting that the early enthusiasm for epidural and patient controlled analgesia has waned. The main decision makers in this process are anaesthetists and possibly surgeons. It would be worth exploring why these practitioners are less likely to use epidurals and PCAs.

**Funding:** No funding

Nurse focus

Patient initiative

35

**(200) Enhancing clinical research in practice: A competency based academic module**

*Rachael Frost, PhD Student, Glasgow Caledonian University, UK*

*Authorship: Jocelyn Watson, UK; Kate Tantam, UK*

**Abstract:**

Research is a front-line core service of the NHS and the clinical role of the research practitioner (RP) is central to its delivery (DH 2010). The Peninsula Comprehensive Local Research Network (PenCLRn) values innovation in education and aims to develop a workforce which is flexible and responsive to current and future service needs by addressing their professional development needs. A training needs analysis undertaken by the Lead Research Nurses for the Peninsula in 2012, identified a specific education and skills deficit within the specialist RP workforce. To address this deficit in line with the government drive to invest in clinical academic career development (DH 2011), an academic partnership module was developed with the local university.

**Aims of the paper:**

- To share the rationale for developing the first degree level academic post-registration qualification incorporating a version of the Royal College of Nursing (RCN) competency framework for clinical research nurses (RCN 2011).
- To evaluate and reflect on the early impact of this on RP's knowledge and skill base.

The module was delivered over eight taught days with a variety of academic assignments utilised to underpin the competencies achieved over a six month period. Collaboration across the CLRn was at the core of this novel educational development with students from the five acute trusts sharing best practice and knowledge, and teachers drawn from the pool of experts from across the Peninsula.

This educational module demonstrates a new approach to enhancing the knowledge and skills of RP's in an increasingly complex and specialised area of practice.

This project is founded on the desire to provide high quality outcomes and patient experience and to support the embedding of research as a treatment option within the standard care pathway. This paper supports dissemination of the knowledge and experience gained in developing and delivering this module with the wider research community.

**Funding:** No funding

Nurse focus

Research issues

36

**(217) Developing a Multi-professional Research Workforce**

*Theresa Weldring, Clinical Research Specialist Nurse, Chelsea & Westminster Hospital NHS Foundation Trust, UK*

*Authorship: Theresa Weldring, UK; Laura Braidford, UK; and Doris Daby, UK*

**Abstract**

**Introduction:** Nurses, Midwives and Allied Health Professionals (AHP's) play an essential role in leading and supporting clinical research in the NHS. Attracting, cultivating and retaining a high caliber research workforce increases an organisations capacity to develop medically and non-medically led home-grown research, in addition to attracting high quality commercial and non-commercial research as a host organisation. An efficient research workforce is fundamental for the delivery of such to a high standard, in-line with national performance benchmarks such as recruiting to time and target. Therefore a clear strategy for professional development and a governance management structure to support the individuals responsible for delivering research is essential.

Local Issues identified through initial service evaluation

- Lack of coordinated research line management structure
- Lack of communication and marketing strategy to promote research career opportunities
- Poorly developed research profile in some staff groups
- Limited formal research training
- Limited space for conduction of research activity

**Methods/actions**

- Lead Research Nurse appointed
- Multiprofessional Research Strategy group and forum established
- Research 'champion' initiative
- Job descriptions defined for clinical, research and combined roles
- Robust internal research training programme
- Scenario Based Learning piloted and rolled out
- Collaborative work with partner university
- Research events and formal communication plan

**Results:** Improved patient recruitment numbers to clinical trials

- Predicted number (2012/13) = 500

- Actual number (2012/13) = 2300

- 2013/14 numbers pending

- Increased number of GCP trained multi-professionals (2011 (25), 2012 (34), 2013 (pending))
- Increased number of courses offered to all trust staff
- Raised awareness of research amongst patients, public and staff groups

**Ongoing priorities**

- Develop and support multiprofessionals to 'lead' own research
- Support further development of research career pathways including the clinical academic role

- Increase publications amongst nurses, midwives and AHPs
- Improve early patient and public involvement in research

**Funding:** No funding

Nurse focus

Research issues

37

**(218) Consulting with children to inform research methodology: The experience of a Nurse PhD student**

*Jane Jervis, Advanced Nurse Practitioner, University Hospital of North Staffordshire/Keele University, UK*

*Authorship: Jane Jervis, UK; and Sue Read, UK*

**Abstract**

**Purpose:** As an Advanced Nurse Practitioner at a large teaching hospital, and as a lead cardiac arrest team member, performing initial clinical assessments and planning the management of adult medical patients is a regular task. Ensuring quality care through education and support of nursing and medical staff and ensuring appropriate policy/procedures are in place is essential to the role. Regularly in practice, children are present visiting acutely ill or dying patients. These are often grandparents, parents or older siblings. Many nursing and medical staff are concerned that they have very limited or no knowledge and experience of dealing with children in this situation. It was identified that there was no guidance within the hospital policy or procedures about how to support child visitors in the acute adult environment. Therefore, the focus of the author's PhD, using an Action Research approach, aims to improve the support provided at the hospital to children who visit acutely unwell adult relatives. The main dilemma during the planning stages was whether and where to include children in the research process.

**Methods:** With importance being placed upon children's participation in healthcare research (Fleming and Boeck, (2012) members of the West Midlands Medicines for Children Research Network Young Persons Advisory Group were asked to provide informal consultation exploring the PhD research question and proposed methodology.

**Results:** Focus groups were held at two locations and provided valuable constructive feedback which was informative and professional, both in content and presentation. This information was used to inform and shape the research methodology.

**Conclusion:** Young people involved in the research process 'can offer a different perspective' (Kirby, 2004) and a number of responses to the consultation questions were enlightening. User/carer involvement across the research continuum is crucial to ensure it remains 'fit for purpose'. It proved invaluable in this instance.

**Funding:** No funding

Nurse focus

Research issues

38

**(523) Research governance process and practice: An exploratory study of researchers' experiences**

*Paul Brownbill, Knowledge Transfer Partnership Research Associate, Glyndwr University, UK*  
*Authorship: Paul Brownbill, Wales; Dr. Nikki Lloyd-Jones, Wales; Sally Baker, Wales; and Julie Jones, Wales*

**Abstract**

**Background:** Engagement in the research governance process is intended to prompt researchers to show evidence of a theoretical understanding of healthcare research and preparation for practical application (Academy of Medical Science, 2011). From a review of International and UK research literature exploring governance processes, a significant number of studies claim researchers find the process 'time consuming' and 'bureaucratic'. While this is seen as a 'necessary evil' by some, Babel & Sharwood (2008) in their Australian study, describe how this protracted process could be explained by researchers often only partially understanding the principles of good clinical research.

**Aim:** The following paper describes findings from a recent study exploring experiences of research governance in Wales highlighting similar issues of 'understanding' but discusses alternative explanations and recommendations.

**Method:** Semi-structured interviews (N=15) between February-August 2013 with a purposive sample of researchers recently engaged with research governance. The aim of analysis was to keep identified themes 'grounded' in participants' words.

**Results:** Using van Manen's (1990) analysis model for interpreting data, experiences of governance processes were described being from a 'different world' and a 'foreign language'. Findings suggest a disjuncture between everyday language in practice and research.

**Discussion/Conclusion:** This paper contends that preparing novice researchers to be 'research ready' with the prerequisite knowledge of this 'different world' is a problem for education, research and practice. As findings by Babel & Sharwood (2008) also demonstrate, researchers showed aspects of research governance are poorly understood. However, rather than as proposed, look to further training as a response, the contention of this paper is that this might merely facilitate 'translation'. There is a need for stronger investment in lifelong learning where research language becomes an everyday vernacular.

**Funding:** £100,001 - £500,000

Nurse focus

Workforce characteristics

39

**(123) Setting and maintaining professional boundaries in paediatric clinical settings from an interprofessional perspective**

*Rachael Bolland, Nurse Consultant Acute Paediatrics, St George's Healthcare NHS Trust, UK*  
*Authorship: Rachael Bolland, England, UK; and Lynda Roderique, UK*

**Abstract**

**Background:** The importance of developing relationships with the child and family has emerged as an important concept when working with the hospitalised child. Healthcare professionals must be aware of professional boundaries and provide impartial holistic care based on the needs of their clients (NMC, 2008). An examination of the literature found that this topic had not been explored within UK paediatric clinical settings

**Aim:** This study explored the manner in which paediatric nurses and hospital play specialists set professional boundaries and the challenges they faced in maintaining a therapeutic relationship when caring for children and their families in hospital.

**Methods:** A phenomenological approach was adopted, through a purposive sample of seven paediatric settings within one NHS Trust. Eight paediatric nurses and two hospital play specialists were interviewed. Thematic analysis, using field notes and transcribed tape recorded interviews, was used to identify the emerging themes and generate a description of the respondents' experience.

**Results:** The study revealed that paediatric nurses had difficulty in defining the concept of professional boundaries, therapeutic relationships and self-disclosure. Although no clear definition was given for professional boundaries, respondents agreed they were important. Paediatric nurses could recognise when boundaries were being broken but lacked the confidence to address boundary violations. Using self-disclosure was seen as a balancing act which could lead to boundary crossing and boundary violation. Nurses felt unsupported by senior colleagues particularly when faced with 'manipulative families' and found their code of conduct helped guide their practice. Hospital play specialists had a greater understanding of therapeutic relationships than paediatric nurses

**Conclusions:** Healthcare professionals can recognise professional boundaries and boundary violations but they need support to address violations- especially in the paediatric intensive care environment.

**Funding:** No funding

Nurse focus

Workforce characteristics

40

**(532) Support matters: a mixed methods scoping study on the use of assistant staff in the delivery of community nursing services in England**

*Professor Karen Spilsbury, Professor (Nursing), Department of Health Sciences University of York*  
*Authorship: Karen Spilsbury, UK and Sue Pender, UK*

**Abstract**

Internationally, health care services are caring for increasingly dependent patients with chronic conditions and complex needs. This is alongside an increasing policy focus for services to be provided closer to patients' homes. In the UK, a significant proportion of care is provided for patients by community nurses. There have been significant changes in the composition of this workforce with increasing numbers of assistants. This study explores the roles, contribution and impacts of community nursing assistants to the delivery of care and services in England.

The study (April 2011 - July 2012) used mixed methods. We interviewed a representative sample of 37 (48%) senior managers of community nursing provider organisations and analysed National Health Service secondary staff record data to scope the national use assistants. Further, a purposive sample of 20 service level managers were interviewed to gain an in-depth understanding of assistant roles. Data were analysed using parallel mixed data analysis. This involved separate processes for analysing qualitative data generated by the interviews (thematic content analysis with comparisons between participants and organisations) and quantitative data provided by the NHS (summary statistics to describe the assistant workforce and to determine differences between regions and providers). These data were then integrated to provide a description located within real-world contexts.

Assistants promote flexibility in the community nursing workforce to respond to changing demands on services. However, lack of consensus in defining the role has created variations in national deployment and development assistants. There is enthusiasm among managers about the contribution of assistants. However, tensions are recognised between promoting innovation and managing risks associated with an unregulated role. Our study addresses an important gap in international literature, highlighting opportunities and challenges associated with the community nursing assistant role. The paper considers the wider relevance of the findings for practice, policy and future research.

**Funding:** £100,001 - £500,000

Nurse focus

Workforce characteristics

41

**(195) The use of poetry to understand the meaning of compassionate practice**

*Dr Kirsten Jack, Senior Lecturer, Manchester Metropolitan University, UK*

*Authorship: Kirsten Jack, UK; and Caroline Ridley, UK*

**Abstract**

**Background:** Poetry is an experience in itself, rather than a description of the experience, as with traditional forms of reflective writing (Raingruber, 2004). It can promote self-reflection (DasGupta, 2003) and encourages a more holistic style of education. Poetry has been used within nursing education and can support health professionals to understand the patient's perspective (Gallagher and McKie, 2010). However, it can assist not only in our understanding of others, but also of ourselves, offering an opportunity to explore and consider thoughts and emotions which might otherwise be ignored or suppressed.

**Aim:** To use student authored poetry to understand the meaning of compassionate practice to a sample of undergraduate nursing students.

**Method:** Six first year student nurses were asked to write a poem about their personal meaning of compassion. The students were invited to discuss their poems in a focus group, to elicit the main features of the concept as described by them. The researchers used an interpretive phenomenological approach to analyse the data.

**Results:** The poems differed in style and content. Some were written with a particular practice event in mind whilst others were written in a more general style.

**Discussion:** A diverse understanding of compassion emerged and this facilitated an in depth and meaningful discussion which related to compassionate care provision. In recognising their own understanding of compassion, the student nurses were more able to appreciate how they could be compassionate in practice.

**Conclusion:** This work has implications for practice, in terms of respecting individuality and encouraging humanistic care provision. Poetry writing encouraged exploration of the diverse nature and individual meaning of compassion, and the work represents a creative approach to teaching and learning, which promotes sensitivity to the needs of others.

**Funding:** No funding

Nurse focus

Workforce characteristics

42

**(287) The preferred way to learn how to be a ward sister**

*Jacqueline McKenna, Deputy Director of Nursing, NHS Trust Development Authority, UK*

*Authorship: Jacqueline McKenna, UK*

**Abstract**

**Background, aim and method:** This presentation highlights the results from a questionnaire to a purposeful sample (n=209) of ward sisters in 44 acute NHS Trusts in England, response rate 75% collected August-October 2013. They were asked about the best methods of preparing and supporting them through the transition to becoming a ward sister. The questionnaire is part of a PhD study using a positivist approach into how nurses are prepared and supported to become ward sisters in England.

**Results:** The answers were rated on a likert scale with options of very helpful, helpful, not helpful, not at all helpful. The results show that in terms of preparation for the role nurses found that on the job development (91.3%) followed by in house programs (85.2%) were the most helpful methods whilst e-learning (33.1%) and supervision/mentoring (59.3%) were the least helpful. When asked what was most helpful having become a ward sister the results demonstrate that the same methods are the most helpful, with the addition of peer support (89.6%); and similar to the preparation question e-learning and supervision/mentoring are the least helpful, however a change in response is that formal courses are seen to be less helpful having become a sister than before attaining the post (decreasing from 75.8% to 58.3%).

**Discussion:** Having reviewed the literature preparing nurses for these roles is a global issue and these findings are important for educationalists and executive nurses alike. When planning training programs to help nurses transition to the role of ward sister their preferred methods would be ensuring they have opportunities to gain peer support, have in house courses and on the job development.

**Conclusion:** The results move away from the having regional or national courses to development that is more bespoke to the individuals.

**Funding:** No funding

Patient focus

Mental health & dementia

43

**(446) Section 5(4) (nurse's holding power) of the Mental Health Act 1983: a literature review**

*Dr Russell Ashmore, Senior Lecturer (Mental Health Nursing), Sheffield Hallam University, UK*

*Authorship: Russell Ashmore, UK*

**Abstract**

**Background:** Section 5(4) [S5(4)] of the Mental Health Act 1983 (DH, 2007) empowers mental health nurses (MHN) to prevent informal inpatients from leaving hospital for their health or safety or the protection of others. Since 1983; there have been more than 36,000 applications of the section and its use is likely to lead to further detention under the Act. Furthermore, nurses use a range of coercive interventions to enforce its implementation.

The only review of literature relating to the implementation of S5(4) (Churchill et al., 1999) is limited by the fact the authors did not include all the research literature available at that time. Nor did they produce a full analysis of the included literature.

**Aim:** This review seems timely in order to; address the limitations of the previous report, appraise the significance of any research for nursing practice, and identify any gaps in the literature that may suggest areas for future research.

**Method:** Systematic searches of the major databases (e.g. British Nursing Index, Medline and PsycINFO) were undertaken using a number of terms, for example; 'Section 5(4)', 'nurse's holding powers' and 'Mental Health Act 1983'. Searches were undertaken for primary research published between January 1983 and March 2013 in peer review journals that were written in English.

**Findings:** A thematic analysis of 25 articles identified three main themes: (1) MHN' opinions of S5(4); (2) The impact of gaps in MHN' knowledge of S5(4) on practice; and (3) Trends associated with the implementation of S5(4).

**Conclusions:** There are no accounts of the events leading up to the use of the section; therefore it is unclear how and why it is implemented. Finally, there is a complete absence of research concerning the patient's experience of detention under S5(4) and its impact on, for example, the therapeutic alliance with MHN.

**Funding:** No funding



Patient Focus

Chronic health conditions

44

**(487) Evaluation of postoperative pain with mode and maximum values in patients treated with morphine via Patient Controlled Analgesia**

*Kerstin Eriksson, Registered Pain Nurse, Länssjukhuset Ryhov, Sweden  
Authorship: Kerstin Eriksson, Sweden; Lotta Wikström, Sweden; and Anders Boström, Sweden*

**Abstract**

**Background:** A goal in postoperative care is for patients with chronic pain not to perceive higher pain intensity postoperatively than preoperatively. Evaluating pain treatment at group level has been difficult due to lack of an adequate method. The use of mode and maximum values from the Numeric Rating Scale (NRS, 0-10) opens up new possibilities and has been used to follow postoperative pain treatment.

**Aim:** In a quality improvement project the purpose was to examine the proportion of patients with chronic pain undergoing fusion surgery who experienced equal or less pain intensity postoperatively compared to their preoperatively levels.

**Method:** To follow patients' pain experience a quantitative cross-sectional design was carried out during 2007-2010. Patients who had undergone surgery to reduce low back pain were included. Mode (i.e. most frequent value) and maximum values were compiled every 24 hours from patients' recorded postoperative pain ratings. Preoperative pain intensity at rest and postoperative mode value were compared as well as preoperative pain intensity at activity and postoperative maximum value.

**Results:** 307 patients treated with morphine via Patient-Controlled Analgesia were included. On the day of surgery about 90 % of the patients rated their pain level at rest to be equal or less than preoperatively. For pain during activity, the proportion was 64 %.

**Discussion:** The use of pain values from patient's recorded pre- and postoperative ratings makes evaluation of chronic pain manageable. Mode and maximum values are easy to compile in clinical practice.

**Conclusion:** The comparison between pre- and postoperative pain ratings made it possible to set up a goal and measure the effectiveness of pain management for patients with chronic pain. Monitoring of pain (NRS, 0-10) and compilation of these values to mode and maximum made this achievable.

**Funding:** No funding

Patient focus

Chronic health conditions

45

**(289) Study of care for patients with cleft lip/palate (CLP) in Lao people's democratic republic**

*Suteera Pradubwong, Clinical Nurse Specialist, Srinagarind Hospital, Thailand  
Authorship: Saowaluk Rirattanapong, Thailand; Kanittha Volrathongchai, Thailand; KhamSene Keopadapsy, Laos; and Bowornsilp Chowchuen, Thailand*

**Abstract**

**Objective:** to determine basic information, understand health-related problems and examine problem-solving strategies among patients with cleft lip/palate (CLP).

**Material and Method:** A cross-sectional, descriptive study, 24 patients with CLP who underwent surgery at the Khammouan Hospital between October 16-20, 2010 and their caregivers. A questionnaire was developed to collect demographics, health-related problems and problem-solving strategies.

**Results:** Sixty-two percent (15/24) of the patients were boys with an average age of 6.3 years. Fifty percent of the patients had both CLP. Heredity played a major role in causing the CLP among the majority of patients (58%). Most of caregivers resided in either Khammouan (33%) and Bolikhamxai Province (33%). With respect to the caregivers, their average age was 36 years, 50% were fathers and mothers, 87% had a family income lower than one million Kip/month (124 USD); all were satisfied with the treatment provided, 96% had sufficient knowledge for helping or publicizing the proper treatment to other patients and 87% knew of the healthcare resources for patients with CLP (i.e., Khammouan Hospital provides free-of-charge surgery). The caregivers also understood the need for regular, life-long follow-up care of cleft lip. However, 87% of the caregivers did not know the causes of CLP, 75% did not know that the patients with ridges cleft must have a ridges bone graft surgery, while 66% did not know about post operative care, wound care, audiometry and speech therapy.

**Conclusion:** The main reasons are the lack of awareness regarding diagnosis and treatment, limited availability of health services, and insufficient financial resources; therefore, both technical and financial support from external stakeholders is crucial. The establishment of a local medical infrastructure, training local surgeons and free access are also critical for the development of a sustainable and effective multidisciplinary management program for patients with CLP and their families.

**Funding:** £1,000

Patient focus

Mental health & dementia

46

**(84) The impact of a brief psycho-educational group intervention on dementia caregivers: a pilot study**

*Christine Newman, Clinical Nurse Specialist, South London & Maudsley NHS Foundation Trust, UK  
Authorship: Christine Newman, UK*

**Abstract**

**Background:** Dementia is a highly prevalent disease which is on the increase. Over half of those people diagnosed with dementia (63.5%) remain in their own home throughout their dementia journey, being cared for by informal unpaid carer. Supporting these carers is paramount in supporting the person with dementia.

**Aim/Hypothesis:** Caregivers of people with dementia who attend a brief psycho-educational support group will experience a change in physical health, emotional wellbeing and perceived carer burden.

**Method:** A quantitative before/after study was undertaken to determine the effect of a group intervention, on a sample of 15 participants. The General Health Questionnaire (GHQ) and the Zarit Burden Interview (ZBI) – short version were employed to detect any statistical change. An evaluation form was used to identify themes from the intervention. A Wilcoxon Signed Rank Test was undertaken to determine any statistically significant change and guidance from principals of thematic analysis was used to analyse the evaluation form.

**Results:** Out of the 15 study participants 13 completed the study. The null hypothesis was accepted as there was no statistically significant outcome noted on either the GHQ ( $z = -.211, p = .833$ ) or ZBI ( $z = -.596, p = .551$ ) following intervention. Themes from the evaluation form indicated that all (100%) participants found the group helpful and that all participants (100%) would attend a similar group.

**Discussion:** There appeared to be an inconsistency in results. Limitations regarding the outcome measures employed were discussed, concluding that future similar studies may employ a mixed methodological design to provide comprehensive outcomes. The intervention offered emotional support to carers which appeared to increase carer burden. Alternative literature suggests that carer burden is reduced when not devoting time to discuss the emotional aspects of caring and as such could be considered in future similar research.

**Funding:** No funding

Patient focus

Chronic health conditions

47

**(314) Study of Care for Patients with Cleft Lip/Palate (CLP) in the Lao People's Democratic Republic: Health Provider's Perspective**

Siriporn Mongkhonthawornchai, Nurse, Khon Kaen University, Thailand

Authorship: Suteera Pradubwong, Thailand; Tharinee Pethcharat, Thailand; Kham Sene Keopadapsy, Lao; and Bowornsilp Chowchuen, Thailand

**Abstract**

**Objective:** The objectives of the present study included learning basic information on the problems among, and problem solving for, the persons caring for patients with cleft lip/palate (CLP).

**Material and Method:** This was a cross-sectional, descriptive study done by completing a questionnaire during an interview. The sample group comprised physicians, anesthetists, nurses and public health officers a total of 34 persons from eight hospitals who attended a workshop at the Khammouan Hospital (October 16-20, 2010). The questionnaires were approved by 5 assessors and had a Cronbach's alpha of 0.89. General demographic information was collected as well as knowledge and understanding vis-a-vis the care of pediatric patients with CLP at Khammouan Hospital, in Lao People's Democratic Republic (PDR).

**Results:** Twenty of the public health officers surveyed were females. The average age of the officers was ~40 years. Sixteen of the officers were nurses from Khammouan Hospital. The survey of public health officers' taking care of patients with CLP revealed that (a) 19 were trained at Srinagarind Hospital, Faculty of Medicine, Khon Kaen University, Thailand (b) 23 had experience in caring for patients with CLP (c) 17 had a medical specialist at the center (d) 4 had sufficient officers at the center and (e) 13 had a good understanding of a multidisciplinary team approach to the care of patients with CLP while the majority

(21) had either a poor understanding (13) or none at all (8). The survey of medical personnel's understanding in regard to the care of patients with CLP was moderate ( $x = 3.08$ ,  $SD = 0.99$ ).

**Conclusion:** The problems of taking care of patients with CLP include lack of personnel (specifically professors to teach) knowledge, medical equipment and financial support. The solution lies in help from the government and overseas organizations for in- and out-bound training and grants.

**Funding:** £1,000

Patient focus

Patient experience

48

**(291) Does respite care address the needs of palliative care service users and carers?**

Professor Susan Carr, Professor of Public Health Research, Northumbria University, UK

Anna Wolkowski, UK

Authorship: Anna Wolkowski, UK; and Susan M Carr, UK

**Abstract**

**Research Aims:** To explore the perspectives and experience of respite care of married or bereaved palliative care service users and carers and to establish in what ways respite care addresses their needs. The research is located in a nursing professional doctorate study.

**Background:** There are indications that over the coming years, as more people live longer into old age and die as a consequence of chronic disease, an increasing amount of support for carers of patients with palliative care needs will be required. In UK policy and guidance, respite care is frequently mentioned as a key factor in supporting carers. However, little is known about respite care for people in this group and the study addresses this gap in knowledge.

**Methods:** The approach was qualitative and the methodology was interpretive. The method used was constructivist Grounded Theory. This provided high compatibility with the theoretical underpinnings which were learning from the experiences of service users and carers, embracing the principles of critical practise and learning through relational endeavour. Data collection was carried out by unstructured informal interview with three couples and two bereaved carers who had experienced hospice respite care. The participants were interviewed on two occasions and social network circle activity was undertaken as part of theoretical sampling.

**Results:** Respite care is valued by palliative care service users and carers although there are some fundamental tensions in service models which limit its potential.

**Conclusions:** A reframing of respite care as an empathic response within a new palliative care approach is proposed. The articulation of respite care needs and the insights gained in this study have the potential to influence practice and provide a platform for innovative service development and improvement which is sensitive to the needs and capacity of local communities.

**Funding:** No funding

Patient focus

Patient experience

49

**(171) What do patients want: Improving recruitment into diabetes clinical trials?**

Sandra Mulrennan, diabetes clinical research manager, Addenbrooke's Hospital, UK

Dr Gillian Hood

Authorship: Sandra Mulrennan and Dr Gillian Hood

**Abstract**

The National Institute for Health Research (NIHR) promoted its 'OK to ask about clinical research' initiative. In a recent consumer poll however, only 21% of patients and public said that they would feel confident asking their clinician about research opportunities. Research investigating the causes of a disease and associated complications is vital to better prevent, treat and manage the condition. Research nurses have a pivotal role in advocating for, supporting patients and facilitating involvement in research. Barriers to research participation are well evidenced, but less is known about patients' experiences which might better inform future recruitment strategies and retention into studies.

The aim was to explore patients' experiences of participating in diabetes clinical trials and the quality of care they received.

**Methodology:** A validated questionnaire was used to survey patient opinions of participating in 8 trials. Likert scale statements that included areas about staff professionalism, venue, study information, and further participation were used.

**Results:** 115 participants responded in all the clinical trials involved (n=8). Females over 50 years were more likely to respond and participate in trials. 90% reported positive attitudes to staff communication and professionalism. 80% considered venue and study information to be important or highly important. Only 6% were unsure whether they would participate in further trials.

**Discussion:** Patient characteristics and feedback have helped us improve our clinical commissioning and delivery, education sessions, and facilitation of more research. Patient and public involvement using an exit questionnaire will help improve recruitment strategies by recognising typical patient demographics of the target population and constituents of participant satisfaction. Locally participants are likely to be female, of retirement age and sensitive to staff conducting the trials. This has implications for future training of staff in communication skills, and personable approaches. Further findings from this pilot and a larger national survey have commenced.

**Funding:** No funding

Patient focus

Patient experience

50

**(78) Asymmetry in the out-patient consultation: time for a new model of partnership?**

*Kath Macdonald, lecturer in nursing, Queen Margaret University, UK*

*Authorship: Kath MacDonald, UK*

**Abstract**

**Background:** Twenty-first century healthcare aspires to present an ideology of patient-centred care operating in partnership with health professionals, with an emphasis on empowerment of patients and a mutual NHS (1,2).

**Aim:** To explore partnership in 'expert' patients with cystic fibrosis (CF) through their interactions with health care professionals in the CF team.

**Methods:** 30 out-patient consultations between 10 young people (18-34yrs) with cystic fibrosis and the health care professionals (HCPs) with whom they interacted were observed. Following consultations young people and HCPs were interviewed separately to gain further insight into their perceptions of partnership. Data were collected between January and May 2012 and analysed using thematic analysis. One theme; Asymmetry, is discussed here.

**Results:** Consistent with the published literature (3) in the HCP/patient relationship is the absence of symmetry in these observed consultations. Rarely do patients make demands or challenge decisions, yet it is clear that sometimes patients come with an agenda which is not openly voiced. Rather they follow the conventional question and answer route which is professionally led and operates in a system of cues rather than explicitly concerned issues. This system results in frustratingly longer consultation times for patients and repetitious questions from different members of the CF team. There is heavy emphasis on checking and rechecking of compliance throughout the consultation.

**Conclusion:** Finding a balance between paternalism and patient autonomy may require a shift to a new model of patient-led agendas in the clinic setting, but is associated with tensions such as professional accountability. This will not be for everyone, but in expert patients with an established long term condition, it may prioritise their issues quickly, avoid repetition, and save time for all concerned

**Funding:** No funding

Patient focus

HIV

51

**(138) 'It's a little more complicated than that' - reasons for missed appointments with a hepatitis C outreach clinic**

*Ray Poll, Nurse Consultant for Viral Hepatitis, Sheffield Teaching Hospitals NHS Foundation Trust, UK*

*Authorship: Ray Poll, UK*

**Abstract**

**Background:** Hepatitis C (a blood-borne virus) is a global health problem (Shepard et al, 2005). In the UK, injecting drug users are at greatest risk of infection (Health Protection Agency, 2012). Non-attendance in the drug service hepatitis C outreach clinic means clients miss the opportunity of referral for hospital treatment. A qualitative study was undertaken to investigate the problem.

**Aims:** To uncover why clients miss appointments with two drug service hepatitis C outreach clinics.

**Methods:** Clients with a history of not attending the outreach clinic were invited to participate by the drug service staff. A contact details sheet was completed by those agreeing to take part. Verbal consent was re-taken and recorded before the telephone interview commenced.

**Results:** 28 interviews were completed. All the participants gave immediate 'prima-facie' reasons for non-attendance. Other factors were uncovered including those that influenced these 'prima-facie' reasons. The 'prima-facie' reasons for non-attendance were:

- 'Not a priority' to attend because of the need to 'score' drugs partly to avoid the effects of withdrawal.
- 'Forgot' to attend mainly because of having multiple appointments with other agencies to remember and keep.
- 'Not bothered' to attend due to drug and alcohol use.

**Discussion:** All the participants gave straightforward explanations for non-attendance. These 'prima-facie' reasons are also often adopted by health professionals. This leads to individuals being blamed for missed appointments and labelled as 'hard-to-reach', 'chaotic' and so on. However, the study offered insights into a substance misusing lifestyle and revealed underlying 'causes of the causes'.

**Conclusions:** The reasons for missed appointments at a hepatitis C outreach clinic are more complex than the initial reasons given. The underlying causes need to be understood if we are to consider solutions to improve attendance.

**Funding:** £1,000 - £10,000

Patient focus

Falls

52

**(63) Ankle injury management: patients' experience**

*Dr Liz Tutton, Senior Research Fellow, University of Warwick, UK*

*Authorship: Liz Tutton, UK*

**Abstract**

This paper will present the findings from a phenomenological study of participants' experience of having an ankle fracture and treatment with either Open Reduction and Internal Fixation (ORIF) or Close Contact Casting (CCC). Ankle fracture has an incidence of 122 in every 100,000 of the adult population (Donken et al. 2012). CCC is used as an alternative treatment to ORIF for people unfit for surgery, suffering skin damage or with delayed healing due to conditions such as diabetes. The current study is set within a Health Technology Assessment (HTA) funded randomised controlled trial (RCT) assessing the equivalence of CCC compared to ORIF for people over 60 years of age with ankle fracture.

The methodology was phenomenology with unstructured interviews and a purposeful sample of 36 patients with fractured ankles at 6-10 weeks post intervention. Data was collected from October 2010 to October 2013. The findings identify that despite a general view that 'it is only an ankle fracture that will heal with time' the impact on participants' thoughts, feelings, relationships and ability to function was immense. Three themes were identified: loss and suffering, 'loss of life as planned'; mobility, 'finding it hard to move'; and stoicism, 'I just get on with it'. The experiences of the two different interventions were: the nature of 'best treatment', trust and strength; and a preference for non-surgical intervention.

The discussion will identify how knowledge gathered from patient experience can be used to improve and develop care provided for people with an ankle fracture. To conclude, in this study, the findings will provide: additional information regarding the formalised outcome measures used at 6 weeks in the RCT; information on what it is like to live with an ankle fracture for future patients; and educational material for staff.

**Funding:** £10,001 - £50,000

Patient focus

Maternal & child health

53

**(186) Urinary tract infection in pregnancy and birth outcomes in a Ghanaian tertiary hospital: a case-control study**

*Professor Mildred John, Professor, University of Calabar, Nigeria*

*Authorship: Mate Siakwa, Ghana; Mildred John, Nigeria; Dzigbordi Kpikpitse, Ghana; Sylvia Mupepi, USA; Patience Doe, Ghana; Nancy Ebu, Ghana; and Hanson Owur, Ghana*

**Abstract**

**Background:** Urinary Tract Infections (UTI) are one of the most common bacterial infections during pregnancy because of hormonal, physiologic and mechanical changes which facilitate bacterial growth (Mittal & Wing, 2005). Studies (Mazor-Dray et al, 2009) have reported significantly higher rates of adverse maternal and perinatal outcomes as a result of UTI in pregnancy. Data on these are lacking in the Central Region of Ghana.

**Aim of study:** The aim of the study was to determine the effect of UTI in pregnancy on maternal and perinatal birth outcomes in Central Regional Hospital, Cape Coast, Ghana.

**Methods:** This descriptive case-control prospective study was conducted from September 2012 and March 2013. Ethical approval was obtained from the Institutional Review Board of the University of Cape Coast and informed consent from participants. Pregnant women attending the Antenatal Clinic of the Central Regional Hospital, Cape Coast, Ghana were enrolled. For every UTI positive woman identified the next non-UTI woman served in the control group resulting in 220 pregnant women with UTI and 200 without UTI. Participants were monitored at each ANC visit and during labour and they and their babies were assessed for several outcomes. Data were analyzed on SPSS version 16.

**Results:** Significant differences existed between the pregnant women with UTI and those without UTI in terms of presence of foul-smelling liquor, premature rupture of membranes, preterm birth, maternal bleeding, baby's birth weight and Apgar score at one minute; but not for pregnancy-induced hypertension, baby's Apgar score at 5 minutes, mode of delivery and occurrence of stillbirth.

**Discussion:** Dimetry et al (2007) however observed elevated risks for UTI and hypertension as well as preterm birth and low birth weight.

**Conclusion:** UTI in pregnancy adversely affects pregnancy outcomes in the mother and the baby thus confirming the need for diligent diagnosis and early treatment.

**Funding:** No funding

Patient focus

Maternal & child health

54

**(154) Developmental program: educating families to support the mother in breastfeeding in the maternity ward Srinagarind Hospital, Faculty of Medicine, Khon Kaen University**

*Pornpen Pathumwivatana, Clinical Nurse Specialist, Honkaen University, Khonkaen, Thailand*  
*Authorship: Pathumwivatana Pornpen; Jaturat Natiya; Thinkhamrop Jedsada; and Chusilp Kusuma, Thailand.*

**Abstract**

**Background and Objective:** This study involved two groups of mothers in the maternity ward. The aim was to develop a program to promote exclusive breast-feeding practices by involving the father and grandparents.

**Method:** This study was quasi experiment. Relatives were encouraged to attend the mother's breast-feeding training on Maternity Ward 2B so they could provide support to the mother at home. From April, 2012 to April, 2013, the experimental group had 68 families, and the control group, 59. The control group was comprised of 59 mothers, who delivered in 10 April to 15 May, 2012: they received normal treatment and nursing care. The experimental group had 68 mothers and relatives. They delivered in 1 June to 30 July, 2012. The relatives received PowerPoint training in breast-feeding and were involved in supporting the mother from 8am to midnight every day in hospital. Their attitude, skills and abilities were assessed. The first testing was carried out 1 to 2 weeks after discharge. Follow up phone calls were made at 2, 4 and 6 months after birth.

**Result:** During the two week period, both groups received evaluation and were followed by a telephone call to the home at stated intervals. The study found that both groups, prior to training, had little knowledge of breast-feeding. Their average scores were 0.22 and 0.13 respectively. After training, their scores were much higher at 8.84 out of 10. The attitude of the experimental group was stronger than that of the control group. The incidence of exclusive breast-feeding was higher in the experimental group during the first two weeks, and also at the second, fourth and sixth month evaluation period.

**Conclusion:** In summary, this study showed that involving the relatives in breast-feeding and giving them support in training has a significant impact on the number of mothers who exclusively breast-feed their babies.

Keywords exclusive breastfeeding, providing education to families

**Funding:** £1,000

Patient focus

Cancer & palliative care

55

**(130) Knowledge, attitude and practice of cervical cancer screening among female nursing students of university of cape coast, Ghana**

*Nancy Ebu, Assistant Lecturer, University of Cape Coast, Ghana*

*Authorship: Piness Ofori, Ghana; Nancy Ebu\* Ghana; Mildred John, Nigeria and Mate Siakwa, Ghana*

**Abstract**

**Background:** Cervical cancer is the most prevalent cancer among sub-Saharan African women, and accounts for about 20-25% of all new female cancers (Adanu, 2002). In Ghana it is the second most prevalent cancer in women (Nkyekyer, 2000) and the leading cause of gynecological cancer mortality even in young females (Abotchie & Shokar, 2009). However cervical screening is rare because Pap test is done in very few health facilities.

**Aim of study:** The aim of the study was to assess the knowledge, attitude and practice of cervical cancer screening among female Bachelor of Nursing students of the University of Cape Coast, Ghana.

**Methods:** This descriptive cross-sectional study was conducted with 100 randomly selected female nursing students using semi-structured questionnaire. The Institutional Review Board of the University of Cape Coast gave ethical approval for the study and informed consent was obtained from participants. Data were analyzed on SPSS 16.

**Results:** Knowledge was good in 83.0% participants (for cervical cancer) and 77.0% (for cervical screening but knowledge of HPV vaccine in prevention was poor. Attitude towards screening was favourable in 87.0% while only 4.0% actually practiced cervical screening despite active sexual activity. Reasons given for non-practice include fear of discomfort, ignorance about available screening centres and feeling of no urgency to screen since they are still young. Bivariate analysis showed no significant relationship between knowledge and practice ( $p=0.472$ ); but significant association between age of participants and practice of screening ( $p=0.005$ ) and between level of study of participants and attitude towards cervical screening ( $p=0.039$ )

**Discussion:** Knowledge of cervical cancer screening may not translate into the utilization of screening services.

**Conclusion:** Participants had adequate knowledge and positive attitude but poor practice towards cervical screening. Accessibility to screening services and targeted educational messages could increase screening practice and HPV immunization among youth in universities.

**Funding:** No funding



Patient focus

Cancer & palliative care

56

**(127) Adult attachment and its influence on women with newly diagnosed gynaecological cancer**

*Kamila Holt, PhD Student, Odense University Hospital, Denmark*

*Authorship: Kamila A.Holt,Denmark; Dorte Gilsaa Hansen, Denmark; Ask Elklit, Denmark; Pernille Tine Jensen,Denmark; and Ole Mogensen,Denmark*

**Abstract**

**Background:** Adult attachment is an individual, personal characteristic and in a general context it may contribute to understanding patients' expectations of an individually adjusted cancer rehabilitation programme. Research has shown that a person's attachment has an effect on experiences with chronic disease, health behaviour, symptom perception and health-care utilisation (Ravitz et al., 2010). Within cancer research, more knowledge is needed about how attachment influences women with gynaecological cancer and their subsequent emotional rehabilitation.

**Aim:** The aim is to explore the distribution of adult attachment among women newly diagnosed with gynaecological cancer, tendencies for depression, post traumatic stress disorder (PTSD) and quality of life (QLQ) in a 5-month rehabilitation programme with two nurse consultations and two evaluation telephone conversations.

**Methods:** A prospective, longitudinal study including 152 women, aged 20–75 years, treated surgically for endometrial, cervical or ovarian cancer with data collection May 2012–November 2013. Attachment style and mental symptoms are measured using the Revised Adult Attachment Scale, Major Depression Inventory and Harvard Trauma Questionnaire (O'Connor and Elklit, 2008). EORTC QLQ-C30 and specific symptom surveys are used to measure quality of life.

The object of the presentation is the possible influence of attachment dimensions on women's rehabilitation.

**Results:** The analysis focuses on descriptive statistics and the feasibility of the study. In relation to the attachment dimensions, the results of the psychological outcomes and QLQ indicate a correlation between the measured outcomes and allow interpretations of impact on the clinical practice.

**Discussion:** The results may contribute with recommendations on how to take care of women with newly diagnosed cancer who have concurrent depression symptoms or PTSD and include the knowledge about women's attachment and its influence on rehabilitation.

**Conclusions:** The attachment dimensions add new aspects for improvement of rehabilitation for women with newly diagnosed gynecological cancer focusing on an individual approach for the rehabilitation.

**Funding:** £100,001 - £500,000

Patient focus

Cultural issues

57

**(131) The acceptance of do not resuscitate concept among Muslim population living in Jeddah**

*Dr Houaida Helal, Assistant professor, College of Nursing, Saudi Arabia*

*Authorship: Houaida Anas El Wogoud Helal, Egypt; Alaa Jaber Othman, Saudi Arabia; Fadiyah Saeed, Saudi Arabia; and Manal Babsil, Saudi Arabia*

**Abstract**

The life of human being in Islam is sacred and nobody on Earth can end it except in situations of punishing somebody purposely committing murder or spreading mischief on Earth. A Do Not Resuscitate (DNR) is a physician order that Cardio Pulmonary Resuscitation (CPR) not be initiated on a patient for cardiac or respiratory arrest. From the Islamic perspective, there is a general consensus that DNR and even withdrawal of support is acceptable in cases that meet the definition of death or in cases where three physicians have determined that the patient is terminally ill. Religious and cultural issues often play a more vital role in decision making by parents and physicians than economic considerations, especially in Arab Muslim community. Objective of this study was to assess the acceptance of DNR concept by Muslim population living in Jeddah. Descriptive study design was utilized. Non probability convenience sampling technique was used for this study. The researchers developed a questionnaire for the purpose of their research, it consisted of 2 parts, The first was general demographic data about the participant, the second part include likert scale sheet, assessing the participant acceptance of DNR concept. A sample of 104 participants from Jeddah population was selected. The participants signed a consent form to participate in the study.

the results of the present study revealed that the majority of the studied sample studied has not accepting the concept of DNR and little difference was discovered related to the effect of their educational level, working status, presence of chronic diseases, previous hospitalization, or patient within the family. However, Female group accept the concept more than the male but with no significant difference.

**Funding:** No funding

Patient focus

Cultural issues

58

**(192) Treatment of postoperative pain after colorectal surgery – an evaluation using mode and maximum values from patient's ratings**

*Lotta Wikström, Registered Pain Nurse, Ryhov County Hospital, Sweden*

*Authorship: Lotta Wikström and Kerstin Eriksson Sweden*

**Abstract**

**Background:** Patients undergoing major colorectal surgery often receive postoperative pain treatment with continuous epidural analgesia the first 2-3 days after surgery. There is little research on how patient's ratings (Numeric Rating Scale, NRS) can be used in evaluating effects of postoperative pain treatments in a clinical context. Mode and maximum values from patient's ratings has been shown as possible outcome measures. The values can contribute to a picture of experienced pain levels.

**Aims:** The aim was to use the mode and maximum values from patient's ratings (NRS) in a quality improvement project evaluating the effects of postoperative continuous epidural analgesia after colorectal surgery.

**Methods:** A quantitative retrospective examination of monitoring records (pain, side effects) after colorectal surgery was conducted at a County hospital in Sweden in January 2005 and repeated yearly until December 2010. Mode (i.e. the most frequent value) and maximum values were compiled for each patient (n=77-10/year, N= 518) postoperative day 1-3. Monitored side effects were nausea, motor blockage, sedation, and a respiratory rate  $\leq$  10/min.

**Results:** Pain management was improved by changing treatment policies in 2006. The proportion of patients with mode value 0-3 increased from 80% to 90% and maximum value 0-3 from 45% to 55%. Patients with nausea increased from 50% to 60%. New policies reduced the proportion of patients with nausea from 60% to 20%. Incidences of other side effects were not affected.

**Discussions:** Monitoring epidurals in a structured way has provided opportunities for improvements in the present context. NRS 0-3 is for most patients' mild pain that allow rest and mobilization. Being free from nausea allows enteral nutrition and mobilization.

**Conclusions:** A continuous data collection using outcome measures from the NRS for evaluation of pain has resulted in improved pain management for patients with epidural treatment after colorectal surgery.

**Funding:** No funding

# Posters

Friday 4 April 2014

## Nurse focus

Patient initiative

59

### (311) Is The Waterlow Score a Predictor of Mortality in Acutely Admitted Medical Patients?

Claire Barratt, Research Nurse, East and North Hertfordshire NHS Trust, UK

Authorship: Claire Barratt, UK; Sinead Kelly, UK; Anita Holme, UK; James Wang, UK; Christopher Thorn, UK; and Mary Lynch, UK

#### Abstract

**Introduction:** The Waterlow score is a pressure ulcer risk assessment routinely carried out in all acute hospital admissions in the UK. Its current use is to identify patients at risk of ulcer development and focus additional care and equipment. We sought to gain additional utility from an already widely used tool by exploring its relationship with 30-day mortality in acutely admitted medical patients.

**Methods:** We prospectively included all acutely admitted medical patients over the age of 65 years, admitted over a 5 day consecutive period in January 2013 to the Lister Hospital. Their Waterlow scores were documented on admission and at weekly intervals for patients remaining in hospital as well as admission diagnosis and baseline biochemical data. The length of hospital stay and mortality was recorded at the 30 day mark either by verifying inpatient notes or follow up phone conversations.

**Results:** 102 patients over the age of 65 years were admitted as acute medical emergencies over the 5 day period. 22% (n=22) had died by 30 days. The median Waterlow score for those who died was 15 compared to a median value of 10 for those who survived (p=0.0062). Receiver Operator Characteristic found the best discriminator for increased mortality at a score of 15 (Graph 2). This carries a sensitivity of 0.6 and specificity of 0.76 (Chi squared p=0.0022). Odds ratio for mortality at this value is 4.7 (CI 95% 1.7-13) and relative risk of 3.2 (CI 95% 1.5-7.1).

**Conclusion:** The findings suggest that a cut off Waterlow score of 15 may predict an increased mortality risk for the acutely admitted medical emergency patient.

We aim to extend this pilot project to explore the possible role of the Waterlow score as a predictor of mortality for a further 1000 patients.

As the Waterlow score is already a frequently used nursing scoring system, higher risk patients can be identified without the need for an additional assessment making it an achievable aim.

**Funding:** No funding

## Nurse focus

Patient initiative

60

### (527) Intravenous versus oral paracetamol: optimizing the route and cost

Dr Fiona Duncan, Research Fellow, Manchester Metropolitan University, UK

Authorship: Fiona Duncan, UK

#### Abstract

Paracetamol is an effective analgesic (NNT 3.5 – 4.6) for postoperative pain. It is available orally and intravenously (IV). The IV route should only be used when the oral route is inappropriate because it is significantly more expensive than the oral formulation. The oral route avoids the risks of the IV route. The cost of IV paracetamol in one District General Hospital escalated to £271,639 from 2007 to 2010, excluding the cost of the administration sets and staff time. Other centres internationally were reporting a similar rise in costs.

**Aim:** To optimize prescribing and administration of paracetamol in order to avoid adverse incidents and unnecessary costs.

**Methods:** A rapid cycle quality improvement programme ran from June to December 2010.

Stage 1: We plotted the use and cost of IV paracetamol for the Trust starting in 2007 (3 year baseline data). We used statistical process control charts to plot data over time in order to determine if the changes we made were making a difference.

Stage 2: A quality improvement group including specialist nurses, anaesthetists and pharmacists met at regular intervals to implement and test a series of changes.

**Interventions:** The team prepared a PowerPoint presentation and handouts. We visited all ward areas and delivered 10-minute presentations to raise awareness of the additional costs and risks of IV paracetamol. Anaesthetists changed prescribing practice to avoid IV paracetamol. Pharmacists and clinical nurse specialists supported change with daily ward rounds.

**Results:** The monthly cost of IV paracetamol reduced significantly in the 5 month intervention period (control chart presentation).

**Conclusion:** We successfully reduced unnecessary prescribing and administration of IV paracetamol reducing drug and consumables costs and nursing time. This methodology can be applied in any hospital improving patient safety and saving money.

**Funding:** No funding

## Nurse focus

Patient initiative

61

### (520) Nursing patients with eating disorders: Challenges and job satisfaction

Kirsti Weekes, Co-ordinator of Nursing Education, The Ottawa Hospital, Canada

Authorship: Kirsti Weekes, Canada; Dr. Christine McPherson, Canada; and Dr. Dianne Groll, Canada

#### Abstract

**Background:** Providing nursing care for patients suffering from Anorexia Nervosa and Bulimia Nervosa can be both challenging and rewarding due to the complex nature of these disorders (Harris and Cumella, 2006). Treatment of eating disorders commonly consists of physical and psychological stabilization, in addition to weight restoration, and nutritional rehabilitation.

**Aim:** The aim of this research study was to identify a number of components pertaining to the role of the nurse with this population of patients, including the challenges nurses experience in their work and the elements of their role related to job satisfaction.

**Method:** Through face-to-face interviews, this qualitative study explored the perceptions of 35 nurses working in six Canadian and American eating disorder treatment centres. Content analysis, using an inductive approach was used to analyze the data obtained from interview questions (Elo and Kyngas, 2007).

**Results:** The findings identified four challenges that nurses frequently encounter, four recurring themes pertaining to job satisfaction, in addition to suggestions from nurses with respect to dealing with these challenges as they arise. Challenges include; working as a team, dealing with their [the nurse's] own reactions, dealing with patients, and environmental impediments. Job satisfaction themes that emerged included; seeing improvement in the patient's condition, feeling appreciated, making a difference, and self-improvement.

**Discussion:** The identification of challenges specific to nursing this patient population can lead to the development of nursing interventions that will aid in decreasing barriers to improved patient outcomes and enhanced job satisfaction. The benefit of understanding the eating disorder nurse's perception of the components of their role that most satisfy them can foster the retention of skilled nurses and other health care professionals who work with this complex patient population, in addition to their relevance to other diagnoses.

**Funding:** No funding

Nurse focus

Patient initiative

62

**(488) Registered Nurses explain assessment and identification of delirium among older people in hospitals**

*Miriam Coyle, District Acute Dementia Delirium Clinical Nurse Consultant, Illawarra Shoalhaven Local Health District*  
*Authorship: Miriam Coyle, Australia; Victoria Traynor, Australia; and Ken Walsh, Australia*

**Abstract**

**Background:** Delirium is an international concern with professional organisations, policy initiatives and educators and researchers focusing their attention on delirium (Maclulich et al. 2013). Delirium is a common complication experienced by older people in hospital, resulting in dementia, re-location into residential accommodation and mortality (Witlox et al. 2010) and often remains under-recognised (Maclulich et al. 2013). Current understanding about delirium is focused on improving knowledge and increasing the use of delirium screening tools. What is missing is an understanding about how Registered Nurses assess and identify delirium.

**Aim:** Explain how Registered Nurses (RNs) assess and identify delirium among older people in hospitals.

**Method:** A qualitative study with a sample of 24 RNs with experience in assessing and identifying delirium among older people in medical wards and emergency department in a regional hospital in Australia. Data were generated from group interviews and concurrent data analysis was undertaken using line-by-line constant comparison. An ethics committee approved the study.

**Findings:** A total of 5 themes were generated to explain the experiences of RNs who have assessed and identified delirium among older people in hospitals.

**Discussion:** This study confirms previous findings about the importance of delirium knowledge and use of delirium screening tools for effective assessment and identification (Steiss et al., 2008). New issues identified were the importance of personal responsibilities for becoming competent to assess and identify delirium, concerns about the diagnosis being seen as stigmatising and the professional boundaries around who undertakes an assessment.

**Conclusions and implications:** The findings provide understanding about the challenges and enablers experienced by RNs assessing and identifying delirium in older people in hospital. The evidence will be used to inform a future intervention to improve delirium care for older people in regional hospitals in Australia.

**Funding:** No funding

Nurse focus

Education and development

63

**(360) Using constructivist grounded theory to inform co-collaboration with undergraduate Nursing Students**

*Jacquie Ridge, Senior Lecturer, University of Northampton, UK*  
*Authorship: Jacquie Ridge, UK*

**Abstract**

**Background:** Constructivist Grounded Theory, considered from a Symbolic Interactionism perspective, offers an authentic construction of new knowledge from the world in which we live, and from the data we collect (Charmaz 2006). 11 participants have worked in co-collaboration in a qualitative research study investigating how undergraduate nursing students draw upon their subjective reality to construct and sustain their professional identity in Adult Nursing.

**Topic:** The emic of role construction and its sustainability is core to this research for its credibility to inform recruitment and retention strategies within Nurse Education in England.

**Aim:** To understand, interpret and give voice through co-collaboration as to the realities of constructing and sustaining a Professional Identity.

**Methodological presentation:** Undergraduate adult nursing students from a Higher Education Institution in England, were subject to convenience sampling and invited to participate for a period of up to one year in Doctoral research undertaken by a resident Senior Lecturer. Following ethical approval, data collection was undertaken through face to face semi-structured interviews with three, one hour interviews per participant, using photo-elicitation of participant selected imagery as a springboard for informed discussion. A reflexive journal has been written concurrently by the researcher for purposes of transparency (Chiovitti & Piran, 2003); and a literature review to aid credibility is due to commence shortly, as data collection and initial coding is complete, with data analysis and initial memos being raised (Charmaz 2006). This presentation will focus on initial coding developed via co-collaboration; tentative categories appear to suggest: Role Invisibility; Appearance/Female Profession; Complexity/Failure of Care; Vocation/Exploitation (Charmaz 2006).

**Conclusion:** Co-construction of knowledge based upon a co-collaborative relationship requires reciprocity and mutual respect for meaningful interpretation and qualitative value to occur (Birks & Mills 2011); hence co-collaboration/co-construction is not to be undertaken lightly if integrity and qualitative rigour is to be ensured (Chiovitti & Piran, 2003).

**Funding:** £1,000 - £10,000

Nurse focus

Education and Development

64

**(521) Understanding undergraduate student nursing fitness to practise decisions: a simulated case study approach**

*Julie-Ann Hayes, Senior Lecturer, Liverpool John Moores University, UK*  
*Authorship: Hayes, JA UK; Porcellato, L UK; McVeigh, J UK; and Malin, A, UK*

**Abstract**

Fitness to Practise (FTP) is a high profile issue within the healthcare professions and their regulatory bodies. Although descriptive accounts of FTP across professions exist, there is a lack of evidence-based literature that examines FTP and the decision-making process which needs to be addressed in light of the increasing number of FTPs presenting to the NMC.

The aim of the study was to examine the decision-making processes involved in FTP for nursing students with a view to improving current understanding of the factors that influence these processes.

The researcher created and filmed a simulated FTP panel informed by real life cases and the expertise of health professionals. Purposive sampling was used to construct 4 distinct focus groups of 5 participants each. Group A were registered practitioners with experience of FTP panels. Group B were registered practitioners with no experience of FTP panels. Group C were lay people with no experience of FTP and Group D were undergraduate nursing students. Practitioners and students were recruited from a university nursing programme and lay participants from a voluntary organisation. Each focus group was shown the simulation and through facilitated discussion which was audio-recorded, the decision-making process was deconstructed. Thematic content analysis identified a hierarchical structure of influence with members deferring to the authority of the chair. Different roles were adopted with academic staff focusing predominantly on professional conduct and clinical staff focussing on the impact of the student's behaviour in practice and the risk to the public. Other influences identified included the personality of the panel members, the presentation of the student and the explicit use of guidelines during the discussion. The decision-making differences identified within and between the focus groups suggests further research is warranted in order to improve understanding and streamline processes.

**Funding:** No funding

Nurse focus

Education and Development

65

**(106) Potential strategies for enhancing staff nurses' perception of empowerment in Saudi Arabia**

Mona Ahmed Al-Aseeri, Lecturer, King Saud University, Saudi Arabia

Authorship: Mona Ahmed Al-Aseeri, Saudi Arabia.

**Abstract**

**Background:** In many countries including Kingdom of Saudi Arabia; along with working condition, salary, nursing disempowerment and uncertainty being cited to explain why the nurses uncommitted to their organization or demonstrate poor work performance(1-5).

**Aim:** this study was assessed the nurses' perception of psychological empowerment and addressed potential strategies for enhancing nurses' perception of empowerment.

**Methods:** This study surveying a sample of nurses (n=340) working in intensive care units (n=17) at three governmental hospitals in Riyadh city in Saudi Arabia by using instruments developed by Spreitzer G (2006)(6): Psychological Empowerment Scale which assessed nurses' perception of: meaning, competency, self determination and impact.

**Result:** The nurses who were working at Ministry of health hospital were significantly have higher perception of psychological empowerment (X = 8.02). Nurses who holds baccalaureate degree were significantly higher self determination as compared to diploma and postgraduate groups (X = 12.28). Nurses' perception of meaning and competence were associated positively with year of career experience,(X = 14.74) and impact (X = 8.14) as compared to the other groups.

**Discussion:** Obviously, nurses' perception of empowerment at the three settings reflected that the nurses have a considerable perception in a feature of an internal motives that allows them to successfully do what they want to do rather than getting them to do, especially in their perception for meaning, and self determination .

**Recommendation:** low levels of empowerment among post graduate and staff nurses I (SNI) is an essential concern. However, nurse executives and managers are accountable for empower highly qualified nurses who are well educated and competent.

**Conclusion:** this study considered a corner stone study that gives basic steps towards understanding the nurses' perception of empowerment and highlighted several facts that can be considered when addressing the low nurses' empowerment .

**Funding:** £1,000 - £10,000

Nurse focus

Education and Development

66

**(531) A Rapid Evidence Review: What is known about what works or what looks promising in developing leadership capabilities**

Lynne Currie, Research Analyst, Royal College Nursing, UK

Linda Watterson, UK

Authorship: Linda Watterson, UK and Lynne Curr, UK

**Abstract**

**Background:** The NHS is undergoing a period of intensive technological, social and economic change, and there is a requirement for strong leadership at executive and frontline levels to facilitate change and ensure improvements in outcomes. Recent investigations into NHS failures emphasise the importance of leadership to support a culture of safe, effective and compassionate patient care.

**Aim:** To signpost evidence about approaches for developing leadership capabilities that may improve organisational performance., and examine whether it may be possible to comment on whether current leadership development interventions help organisations to build social capital and whether or not currently available leadership interventions acknowledge the changing role of leadership in the 21st century, such as the complex relationship between individual leaders and organisational environments.

**Methods:** A rapid evidence review of the literature specifically addressing approaches that may produce leaders with the ability to improve organisational performance. To be included in the review studies had to include data or commentary about the extent to which leadership development initiatives resulted in positive outcomes.

**Findings:** 233 studies were included in the review; 73% originated in North America and 112 focused on leadership development for nurses. Most studies were observational with 41% being descriptive and 30% being cross-sectional or before- and after- studies. The empirical evidence suggests that the approaches most likely to improve outcomes include longer development programmes which incorporate workshops, practical projects, time to reflect and ongoing support.

**Conclusions:** The evidence is not sufficient to weigh up the relative benefits of each approach and almost no studies commented on costs. None of the studies compared in detail the most useful content to include in leadership development initiatives. However, it is possible to suggest that robust leadership development needs to include a range of taught and experiential approaches and that the sequencing of components is important.

**Funding:** No funding

Nurse focus

Research issues

67

**(336) Measuring research-specific activity: the UKCRF Network Study Intensity Tool**

Sharon Cameron, CRF Deputy Director, Western General Hospital, UK

Authorship: Roberto Cayado Lopez; and Sharon Cameron

**Abstract**

This poster aims to show the research community the latest version of the Study Intensity Tool (SIT 12.0). The SIT is a research-specific workforce planning tool which allows the calculation of the activity of the different members of the research team needed to implement a research protocol. Its potential uses include predicting staffing requirements, calculating the financial impact of the research staff and measuring research activity.

The SIT originated in the clinical research centres of the USA and has been adapted and developed through 11 previous versions for use in the UK. The current version (SIT 12.0) can potentially be used by any centre in the world conducting research. Its development has been the focus of the Intensity Work Group (IWG), part of the United Kingdom Clinical Research Facilities Network (UKCRFN).

The SIT has been developed to quantify clinical research activity in any clinical research setting, both for adult and paediatric studies or trials. It can be used individually but also collectively within an organisation to inform workforce planning.

The IWG conducts yearly validations of the SIT and ensures that any changes in practice are incorporated. One of the main features of the latest version is, for example, capturing the time spent in recruiting participants for the trials, an activity often missed when calculating study costs and staff time.

The use of the SIT is free and available to everyone on the UKCRFN web portal. The IWG is also committed to training any centre or individual to ensure the tool is properly understood and its accuracy and flexibility used to its full potential. Workshops are organized throughout the year and the IWG members can be contacted by the end-users.

**Funding:** No funding



Nurse focus

Research issues

68

**(337) Bespoke educational programmes for Clinical Research nurses – a resource for advancing professional practice**

*Gordon Hill, Associate Director, Edinburgh Academy of Clinical Research Education, Edinburgh Napier University, UK*

*Authorship: Gordon Hill, UK; Janyne Afseth, UK; and Lynn Kilbride, UK*

**Abstract**

**Introduction:** The last 10 years has seen a transformation of the role of the Clinical Research Nurse (CRN). From the initial view of being little more than data collectors, they have now become an integral part of the clinical research team. Over this period the number of CRNs has also increased dramatically. Conservative estimates suggest that the number of CRNs are in the region of 11,700 worldwide (Rickard and Roberts 2008); though extrapolating the number of research nurses in Scotland (approximately 500) to the whole of the UK suggests that there may be in excess of 10,000 CRNs in the UK alone.

**Aim:** This poster will explore the role of the CRN and discuss how training and educational support can assist CRNs to develop their role.

**Methods:** The role of the clinical research nurse is primarily focussed upon supporting clinical trials/research. However, there is also an increasing recognition of their extended role in the successful development and dissemination of research (see figure 1).

Figure 1

- Co-ordination of research/trial management
- Patient/subject advocacy
- Provision of care
- Education
- Protocol development
- Ethical submissions
- Collection and processing of study data
- Data integrity
- Funding applications
- Dissemination of findings
- Informed Consent

(Hill & MacArthur 2006, North Bristol NHS Trust 2011).

Assisting in the development of CRNs to achieve these responsibilities, short courses, academic modules and the publication of documents such as the CRN competency framework have provided a template to enhance the role of CRNs. Furthermore, they have also facilitated interested parties to take a strategic view on training and educational and have enabled discussions on advancing the practice of this group of professionals.

**Conclusion:** The CRN role is central to the safe conduct of clinical trials, and training and educational provision should be maximised to develop this important workforce.

**Funding:** No funding

Nurse focus

Research issues

69

**(400) Supporting effective role transition: clinical nurse to research nurse**

*Shona McDermott, Education & Training Assessment, NHS Greater Glasgow & Clyde, UK*

*Authorship: Shona McDermott, UK; Janet Johnstone, UK; and Naomi Hickey, UK*

**Abstract**

As healthcare strives to deliver evidence based medicine, robust evidence from sound clinical research is required. The investment in supporting and conducting research has resulted in the nurses working in this field becoming key healthcare professionals who require diverse skills and knowledge to support patients participating in clinical research (Pidd 2011). Therefore it is necessary to provide education and training to support the development of clinical research nurses into a skilled and knowledgeable workforce who can meet the needs of the research environment.

A literature search has provided limited evidence on the role of an Education & Training team with a specific remit in research, or a structured programme that provides the necessary support to nurses moving into a clinical research setting.

An outline will be provided of the role of a Clinical Research Facility (CRF) Education and Training team in supporting nurses to make the transition from a clinical nurse to that of a clinical research nurse. Clinical research nurses require different skills and knowledge, including that of current legislation, to provide safe, quality care to research participants, and ensure good quality research data. The education and training team has developed a variety of tools to assist this knowledge acquisition and facilitate a smooth role transition from clinical nurse to research nurse.

The tools used reflect the specific and extended skills required of a clinical research nurse and include legislation, ethics, clinical skills and research specific skills.

The practical applications of the tools can be used in workshops, one to one training, and using structured frameworks. These tools have had positive feedback with in the CRF, but it is difficult to formally evaluate their effect on research quality. However the key responsibilities of those providing education and training to clinical research nurses can be outlined.

**Funding:** No funding

Nurse focus

Research issues

70

**(439) Willingness of nurses and midwives to facilitate children's clinical research**

*Julie Brown, Clinical Research Nurse, Western Health and Social Care Trust, UK*

*Authorship: Julie Brown, UK; Owen Barr, UK; Mary Lindsay, UK; and Siobhan O'Neill, UK*

**Abstract**

**Background:** Research involving children is essential to study child specific diseases and to develop child specific treatments (MRC 2004). Recent changes in drug licencing and government policy have contributed to the increase of clinical research on children's wards and units throughout the UK.

**Aims:** This study aimed to determine the views of nurses and midwives towards children's clinical research and to explore factors influencing their willingness to facilitate it in practice.

**Method:** A newly developed questionnaire was distributed by the researcher in July 2013 to 197 nurses and midwives, working in 3 neonatal and 2 children's units in 2 Health and Social Care Trusts in Northern Ireland. These units have recently facilitated clinical research, with little previous experience.

**Results:** A 55% response rate was achieved, 99% of respondents supported their units' participation in clinical research and 96.2% were willing to facilitate clinical research in practice. This study found that there was overwhelming support for clinical research in these previously research 'naive' children's units and identified motivational factors and barriers to its facilitation. Motivational factors were found to be child centered and altruistic, including a desire to improve patient care and contribute to the evidence base. Reported barriers were ethical concerns and external influences such as workload, time constraints and lack of incentive.

Statistically significant differences were identified in the motivation to facilitate research between nurses with a children's registration and those with other professional qualifications. Regularly reading professional journals, working in neonatal intensive care and increasing years since qualification were positive predictors of motivation to facilitate research in practice.

Through understanding of the motivators and potential barriers, those seeking to undertake clinical research may inspire engagement of clinical staff and thereby achieve the successful implementation of research in practice.

**Funding:** £1,000 - £10,000

Nurse focus

Workforce characteristics

71

**(358) Workplace stress levels: coping strategies among nurses in Poland and Lithuania**

*Katarzyna Kwieciec-Jagu, Assistant Professor, Medical University of Gdańsk, Poland*

*Authorship: Viktorija Kieilaite, Lithuania; Wioletta M. Drzycka-D. Browńska, Poland; Ania Maciecka-Dubiela, and Poland*

**Abstract**

**Aim:** The objective of the study was to determine stress levels and coping strategies among nurses in Poland and Lithuania.

**Material and Methodology:** Study involved female and male nurses in Poland and Lithuania. The study was conducted at the Department of General Nursing, Medical University of Gdańsk jointly in cooperation with the Department of Research on the Quality of Life of the Medical University of Gdańsk, Vilniaus Kolegija and University of Applied Sciences in Lithuania. The study was based on the basis of standardized tools: Nursing Stress Scale and Brief Cope.

Statistical calculation were executed with Statistica 2011 statistic package and Microsoft Excel spreadsheet.

**Results:** 488 participants were included in the statistical analysis. The group was diverse in terms of gender, age, work experience, place of work. The analysis of stressors and coping strategies showed significant differences between studied groups of nurses. The following stressors were identified: dealing with their patients and their relatives, lack of support, dealing with death, conflict with physician or other nurses.

**Conclusion:** 1. The study showed high level of stress among nursing personnel. 2. There is significant differences between stressors and coping strategies among Polish and Lithuanian nurses. 3. There is high need to develop practical guidelines or behaviour algorithms with the view to counteracting excessive stress levels among nurses.

**Funding:** £1,000 - £10,000

Nurse focus

Workforce characteristics

72

**(363) An exploration of the meaning of specialisation from the perspective of district nurses**

*Caroline Dickson, Senior Lecturer, Queen Margaret University, UK*

*Authorship: Caroline A.W. Dickson, UK*

**Abstract**

**Background:** The meaning of specialisation within district nursing appears to have been lost to the discipline, in part due to the ambiguity of the role title and because of the changing landscape of district nursing within the community (QNI 2011). Standards underpinning the Specialist Practitioner Qualification were developed in 1994 (UKCC 2001) and the meaning of specialist practice may not be the same today. The purpose of this presentation is to present the findings from a phenomenological study which explored the meaning of 'specialisation' from the perspective of SP DNs and how they perceive this influences patient care and outcomes.

**Method:** Participants were recruited from across one NHS Board in Scotland. Each participant (n=8) was interviewed and invited to keep an audio-journal over 5 working days. Data were collected between June and September 2013. Interview questions were piloted prior to data collection. Interpretive Phenomenological Analysis was used to gain insight into the participant's lifeworld (Smith, Flowers and Larkin 2009).

**Results:** Results of the study are beginning to emerge. Currently the researcher is drawing out emergent themes and identifying connections across themes. Data from each participant has been coded and analysed. It is anticipated that at the conference the researcher will be able to share patterns across cases which will emerge through continued analysis. By asking of the data, 'what does it mean for him/her?' an insight into the participants worldview will emerge (Smith, Flowers and Larkin 2009).

**Conclusions:** An understanding of 'specialisation' in caring for patients within their own home and in managing complex teams is vital within the changing context of community nursing. This research fits well within two of the conference themes. The findings may add to the debate around community nursing review and education for the workforce. Findings may also contribute to the wider debate about specialist nursing.

**Funding:** No funding

Nurse focus

Workforce characteristics

73

**(368) Perceptions of the Advanced Paediatric Practitioner in NHS Scotland: An exploratory study**

*Mandy Allen, University of the West of Scotland, UK*

*Authorship: Mandy Allen, UK*

**Abstract**

**Background:** The Scottish Government key priorities in child health centre on building capacity and capability to replace the shortfall in senior paediatric medical staff (Scottish Government 2006, Scottish Government 2008). Other drivers for change require a skilled workforce equipped to respond effectively and flexibly to new opportunities and models of care (Scottish Government 2010). Advanced paediatric nurse practice roles have evolved to fulfil some of these requirements, and these practitioners are in a prime position to respond to the changing health and service care needs required for a quality service which is fit for children, young people and their families today in Scotland.

**Aim of study:** To explore the perception of the advanced paediatric practitioner role from the perspective of service users (parents) and service providers (paediatric practitioners and colleagues) within NHS Scotland.

**Aim of presentation:** To enable discussion surrounding development and evaluation of these types of new roles, comparing findings from the literature and preliminary results of this study.

**Methodology:** A Gadamerian hermeneutic theoretical framework has guided this study. Individual interviews with advanced paediatric nurse practitioners, NHS colleagues, and parents whose child has been treated by an advanced paediatric practitioner has been undertaken.

**Work to date:** After ethical approval was granted, interviews with participants commenced in 2013. Challenges and findings to date will be identified.

**Conclusion and relevance:** Findings will be outlined, and at conference, exploration of any issues identified, and the subsequent stages of study will be discussed.

No other study has explored these dimensions together so this will demonstrate a unique understanding on the advanced paediatric practitioner role from different perspectives within NHS Scotland utilising this theoretical framework and will add a unique contribution to the body of knowledge on this topic area, and may influence future role development in this specialist area of practice.

**Funding:** No funding

Nurse focus

Workforce characteristics

74

**(283) A study examining job satisfaction and empowerment in Glasgow's coronary care nurses**

Laura Jackson, Staff Nurse, Victoria Infirmary, UK  
 Authorship: Laura Jackson, UK

**Abstract**

**Title:** A study examining job satisfaction and empowerment in Glasgow's Coronary Care nurses.

**Background:** Coronary care nurses have an important role to play within the NHS. They are highly trained and operate in an advanced role. Due to budget cuts, a decreased intake for undergraduate nursing programs and an increase in demand for NHS services; the retention of nursing staff is a priority for the NHS. The workplace environment can have an effect on the retention of nurses. Job satisfaction and empowerment have been linked to positive outcomes such as reduced stress and burnout (Rafferty et al, 2007) as well as decreases in turnover, increased patient safety and organisational commitment (Armstrong et al, 2009).

**Aims:** to measure levels of job satisfaction and empowerment in nurses working in Coronary Care Units and to examine the relationship between empowerment and job satisfaction.

**Methods:** A cross-sectional descriptive correlational design was used to describe and examine the relationship between job satisfaction and empowerment in 103 nurses working in four Coronary Care Units across Glasgow.

**Results:** 78 nurses responded to the questionnaire giving a response rate of 75.7%. A power calculation was performed which showed that a sample size of 78 had an 80% chance to detect a correlation of 0.3 at the 0.05 level. The results showed that both job satisfaction and perceived empowerment levels were low. The least satisfying job components were autonomy, interaction with colleagues and professional status. The least empowering structures were access to information, access to resources and their role within the organisation. A positive correlation was discovered between job satisfaction and empowerment ( $r=0.512$ ,  $P<0.01$ ).

**Conclusions:** Coronary care nurses are dissatisfied and are not empowered in their jobs. Nursing managers should design and implement initiatives to create satisfying and empowering work environments to retain nursing staff and improve patient care.

**Funding:** No funding

Patient focus

Mental health & dementia

75

**(229) How compulsive hoarding affects family relationships**

Timothy Büscher, PhD scholar university of Hull /care co-ordinator Psychosis Service for Young People in Hull and East Riding (PSYPHER) University of Hull, UK  
 Authorship: Tim Büscher, UK

**Abstract**

**Background:** It has been suggested that 2-5% of the global population experience hoarding problems. The latest revision of the American Psychiatric Association Diagnostic and Statistical Manual (2013) has classified hoarding disorder as a distinct psychiatric diagnosis characterised by inability to discard items to such an extent that living conditions and functioning are severely impaired. The effect of this on families has been under-researched but evidence suggests that it is highly detrimental (Büscher et al. 2013). Statutory service provision for these individuals is currently scarce and family support almost entirely consists of non-statutory support groups.

**Aims:** To determine the needs of family members of compulsive hoarders as they perceive them, initially by means of a robust literature review to identify gaps in current knowledge which the study will then aim to address.

**Methods:** A rigorous and original three stage literature review incorporating a wide variety of sources was employed, culminating in a robust literature search of relevant databases which yielded a total of four texts.

**Results:** Thematic analysis of these four papers using the method described by Braun and Clarke (2006) identified thirty codes which were merged into four themes.

- quality of life: impaired domestic and social life
- shattered families: conflict and eventual diaspora
- rallying round: attempts to 'solve' the 'problem'
- lack of support: absence of outside help

**Conclusion:** The central theme identified from the literature review was one of families of hoarders feeling unsupported by statutory services. However, as robust research literature is so scarce there is a need to undertake a study which develops deeper understanding of the experiences of the families of compulsive hoarders which can be used to influence the development of appropriate services.

**Funding:** No funding

Patient focus

Chronic health conditions

76

**(457) Caregiver surveillance of patients experiencing fatigue as a symptom in heart failure**

Dr Jacqueline Jones, Associate Professor, University of Colorado, USA  
 Authorship: Jacqueline Jones, USA; Carolyn Nowels, USA; and David Bekelman, USA

**Abstract**

**Background:** Patients with heart failure (HF) experience an array of distressing symptoms, including fatigue. HF fatigue is considered to be 'an inside experience' by patients (Jones et al 2012) that others, as 'witness outsiders', do not understand.

**Aim:** The aim of this presentation is to explore the caregiver surveillance experience as a 'witness outsider' of a loved one with fatigue as a symptom of HF.

**Methods:** In this interpretive descriptive study (Thorne 2008) we conducted semi structured interviews (from 08/2008-07/2011) with patient-identified informal caregivers (n=20 patient-caregiver dyads), recruited through senior and heart failure clinics in the mid-west United States. Experiences of witnessing fatigue as a symptom in a loved one with HF were explored. All interviews were recorded, transcribed, and analyzed using a general inductive approach (Thomas 2006).

**Results:** Three major themes emerged 1) loss of self-sufficiency 2) on their best behavior 3) more can be done to manage fatigue-mainly by them. Caregivers often saw the objective signs of fatigue as inactivity, what they 'can't do' or depression in their loved one. For many caregivers HF fatigue led to their own role transformation, taking on many more duties than prior to their loved one's illness. Fatigue was also manifest for caregivers in what they had lost, limited social interactions or changed relationships.

**Conclusions:** Caregivers are often involved in shared decision making related to HF self-care or therapeutic interventions for their loved one. The perspective of caregiver as witness is vital to the jigsaw of health care need and system action. However, both patient and witness perspectives need to be taken together as for patients fatigue had a life sustaining function, a 'preservation of what they can do'.

**Funding:** £10,001 - £50,000

Patient focus

Chronic health conditions

77

**(345) Diabetes out-patient attendance: Factors influencing attendance amongst BME groups in and Inner London Borough**

*Desiree Campbell-Richards, Diabetes Research Nurse, Barts Health NHS Trust, UK*

*Authorship: Desiree Campbell-Richards, UK*

**Abstract**

**Problem:** A retrospective audit of diabetes outpatient attendance at the local acute Trust identified two significant factors with regards to non-attendance i.e. firstly a non-attendance rate in excess of twenty-five percent per year and secondly, variations in attendance between ethnic groups.

**Aims:** This study aimed to explore the factors which influence diabetes outpatient attendance amongst African, Bengali and Pakistani patients in an Inner London Borough.

**Methods:** Two focus groups and ten semi-structured interviews were conducted. The outputs from the focus groups and interviews were then analysed using thematic analysis.

**Findings:** The data suggested that the factors which influenced attendance were three-fold.

1. Individual – Ineffective/delayed education and the devolution of power due to sub-optimal language, literacy and health literacy proficiency
2. Organisational – Inflexible services, lack of integrated services and geographic location of services
3. Structural - Impact of social welfare reforms and transportation (access and affordability)

**Recommendations:** The research data suggests the need for:

- Improved and readily accessible education at both a public and an individual level.
- A comprehensive health and social care needs assessment for patients living with a long term condition such as diabetes.
- Better geographical location and integration of specialist services within the community
- Services which are delivered in a more flexible manner to accommodate carers and patients who are either employed, in education or training.

**Research Limitations:** The sample size of the study limits its generalisability however; the findings are consistent with existing research and highlighted additional areas which require further exploration.

**Conclusions:** This study has highlighted the complex and intersectional relationships between the individual, organisational and structural components which were found to influence outpatient attendance for some BME groups. These findings can inform the strategies that both local and regional organisations structure and implement in an attempt to address health inequalities.

**Funding:** £1,000 - £10,000

Patient focus

Chronic health conditions

78

**(342) The interaction of health value and perceived control in relation to outcome behaviours in a type 2 diabetes patient population in Scotland**

*Linda Nugent, Post Doctoral Researcher, University of Edinburgh, UK*

*Professor Graeme Smith, UK*

*Authorship: Linda Nugent, UK; Graeme D Smith, UK; and Nicola Zammitt, UK*

**Abstract**

**Background:** Helping patients to modify diabetes related health behaviour is complex due to multiple factors. Testing Modified Social Learning Theory (MSLT) may predict behaviour of diabetes management and could be beneficial to identifying patients at risk of poor diabetes self-management.

**Aim:** To test the interactive effects of the constructs of MSLT in relation to predicting health behaviour in Type 2 Diabetes.

**Mixed Methods:** Semi-structured interviews carried out between October 2011 and December 2011 with 12 adults with insulin-treated Type 2 diabetes explored beliefs surrounding health value and perceived control on diabetes behavioural outcomes Thematic analysis allowed development of an adapted Health Value Measure.

Quantitative data collection during May 2012-August 2012 resulted in 107 returned questionnaires that measured Health Value, Internal Health Locus of Control and Self-efficacy. 5 subscales measured diabetes outcome behaviour: General Diet, Specific Diet, Exercise, Blood Glucose and Foot Care. MSLT was tested using Hierarchical Multiple Regression (HMR) Analysis.

**Results:** The qualitative findings suggest that people may hold both terminal and instrumental health values pre-diagnosis but these become instrumental post-diagnosis in order to meet their new needs and maintain quality of life.

HMR analysis produced significant results for blood glucose and specific diet that support the interactive effects of MSLT.

**Conclusion:** The qualitative findings have drawn attention to the ways in which patients' with Type 2 diabetes value their health and perceive control over their condition and the influence this has on diabetes self-management.

Support for the interactive effects of the constructs of MSLT has been found. When considering the variability of the HMR results it is evident that many other factors contribute to predicting behaviour. However, this research demonstrates the relevance and possible benefits of use of MSLT in practice. MSLT requires further testing yet it may provide a means of assessment of psychological variables in practice.

**Funding:** No funding

Patient focus

Chronic health conditions

79

**(301) Development of the Transition to Self-Management Model**

*Dr Teresa Sakraida, Assistant Professor, University of Colorado, USA*

*Authorship: Teresa J. Sakraida, USA*

**Abstract**

**Background:** In the face of rising incidence and prevalence of chronic illnesses globally; it is crucial that the nursing profession respond with theory guided intervention. Though emergent self-management theory exists, virtually no known models address the transition to self-management (TSM) experience about responding to changes and becoming a capable manager of personal health-illness resources. In the initial development phase, a concept analysis identified the following: (a) antecedents- an unstabilizing event of varying intensity, intrusion of treatment, managing existing ecologies, and readiness for adopting behaviors; (b) attributes- rules, work, and lifestyle, navigating among systems, and personal factors of cognition, emotional response, valuing, and motivation; and, (c) outcomes- control, revised self-image, living with chronic illness, sense of expertise, hopefulness, personhood stability, and partnership/social support. Next, the TSM model was clarified and extended by an innovative quantitative concept analysis. Finally, a research program described enhancers of or barriers to TSM and advanced to intervention testing focused upon enhancing cognitive process and motivation of patients with diabetic kidney disease.

**Aims:** The aims were to (a) explicate the TSM construct, (b) refine the TSM model by specifying theory components, and (c) show model utility for study of chronic illness care.

**Methodology:** Applied logical reasoning of retro-duction identified source theories for model development (Steiner, 1978). Next, theory components were specified: concepts and definitions, relational statements, and linkages/ordering (Hage, 1972, Hardin & Bishop, 2010).

**Results:** The TSM model includes five existence and three association statements. The evolution of the TSM construct shifted from a process to a refined model.

**Conclusions:** The TSM model, a middle range theory, provides order and direction for scientific inquiry and practice. The TSM model draws upon theories from psychology and other disciplines, as well as nursing theories by Pender, Watson, and Meleis. Model testing is indicated for component validity and socio-cultural relevancy.

**Funding:** £100,001 - £500,000



Patient focus

HIV

80

**(377) Developing denial techniques of having sexual intercourse which is risky to infect the HIV among couples have HIV/AIDS, Roi-Et Province, Thailand**

Jaruwan Kownaklai, Assistant Professor Lecturer, Mahasarakham University, Thailand  
 Darunee Rujkorakarn; Jirapa Siriwatanamethanon; and Nitayakorn Sangsurin, Thailand  
 Authorship: Jaruwan Kownaklai; Darunee Rujkorakarn; Jirapa Siriwatanamethanon; and Nitayakorn Sangsurin, Thailand

**Abstract**

This research aimed at developing denial techniques to have un-safety sexual intercourse in couple who is infected with HIV/AIDS and follow-up at AIDS clinic. Data were collected by using questionnaire in 81 samples (N=126), in-depth interview and small group discussion in 20 participants.

**Results found that:** Methods used by samples in refusing to have sexual intercourse were by verbal communication, by providing medical reason, by providing health reason, by lying, avoiding by using another way to make husband reach sexual climax, and by expressing dissatisfaction and by expressing the feeling of disagreement against having sexual intercourse. After developing techniques by small group and training on the big group already, behaviors were found as follows:

- The infected females had more positive behavior including that the refusal to have sexual intercourse with males who refused to wear condom increased from 38% to 65%, the avoidance to have non-safety sexual intercourse increased from 48% to 85 %, were of opinion that they had right to refuse to have sexual intercourse with partner or husband who refused to wear condom more from 62% to 90%, the refusal was more successful from 68% to 90%.
- The infected males had positive behavior including that the number to agree to have non-safety intercourse decreased from 45% to 41%, the success of refusal to have non-safety sexual intercourse increased from 48% to 86%, and the infected males were of opinion that females had right to refuse when they did not want to have sexual intercourse with their partner or husband who refused to wear condom increasing from 74% to 91%, respectively.

The research result shows that after developing form and testing the technique of refusal to have non-safety sexual intercourse in couple who is infected with HIV/AIDS, both males and females realize the right to refuse more and have less risky behavior in spreading disease to the other.

**Funding:** £1,000 - £10,000

Patient focus

HIV

81

**(323) Increasing access to HIV testing in Men who have sex with men (MSM) using a community testing model**

Lorraine Forster, Head of Nursing, NHS Greater Glasgow & Clyde, UK  
 Authorship: Martin Murchie, UK; and Carolyn McDermott, UK

**Abstract**

**Background:** Men who have sex with men (MSM) continue to be the community group most affected by HIV in Scotland. Evidence from Glasgow indicates that opportunistic services are acceptable to MSM and can effectively reach men that may not access routine sexual health services. A multidisciplinary working group which included sexual health clinical staff, public health and MSM voluntary agencies explored ways of increasing access to for MSM to sexual health services. A community site was identified within the city centre and was agreed to be useful for access to the MSM community.

**Aim:**

- To increase testing of HIV and STIs in a community setting.
- To increase access to MSM who have not have attended sexual health services before.
- To support the diagnosis and treatment of HIV and STIs in MSM.

**Method:** In December 2012 a community HIV and STI testing model was launched in collaboration with GMH in their offices within Glasgow City Centre. This service was nurse led offering near patient HIV and Syphilis test results in 20 minutes and a full sexual health screen.

**Results:** Within the first 8 months;

- 21% of the clients who attended the community clinic were accessing sexual health support for the first time, compared to 19% at the core MSM sexual health service.
- 3% of clients attending the community service were diagnosed with STIs.
- 37% of clients attended due to it being a walk in MSM service, 28% due to near patient HIV test and 16% due to city centre location.

**Conclusion:** The community MSM sexual health service has demonstrated increased access for MSM to HIV/STI testing, treatment and care for men who have never attended sexual health services before. Furthermore, it demonstrated that near patient HIV testing is accepted by MSM and helps reduce the barriers to HIV testing.

**Funding:** No funding

Patient focus

Falls

82

**(465) Developing a core outcome set for hip fracture trials: results of a consensus meeting**

Dr Kirstie Haywood, Senior Research Fellow, University of Warwick, UK  
 Authorship: Kirstie Haywood, UK; Xavia Griffin, UK; Juul Acthen, UK; and Matt Costa, UK; on behalf of the WHITE Study Group.

**Abstract**

**Background:** Fragility fracture of the proximal femur (hip fracture) is a very considerable cause of morbidity and mortality worldwide. The lack of a consensus for the core outcomes that should be reported in clinical research in this field has hampered study design and evidence synthesis.

**Objective:** To reach a UK consensus for a core outcome set (COS) for clinical trials of patients with hip fracture.

**Methods:** We integrated aspects of the modified Nominal Group Technique with an approach described by the Outcome Measures in Rheumatology and Clinical Trials (OMERACT) initiative, aimed at deriving consensus through structured, facilitator-led discussion. We describe 3 stages:

**i. Evidence synthesis:** of research undertaken – patient interviews’, focus groups, systematic reviews, quantitative evaluation. The ICF framework was used to define candidate outcome domains.

**ii. Nominal group questionnaire:** Participants received the evidence synthesis and postal questionnaire 3-weeks in advance of the consensus meeting. Respondents ranked the importance of candidate domains (GRADE scale) and the relevance of outcome measures.

**iii. Consensus meeting:** Pre-meeting source data and questionnaire responses were summarized, followed by facilitated discussion, and a final plenary session. A COS was determined using a closed voting system: a 70% consensus (yes/no) was required.

**Results:** Participants reflected a diversity of perspective and experience, including funders, researchers, health professionals, patients, and carers (n= 18). The following domains were selected for COS inclusion: energy and drive, pain, walking, changing basic body position, moving between different positions, washing and dressing. Additionally, the following outcome measures were selected: EQ-5D, mortality, indoor and outdoor walking status (latter two from NHFD audit).

**Conclusion:** Although this was the first UK meeting to seek consensus on a COS for hip fracture, similar processes are being undertaken in Europe and North America. International consensus on a COS for all trials involving patients with hip fracture is required.

**Funding:** £50,001 - £100,000

Patient focus

Maternal & child health

83

**(450) A Systematic review of the Outcomes reported in Cardiac Arrest Randomised Controlled Trials: the need for a core outcome set**

*Dr Kirstie Haywood, Senior Research Fellow, Royal College of Nursing Research Institute and University of Warwick, UK*

*Authorship: Laura Whitehead UK; Andrew Clarey, UK; Gavin Perkins, UK and Kirsite Haywood, UK*

**Abstract**

**Background:** The measurement of health is important in determining improvement to care, however consensus regarding the most appropriate outcome measures for inclusion in clinical trials of cardiac arrest does not exist. A lack of standardisation of the outcomes included in clinical trials impedes data comparison and the synthesis of data in systematic reviews. This review aims to describe the range of outcomes reported in randomised controlled trials (RCTs) of cardiac arrest patient populations.

**Methods:** A systematic literature review of cardiac arrest RCTs in adults, irrespective of arrest location, between 2002 and 2012. Relevant articles were identified by applying a search strategy to four databases: MEDLINE, EMBASE, CINAHL and The Cochrane Library. Studies were assessed for eligibility by two reviewers. Data extraction was completed by the primary reviewer focussing on the primary and secondary outcomes reported, the methods and reproducibility of measuring outcomes.

**Result:** 3263 articles were identified in from the initial search; all titles were screened for eligibility. 61 studies met the inclusion criteria Assessed outcomes focused on the following broad areas: survival, neurological outcome, physiological and process based measures. There was large variation in the methods of assessment reported in the included studies, with over 100 different outcome measures listed of which several were non-reproducible. Only one study included a measure completed by a patient (patient reported outcome measure) – the Minnesota Living with Heart Failure Questionnaire.

**Conclusions:** This review highlights the wide heterogeneity and poor quality of reporting of health outcomes included in cardiac arrest RCTs. These findings underpin the need to develop a core outcome set for cardiac arrest clinical trials to improve the quality and potential of future research in this field.

**Funding:** No funding

Patient focus

Maternal & child health

84

**(319) The influences of a feeding and exercise program for overweight children**

*Dr Leyla Erdim, Instructor, Istanbul University, Turkey*

*Authorship: Leyla Erdim, Turkey; Ayse Ergun, Turkey; Sema Kuguoglu, Turkey*

**Abstract**

**Objective:** The aim of this study was to obtain the effects of a diet and exercise program (BEP) which applied to overweight children and their families, on children's nutrition and exercise habits and their body mass index.

**Methods:** This study was performed in 4th and 5th grade seventy-six overweight or obese students in three public schools in Istanbul and their parents, and designed as a pre and post-test controlled, quasi-experimental study (intervention group=37, control group=39). The duration of the BEP implemented in the study group was 12 weeks. A Family-Child Information Form, the Child Feeding Questionnaire, the Physical Activity Questionnaire for Older Children, the Family Eating and Activity Habits Questionnaire, as well as anthropometric measurements, were used in data collection.

**Results:** The school-based BEP, implemented within the scope of a Contextual Model, has been found to be effective in reducing children's sedentary behavior and increasing their physical activity. The BEP diminished the tendency of families in the study group to have unhealthy food on hand, contributing to achieving a positive change in eating habits. A statistically significant decrease was seen in the percentage of overweight and obese children in the study group in the post-tests and follow-up compared to the pre-tests. There was no statistically significant change found between the study and control groups in terms of Body Mass Index or the mean scores in the sub-dimensions of the Child Feeding Questionnaire.

**Conclusions:** In the light of the results of the study, it is thought that conducting studies with larger samples and for a longer period would be useful in making a sound evaluation of the impact of a BEP on BMI. An additional recommendation would be to increase family participation in initiatives aimed at developing healthy nutritional attitudes.

**Keywords:** Body Mass Index, Children, Diet, Obesity, Physical Activity

**Funding:** £1,000 - £10,000

Patient focus

Cultural issues

85

**(341) Differences in the use of comics as traditional media with the use of games as modern media for learning bystander CPR in simulation sudden cardiac arrest**

*Avief Destian Purnama, Brawijaya University, Indonesia*

*Authorship: Avief Destian Purnama, Indonesia; and Tony Suharsono, Indonesia*

**Abstract**

Comics and games are applicable visual media in providing education to childhood (elementary school). Comic's media can create interest in learning, effective teaching and learning process and generate interest in the appreciation of the learners. About 295,000 people suffer sudden cardiac arrest each year in the United States. Only 7%–8.5% survive. In Indonesia, the incidence of sudden cardiac arrest are 10.000 every years, its mean 30 people everyday. The patients continues to increase, but overcome only focused and exclusive on health workers, and only a few research related to sudden cardiac arrest. Education can improve understanding the activation of the first chain survival 'recognition and early access' and second chain 'early CPR' as handling of sudden cardiac arrest.

**Objective:** This research is a preliminary study to analyze the differences of comics as traditional media and games as modern media to improve understanding the activation of the first and second chains survival for recognition and early access and early CPR in the simulation of sudden cardiac arrest.

**Methodology:** This research's design is experimental design with pre – post – test only control group design.

**Result:** The result shows that comics and games can improve understanding of the respondent, especially on the first and second chains of survival 'early recognition and early access' and 'early CPR' in the simulation sudden cardiac arrest. It is related how to activate both of chains in the simulation of sudden cardiac arrest.

**Conclusion:** From this study, comics and games are very effective as applicable media in influencing the chain 'early recognition and early access and early CPR' in the simulation of sudden cardiac arrest. There is no significant difference between use comics and games.

**Funding:** £10,001 - £50,000

## Patient focus

## Surgery

86

**(177) A study of a discharge planning model for brain tumour surgical patients admitted to Srinagarind hospital, Khon Kaen university, Thailand**

*Jitaree Tantiyasawatdikul, Clinical Nurse Specialist, Khonkaen University, Thailand*

*Authorship: Jitaree Tantiyasawatdikul; Darawan Augsornwan; Sasitorn Duangmun; Budee Krapoochai; Wanida Pimtha; and Suteera Pradubwong, Thailand*

**Abstract**

**Background and methodology:** Discharge Planning prepares patients and caregivers for experience in performing home care and continuing care. It can reduce expense and time as well as improve care progression, decrease anxiety and increase patients self confidence. Studying about a Discharge Planning Model for Brain Tumor Surgical Patients is very important to provide the data for developing the best model and also will lead to excellent service.

**Objective:** To evaluate the 'discharge planning model' for brain tumor patients at Srinagarind Hospital.

**Method:** This is a descriptive study. 30 nurses completed a questionnaire about: 1) the attitudes of patients towards knowledge, information and skill, and nursing care and, 2) needs and activities received by patients and knowledge, information and skills provided by caregivers. Nurses were interviewed about the discharge planning: 1) The knowledge that patients should have, 2) Attitudes and information on nursing care and 3) what skills nurses should have for taking care of the patients needs. 30 Patients and caregivers were interviewed about needs, knowledge, information and skills required.

**Results:** Attitudes regarding the knowledge level, information factors for attitude and nursing care, skill and nursing care among nurses was high. Knowledge among patients and caregivers, Information factors among patients and caregivers and skill factors among patients and caregivers was high. Patients need the health care team to support daily activities, physician specialist, information about self before leave hospital. From in-depth interviews we found that discharge planning can follow different models and the team did not follow guidelines, causing less coordination between team especially less communication.

**Conclusion:** Better coordination of the interdisciplinary team and management of knowledge and skills for activities for both patients and caregivers are needed.

**Keyword:** Discharge planning, brain tumour, surgical

**Funding:** £1,000



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