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Wednesday 5 – Friday 7 April 2017
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Contents

Keynote speaker abstracts

Wednesday 5 April 10.20-11am

Location: South School

Keynote lecture 1:
Evidence-based policy? Really?

Professor Trish Greenhalgh OBE, FMedSci, Professor of Primary Care Health Sciences, Nuffield Department of Primary Care Health Sciences, University of Oxford, UK

Abstract

Surely the opposite to evidence-based policy is policy that isn't evidence-based, therefore we should start with evidence and drive it into policy. Whilst this seems a logical sequence, it's not how the policy process works. The way to influence policy is, first and foremost, to understand the fundamental nature of the policymaking process as a struggle over values. Policies are made through language, and the instrumental use of evidence in policymaking is a contact sport, not an exercise in logical decision-making. It was ever thus. How, given this state of affairs, should the nurse who is keen on evidence-based practice seek to influence the making of policy. This lecture will offer some ideas and invite discussion.

Intended learning outcomes

• Question received wisdom about evidence into policy

Recommended reading list

Greenhalgh T, Russell J. Evidence-based policy: a critique. Perspectives in Biology and Medicine 2009; 52: 304-18.

Biography

As Director of the Interdisciplinary Research In Health Sciences (IRIHS) unit, Trish leads a programme of research at the interface between social sciences and medicine, with strong emphasis on the organisation and delivery of health services. Her research seeks to celebrate and retain the traditional and humanistic aspects of medicine while also embracing the unparalleled opportunities of contemporary science and technology to improve health outcomes and relieve suffering.

Thursday 6 April 9.10-9.50am

Location: South School

Keynote lecture 2:
The research-policy interface: 'safe-staffing' as an example

Jane Ball, Faculty of Health Sciences, University of Southampton, UK

Abstract

Taking safe staffing as an example, Jane discusses the theory and reality of translating research results into evidence that can inform policy. Decades of research identify a relationship between registered nurse staffing levels and patient outcomes. Yet the impact that this research has had on policy has varied considerably. Why is that? Whose responsibility is it to translate research findings into evidence to inform policy? Where does dissemination end and lobbying begin? Jane reflects on the dilemmas, challenges and opportunities of working at the research-policy interface.

Intended learning outcomes

• Consider factors that impede and enable the translation of research findings into evidence that has the potential to inform policy

• Appreciate the opportunities and limitations facing the individual researcher at the research-policy interface

• Reflect on their own role in enabling knowledge translation into practice and policy

Recommended reading list

Whitty CJ. What makes an academic paper useful for health policy? BMC medicine 2015;13:1.

Griffiths P, Ball J, Drennan J, et al. Nurse staffing and patient outcomes: Strengths and limitations of the evidence to inform policy and practice. A review and discussion paper based on evidence reviewed for the National Institute for Health and Care Excellence Safe Staffing guideline development. International journal of nursing studies 2016.

Mitton C, Adair CE, McKenzie E, Patten SB, Perry BW. Knowledge transfer and exchange: review and synthesis of the literature. Milbank Quarterly 2007;85:729-68.

Biography

Jane has been researching nurse staffing and workforce policy since 1990. Using large-scale surveys of nurses she researches the relationship between staffing and outcomes. She co-authored the WHO's guide to staffing and skill-mix and wrote the UK guidance on 'Safe Nurse Staffing' whilst a policy adviser at the RCN. After 3 years as Deputy Director of the National Nursing Research Unit, she moved to the University of Southampton in 2014. She continues to research nurse staffing and the delivery of fundamental care. With funding from the Department of Health's Policy Research Programme, she is currently leading a two-year study of the implementation of safe staffing policies in England, following the Francis Inquiry.

Friday 7 April
9.10-9.50am

Location: South School

Keynote lecture 3:
Influencing policy through nursing research in primary and community care

Professor Sally Kendall, BSc (Hons), PhD, RN, HV, FQNI, Professor of Community Nursing and Public Health, University of Kent, UK

Abstract

All researchers would like to think their findings have impact on and will influence policy. Developments over the past 5-10 years in both the Research Excellence Framework in the UK and the Research Council funding streams have emphasised the desirability of demonstrating how public funds have made a difference to policy, practice and society. Yet the challenges of aligning research ideas and funding opportunities with policy and public priorities are pervasive. How has nursing research contributed to this debate? This presentation will use the example of primary and community health nursing to illustrate the long and winding road to policy influence drawing on some of my own work nationally and internationally. I will explore the policy context of nursing in primary care and community health and show how shifts in ideology and policy change can affect how research may or may not be taken up, provide examples of research that have influenced policy and examine the processes that nurses and health visitors can engage with both as leaders in their fields and as street-level bureaucrats (Lipsky, 1980) to shape the way in which research can influence local and national policy.

Intended learning outcomes

• Understand the links between research and policy

• Explain the challenges of evidencing the influence of research on policy

• Identify ways in which different types of evidence can be influential for policy

Biography

Sally Kendall is Professor of Community Nursing and Public Health at the University of Kent. She became a health visitor and family planning nurse in 1982 and worked in SW London until taking up a research post at Kings College London and completing her PhD on the health visitor-client interaction. She was a lecturer in nursing from 1988 to 1996 in Buckinghamshire and had two children during that time.

She became Professor of Nursing and Director of the Centre for Research in Primary and Community Care, University of Hertfordshire from 2000-2016.

Her main research interest is in community health, especially in client/patient experience and in family health research, having developed the TOPSE tool for measuring parenting self-efficacy (www.topse.org). This has led to her research with Aboriginal communities in Western Australia.

She also currently manages the NIHR/HEE Mentorship Programme for Academic Clinical Careers.

She is the co-editor of Primary Health Care Research and Development and the co-chair of the International Collaboration of Community Health Nursing Research, a UK charity that supports global community nursing research (www.icchnr.org).

Concurrent session 1
Wednesday 5 April 2017 11.30am-12.55pm

Theme: Qualitative approaches

Session no: 1.1.1   Abstract number: 263

Time: 11:30am

'First-borns taboo guinea fowl, so as you see this child… she will not eat fowl meat.' Feeding children; the cultural context and daily challenges for mothers in rural Northern Ghana

Ms Margaret Kukeba, The University of Manchester, Manchester, UK

Co-author(s): Debbie Fallon, UK; Peter Callery UK

Abstract

Background: Only 13.3% of children 6-23 months receive minimum acceptable diet in Ghana. Undernutrition remains high in rural northern Ghana especially among under-fives showing no improvement in spite of economic development and implementation of scientifically proven dietary guidelines. Understanding indigenous feeding practices may help explain the suboptimal feeding practices.

Aim: To examine how culture might impact upon the feeding of children under-five years in rural northern Ghana.

Methods: Qualitative ethnographic approach was completed between October, 2014 and May, 2015. Data were collected in a rural Ghanaian community via participant observation and sixty-one ethnographic interviews with mothers, fathers, and grandparents in 15 households, and spiritual leaders known as 'diviners'. Themes were developed through inductive analysis of field notes and verbatim transcribed interviews using a framework approach.

Results: We observed that breast feeding children may consume only water or herbs brews and breast milk. Most children ate one meal within 24 hours. Irrespective of age, children mainly ate carbohydrate based family foods. Child feeding was primarily influenced by African traditional beliefs. 'Satiety' the community's notion of food and taboos guided a child's dietary sources. Feeding patterns were influenced by food insecurity, mothers emerging roles and beliefs such as sex contaminating breast milk. The dominance of these factors on child feeding appeared to be facilitated by collective living, physical structures of households, social interactions and hierarchy of household decision making in the community.

Discussion: We established that social support networks and shared responsibility may not necessarily promote appropriate child feeding practices. Mothers are recipients of public health dietary advice for child feeding. Yet, mothers have limited autonomy to implement these recommendations.

Conclusion: Community wide Nutrition intervention approaches may be beneficial at changing community attitudes and promote uptake of public health nutrition recommendations. Investigating the cultural competence of health professionals may also be valuable.

Biography

I am a nursing tutor from Ghana with special interest in Child health and evidence based practice.

I worked in rural Ghana for five years before starting my teaching career in a Nurses Training College 13 years ago ago in Northern Ghana.

I am currently writing up my PhD thesis at the University of Manchester and hope to graduate next summer.

Session no: 1.1.2   Abstract number: 51

Time: 12pm

Children and young people's experience of source and protective isolation while in hospital

Mrs Donna Austin BN Hons, Paediatric Intensive Care Unit, Southampton General Hospital, Southampton, UK

Co-author(s): Dr. Jacqui Prieto, UK, Dr. Helen Rushforth UK

Abstract

Background: Single room isolation is an essential part of transmission based precautions for the purpose of infection prevention. Literature demonstrates that adults subjected to isolation precautions can experience loneliness, depression, feelings of stigma and confinement (Gammon, 1999; Barratt et al, 2011). There is a dearth of literature that explores the experience of single room isolation for children.

Aims: To explore the child's experience of single room isolation.

Methods: A qualitative study design within the paradigm of social constructivism was conducted using semi structured interviews. An initial plan to collect video diary data had to be modified due to low recruitment. Data collection was conducted between 2011 and 2015. Data was collected over this timeframe to allow for adaptations of data collection methods, to compensate for slow recruitment of children to the study. Participants shared the child's experience viewed through the lens of parents and practitioners as well as the child themselves. Purposive sampling was used; 7 children, 11 parents, 21 staff. Data were transcribed, analysed using narrative analysis (Riessman, 1993), coded and aligned into themes.

Results: The themes that emerged from the data were coping, control and community. Children varied on their responses dependent upon their condition and previous exposure to isolation. Parents described preferring isolation in terms of privacy but felt socially isolated. Staff described the role of parenting and nursing as blurring often in isolation, due to the physical barrier.

Discussion: Although this study cannot give one structured approach to providing care for children in isolation, it encourages practitioners to consider the children in this study within the context of their own care and individualise care according to their needs.

Conclusions: This study generates themes that practitioners can consider in the context of their care setting, however further studies are necessary to explore this experience in other settings.

Recommended reading list

BARRAT, R., SHABAN, R. and MOYLE, W. (2011) 'Behind barriers: patients' perceptions of source isolation for Methicillin-resistant Staphylococcus aureus (MRSA)', Australian Journal of Advanced Nursing, 28 (2), pp 53-59.

RIESSMAN, C. K. (1993) Narrative Analysis. London: Sage Publications.

GAMMON, J. (1999) 'The psychological consequences of source isolation: a review of the literature', Journal Clinical Nursing, 8 (1), pp 13-21.

Biography

Donna Austin is a Sister in Paediatric Intensive Care, Southampton and has been working part time on her PhD with post funding from NHS Education South Central as part of the clinical academic career pathway within University of Southampton and University Hospitals Southampton.

Session no: 1.1.3   Abstract number: 69

Time: 12:30pm

Non accidental and neglectful injuries in children: patterns and typology

Professor Julie Taylor, University of Birmingham, Birmingham, UK

Co-author(s): Nikos Efstathiou, UK; Pam Rees, UK; Birmingham Children's Hospital Safeguarding Team, UK

Abstract

Background: Non-accidental injury (NAI) accounts for over 40% of deaths in children under one. In most cases NAI occurs in the 0-5 year-old group and victims have three fold higher mortality rates compared to accidental trauma. There is a lack of regional specific data on NAI, inconsistency in terminology and categorisation and concern that local factors could increase the risk for recurrent NAI.

Aims: To develop a typology of injury in order to explore the demographics of non-accidental and neglect injuries in one large catchment area and identify patterns from a range of factors including geographic location, socioeconomic status and seasonal variation.

Methods: Retrospective review of all paediatric patients who were NAI and neglect injury victims and received medical care at one children's hospital between Jan 2011 and Dec 2015. This paper reports on phase one, typology development (Aug -Nov 2016). Data was extracted from Child Protection referral forms and patient notes (n=120) and recorded on a standardised electronic proforma. Health Research Authority approval was granted. Narrative analysis of child protection concerns was undertaken independently by three members of the multidisciplinary team.

Results: From analytic convergence and team synthesis a typology was developed. Head injury accounted for rotational and impact forces and translational deceleration, including shaken baby syndrome. Other categories included thermal, skeletal, abdominal, penetrative and associative injuries, ingestions and fabricated and induced illness.

Discussion: Consistency in description of NAI allows meaningful coding that can be used to guide clinical judgement and prevention of recurrence. Nurses in child protection teams may find using an evidence based typology useful in maintaining accurate records.

Conclusion: The findings could help regionally identifying early children with major injuries resulting from abuse and neglect, and ensure swift transfer to appropriate specialist care.

Recommended reading list

Davies F, Coats T, Lecky FE (2015) A 10-year demographic comparison of major trauma as a result of non-accidental injury versus accidental injury in the UK Emergency Medicine Journal, 32:1004-1005   doi:10.1136/emermed-2015-205372.58

Gearing R, Mian I, Barber J, Ickowicz (2006) A methodology for conducting retrospective chart review research in child and adolescent psychiatry. Journal of the Canadian Academy of Child and Adolescent Psychiatry, 15 (3): 126-134

Thackeray J, Minneci PC, Cooper JN, Groner JI, Deans J (2016) Predictors of increasing injury severity across suspected recurrent episodes of non-accidental trauma: a retrospective cohort study. BMC Pediatrics, 16: 8 DOI 10.1186/ s12887-016-0540-y

Biography

Julie Taylor [PhD; FRCN; RN; MSc; BSc (Hons]] is a nurse scientist specialising in child maltreatment. She is Professor of Child Protection in the Institute of Clinical Sciences at the University of Birmingham, in partnership with Birmingham Children's Hospital NHS Foundation Trust. She has held previous chairs at the Universities of Edinburgh (NSPCC Child Protection Research Centre) and Dundee (School of Nursing and Midwifery). For three years (2010-2013) she was Head of Strategy and Development (Abuse in High Risk Families) with the National Society for the Prevention of Cruelty to Children (NSPCC).

Theme: Qualitative approaches

Session no: 1.2.1

Withdrawn

Session no: 1.2.2   Abstract number: 37

Time: 12pm

The lived experience of nursing home residents in the context of the nursing home as their 'home'

Dr Kevin Moore RMN, RGN, RNT, BSc (Hons), PG Dip Ed., MSc, PhD, FHEA, FCHERP, Ulster University, Londonderry, UK

Co-author(s): Ryan, A.A., UK

Abstract

Background: A worldwide demographic trend elucidates significant global transitions to an older population as people are living much longer and are in effect ageing in place. This grounded theory study was designed to explore and extrapolate on the lived experience of nursing home residents in the context of the nursing home as their 'home'. Further, the study also explored how staff employed within the nursing home sector in Southern Ireland, enabled and maximised the nature and meaning of home for their residents. Transition to long-term care can be an emotional and stressful occasion for older people as well as their families.

Aim: The aim of this study was to explore the context and nature of the lived experiences of nursing home residents as their current 'home'; and to evaluate the importance and role that nursing home staff played in enabling and maximising a 'homely' experience for their residents.

Design and methods: This grounded theory study used qualitative data collection methods. A semi-structured interview schedule within focus groups was operationalised with both nursing home residents and nursing home staff. Total participants (n=92) Staff Participation (n=44) Resident Participation (n=48). 8 staff groups and 8 resident groups participated in focus groups (n=16).

Analysis: The paradigm model was operationalized to establish credibility and authenticity for qualitative data analysis, using open, axial and selective coding. Manual analysis of transcripts, charting, collages, occurred initially and then QSR NVivo. This enabled the emergence of sub-categories to support core category and theory development?

Conclusion: The 'Understanding' and 'Knowing' of the 'Person' (even when they can't find the words) is central to the concept of 'homely care' in a Nursing Home, where recognition and acceptance of the fact that as the older person's life events change, so too must their needs change also.

Recommended reading list

Corbin J. and Strauss A. (2008) Basics of Qualitative Research, 3rd Edn. Sage, Thousand Oaks, California.

Ellis, J.M (2010). Psychological transition into a residential care facility: older people's experiences. Journal of Advanced Nursing; 66:1159 - 1168.

Moore, K.D., and Ryan, A.A., (2014). 'To Keep a Person in their own Wee Corner'. Evaluating the Role of Home Care Workers in Health and Social Care Using a Grounded Theory Approach: Chapter 11 pp 197-220: In Evaluation as a Tool for Research, Learning

Biography

Dr Kevin Moore commenced his career in psychiatric nursing in 1983 and then in general nursing in 1989. He has worked in a variety of clinical roles until he completed his primary degree and a Diploma in Community Psychiatric Nursing in 1991. He then took up a post as a senior Charge Nurse for Community Psychiatric Nursing in the UK He returned to study at the University of Ulster in 1995 and completed his Post Graduate Diploma in Education and took up his first post as a Nurse Tutor in Southern Ireland. He has worked at Queen's University Belfast for six years in post-registration and took up his current post as a Lecturer in Nursing at the Ulster University in 2001. His responsibilities are primarily within both pre and post-regis-

tration education. He completed his MSc in 2005 exploring psychological care in the aftermath of a stroke; and his PhD in 2013, exploring the intrinsic role of home care workers within health and social care. His current research interests are within the area of older people nursing and as a Post-Doctoral Fellow Kevin are exploring the lived experiences of nursing homes from the perspectives of both the residents and the staff.

Session no: 1.2.3   Abstract number: 52

Time: 12:30pm

Repertoires used by student nurses and lecturers while discussing student nurse professionalism during university study.

Sue Jackson RGN, BSc(Hons.) MPhil, RNT, FHEA, Northumbria University, Newcastle Upon Tyne, UK

Co-author(s): Dr Alison Steven England UK

Abstract

Nurse professionalism is a 'vague' concept (Furaker 2008). Research has focused on defining behaviours in clinical settings. In academia lecturers voice frustrations regarding students' lack of professionalism (Lipscomb and Snelling 2010) and these 'voices' offer insights into conceptualisations and discourses surrounding professionalism. However, there is limited research in university settings focusing specifically on student nurse and lecturers talk. This presentation explores findings from a PhD study which analysed student nurse (all fields) and lecturer talk.

Aim: To make explicit the repertoires and discourses at play around language on professionalism and professional identity as used by student nurses and lecturers during pre-registration university courses.

Methods: Discourse Analysis Methodology was employed with the purpose of uncovering Interpretive Repertoires, stylistic ways of talking about objects and events (Potter and Wetherill 1987). Data was collected via interviews with 10 student nurses at 3 points (each year of educational programme) and at one point with 8 lecturers.

Results: The analysis surfaced two key conflicting discourse repertoires; 'The University Student and the student Nurse' and 'The University Lecturer and the Registered Nurse'.

Discussion: Lecturer discourse initially served to 'instill' professional values in new student nurses and separates them from other university students. Student repertoires change over three years, starting with tension in their talk regarding their roles as university student and student nurse. Later student discourses support and perpetuate the compliant professional role

'instilled' in them through lecturers talk. Finally student discourses serve as a mechanism for critical scrutiny of others within and out-with the profession. This can be likened to Foucauldian notions of governmentality and panoptical surveillance. This study highlights how these discourses operate to ensure that student nurses (and the profession of nursing) have a selective status compared to others for the purpose of ensuring professional credibility and standing

Recommended reading list

Furaker, C (2008) Registered Nurses' views on their professional role. Journal of Nursing Management, 16: 933-941

Potter, J., Wetherell, M (1987) Discourse and Social Psychology: Beyond Attitudes and Behaviour. London, Sage.

Lipscomb, M., Snelling, P.C (2010) Student nurse absenteeism in higher education: An argument against enforced attendance. Nurse Education Today, 30, 573-578

Biography

Qualified as an RGN in 1984 in London, I focused my early career within neurosurgical nursing. My interest in research developed as a result of coordinating a regional audit of head injury management in East Anglia. On moving to Newcastle upon Tyne I worked as a regional mental health audit facilitator and undertook an MPhil exploring 'What do People need Psychiatric and Mental Health Nurses for?' I remained in mental health research for 11 years focusing my research interest on the needs of people in suicidal distress, solution focus therapy and service user involvement. I moved to the Regional Genetics Service in Newcastle, investigating quality of life in people with congenital heart defects before joining nurse education at Teesside University. In 2006 I joined the teaching team at Northumbria University where I am now Principal Lecturer and Director of Programmes for the Integrated Masters in Adult Nursing, BSc Pre-Registration, Operating Department Practitioners and International Nursing programmes. I remain committed to research in my teaching and in investigating the student nurse experience and challenges. I am a PhD student due to submit in 2017. My thesis 'Repertoires used by student nurses and lecturers while discussing student nurse professionalism during university study'.

Session no: 1.3.1   Abstract number: 62

Time: 11:30am

A qualitative exploration into Early Inflammatory Arthritis [EIA] patients' personal experiences whilst awaiting GP initiated referral.

Miss Frances Chilton RGN,BSc,ONC,NMP, MSc, PhD student, University of Worcester, Henwick Grove, Worcester, Worcestershire, UK

Co-author(s): Eleanor Bradley, Worcester, UK; Dean Wilkinson, Worcester, UK; Janice Clarke, Worcester,UK

Abstract

Background: Early referral from primary to secondary care is vital to achieving a treatment window of opportunity (Stack et al 2014). Effective communication between patient and General Practitioner [GP] from first symptom onset is vital to achieving this. However, whilst it is recognised that delays in early referral can be attributed at several levels (Bykerk and Emery 2010 and Pelaez et al 2015); there is no research evaluating how decisions are shared and finalised between EIA patients' and GPs, or the personal experience and impact that delays may have in the very early stages of patients' illness trajectory.

Aim: The aim of this study is to explore EIA patients' personal experiences and interpretation of decisions between patient and GP from symptom onset up to GP initiated referral. This research forms part of a larger longitudinal PhD study exploring shared decision making within patients' EIA care pathway.

Methods: 11 patients 7 (f) and 4 (m) were recruited from one rheumatology department in the West Midlands between October 2015 and March 2016. Patients were interviewed within 4 weeks of diagnosis using semi structured taped interviews. Interpretive phenomenology analysis [IPA] was used to explore patients' early experiences and interpretations in shared decisions.

Results: Several important areas influencing patients' experiences and decision making were identified. These were grouped into four themes:- Symptom misinterpretation, navigational struggles, knowledge fragmentation, recovery conflict.

Conclusion: This current study is EIA patient focussed and provides a unique and important contribution to the patient experience from symptom onset to the time of GP initiated referral.

Recommended reading list

Stack R.J, Llewellyn Z, Deighton C, Kielly P, Mallen CD and Raza K. (2014) General practitioners' perspectives on campaigns to promote

rapid help-seeking behaviour at the onset of rheumatoid arthritis. Scandinavian Journal of Primary Health Care; 32: 37-43

Pelaez I, Infante C and Quintana R. (2015) Help-seeking trajectory in patients with rheumatoid arthritis. Clinical Rheumatology 34 (suppl 1): s17-s28

Bykerk V and Emery P. (2010) Delay in receiving rheumatology care leads to long- term harm. Arthritis and Rheumatism Vol.62, No.12 pp3519-3521

Biography

Having qualified in the early 1990's my post registration experience has concentrated within orthopaedics, acute medicine and rheumatology. It was whilst undertaking orthopaedic training at the Robert Jones and Agnes Hunt orthopaedic hospital I realised my career direction in rheumatology.

Since working as a clinical nurse specialist at Warwick hospital I completed an MSc exploring patient preferences and treatment choices to biologic therapies. My passion in nursing has centred from a belief in challenging and being able to combine clinical practice and research.

In 2009 I was one of the first West Midland nurses to be employed in the combined rheumatology clinical nurse specialist and research nurse role, supported by the West Midlands Clinical Research Network[WMCLRN].

My enthusiasm for combining practice and research further developed with my ambition to move from research nurse to nurse researcher. Undertaking a PhD is a professional development opportunity that has only been possible through the financial assistance from the Royal College of Nursing Foundation Professional Bursary Scheme, of which I am ever grateful.

Session no: 1.3.2   Abstract number: 38

Time: 12pm

An exploration of breast health awareness: uncovering experiences of Saudi women

Miss Norah Madkhali MSc in Cancer Nursing, School of Nursing and Midwifery, Queens University Belfast, Medical Biology Centre, Belfast, UK

Co-author(s): Olinda Santin, UK; Helen Noble, UK; Joanne Reid, UK

Abstract

Background: There is a high incidence of advanced breast cancer (BC) in young women in the Arab world (SCR, 2007; 2008), but no standardized information regarding breast self-examination, nor a national screening programme which promotes clinical breast examination and mammography (Donnelly and Hwang, 2013).

Aim: To explore breast health awareness and the early diagnosis and detection methods of BC from the perspective of women and primary health care providers (HCPs) in the kingdom of Saudi Arabia (KSA).

Methods: This qualitative study carried out in eight states across the Jizan region of KSA used purposive sampling to recruit women n= (24), GPs n= (20) and Nurses n= (20). Semi-structured interviews were conducted with participants from November 2015-February 2016. Thematic analysis of data was undertaken and Nvivo used to aid data management.

Results: The study reiterates, that there are no BC screening programmes available in KSA. Women reported poor knowledge about the impact of BC and the value of screening. Nurses felt poorly prepared to provide education and screening services to women, believing this to be the role of physicians. In addition to a lack of screening programs, time, workload and inappropriate facilities are reported barriers to providing education and screening services.

Discussion: Saudi women require knowledge of BC, early detection methods and related significance to health. HCPs should be actively engaged in providing education and screening services. This cannot be achieved if HCPs themselves do not realize the importance of engaging actively in this public health agenda and addressing the barriers for BC screening as a public health imperative.

Conclusion: National comprehensive policies are required to establish screening programmes and increase knowledge of BC. This study provides new evidence of experiences of breast health awareness, in a society where such topics remain taboo, and health services poorly developed.

Recommended reading list

Donnelly TT, Hwang J. (2015) Breast cancer screening interventions for Arabic women: a literature review. Journal of Immigrant and Minority Health, 17 (3), pp 925-939.

Saudi Cancer Registry: Cancer Incidence Report Saudi Arabia 2007. Kingdom of Saudi Arabia, Ministry of Health, Saudi Cancer Registry. Available at: http://shc.gov.sa/Ar/HealthCenters/NCC/CancerRegistry/Pages/CancerRegistryRecords.aspx

Saudi Cancer Registry: Cancer Incidence Report Saudi Arabia 2008. Kingdom of Saudi Arabia, Ministry of Health, Saudi Cancer Registry. Available at: http://shc.gov.sa/Ar/HealthCenters/NCC/CancerRegistry/Pages/CancerRegistryRecords.aspx

Biography

I began my journey at King Abdulaziz University, Jeddah, Kingdom of Saudi Arabia. I graduated with a BSc (Hons) in Nursing, and continued on to do my MSc in Cancer Nursing on 2012 and my PhD on 2014 at Queen's University Belfast (QUB). This opportunity, alongside my personal experiences, furthered my interest in the development and provision of cancer supportive and palliative care. I am full time PhD student and I am also involved in teaching Evidence Based Nursing 2 module at QUB.

Session no: 1.3.3   Abstract number: 4

Time: 12:30pm

Quality improvement reporting in the surgical literature is in need of improvement

Ms Emma Jones BSc (hons), MSc, MCSP, HCPC, University of Warwick, Coventry, UK

Co-author(s): Professor Mary Dixon-Woods and Professor Graham Martin

Abstract

Introduction: Perioperative quality improvement (QI) research is of vital importance (Nicolay et al (2012), but translating learning to practice is challenging because reporting is frequently incomplete. This research is relevant to an international audience who need to report where, why and how interventions were delivered, to enable others to replicate them. This research identified which reporting items are most frequently incomplete, and why.

Methods: A systematic review was conducted in 2014. Data was extracted from 100 perioperative QI articles. Each article was scored against a modified TIDieR checklist (Hoffman et al 2014).

QI authors; QI editors; reporting guideline authors; and QI consumers (those using QI research to change care) were asked (Oct 2015-March 2016) 'why is reporting so hard?' They explained how they would replicate an intervention described in a perioperative QI article. The article's authors explained whether their portrayal of the intervention, matched the participants'.

Results: The 100 articles achieved a mean TIDieR score of 6.31/11; over a third scored five or less. Reporting of fidelity was absent in 74% of articles, and intervention modifications was absent in 72%.

Participants (N=42) included: 12 consumers, 15 authors, 11 journal editors and 4 reporting guideline authors from England (24), the United States (11), Germany (1), Canada (3), Australia (2) and The Netherlands (1). Twenty-eight clinicians included 13 surgeons, 6 anaesthetists and 9 other perioperative staff.

Reporting QI is hard because:

• Drivers and barriers inherent in organisations, influence reporting

• Terminology is confusing

• A scientific framework for QI reporting is incomplete

• Describing context is complicated

• QI research is used for different purposes.

From these themes emerged 23 recommendations for practice.

Conclusion: On average, 43% of items, which should be present in perioperative QI articles, are incomplete. Disseminating recommendations for good reporting practice will help galvanize a renewed sense of importance for reporting.

Recommended reading list

Hoffmann TC et al (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ (1687)1 - 13

Nicolay CR et al (2012). Systematic review of the application of quality improvement methodologies from the manufacturing industry to surgical healthcare. Br J Surg Mar 99(3)324 - 35

Biography

Emma's PhD was undertaken with the Department of Health Sciences at the University of Leicester and was funded by The Health Foundation. Emma's PhD examined the degree to which quality improvement (QI) methods and interventions, which are used to improve patient care in surgery, are described accurately and helpfully in the literature. From this work recommendations were generated to help researchers report their findings explicitly to enable others to replicate successful interventions in clinical practice. Emma also acts as a collaborator with the Oxford Health Experiences Institute on an MRC HTMR research project 'Developing a patient and public involvement to enhance recruitment and retention in surgical trials.' Having experienced major elective and emergency surgery herself, she has taken up a new role as a patient reviewer for the BMJ. Emma runs one clinic a week as an extended scope NHS orthopaedic physiotherapist at University Hospitals of Leicester NHS Trust, whilst also helping the team to develop a new virtual arthroplasty follow up service.

Theme: Evidence review/patient safety

Session no: 1.4.1   Abstract number: 262

Time: 11:30am

Intentional rounding in hospital wards: what works, for whom and in what circumstances?

Professor Ruth Harris PhD, MSc, BSc (Hons), RN, King's College London, London, UK

Co-author(s): Sarah Sims, UK; Nigel Davies, UK; Ros Levenson, UK; Stephen Gourlay,UK; and Fiona Ross, UK

Abstract

The Francis Inquiry (DH, 2013) recommended that, 'Regular interaction and engagement between nurses and patients and those close to them should be systematised though regular ward rounds'. This recommendation received strong government support and the majority of NHS trusts in England have introduced 'intentional rounding' (IR), a structured process whereby nursing staff carry out regular checks, usually hourly, with individual patients to address their positioning, pain, personal needs and placement of items. Published USA studies have found benefits including a reduction in call bell use, falls and pressure sores and increased patient satisfaction. However, there is little UK research to support this. All existing research has been criticised for design weaknesses (Snelling 2013).

A mixed-method study is being undertaken, drawing upon a realist evaluation approach, to answer the question 'What is it about IR in hospital wards that works, for whom and in what circumstances?' The study comprises a realist synthesis of IR, a national survey of all NHS acute trusts in England and in-depth case studies in six wards across three geographically spread hospitals.

This presentation will focus upon the findings of the realist synthesis which included searches of relevant academic and unpublished grey literature and a stakeholder consultation event to generate hypotheses on what the mechanisms of IR may be, what particular groups may benefit most or least and what contextual factors might be important to its success or failure. 43 papers were included. Nine potential mechanisms of IR were identified:

• Anticipation

• Nurse-patient relationships/communication

• Accountability

• Consistency and comprehensiveness

• Allocated time

• Visibility/presence

• Staff communication

• Patient empowerment

• Crafting

These mechanisms, along with the associated contexts and outcomes of IR will be presented and discussed. The successes of theory development in this field along with the challenges of identifying programme theories and other insights from the process will also be explored.

Recommended reading list

Department of Health (2013). Report of the Mid Staffordshire Foundation NHS Trust Public Inquiry, Volumes 1-3. HC-898-I-III. The Stationery Office.

Snelling P (2013). Intentional rounding: a critique of the evidence. Nursing Times 109 (20):19-21

Biography

Ruth Harris is Professor of Health Care for Older Adults, Florence Nightingale Faculty of Nursing and Midwifery, King's College London. She has a clinical background in acute medical nursing and care of older people. Ruth's research focuses on the impact of the nursing and multiprofessional work on processes of care and patient outcomes particularly for older people and those with chronic conditions. Her current work includes a NIHR HSandDR funded study to evaluate intentional rounding by nurses and a NIHR HSandDR funded study using EBCD to enhance patient activity in acute stroke units (CREATE study). Her recently completed work includes a scoping review of the evidence for 12-hour shifts in nursing and a NIHR HSandDR funded multimethod study to investigate the effectiveness of interprofessional team-working on outcomes and patient and carer experience of care across stroke care pathways. She is an associate editor of the International Journal of Nursing Studies and a Fellow of the European Academy of Nursing Science.

Session no: 1.4.2   Abstract number: 49

Time: 12pm

Pressure injuries amongst people with darkly pigmented skin: exploring the methodological challenges

Mrs Neesha Oozageer Gunowa , Oxford Institute of Nursing and Allied Health Research (OxINAHR), Oxford Brookes University, Faculty of Health and Life Sciences, Oxford, UK

Co-author(s): Marie Hutchinson, Australia; Joanne Brooke, UK; Debra Jackson, UK

Abstract

Background: Pressure injury (PI) development has been widely researched and documented; however, much of this work does not address ethnicity or race, and assumes Caucasian-ness (NICE, 2014).

Aims: Explore the methodological limitations of two decades of PI research and identify an agenda for nursing research and education.

Method: A search of five electronic databases was undertaken for the period 1990-May 2016. An integrative literature review of quantitative and qualitative evidence was planned to explore the depth and breadth of the perceptions of those with darkly pigmented skin and the influence of dark pigmentation on identification and management of PI; however, only quantitative data was found. As a result, a systematic approach of the literature was undertaken.

Results: Twelve relevant studies were examined with a particular focus on what the literature explores about people with darkly pigmented skin in relation to PIs. Study methodology was appraised using component ratings (National Collaborating Centre for methods and Tools, 2008) and the studies were rated as weak to moderate.

Discussion: Most of the studies were based on retrospective secondary data analysis and statistical analysis was not always used or appropriate. Furthermore, with many of the studies employing retrospective data analysis, attention is drawn to the possible limitations regarding reliability of the data sets including categorisation of skin tone as well as coding inaccuracies and omissions which could confound results and create poor methodological quality.

Conclusion: From the literature reviewed it can be seen that there is a lack of guidance and evidence, people with darkly pigmented skin are more likely in comparison to people with white skin to develop higher stage PIs. Further research regarding nurse education and PIs should be carried out to help establish nurse knowledge of PI identification and to develop more of an awareness of diversity issues in pressure damage.

Recommended reading list

National Institute for Health and Care Excellence (2014) Pressure ulcer: prevention and management. Available from:

National Collaborating Centre for Methods and Tools (2008) Quality Assessment Tool for Quantitative Studies. Hamilton, ON: McMaster University. Available at: http://www.nccmt.ca/resources/search/14 (Downloaded: 21 May 2016).

Biography

Neesha is enrolled in a PhD at Oxford Brookes University, and affiliated with The Oxford Institute for Nursing and Allied Health Research (OxINAHR). Neesha is a Senior Lecturer at Kingston University and St. Georges, University of London and is also a qualified District Nurse who has worked in a variety of roles within community nursing. Neesha is a Queens' Nurse and external examiner at Brighton University for the District Nurse and Practice Nurse post-registration course.

Session no: 1.4.3   Abstract number: 5

Time: 12:30pm

Protective factors: bridging the gap between recovery and violence risk assessment

Ms Jodie Alder RMN, BSc (Hons), PgDIP, MSc, South Staffordshire and Shropshire Foundation Mental Health Trust, University of Manchester, Stafford, UK

Abstract

Internationally within mental health services over the last two decades, there have been dramatic strides in the materials available to improve risk assessment in a society where the management and prediction of risks, especially in relation to those surrounding violence towards others, is highly valued and indeed expected.

Arguably this is expected most from mental health professionals, and mental health nurses are key agents in the assessment of risk, where safety planning forms a significant part of everyday practice (Downes et al 2016) whether that is in the community or within inpatient settings.

The nursing assessment of risk is concerned with the prevention and prediction of the likelihood of an adverse outcome (Muir-cochrane and Wand 2005) which can include patient aggression, suicide and self-harm, substance misuse and others including social exclusion and victimisation (Muir-Cochrane et al 2011).

Recovery and risk are concepts that can seem to be at odds with each other. Barker (2012) asked how can a person recover, and have hope in their recovery when the emphasis on their care is upon risk, to themselves or to others.

This presentation will argue that incorporating protective factors into the assessment of risk of violence, enables it to be undertaken within a recovery model of care. It represents a literature search undertaken as part of a current PhD looking at protective factors and violence risk assessment.

Recommended reading list

Muir-Cochrane, E and Wand, T (2005) Contemporary issues in risk assessment and management in mental health. Green acres. Australia.

Muir-Cochrane, E., Gerace, A and Mosel, K (2011) Managing risk; clinical decision making in mental health services. Issues in Mental Health Nursing. 32. 726-734.

Downes, C., Gill, A., Dole, L., Morrissey, J and Higgins, A (2016) Survey of mental health nurses attitudes towards risk assessment, risk assessment tools and positive risk. Journal of Psychiatric and mental health nursing. 23. 188-197.

Biography

Jodie qualified as a Mental Health Nurse in 2004. Since then she has worked within Forensic Mental Health while undertaking further self funded studies including a BSc in Psychology and Criminology, a PgDip in Criminology and an MSc in Clinical Forensic Psychiatry.

Currently half way through a PhD studentship looking at protective factors in violence risk assessment for forensic services, she continues to work on a medium secure intensive care ward and undertakes unit based audit and research.

Theme: Mixed eHealth

Session no: 1.5.1   Abstract number: 33

Time: 11:30am

The J Curve: a theoretical explanation for the difficult process of changing to electronic health records.

Professor Austyn Snowden , Edinburgh Napier University, Edinburgh, UK

Co-author(s): Hildegard Kolb, Scotland, UK

Abstract

Background: Electronic health records are considered preferable to paper based systems (Department of Health, 2013). However, changing from one system to the other is difficult (Gephart, Carrington, and Finley, 2015). This aim of this study was to analyse this change in a Scottish hospice.

Objectives were to describe change over 30 months in relation to:

1. System usability,

2. Staff engagement, and

3. Staff experience of the system.

Method: Prospective longitudinal repeated measures mixed methods.

System usability was measured with the System Usability Scale. A validated analogue scale measured staff engagement. Staff experience was derived from concurrent analysis of free text comments and a focus group. Data were obtained at four time points: November 2013 (baseline), November 2014, November 2015 and June 2016. Participants were all employees of a single hospice in Scotland (n=156).

Results: Mean (SD) system usability scores were sequentially: 54.51 (18.2) at baseline, 52.33 (15.11), 47.11 (14.07) and 65.3 (15.6) at final survey. Mean (SD) experience (out of 10) was 7.78 (1.64) at baseline, 6.76 (1.791), 5.91 (2.78), then 6.03 (1.8) at final survey. Staff experience was interpreted as a function of technical difficulties, but also unexpected cultural issues, including significant challenges to the way nurses felt the patient story was getting lost.

Conclusion: It took 30 months for usability and engagement scores to rise above baseline levels. Scores reflected technical difficulties but also cultural challenges to the way nursing care was communicated and recorded. This process of change is best theorised as a 'J-curve' (Snowden and Kolb, 2016).

Implications for practice: It took two years for staff to begin to get used to the new system. The implementation process followed a 'J curve'. Understanding the nature of the change and the unexpected cultural challenges will help comparable organisations better support their staff in future.

Recommended reading list

Department of Health. (2013). NHS challenged to go paperless by 2018. Retrieved from https://www.gov.uk/government/news/jeremy-hunt-challenges-nhs-to-go-paperless-by-2018--2

Snowden, A., and Kolb, H. (2016). Two years of unintended consequences: introducing an electronic health record system in a hospice in Scotland. Journal of Clinical Nursing. http://doi.org/10.1111/jocn.13576

Gephart, S., Carrington, J. M., and Finley, B. (2015). A Systematic Review of Nurses Experiences With Unintended Consequences When Using the Electronic Health Record. Nursing Administration Quarterly, 39(4), 345 - 356. http://doi.org/10.1097/NAQ.000000000

Biography

Austyn is professor of mental health at Edinburgh Napier University. Hildegard is staff nurse at Ayrshire hospice. They have worked together on other projects, including Hildegard's exploration of factors of noisy breathing in end of life care.

Session no: 1.5.2   Abstract number: 196

Time: 12pm

Will real-time IT systems transform quality and safety?

Ms Emma Ferguson , University of Leeds, Leeds, UK

Co-author(s): Justin Keen, UK; Rebecca Randell, UK; Andrew Long, UK; Jackie Whittle, UK; Elizabeth McGinnis, UK; Sean Willis, UK

Abstract

Background: Acute hospital nursing staff are required to record a range of nationally mandated data about quality and safety, including the Safety Thermometer. These data have been of limited value at ward level. Many NHS Trusts are introducing real-time IT systems, that ward staff use to capture data and present it immediately on electronic whiteboards and mobile devices. There is currently limited evidence about the value of these systems.

Aim: To evaluate whether acute ward nurses are able to integrate real-time IT systems into their working practices, and use them to improve quality and safety.

Methods: We undertook fieldwork in eight wards in four NHS Trusts between April 2015 and July 2016. This included observations of wards practices (n=79 hours) and 37 interviews with ward staff. The Biography of Artefacts approach was used to analyse the data.

Results: Ward staff have worked with in-house informatics teams to design and implement systems. The process is lengthy, with teams improving on systems all the time, and the eight wards are currently at different stages of maturity. For the first time, nurse managers have real-time systems that they can use to manage quality and safety, for example through the active monitoring of clinical risks. This said, the systems do not replace the need for clinical judgement, or for effective communication at handover and throughout a shift. Evidence about changes in the quality and safety of services is mixed.

Conclusions: Real-time systems are driving a shift from reactive to proactive management of patients' risks. It is too early to judge whether the systems will support sustained improvements in the quality and safety of care.

Biography

Emma Ferguson is a full time Research Assistant on the NIHR funded 'Information Systems: Managing and Monitoring from Ward to Board' project. With background experience in both Social Research and Mental Health Research.

Session no: 1.5.3   Abstract number: 36

Time: 12:30pm

Engaging patients and the public in eHealth

Miss Siobhan O'Connor B.Sc., CIMA CBA, B.Sc., RN, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Catherine A O'Donnell, UK; Frances S Mair, UK

Abstract

Background: Many technologies such as telehealth, mobile apps and online services are available to patients and the public to manage health. However, numerous factors affect people's ability to engage with and sign up to these in real-life settings, which can impact the implementation of eHealth (Mair et al, 2012).

Aims: To explore the barriers and facilitators that patients and the public experience when they try to engage with and enroll in all kinds of digital health interventions (DHIs).

Methods: A systematic review of the qualitative literature (O'Connor et al, 2016) informed the design of an exploratory multi-site case study. Sixty one interviews (n=72) and five focus groups (n=44) were conducted between June 2012 and October 2015 with a wide range of stakeholders implementing a range of health and well-being technologies. Thematic analysis was performed using the framework approach and the study was underpinned by Normalization Process Theory (May and Finch, 2009).

Results: Five overarching themes affected patient and public engagement and enrollment; 1) Personal Agency and Perceptions, 2) Personal Lifestyle and Values, 3) Digital Accessibility, 4) Engagement and Recruitment Strategies, and 5) Quality of the DHI. A preliminary conceptual model was created to help explain eHealth engagement and enrollment processes.

Discussion: Patients and the public need to be better informed about technology, including its risks and benefits, and funding models need to be in place to ensure equity of access to eHealth. More investment is needed in technical infrastructure and digital up-skilling. Clinical endorsement and using co-design to create more personalised electronic solutions are also required to improve patient and public engagement with digital health initiatives in the real world.

Conclusion: Engaging patients and the public in eHealth is complex and more research is needed to explore how to improve their participation in digital health, which will enhance its implementation.

Recommended reading list

Mair, F.S., May, C., O'Donnell, C., Finch, T., Sullivan, F. and Murray, E., 2012. Factors that promote or inhibit the implementation of e-health systems: an explanatory systematic review. Bulletin of the World Health Organization, 90(5), pp.357-364.

May, C. and Finch, T., 2009. Implementing, embedding, and integrating practices: an outline of normalization process theory. Sociology, 43(3), pp.535-554.

O'Connor, S., Hanlon, P., O'Donnell, C.A., Garcia, S., Glanville, J., and Mair, F.S., 2016. Understanding factors affecting patient and public engagement and recruitment to digital health: a systematic review of qualitative studies. BMC Medical Inform

Biography

Siobhan O'Connor is a Lecturer in Nursing at the School of Health and Social Care, Edinburgh Napier University, UK She has a multidisciplinary background with a B.Sc Nursing and B.Sc. Business Information Systems. She teaches nursing and informatics at undergraduate and postgraduate levels and is a Fellow of the Higher Education Academy. Her research interests focus on how technology can support patients and nurses to manage chronic conditions in the home and community settings. Siobhan is

currently completing her doctorate at the University of Glasgow, exploring patient and public engagement and enrolment in digital health. She is a member of the Royal College of Nurses (RCN) eHealth Forum, the British Computer Society, the American Nursing Informatics Association (ANIA) and the European Federation for Nursing Informatics. You can follow her on Twitter: @shivoconnor

Theme: Research methodology

Session no: 1.6.1   Abstract number: 67

Time: 11:30am

An exploration of nursing competence through the use of written narratives

Dr Melissa Corbally DProf (Health and Social Care), Dublin City University, Glasnevin, Dublin, Ireland

Co-author(s): Anne Kirwan, Ireland

Abstract

Background: In Ireland, competence in nursing is most frequently measured through verbal accounts and observation of clinical practice (An Bord Altranais) 2005). To date, few studies have explored whether the domains of nursing competence are present in students' written accounts of practice.

Aim: This study examined nursing competence as articulated by the narratives of 72 fourth year students following two sequential simulated practice exercises in which they had to perform as both a nurse in one exercise and as a patient in another.

Method: Narrative accounts were analysed sequentially: firstly, using content analysis for the presence of the five domains of nursing practice, namely; (1) Professional and Ethical Practice, (2) Holistic Approaches to Care/ Integration of Knowledge, (3) Interpersonal Relationships and Communication, (4) Organisation and Management of Care and (5) Personal and Professional Development (Nursing and Midwifery Board of Ireland 2005). Secondly, an analysis of identity performance within both patient and nurse narratives using Riessman's analytic framework (Riessman 2008) was undertaken.

Results: Preliminary analysis identified the presence of all domains of nursing practice within the 'nurse' narrative. In the 'patient' narrative, domains 1 and 5 appeared particularly evident. A clear contrast between nurse and patient identity was evident in most narratives, with reportative styles predominating in the 'nurse' narratives and observational reflections predominant in the 'patient' narrative accounts.

Discussion: This study suggests that written narrative can potentially reflect competent practical nursing activity. The contrast between

emphasised competencies between patient and nurse narratives endorses simulation as a catalyst in enhancing personal and professional awareness and behavior amongst students. The fact that students could exhibit different narrative identities in their writing suggests that simulation is useful in preparing them for real life complexities in the clinical environment and potentially encouraging the development of narrative competence (Corbally and Grant 2015).

Recommended reading list

An Bord Atranais (2005) Requirements and Standards for Nurse Registration Education Programmes. 3rd Edition, An Bord Altranais, Dublin.

Riessman, C.K. (2008). Narrative Methods for the Human Sciences. CA, USA: Sage Publications

Corbally, M., Grant, A., (2015) Narrative Competence: A Neglected Area in Undergraduate Curricula. Nurse Education in practice. (doi: 10.1016/j.nedt.2015.09.004)

Biography

Melissa is a lecturer in the School of Nursing and Human Sciences in Dublin City University. Her current teaching interests in nurse education include patient assessment, narrative competence, recognition of deteriorating patients and clinical judgement and decision-making. Her research interests include domestic violence/ abuse, narrative methods and nursing assessment. She completed her DProf (Health and Social Care) in 2011 with the University of Salford, England. Her thesis was entitled Making Sense of the Unbelievable: A Biographical Narrative Study of Men's stories of Female Abuse. The key relationship between her doctoral research and the study she is presenting today relate to the importance of attending to the told story.

Session no: 1.6.2   Abstract number: 176

Time: 12pm

Reviewing IPA studies: the development and evaluation of a new tool

Dr Sherrrill Snelgrove RGN MPhil PhD, CHHS, Swansea University, Swansea, UK

Co-author(s): Ann Marie Nelson, UK; Stephanie Suvell, UK; Mala Mann UK; Bridie Evans UK

Abstract

Background: Interpretative Phenomenological Analysis (IPA) is a qualitative phenomenological research method embedded in psychology but used increasingly across countries and disciplines 1. Despite heightened usage, we propose there is no formally validated and

applicable ''IPA specific' quality criteria assessment tool to evaluate IPA research. While there are numerous qualitative evaluation tools, IPA should be judged on its own terms and not through a template for quantitative research or even other qualitative research 2,3. This paper discusses the methods used to initially develop and evaluate an IPA assessment tool to distinguish quality of review papers in a systematic review of IPA research in cancer and cancer related end of life research and which may be of wider use by clinicians and researchers.

Aims: The aim of this paper is to describe the development and preliminary evaluation of an IPA quality assessment tool

Methods: In three phases from 2016 to 2017 we systematically developed and tested a 14-item IPA assessment tool. Phase 1 was to develop the tool based on a literature review and consultation between IPA researchers, health professionals and experts in systematic review. Phase 2 consisted of establishing face validity through feedback from a sample of five researchers by means of ten randomly selected IPA articles. Phase 3 was inter-rater reliability testing and feedback with 20 health professionals and researchers by means of one IPA article. The inter-rater agreement was acceptable, but disagreement was seen for some items. Amendments were made accordingly.

Results: The new assessment tool was based on IPA principles. The systematic reviewers found the assessment tool simple to use and helpful in assessing the quality of the articles.

Conclusion: We have developed an assessment tool for consistent appraisal of IPA research and hope it will be used and developed by clinicians and researchers

Recommended reading list

Smith, JA, Flowers, P, Larkin, M (2009) Interpretative phenomenological analysis: Theory, Method, Research. London: Sage

Yardley, L. (2000). Dilemmas in qualitative health research. Psychology and Health, 15, 215 - 228.

Smith, J.A. (1995). Semi: structured interviewing and qualitative analysis, In J.A. Smith, R, Harre and L.van Langenhore (eds), Rethinking Methods in Psychology. (pp. 9 - 26). London: Sage.

Biography

Sherrill Snelgrove is a senior lecturer in the College of Health and Human Sciences Swansea University. She teaches undergraduate and post graduate nursing students in addition to teaching and supervising a range of health professionals from undergraduate to PhD level. She has published on IPA and chronic pain, nurse education and has a keen interest in ethics and rigour of research, long term and chronic conditions and medications management.

Session no: 1.6.3   Abstract number: 198

Time: 12:30pm

Drawing as a research tool: what does it add?

Dr Maria Horne PhD, MA(Health Research), BA(Hons), University of Leeds, Leeds, UK

Co-author(s): Samantha Masley, England, UK; Janet Allison-Love, England, UK,

Abstract

Background and topic: Representing an epistemological shift within qualitative methodology (Boydell, 2012) healthcare research has increasingly employed visual methods as a means to further understand the patient's experience of health and healthcare (Broadbent, 2009; Phillips et al, 2015). An advantage of using drawing, rather than any other form visual method, is its potential to offer a way of communicating other than speech. We discuss the use of drawing, in an exploratory, qualitative study, to enrich the narrative account during data collection using semi-structured interviews with a purposive sample of palliative healthcare professionals (n=16) from one hospice in West Yorkshire, England (February-May 2016). This study aimed to utilise drawing as a tool to explore the process of drawing to help facilitate the exploration, communication and our understanding of how healthcare staff emotionally resource their roles within a Hospice setting. As such, we were not concerned with an end product, such as a representational image, that would lend itself to measurement and quantification, but the process of facilitation.

Aims: To outline and debate the use of drawing, as a visual imagery method, within the research process and (ii) provide a critical reflection of the use of drawing in the research process.

Methodological discussion: Discussion will focus on the (i) the practicalities of undertaking drawing during data collection using semi-structured interviews i.e. participant preparation, informed consent and dynamics (ii) participants perspectives in undertaking drawing during data collection using semi-structured interviews i.e. concern with the production of a 'good' picture (iii) the practicalities of undertaking data analysis. The presentation will then debate what this visual imagery method adds to: (i) data collection (ii) the the narrative account and (iii) data analysis.

Conclusion: This paper will outline the use of drawing as a data collection tool alongside semi-structured interviews to enrich the narrative account.

Recommended reading list

Boydell, K.M., Gladstone, B.M., Volpe, T., Allemang, B. and Stasiulis, E. (2012). The production and dissemination of knowledge: A scoping review of arts-based health research. Forum: Qualitative Social Research, 13(1): Art. 32.

Phillips, J., Ogden, J. and Copland, C. (2015). Using drawings of pain-related images to understand the experience of chronic pain: A qualitative study. British Journal of Occupational Therapy, 78(7): 404-411.

Broadbent, E., Niederhoffer, K. Hague, T. Corter, A. and Reynolds, L. (2009). Headache sufferers' drawings reflect distress, disability and illness perceptions. Journal of Psychosomatic Research, 66: 465-470.

Biography

Dr Maria Horne (PhD, MA, BA (Hons), SCPHN (HV), SCM, RGN) is an Associate Professor at the School of Healthcare, University of Leeds. Dr Maria Horne attained her PhD at the University of Manchester in 2007. Dr Maria Horne's research falls under two main themes: [1] Children's and older adults' health and well-being - with an emphasis on reducing sedentary time, increasing physical activity levels, promoting active ageing, psychosocial issues that can affect the lives of older adults, ethnicity and culture, cultural adaptation of interventions [2] Service delivery and organisation: with an emphasis on specialist public health practice, rehabilitation and delivery of service interventions in primary/community/secondary care settings. She lectures in primary care, public health, health promotion and has an interest in health inequalities and minority ethnic groups. Dr Maria Horne is a Fellow of the European Academy of Nursing Science and the Higher Education Academy.

Theme: Mixed methods/patient experience

Session no: 1.7.1   Abstract number: 275

Time: 11:30am

A nurse-led intervention providing supportive care for people living with advanced liver disease: feasibility study

Mrs Andrea Baird BSc Social Sciences and Health (Health Psychology), DIp HE Adult Nursing (Shortened Course), NHS Lothian Royal Infirmary of Edinburgh, Edinburgh, UK

Co-author(s): Prof. Scott A Murray, Dr Barbara Kimbell, Dr Marilyn Kendall, Prof. Christopher Weir, Prof. Ronan O'Carroll, Dr Kirsty Boyd, Prof. Peter Hayes, Dr Alastair MacGilchrist, Ms Patricia Brooks Young, Dr Anne Finucane, all Scotland

Abstract

Background: Liver Disease is the third largest cause of death in the UK but supportive and palliative care needs in this group are poorly addressed.

Aims: To test the feasibility of a specialist nurse-led intervention to improve care co-ordination, anticipatory care planning and quality of life for patients and carers living with advanced liver disease.

Methods: Mixed methods feasibility study. Patients/carers were recruited following one or more unplanned hospital admission due to cirrhosis. As case managers, the Supportive Liver Nurses, coordinated care between patients/carers and primary and secondary care during the six month intervention. The intervention included providing information and advice about their illness, psychological support and assisting with social care issues. Patients/carers received an initial face-to-face care review meeting where their thoughts, feelings and understanding of their illness were explored and symptom management addressed. We discussed planning ahead in the event of any deterioration in their health as well as what was important to them. Monthly follow-up phone calls offered ongoing support and patients/carers were given a phone number for direct contact. Liaison with GPs and allied professionals addressed issues regarding medications, community palliative care referral, appropriate hospital admissions and anticipatory care planning.

Results: 47 patients participated. Patient/carer questionnaires and interviews showed that planning, coordination of care and quality of life had improved. Completion of electronic anticipatory care plans significantly increased. The dimensions and potential of the role of the specialist nurse in advanced liver disease was identified from the perspective of patients/carers and professional stakeholders.

Conclusion: The specialist nurse-led intervention was found to be acceptable to patients/carers and healthcare professionals, feasible and to enhance care. The study also contributes to literature regarding specialist nursing roles in liver disease and palliative care.

Biography

Having worked in the third sector after gaining a degree in Social Sciences and Health (Health Psychology), I qualified as a Staff Nurse in 2003. Since then, I have mainly worked in the Centre for Liver and Digestive Disorders in the University Hospitals Division of NHS Lothian. I have had several roles during this time, including Sepsis Lead Nurse at local level and Liver Transplant Research Nurse as well as taking the exciting secondment opportunity to become a Supportive Care Liver Nurse Specialist. (Andrea Baird)

I qualified as a Staff Nurse in 2000 and have worked in the Royal Infirmary of Edinburgh's Gastro-intestinal/Liver Unit in various capacities since then. After I became Charge Nurse, I was seconded as a GI Nurse Specialist during the winter of 2014, assessing patients as they arrived in AandE or Primary assessment. I very much enjoyed my time as Supportive Care Liver Nurse Specialist and I am currently working in the GI/Liver unit as Senior Charge Nurse. (Heidi Byrne)

Session no: 1.7.2   Abstract number: 163

Time: 12pm

Lifestyle self-management experience of South Asians after a heart attack

Ms Dilla Davis MSc, School of Nursing, Midwifery, Social Work and Social Sciences, Mary Seacole Building, University of Salford, Salford, Manchester, UK

Abstract

Background: Coronary heart disease is the biggest killer in the country (Townsend et al 2012). South Asians carry the burden of increased incidence and prevalence and have poorer outcomes after a MI than the general UK population (Scarborough et al 2010). Reviews have shown lifestyle modification including physical activity, healthy diet and smoking cessation, alters the course of heart disease and reduces recurrences crystallising its significance as a cost-effective public health strategy to reduce the rising burden of this disease (De Gucht et al 2013). There is a lacunae of knowledge as to what constitutes to guarantee a therapeutic lifestyle modification for better health outcomes in the South Asian community.

Aim: One way to conceptualise the necessary knowledge and their reflective application for effective lifestyle change was to explore self-management experience of South Asians after a heart attack.

Method: Pioneering of its kind, this study used a grounded theory approach to elucidate how South Asians navigate these lifestyle changes. Two phase interviews at 2 weeks and 8 weeks of discharge, were conducted with 14 participants who were newly diagnosed with heart attack-from 2015 till July 2016.

Results: Theoretical categories were developed through constant comparison and theoretical sampling - patronage of the family, affinity towards the group and conforming to the religious and health beliefs.

Discussion: A harmony model to deal with diagnosis of heart attack and subsequent lifestyle changes is proposed. The model homes in a family centred approach, with an appreciation of the cardiac patient's religious beliefs and cultural priorities, in self-management programmes.

Conclusion: Migrant South Asians across the globe have increased propensity of this disease. To alleviate the burden, there is a need for ethno sensitivity rather than an ethnocentricity in the delivery of services. This calls for a move from cultural competence to cultural intelligence.

Recommended reading list

Townsend N, Wickramasinghe K, Bhatnagar P, Smolina K, Nichols M, Leal J, Luengo-Fernandez R, Rayner M. (2012) Coronary heart disease statistics, edition 2012; British Heart Foundation: London.

De Gucht V, Dusseldorp E, Janssen V et al (2013) 'Lifestyle modification programmes for patients with coronary heart disease: a systematic review and meta-analysis of randomized controlled trials.European Journal of Preventive Cardiology, vol 4: pp 620â

Scarborough, P., Bhatnagar P., Kaur A., Smolina K., Wickramasinghe K., Rayner M. (2010) Ethnic differences in cardiovascular disease; British Heart Foundation Health Promotion Research Group.

Biography

Qualified in 1997 as RGN, Dilla Davis joined Central Manchester University Hospitals as staff nurse in 2001. Since then she has undertaken roles of Practice Education Facilitator and Education Practitioner in the same Trust. For 3 years she held the post of honorary clinical teaching fellow at University of Manchester. At present she is completing her PhD at University of Salford, through the graduate teaching studentship. Her current project include a South Asians experience of lifestyle changes after heart attack. She has published a protocol for systematic review of the barriers and facilitators of self-management among South Asians. Her paper 'undertaking a systematic review' is due for publishing in Nursing standard. In 2015, she won people's choice award for 3 minutes thesis competition at Salford Postgraduate Annual Research Conference (SPARC) as well as an award for best session in Pecha Kucha presentation in the consecutive SPARC 2016. She has also presented a poster of her findings at British Sociological Association, Postgraduate Conference at London School of Economics and Political Science. She is member of European Society of Cardiology, International Network for Health Workforce Education and Council on Cardiovascular Nursing and Allied Professions. Dilla's interest includes higher education and qualitative research.

Session no: 1.7.3   Abstract number: 162

Time: 12:30pm

Improving care and support in advanced COPD - six recommendations of the population-based Living with breathlessness study

Dr Morag Farquhar RGN BSc (Hons) MSc PhD, University of East Anglia (UEA), Norwich, UK

Co-author(s): Gail Ewing, UK; Patrick White, UK; Peter Burge, UK; Ravi Mahadeva, UK; Carole Gardener, UK; Caroline Moore, UK; Sophie Howson, UK; Sara Booth, UK; Catherine Saunders, UK; Tom Ling, UK

Abstract

Background: Chronic obstructive pulmonary disease (COPD) is a chronic progressive condition with high symptom- and carer-burden. National guidance calls for quality end of life care for patients with any condition, yet we rely in non-malignant disease on frameworks developed for cancer with its largely predictable trajectory.

Aim: To inform a new framework to improve care and support in advanced COPD.

Methods: The Living with Breathlessness Study was a multiple-component, population-based, mixed-method longitudinal, multiple-perspective programme to identify new evidence on health and social care needs and preferences of patients with advanced COPD and their carers. Data collection was staggered over a 3-year period: January 2013-January 2016. The programme followed more than 500 patients and carers for up to 18-months through interview and survey methods. Qualitative data on barriers and facilitators to meeting needs were collected from clinicians. Programme-wide evidence was synthesised to identify recommendations. Stakeholder views were then collected through a workshop and online survey.

Results: Six inter-related recommendations emerged, linked by the concept of proactive person-centred care, supported by action points to enable delivery. Recommendations in brief: (1) stop focusing on the challenge of prognostication as a barrier to meeting need, (2) change targets to incentivise person-centred care, (3) enable identification of patient support needs, (4) identify and support carers, (5) identify and respond to psychological morbidity, (6) change societal understandings of COPD, breathlessness, palliative care and informal carers. The recommendations garnered significant support from stakeholders, with caution regarding ease of implementation.

Discussion: The resulting stakeholder-endorsed recommendations and action points function at a variety of levels: person, system and societal. They are likely to have resonance for those living with other advanced non-malignant

long term conditions, and clinicians striving to support them.

Conclusion: These six recommendations could inform a new framework for care and support in advanced COPD.

Biography

Morag has worked in health services research for over 25 years, predominantly in palliative and supportive care. She has worked for health authorities in London, and within the universities of London, Manchester, Cambridge and East Anglia (UEA). A graduate nurse by background (King's College London), she holds a Masters in Medical Sociology and PhD (University of London) on the definition and measurement of quality of life in older people. Research interests include breathlessness in advanced disease, palliative care, informal carers, older people, and methodology: particularly the development and testing of interventions and mixed methods.

She is a Senior Lecturer at UEA and previously led a research programme on breathlessness in advanced disease at University of Cambridge, including the Living with Breathlessness Study. The Living with Breathlessness Study was a collaboration between Cambridge, King's College London and RAND Europe on patient and carer need and care preferences in advanced COPD. Morag was lead researcher on the RCT of the Cambridge Breathlessness Intervention Service, developed following the MRC framework for complex interventions in collaboration with Dr Sara Booth (Addenbrooke's Hospital) and colleagues. She has published with colleagues in Canada and Australia in the field of breathlessness in advanced disease.

Concurrent session 2
Wednesday 5 April 2017 1.55-3.20pm

Session no: 2.1.1   Abstract number: 24

Time: 1:55pm

Trustworthiness: a hermeneutic qualitative research journey

Mrs Gayatri Nambiar-Greenwood PhD student, MA, Bsc, RGN, Dept. of Nursing, Faculty of Health, Psychology and Social Care, Stockport, UK

Abstract

Establishing the trustworthiness of a qualitative research study must include a number of strategies made explicit during its whole journey. Trustworthiness, according to Sandelowski (1993) is a matter of 'persuasion whereby the scientist is viewed as having made those practices visible and, therefore, auditable' (p.2). This broad concept includes ensuring rigour (Rolfe, 2006), credibility (Shenton, 2004) and transferability (Harrison and Morton, 2001).

For a researcher with a sustained interest in the subject of cultural care theories, the way it is delivered and service-user satisfaction, embarking on an interpretive study regarding service user perspectives required the conscious, reflexive engagement of a number of strategies to ensure the quality and transparency of the study. This reflexive approach would also contribute towards ensuring an ethical and genuine use of the service-user's voice and for the reduction of bias.

This paper considers the multilevel strategies that was employed within a doctorate level research study, in relation to maintaining trustworthiness. Entitled 'Culturally Appropriate Care: A qualitative exploration of service-users' perspective of nursing care', this study was influenced by Gadamerian Philosophical Hermeneutics, especially in relation to the cyclical, hermeneutic process of understanding. Now, in the final stages of this study, the paper will explore the breadth of employing those strategies that contributed towards the trustworthiness of this qualitative research study.

Recommended reading list

Gadamer, H.-G. (2013) Truth and Method. [2nd ed]. Weinsheimer, J. and Marshall, D.G. (Translators). New York: Continuum. (Original work published 1960).

Rolfe, G. (2006) 'Validity, trustworthiness and rigour: quality and the idea of qualitative research'. [Online]. [Accessed 11/01/2015]. http://garyrolfe.net/documents/validitytrustworthiness.pdf

Harrison, J. and Morton, M. (2001) 'Regimes of Trustworthiness in Qualitative Research: The Rigors of Reciprocity'. Qualitative Inquiry, 7(3) pp.323-345.

Biography

I am a full time nurse academic and part-time final year PhD student within the Department of Nursing at Manchester Metropolitan University. My main areas of interest of Cultural care for all communities, the influence o politics and media on perceptions of the cultural 'Other' and service-user perspectives in increasing satisfaction.

Session no: 2.1.2   Abstract number: 276

Time: 2:25pm

A realist evaluation of Schwartz Rounds: a complex intervention to support healthcare staff deliver compassionate care

Professor Jill Maben PhD, Msc, BA (Hons), RN, Florence Nightingale Faculty of Nursing and Midwifery, King's College, London, UK

Co-author(s): Mary Leamy, England; Ellie Reynolds, England, Cath Taylor England; Imelda McCarthy, England; Caroline Shuldham, England

Abstract

Background: Healthcare staff experience emotional, social and ethical challenges in their work, yet have few places to makes sense of these. Implemented in over 150 organisations in the UK since 2009 Schwartz Center Rounds ('Rounds') are a multidisciplinary forum in which healthcare staff discuss the impact of their work and its challenges in a confidential and safe environment.

Aims: to identify causal explanations of how Schwartz rounds 'work', for whom and in what circumstances.

Methods: Realist evaluation in 9 organizations; including Rounds observations (n=46) and interviews: Facilitators, Panellists, Audience (n=178). Data were collected 2015-16 and were analysed concurrently to identify causal explanations for how Rounds work (C-M-O configurations) tested in subsequent interviews and focus groups with expert stakeholders.

Results: Rounds were conceptualised as a 4-stage, chronological process, (sourcing stories and panellists; crafting stories; telling stories in Rounds and post round after effects) each stage has a cumulative effect identified in our cross-cutting themes (e.g. safety and trust; contextualising patients and staff and time and space for 'stepping off the treadmill').

Discussion: We draw on theory to suggest Rounds provide a 'counter-cultural' space outside normal routines allowing staff to connect with their own and others humanity and think through their practice together.

Conclusions: Schwartz Rounds are a unique organisational intervention which offer healthcare staff a Third space, where professionals can 'hang the confusion and chaos' of the workplace (..) while they think through their practice' (Britzman 2003). Outcomes include increased empathy for colleagues and patients and improved teamwork and communication.

Recommended reading list

Britzman, D. 2003. Practice makes practice: A critical study of learning to teach, New York: State University of New York Press

Karin Ikas, Gerhard Wagner (Eds) (2009) Communicating in the Third space. Routledge.

Biography

Professor Jill Maben

Jill Maben is a nurse and social scientist and Professor of Nursing Research, King's College London. Jill's expertise lies in research in the healthcare and nursing workforce, particularly the quality of the work environment and nurses' working lives and the effects of these on patient and staff outcomes and on nurses and patient experiences. Jill's interests lie in supporting staff to care well and her doctoral work examined the extent to which nurses could implement their ideals and values in practice. She is currently evaluating Schwartz Centre Rounds in the UK: 'A Longitudinal National Evaluation of Schwartz Centre RoundsÂ®: an intervention to enhance compassion in relationships between staff and patients through providing support for staff and promoting their wellbeing'.

Jill was in the Health Services Journal 'Top 100 leaders' in 2013 and was also included on Health Service Journal's inaugural list of Most Inspirational Women in Healthcare 2013. Jill was awarded an OBE in June 2014 for services to nursing and healthcare.

Session no: 2.1.3   Abstract number: 102

Time: 2:55pm

What is moral distress in nursing and how should we respond to it?

Miss Georgina Morley MSc, RN, BA, Institute of Applied Health Research, The University of Birmingham, Birmingham, UK

Abstract

Background: Moral distress (MD) was first introduced to the context of nursing by Jameton (1984) and has become an increasing focus of research. Most of this research has been conducted in North America, and it has drawn attention to the deleterious effects of MD, cementing its significance as a problem within nursing (Rushton, 2006, Ulrich et al., 2010). Research on MD amongst nurses in the United Kingdom (UK) however remains extremely limited. This presentation reports on a study from the UK that addresses that gap.

Aims: The first aim of this study is to develop a coherent account of MD in UK nursing and to provide evidence for nursing practice.

Methods: The study comprises 1) literature review 2) qualitative interviews and 3) theoretical normative analysis. I will provide preliminary findings from 1 and 2 which will inform later normative analysis regarding how we ought to respond to MD. Interviews with critical care nurses (n=14) were conducted over four months (August 2016- November 2016) and analysed using Van Manen's six activities for interpretive phenomenology.

Results: The study provides important insights into the issue of MD in nursing. The literature review identified large numbers of papers (n=151) attempting to define and/or measure MD, but the heterogeneity of the definitions identified suggest that prior to determining prevalence or proposing solutions, we need conceptual clarity on precisely what MD is. Only then can MD be measured or attempts made to reduce MD. Preliminary data and analysis suggest that narratives around ethical uncertainty, constraint and implementation, are associated with the psychological factors associated with MD.

Conclusions: The working hypothesis, at this stage of the study, is that current understandings of MD are too limited. Jameton's original and subsequent definitions must be broadened in order to meaningfully capture UK nurses' experiences of MD.

Recommended reading list

JAMETON, A. 1984. Nursing Practice: The Ethical Issues, Englewood Cliffs, NJ: Prentice Hall.

ULRICH, C., HAMRIC, A. and GRADY, C. 2010. Moral Distress: A Growing Problem in the Health Professions? Hastings Center Report. New York, USA: The Hastings Center.

RUSHTON, C. H. 2006. Defining and Addressing Moral Distress. American Association of Critical Care Nursing (AACN) Advanced Critical Care, 17, 161-168.

Biography

Georgina Morley was awarded a Florence Nightingale Foundation Travel Scholarship in 2014 to undertake travel to the United States to meet leading nurse ethicists and learn about how they are working to reduce moral distress in nursing.

In 2015, she was awarded a Wellcome Trust Society and Ethics Fellowship to continue her study of moral distress and is currently carrying out her doctoral studies at the University of Birmingham in Biomedical Ethics. She is carrying out an empirical ethics project in which she explores moral distress both empirically and conceptually; combining findings from the literature and empirical data from the lived experiences of critical care nurses to propose a new definition of moral distress that is sensitive to the UK context. Georgina continues to work clinically in Cardiac Critical Care at Barts Heart Centre, Barts Health NHS Trust in London.

Theme: Quantitative method and systematic reviews

Session no: 2.2.1   Abstract number: 143

Time: 1:55pm

Sexual function in women following anterior spinal surgery

Dr Jennie Walker PhD, RN, PGCert MedEd, Nottingham University Hospitals NHS Trust, Nottingham, UK

Abstract

Background: Sexual and reproductive health is an important aspect of quality of life. Sexual dysfunction following anterior lumbar spinal surgery has predominantly focused on male function with retrograde ejaculation following damage to the hypogastric nervous plexus (Hägg et al 2006), however, no equivalent outcome has been reported for women. While sexual dysfunction in women can be a multifactorial condition with anatomical, physiological, medical, psychological and social components (Salonia et al 2004), spinal surgery may further impact on sexual and reproductive function due to post-surgical factors (Albright et al 2015).

Methods: A postal questionnaire was sent to 188 women aged >18 years of age who had undergone anterior lumbar spine surgery at Nottingham University Hospitals NHS Trust. Questionnaires were followed up via telephone after two weeks if no response had been received. The questionnaire included the Patient Scar Assessment Questionnaire (PSAQ), a modified Female Sexual Function Index (FSFI), and questions relating to urinary and faecal incontinence. Descriptive statistics, chi square and Kruskal-Wallis tests were used to analyse the data.

Results: Responses indicated that following anterior lumbar spinal surgery approximately 1:5 women were dissatisfied or very dissatisfied with their sexual functioning. Reported complications included a reduction in sensation during sexual intercourse, increased difficulty in achieving orgasm, reduced ability to orgasm and reduced orgasm intensity.

Conclusion: Sexual function in women is not adequately assessed or reported following anterior spinal surgery. This may in part be attributable to the lack of general discussion regarding sexual activity during post-operative consultations and the use of standardised spinal outcome measures which do not specifically assess changes in sexual function. Further work is required to prospectively analyse the change in sexual function following spinal surgery and should be considered a priority within spinal services.

Recommended reading list

Albright TH, Grabel Z, DePasse JM, Palumbo MA. and Daniels AH. (2015) Sexual and reproductive function in spinal cord injury and spinal surgery patients. Orthopedic reviews, 7(3).

Salonia A, Munarriz RM, Naspro R, Nappi RE, Briganti A, Chionna R, Federghini F, Mirone V, Rigatti P, Goldstein I. and Montorsi F. (2004) Women's sexual dysfunction: a pathophysiological review. BJU international, 93(8), pp.1156-1164.

Hägg O, Fritzell P, Nordwall A. and Swedish Lumbar Spine Study Group (2006) Sexual function in men and women after anterior surgery for chronic low back pain. European Spine Journal, 15(5), pp.677-682.

Biography

Jennie graduated from the University of Nottingham in 1998 as a registered nurse and has since enjoyed working and teaching in different areas of the musculoskeletal speciality. Jennie currently works as a clinical educator teaching medical undergraduates as well as working to improve clinical standards and professional development at Nottingham University Hospitals NHS Trust. Jennie has research interests in musculoskeletal and neuroscience specialities as well wound infection and infection control. Jennie graduated from the University of Nottingham in 2016 having completed her PhD in pin site infection.

Session no: 2.2.2   Abstract number: 256

Time: 2:25pm

Can genetic and epigenetic markers identify women at risk of postnatal depression? A systematic review

Ms Judith Elwood BSc(Hons) Midwifery Science, BSc (Hons) Occupational Therapy, MSc, Ulster University, Institute of Nursing and Health Research, Newtownabbey, Belfast, UK

Co-author(s): Prof M. Sinclair (N.Ireland), Dr J Stockdale (N. Ireland), Dr AF Bell (US), Dr E Murray (N.Ireland)

Abstract

Background: Poor maternal mental health has been consistently identified as a major causal factor in morbidities in the perinatal period (CEMACH 2007, MBRACE 2014). Postnatal depression can affect the wellbeing of the mother, baby and entire family unit. Worldwide, WHO estimate that 10-15% of women in industrialised countries and 20-40% of women in developing countries experience depression during pregnancy or postnatally. Early diagnosis and intervention are very beneficial to both mother and baby.

Aim: This research investigates the use of biomarkers in identifying women with a heightened risk for PND.

Method: A systematic search of five databases (Medline, Embase, PILOT, Psychinfo and Scopus) was carried out using the following Mesh terms and keywords: postpartum, depression, postnatal depression, genetics, genetic polymorphisms and epigenetics. Inclusion criteria were applied and quality of studies was assessed using guidelines laid out in the HuGE Review Handbook.

Results: 37 studies were identified for inclusion in the review. Associations have been found between symptoms of PND and polymorphisms and epigenetic modifications that impact neurotransmitters, the stress system and reproductive hormones. Some associations are only seen in the presence of particular environmental factors such as stressful life events, season of birth or adverse childhood experience.

Discussion: Genetic and epigenetic markers that may confer susceptibility to PND were identified. Some models based on these markers have shown moderate predictive power within the sample cohorts. Women susceptible to PND appear to have heightened epigenetic sensitivity to physiological changes brought about by pregnancy or to environmental factors conferred by genotype. No study, as of yet, has investigated epigenetic, genetic and environmental factors together.

Conclusion: This review highlights the importance of both biomarkers and environmental factors in the onset of PND. Measuring the interaction of epigenetic, genetic and environmental factors may improve accuracy of predictive models.

Recommended reading list

Confidential Enquiry into Maternal and Child Health 2007 'Saving mother's lives, Reviewing maternal deaths to make motherhood safer, 2003-2005.' RCOG Press, London

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK 2014 'Saving lives, Imroving Mothers' Care' National Perinatal Epidemiology Unit

Biography

Judith Elwood is a doctoral student at Ulster University. She graduated from Queen's University Belfast with BSc (Hons) Midwifery Science in 2014. Her research interests include methods of improving maternal mental illness including the use of eigenetics and genetics and the effect of the birth experience.

Session no: 2.2.3   Abstract number: 248

Time: 2:55pm

Taxonomy of frequent users to urgent and emergency healthcare.

Mrs Nicola Worrillow MSc Specialist Community Public Health Nursing, Leeds Beckett University, Leeds, UK

Co-author(s): Michelle Briggs, Uk; Jane South, Uk

Abstract

Background: There is a lack of research available that examines the heterogeneous population of frequent users of urgent and emergency healthcare. Most research explores this population by focusing on the patient's demographics or presenting symptom, rather than their unmet needs that has instigated the urgent and emergency contact.

Aim: The aim was to analyse the reasons why frequent users select and contact the services of either: Out of Hours General Practitioners; NHS 111; Ambulance Services; or Emergency Departments.

Method: A systematic mapping exercise was undertaken to create a comprehensive understanding of how these services are currently working with regard to frequent users. The search produced 5094 articles which were screened against the inclusion criteria, leaving 156 articles to be analysed. Data was extracted and a thematic synthesis was used to analyse this diverse population. From this analysis a taxonomy of sub-groups of frequent users was formed and their underlying needs identified.

Thirty-two clinical semi-structured interviews were undertaken to gain critical feedback on the robustness and viability of the taxonomy. The qualitative data received from clinicians with experience of supporting these patients prompted adjustments to the original taxonomy.

Results: The taxonomy sub-divided the main heterogeneous group into 5 main groups: Elderly and Frail; Mental Health; Substance Misuse; Chronic Conditions; and Homeless and Vulnerably Housed. Within each sub-group, unmet needs were identified and further categorised. This created an inclusive, individual care pathway for frequent users of healthcare services.

Discussion: Through focusing on the unmet needs that these individuals have, instead of their demographics or self-reported presenting symptoms, clinical staff can refer and signpost patients into designated services. This will enable clinicians to support frequent users instead of crisis managing their episodic presentations.

Conclusions: This taxonomy will create clinical effectiveness for each contact and sustainability within services, thus benefitting the patient and their outcome.

Biography

Nicola is a PhD student at Leeds Beckett University. She is a registered adult nurse and has worked in various urgent and emergency healthcare settings. In 2014 she completed her MSc in Specialist Community Public Health Nursing and was subsequently awarded a Health Education England PhD Studentship.

Theme: Mixed/patient experience

Session no: 2.3.1   Abstract number: 40

Time: 1:55pm

Talking-past-each-other: health professional and family perspectives on accessing post-stroke information

Dr Dianne Roy RN PhD FCNA(NZ), Department of Nursing, Healthcare Pathway, Unitec Institute of Technology, Auckland, New Zealand

Co-author(s): Sue Gasquoine, New Zealand; Shirin Caldwell, New Zealand; Derek Nash, New Zealand

Abstract

Background: The global burden of stroke is increasing. Many stroke-survivors live with significant impairment; the care and support they and their families require is complex. While research supports the routine provision of information to stroke patients and their families, the best way to provide information is unclear (Forster et al., 2012). Furthermore, stroke-survi-

vors and their families continue to report a lack of knowledge and difficulty in accessing it (Perry and Middleton, 2011).

Aim: To ascertain information needs of families post-stroke through identifying current practice, resources, appropriateness, accessibility, timeliness, and information/knowledge gaps.

Methods: Mixed-methods descriptive survey. Family members (n=19) and health professionals (n=23) were recruited using purposive sampling. Data were collected via face-to-face interviews September-October 2010. Descriptive statistics were used to analyse quantitative data; content analysis for qualitative. This analysis will be presented.

Results and Discussion: For families, information access was variable, both in quality and timeliness and compounded by the nature of the experience; the sudden onset and changed family dynamics. Most described being overwhelmed initially with information they could not absorb; then later 'floundering' as they had to find their own way through the maze. Few could recall information that focused specifically on them as family members. Health professionals described a range of resources and practices used to provide information. They identified barriers to effective provision, including language and other communication barriers, time constraints and workload issues. Most neither assess health literacy levels nor considered family needs to be separate to or different from the stroke survivor's. Furthermore, a gap was identified between health professionals' theoretical understandings of best practice and their actual practice.

Conclusion: Information needs specific to stroke families are often overlooked. It is important to communicate effectively with families and acknowledge that they may have needs that are different to the stroke-survivor's needs.

Recommended reading list

FORSTER, A., BROWN, L., SMITH, J., HOUSE, A., KNAPP, P., WRIGHT, J. J. and YOUNG, J. 2012. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 11, CD001919.

PERRY, L. and MIDDLETON, S. 2011. An investigation of family carers' needs following stroke survivors' discharge from acute hospital care in Australia. Disability and Rehabilitation, 33, 1890-1900.

Biography

Dr Dianne Roy has a strong background in both practice and education. She is an Associate Professor in the Department of Nursing at the Unitec Institute of Technology in Auckland, New Zealand. Dianne has extensive clinical, research and teaching expertise in issues related to long-term conditions, self-management, impairment and disability. She is the principal investigator for the multi-phase Stroke Family Whānau Project. This clinically based project in collaboration with the local district health board aims to improve support and outcomes for families (Whānau) of clients following a stroke. The project is now in its seventh year and third phase. Dianne lectures across the Bachelor of Nursing programme, particularly in primary health praxis, research, and professional practice. Dianne supervises an enthusiastic group of post-graduate students across the institute, a number of whom complete studies within the Stroke Family Whānau Project.

Session no: 2.3.2   Abstract number: 11

Time: 2:25pm

Establishing the views of homeless Individuals on homelessness and healthcare services through the use of art therapy.

Miss Stephanie Morris, Bangor University, Bangor, UK

Abstract

This ethnographic, mixed-methods research sought to gain the views and experiences of homeless individuals on homelessness and healthcare services by implementing art therapy sessions at a local homeless drop-in centre.

A total of 15 homeless participants attended one or more art therapy session over a period of 5 months. Participants were recruited using a non-probability, purposive sampling method at the local homeless drop-in centre where the participants were known to.

Participants were prompted to express their feelings surrounding homelessness and healthcare using the art materials provided. Observations and knowledge gained has been documented in the form of diary entries, before being formulated into a descriptive narrative producing 15 case studies in total. Case studies were analysed and any common themes grouped and quantified to reveal both quantitative and qualitative data. Artwork was collected and described within each narrative, outlining the subject, style and any meaning portrayed within the artwork from the participant.

Findings of the study report on experiences of homelessness, causes of homelessness and experiences of accessing healthcare services. The study found participants expressed, both verbally and creatively, their negative feelings and experiences of homelessness. Causes of homelessness varied and experiences of accessing healthcare services were mostly negative.

The findings in this study provide experiences of homelessness and healthcare from a hard to reach community where there is little documented evidence. The use of art therapy can be repeated on groups who may benefit from a therapeutic and non-invasive research design. This research identifies the need for improvement in healthcare services for the homeless community where access to services and transitions in care have been identified as poor. Artwork and data can be used to inform healthcare professionals on the difficulties homeless individuals face.

Biography

Stephanie Morris. Studies Adult nursing at Bangor University. Passionate about nursing and improving healthcare services for the homeless community. Wales representative on the RCN UK student committee and RCN Wales student nurse of the year finalist.

Session no: 2.3.3   Abstract number: 272

Time: 2:55pm

Performances and positional spaces of siblings living in the context of cystic fibrosis. A dramaturgical perspective.

Dr Amie Hodges PhD,MSc,BSc Hons, Cardiff University, Cardiff, UK

Abstract

Background: Siblings are identified as being a marginalized group because there is limited recognition of their voice within the literature when living in the context of cystic fibrosis (CF).

Aim: This study explores the experiences of siblings who are living with a child with CF, to present specific insight into their worlds.

Participants: n=10 Non-CF Siblings age 7 to 12

Method: Qualitative methodological narrative inquiry was used to engage siblings within the context of their family with the use of a bricolge of creative participatory methods. Narrative interviews, observations and a variety of creative media, including pictures, poems, songs and artifacts have provided a platform for sibling's expression/performance. Dramaturgy was used as the exploratory lens in which to view the sibling front stage, back stage and centre stage stances (Goffman1959). (Dramaturgy represents stage performance). Data collected between February 2014- June 2015.

Results: Through interactive performances siblings acted out scenes of multiple presentations of self in relation to their performance of role, space, position and emotional wellbeing. This revealed the contradiction between the ideology and reality of their lives in the context of CF.

Discussion: Sibling's expression of voice goes beyond the spoken word and can be seen in constructed and co-constructed performance. They are skilful in their interactions as they fluctuate easily between front stage and back stage stances. Despite being seen in a decentralised position, siblings are silently central. As key members of the family team they play a role in maintaining family equilibrium, but they are containers of emotion of self and others.

Conclusion: There is a need for greater awareness of the daily impact of CF on the sibling. More emphasis needs to be placed on addressing siblings needs.

Recommended reading list

Goffman E (1959) The presentation of self in everyday life. Garden City. NY, Double Day.

Edwards R, Hadfield L, Lucey H, and Mauthner (2006) Sibling identities and relationships: London. Routledge

Mannay D (2015) Visual, Narrative and Creative Research **Methods:** Application, reflection and ethics. London. Routledge.

Biography

I have worked as a lecturer in children's nursing studies in the school of healthcare sciences at Cardiff University for 13 years and I am currently the student disability manager for the school. My experience includes teaching nursing students on undergraduate, post graduate and overseas programs, as well as undertaking my own research in the field of child health. My particular interest and expertise is focused around respiratory health, family centered care and siblings of children with chronic illness, as well as using creative and visual methods in teaching and research.

As a previous nurse specialist I pioneered the development of a successful children's respiratory service, I have a breadth of knowledge and experience in caring for children, young people and families with acute, chronic, complex and specialist problems. Advocating for their needs, to provide excellence in care is the fundamental motivation in driving forward my research to influence nursing practice.

Within my career I have disseminated practice innovations through publication and presentations nationally and internationally. I have contributed to National Policy and setting the Clinical Agenda to improve children's services.

Theme: Evidence review

Session no: 2.4.1   Abstract number: 54

Time: 1:55pm

Understanding informal carers' experiences of caring for older people with a hip fracture: a systematic review of qualitative studies

Dr Liz Tutton PhD RN, RCN Research Institute, University of Warwick and Trauma Research, Oxford, Coventry, UK

Co-author(s): Lorena Saletti Cuesta, Argentina; Debbie Langstaff, UK; Keith Willett, UK

Abstract

Background: The provision of informal care can be stressful and affect carer's health. Research suggests that carers who look after older people with a fractured hip have a variety of experiences (Shawler 2007; Bryne et al. 2011). In order to understand how these diverse experiences are similar or different a systematic review was required. This paper will present the findings of this review.

Aim: To reconceptualise informal carers' experiences from a variety of papers to provide direction for research, policy and practice.

Method: The systematic review drew on Meta-ethnography (Noblit and Hare 1988)and 21 international studies were included. The search strategy was limited to the years 2000-2015.

Findings: The analysis identified a core theme of 'engaging in care: struggling through', as carers who wanted to be involved in caring learnt to live with the intense and stressful impact of caring and changes to their life. The core theme is represented through three themes: 1) Helping another to live which encompassed changing relationships as a result of dependency; 2) Adapting ways of living which identified the challenges of living with stress and their reliance on learning from experience and; 3) Negotiating the unknown where carers struggled to be heard and find the information they required.

Discussion: This review deepens our knowledge of the life changing impact of caring for an older person with a hip fracture. Despite being willing to care, carers struggled with their relationships, the burden of dependency and the steepness of the experiential learning curve.

Conclusion: Nurses may be strategically placed to enhance carers' involvement, education through experiential learning and support to enable them to develop emotional resilience and the skills required for negotiating the complex process of recovery. However systems would need to be in place to support this activity.

Recommended reading list

Byrne, K. Orange, J. B. Ward-Griffin, C. (2011) Care transition experiences of spousal caregivers: From a geriatric rehabilitation unit to home. Qualitative Health Research, 21, 10, pp 1371-1387.

Shawler, C. (2007) Empowerment of aging mothers and daughters in transition during a health crisis. Qualitative Health Research, 17, 6, pp 838-849.

Noblit, G. W. Hare, R. D. (1988) Meta-ethnography: synthesizing qualitative studies. Newbury Park, Sage.

Biography

Liz Tutton is a Senior Research Fellow at the RCN Research Institute, Warwick Medical School, University of Warwick, and Trauma Research, Kadoorie Centre, John Radcliffe Hospital, Oxford. Liz has experience in nursing, education and research. Research areas include: patient and staff experiences of care; recovery and treatments; core concepts of care such as comfort, participation and hope. Liz currently has many studies exploring recovery from traumatic injury in adults and older people.

Session no: 2.4.2   Abstract number: 103

Time: 2:25pm

Factors facilitating and inhibiting a healthy transition in a long term care facility: a systematic review of older people, family and care staff perspectives

Dr Joanne Fitzpatrick BSc PhD RN PGCEA, King's College London, London, UK

Co-author(s): Vasiliki Tzouvara, UK; Bernadette Khoshaba, UK

Abstract

Background: Relocating to a long term care facility (LTCF) is a significant life event for older people (1). A healthy transition should be the desired outcome of relocation. This is characterised by process indicators (e.g. feeling connected, interacting, developing confidence, and coping) and outcome indicators (e.g. mastery of skills and behaviour needed to manage the new situation, and development of a fluid but integrative identity) (2). Key to supporting older people to transition successfully is to understand the facilitating and inhibiting factors. This review goes beyond existing reviews by investigating this phenomenon for all older people relocating to a LTCF and by eliciting the perspective of older people, families and care staff.

Aim: To synthesise current evidence about factors that facilitate or inhibit a healthy transition following relocation to a LTCF (nursing/

residential home, assisted living facility) from the perspective of older people, families and care staff.

Method: A comprehensive search strategy was used to search several electronic databases and grey literature sources for the period January 1990 to January 2016. Screening and quality appraisal of selected studies was conducted. Data were extracted into Excel using key headers and the findings were described and synthesised using Meleis' Transitions Theory (2).

Findings: 1,663 results were obtained and 38 studies were included, of which 28 were qualitative, 7 quantitative and 3 mixed methods. Personal, community and societal conditions that facilitate and inhibit a healthy transition for older people following their relocation to a LTCF were identified and will be discussed.

Conclusions: With an increasing older population, it is clear that the demand for long term care will increase. This review contributes to understanding facilitators and barriers for a healthy transition following relocation to a LTCF. The findings will inform the development, implementation and evaluation of innovative transitional interventions for older people relocating to these settings.

Recommended reading list

Davies S 2005 Meleis's theory of nursing transitions and relatives experiences of nursing home entry. Journal of Advanced Nursing 52(6): 658-671.

Meleis A I (2010) Transitions Theory- Middle Range and Situation Specific Theories in Nursing Research and Practice. New York: Springer Publishing Company.

Biography

Jo is a graduate of the University of Ulster where she completed a BSc (Hons) Nursing Studies with registration as an adult nurse in 1990. Jo was awarded her PhD in Nursing in 1996 from King's College London. Her clinical background is gerontological nursing. Jo is currently a senior lecturer in the Florence Nightingale Faculty of Nursing and Midwifery, King's College London and within her university role, is Head of Postgraduate Research Studies. Jo's research areas are older person care in acute and long term care settings, and healthcare workforce related to care of older people.

Session no: 2.4.3   Abstract number: 223

Time: 2:55pm

Quality and acceptability of patient-reported outcome measures (PROMs) used to assess fatigue in Axial Spondyloarthropathies (AxSpa): a systematic review

Mr Nathan Pearson BSc Psychology, MSc Cognitive Neuroscience, Royal College of Nursing Research Institute, University of Warwick, Coventry, UK

Co-author(s): Jon Packham, UK; Helen Parsons, UK; Kirstie Haywood, UK

Abstract

Background: Up to 75% of patients with AxSpa experience severe fatigue[1]. Assessment guidance recommends use of a single item fatigue severity visual analogue scale (VAS)[2]. However, this limited assessment fails to capture the multi-dimensionality of fatigue and may inadequately reflect change in fatigue status.

Aims: To appraise the quality and acceptability of single and multi-item measures of fatigue used with AxSpa patients.

Methods: A two-stage systematic review of major electronic databases (1980-2016): Phase 1 identified all PROMs used to assess AxSpa-fatigue. Phase 2 identified published evidence of measurement and/or practical properties in the AxSpa population. Both study quality and PROM quality was assessed against international standards.

Results: From 387 reviewed abstracts, 112 articles were reviewed in full; 28 provided evidence for 3 multi-item fatigue-specific PROMs, 3 single-item PROMs and 1 fatigue-specific PROM subscale. No PROM was specific to AxSpa-fatigue.

Evidence for measurement validity was limited, but strongest for the FACIT-Fatigue and the single item 10cm VAS. Content validity and relevance to AxSpa patients was not evaluated. Evidence of reliability was limited, but acceptable for the MFI-20 (both internal consistency and test-retest) and the SF-36 Vitality subscale (internal consistency only). Responsiveness was rarely evaluated with limited evidence for the SF-36 Vitality scale. Evidence for the remaining measures was weak. The contribution of patients was limited and poorly reported.

Discussion: The review highlights the limited and often poor quality evidence to inform PROM selection, with no assessment of relevance or acceptability to patients with AxSpa. Assessment recommendations are therefore difficult; significant methodological and quality issues must be addressed in future PROM development/evaluation. The use of high quality and relevant fatigue PROMs developed and evaluated with patients as equal partners will provide both clinical practitioners and patients with a powerful resource for routine clinical care and research.

Recommended reading list

1. Haywood, K.L., Packham, J.C. and Jordan, K.P. (2013) 'Assessing fatigue in ankylosing spondylitis: The importance of frequency and severity', Rheumatology, 53(3), pp. 552 - 556. doi: 10.1093/rheumatology/ket397.

3. US Food and Drug Administration Guidance for Industry: Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims. (2009). Rockville: Department of Health and Human Services, Food and Drug Administration, Centre for Drug Evaluation and Research

2. Sieper, J., Rudwaleit, M., Baraliakos, X., Brandt, J., Braun, J., Burgos-Vargas, R., Dougados, M., Hermann, K.-G., Landewe, R., Maksymowych, W. and van der Heijde, D. (2009) 'The assessment of SpondyloArthritis international society (ASAS) handbook: A guide to assess spondyloarthritis', Annals of the Rheumatic Diseases, 68(Suppl 2), pp. ii1–ii44. doi: 10.1136/ard.2008.104018.

Biography

Nathan Pearson is a second-year PhD student based at the University of Warwick. He is supervised by Dr Kirstie Haywood and Dr Jon Packham on a research project that seeks to improve the assessment of fatigue in Axial Spondyloarthropathy. Previously, Nathan completed a bachelor of science degree in Psychology and a master of science degree in Cognitive Neuroscience. His research background focused on the perception of facial disfigurements using eye-tracking methods, which he continued working on as a research assistant prior to beginning his PhD. His specific interest is in applied research.

Theme: Research process

Session no: 2.5.1   Abstract number: 280

Time: 1:55pm

Current arrangements for disclosure in nursing and health research protocols

Professor George Kernohan BSc PhD, Institute of Nursing and Health Research, Ulster University, Newtownabbey, UK

Co-author(s): Emma McFall (Northern Ireland)

Abstract

Many ethical issues have to be considered when identifying personal health status whilst undertaking nursing and health research. Consent, the dignity and privacy of the research subjects, voluntary participation and protection from harm - are commonly addressed through good practice in data management, informed consent and the application of basic ethical principles (Holloway, 1995). Disclosure of clinically relevant information, however, generates

specific ethical problems because of the potential conflicts between clinical and research roles, privacy and protection, individual vs common goods (Bevan et al, 2012).

To identify current practice, a 12-month cohort of research ethics applications (N=96) were reviewed using a documentary analysis approach, noting cases where any arrangements had been put in place to accommodate the management of individual findings where the researchers were able to predict disclosure of potentially relevant information.

Findings show three approaches. First, low risk descriptive studies of health status in otherwise healthy populations where no special disclosure arrangements were found. This category included studies that purposively avoiding collecting personal details, thus making any disclosure impossible. Second, low risk studies of patients and carers of people with health concerns. Disclosure of previously unreported aspects of the illness can be predicted, only where the research topic coincides with the disclosure topic: these cases planned to provide support and advice to all participants. A third, less populated category involved investigations at higher levels of risk with vulnerable populations. This category included cases where specific clinical partners were available to address disclosure through direct referral. The level of participant anonymity and confidentiality varied across the approaches, independently of disclosure or risk.

Ethical consideration is crucial in planning research: arrangements for disclosure of clinically relevant details to researchers has been reported (Olsen et al, 2003). Further work is needed to understand the implications of privacy and anonymity.

Recommended reading list

Bevan, J.L., et al. (2012) Critical social theory approach to disclosure of genomic incidental findings. Nursing Ethics, vol 19, no 6, pp 819-828.

Olsen, D.P., et al. (2003) Ethical considerations in international nursing research: a report from the International Centre for Nursing Ethics. Nursing Ethics, vol 10, no 2, pp 122-137.

Holloway, I. (1995) Ethical Issues in Qualitative Nursing Research. Nursing Ethics, vol 2, no 3, pp 223-232.

Biography

A health researcher in Palliative Care and Chronic Illness, Prof Kernohan has 20+ years' expertise in nursing research, including current work to enhance palliative care for people in the region in partnership with Doctors, Nurses, Patients, Carers. Main clinical research work is with Northern Ireland Hospice, Marie Curie Hospice, and the local NHS Trusts and other agencies providing health and social care for a population of 1.7m people. George worked on the local NHS REC for 10 years and currently chairs the internal review board "filter committee" for Ulster University.

Session no: 2.5.2   Abstract number: 251

Time: 2.25pm

Emotional labour: ethnography and the healthcare worker

Mrs Charlotte Overton RN, BSc (Hons), MMedSci (Clin Ed), RNT, Nottingham University Business School, Nottingham, UK

Co-author(s): Dr Fiona Moffatt UK

Abstract

Ethnography is an increasingly used methodology in healthcare research. A small number of papers have described the emotional labour inherent in such research, but these have been confined to critical ethnographies, or areas of extreme sensitivity.

This paper extends Hochschild's (1983) concept of emotional labour: the process of regulating feelings to fulfil the emotional requirements of a job - to consider routine ethnographies conducted in a healthcare setting, and by a healthcare professional (HCP). The premise is that in such a situation, the 'insider status' of the researcher confers particular identities, values, virtues and beliefs. The researcher may be exposed to experiences that challenge these professional ideologies, requiring them to reflexively manage, and conceal, the associated discomfort or distress (McQueeny and Lavelle, 2015).

Such insider status, and the resultant emotional labour, has been discussed as potentially problematic, with implications for data collection, analysis, representation and researcher wellbeing. This paper offers an alternative stance. Drawing on reflexive accounts of an ethnography concerning quality improvement, undertaken by an experienced HCP, the authors suggest that emotional labour can instead be used to add methodological integrity.

Specifically, emotional labour can be utilised by the researcher as a 'trigger' to challenge initial conceptions, preserve ethical integrity, facilitate connection with the 'actors' under observation and subsequently attain a higher level analytical position. HCP researchers should be cognisant of the value of emotional labour in routine ethnographies, in terms of enhancing scholarship.

Recommended reading list

Hochschild, A. (1983) The Managed Heart: Commercialization of Human Feeling. Berkeley, CA: University of California Press.

McQueeney, K., Lavelle K. M. (2015) Emotional Labor in Critical Ethnographic Work: In the Field and Behind the Desk. Journal of Contemporary Ethnography. (Accessed August 8th 2016). doi: 10.1177/0891241615602310

Biography

Charlotte Overton is a full time PhD student, sponsored by The Health Foundation, based at Nottingham University Business School, Centre for Healthcare Innovation, Leadership and Learning. Her research interests are in the filed of Improvement Science.

Charlotte is a practicing acute care nurse currently working on the nurse bank across a range of clinical areas. Charlotte has extensive experience in the field of Practice Development, in Intensive Care and in a Trust wide post. She holds a Masters in Clinical Education and is a Registered Nurse Teacher. Prior to undertaking the PhD she was an undergraduate nurse lecturer.

Fiona Moffatt is a lecturer in the School of Health Sciences, University of Nottingham. Fiona obtained a B.Sc. (Hons.) in Physiotherapy from the University of Manchester in 1991. She subsequently completed an M.Sc. in Physiology at University College London in 1997. Fiona's clinical expertise is the management of the acutely ill adult and patients with cardio-respiratory dysfunction.

In 2010, Fiona commenced a PhD jointly funded by The Foundation for the Sociology of Health and Illness and The University of Nottingham. The thesis is titled "Working the production line: Productivity and professional identity in the emergency department" and was awarded in March 2014.

Session no: 2.5.3   Abstract number: 326

Time: 2:55pm

Can primary care nurses improve integrated care and self-management for long-term conditions - a feasibility trial process evaluation of the person centred assessment method (PCAM).

Dr Carina Hibberd PhD, CSO NMAHP Research Unit, University of Stirling, Stirling, UK

Co-author(s): Eileen.Calveley (UK); Patricia Aitchieson (UK); Nadine Dougall (UK); R.Pratt (USA); Margaret Maxwell (UK)

Abstract

Background: - Long-term conditions (LTC) affect 15 million people in the UK (DoH,2012), accounting for half of primary care consultations. Improving broader biopsychosocial health and self-care is key to addressing this complex problem. But, primary care and patients have been largely unable to ptimise self-care.

Intervention: The PCAM aims to encourage: conversational assessment of biopsychosocial and care needs; and person-centred action

planning, linking patients with broader statutory and third sector services.

Method: A feasibility/pilot cluster RCT with practices randomised to nurses delivering Usual-care (UC) or PCAM in LTC reviews. Randomisation followed nurse and patient level baseline data collection. PCAM-arm nurses were then trained to use the PCAM intervention and same patient outcomes data collection was repeated. Fidelity to PCAM use was conducted via an audit of consultation recordings pre and post use. A qualitative process evaluation assessed feasibility, acceptability and barriers and facilitators to use.

Findings: Five practices were randomised: with three practices (six nurses) to the PCAM arm and two practices (four nurses) to the UC arm. Data was obtained for 133 patients at baseline and 77 patients post intervention. For nurses the PCAM was fairly easily integrated into consultation, although some reflected that support during 'experiential learning' was required. All nurses reported they would continue to use PCAM which helped support a positive nurse/patient relationship. Analysis of consultation recordings showed increased discussion of broader social issues. In LTC reviews, PCAM nurses made increased use of signposting to social supports (18% PCAM v 4%UC) which were also more likely make referrals taken up by patients (8% PCAM v 2% UC).

Conclusions: This feasibility study indicates that PCAM has potential to be implemented and valued by nurses in a range of practices; and to improve patient access to social supports. Time for embedding into practice should be appreciated.

Recommended reading list

Department of Health. (2012) Improving quality of life for people with long term conditions.

Biography

Carina Hibberd was the study lead researcher and is a mixed methods health services researcher. She has a research interest in patients' and nurses' experience of care, and developing and evaluating complex interventions across community, primary care, mental health and acute in-patient care.

Theme: Qualitative approaches/ interviewing

Session no: 2.6.1   Abstract number: 41

Time: 1:55pm

Lost without translation: practice leaders as code breakers

Mrs Jan Furniaux RGN/RMN/BSc/MSc, 2gether NHS Trust, Gloucester, UK

Co-author(s): Siobhan Reilly, Katherine Froggatt

Abstract

Lost without Translation: Practice Leaders as code breakers

Restrictive intervention management for people with dementia in a mental health setting: An interpretive description

Background: Dementia is characterized by a set of symptoms affecting the brain and it is estimated that there are 850,000 people living with dementia in the UK / 46 million people worldwide (Alzheimers Socity, 2016). In the UK, approximately one third of people with dementia live in care settings and may be subject to restrictive interventions.

Aim: To understand how mental health workers manage restrictive interventions in practice.

Methods: An Interpretive Descriptive study was undertaken in two NHS Trusts. Two groups of participants were purposively sampled. Group One: practitioners (n=18) and Group Two: organizational policy and practice leads (n=5). Vignettes were developed using evidence based literature, case law and practice guidance (Bryman, 2012) and used to frame semi structured interviews (2016). Thematic analysis of data followed the six phases described by Braun and Clarke (2006) using NVIVO-10.

Results: Four key themes were identified:

• Legislation: practitioners rely on translation of complex and shifting legislation.

• Policy: driven by legislation / informed training but not accessible to practitioners due to complexity

• Training and supervision: essential to practitioners**:** translating legislation and policy into practice.

• Person-centred care: the core of practice

Discussion: Practice leaders interpreted legislation to frame restrictive intervention policy, practice guidance and training content for practitioners. Practitioners described restrictive intervention practice based on person-centred care principles, informed by training and supervision.

Conclusions: Person-centred restrictive intervention practice is enabled if service providers invest in practice leadership to translate legislation, case law and policy for practice - via direct training and supervision.

Recommended reading list

Alzheimers Society (2016) http://www.alzheimersresearchuk.org

Braun, C and Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology. 3.77-101

Bryman, A. (2012) Social Research Methods. Oxford. Oxford university press

Biography

Present appointment:

• Service Director**:** (since May 2013)

• 2gether NHS Trust

Qualifications:

• RGN; RMN; BSc Professional Studies 1999; Diploma Serious Mental Illness 2002; MSc Applied Ageing Studies 2007. PRINCE2 2009.

Professional registration:

• RGN 1986

• RMN 1988

• Nursing and Midwifery Council. Pin No: 83A0245E

• Previous and other appointments:

• Community Service Manager (2007-2013)

Research experience:

• 2002**:** 2003 employed as a research project nurse.

• Lead researcher in a qualitative care home training needs study 2003.

• MSc dissertation**:** interview based study: An exploration of nursing interventions in psychosis**:** 2007.

Research training:

• MSc research modules 2005-2006

• Current PhD studies: completion of 2 year research theory and practice taught modular programme**:** 2012-2014

• Introduction to Good Clinical Practice**:** Redwood Hse - 2013

Relevant publications:

• Furniaux, J.and Mitchell, T. (2004) Community Mental Health Nurse Liaison Nursing. Mental Health Nursing. 24.1.4-8.

• Kukstas, T, and Furniaux, J. (2015) Brain power: managing the emotional impact on staff. Journal of Dementia Care. 23.1.22-24.

Session no: 2.6.2   Abstract number: 46

Time: 2:25pm

"What does caregiving mean to you?" Hearing the voices from Hong Kong Chinese family caregivers of persons with dementia.

Miss Rebecca Cho Kwan Pang RN, BN, The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Co-author(s): Diana Tze Fan Lee, Hong Kong

Abstract

Background: The meaning that caregivers ascribe to caregiving plays an important role in dementia family caregiving [1]. It influences the behavioural and emotional responses of the caregivers, and their psychological adjustment to the caregiving situation [2,3].

Aim: This study aims to explore the meanings that Chinese family caregivers of persons with dementia ascribed to their caregiving situation.

Methods: A descriptive qualitative study was conducted. Data was collected using unstructured interviews. Fifteen Hong Kong Chinese primary caregivers of persons with dementia were interviewed. All interviews were audiotaped and transcribed verbatim. Data was analysed using thematic analysis. Data analysis was completed in October 2016.

Results: Three main themes were identified: (1) Caregiving is a right thing to do; (2) Caregiving is a suffering; and (3) Caregiving is a sense of achievement.

Discussions: This study has illustrated that the meaning of dementia family caregiving carries both negative and positive aspects of caregiving. The negative aspects are in the forms of suffering while positive aspects are in the forms of achievement. Suffering is derived from the experience of loss of control and the demanding caregiving duties, while achievement is derived from helping the care-recipient and others to live with the disease. This sense of achievement has motivated caregivers to continue their caregiving role. In addition, the Chinese cultural values, such as filial piety, 'mianzi (face)' and 'yuan', also play a key role in influencing the caregiving experience, which will affect the meaning caregivers ascribed to caregiving.

Conclusion: To assist caregivers to go through the caregiving journey, professionals should identify ways to help caregivers to reframe the negative caregiving situation by gaining a sense of control and finding achievements they have obtained through caregiving. In addition, caregiving is viewed as a family affair in Chinese culture, interventions using a family-centered approach may also be beneficial.

Recommended reading list

Folkman, S. (1997). Positive psychological states and coping with severe stress. Social science and medicine, 45,8, pp 1207-1221.

Quinn, C., Clare, L., and Woods, R. T. (2010). The impact of motivations and meanings on the wellbeing of caregivers of people with dementia: A systematic review. International Psychogeriatrics, 22,1, pp 43-55.

Folkman, S., and Moskowitz, J. T. (2000). Positive affect and the other side of coping. American psychologist, 55,6, pp 647-654.

Biography

Miss Rebecca Pang is a PhD candidate of the Nethersole School of Nursing, The Chinese University of Hong Kong. She is a registered nurse. Her research interests include gerontology and long-term care, with particular focus on dementia caregiving and chronic disease management.

Session no: 2.6.3   Abstract number: 90

Time: 2:55pm

Proxy decision making and dementia care: exploring decision maker thinking using Construal Level Theory

Mrs Helen Convey RN, MA, University of Leeds, Leeds, UK

Co-author(s): Janet Holt, England, UK; Barbara Summers, England, UK

Abstract

Background: When an individual who is living with dementia (The Person) does not have decisional capacity a proxy decision maker (PDM) has to make the decision. Where the contemporary interests and desires of The Person conflict with their past interests and desires PDMs must choose which take precedence (Stonestreet, 2014). Decision making on behalf of The Person in these situations is challenging and knowing how proxy decision makers conceptualise issues could assist nurses and healthcare professionals in offering appropriate support.

Aim: We explore the potential of Construal Level Theory (CLT) as a novel basis for analysing the conceptual thinking of PDMs in these situations.

CLT (Liberman and Trope, 2014) proposes that individuals surmise about/remember the past, imagine reactions and make predictions about the future by traversing psychological distance. Psychological distance can relate to time, space, social distance or consideration of hypothetical situations. When psychological distance is greater we think abstractly which entails consideration of central features, desirability and end results. In contrast concrete thinking focuses on details, practical concerns and feasibility.

Method: We used a qualitative design with a convenience sample of seven face-to-face semi-structured interviews (February 2016). Responses to a scenario were analysed for themes and for abstractness of language using the Linguistic Category Method. Influences on abstraction were measured with a Likert scale (Burgoon et al., 2013).

Results: Participants travelled across psychological distance to think abstractly about The Person in the scenario, but thought concretely when considering pragmatic concerns.

Discussion: CLT is a useful basis for conceptual analysis. When making decisions abstraction gives meaning and allows for the clarification of goals.

Conclusion: CLT can be used to analyse the conceptual thinking of PDMs, providing insight into concerns and ways to address them, which can inform the support that nurses and healthcare professionals provide.

Recommended reading list

Burgoon, E.M., Henderson, M.D. and Markman, A.B. (2013) 'There Are Many Ways to See the Forest for the Trees: A tour Guide for Abstraction.' Perspectives on Psychological Science. 8(5), pp.501-520

Stonestree, E.L. (2014) 'Love as a Regulative Ideal in Surrogate Decision Making.' Journal of Medicine and Philosophy. 39(5), pp.523-542

Liberman, N. and Trope, Y. (2014) 'Traversing psychological distance.' Trends in Cognitive Sciences. 18(7), pp.364-369

Biography

Helen is a part-time PhD student and a Lecturer in the School of Healthcare, University of Leeds, England. Her academic interests and research activities focus on ethical practice, decision-making, professional conduct and innovation in learning and teaching.

Helen holds a Developmental University Student Education Fellowship, for excellence in learning and teaching. She teaches healthcare ethics and law across a range of professional groups and she's Deputy Chair of the School of Healthcare Research Ethics Committee.

Theme: Patient safety/
questionnaires

Session no: 2.7.1   Abstract number: 221

Time: 1:55pm

Nurses' views on challenges in elderly cannulation: a survey

Rozita Binti Tamin, University of Brunei Darussalam, Brunei

Co-author(s): Maswinda Sari Haji Zainal, Nuramalina Abd Rahman, Zainatul Ashiqin Haji Salleh, Liling Chaw, Khadizah H. Abdul-Mumin, Munikumar Ramasamy Venkatasalu

Abstract

Introduction: Increasing number of aging population globally leads to steady increase of usage of hospital services by older people. Older people's veins are more prominent, but fragile and easily damaged to venipuncture due to the aging process which also may be exacerbated by hypothermia that may cause vasospasm (Fabian, 2010).The existing vein finder has demonstrated improved venipuncture in invisible veins and reduce failure rate in the elderly, however it cannot prevent the risk of accidental arterial puncture during cannulation.

Aims: To explore nurses' views on challenges in cannulation practices on older people.

Methods: A survey was conducted to explore the views on challenges in cannulation practices on older people among nurses at two of the largest hospitals in Brunei Darussalam. Self-developed questionnaire with both open and close ended questions was used and all of the data were analysed descriptively using R software (version 3.3).

Findings: Of the total 100 questionnaires distributed, 80 returned (80%). Nurses used different conventional methods include by palpating the vein (56.2% [n=45]), applying tourniquet (78.7% [n=63]), flicking the skin gently (61.3% [n=49]) and using warm towel (5% [n=4]). Despite the availability of vein finder device in their current working place (46.3% [n=37]), only 8.1% (n=3) frequently used the device, while 78.4% (n=29) use it sometimes and 3.5% (n=5) never use the device. Although 94.9% (n=75) agreed that the conventional methods were efficient with only 5.1% (n=5) disagree, but half of the total population found it still difficult to perform elderly cannulation.

Conclusion: The current vein finder device available at both hospitals is not specifically designed for older people. Hence, the preference to use the conventional methods of performing older people's cannulation. Further research should be carried out to improve cannulation techniques for elderly.

Session no: 2.7.2   Abstract number: 34

Time: 2:25pm

The impact of a school-based, nurse-delivered asthma health education programme on quality of life, knowledge and attitudes of Saudi children with asthma

Dr Nashi Alreshidi PhD, Hail, Saudi Arabia

Abstract

Background: In Saudi Arabia, more than 2 million people complain of asthma: 13% being aged 6-10 years. This makes asthma one of the most common illnesses among children in Saudi Arabia (Al Frayh et al 2001, Alamoudi 2006, Ministry of Health 2010). Little has been explored about children's ability to learn more about their own asthma in Saudi Arabia.

Aims: The study was designed to assess the impact of a school-based, nurse-delivered asthma heath education programme on asthmatic children's knowledge and attitude towards asthma, quality of life, anxiety level, and school absenteeism.

Methods: A quasi-experimental, non-equivalent group, pretest-posttest design was used. The education programme was developed from existing evidence. The Paediatric Asthma Quality of Life Questionnaire, Spence Anxiety Tool, Asthma Knowledge Questionnaire, and Asthma Attitude Questionnaire were employed for data collection in 2013. Intervention (n=130) and control (n=98) groups were drawn from 10 schools in Hail region, Saudi Arabia. Both descriptive and inferential statistics were used to examine differences between groups.

Results: The level of asthma knowledge was increased significantly more in the intervention group than in the control group (F=26.5746, df 2, p<0.001). Attitude toward asthma was not changed by the intervention (F=0.0490, df 2, p=0.9522). There was a significantly reduction in the intervention group than in the control group in anxiety (F=3.7599, df 2, p=0.0242), and in absenteeism from school (F=2.98, df 2, p=0.003). Total quality of life increased significantly more in the intervention group (F=87.6534, df 2, p<0.001).

Conclusion: The asthma educational programme impacted positively on students' knowledge, anxiety, quality of life, and school attendance. However, asthma education did not change attitudes towards the condition. The results, emphasise the benefits of provision of health education directly to children. Asthma education should be integrated into the KSA national child health programme.

Recommended reading list

Al Frayh A, Shakoor Z, ElRab M, Hasnain S (2001) Increased prevalence of asthma in Saudi Arabia. Annals of Allergy, Asthma and Immunology 86(3) 292-296

Ministry of Health (2010) Strategic plan: 2010-2020. Riyadh, KSA: Ministry of Health.

Alamoudi OS (2006) Prevalence of respiratory diseases in hospitalized patients in Saudi Arabia: A 5 years study 1996-2000. Annals of Thoracic Medicine 1(2) 76

Session no: 2.7.3   Abstract number: 224

Time: 2:55pm

An exploratory study of registered nurses' medication administration behaviour

Dr Angela Parry RN, PhD, PFHEA, School of Healthcare Sciences, Cardiff University, Cardiff, UK

Abstract

Registered Nurse (RN) medication administration error is a significant cause of avoidable patient harm nationally and internationally despite policy initiatives. Error is however the outcome of behaviour. Using the Theory of Reciprocal Determinism (Bandura, 1986) as an organising framework, a correlational survey was undertaken in a single study site in London with a convenience sample of RNs (n=1004, RR=87.4%) working in a range of healthcare organisations to explore RN medication administration behaviour. A self-report questionnaire collected data regarding three RN medication administration behaviours (safety, violation and clinical error) together with person and environment factors. Demographic, professional and employment data were also collected. Data analysis comprised descriptive and inferential statistical tests.

The three RN medication administration behaviours were each explained by different factors. This presentation will focus on the findings related to RN medication administration violation behaviour which is an under explored research topic. RN violation behaviour provided the greatest explanation of RN medication administration clinical error behaviour. Person factors, most notably role conflict and professional identity contributed a greater explanation to RN medication administration violation behaviour than any of the other factors that were explored.

It is proposed that a focus on these modifiable person factors may yield a greater improvement in RN medication administration behaviour than a focus on error behaviour alone or on environments of care. This is not to suggest a return to 'victim blaming' of the past but a recognition instead that RNs are accountable for their professional behaviour. RNs therefore need to recognise the risks that they take when not adhering to the rules of safe medication administration, and be vigilant to factors that may increase their risk-taking behaviour. Limitations

to this study will be acknowledged and suggestions for further research identified.

Recommended reading list

Bandura, A., 1986. Social foundations of thought and action. Englewood Cliffs NJ: Prentice Hall.

Parry, AM., Barriball, KL., While, AE., 2015. Factors contributing to Registered Nurse medication administration error: A narrative review. International Journal of Nursing Studies 52 (1), 403-420

Biography

Dr Angela Parry currently works in the School of Healthcare Sciences at Cardiff University having spent much of her working life at the Faculty of Nursing and Midwifery, King's College London. She is a Registered Nurse and holds Principal Fellowship with the Higher Education Academy. Her education and research interests focus on enabling students and registered healthcare professionals to deliver the highest standards of safe patient care.

Concurrent session 3
Wednesday 5 April 2017 3.50-4.45pm

Session no: 3.1.1   Abstract number: 314

Time: 3.50pm

Quality of life in severe dementia: a collective case study approach

Mrs Margaret Brown MSc, BA(hons), Dip.N, RMN, RNT, School of Heath, Nursing and Midwifery, University of the West of Scotland, Hamilton, UK

Co-author(s): Professor Debbie Tolson, Dr Karen Watchman, Dr Beverley Young

Abstract

This research study explores multiple perceptions of quality of life of the person with severe dementia living in a care home. Highly dependent on others for all aspects of living, there is a risk the person may be perceived as having a limited capacity to experience a positive quality of life, leading to reduced expectations and ambitions in care.

Drawing on a social constructionist perspective informed a qualitative collective case study approach. Mixed methods included 18 hours of observation and 24 interviews, supported by care documents and artefacts. This empirical data was examined through theoretical perspectives on quality of life, interwoven with philosophical concerns about the self and agency in severe dementia.

Cross case analysis, integrating the findings from six in depth individual case reports, identified themes interrogated and presented within four key assertions. These identify how aspects of quality of life were expressed through the senses and body of the person, supported by a life narrative; where a nuanced and shared understanding by others may influence quality of life; how recognition of this fragile balance for the person might be maintained and refined, leading to a recognition and refocusing on quality of life for the person with severe dementia.

The implications arising from this study shows that aspects of quality of life can be discerned, influenced and enhanced for the person with severe dementia. Indications for future practice include a refocus towards sensory-based practice in supporting the fundamentals of daily life, within a shared and nuanced framework of relationships. As a singular period in the life of the person, emphasis on quality of life should be more closely integrated into the narrative of severe dementia.

Biography

Margaret Brown: MSc (Gerontology), BA(hons), Dip.N, RMN, RNT. Depute Director, Alzheimer Centre for Policy and Practice, University of the West of Scotland.

Lifetime Achievement Award: Scotland's Dementia Awards, 2016.

Best Educational Initiative: Scotland's Dementia Awards, 2013.

The Scottish Government Dementia Champions programme team (2011-present)]

Publications and presentations

- Loughlin, D and Brown, M. (2015) Improving Surgical Outcomes for People with Dementia. Nursing Standard. Vol, 29(38) pp. 50-58.
- Brown, M McWhinnie (2015) Using all the senses in Telling the Story: Impacts of the Delivering Dignity Programme. Edinburgh: Queen's Nursing Institute for Scotland
- Banks, P., Waugh,A., Henderson,J., Sharp, B., Brown, M., Oliver, J and Marland. G (2013) Enriching the care of patients with dementia in acute settings? The Dementia Champions Programme in Scotland. Dementia
- M. and K. Updates: Developing Leading-edge Pre-Operative Assessment. Improving Surgical Outcomes for People with Dementia. London, 2016. (invited Speaker)
- Royal College of Nursing Research Conference: Food for Thought: Enhancing dietary preferences in advanced dementia. Edinburgh, 2016.
- British Society of Gerontology: Enhanced Sensory Day Care. Newcastle, 2015
- Alzheimer Europe Conference: Food for Thought: Enhancing dietary preferences in advanced dementia. Slovenia, 2015

Session no: 3.1.2   Abstract number: 269

Time: 4:20pm

The effectiveness of adventure-based training in reducing fatigue and enhancing quality of life among childhood cancer survivor

Dr Ho Cheung William Li PhD, University of Hong Kong, Hong Kong, China

Co-author(s): Dr Joyce Chung, Hong Kong; Dr Eva Ho, Hong Kong, and Dr Godfrey Chan, Hong Kong

Abstract

Background/Objective: Insufficient participation in physical activity remains a common problem in survivors of childhood cancer. This study aimed to test the effectiveness of an adventure-based training program in reducing fatigue, improving physical activity levels and promoting quality of life among Hong Kong Chinese children cancer survivors.

Methods: A randomized controlled trial was conducted in a pediatric outpatient clinic of an acute hospital and the Children's Cancer Foundation. A total of 222 childhood cancer survivors were recruited. Subjects in the experimental group received a four-day adventure-based training programme. Subjects in the control group received the same amount of time and attention as the experimental group but not in such a way as to have any specific effect on the outcome measures. All subjects were assessed for the fatigue, muscle strength, physical activity levels and quality of life at baseline, 6 and 12 months after the start of intervention.

Results: Subjects in the experimental group reported significantly lower levels of fatigue), higher levels of physical activity, and quality of life than those in the control group at 6 and 12 months.

Conclusion: The adventure-based training programme was found to be effective in reducing fatigue, promoting regular physical activity and enhancing quality of life among childhood cancer survivors.

Biography

Dr William LI is currently an Associate Professor at the School of Nursing, the University of Hong Kong. Dr William Li is currently teaching nursing research, evidence-based practice and translational nursing research to both under-

graduate and postgraduate students at the School of Nursing, the University of Hong Kong.

He has a strong research interest in the field of child and adolescent care, and has much skill and knowledge in developing, validating and testing the psychometric properties of instruments for children. His grants and international publications encompass a number of child and adolescent studies including development and psychometric testing of instruments for Chinese children, providing and evaluating psychosocial interventions for children and adolescents, both in the hospitals and community. He has published more than 50 peer reviewed journal articles, a scholarly book on paediatric cancer, 10 book chapters on child and adolescent care and over 50 international conference papers.

His research focused on providing psychological interventions to those children hospitalized with cancer and childhood cancer survivors, implementing therapeutic play to hospitalized children, helping cancer and diabetic patients, and people attending Aand E Department to quit smoking and promoting smoking cessation to the youth.

Theme: Other

Patients' experiences of being discharged home following a diagnosis of malignant spinal cord compression

Ms Clare Warnock MSc, BSc, BA, Weston Park Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK

Co-author(s): Jane Lewis, England, UK; Leslie Crowther, England, UK; Divinia Smith, England, UK

Abstract

Background: Metastatic spinal cord compression (MSCC) is a symptom of advanced cancer and patients have to cope with actual or potential disability alongside a poor prognosis (NCAT 2011). Discharge home from hospital presents significant challenges (Warnock and Tod 2014) but experiences of this transition have not previously been reviewed.

Aim: To explore patients' descriptions of their experiences of being discharged home following a diagnosis of spinal cord compression.

Methods: A descriptive interview study was carried out with eleven patients newly diagnosed with MSCC from a regional cancer centre between August 2015 and March 2016.

Two semi-structured telephone interviews were conducted with each participant at one and three weeks post discharge and were analysed using framework analysis (Ritchie et al 2014).

Results: Participants described experiencing significant physical, psychological and social challenges as a consequence of MSCC. These were brought into sharp relief on getting home and many recounted difficulties with achieving goals relating to independence, activities of living and mobility. Some problems had not been anticipated by patients prior to discharge home. Experiences were shaped by coping strategies and the availability of support from family and community healthcare services.

Discussion: The findings highlight the physical, emotional and social impact that MSCC can have on patients and those close to them. They reveal how adjustment to MSCC is an ongoing process as patients become aware of the limitations and challenges it presents and develop ways of coping. Gaps were identified between patient preparation for discharge and their experience of being at home.

Conclusion: The concerns expressed by the participants provide useful insights into the priorities of care from a patient's perspective. Discharge preparation needs to consider the full range of services that are needed to support patients during the transition from hospital to home.

Recommended reading list

National Cancer Action Team (2011) Acute oncology, including metastatic spinal cord compression, measures. Department of Health. Crown publications

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014) Qualitative research practice: a guide for social science students and researchers. 2nd Edition. Sage Publications. London

Warnock C. and Tod A. (2014) A descriptive exploration of the experiences of patients with significant functional impairment following a recent diagnosis of metastatic spinal cord compression. Journal of Advanced Nursing, vol 70, no 3, pp 564-574

Biography

Clare Warnock is currently the Practice Development sister at Weston Park Hospital, Sheffield, the cancer services centre for the South Yorkshire region. She has worked in oncology for over 25 years in London and Sheffield in a variety of clinical settings and roles, moving into practice development in 1999.

Clare has been involved in a diverse range of service evaluation, audit and research projects with a focus on clinical practice and improving patient care. Research topics have included factors affecting nutrition among cancer patients in hospital, patient's experiences of malignant spinal cord compression, the care of women receiving intra-cavity brachytherapy for gynaecological cancer, the relationship between temperature and neutropenic sepsis, nursing competences for survivorship and late effects care, patient's experiences of high-dose chemotherapy and the difficulties encountered by nurses and healthcare staff when breaking bad news. As well as delivering local and network wide outputs from projects, Clare has published in peer reviewed journals and presented at national and international conferences.

Holistic Needs Assessment (HNA) after treatment for colorectal cancer within outpatient clinics: Using findings to improve practice and policies.

Mrs Lucy Johnston BA; MSc, School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Lucy Johnston UK; Jackie Rodger UK; Karen Campbell UK

Abstract

Introduction: Patients can be unprepared for the impact of cancer and treatment. A proportion have unmet needs. The Transforming Care after Treatment (TCAT) programme in Scotland aims to improve after care for cancer survivors. Funded by Macmillan Cancer Support through TCAT, the NHS Tayside project aimed to identify concerns in colorectal cancer patients using Holistic Needs Assessment (HNA) tool, the Concerns Checklist. Our work is helping to inform future practice developments, risk stratification and staff training approaches.

Material and method: Between October 2015 and November 2016, patients attending for follow up after treatment for colorectal cancer, were invited to complete an HNA and discuss this with a CNS. Working with Edinburgh Napier University, data on patient demographics, concerns identified and review processes (length of consultation, location) and actions, such as referral and signposting routes have been gathered for over 400 patients.

Results and discussion: Data from the first year shows that 2 in 5 patients have no concerns at end of treatment and patients who live alone or who live in an area of multiple deprivation have a statistically significantly higher average number of concerns. We are using this data to inform approaches to risk stratified follow up. Of those with concerns three-quarters have one or more physical concern. The top 3 concerns are -tiredness/exhaustion, diarrhoea and getting around. This data is informing the content of our Health and Wellbeing Events, staff training and signposting materials.

In addition, we will present patient and practitioner feedback that is being used to reflect on the current model of colorectal follow up, including the timing of assessments and the

value and outcomes of more person centred consultations.

Conclusion: This important Scottish study is assisting us to improve practice and policies for cancer survivors by ensuring that future service developments are evidence based and patient led

Recommended reading list

Snowden A, White C. (2014) Assessment and care planning for cancer survivors: a concise evidence review. Macmillan Cancer Support,

Wells M, Cunningham M, Lang H, Swartzman S, Philp J, Taylor L and Thomson J (2015) Distress, concerns and unmet needs in survivors of head and neck cancer: A cross-sectional survey, European Journal of Cancer Care 2015 Vol. 24 no 5 pp 748-760

Armes J; Crowe M; Colbourne L (2009) 'Patients' supportive care needs beyond end of cancer treatment: a prospective, longitudinal survey.' Journal of Clinical Oncology , vol. 27, no. 36, pp. 6172 - 6179,

The impact of longitudinal home visits to people with dementia and their carers: adult student nurses' perspectives

Mrs Wendy Grosvenor currently studying for PhD, Faculty of Health and Medical Sciences, Guildford, Surrey, UK

Abstract

Background: The education of our nursing and care workforce over the next ten years will determine the strength of our healthcare system for decades (Willis 2015)

This research is set against background of changes to dementia education, UK policy context is clear that dementia education needs to be improved (DH 2015). A mandate from Health Education England ensured that by September 2015 all undergraduate nursing courses include dementia (DH 2013).

Aims: This qualitative study aims to explore the perceptions of adult nursing students of longitudinal visits over 3 years to the homes of people with dementia and their carers.

Methods: The study makes use of data generation and analytical techniques of constructivist grounded theory. Data was generated from interviews with undergraduate adult nursing students participating in a wider Time for Dementia study, a four year collaborative project

involving Brighton and Sussex Medical School, the University of Surrey and the Alzheimer's Society, funded by Health Education England Kent, Surrey, Sussex.

Results: Four categories emerged from Year 1; Impact (Making it real, personhood, emotional impact of caring (carers), changing relationships); Vulnerability (uniform as identity, role conflict); Change of perceptions (dementia and role of carers) and Reciprocity of relationships.

Discussion: Hearing the lived experiences of people with dementia and their carers appeared to communicate meaning in a lasting way for students. Regular contact made dementia much more personal and encouraged students to consider their approaches to care; prompting changes they incorporated in practice. Visits provided students with an opportunity to try and adopt the perspective of a person with dementia and their carers, to see the world through their eyes and their relationships. There was an increased recognition and understanding of the importance of relationships and how crucial they are to enabling a person to live well with dementia.

Recommended reading list

Department of Health (2013) Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2013 to March 2015

Willis (2015) Raising the Bar. Shape of caring: A Review of Future Education and Training of Registered Nurses and Care Assistants. Health Education England.

Department of Health (2015) Prime Minister Challenge on Dementia 2015-2020, London, Department of Health

Biography

Teaching Fellow Dementia/Care of Older Person

RN, BSc (Hons) Clinical Practice (Older Person), PG Cert, PG Dip.

Since qualifying as a Registered General Nurse in 1991 I have specialised working in the NHS supporting older people with dementia. My professional background has included Acute Medicine, Rehabilitation, Practice Development and Dementia Specialist Nurse. I started working at the University of Surrey in 2013 to help integrate dementia into the undergraduate curriculum and proactively prepare nursing students to meet the current and future needs of people with dementia. I am currently involved in a 4 year collaborative project with the University of Brighton Medical School and the Alzheimer's Society in a HEKSS funded educational initiative, led by Professor Sube Banerjee called Time for Dementia. I am currently undertaking a PhD as part of a Time for Dementia project exploring the perceptions of adult nursing students of their experiences of their visits to people with dementia and their carers. I am passionate about education, the value of research and evidence-based care.

Nurse and midwives' experiences of leading and being part of a quality improvement collaborative

Professor Fiona Murphy PhD, MSc, BN, RN, RCNT, PGCE Fe NDN, University of Limerick, Limerick, Ireland

Co-author(s): Brid O'Brien, Ireland; Maebh Barry, Ireland

Abstract

Developing clinical leadership capacity in nursing and midwifery remains an important issue. One strategy is to combine practitioner leadership programmes with Quality Improvement Collaborative (QIC) programmes. QICs are an increasingly common way to implement evidence-based practice in health care through planned implementation of change (Nembhard 2009). Being part of a QIC gives the opportunity to apply skills and attributes taught on leadership programmes to implement practice changes. This paper explores whether practitioners applied the skills taught on a leadership programme to a QIC situation.

Aim: To explore nurse/midwife managers (who had attended a leadership programme) experiences of leading and being part of a QIC.

Methods: Within a qualitative, descriptive research design (Sandelowski 2010), five focus groups were conducted with a purposive, convenience sample of 18 participants involved in a multi-disciplinary QIC. Data were collected between April and June 2016, transcribed and analysed using thematic analysis. A data analysis clinic technique (Rapport 2010) was used to develop and refine emerging themes.

Findings: Five main themes emerged: QIC process enablers and barriers; learning about leadership; managing and sustaining change; benefits of being in a collaborative and ideas for future collaboratives.

Discussion: As naturally active leaders, nurses and midwives assumed leadership roles within the QIC groups. However, the connection between the learning provided on the leadership programme and leading a QIC was not overtly made. An area of difficulty was in managing the perceived non-engagement by some other occupations in the QIC groups which practitioners felt ill-equipped to deal with. Managing and sustaining the change in practice was also seen as an important but challenging issue for participants that required continued leadership effort.

Conclusion: Active, focused reflection on leadership experience within the QIC process is needed to facilitate participants to make the connections between leadership programme theory and application to the QIC process.

Recommended reading list

Nembhard, I. 2009. Learning and Improving in Quality improvement collaboratives: which collaborative features do participants value most? HSR: Health Services Research, 44(2 Pt 1) 359 - 378.

Sandelowski, M. (2010) 'What's in a Name? Qualitative Description Revisited', Research in Nursing and Health, 33(1), 77-84.

Rapport F (2010) Summative Analysis: A New Qualitative Method for Social Science and Health Research. International Journal of Qualitative methods 9(3):270-290.

Biography

Fiona Murphy is Professor of Clinical Nursing at the University of Limerick, Ireland.

Session no: 3.4.2   Abstract number: 128

Time: 4:20pm

From bedside to businesslike and back again - clinical research nurses on professional identity and the caring-recruiting dichotomy.

Mrs Linda Tinkler BSc (Hons), RN, MClinRes (Leadership), County Durham and Darlington NHS Foundation Trust, Darlington, UK

Co-author(s): Victoria Smith, County Durham, UK; Yan Yiannakou, County Durham, UK; Lisa Robinson, Newcastle, UK;

Abstract

Introduction: The clinical research nurse workforce is pivotal to improving health outcomes through contribution to research-active health economies. Unprecedented recent investment in research infrastructure in the UK has led to nurses and midwives increasingly undertaking extended roles to deliver clinical research. Despite such opportunities, the recruitment and retention of patients in research studies remains problematic, with the continued failure to reach NIHR targets for successful recruitment to time and target.

This qualitative study investigates the role and ethical perceptions of clinical research nurses and midwives operating in the NHS, and identifies sources of discontent and tension in the workforce that may impact on successful study delivery.

Methods: Focus groups (4 groups, 19 participants, split by hospital site and time in post <2 years >2 years) were conducted in a large North East NHS foundation trust. Thematic analysis identified perceptions and experiences of patient and staff interactions within the wider context of their professional identity.

Results: Role transition, altered relationships, and workload complexity, affected participants'
practice, leading to incongruity between their core clinical values and their perceived identities as research delivery staff. A duty of care as patient advocates, contrasted a sense that elements of the work reflected that of salespeople, resulting in a caring-recruiting dichotomy. The emotional labour of approaching patients, and a sense of unease regarding how they were perceived by the wider organisation, overshadowed the positive aspects of contributing to something worthwhile.

Conclusion: A sense of disquiet is linked with professional-identity and self-concept in a research delivery role. Further research should explore these issues further, to enlighten the basis on which such feelings are positioned, and to work towards practical solutions. Addressing the concept of the caring-recruiting dichotomy could contribute to tackling recruitment issues, subsequently benefitting the health and wealth of the nation, through successful delivery of research.

Recommended reading list

National Institute for Health Research (2016) NIHR CRN High Level Objectives Year End Performance Report - 2015/16

Tomlin, Z., deSalis, I., Toerien, M., and Donovan, J. (2012) Patient Advocacy and Patient Centredness in Participant Recruitment to Randomised-Controlled Trials: Implications for Informed Consent. Health Expectations. 17, 670-682

Arrowsmith, A., Lau-Walker, M., Norman, I., Maben, J. (2016) Nurses' perceptions and experiences of work role transitions: a mixed methods systematic review of the literature. Journal of Advanced Nursing, 72 (8) 1735-1750

Biography

Linda completed her nursing degree, qualifying as an adult nurse in 2003, working in both secondary care and the medical equipment industry until she was appointed to her first research role in primary care during 2009.

Linda has remained in the research specialty since 2009, where she has been involved in the design, development, set up and delivery of various clinical research projects across NHS, academia and industry, in collaboration with NIHR local clinical research networks. Linda has experience in all aspects of clinical research, in numerous disease areas from patient care within the trial environment, to the informed consent process, and data collection. Linda completed an MClinRes (Leadership) through an NIHR funded fellowship in 2016, and is involved with teaching post graduate clinical leadership through a visiting lectureship at Newcastle University.

In Linda's current role as an academic research nurse in the NHS, she is responsible for supporting a specialist Gastroenterology team with the development of research ideas. Responsible for supporting protocol writing, grant applications, writing for publication, education, and leading the team's PPIE initiatives, Linda also pursues
her own qualitative research interests using focus groups to explore the role and ethical perceptions of the clinical research nurse.

Session no: 3.5.1   Abstract number: 152

Time: 3:50pm

Notes from the field: comparing face to face, telephone and Skype interviews with couples

Dr Duncan Randall PhD, RGN,RSCN,RNT,RHV, University of Southampton, Southampton, UK

Co-author(s): Professor Julie Taylor; UK Vicky Robinson; UK

Abstract

Aim: To explore methodological challenges of interviewing couples in nursing and healthcare research

Background: The effects of interviewing people in groups and as individuals is well described in nursing and social care research literature (Silverman 2013). However, the effects on qualitative data of interviewing same sex and heterosexual couples is less well understood (lee et al 2011). Yet couples are often involved in delivering care to other family members particularly children. The rate of relationship breakdown is high in couples with care responsibilities (CAF 2013). Understanding how couples interact and how these interactions affect care is therefore key to nursing care.

Method and discussion: In this paper three researchers compare and contrast their experiences of interviewing couples both same sex and heterosexual, using face to face, telephone and Skype (electronic communication) in two separate studies. Each variation of the semi structured interview method has advantages and challenges. Observation of the dynamics of a relationship, for example the non-verbal communications that reflect any power relationship between couples is key to an understanding that provides the context to interpretation and analysis of the data collected. Finally we consider the implications for data analysis of the interactions of couples.

Conclusion: Interviewing couples presents particular challenges, however observing the interactions of the couple can be important in understanding the dynamic between people which can inform the analysis of the data. Understanding the context of the relation also allows the nurse researcher to have a better understanding of the care relationships, which can influence care delivery.

Recommended reading list

CAF (Contact a Family) (2013) Relationships and caring for a disabled child. Available from [http://www.cafamily.org.uk/media/669849/relationshipscurrent_updated_may_2013.pdf]

Silverman D (2013) Doing qualitative research, 4th ed. Thousand Oaks California. Sage,

Lee, E., Taylor, J. and Raitt, F. 2011 'It's not me, it's them': How lesbian mothers make sense of negative experiences of maternity care. A hermeneutic study Journal of Advanced Nursing vol 67 no5 pp 982-990

Biography

The presenters Dr Duncan Randall, University of Southampton, Professor Julie Taylor, University of Birmingham and Birmingham Children's Hospital NHS Foundation Trust and Vicky Robinson, University of Southampton, are experienced nurse researchers who have completed numerous research projects and published widely. Dr Randall and Professor Taylor have worked on children's palliative care and safeguarding. Vicky Robinson is an independent researcher with experience of palliative care research.

Session no: 3.5.2   Abstract number: 30

Time: 4:20pm

Generalisable qualitative research: paradox or paradigm shift?

Professor Austyn Snowden , Edinburgh Napier University, Edinburgh, UK

Abstract

Aim: To introduce concurrent analysis: an original method designed to optimise genralisability of narrative data.

Background: Qualitative research in health is considered less robust than quantitative research. Samples are usually smaller, contexts unique, and results not considered generalizable. This presentation examines the assumptions underpinning the concept of generalisability to show they are flawed. It instead develops a relativist view of generalisability grounded in Rorty's pragmatism and Thagard's concept of coherence. The methodological product is concurrent analysis, a novel method that has been successfully applied by a single researcher, unlike related ventures such as realist review for example, that require huge resources.

Concurrent analysis produces generalizable results by combining analyses of coherent types of narrative data. Examples are taken from four recent published studies examining: birth satisfaction, nurse prescribing, gatekeeping behaviour, and organisational change.

Method: Case study approach (n=4) (2010-2016) to illustrate key stages of the method:

• Deciding when concurrent analysis is the best method and selecting appropriate data.

• Coding and condensing data.

• Theorising and situating the resultant social process within the wider literature

Results: Selecting appropriate data.

The first stage is to examine the current state of the literature. Where this has moved beyond initial exploration of a topic, but not yet involved deductive work, concurrent analysis may be optimal (Snowden and Atkinson, 2012). Appropriate data is narrative data gathered to investigate a focussed topic.

Coding and condensing: Concurrent analysis looks for actions taken by participants, therefore focuses on gerunds (Snowden and Martin, 2010). Common codes are grouped and connected to explain a social process (Snowden and Kolb, 2016).

Theorising: The findings are situated within the wider literature to show how, where and why the emergent social process is generalizable.

Discussion: Whilst potentially groundbreaking the method is also controversial. Key strengths and weaknesses will be discussed and hopefully the audience will contribute to this discussion.

Recommended reading list

Snowden, A., and Atkinson, J. (2012). Concurrent analysis: a pragmatic justification. Nursing Philosophy, 13, 126 - 141

Snowden, A., and Martin, C. (2010). Concurrent analysis: towards generalisable qualitative research. Journal of Clinical Nursing, 20, 2868 - 77. http://doi.org/10.1111/j.1365-2702.2010.03513.x

Snowden, A., and Kolb, H. (2016). Two years of unintended consequences: introducing an electronic health record system in a hospice in Scotland. Journal of Clinical Nursing. http://doi.org/10.1111/jocn.13576

Biography

Austyn is professor in mental health at Edinburgh Napier University. He is getting on a bit.

Session no: 3.6.1   Abstract number: 14

Time: 3:50pm

Prevention of maternal health complications: voices of the rural women through the lens

Mrs Alberta David Nsemo BNSc.,PGDE,MSc., Ph.D, Department of Nursing Science, University of Calabar, Calabar, Nigeria

Co-author(s): Prof. Jennifer Chipps, South Africa; D. E. Umoh,

Abstract

Photovoice is a technique based on participation, educational empowerment, consciousness-raising and self-documentation among ordinary people, compelling them to be agents of change. Local people are given cameras to capture images of their everyday life experiences and practices within their community, then describing the images in the context of their life, thus the critical reflection and dialogue this photography promotes can serve to reveal significant social, cultural and political issues.

The aim of this paper was to engage community members through photovoice to highlight problems regarding pregnancy and birth practices, identify possible solutions and make recommendations on communities' roles in the prevention of maternal health complications.

Method: The study adopted a qualitative design that combined photovoice participatory approach and focus group discussion in collecting the data. Purposive sampling was used to select 20 participants from Idundu and Anyanghanse communities of Akpabuyo Local Government Area of Cross River State, Nigeria. Guba's model of credibility, transferability and authenticity was applied to ensure trustworthiness of the data. Ethical principles was adhered to. Data was analysed using Tesch's method of content analyses.

Results: The themes that emerged from the data analyses revealed the following among others; men are sole-decision makers regarding place of delivery, high preference for Traditional Birth Attendants' (TBA) care and lack of community structure to support women's health. Suggestions towards improving rural women's utilization of skilled care included; improving maternal literacy, involving husbands in ante natal care, use of community structures to emphasize facility delivery, TBA training/TBA-facility collaboration, and constitution of Community Engagement Group (CEG), to monitor and encourage utilization of skilled attendants.

Conclusion: It is believed that the activities of the Community Engagement Group may bring about increased utilization of healthcare facilities for skilled care by community women during pregnancy, delivery and after delivery, hence prevention of maternal health complications.

Recommended reading list

Agan, T. U., Archibong, E. I., Ekabua, J. E., Ekanem, E. I., Abeshi, S. E., Edentekhe, T. A., and Bassey, E. E. (2010). Trends in maternal mortality at the University of Calabar Teaching Hospital, Nigeria, 1999 - 2009. International Journal of Women's Health, 2, 249.

Costello A. (2004). Reducing maternal and neonatal mortality in the poorest communities. British Medical Journal, 329: 1166 - 1168.

Cooper, C. M. and Yarbrough, S. P. (2010). Tell me - show me: Using combined focus group and photovoice methods to gain understanding of health issues in rural Guatemala. Qualitative Health Research, 3: 123-134.

Biography

NAME: Dr. Alberta David Nsemo

PLACE OF ORIGIN: Calabar, Cross River State, Nigeria.

OCCUPATION/EMPLOYER: 1. Lecturer 1 with the Dept. of Nursing Science, University of Calabar, Cross River State, Nigeria.

Adjunct Senior lecturer, Department of Nursing Science, Abia State University, Uturu.

ACADEMIC RECORDS WITH DATES:

Period Attended Name and Address of Institution Qualification

2013-2016 University of Western Cape, South Africa PhD (AdvanceMidwifery/ Neonatology)

MAY 2011 Centre for Development and Certificate in HIV and Innovation, University of AIDS and Food and Wageningen, The Netherlands. Nutrition Security.

2007 -2010 University of Calabar, Nigeria. Ph.D (Medical Sociology)

2004- 2006 University of Calabar, Nigeria.M.Sc (Medical Sociology)

2002- 2004 University of Calabar, Nigeria.Postgraduate Diploma in Education

1997- 2001 University of Calabar, Nigeria. B.N. Sc. Degree (Nursing)

MEMBERSHIP OF PROFESSIONAL BODIES:

FELLOW: West African College of Nursing (FWCN)

MEMBER: SIGMA THETA TAU INTERNATIONAL (University of the Western Cape, South Africa-Lamba-at-large) Chapter

MEMBER: Association of Nurses in AIDs care (ANAC)

REGISTERED NURSE with Anbord Altranais (overseas Nursing Registration Board, Dublin)

REGISTERED MEMBER: Nursing and Midwifery Council of Nigeria

Session no: 3.6.2   Abstract number: 89

Time: 4:20pm

'Don't judge me': experiences of women living with Female Genital Mutilation (FGM)

Dr Julie McGarry DHSCI, MMEDSCI, BA (HONS), PGCHE, PGDIP, RN, (adult and mental health), School of Health Sciences, University of Nottingham, Nottingham, UK

Co-author(s): Dr Natasha Recchia, UK

Abstract

Female Genital Mutilation (FGM) is a significant yet largely hidden phenomenon affecting the lives of an estimated 125 million girls and women worldwide (UNICEF 2013). It is now well documented that FGM can result in a range of significant physical and psychological health issues (Moxey and Jones, 2016). However, while the last decade has seen a rise in the awareness of FGM within healthcare provision contexts, this has been largely associated with particular fields of practice for example, midwifery and gynaecology with very little exploration of the longer term impact of FGM on the health and wellbeing of women living with FGM (Mulongo, et al. 2014). This represents a significant gap in current knowledge and understanding and one which this study sought to address.

The overall aim: To explore the impact of FGM on women's health and wellbeing and experiences of healthcare provision through a participant led arts based workshop with women survivors of FGM.

Methods: A narratives based research workshop approach was chosen as the use of narratives are now well established within qualitative research as a meaningful way in which the voices of participants take precedence over those of the researcher (author, in press). Women who were living with FGM (n=6) were invited to take part through a local FGM specialist support organisation in one region of the United Kingdom (UK). During the workshops the women created artefacts and stories of their experiences.

Findings and Discussion: The narratives informed three main themes which emerged from the workshops i) Pestle and mortar ii) The knife, the mat and the bracelet, iii) Cooking pots. These findings, alongside the implications for nursing and healthcare practice development and wider policy context, form the basis of the presentation.

Recommended reading list

Moxey, J. and Jones, L. (2016)A qualitative study exploring how Somali women exposed to female genital mutilation experience and perceive antenatal and intrapartum care in England. BMJ Open. Available at http://bmjopen.bmj.com/content/6/1/e009846.full.pdf+html Date of access 13.10.16

United Nations Children's Fund (2016) Female Genital Mutilation/Cutting: A Global Concern. UNICEF/New York.

Mulonga, P., Andrews, S., Hollins, M. (2014) Crossing borders: Discussing the evidence relating to the mental health needs of women exposed to female genital mutilation. International Journal of Mental Health Nursing 24 (4) pp 296-305.

Biography

Dr Julie McGarry is a registered nurse in adult and mental health practice and an established researcher in the field of gender based violence and domestic violence and abuse with a focus towards survivors' experiences and the development of effective health care professionals' responses. Julie has led on a number of funded research initiatives, working with national and local agencies in the UK in the development of domestic violence services for older women, exploring novel approaches to domestic violence identification and management within healthcare contexts and co-participant arts based narrative projects with survivors of gender based and domestic violence and abuse. Julie's work synthesizes research, education and practice and she has recently been awarded the title of Senior Fellow of the Higher Education Academy. Julie's research predominantly utilizes a qualitative approach to enquiry including personal narrative and ethnography - current work in this field includes personal accounts of survivorship for older women survivors of DVA and personal narratives of female genital mutilation (FGM). Julie has published widely and disseminated her work through national and international conferences and invited keynote speaker presentations.

Theme: Questionnaire

Session no: 3.7.1   Abstract number: 124

Time: 3:50pm

Measuring self-efficacy for caregiving of caregivers of patients with palliative care need: validation of the caregiver inventory

Dr Doris Yp Leung , The Chinese University of Hong Kong, Shatin, Hong Kong

Co-author(s): Carmen WH Chan, Hong Kong; Helen YL Chan, Hong Kong; Joseph SK Kwan, Hong Kong; Patrick KC Chiu, Hong Kong; Larry LY Lee, Hong Kong; Raymond SK Lo, Hong Kong; Susan ZM Yau, Hong Kong

Abstract

Background: Providing care to patients with palliative care need can be very stressful because of the chronic nature of the diseases and the lack

of foresight about the time of its finalization. Previous studies showed that increased self-efficacy was associated with both increased positive aspects of caregiving and reduced burden in caregivers. Caregiving self-efficacy has been the target variable for some interventions aim to reduce health risk behaviors in caregivers. Yet there is a lack of validated tools measuring caregiving self-efficacy of this particular group of caregivers in the Chinese population.

Aims: To translate and adapt the Caregiver Inventory (CGI) into Chinese and examine its psychometric properties for use in the Chinese population.

Methods: The Caregiver Inventory was translated into Chinese using the WHO translation framework. The final translated scale (C-CGI) was administered to a convenience sampling of 56 non-paid caregivers of patients with palliative care need recruited from three hospitals in Sept-Nov 2016 in Hong Kong. Cronbach's alpha assessed reliability and correlations with caregiver burden and perceived social support assessed construct validity of C-CGI.

Results: Based on data from 25 males and 31 female caregivers with a mean age of 60.0±15.6, Cronbach's alpha values for the four dimensions of C-CGI ranged 0.703 - 0.860. The four dimensions in C-CGI were positively and significantly associated with perceived social support with correlations ranging 0.28 - 0.49 (p-values: 0.037 - < 0.001) but not significant associated with caregiver burden with Pearson correlations ranging -0.22 - 0.02 (p-values: 0.11: 0.891).

Discussion and conclusions: The findings provide preliminary support for the psychometric properties of the scale in a Chinese sample of caregivers of patients with palliative care need. However, C-CGI should be further tested for construct validity using patient data, test-retest reliability, and factorial validity with a larger sample size.

Biography

Dr. Doris Y. P. Leung is an Assistant Professor at the Nethersole School of Nursing, The Chinese University of Hong Kong. She received her PhD in Biostatistics from the University of California, Los Angeles. Her main interests are in psychometrics and the application of structural equation modeling in educational and health psychology. She has published numerous journal articles and book chapters in these areas. Dr. Leung also served on editorial board and invited reviewers in several international journals. Her current research programs include cancer prevention, palliative care and on-line teaching and learning in higher education.

Relationships among fatigue, physical activity, depressive symptoms, and quality of life in Chinese young cancer survivors

Dr Oi Kwan Joyce Chung PhD, University of Hong Kong, Hong Kong, China

Co-author(s): Dr William Li, Hong Kong; Dr Eva Ho, Hong Kong, and Dr Godfrey Chan, Hong Kong

Abstract

Background: Fatigue is the most common concern reported by childhood cancer survivors. Assessing its occurrence and severity is a prerequisite for planning and evaluating appropriate interventions. Nevertheless, there is a lack of large-scale datasets or population-based surveys which examine the impact of fatigue on survivors' quality of life. The study aimed to shed light on this under-researched area.

Methods: A cross-sectional study was used. A total of 400 childhood cancer survivors (7- to 18-year olds) who underwent medical follow-up in the outpatient clinic were invited to participate in the study. The cancer-related fatigue, depressive symptoms, physical activity level, and quality of life of participants were assessed.

Results: Results indicated that a considerable number of childhood cancer survivors were found to display symptoms of cancer-related fatigue. Besides, results showed that greater occurrence and severity of fatigue in childhood cancer survivors were associated with more self-reported depressive symptoms, lower level of physical activity and quality of life. In addition, the study revealed that physical activity level is a strong predictor of the cancer-related fatigue.

Conclusion: The findings provide further support that cancer and its treatment have adverse effects on survivors' fatigue, which can manifest months or even years after the completion of treatment. Most importantly, this study reveals that physical activity is a strong predictor of the level of fatigue in children and adolescents. It is crucial for healthcare professionals to identify strategies that can help children and adolescents surviving cancer increase their adoption and maintenance of regular activity throughout their life.

Biography

Dr Chung is an experienced nursing educator with over 10 years' experience in clinical nursing education and teaching. She was trained as a Registered Nurse in Hong Kong, and went to Australia to further her studies obtaining a first degree in nursing from the University of Western Australia in 1995 and a Master degree in Public Health at the University of New South Wales in 2001. She worked as a Registered Nurse in Australia where she gained experiences in caring elderly people with different cultures in a nursing home in New South Wales before returning to Hong Kong when she joined the School of Nursing in 2003 as Clinical Instructor. In 2007, she subsequently became a Teaching Consultant and the title of which was changed to a Lectureship as of 2013. She obtained her PhD at the Medical School, Australian National University in 2014. Her research interests are on the relation between the emotion and psychosocial aspects of child and adolescents. She especially develops the passion and enthusiasm in childhood cancer survivors study.

Concurrent session 4
Thursday 6 April 2017 10.05-11am

Theme: Grounded Theory, nursing, midwifery or support worker

Session no: 4.1.1   Abstract number: 157

Time: 10:05am

Getting to grips with Grounded theory: a critical reflection

Mrs Fiona Barchard RGN, Bsc, Ma., The University of Northampton, UK

Co-author(s): Sarah Neill UK Judith Sixsmith UK Clency Meurier UK

Abstract

Background to the method: Grounded theory (GT) has been articulated in a number of diverse ways dependent on differing epistemological viewpoints (Hutchinson et al 2010). Classic GT began in the 1960's with Glaser and Strauss (1967) before Glaser (1978) further developed GT and Strauss (1987), Strauss and Corbin in the 1990's and Charmaz and Clarke from 2000, developed the methodology in differing directions. These varied iterations of grounded theory can lead to misunderstandings regarding its utilization and critical challenges in its application. Critical reflection based on personal engagement with GT can lead to improved understanding of its utilization and the challenges posed.

Aims of paper:

- To present the researchers journey and experience using social constructionist grounded theory, consistent with Charmaz (2014).

- To promote critical discussion around the difficulties, challenges and facilitators to using grounded theory.

Methodological discussion: Grounded theory is a structured but flexible methodology. Procedures for collecting data and analysis are explicit, simultaneous and sequential; a cohesive methodological whole is formed, enabling emergence of a conceptual theory (Glaser 2004). A critical reflection will be presented of the researchers journey and experience using grounded theory for her Professional Doctorate thesis. The difficulties and challenges encountered concern: choosing which iteration of grounded theory to use, whether the iterations relate to each other, the simultaneous nature of data and analysis against time constraints and whether a theory will always emerge. These will be critiqued alongside the facilitators to success.

Conclusions: The presentation seeks to illuminate one researchers experience of using a grounded theory approach addressing both the highs and lows. Critical reflection aids self development and can resonate with others also using or considering using a grounded theory approach.

Recommended reading list

Charmaz.K. (2014) 'Conducting Grounded theory.' 2nd Ed. Sage. London

Hutchinson. A.J. Johnston.L.H. Breckon.J.D. (2010) 'Using QSR NVivo to facilitate the development of a grounded theory project: an account of a worked example.' International Journal of social research methodology. 13:4 283-302

Charmaz. K. (2012) 'The power and potential of grounded theory.' Medical Sociology online Vol 6 issue 3

Biography

My current role is senior lecturer in adult nursing and programme leader. I commenced work at the University of Northampton in 2006. I teach across pre-registration and Post registration nursing from level 4: level 7. The subjects I teach include pathophysiology, recognition of the deteriorating patient, leadership, reflection and complex care. I gained my PGCTHE in 2008 and was also awarded a teaching fellowship by the University. In 2011 I commenced my Professional Doctorate and have completed the two years taught modules and am now in my final year of the Thesis element. My clinical nursing history is I qualified in 1990 as a registered adult nurse and spent sixteen years in Acute Nursing practice. The majority of this time was in Critical care where I gained experience as a staff nurse, junior sister, senior sister and Practice development Nurse. During this time I gained my ENB 100, 931 and 998 and Degree in Health care studies and Masters in Clinical Leadership.

Session no: 4.1.2   Abstract number: 76

Time: 10:35am

Seeking authorization: a grounded theory exploration of mentors' experiences of assessing nursing students on the borderline of achievement of practice competence.

Dr Simon Cassidy PhD (Nursing Science), RMN, RNLD, BSc (Hons), Dip Prof Prac, PGCE, Abertawe Bro Morgannwg University Health Board (ABMU), Swansea, UK

Co-author(s): Professor Fiona Murphy, Ireland; Associate Professor Michael Coffey, Wales.

Abstract

The reluctance of nurse mentors to fail nursing students in practice despite concerns about competence remains a contemporary issue in healthcare education. Mentors assessment decisions nevertheless have considerable impact for a variety of key stakeholders, not least for the student themselves as to whether they continue on pre-registration nursing programmes.

The aim of this grounded theory study was to develop a substantive theoretical explanation of how mentors make sense of their experiences where nursing students are on the borderline of achievement of competence in practice. The study explores mentors' decision-making processes, coping strategies and sense of accountability in these circumstances.

Phase one of this study involved twenty individual semi-structured interviews with nurse mentors in one UK National Health Service Trust. Phase two included eight individual semi-structured interviews and seven focus groups (n=38) with mentors and practice educators in four further Health Boards.

Three categories 'the conundrum of practice competence,' 'the intensity of nurturing hopefulness,' and 'managing assessment impasse,' emerged as critical to the study's central storyline - 'Seeking Authorization: Establishing collective accountability for mentorship.' This substantive theoretical explanation demonstrates how mentors are dependent on key sources of support and feedback to validate their assessment decision-making, notwithstanding substantial personal, professional and organisational pressures. Where this authorization does not occur, distinct periods of mentorship effort are effectively devalued and become discon-

nected from students' overall trajectory on the nursing programme.

Drawing on sociological theories of structure and agency, the study concludes that management of borderline assessment situations is considerably developed by mentors' recognition of the authorizing effects of a wider community of assessors. This is in contrast to decision-making resting solely on one mentor's shoulders. Consequently, this study identifies the personal, professional and organisational implications involved in the preparation, support and regulation of mentors specifically in borderline assessment circumstances.

Recommended reading list

Black, S., Curzio, J., and Terry, L. (2014). Failing a student nurse: A new horizon of moral courage. Nursing Ethics, 21(2), 224-238.

Hunt, L. A. (2014). Failing Securely: Enabling Mentors to Fail Underperforming Student Nurses in Practical Assessments. (PhD), Birmingham, Birmingham City University.

Duffy, K. (2013). Deciding to fail: Nurse mentors' expereinces of managing a failed practice assessment. Journal of Practice Teaching and Learning, 11(3), 36-58.

Biography

Simon Cassidy registered nurse has worked predominantly within NHS learning disability residential and community settings. Since 2005 he has been a Practice Education Facilitator within Abertawe Bro Morgannwg University Health Board linking with Swansea University. Based at Singleton Hospital Swansea, Simon has lead responsibilities for pre-registration nursing mentorship issues across a number of Health Board localities. He was awarded a PhD in 2016 which concerns mentors' interpretation of competence in their assessment of pre-registration student nurses who are on the borderline of achievement in practice.

Theme: Mixed/workforce and employment

Session no: 4.2.1   **Abstract number: 50**

Time: 10:05am

How do mental health nurses negotiate and manage their mental health problems in the social environment at work? Results of a mixed methods study

Dr Jennifer Oates PhD, RMN, Florence Nightingale Faculty of Nursing and Midwifery, King's College London, London, UK

Abstract

Background: The UK Department of Health has recently called for all employers of health care staff to address employee mental health (Mental Health Taskforce, 2016). Internationally, the prevalence of mental health problems among health professionals has been the subject of research and policy concern for many years (Gärtner et al, 2010; Hall et al, 2016). Nurses' own mental health is of paramount important, both in terms of patient safety and the sustainability and resilience of the workforce (Gärtner et al, 2010).

Aims: The aim of this study was to identify the ways in which nurses negotiate and manage their mental health at work, in their relationships with their managers, colleagues and employing organisations.

Methods: This was a sequential mixed methods study, with data collected between November 2012 and February 2014. In part one a national sample of 237 UK mental health nurses took part in an online survey. In part two a purposive sample of 27 mental health nurses were interviewed regarding their mental health, wellbeing and experiences at work. The 'following a thread' approach to presentation of mixed methods findings was used, reflective of mixed methods epistemology.

Results: Participants described organisational responses to mental health problems, including their experience of occupational health services. Stigma was a factor in some of their accounts. For some, the relationship with managers and occupational health was functional. For others it was sensitive and supportive.

Discussion: From this study, recommendations regarding the management of nurses' mental health by managers and by occupational health services can be made, in line with the policy objectives of the Five Year Forward View for Mental Health.

Conclusion: There is scope to improve the occupational 'mental health and wellbeing' offer to nurses. Nurses' expertise is often not accounted for when management and organisational responses are being devised or enacted.

Recommended reading list

Gärtner, F. R., Nieuwenhuijsen, K., van Dijk, F. J. H., and Sluiter, J. K. (2010) The impact of common mental disorders on the work functioning of nurses and allied health professionals: A systematic review. International Journal of Nursing Studies, 47(8), 1047 - 1061.

Mental Health Taskforce (2016) The Five Year Forward View For Mental Health. NHS England; 2016.

Hall, L. H., Johnson, J., Watt, I., Tsipa, A., and O'Connor, D. B. (2016). Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. PLoS One, 11(7), e0159015

Biography

Jennifer Oates is a Lecturer in Mental Health at King's College London. She is a registered mental health nurse, with clinical experience in acute care, liaison psychiatry and community mental health. In recent years she has worked in a number of healthcare regulation and commissioning roles. Her research focus is the mental health and wellbeing of mental health nurses, although she has also researched and published on aspects of health care regulation and policy.

Session no: 4.2.2   **Abstract number: 64**

Time: 10:35am

How much agency does the individual nurse have in delivering compassionate care? A report of the national evaluation of the compassion in practice vision and strategy in England

Professor Helen Therese Allan RN RNT BSc PGDE PhD, Centre for Critical Research in Nursing and Midwifery, Middlesex University, London, UK

Co-author(s): Allan H T, Liu L, Corbett K, Serrant L

Abstract

Background: The Compassion in Practice Vision and Strategy in England emerged at a time when nursing and nurses in the UK were seemingly less trusted, under pressure from the government and subject to media reports of poor care (Paley 2014; Traynor 2014). Similar concerns with standards of nursing care have been raised internationally (Dewar and Christley 2013).

Aim: discuss findings from a national evaluation of the Impact of the Compassion in Practice Vision and Strategy (NHSE 2012) on nursing, midwifery and care staff.

Methods: A mixed methods design with four sequential stages: analysis of national survey data; literature scoping; 10 qualitative

telephone; secondary data analysis Family and Friends Test (FFT), Staff Family and Friends Test (SFFT) and NHS Staff Survey (NHSSS) data for defined period of time; integrated analysis of all data. Data were collected 2015.

Findings: Awareness and involvement of staff in Compassion in Practice was considerable amongst middle and senior management but limited at ward level. Findings suggest that ward level staff felt that there was a lack of senior leadership and support for staff to enable them to deliver compassionate care. Communication in teams and from senior staff to ward level staff about the strategy was not considered effective. Findings reveal professional anger, distress and resistance to a strategy which was perceived as a top down initiative and which did not sufficiently recognise structural issues which were felt to constrain the ability to deliver compassionate care.

Discussion: we discuss our findings in the context of discourses on compassion and recent literature on the Francis Report. We suggest that these findings can only be fully understood if there is a meaningful recognition by government of the relationship between structural systems and individual agency in delivering care.

Recommended reading list

Dewar, B. and Christley, Y. (2013). A critical analysis of Compassion in Practice. Nursing Standard, 28(10), pp.46-50.

Traynor, M. (2014). Caring after Francis: moral failure in nursing reconsidered. Journal of Research in Nursing, 19(7-8), pp. 546-556

Paley, J. (2014). Cognition and the compassion deficit: the social psychology of helping behaviour in nursing. Nursing Philosophy, 15(4), pp.274-87.

Biography

Mike O'Driscoll is an experienced health services researcher who has worked in and with nurses for many years at the University of Surrey and Middlesex University. He has also worked as a free lance health services research consultant and for local authorities.

What is the impact of a bowel management protocol in cardiac intensive care?

Miss Dawn Warren BSc Hons Adult Nursing, MSc Clinical Research, Plymouth Hospitals NHS Trust, Plymouth, UK

Co-author(s): Professor Bridie Kent, UK

Abstract

Background: Bowel Management Protocols (BMP) may improve the incidence of diarrhoea and constipation in the intensive care unit (ICU) through standardising care (Dorman et al. 2004; McPeake et al. 2011). Although clinician compliance issues to BMPs have been highlighted (Knowles et al. 2014), there is little supporting evidence and no reports of compliance rates to a BMP throughout the patient's ICU stay. Furthermore, barriers and enablers following BMP implementation have not been explored, an important aspect of improving compliance.

Aim: To investigate the impact of a BMP on the incidence of constipation and diarrhoea, levels of compliance, and explore barriers and enablers to using a BMP in the ICU.

Methods: In 2015/16, a mixed-methods study was conducted in a cardiac ICU using two phases: retrospective case review of patients' hospital notes, before and after the BMP implementation, establishing levels of diarrhoea, constipation and compliance; focus groups on users of the BMP, six months following the BMP implementation, exploring barriers and enablers in practice.

Results and discussion: 51 notes were reviewed. Post implementation, more patients were constipated within the first 96 hours (p = .05), fewer patients experienced severe diarrhoea (p < .05) and fewer aperients were administered. There was evidence of behavioural change including less variation in aperients given and less varied, shorter time periods between starting enteral feed and administering aperients. However, full compliance levels to the BMP were low (2.3%). Two focus groups with nursing staff were conducted, generating the following themes: barriers and enablers to the BMP characteristics; barriers and enablers of the dissemination; barriers to bowel assessment; nurse as a barrier; medical involvement and BMP outcomes.

Conclusions: Overcoming the identified barriers to using a BMP can improve compliance. However, methods to measure and improve compliance to a BMP in the ICU require further research to identify the impact of a BMP in practice.

Recommended reading list

Dorman, B.P., Hill, C., McGrath, M., Mansour, A., Dobson, D., Pearse, T., Singleton, J., Al-Omoush, A., Barry, M., Colongon, A.R., Perez, M., Fitzgerald, D., Zabala, M. (2004) 'Bowel management in the intensive care unit'. Intensive and Critical Care Nursing, 20, 6, pp 320 - 329.

McPeake, J., Gilmour, H., MacIntosh, G. (2011) 'The implementation of a bowel management protocol in an adult intensive care unit'. Nursing in critical care, 16, 5, pp 235 - 42.

Knowles, S., Mcinnes, E., Elliott, D., Hardy, J., Middleton, S. (2014) 'Evaluation of the implementation of a bowel management protocol in intensive care: Effect on clinician practices and patient outcomes'. Journal of Clinical Nursing, 23, pp 716 - 7

Biography

I am a registered nurse specialising in critical care and cardiothoracics. I qualified in 2010 with a BSc Honours in Adult Nursing at Plymouth University. I have worked in Derriford Hospital, Plymouth Hospitals NHS Trust, since qualifying and currently work in Cardiac Intensive Care.

In the near future, I will be moving to London to take the opportunity to work at the Royal Brompton Hospital in the adult intensive care unit, where I hope to progress professionally in my clinical role.

My passion for research has followed me throughout my nursing career and led me to develop a bowel management protocol for CICU at Derriford Hospital, through a literature review, to standardise bowel care for patients. Following implementation, I was awarded a funded place on a Masters Degree in Clinical Research, at Plymouth University, where I conducted the current study. I have now completed my Masters with a distinction, and hope to continue my research career through completing a Phd.

I have recently presented research findings at the BACCN conference, and have also collaborated with intensive care clinicians in Canada, on a systematic review, investigating bowel protocols in intensive care which has been submitted for publication in Critical Care Medicine.

Session no: 4.3.2   Abstract number: 18

Time: 10:35am

A place for sadness: messages for nursing practice in the ontology of melancholy

Dr John McKinnon PhD MSc PG Dip BA(Hons), School of Health and Social Care, University of Lincoln, Lincoln, UK

Abstract

Background: Sadness is an affective state associated with feelings of loss, sorrow and regret. The emotion is experienced in the face of an event with no blameworthy target. Sadness is accompanied by a deceleration of the physiological and cognitive process permitting a recovery period when support can be sought (Rivers et al. 2007). The view that sadness is a powerless state lacking agency (Tiedens, 2001) has recently been challenged (Bower, 2013).

Aim: This paper aims to examine how the ontology of sadness finds purpose and value in nursing practice.

Method: Thirty- three nurses across community, public health, paediatrics, mental health and acute adult surgery talked exhaustively in interview about their experiences of sadness in their professional lives. The data was collected in a London teaching hospital and in three community NHS trusts in the East Midlands of England between November 2011 and August 2012. The interviews were audiotaped and transcribed verbatim. The transcripts were analysed using Grounded Theory Method.

Results: Sadness was experienced as a heaviness of heart; a sense of loss and a place of remedial retreat distinguished from depression by its temporary nature and functionality. Sources of sadness included endings in the nurse patient relationship, knowledge of patient life history and the separation of children from their parents. Sadness was shown to fuel attention to detail, a sense of fairness and empathy in practice.

Conclusion: There is a place for sadness within reflective practice to help identify roots of loss without blame and the need for restoration. Sadness affords opportunities for greater emotional competence and situational awareness. Sadness among service users signals a time when sensitive aspects of care and after care can be negotiated.

Recommended reading list

Bower, B. (2013). The Bright Side of Sadness . Science News, 184 (9): 18-21.

Tiedens, L.Z. (2001). Anger and advancement versus sadness and subjugation: the effect of negative emotion expressions on social status conferral. Journal of Personality and Social Psychology, 80,(1): 86 - 94.

Rivers, SE, Bracket, MA, Katulack, NA, Salovey,P. (2007) Regulating anger and sadness: an exploration of discrete emotions in emotional regulation. Journal of Happiness Studies. 8(3):393-427

Biography

John McKinnon PhD is Senior Lecturer in Nursing at the School of Health and Social Care at the University of Lincoln. He was a frontline practitioner for 20 years working in critical care, public health and safeguarding children. John was one of the first academic non medical prescribing leads in the country and has published widely on the nurse patient relationship. He has taught published and researched reflective practice and emotional intelligence. His doctorate centred on harnessing emotion to guide professional judgement and the outcome of this was a new framework for practice. His book 'Reflection for Nursing Life' has won praise from academics, practitioners and students for its refreshing and innovative approach to a familiar subject.

Theme: Focus groups

Session no: 4.4.1   Abstract number: 74

Time: 10:05am

Participatory research: using board games to guide secondary analysis of big data

Dr Rachel Taylor , University College London Hospitals NHS Foundation Trust, London, UK

Co-author(s): Ana Martins, Sarah Lea, Jeremy S Whelan, Lorna A Fern, UK

Abstract

BRIGHTLIGHT is a national evaluation of teenage and young adult cancer services in England. Data are collected five times over three years from 830 young people using a bespoke survey. Additional data are collected from carers, clinical notes and NHS registries ensuring BRIGHTLIGHT provides a multi-faceted and comprehensive evaluation young people's experience of cancer care. In addition to the primary research question (do specialist cancer services for teenagers and young adults add value?) such a wealth of information lends itself to further exploration.

Aim: Identify what young people think is important to investigate for secondary data analysis.

Methods: A workshop was held with eight members of the BRIGHTLIGHT user group. To facilitate young people's understanding of 'hypothesis generation', the board game Twister was adapted so each movement represented a different domain of data. The game was played according to the rules with the modification that after each pair of movements, participants discussed possible linkage between the two domains represented by the two twister movements.

Results: Thirty-six links were discussed and refined into 21 areas for analysis. These were sent to the user group to individually vote for their top three:

- Is the impact of cancer affected by how much support you get from people in similar situations?
- Am I less likely to be involved in decision making if I am younger?
- How I feel about my body after cancer affects my ability to form new relationships.

Conclusions: Given appropriate tools, young people can be involved in generating hypotheses and can identify linkages between data not necessarily viewed as important by healthcare professionals. This paper will explore the potential for utilising other participatory methods, identify some of the challenges and how these can be overcome.

Biography

Rachel is a children and adult trained nurse with over 20 years of experience working in research with young people. Rachel is currently co-ordinating the national evaluation of teenage and young adult specialist cancer services across England. She has published in numerous journals and has presented at both national and international conferences. Rachel is a member of the National Cancer Research Institutes (NCRI) Psycho-oncology and Survivorship Clinical Studies Group (CSG), Understanding and Measuring the Consequence of Cancer and its treatment subgroup and Health Services Research subgroup of the NCRI TYA CSG. She is a Steering Committee member of the Royal College of Nursing (RCN) Research Society and on the Scientific Committee of the RCN International Research Society annual conference. Rachel is funded through an NIHR Programme Grant for Applied research (RP-PG-1209-10013). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Exploring young liver patients experiences and needs when transitioning from paediatric to adult services: An exploratory qualitative study

Professor Jane Coad RGN, RSCN, DipN, BSc (Hons), PGCert (Teaching), MSc, PhD, Coventry University, Coventry, UK

Co-author(s): Alex Toft, UK; Alison Taylor, UK; Rachel Taylor, UK; Lee Claridge, UK; James Ferguson, UK; Jonathon Hind, UK; Rebecca Jones, UK; Patricia McClean, UK; Patrick McKiernan, USA; Marianne Samyn, UK; David Adams, UK

Abstract

The transition from paediatric to adult services for young people with complex healthcare needs can be a period of uncertainty and change. Young people have to take ownership of their care whilst accessing new services and working with new healthcare professionals. Throughout this period, young people need support and guidance that align to their specific needs. However nationally, understanding of the experiences and needs of young people with liver disease is unclear. Therefore the aim of this study was to explore the experiences of young liver patients (16-25 years) moving to adult services.

Data were collected from young people with liver disease (n=21) and professionals (n=18) from three supra-regional liver centres in England. Data collection methods involved focus group interviews using innovative arts-based methods and one-to-one interviews. Data was analysed using thematic analysis. Full research ethics and governance approvals were obtained.

Findings indicated that young people did not have enough time to prepare for transition, making it difficult to establish relationships with professionals from adult services. Furthermore, young people identified the need for disease-specific information and information about what to expect from the move to adult services. Findings also indicated the potential, and acceptability by the young people, of mobile phone applications in meeting some of these needs such as providing reliable information or allowing the users to interact with others facing similar health needs through a convenient and familiar platform.

This is the first study in England that has explored the experiences and needs of young people with liver disease transitioning from paediatric to adult services. It has identified a number of outstanding needs that need to be addressed in order to enable young people to have the best outcomes. Mobile technology appears to be useful but requires further exploration.

Theme: Mixed methods

A mixed methods research study: exploring resilience in contemporary nursing roles in Wales

Mrs Judith Benbow RGN, School of Healthcare Sciences, Cardiff University, Cardiff, UK

Co-author(s): Supervisors: Professor Daniel Kelly and Dr Aled Jones, UK

Abstract

Background: Nursing is categorised as a highly stressful occupation. Low morale, stress and compassion fatigue are major consequences of healthcare workplace adversity which has a negative impact on care. Staff wellbeing is an important antecedent of patient care performance. Nurses' ability to deliver compassionate care is inextricably linked to individual and organisational professional and personal challenges and support available (Maben, 2012).

Resilience is known to buffer the negative effects of stress through behaviours that facilitate adaptation in the context of adversity, resulting in the ability to function above the norm in spite of significant stress (Masten 2001). Resilience has the potential to positively influence health and well-being of nurses and subsequent nursing care. Limited research exists that examines the nexus of nurses' resilience and workplace environments.

Aim: To provide novel insights into the intrinsic and extrinsic influences, that shape the resilience of nurses in Wales.

Methods: Mixed methods two phased approach, a survey followed by case studies in three diverse settings; utilising focus groups and individual semi structured interviews.

This presentation will focus upon Phase 1, the survey. Between October 2016 and November 2016, registered nurses in Wales were invited to complete an on line/paper based questionnaire, devised for the study; exploring their views about resilience and their work environments. Over 1400 nurses participated, responses were descriptively analysed utilising SPSS and Microsoft word.

Results: Early findings from the survey will be discussed within the context of recent research and policy. As well as implications for the Phase 2 case studies, will be reported.

Conclusion: The unique findings will inform practice, education, policy and research of what works well and what could work better to develop resilience of nurses in Wales. To be applied more broadly to influence the health of other nurses and so in turn, their patients.

Recommended reading list

Maben J et al. 2012. Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing Final report. NIHR

NHS. 2009. NHS Health and Well-being Boorman Review Final Report London: Stationary Office

Masten, A. 2001. Ordinary Magic, resilience processes in development American Psychologist 56 (3), pp. 227 - 238.

Biography

Judith Benbow has a background in adult critical care nursing and has enjoyed a variety of clinical and educational roles. Judith is currently Senior Lecturer and the Lead for International Student Mobility at Cardiff University's School of Healthcare Sciences. Judith is exploring the concept of resilience among registered nurses in Wales as the focus of her RCN Wales/Cardiff University funded PhD.

Nursing mindfully: a mixed-method exploration of student nurses' experiences of mindfulness-based stress reduction

Dr Graeme Donald BSc DPSN RN PgD PhD, University of Manchester, Manchester, UK

Co-author(s): Helen Pusey, Joanne Timpson, Shaun Speed, Elizabeth Lee-Woolf

Abstract

Background: Undergraduate students face managing increasingly complex lives as they complete their studies, whilst wrestling with a myriad of stressors: relationships, finances, academic work, expectations, and transitions, to name but a few (Hurst, Baranik and Daniel 2012). Student nurses face the additional challenges posed by clinical practice and are exposed to the occupational stress associated with this demanding profession (Watson et al 2008). Mindfulness meditation may be a useful addition to student support services, in both promoting wellbeing and positively influencing behaviour and clarity of thought.

Aim: The study aim was to conduct a preliminary, mixed-method evaluation of the feasibility, acceptability, and intervention effect of Mindfulness-Based Stress Reduction (MBSR) in student nurses.

Methods: Participants (n=30) were students recruited from a UK undergraduate nursing programme. The Perceived Stress Scale (PSS) and Sense of Coherence (SOC) questionnaire were administered before and after MBSR; focus groups were conducted following the course.

Outcomes were analysed descriptively and inferentially; effect size (Cohen's d) was also calculated. Focus group data was recorded, transcribed verbatim, and thematically analysed for feasibility issues and participant experience.

Results: The study is currently active but phase 1 of 2 has been completed; the full results will be presented at the conference. Interim analysis suggests improvements in PSS and SOC scores and compelling data characterising participant experience. Attrition was 28%. Initial review of the transcripts demonstrated that mindfulness training changed participants' general life perspective and connected them to sense of self and compassion. Participants also said that they used course techniques to good effect in clinical placement and during examinations. Feasibility issues included the time commitment and course timing.

Discussion: Improving the wellbeing of nurses, internationally, may ultimately lead to a higher quality of patient care. Cultivating nurse resilience is crucial in supporting the workforce through difficult times: mindfulness training warrants further exploration.

Recommended reading list

Hurst, C. Baranik, L. Daniel, F. (2012) College student stressors: a review of the qualitative research. Stress and Health. DOI: 10.1002/smi.2465

Watson, R. Dreary, I. Thompson, D. Li, G. (2008) A study of stress and burnout in nursing students in Hong Kong: a questionnaire survey. International Journal of Nursing Studies, 45, pp1534-1542

Biography

I am a lecturer in nursing and my PhD was on exploring mindfulness meditation in people living with HIV. This project was applying many aspects of my PhD in delivering and evaluating mindfulness for student nurses, in particular to explore their stress, resilience, and the feasibility of offering some sort of mindfulness teaching within the curriculum.

I have held previous clinical roles and, for years prior to my PhD, I worked as a nurse therapist and researcher at The Christie NHS Foundation Trust, Manchester, UK, where my colleagues and I delivered therapies like massage, acupuncture, and hypnotherapy for maximising patient wellbeing and symptom control. We adopted a pragmatic and research-focused approach where we acknowledged the evidence base and contributed heavily to it.

Theme: Qualitative approaches/workforce issues

Session no: 4.6.1   **Abstract number: 65**

Time: 10:05am

Delegation and supervision of health care assistants' work in the daily management of uncertain and the unexpected in clinical practice: invisible learning among newly qualified nurses

Professor Helen Therese Allan RN RNT BSc PGDE PhD, Centre for Critical Research in Nursing and Midwifery, Middlesex University, London, UK

Co-author(s): Magnusson C, Ball E, Johnson M, Horton K, Curtis K, Evans K.

Abstract

Background: Delegation of nursing work to health assistants is a development of workforce planning to substitute a reduced nursing workforce globally. Little is known about how nurses learn to delegate to assistant workforce.

Aim: Evans and Guile's (2012) theory of recontextualisation is used to explore the ways in which invisible or unplanned and unrecognised learning takes place as newly qualified nurses learn to delegate to and supervise the work of the health care assistant.

Methods: Using an ethnographic case study approach in three hospital sites in England from 2011-2014, we undertook participant observation, interviews with newly qualified nurses, ward managers and health care assistants.

Findings: In the British context, delegation and supervision are thought of as skills which are learnt 'on the job'. We suggest that learning 'on-the-job' is the invisible construction of knowledge in clinical practice and that delegation is a particularly telling area of nursing practice which illustrates invisible learning.

Discussion: The invisibility of nursing work has been discussed in the international literature but not in relation to learning clinical skills. We discuss the invisible ways newly qualified nurses learn in the practice environment and present the invisible steps to learning which encompass the embodied, affective and social, as much as the cognitive components to learning.

Conclusion: We argue that there is a need for greater understanding of the 'invisible learning' which occurs as newly qualified nurses learn to delegate and supervise at a time when the global qualified nursing workforce takes on more highly skilled work and delegates direct patient care to assistant workers.

Recommended reading list

Kothari, A. R., Bickford, J. J., Edwards, N., Dobbins, M. J., Meyer, M. (2011). Uncovering Tacit Knowledge: A pilot study to broaden the concept of knowledge in knowledge translation. BMC Health Services Research,11, 198-206.

Johnson, M, Magnusson, C , Allan, H T, Evans, K, Ball, E , Horton, K Curtis, K And Westwood, S. (2015). Doing the Writing and Working in Parallel: Issues with learning delegation and supervision in the emerging role of the newly qualified nurse. Nurse

Magnusson, C., Horton, K., Westwood, S., Curtis, K., Ball, E., Johnson, M., Evans, K., and Allan, H. T. (2014). An Investigation Into Newly Qualified Nurses' Ability To Recontextualise Knowledge To Allow Them To Delegate And Supervise Care (Aark): Project

Biography

Helen Allan is Professor of Nursing at Middlesex University. She worked for many years as Director of the Centre for Reseqarch in Nursing and Midwifery Education at the University of Surrey. She is interested in the application of Sociology in Nursing and researches both clinical issues in women's health as well as the effects of workforce change on clinical learning.

Session no: 4.6.2   **Abstract number: 165**

Time: 10:35am

Exploring nurses experiences of working within organisational constraints

Dr Claire O'Donnell PhD, MSc, RNT, RM, RGN, Department of Nursing and Midwifery, University of Limerick, Limerick, Ireland

Abstract

Background: Nurses face constant challenges in the healthcare setting which impact on providing quality patient care. These challenges centre on recruitment, staff shortages, finance and poor resources. Developing theory for practice is essential to understand how nurses provide care in these challenging situations.

Aim: The aim of this PhD study was to explore nurses' main concern when caring for patients in the acute general care setting and look to how they resolve this concern.

Method: A classic grounded theory approach was utilised where 32 registered general nurses were interviewed and 20 hours of observations were undertaken. Data analysis was undertaken in accordance with classic grounded theory methodology. Initial data collection began in 2010 and the study was completed in 2016.

Results: The main concern for nurses caring for patients in the acute general care setting centres around working within constraints. Constraints in the workplace cause nurses to

engage in a series of behaviours endeavouring to deliver care. The theory generated to resolve this concern is the theory of Resigning which consists of three phases; idealistic striving, resourcing and care accommodation.

Discussion: The challenges in practice are many and varied. Nurses need to consider how challenges are looked at, understood, explained and managed. Working with challenges in practice over a long period of time may result in burnout and reduced quality care. Nursing theory needs to underpin current practices to provide insight and explanations as a fundamental in providing good quality patient care.

Conclusion: Knowledge of this theory has the potential to enable nurses to deal with the constraints placed upon them when caring for patients in acute general care settings. This theory adds to the current knowledge around the provision of care.

Biography

Claire is a lecturer in the Department of Nursing and Midwifery at the University of Limerick, Limerick, Ireland where she teaches on both undergraduate and postgraduate nursing programmes. Her areas of research to date include general nursing care, stroke care, transcultural care, breastfeeding and internationalisation. She completed her PhD study which she is presenting here today in June 2016.

Session no: 4.7.1   Abstract number: 100

Time: 10:05am

Cardiovascular disease and sexual wellbeing: perceptions and experiences of healthcare professionals and patients

Dr Leah East PhD, University of New England, Armidale, Australia, Armidale, Australia

Abstract

Background: Cardiovascular disease (CVD) is a leading cause of morbidity and hospital admission. Although the symptoms and complications of CVD vary, sexual adversity is commonplace.

Aim: To explore the experiences and perceptions of patients and healthcare professionals (HCPs) regarding the provision of sexual healthcare within the context of CVD.

Methods: A convenience sampling method was used to recruit HCPs and individuals who had been diagnosed with CVD. Nine HCPs inclusive of 7 Registered Nurses and 13 patients participated in this study. Data were collected between October 2015 and August 2016, and subject to thematic analysis.

Results: HCPs perceptions of patients' sexual health needs differed from those expressed by patients. HCPs conceptualised sexual wellbeing in terms of physical function. Although HCPs acknowledged the importance of sexual healthcare, it was not given priority. In contrast, patients expected and welcomed information about the effects of CVD on sexual wellbeing. Though patients felt it was the responsibility of HCPs to provide sexual health information and subsequent care, this was often not received. Some participants expressed their willingness to discuss experiences of sexual health adversity with a HCP who they had rapport. In the absence of information and subsequent care, patients felt they had to accept their experiences of sexual adversity in silence, detrimentally impacting their self-concept and intimate relationships.

Discussion: Sexual health needs of patients are often neglected within the context of CVD. Despite recognising the importance of sexual health wellbeing, HCPs often feel ill-equipped in relation to the provision of sexual healthcare.

Conclusion: HCPs and patients require education and support to promote sexual health wellbeing and optimal healthcare outcomes for individuals with CVD. Further research is needed to determine how best to support HCPs and patients' needs in relation to sexual health care.

Biography

Associate Professor East is an experienced nurse researcher, and a clinician in the fields of sexual health and primary health care. A key objective of her research and scholarship has focused on marginalised groups and conditions, and those vulnerable and/or stigmatized as a result of societal norms and/or social determinants of health. She has successfully completed a number of funded studies in the fields of sexual health and family disadvantage. Dr East is an experienced qualitative researcher, publishing across a wide range of nursing topics. As an experienced nurse educator, she also actively pursues on research teaching and learning. Dr East was a visiting research fellow at Oxford Brookes University, Faculty of Health and Life Sciences in 2016. She has held the position of Counsellor of the UWS Xi Omicron chapter for The Sigma Theta Tau, Honour Society of Nursing.

Session no: 4.7.2   Abstract number: 286

Time: 10:35am

Exploring the views and experiences of primary healthcare professionals (HCPs) who deliver sexual and reproductive health (SRH) services to unmarried adolescents in Malaysia.

Mrs Siti Hazariah Abdul Hamid Msc, The University of Manchester, Manchester, UK

Co-author(s): Debbie Fallon, UK, Peter Callery, UK

Abstract

Information about contraception and safe sexual practices are still not delivered formally to adolescents in health clinics and schools in Malaysia. Concurrently, unintended teenage pregnancy and the practice of 'baby dumping' are serious public health issues amongst unmarried adolescents. Research in other countries has highlighted several factors influencing effectiveness of SRH services to adolescents including comprehensive sexual education, friendly services and the use of contraception. Little is known about the provision of sexual healthcare for this group since this has not been examined in-depth in a Malaysian context. Therefore the exploration of the experiences and views of HCPs who deliver SRH advice and treatments to adolescents is paramount to understand the situation in primary health care settings. A further aim was to understand how HCPs' cultural and religious beliefs might impact upon the SRH service they provide to adolescents. This was a qualitative study informed by a pragmatic approach. Thirty one HCPs were interviewed between October 2015 and April 2016. Data were analysed using the principles of grounded theory analysis. The findings indicate that SRH provision to adolescents was restricted due to socio-cultural and religious beliefs which impact HCPs' practice and the quality of service delivered to adolescents in Malaysia. It has been suggested that SRH provision was given low priority and become unpopular service amongst HCPs in the primary health care system. This situation deprived adolescents from getting accurate information to make informed choices and decision regarding SRH. It is clear that access to SRH services by young people has been affected by the constrains in service delivery and underdevelopment of SRH provision. The evidence generated from this study can assist in the development of the strategies to improve the quality of care and facilitate the changes in SRH support provision to adolescents in Malaysia.

Biography

Miss Hazariah Hamid

Designation: Tutor at Islamic University of Malaysia (IIUM)

Academic:

- PhD candidate, School of Nursing , Midwifery, Social Work, The University of Manchester, September 2014 till present
- Master of Community Health Sciences, National University of Malaysia (UKM) 2010-2012
- Bachelor of Health Science (Nursing), University Science of Malaysia (USM) 2002-2006

Employment:

- Head of Department, Department of Specialized Care Nursing IIUM,
- Teaching Subject : Community health Nursing, Medical Surgical Nursing, Peadiatrics Nursing
- Staff Nurse**:** Tengku Ampuan Afzan Hospital 2008-2009

Committee:

- Facilitator for Problem Based Learning
- Examination Coordinator
- OSPE Coordinator (objective Structural Practical Examination)
- Breastfeeding Program Coordinator

Professional registration:

- Committee Member of MNA (Malaysia Nursing Association)
- Member of QRAM (Qualitative Research Association Malaysia)
- Registered Nurse

Area of Interest:

- Adolescent, Sexual and reproductive health.

ViPER

4.8.1   Abstract number 296

Excuse me, I want to be a research clinical academic, can you help?

Professor Debbie Carrick-Sen, University of Birmingham, UK

Dr Amelia Swift, UK; Lisa Shepherd, UK; Amy Kerr, UK

Abstract

There is a National aspiration to grow the number of Nurse, Midwife, and Allied Health Professional (NMAHP) research clinical academics from 0.01% to 1% by 2030 (AUKUH, 2014). A number of National organisations have developed and published helpful guides and information to advise and support individuals as well as employing and partner organisations. This interactive ViPER session will use three real life case studies (at early, mid and senior career) to explore key issues, enablers, concerns and potential solutions to maximise opportunities, support, organisation capacity building and personal development, utilising existing resources. Available resource includes the new AUKUH transforming healthcare through clinical academic roles (2016), building your research career (2016) and NIHR individual support guide (in press). The case study presenters (co authors) will use a mini 2-minute rapid oral and visual presentation to explain and explore key issues, concerns and enablers. The lead author will respond and provide the expert review, identifying available resource to assist or improve issues. This will be followed by an interactive discussion with the audience regarding availability and use of available resource to promote, support and embed research clinical academic roles.

Recommended reading list

AUKUH (2010) National Clinical Academic Roles Development Group for Nurses, Midwives and Allied Health Professionals, http://www.aukuh.org.uk/index.php/affiliate-groups/nmahps Accessed 14 November 2016

Carrick-Sen, D; Richardson, A; Moore A; Dolan, S (2016), Transforming Healthcare Through Clinical Academic Roles in Nursing, Midwifery and Allied Health Professions: A Practical Resource For Healthcare Provider Organisations, AUKUH, London http://www.medschools.ac.uk/SiteCollectionDocuments/Transforming-Healthcare.pdf Accessed 14th November 2016

NIHR (2016) Building your research career handbook http://www.nihr.ac.uk/documents/faculty/Building-a-research-career-handbook.pdf Accessed 14th November 2016

Biography

Debbie is a Florence Nightingale Foundation Clinical Chair in Nursing and Midwifery Practice Research at University of Birmingham.

She holds a joint appointment with Heart of England NHS Foundation Trust. Her interests include workforce development including, the creation and sustainability of research clinical academic roles and maternal health, with a particularly interest in perinatal mental health. She co-chairs the AUKUH Nursing, Midwifery and AHP (NMAHP) National Clinical Academic Role Development Group and is a member of the National HEE Nursing and Midwifery Advisory Group.

Debbie has research expertise in mixed methodology. Her primary focus is in the development and execution of randomised controlled trials and application of complex interventions. She has a strong profile for the attainment of NIHR funding, especially, supporting NMAHP's to attain NIHR Clinical Academic Training fellowships and a growing publication and grant capture record. In 2011 she was nominated by the Department of Health as one of the top 100 nurse leaders in the NHS and in 2012 attained a National Florence Nightingale Foundation Executive Leadership Scholarship.

ViPER

4.8.2   Abstract number 270

Experiences of a clinical leadership programme and its impact: a constructivist inquiry

Susan Sloan, RGN, Dip DN, RNT, PgCTLHE, NHS Lothian, UK

Co-author: Professor Jayne Brown, England

Abstract

Introduction: The Delivering Better Care Leadership Programme (DBC LP) has been introduced in one Scottish Health Board. It uses the Senses Framework (Nolan et al, 2006) as philosophical underpinning, facilitation and delivery mechanism. There is minimal evidence of the impact of clinical leadership development programmes.

This ViPER will present an overview of the research study aims, design and exploration of emerging themes.

Research aims: To explore the perspectives of Nurses, Midwives and Allied Health Professionals:

- Motivations and expectations of the programme;
- Experiences and whether expectations change over time;

To develop an understanding of potential long term impacts and factors that facilitate and hinder these.

Study Design: Using a constructivist approach this longitudinal qualitative study comprises 3 phases:

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Phase 1 Elements A and B (September 2015 - May 2016).

Element A - participants starting the DBC LP in September 2015 (n=9) and their managers. Semi-structured interviews analysed using a Grounded Theory approach (Strauss and Corbin, 1990).

Element B - case studies of past participants (n=5), involving their manager, a junior colleague and peer.

Phase 2 (August 2016 - April 2017) will explore the participant's experience on completion of DBC LP, as well as manager's and colleague's views.

Phase 3 (August 2017 - April 2018) will explore participant's, manager's and colleague's perceptions of impact and how this is influenced or not over time.

Progress to Date: Phase 1 data analysis is underway using a constructivist inquiry method (Rodwell, 1998) and is informing Phase 2. Early themes include participants feeling valued having been given permission to develop and lead, which creates a sense of significance. The role of manager is fundamental in developing effective working relationships and on-going support.

The findings will inform policy and practice by contributing new evidence to enable individuals, teams and organisations to maximise any impact following leadership development. (300 words)

Recommended reading list

Nolan M., Brown J., Davies S., Nolan J., Keady J. (2006) The Senses Framework: Improving Care for Older People through a Relationship Centred Approach, Getting Research into Practice (GRIP) Report No 2

Rodwell M.K. (1998) Social Work, constructivist research, Taylor and Francis

Strauss, A.L. and Corbin, J.M. (1990) Basics of Qualitative Research. Sage. Newbury Park,CA.

Biography

Sue Sloan has developed considerable expertise in the art and science of nursing throughout her career, which spans 3 decades within the NHS. Over the past 13 years, working as Lead Practitioner Clinical Leadership, has provided the opportunity for Sue to develop professionally as a leadership resource for the workforce, enhancing skills in relation to facilitation, coaching and staff engagement. Sue starts a new role as Organisational Development Consultant in November 2016.

Sue is currently a part-time PhD student at De Montfort University, embracing the challenges of working full-time, whilst navigating the research world and developing skills as a researcher, which she is thoroughly enjoying!

Sue is passionate about enhancing patient and staff experience, and is committed to develop leadership capacity and capability of staff at all levels of the workforce.

Concurrent session 5
Thursday 6 April 2017 11.30am-12.55pm

Session no: 5.1.1   Abstract number: 243

Time: 11:30am

Undergraduate nurse clinical education: an appreciative dialogue to explore innovative approaches.

Ms Jan Forber MSc, BSc, RN, Faculty of Health, University of Technology Sydney, Sydney, Australia

Co-author(s): Michelle DiGiacomo, Australia, Bernie Carter, UK, Patricia Davidson, USA, Jane Phillips, Australia and Debra Jackson, UK

Abstract

Background: Clinical experiences are a vital component of preparatory nurse education programs. Internationally, however, reports indicate providing sufficient quality experiences is increasingly challenging, as the demand for student placements intensifies to address nurse shortages and growth in healthcare provision.

Aims: This study aimed to identify factors that 'work well' in clinical education and to envision 'what could be' in the design of innovative, sustainable clinical learning experiences for the future.

Methods: Guided by an Appreciative Inquiry framework, a case study design explored clinical education in two nursing programs: one in the UK and one in Australia. Data was collected using semi structured interviews (academic and administrative staff n=43) and questionnaire (staff n=5, final year students n=78). Thematic analysis and cross case synthesis were undertaken.

Findings: Three major themes emerged from the data:

The unique student journey: engaging in authentic practice and 'becoming' a nurse.

Bridging healthcare care and education: practical and organisational factors across two complex systems

Connecting with the past, creating the future: influences driving the evolution of clinical education

Discussion: Providing meaningful clinical learning experiences is dependent on understanding the complex myriad of influences spanning individual, organisational and professional contexts. Re-connecting a shared healthcare and education sector objective in developing a beginning practitioner is vital and facilitating

engagement in authentic practice is at its core. There is scope to be flexible and inventive as student demographics and learning needs vary across a study program. The point of transition from student to beginning practitioner is a target for innovation, as is greater flexibility to accommodate the needs of the student and address diversification within healthcare care.

Conclusion: In the changing healthcare landscape, this is a pivotal time for nurses - clinicians, academics, and researchers - to promote creativity and quality in designing clinical learning experiences to meet future need.

Biography

Having worked both clinically and in education in the UK and Australia, Jan is currently a lecturer in the Faculty of Health, University of Technology Sydney. She is involved in teaching in undergraduate and post graduate programs with a focus in acute care nursing and infection prevention and control. Jan is completing her PhD studies in the field of undergraduate nurse clinical education, exploring the varied approaches taken to the provision of this component of nursing programs and the innovations and challenges across international boundaries. Jan has an active keen interest the incorporation of simulation as a teaching and learning strategy at undergraduate and post graduate levels. As part of this she has contributed to capacity building strategies for academic staff via a range of training and development initiatives at local and national levels.

Session no: 5.1.2   Abstract number: 197

Time: 12pm

A longitudinal mixed methods study of transformational change: indicators of positive change in cancer after care services.

Miss Karen Campbell BSc(Hons), MN, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Lucy Johnston

Abstract

Introduction: Edinburgh Napier University (ENU) have conducted a programme of educational research since 2011 on the transformational change of the Cancer Nurse Specialist (CNS) workforce. In addition, since 2014, ENU is carrying out an evaluation of 'The Transform-

ing Care after Treatment' (TCAT) programme in Scotland: implementation of 25 projects, each with different local approaches to supporting people to live with and beyond cancer. A key evaluation question is 'To what extent has the programme been successful at influencing attitudes, behaviours and priorities related to after care locally, regionally and nationally?'

This presentation will showcase our results from two programmes of research, highlighting indicators of positive change at practice level for CNS over the last five years.

Material and method: A longitudinal mixed methods study of two key projects in transformational change. Data collected from focus group (n = 6) discussions with CNS (2011); survey of TCAT wider stakeholders (n=195) (2015 and 2016); local project focus group, at two time points (n = 5); stakeholders at two time points (n=10).

Results and Discussion: Data prior to the TCAT programme showed that despite policy developments relating to cancer survivorship, challenges remained in terms of the interface between different professional roles and responsibilities. Three years later, analysis of survey data reveals that over one in 4 respondents (28%) thought that TCAT has influenced attitudes and behaviours related to after care 'to a great extent' and a year later two-fifths (41%) reported this highest level. Pre and post project focus groups reveals integrated working and partnerships evolving.

Conclusion: By combining two programmes of research Edinburgh Napier University has been able to demonstrate significant transformational change over 5 years influencing attitudes, behaviours and priorities related to after care of people with cancer locally, regionally and nationally.

Biography

Karen joined Edinburgh Napier University in 2005 as a Macmillan Practitioner in Cancer Nursing with her teaching commitments spanning both the University and the Edinburgh cancer centre. In 2011 Karen was awarded a grant from Macmillan cancer Support to develop and deliver a sustainable cancer education strategy for practitioners caring for people living with and beyond cancer. In 2014 Karen became a co-lead for the evaluation of the transforming Care after Treatment' Scottish programme.

Karen's is currently completing her Clinical Doctorate in Nursing at Stirling University. Karen is an active, member of East of Scotland Haematology Nurses Group and peer reviews for Cancer Nursing, Cancer Nursing in Practice and Nurse Education in Practice.

Session no: 5.1.3   Abstract number: 7

Time: 12:30pm

Determinants of place of delivery among women of childbearing age seeking child welfare services in Kandara Sub County, Murang'a County

Mr Daniel Gachathi MA, Nursing Officer and Lecturer, Mount Kenya University, Nairobi, Kenya

Co-author(s): Dr Rosemary Okova-Kenya, Ms Fransisca Mwangangi

Abstract

Maternal and child mortalities are major health problems in developing countries. Most of these deaths are avoidable if women seek delivery care services from health professionals.

The aim of the study was to assess the determinants that influence the place of delivery among mothers.

The study looked on how social demographic characteristics, knowledge on safe motherhood, attitude toward health facility delivery and accessibility to health facilities influenced the choice of place of delivery among mothers in Kandara Sub County.

The researcher was cleared by the university ethics committee and by the relevant administrations. Respondents privacy, confidentiality and anonymity were ensured throughout the research process.

A facility-based cross-sectional survey design was used. pretest of data collections tools in three health facilities was carried out.

The study population was mothers recently delivered within a 12 month prior to the study and seeking Child Welfare services at the selected health facilities in the Sub County. Simple random and purposeful sampling methods were used to identify the facilities . The desired sample size (352) respondents was calculated using Fishers et,al 1998 formula. Respondents were identified using systematic random sampling method.

Data analysis was done using frequencies and percentages. Computer software, Statistical Package for Social Sciences (SPSS) was used to analyze the quantitative data. Content analysis Qualitative data done and results triangulated

The study found that social demographic (p value 0.034), knowledge on safe delivery p value of (0.047), accessibility to delivery services (p value 0.049) all had a significant positive influence on the choice of place for delivery. Attitude towards health facility delivery (0.050) showed no significant

The study recommends appropriate strategies that will influence mothers to make informed choice for the place of delivery.

Biography

Daniel Muya, Nursing officer and a part-time lecturer-mount Kenya - Kenya. A PHD student - Jomo-Kenyatta University-Nairobi (Midwifery Nursing)

Theme: Quantitative/workforce

Session no: 5.2.1   Abstract number: 121

Time: 11:30am

Nurse staffing, missed vital signs observations and mortality in hospital wards.

Professor Peter Griffiths BA(Hons), PhD, RN, NIHR CLAHRC (Wessex) / University of Southampton, Southampton, UK

Co-author(s): Missed Care Study Group

Abstract

Background: Despite many studies demonstrating associations between low nurse staffing levels and higher hospital mortality, the significance of these findings remains unclear. Few studies have directly linked patients' exposure to low staffing to outcomes and the mechanism through which staffing levels influence mortality is unclear (Griffiths et.al. 2016).

Aims: This study aims to explore whether risk of death is associated with the staffing levels and nursing care experienced by individual patients. Specifically, the study explores:

- Associations between patients' exposure to variation in staffing and risk of death
- Associations between staffing levels and compliance with vital signs monitoring
- Whether compliance with vital signs monitoring partially mediates any relationship between staffing and patient outcomes

Methods: This study uses routinely collected clinical data, records from a system for recording vital signs electronically and data from an electronic roster system from 32 general medical / surgical wards in one large NHS hospital. We will explore associations between staffing levels, vital signs observations and clinical outcomes using multivariable mixed models.

Results: Over three years we obtained useable data on approximately 690,000 nursing shifts, 107,000 patients and 3,000,000 sets of vital signs observations. We will present analyses focussing on the relationships between staffing levels that a patient is exposed to (e.g. periods where staffing falls below 75% of the required care hours per day), mortality rates and vital signs observation compliance.

Discussion/Conclusions: Because timely observation of deterioration has been hypothesised as a key mechanism that is disrupted by low staffing, this study will shed light on a key unresolved issue in this important body of research. If mediation is demonstrated, it may be possible to use electronic records of complete and timely observation as a leading indicator of staffing adequacy.

Recommended reading list

GRIFFITHS, P., BALL, J., DRENNAN, J., DALL'ORA, C., JONES, J., MARUOTTI, A., POPE, C., RECIO SAUCEDO, A. and SIMON, M. 2016. Nurse staffing and patient outcomes: Strengths and limitations of the evidence to inform policy and practice. A review and discussion paper based on evidence reviewed for the National Institute for Health and Care Excellence Safe Staffing guideline development. Int J Nurs Stud, 63, 213-225.

Biography

Peter Griffiths is Chair of Health Services Research at the University of Southampton, England. He is head of the Health Work and Systems Research Group and co-lead of the fundamental care in hospitals research theme of the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (Wessex).

His research focuses on the nursing workforce. He led on outcomes data for the international RN4CAST study and worked with the National Institute for Health and Care Excellence to review evidence for its safe staffing programme and is now undertaking similar work for NHS Improvement to develop further guidance. Current research includes studies examining associations between nurse staffing, missed vital signs observations and mortality in acute hospital wards, and the costs and consequences of the use of the 'Safer Nursing Care Tool' to determine nurse staffing levels.

Alex Recio Saucedo is a research fellow in the Health Work. Her current research is focused on nurse staffing and she was part of the team that undertook evidence reviews for NICE's safe staffing guidance.

Session no: 5.2.2   Abstract number: 101

Time: 12pm

Exploring nurse staffing skill mix and its effect on quality of interactions in UK hospital wards.

Miss Emily Oliver BSc Mental Health Nursing, University of Southampton, Southampton, UK

Co-author(s): Ruth Kippering, England. Ines Mesa Eguiagaray, England.

Abstract

Over recent years there has been a growing body of research demonstrating associations between low registered nurse staffing and adverse patient safety outcomes in hospitals. A more limited

evidence base has shown associations between staffing levels and patient reported experience. While missed opportunity to deliver needed care has been identified as an important mechanism explaining the link between low staffing and adverse outcomes, no research has directly explored care delivery. In this study we aim to determine if there is an association between nurse staff levels, skill mix and the quality of relational care that patients receive.

Setting: Data were gathered at two acute English NHS hospitals in 2015. Six wards for adult patients participated including medicine for older people (n=4), urology (n=1) and orthopaedics (n=1).

Methods: Patients were randomly selected for observation during 2h observation sessions determined from a balanced random schedule (Monday-Friday, 08:00-22:00h). Staff-patient interactions were observed using the Quality of Interactions Schedule, a validated tool evaluating the quality of social interactions between staff and patients. The number of nursing staff and patients presented were recorded. Multilevel logistic regression models were used to determine associations between staffing levels, skill mix and the odds of negative interactions between staff and patients, controlling for patient and other contextual factors.

Results: 3111 interactions involving 273 patients were observed in 120 sessions. We will report the associations between nurse staffing levels (RN, HCA) and the odds of a negative interaction.

Conclusion: This study is an important step forward because most previous studies have been cross-sectional at a hospital level, with no direct linkage between staffing levels experienced by patients and the outcome observed. Results will shed light on whether staffing levels also influence the quality of interpersonal care and whether associations with quality relate to any particular staff groups.

Biography

Peter Griffiths is Chair of Health Services Research at the University of Southampton, England. He is head of the Health Work and Systems Research Group and co-lead of the fundamental care in hospitals research theme of the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (Wessex). Previously he was director of England's National Nursing Research Unit at King's College London, funded by the Department of Health's Policy Research Programme. Peter has been executive editor of the International Journal of Nursing Studies since 2005. His research focuses on the nursing workforce. He led on outcomes data for the international RN4CAST study and worked with the National Institute for Health and Care Excellence to review evidence for its safe staffing programme and is now undertaking similar work for NHS Improvement to develop further guidance. Current research includes studies examining associations between nurse staffing,

missed vital signs observations and mortality in acute hospital wards, and the costs and consequences of the use of the 'Safer Nursing Care Tool' to determine nurse staffing levels.

Session no: 5.2.3   Abstract number: 116

Time: 12:30pm

The association of nurses' shift characteristics and sickness absence

Mrs Chiara Dall'ora RN, BSc, MSc, NIHR CLAHRC Wessex, Faculty of Health Sciences, Southampton, UK

Co-author(s): Peter Griffiths, UK; Jane Ball, UK; Alejandra Recio-Saucedo, UK; Antonello Maruotti, UK; Oliver Redfern, UK

Abstract

Background: Aspects of shift work have been associated with negative impacts on nurses' wellbeing; however, previous studies used subjective measures, failing to capture the complexity that encompasses shift work and related outcomes.

Aim: To investigate the association between shift work characteristics in acute hospital wards and sickness absence.

Methods: A retrospective observational study using routinely collected data from March 2012 to March 2015. The study took place in all acute inpatient general wards at a teaching hospital in England (n=32). Shift and sickness data were extracted from an electronic system that contains individual records of shifts worked, dates, start and end time, ward and grade for all nurses employed by the hospital. Generalised linear mixed models were used to model the association between shift work characteristics (i.e. length of the shift, day/night shift) and spells of absence. We controlled for nurse grade; wards and nurses' ID numbers were included as random effects.

Results: We accessed 633,525 nurses' shifts. Overall, there were 8847 absence spells and 1712 out of 2049 (84%) of staff had at least one absence period. Nurses were more likely to call in sick if the shift was >12 h long, compared to an >8 h shift (OR=1.65;95% CI= 1.54-1.77). If staff was unregistered, they were more likely to call in sick than a registered nurse (OR= 1.45;95% CI=1.29-1.63); if the planned shift was a night shift, nurses were less likely to miss it (OR=0.79;95% CI= 0.73-0.85).

Discussion: The relationship of >12 h shifts and absenteeism suggests that these longer shifts may lead to loss of productivity and increased expenses, due to necessity to hire agency staff to cover missed shifts. A similar association was found for unqualified staff.

Conclusion: >12 h shifts routine implementation and nurse substitution on the basis of cost savings should be questioned.

Biography

After completing my BSc in Nursing and qualifying as a registered nurse, I was awarded a MSc in Nursing and Midwifery by the Università degli Studi di Milano Bicocca (Italy); I then decided to pursue my research interests by enrolling for a PhD at the University of Southampton. Here I currently hold a position of visiting researcher for the NIHR CLAHRC Wessex, where I collaborate daily with a team of national experts in workforce organisation.

My current research interest focuses on the organization of the nursing workforce, particularly on shift work, and its implications for patient and nurse outcomes, such as patient safety, missed nursing care, nurses' intention to leave, nurse job satisfaction and absenteeism. I have extensive knowledge of shift work, both for my experience as a registered nurse, and for the research that I have been carried out since 2013: I analysed data from a large European study, the RN4CAST study, to explore the relationship between nurse working hours and measures of care, quality/safety outcomes, and nurse outcomes.

The results of this study have been published on an international journal and I have presented them at several international nursing conferences.

Theme: Review

Session no: 5.3.1   Abstract number: 194

Time: 11:30am

The theory-practice gap: concept analysis

Mrs Kathleen Greenway MEd, RNT, RN, Oxford Brookes University, Oxford, UK

Abstract

The theory-practice gap: concept analysis

Background: It is commonly recognised that the nursing profession and, within this, nurse education faces a persistent 'theory practice gap' (Rolfe, 2002, Monaghan, 2015). For this EdD thesis, the primary aim of the research project was to investigate the experiences of 2nd year student nurses in relation to a theory-practice (T-P) gap through the administration of IM injections. However as no definition of the T-P gap existed within the literature and with the term often being used in a ubiquitous but implicit way, a concept analysis of the T-P gap was deemed necessary.

Data Sources: Literature was retrieved from searches of the CINAHL, MEDLINE, PUBMED, BNI and BEI databases covering the years 2005-2016.

Review Methods: This was performed in May-June 2016, using Rodgers' (2000) evolutionary framework, to provide the clarity and

definitions to the term 'theory-practice gap' requisite for the research project, in addition to understanding its application within nursing and its implications for nurse education.

Results: Three antecedents, three attributes and two consequences of the T-P gap were found, the central one for each being respectively:

• The education and acquisition of nursing skills

• Practice fails to reflect theory

• How the T-P gap influences nurses and nursing students.

In accordance with Rodgers' framework a model case (Cornish and Jones 2007) was also identified, which evaluated moving and handling training for student nurses and its application to practice.

Conclusion: This concept analysis sought to provide clarity to the term 'theory-practice' gap by giving explanations, causes, context and consequences. Within nursing there remains unease and discomfort at the existence of a T-P gap, with concern about the consequential effects such as potential cognitive dissonance and its ramifications. Suggestions of how resolution can be sought within nursing and nurse education will be discussed.

Recommended reading list

Monaghan, T. (2015) 'A critical analysis of the literature theoretical perspectives on the theory-practice gap amongst qualified nurses within the United Kingdom', Nurse Education Today, 35(8), pp. e1-e7.

Cornish, J. and Jones, A. (2007) 'Evaluation of moving and handling training for pre-registration nurses and its application to practice', Nurse Education in Practice, 7, pp. 128-134.

Rolfe, G. (2002) Closing the theory-practice gap. Edinburgh: Elsevier Science Limited.

Biography

Kathleen Greenway is a Senior Lecturer in Adult Nursing in the Faculty of Health and Life Sciences at Oxford Brookes University. Kathleen completed her Registered General Nurse training at the Oxford School of Nursing and later completed a BSc in Nursing Studies and Registered Nurse Tutor qualification at the University of Hull. After qualification, Kathleen had six years clinical experience in Gastrointestinal Surgery and two years in Geratology. She then spent two years working for Oxfordshire Mental Healthcare Trust as a tutor/facilitator, and during this time she completed her MA in Education at the Open University. In 2000, Kathleen joined Oxford Brookes University as a Senior Lecturer on the adult nursing programme. Kathleen is currently a final year student on the EdD programme at Oxford Brookes University, where the title of her thesis is 'An investigation into the effects of a theory-practice gap on student nurses' understanding of administering intramuscular injections.

Session no: 5.3.2   Abstract number: 56

Time: 12pm

Is comprehensive searching always necessary in an undergraduate literature review?

Dr Helen Aveyard PhD, MA, PDCE, BSc (hons) RGN, Oxford Brookes University, Oxford, UK

Abstract

Background: Students often undertake a literature reviews as the dissertation component of their final year of an undergraduate nursing degree. This is because literature reviews are defined pieces of work that can be completed in a short space of time and brought to a conclusion, while displaying a wide appreciation of research methods. As research methods for doing a literature review have developed, largely due to the influence of the Cochrane Collaboration, so have our expectations increased regarding the methods used by undergraduates (Aveyard, Payne and Preston 2016). Traditional Cochrane methods for doing a review require a fully comprehensive search however this can be unrealistic for a student researcher and is sometimes considered to be unnecessary.

Aim of the session: To consider the extent to which the student is expected to uncover and incorporate all the literature that relates to the research question and when, if at all, a smaller sample is sufficient.

Methodological discussion: The arguments for and against the use of a sample of literature in a review will be considered. There are examples in the literature of systematic reviews in which authors argue that a sample is sufficient (Glenton et al 2013) and where a comprehensive approach to searching has been advocated (Toye, Seers and Barker 2014). There are methodological justifications for both approaches, which will be explored. This is an important question, given the need for a pragmatic yet methodologically defensible approach for undergraduate research and one that requires close scrutiny.

Conclusions: This presentation and subsequent discussion will describe and analyse the different approaches to literature searching and examine what approaches are suitable in undergraduate dissertation.

Recommended reading list

Aveyard H, Payne S and Preston N (2016) A post-graduate's guide to doing a literature review in health and social care. Open University Press. Maidenhead

Toye F, Seers K, Barker K(2014) a meta-ethnography of patients experiences of chronic pelvic pain: struggling to construct pelvis pain as 'real'. Journal of Advanced Nursing 70(12) 2713-2727

Glenton C, Colvin CJ, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A (2013). Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis. Cochrane Datab

Biography

Helen Aveyard is Senior Lecturer at Oxford Brookes University. Prior to this she held a research scholarship in Health Care Ethics at King's College University of London where she undertook a doctoral study examining the ways in which informed consent is addressed by nurses prior to nursing care procedures. Helen is a registered nurse and has had five years clinical experience caring for people with HIV/AIDS. She has presented and published widely on nursing ethics and health care research, including a series of books; 'Doing a Literature Review in Health and Social Care' now in its 3rd Edition which was nominated for a British Medical Associated award in 2015, 'A Beginner's Guide to Evidence Based Practice' (2nd Edition) with Pam Sharp and 'A Beginner's Guide to Critical Thinking and Writing' with Pam Sharp and Mary Woolliams which was nominated for a British Medical Association Award in 2012. A postgraduate text 'A post-graduate's guide to doing a literature review' was published in early 2016, written with co-authors Sheila Payne and Nancy Preston. Helen has also co-authored 'Nursing Research', the 3rd edition of which was published by Sage in November 2016.

Session no: 5.3.3   Abstract number: 29

Time: 12:30pm

The state of qualitative research in health and social science literature: findings from a focused mapping review and synthesis

Dr Caroline Bradbury-Jones, University of Birmingham, Birmingham, UK

Co-author(s): Jenna Breckenridge UK; Maria Clark UK; Oliver Herber Germany; Julie Taylor UK; Christopher Wagstaff UK

Abstract

Background: Pluralism and creativity are inherent and important parts of the qualitative endeavour. The multiplicity of approaches and methods can, however, be confusing.

Methods: We undertook a focused mapping review and synthesis which is a development of a mapping review as described by Grant and Booth (2009). The aim was to profile the relationship between qualitative researchers' philosophical claims and their actual methodological practices in the context of reporting in health and social science journals.

Results: We retrieved 102 qualitative articles published between January and March 2015 from six prominent health and social science journals - including nursing journals.

Using Creswell's (2013) 'Five Approaches' to qualitative research, articles were scrutinised for alignment between researchers' reported orientation (methodological or philosophical positioning) and the techniques used (methods). Findings led to the development of a pedagogical resource/teaching aid: the Qualitative Research Level of Alignment Wheel™. This diagrammatic representation is designed to assist qualitative researchers (particularly those more novice) and research students to locate the orientation and techniques of their studies and to understand and account for points at which they meld techniques or blend different orientations.

Conclusions: In this presentation we will explore the methodology used as one that is new to nursing and present the Qualitative Research Level of Alignment Wheel™. The presentation will appeal to delegates interested in qualitative research.

Recommended reading list

Creswell, J.W. (2013) Qualitative Inquiry and Research Design: Choosing Among Five Approaches (3rd Edition). Thousand Oaks, Sage.

Grant, M. J. and Booth, A. (2009) A typology of reviews: an analysis of 14 review types and associated methodologies. Health Information and Libraries Journal, 26, 91 - 108.

Biography

Caroline Bradbury-Jones is a registered nurse, midwife and health visitor. She works full time as a reader in nursing, researching into risk, abuse and violence. Caroline has an interest in qualitative research and particularly how theory and methodology relate to qualitative approaches.

The research evidence for values based leadership: congruent leadership explored

Professor David Stanley NursD, MSc, HS, BA Ng, Dip HS (Nursing) RN. RM, The University of New England, Armidale, Australia

Abstract

Aim: To identify who clinical leaders are and explore and critically analyze the experience of being a clinical leader.

Background: Offered is information on 5 separate research studies all addressing clinical leadership. When these studies started in 2001 (in the UK), there was only a limited insight into clinical leadership and who the clinical leaders where.

Research design: Each of the 5 studies employed a qualitative methodology (either Grounded theory / Phenomenology). Each study secured appropriate Human Research Ethics Committee approval. Studies involved a wide range of healthcare professionals (predominantly nurses), involved both genders and took place in the UK and Australia between 2001 and 2015. The studies employed questionnaires and interview methods. Data was analyzed with SPSS and NVivo data analysis software.

Results: The data points to an understanding of the common characteristics most or least associated with clinical leaders. The results have also led to the development of a new leadership theory: Congruent Leadership. This theory suggests that leaders demonstrate a match (congruence) between the leader's values and beliefs, and their actions (Stanley 2008, 2011 and 2016).

Conclusions: This presentation will offer an outline of five research studies conducted with a range of health professionals in two countries over a 14 year period that has led to the development of a new leadership theory specifically related to leadership focused on values-based leadership principles.

The presentation will enable the learner / audience to:

• Understand the qualitative research processes that led to the over-arching themes that are the foundations to the theory of Congruent Leadership

• Gain an appreciation for the new leadership theory of Congruent Leadership while exploring the research processes that led to the theory's development.

Recommended reading list

Stanley, D. (2008). "Congruent Leadership: Values in Action". Journal of Nursing Management: 64, 84: 95.

Stanley, D. (ED) (2016). Clinical Leadership in Nursing and Healthcare. (2nd Ed). Wiley Blackwell.

Stanley, D. (2011). Clinical Leadership: Innovation into Action. Melbourne, Palgrave Macmillan

Biography

David is currently a Professor of Nursing at the University of New England. David has undertaken a number of qualitative studies employing Grounded Theory and Phenomenology. He has also undertaken a number of mixed methods studies with a more pragmatic approach to data collection and analysis. David has taught research methods to UG and PG nursing and allied health students at a number of universities in Australia and Asia and supervised a number of Higher Degree Research students to successful completion. David's research interests include clinical leadership, nursing and the media and men in nursing. I have been awarded a number of teaching and research awards over the years and spent 15 years exploring the topic under consideration.

The heart of caring: using storytelling to influence cultures of caring

Mrs Karen Tuqiri Bachelor of Nursing, Masters of Health Leadership and Management, masters of Health Administration, South East Sydney Local Health District, Sydney, Australia

Abstract

Background: Within a complex health context there has been increasing emphasis in policy, practice and research on the caring dimension of healthcare .Recent international reports have identified the need for a caring and compassionate nursing and midwifery workforce that is focused on the delivery of patient centred care. The delivery of care that focuses on relationships is the first step in working towards a workforce that demonstrates compassion.

Aims: This research aimed to gain a deeper understanding of compassionate care through nurse and midwife stories and make them available widely, enabling nurses and midwives to reconnect with the 'Heart of Caring'.

Methods: Using a narrative approach fifty nurse and midwife stories were collected. The underlying principle in story telling of this nature is that it will stimulate both focus and reflection on practice. A thematic analyses was conducted to identify the key elements that support the delivery of person centred compassionate care.

Results: The main themes extracted from the stories have been used to conceptualise a framework that is aimed at 'leading person centred compassionate care' including connecting human to human, engaging as a team, promoting self-care and wellbeing and promoting effective workplace cultures. The stories have been published within a reflective resource, The Heart of Caring. Over 400 nurse and midwife leaders have participated in workshops connecting with these stories and reflecting on what compassionate care means to them.

Discussion: Effective engagement of nurses and midwives utilising reflective practice and storytelling are critical to enable effective cultures of caring. The Heart of Caring is an effective resource used to stimulate critical dialogue amongst teams and action planning opportunities in relation to providing compassionate care.

Conclusion: The Heart of Caring framework and reflective resource are pivotal to the development and support of a compassionate nursing and midwifery workforce.

Recommended reading list

Dewar B (2013), Cultivating compassionate care, Nursing Standard, vol. 27, no. 34, pp. 48-55.

Moen, T. (2006), 'Reflections on the narrative research approach'. International Journal of Qualitative Methodology, 5(4), Article 5. Retrieved 6th November 2016 from http://www.ualberta.ca/~iiqm/backissues/5_4/pdf/moen.pdf

Francis R (2013), Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, London: The Stationery Office.

Biography

Karen Tuqiri is a Registered nurse with a broad experience in the management of clinical services and facilities. Her particular focus is the use of facilitated group processes to lead clinicians in the improvement of patient care. An experienced nurse manager, she brings her operational understanding of the clinical environment and patient care delivery to the promotion and ongoing development of a skilled and capable workforce.

Session no: 5.4.3   Abstract number: 249

Time: 12:30pm

Preparing the next generation of clinical leaders

Mrs Judith Enterkin RGN, RSCN, RNT, School of Health and Social Care, London South Bank University, London, UK

Abstract

Background: The Francis report [into the failings at Mid Staffordshire NHS Foundation Trust] highlights the need for 'Strong leadership in nursing' [Francis 2013, p66]. The Ward Sister role in the United Kingdom is seen as fundamental to clinical leadership and high quality patient care; the role is increasingly challenging, increasingly managerial and difficult to recruit to. A lack of formal preparation and skills development for the role has been widely acknowledged (Royal College of Nursing 2009). This research set out to explore the factors that impact on developing the next generation of clinical nurse leaders.

Method: Case study design using: in-depth interviews with key participants, repeated over time; interviews with key informants and organisational exploration through policy and documentary analysis. The Framework approach was used for data analysis.

Findings: Six nurses and six key informants participated between 2011 and 2014. Participants required considerable support to prepare them for the transition to band 7, clinical ward leader positions. Support available varied considerably. Development programmes, mentoring and shadowing opportunities when available, were perceived as valuable.

A range of support mechanisms were available across the organisation but these were disparate, did not necessarily achieve the desired purpose and there was little if any evidence of organisational learning concerning the development needs of this group of nurses. The band 7 role was seen by some as unattractive to junior staff, having lost patient contact time to overwhelming managerial responsibility.

Conclusion: Developing into leadership positions involved a significant transition that has not previously been acknowledged. Job satisfaction is significantly affected by organisational factors as well as individual factors. The organisation itself contributes to the role legitimacy of this role. Sense-making is not inevitable and needs to be supported at an individual and organisational level to facilitate learning in practice.

Recommended reading list

Fealy, G, McNamara, M, Casey, M, O'Connor, T, Patton, D, Doyle, L, and Quinlan, C (2015) Service impact of a national clinical leadership development programme: findings from a qualitative study', Journal Of Nursing Management. Vol 23,No. 3, pp324-332

Pegram, A, Grainger, M, Jones K, While, A, (2015), An exploration of the working life and role of the ward manager within an acute care hospital organisation Journal of Research in Nursing Vol. 20, No. 4, pp 312 - 328

Spehar, I., Frich, J., and Kjekshus, L. (2015) Professional identity and role transitions in clinical managers. Journal of Health Organization and Management. Vol 29, No. 3, pp353-366

Biography

Judith Enterkin is Associate Professor for Leadership and is currently undertaking her PhD. She is a qualified general and children's nurse with 20 years paediatric critical care experience, 8 years as a Lecturer Practitioner developing and providing critical care education for nurses in South London, and 9 years in education.

Judith's interests are in service improvement, leadership and change management, coaching and mentorship for leadership, supporting and facilitating learning concerning clinical leadership for learners from all areas of health care provision.

Session no: 5.5.1   Abstract number: 22

Time: 11:30am

An exploration of clinical research nurses' perspectives on their professional role identity, in an NHS Foundation Trust Hospital in the UK

Mrs Swapna Kunhunny BSc Nursing, MRes Clinical Research student, Southend University Hospital NHS Foundation Trust, Southend-on-Sea, UK

Co-author(s): Professor Debra Salmon and Michelle Carter, England,UK

Abstract

Background and rationale: Clinical research nurses (CRN) make a significant contribution to healthcare research within the UK However, lack of clarity about their role and scope of practice renders their contribution within the profession and in the minds of the wider public invisible. This has implications in terms of promoting the role nurses play not only in terms of recruitment, retention, and care of research participants, but also as research leaders of the future. There is a dearth of international research that explores the professional role identity of the CRN.

Methods: Using a qualitative research design, data were collected from eleven semi-structured interviews with CRNs in an NHS Foundation Trust hospital in the UK during May, 2016. Data were analysed using thematic analysis within a realist paradigm to explore how CRN's experience and define their work.

Findings: Participants viewed the positive aspects of their identity 'as agents of change' who were fundamental to the clinical research process. Resourcefulness and the ability to guide members of the research team were valued as key to job satisfaction. Successfully navigating through the complexity of advice, support, management and leadership tasks related to their role in caring for patients were role affirming and generated a sense of pride.

However, lack of recognition, clarity of the role and career development opportunities within an identified structure undermined the CRN identity and optimism about progression in the future. Participants reported feeling invisible to colleagues within the clinical community, isolated and excluded from wider nursing groups.

Implications: The study describes UK CRN practice, highlighting the positive benefits and challenges associated with the role, including the need to support professional development to maximise their research contribution. Drawing on international comparators the study makes recommendations to establish well-defined educational, career and promotional pathways that includes opportunities for research leadership.

Recommended reading list

Bevans, M., Hastings, C., Wehrlen, L., Cusack, G., Matlock, A.M., Miller-Davis, C., Tondreau, L., Walsh, D. and Wallen, G.R. 2011, "Defining clinical research nursing practice: results of a role delineation study", Clinical and translational science, vol. 4, no. 6, pp. 421-427

Nihr.ac.uk. (2016). Clinical Research Nurses. [online] Available at: http://www.nihr.ac.uk/our-faculty/clinical-research-nurses.htm [Accessed 10 Jul. 2016].

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), pp.77-101

Biography

I qualified as a registered nurse and midwife in 1999 from Mahatma Gandhi University, Kerala, India. After four years of nursing practice in India, I moved to Southend on Sea in the UK and has been working in Southend University Hospital since 2003. I have recently completed the postgraduate programme, MRes Clinical Research at City, University of London.

My professional background includes:

- Lead research nurse for cardiac clinical trials in Southend University Hospital
- Senior cardiac care nurse
- Mentorship in professional practice
- Advanced life support practitioner

Academic qualification:

- 2014-2016: MRes Clin. Research- awaiting graduation
- 1999- BSc Nursing**:** Mahatma Gandhi University, India.
- 2007-Diploma Supplement- Holistic Care at the End of Life-Anglia Ruskin University.
- 2009-Diploma Supplement- Management of Person Requiring Cardiac Care- Anglia Ruskin University.
- 2009-Diploma Supplement- Therapeutic Interventions In Cardiac Rehabilitation- Anglia Ruskin University.
- 2010-Diploma Supplement- Mentorship and Work Based Learning and Assessment in Health and Social Care- Anglia Ruskin University

Research Training

- 2014-2016: MRes Clinical Research student
- 2015- Introduction to Good Clinical Practice**:** Guide to ethical and scientific quality standards in clinical research
- 2013-Essential skills for research nurses.
- 2013-Informed consent in clinical research.
- 2013- Human subject protection in clinical research.

Session no: 5.5.2

Withdrawn

Session no: 5.5.3   Abstract number: 297

Time: 12:30pm

NIHR Research Funding Applications: quality and success - closing the gap

Professor Debbie Carrick-Sen PhD, MSc, PGCE, RM, RN, University of Birmingham, Birmingham, UK

Abstract

There is a National aspiration to grow the number of Nurse, Midwife, and Allied Health Professional (NMAHP) research clinical academics from 0.01% to 1% by 2030 (AUKUH, 2014). A National NMAHP research career pathway has been agreed and includes progression from pre-registration to Professor. The NIHR fellowship awards are classified as the gold standard, as they provide extensive financial support (including full salary, academic fees and research costs), training and mentorship.

This presentation will focus on the number of NMAHP applications and success when applying to the NIHR awards since its inception 6 years ago. Key findings include a marked and growing divide between the number and quality of nurse, midwife and AHP applicants. The data confirms that the quality funding gap is closing and therefore the scheme is becoming even more competitive. Nurses and midwives continue to have poor success with this scheme compared to AHP's.

This presentation will focus on required actions and steps to increase the bar and chance of success in terms of nurse and midwife led NIHR funding applications.

Recommended reading list

AUKUH (2010) National Clinical Academic Roles Development Group for Nurses, Midwives and Allied Health Professionals, http://www.aukuh.org.uk/index.php/affiliate-groups/nmahps Accessed 14 November 2016

Biography

Debbie is a Florence Nightingale Foundation Clinical Chair in Nursing and Midwifery Practice Research at University of Birmingham. She holds a joint appointment with Heart of England NHS Foundation Trust. Her interests include workforce development including, the creation and sustainability of research clinical academic roles and maternal health, with a particularly interest in perinatal mental health. She co-chairs the AUKUH Nursing, Midwifery and AHP (NMAHP) National Clinical Academic Role Development Group and is a member of the National HEE Nursing and Midwifery Advisory Group.

Debbie has research expertise in mixed methodology. Her primary focus is in the development and execution of randomised controlled trials and application of complex interventions. She has a strong profile for the attainment of NIHR funding, especially, supporting NMAHP's to attain NIHR Clinical Academic Training fellowships and a growing publication and grant capture record. In 2011 she was nominated by the Department of Health as one of the top 100 nurse leaders in the NHS and in 2012 attained a National Florence Nightingale Foundation Executive Leadership Scholarship.

Theme: Quantitative

Session no: 5.6.1   Abstract number: 25

Time: 11:30am

A case study approach to better understand pressure injury in community-dwelling patients.

Professor Debra Jackson , Oxford Institute of Nursing and Allied Health Research, Oxford, UK

Co-author(s): Lisa Durrant, UK; Emily Bishop, UK; Sarah Gardner, UK; Ria Betteridge, UK; Helen Walthall, UK; Stephen Neville, NZ; Marie Hutchinson, Australia; Kim Usher, Australia

Abstract

Background: Many patients with pressure injuries (PI's) are based in the community where there is a paucity of PI research. Previous studies have concentrated on large geographic regions [1,2]; information from smaller communities within these larger regions is often blurred or lost.

Aims: To provide a better understanding of the extent of PI within our local adult community

Methods: In 2016, a case study (defined by postal district) was undertaken employing community nursing records to investigate PI's of patients living within the community during 2015.

Results: The case study region comprised 50,322 adults; 3086 were >75years. In 2015, 102 individuals were recorded to have 137 PI's; 2.03 per 1000 adults over 12 month period. The average age for PI's was 80.3 years (range 53-101years). Females were more likely to have PI's (57% female/43% male) although this approximates to the age-matched study population (52% female/48% male). PI's increased with age (24 per 1000 adults > 75 years). The majority were grade 2; 62% involved buttocks or sacrum.

Discussion: Suspected deep tissue injuries and un-stageable data were not routinely recorded and community podiatry patients reported using a different system. Furthermore, there is currently no data for people with PI's not reported to any health care provider: a hidden population. Thus, our data likely underestimates the level of PI's in our community-patients. Compared to recent UK PI studies our PI rates are high, although direct comparison between studies is difficult due to variations in data collection timescales and collection methods. This study reinforces the importance of establishing a baseline in individual communities prior to undertaking further studies.

Conclusions: This study provides a clearer indication of the extent of preventable patient harm that exists in the case study community and suggests PI's in community-dwelling patients may be more widespread than previously reported.

Recommended reading list

Stevenson, R., Collinson, M., Henderson, V., Wilson, L., Dealey, C., McGinnis, E., Briggs, M., Nelson, E.A., Stubbs, N., Coleman, S. and Nixon, J., 2013. The prevalence of pressure ulcers in community settings: an observational study. International journal of nursing studies, 50(11), pp.1550-1557.

Vowden, K.R. and Vowden, P., 2009. A survey of wound care provision within one English health care district. Journal of tissue viability, 18(1), pp.2-6.

Biography

Professor Debra Jackson Professor of Nursing in the Faculty of Health and Life Sciences at Oxford Brookes University, and Professor of Nursing Research at the Oxford University Hospitals NHS Trust. She is the Director of the Oxford Institute of Nursing and Allied Health Research: OxINAHR. Nested within the Oxford Academic Health Science Centre, one of only six Department of Health accredited centres of excellence, OxINAHR forms an essential component of the partners' vision of translating research to deliver evidence based care and innovation for patient benefit.

Prof Jackson has been a full professor since 2005, and prior to her appointment at Oxford Brookes University, worked in the Faculty of Health at the University of Technology, Sydney (UTS) in Australia, where she still holds an appointment.

In 2015, she was the first nurse to be appointed to a Principal Fellowship of the NIHR-funded Oxford Biomedical Research Centre, awarded in recognition of the quality and volume of her internationally excellent research.

Prof Jackson leads Pressure Injury Prevention Oxford (PipOx) an intersectorial collaboration of health professionals and academics, working to bring benefits to patients and families through reducing pressure ulcer prevalence and severity.

Session no: 5.6.2   Abstract number: 222

Time: 12pm

Healthcare practitioners' (Hcps) views on the durability and usage of the current available surgical masks: a survey

Hjh Salmanh binti Mohd Noor, Institute of Health Sciences, University Brunei Darussalam, Gadong, Brunei

Co-author(s): Abdul Alif Sulaiman, Faridahani Isahak, Liling Chaw, Khadizah H. Abdul-Mumin, Munikumar Ramasamy Venkatasalu

Abstract

Introduction: HCPs are at risk of acquiring airborne and droplets transmission diseases. Proper use of surgical mask as personal protective equipment (PPE), especially changing the mask when damaged and contaminated is highly recommended. However there are no specific guidelines in recommending the exact duration or frequency when a surgical mask should be change.

Methods: A survey was conducted in all operating theaters and isolation wards of the four major hospitals in Brunei Darussalam, where all nurses, midwives and doctors are the eligible participants. A self-designed and piloted questionnaire was developed consisting 20 questions. There are 18 close-ended questions quantitative data that explored the knowledge, attitude and practice of wearing mask as PPE and two open-ended questions that explored participants' experiences qualitatively. The quantitative data analysed using descriptive analysis are presented here.

Results: Of the total 200 questionnaires distributed, 188 returned (94%). 78% (147) agreed that it is very important to wear a surgical mask. 91% (179) agreed that by wearing a surgical mask is effective in reducing risk of infection transmission. While, 87% (163) have declared that they are following steps recommended internationally or as documented in local guidelines with regards to infection control in wearing surgical mask. Although 69% (129) had some training on proper wearing of surgical mask, only 26% (49) always wear surgical mask and 18% (33) always change their surgical mask as part of their daily work. Our findings indicated that since healthcare practitioners attended proper wearing of surgical mask, it is likely that the design of the current mask may have some influences in the frequency and consistency of the practices of wearing the mask.

Conclusion: Our study confirms that nurses have substantial knowledge and positive attitude towards the use of surgical mask in relation to infection control. Future study should include designing, developing and testing new surgical mask with usage indicator and its effect on reducing infection transmission.

Session no: 5.6.3   Abstract number: 88

Time: 12:30pm

Intention, beliefs and mood from weekly diaries predict attendance at cardiac rehabilitation

Professor Martyn Jones , School of Nursing and Health Sciences' University of Dundee, Dundee, UK

Co-author(s): Karen Smith, Scotland, UK; Oliver Herber, Germany: Myra White, Scotland, UK; Fiona Steele, England, UK; Derek Johnston, Scotland, UK

Abstract

Background: Cardiac rehabilitation (CR) is effective in promoting physical/psychological recovery following acute coronary syndrome (ACS).

Aim: To examine the determinants of attendance at outpatient CR in ACS patients following discharge until CR commencement.

Methods: Of 488 eligible ACS patients, recruited March 2012 to June 2013, 214 consented. Consecutive patients completed a questionnaire pre-hospital discharge targeting age, diagnosis, social-class and smoking history. A computerised weekly diary measured cardiac-related cognitions and mood. Multilevel structural equation models estimated the effects of baseline and change in cardiac-related cognition and mood on attendance. Intention to attend CR was reflected, log transformed, reported thereafter as 'do not intend'. The role of 'do not intend' as a mediator of the relationship between deprivation, cardiac-related cognition and mood on attendance was explored.

Results: 166 participants provided, on average, 5 weeks of diary entries before CR. Low 'do not intend' following discharge and its reductions over time predicted attendance. Low negative emotional representation, high perceived necessity, low practical barriers, low concerns regarding exercise, low negative affect, high positive affect following discharge predicted CR attendance. Change over time was not predictive. Baseline and change in 'do not intend' mediated relationships between perceived necessity, practical barriers, negative affect and attendance at CR. People from deprived areas attended CR less often but this was not mediated by intention.

Discussion and conclusions: Intervention to improve attendance at CR should focus on improving intention to attend CR following discharge and during ACS recovery by improving patient understanding of CR, reducing perceived practical barriers and improving negative mood.

Recommended reading list

Herber, O. Jones, MC. Smith, K. Johnston, D. (2012) Assessing acute coronary syndrome patients' cardiac-related beliefs, motivation and mood over time to predict non-attendance

at cardiac rehabilitation. Journal of Advanced Nursing, 68, 12, 2778-2788

Johnston, M., and Johnston, D. (2013). Useful theories should apply to individuals. British Journal of Health Psychology, 18, 469-473

Cooper, A. F., Weinman, J., Hankins, M., Jackson, G., and Horne, R. (2007). Assessing patients' beliefs about cardiac rehabilitation as a basis for predicting attendance after acute myocardial infarction. Heart, 93(1), 53-58

Biography

Martyn Jones is Professor of Healthcare Research in School of Nursing and Health Sciences in University of Dundee. He is interested in using real time, computer-based data collection methods to understand the determinants of patient self-management behaviour in acute coronary syndrome patients.

Theme: Quantitative

Session no: 5.7.1   Abstract number: 94

Time: 11:30am

What are the care needs of the patient? Nursing students' understanding of fundamentals of care: a study in five countries

Mrs Clair Merriman MSc, HPCE, RGN, Oxford Brookes University, Oxford, UK

Co-author(s): Eva Jangland Sweden, Noeman Mirza Canada, Tiffeny Conroy Australia, Emiko S Japan, Nishimura A Japan, Ann Ewans, UK

Abstract

Background: There is evidence that the nursing profession has not been able to provide the Fundamentals of Care (FoC): as consistently or adequately as needed (Jangland et al 2015, Kitson et al 2013). Nurses should be able to identify the FoC needs of their patients and respond to these accordingly; however evidence suggests variation in the terms and language used to refer to the FoC (Kitson et al 2010). This international research investigated pre and post registration nursing student's ability to recognise the FoC needs of patients and appropriately identify whose responsibility it is to address these needs.

Aims: The study addresses three research questions:

• Which FoC are detected by nursing students when presented with 3 different care scenarios?

• Who do participants identify as being responsible to address the FoC articulated in each care scenario?

Methods: A cross-sectional, descriptive study design was used in five countries. A question-naire covering care scenarios with persons with various health challenges were developed. The care scenarios were validated by experts. Purposeful sampling was adopted to explore the consistency with which nursing students are able to identify the FoC that are relevant to the different care scenarios. The students' were also asked to identify who is responsible for meeting the patients' needs.

Results: 550 responses were received and are currently undergoing analysis, descriptive frequencies will be calculated using analysis of variance. A full set of analysed results and findings will be presented during the conference presentation.

Discussion and conclusions: This unique research study will provide a comprehensive understanding of in what way nurses can correctly identify the fundamental care needs of patients. We will discuss our findings and the implications for the development of robust international nursing curriculum to ensure the identification and delivery of the FoC.

Recommended reading list

Kitson, A, Marshall, A, Bassett, K and Zeitz, K (2013), 'What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing', Journal of Advanced Nursing, vol. 69, no. 1, pp. 4-15.

Jangland, E., Kitson, A. and Muntlin Athlin, A. (2016), 'Patients with acute abdominal pain describe their experiences of fundamental care across the acute care episode: a multi-stage qualitative case study', Journal of Advanced Nursing, 00(0), 000 - 00

Kitson, A, Conroy, T, Wengstrom, Y, Profetto-McGrath, J and Robertson-Malt, S (2010), 'Defining the fundamentals of care', International Journal of Nursing Practice, vol. 16, no. 4, pp. 423-434.

Biography

Clair Merriman is currently a part time doctorate student at Queen Mary University London. Following qualification as an RGN at the Royal Berkshire School of Nursing and Midwifery in 1992 Clair moved to Oxford as a staff nurse to become part of its regional Neuroscience Unit at the Radcliffe Infirmary. During this time Clair worked as a Clinical Development Nurse and Ward Sister within the unit. Clair continues to practice within the unit on a regular basis to ensure academic delivery is current and relevant.

In February 2002 Clair made the move to full time education and now holds the post of Principle Lecturer-Head of Professional Practice Skills. Since joining the university, Clair has undertaken responsibility for professional practice skills development. Clair has a particular interest in interprofessional simulation and transferability of simulation based education into the clinical environment and is an active member of course teams within the Pre-registration and Critical and Advanced Practice programmes. Teaching areas includes: Professional Practice skills for Health and social care students, Critical and Specialist Care, Advancing Health care Practice, Teaching, Learning and Assessing in the Simulated Environment.

Session no: 5.7.2   Abstract number: 96

Time: 12pm

When are holistic needs not holistic needs?

Professor Austyn Snowden , Edinburgh Napier University, Edinburgh, UK

Abstract

Background: Holistic Needs Assessment (HNA) is a process that helps people living with cancer identify and manage any concerns they may have. The concerns are grouped into categories: physical, emotional, practical, family, and spiritual concerns. People complete HNA before consultation then discuss relevant concerns in consultation and agree subsequent actions/referrals. HNA's a popular, valid method of proactive individualised support. The process is usually nurse-led, but other professions have also facilitated the process. The aim of this study was to establish whether different professions would elicit different needs whilst using the same tool.

Method: Comparative analysis of outcomes of HNAs (N=7287) conducted between 2014 and 2016 by people living with cancer (all types) discussing their concerns with:

1. consultant oncologists,

2. community nurses,

3. psychologists, or

4. social care workers.

Results: Patients discussing HNAs with oncologists (n=76) predominantly identified physical concerns (84%). Patients seeing nurses (n=5522) also mainly identified physical concerns (44%), albeit at lower frequency, followed by emotional concerns (32%). Psychologists generated the highest proportion of emotional concerns (40%, n=111). Social care workers elicited more practical and family issues than anyone else (15% each, n=1578).

Discussion: Patients adjusted their concerns in line with their understanding of the role of the person they were consulting with. Nurses and social care workers elicited the broadest spectrum of needs, consistent with the original purpose of the tool. However, bias persisted here too, with housing needs mentioned four times as often to social care workers as opposed to nurses. This concept of concordance will be used to explain the findings, and to show why an objective holistic needs assessment is neither desirable or achievable. The results instead point to the enduring need for diversity and specialism

within interdisciplinary teams bridging health and social care.

Recommended reading list

Snowden, A., and Fleming, M. P. (2015). Validation of the electronic Holistic Needs Assessment. SpringerPlus, 4(623). http://doi.org/10.1186/s40064-015-1401-0

Snowden, A., Young, J., White, C., Murray, E., Richard, C., Lussier, M.-T., â€¦ Ross, E. (2015). Evaluating Holistic Needs Assessment in Outpatient Cancer Care: a Randomised Controlled Trial- the study protocol. BMJ Open, 5(e006840). http://doi.org/10.113

Snowden, A., Young, J., and Fleming, M. (2016). Protocol for a mixed methods longitudinal enquiry into the impact of a community based supportive service for people affected by cancer. BMC Cancer, 16(1), 720. http://doi.org/10.1186/s12885-016-2757-4

Biography

Professor Austyn Snowden is chair in mental health at Edinburgh Napier University. Jenny Young is Research Fellow at Edinburgh Napier University.

Session no: 5.7.3   Abstract number: 78

Time: 12:30pm

Should we be selecting nursing students on the basis of their emotional intelligence?: findings from a prospective longitudinal study

Dr Rosie Stenhouse PhD RMN, Nursing Studies,University of Edinburgh, Edinburgh, UK

Co-author(s): Dr Norrie Brown, Scotland UK; Fiona Carver, Scotland UK; Hannah Carver, Scotland UK; Jenny Young, Scotland UK

Abstract

Background: Selection and retention of student nurses is a global concern. Findings of UK inquiries into poor care led to a call for 'Values based selection'. Emotional intelligence (EI) has been proposed as a necessary attribute consistent with the requisite values for nursing. EI is well theorised with valid measures. This paper presents findings from a longitudinal study exploring whether EI might be a useful criterion for 'values based selection'.

Aims: To understand the relationship between EI, performance and retention in pre-registration nursing students.

Method: Prospective longitudinal design. 869 student nurses from two Scottish universities completed Trait Emotional Intelligence Questionnaire (Short Form) (TEIQue-SF)

and Schutte's Emotional Intelligence Scale beginning of year 1 (Sept 2013), year 2 (Sept 2014) and year 3 (May-July 2016). Demographics included previous caring experience, highest previous qualification and deprivation category.

Performance was calculated:

1. Scale variable: mean score of first attempts at all year 3 modules.

Retention was calculated as:

2. Binary variable: timely completion of the course or not (July 2016).

Relationships between EI and performance scores were calculated using Spearman's rho. Differences in group means between completers and non-completers were calculated using independent samples t-tests.

Results: Mean (SD) TEIQue-SF scores were 5.31 (0.6) year 1, 5.19 (0.6) year 2 and 5.21 (0.7) year 3. SEIS scores were 127.8 (13.8), 125.5 (13.9) and 127 (13.8). 666 (76.6%) nurses successfully completed, with mean performance 64.6% (18%). Neither baseline EI measure was associated with performance or retention.

Discussion: Baseline EI scores were not associated with performance. However, students scoring higher on 'social connection', a factor within the TEIQue-SF, were statistically more likely to complete training.

Conclusion: EI was not predictive of performance, but social connection was. This is consistent with a more nuanced view of 'values based selection', to be outlined in the presentation.

Biography

I am a lecturer in Nursing Studies at Edinburgh University. My nursing background is in mental health, and my research interests are generally aimed at making spaces for the voices of marginalised groups, such as people who have been on the acute psychiatric wards or people with dementia, to be heard through the use of creative qualitative and narrative methodologies. My teaching is focused on research methods, mental health and critical issues relating to professionalism. My current research (which is being presented here) into issues relating to student selection arises from participation in the Scottish Government programme of work focused on the development of an evidence base for the selection and retention of nursing students within Scotland until 2013, and then a secondment to NHS Education for Scotland to support related work between 2012 and 2014. Along with my co-resercher, Professor Austyn Snowden, I have been successful in getting funding to extend our longitudinal study of nursing students into their first two years of qualified practice.

Concurrent session 6
Thursday 6 April 2017 2-2.55pm

Session no: 6.1.1   Abstract number: 205

Time: 2pm

Exploring the 'values journey' of student nurses who have been recruited using vales-based approaches

Dr Alison Callwood PhD, University of Surrey, Guildford, UK

Co-author(s): Sarah Bolger, UK

Abstract

People accessing health care have a view about how they wish to be treated. Compassion, empathy, privacy, dignity, respect and to be 'listened to' are considered important but these have found to be lacking in care provision1. The reasons for this are complex; questions have been raised regarding health professionals' capacity to sustain high standards of care. Erosion of values with exposure to clinical practice has been identified2. Attempting to address this, the United Kingdom government has adopted values based recruitment (VBR) where healthcare students are selected according to the National Health Service (NHS) Constitution values3. Students' 'values journey' specifically in a VBR context is unevaluated to date.

Aim: To explore how student nurses, recruited using values-based approaches, describe adjustment to their values following exposure to the clinical environment.

Methods: The September 2015 nursing cohorts, selected using VBR approaches at one University, were invited to take part in a three year longitudinal follow-up study. Twenty-six students (adult n= 9, child n= 9 and mental health n=8) volunteered to participate. Four semi-structured focus groups were conducted in July 2016 at the end of the students' first year. Interviews were audio recorded and transcribed verbatim before being entered into Nvivo for thematic analysis using a framework approach.

Results: Year One findings are presented. Students articulated 'values adjustment' within three principle themes: 1) 'the courage it takes to use your values' e.g. intimidation from other professional groups; 2) 'the reality of your values in practice' e.g. nursing is more than caring for the sick; 3) 'self-reflection on values' e.g. what being non-judgemental means.

Conclusions: Novel data offers an emerging insight into the 'values journey' of nursing students selected using VBR approaches.

Students' 'values education' needs are considered as well as whether the NHS Constitution values are fit for purpose in a recruitment context.

Recommended reading list

Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. London: The Stationary Office

Department of Health (2013). Delivering high quality, effective, compassionate care: developing the right people with the right skills and the right values: A mandate from the Government to Health Education England April 2013-March 2015. London: Depart

Chen, D., Kirshenbaum, D., Kirshenbaum, E., Aseltine, R. (2012). Characterising changes in student empathy throughout medical school'. Medical Teacher, 34 (4), pp. 305-311.

Biography

Alison works part-time in teaching and research at the University of Surrey. She completed her PhD in 2015; research which focused on developing and piloting multiple mini interviews (MMIs) in student midwife selection. She is currently involved in longitudinal studies further examining the utility of MMIs as well as work exploring enhancement or erosion of student's values during their programme. She has collaborated with international colleagues in relation to health care student selection using MMIs to try to enhance our understanding of how students most suited to a caring role can be selected for education programmes.

Session no: 6.1.2   Abstract number: 185

Time: 2:30pm

Understanding undergraduate fitness to practise decisions: a simulated case study approach

Dr Julie-Ann Hayes PhD, MRes, MA, BSc, RN, Liverpool John Moores University, Liverpool, UK

Abstract

Fitness to Practise (FtP) is a high profile issue within the health and social care 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 addressed in light of the increasing number of FtPs presenting to the regulatory bodies. Research scrutinizing FtP processes exists (Haycock-Stuart et al 2015) but there is no research surrounding the decisions how decisions are arrived at within the following health and social care professions, Nursing, Paramedic Practice and Social work.

Aim: The aim of the study was to examine the decision-making processes involved in FtP for nursing/paramedic/social work students with a view to improving current understanding of the factors that influence these processes.

Methods: The researcher created and filmed three simulated FtP panels informed by real life cases and the expertise of health professionals. Purposive sampling was used to construct 4 distinct focus groups (12 in total) that examined each of the simulated cases.

Findings: 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 predominately 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.

Conclusion: Recognising and understanding influential factors surrounding FtP decision-making and those involved in that process will inform HEIs in the management of FtP. This promotes consistency and fairness in FtP decision-making.

Recommended reading list

Haycock-Stuart, E James, C., McLachlan, A and MacLaren, J. (2015) Students' and Mentors' understandings of fitness to practise processes in pre-registration nursing programmes in Scotland- 'these terrifying three words' Report for NHS Scotland.

Biography

Julie is a Senior Lecturer within the Faculty of Education, Health and Community at LJMU. She is a registered nurse with experience ranging from general medicine and surgery to Intensive Care and High Dependency Nursing.

Her teaching expertise is within medical law and ethics and she teaches across several programmes within the faculty and module leads on the BSc and MSc programme. Julie's research

interests surround creative research methodology, Fitness to Practise and Educational research.

Julie completed her PhD in 2016. The aim of her study was to examine the decision-making processes involved in 'Fitness to Practise' panels (FtP) for undergraduate healthcare students with a view to improve current understanding of the factors that influence these decision-making processes.

Theme: Mixed

Session no: 6.2.1   Abstract number: 132

Time: 2pm

An evaluation of a newly established trauma service in a tertiary hospital in South East Queensland

Mrs Elizabeth Wake Bachelor of Science - Nursing, Diploma in Nursing, Master of Health Professional Education, Gold Coast Hospital and Health Service,, Southport, Australia

Co-author(s): Tania Battistella, Australia, Renee Nelson, Australia, Kate Dale, Australia, Matthew Scott, Australia, Emma Baxendale, Australia, Nerolie Bost, Australia

Abstract

Background: A newly established Trauma Service was evaluated using a satisfaction survey of patients and relatives to ensure high standards of practice were achieved. The survey aligned with the Australian Commission National Safety and Quality Health Service Standards.

Aims: Evaluate the service provided to patients' and their family's case managed by the Trauma Service.

Methods: The project ran from 01.10.14 to 31.12.2015. Patients were included if they were >16 years old and excluded if undergoing cognitive testing.

A mixed methodology approach was used. Data were collected retrospectively from the Trauma Registry and analysed using descriptive statistics.

Data were also collected via telephone interviews post discharge and thematic analysis was used to analyse the results.

Results: A total of 188 patients and 77 relatives were recruited. Patients had a median Injury Severity Score of 15 and hospital LOS of 7 days. A total of 71 (37%) of patients were admitted to the Intensive Care Unit (ICU) and 26 (14%) went to rehabilitation. 32 patients and 12 relatives (17%/15%) were lost to follow and 25 patients and 8 relatives (13%/10%) could not recall the Trauma Service visiting them while in hospital.

Thematic analysis revealed communication to be an issue for both patients and relatives. They found lack of clarity in who was the physician lead. Not being able to access clinicians when needed was identified as causing high levels of stress and anxiety for both patients and families. Feedback relating to the Trauma Service was overwhelmingly positive.

Conclusion: From the results strategies were implemented to improve communication. This included the development of a Discharge Information Leaflet which summarised the teams involved in their care; implementation of a Telehealth programme to facilitate discharge process and follow up and planned out-patient Trauma Clinics to support patients post discharge. Further evaluation of these strategies is planned.

Biography

Current - Trauma research coordinator (6 months)

Previous - Clinical Nurse - Case Manager - Trauma Service (2 years), Clinical Nurse/Registered Nurse, Band 6, Band 5 - Intensive Care

Session no: 6.2.2   Abstract number: 158

Time: 2:30pm

Time, Triage and Trade-offs: how do emergency department clinicians manage care safely under pressure? A mixed methods study

Mr Daniel Johnston RN, BSc, MRes, ORLA Healthcare Limited, Harlow, UK

Co-author(s): Dr Janet Anderson UK, Professor Ann Marie Rafferty UK, Dr Adrian Boyle UK, Dr Alastair Ross UK

Abstract

Background: There is acknowledged necessity to build resilience within English NHS Emergency Departments (ED), where nurses and doctors are expected to maintain high quality, efficient and safe care in an increasingly challenging setting. Pressure is a significant factor in ED care provision, but there is limited understanding of its sources and the strategies used to manage complex clinical workloads.

This study aims to identify and describe sources of experienced ED pressure and the strategies deployed by nurses and doctors to manage fluctuating and varied pressure demands in an urban ED.

Methods: A mixed methods approach was adopted using ethnographic observations, semi-structured interviews and Time and Motion Study (TMS) data to evaluate three nurses and three doctors over 24 hours in the ED. Pressures and strategies were thematically analysed from transcribed interviews and informed by TMS data capture method to identify tasks and communication processes to account for clinician activity.

Results: Eleven pressures were identified, patient load being the most commonly reported by nurses and doctors. Nurses indicated a high prevalence of 'bed capacity' and 'inexperienced staff' while doctors reported 'ineffective communication' and the challenges of being 'short staffed' throughout the healthcare system. Both groups agreed the 4 hour target underpinned all identified pressures.

TMS observations were organised according to a taxonomy of tasks; indirect care such as, documentation, test referral, handover, accounted for the majority of actions. Direct care constituted 25% of nurse's time 14% of doctors time (n= 412; $X2 = 7.1$, $p<.01$).

Three corresponding strategies were identified to manage pressure; optimised workload efficiency being most commonly implemented, with specific strategies opted by doctors being Maintaining Safety while nurses opted to Optimise efficiency.

Conclusion: We have demonstrated multiple sources of pressure that affect emergency department staff. Some pressures are common to all staff members, while others are role specific.

Recommended reading list

Pending Peer review EMJ

Biography

I have assumed a range of roles internationally and within the UK at world class institutions in leadership positions spanning clinical care, research and development as well as teaching, within the field of emergency nursing and medicine.

(Beth Israel Deaconess Medical Center, Boston MA, USA, Cambridge University Hospitals NHS Foundation Trust, King's College London, Guy's and St Thomas' NHS Foundation Trust)

As a result of practicing in a variety of emergency departments I have gained comprehensive insight into the contemporary challenges of emergency healthcare provision within the UK and overseas (USA, Iceland, Denmark and Haiti). This has led to an interests in how quality emergency care is effectively delivered.

The synergy of clinical knowledge and understanding local organisational challenges in the context of quality improvement science is a growing interest that stems from research into organizational resilience in emergency departments (supported by National Institute of Health Care Research Fellowship).

Currently, I am actively involved in leading and developing an innovative consultant led tele-medicine service, that applies state of the art technology to support a 'virtual ward at an acute NHS Trust' to deliver acute medical and nursing hospital level care within the patient's home-setting.

Session no: 6.3.1   Abstract number: 99

Time: 2pm

Discretionary nurse citizenship behaviours and patient safety: an exploratory study

Miss Ashlyn Sahay, Deakin University, Geelong, Australia

Co-author(s): Ashlyn Sahay, Australia; Marie Hutchinson, Australia; Leah East, Australia

Abstract

Background: Considerable attention has been given to understanding and improving operational efficiency, productivity and safety of healthcare organisations. A key human factor theorised to contribute to productivity and work satisfaction is organisational citizenship behaviour (OCB). As a form of discretionary workplace behaviour, OCB is defined in terms of altruism, courtesy, sportsmanship, conscientiousness and civic virtue. However, whilst the concept of OCB has been widely researched in nursing, little attention has been given to identifying discretionary citizenship behaviour unique to nursing or the relationship between nurses' discretionary citizenship behaviours and patient safety.

Aim: To identify the nature and characteristics of discretionary nurse citizenship behaviours that promote patient safety.

Method: A qualitative exploratory descriptive design, employing semi-structured interviews with a purposeful sample of 20 Australian nurse leaders and 10 beginner registered nurses (April - August 2016). Interview transcripts were analysed using thematic analysis.

Results: Six themes emerged that characterised the nature of discretionary citizenship behaviours linked to patient safety: helping behaviour, respect, trust, peer-collaboration, voice behaviour and attentiveness to maintaining professional practice. Thus, citizenship behaviours described how nurses related together in generating cooperative behaviours and collective responsibility to support colleagues' patient safety practices. Nurse leaders were described to influence peer-collaboration and the overall dynamics of citizenship within nursing teams.

Discussion: The operationalisation of citizenship in nursing describes the discretionary nature of nurse behaviours. These behaviours are described to be positive indicators of voluntary forms of nurse-nurse behaviour that supports and influence nurses' task performance, professional and patient safety practice.

Conclusion: This study provides new insights into discretionary nurse citizenship behaviours. These behaviours foster an environment of collegiality, positivity and safety consciousness. The findings hold implications for nurse leaders and human resource (HR) management to nurture and support discretionary nurse citizenship behaviours thus, optimising nurses' relational approaches to patient safety.

Biography

Ashlyn Sahay is a PhD Candidate at Deakin University.Having had experience working in both the private and public health care systems in Australia, Ashlyn has embarked on her PhD journey to explore the discretionary nature and characteristics of nurse-nurse interactions and their influence on patient safety. Ashlyn is presenting to you the findings of her PhD research topic: Nurse citizenship behaviour and patient safety: an exploratory study.

Session no: 6.3.2   Abstract number: 125

Time: 2:30pm

Exploring the assessment process on a ward for older people: a constructivist grounded theory

Miss Hanneke Wiltjer MSc, BSc, RGN, University of Warwick, Coventry, UK

Co-author(s): Prof. Kate Seers, UK; Dr. Liz Tutton, UK

Abstract

Background: International and national guidelines advocate Comprehensive Geriatric Assessment (CGA) for hospitalised older people (NHS England, 2014), as research has shown some positive effects (Ellis et al., 2011). Their use in practice remains unclear and improved understanding was required regarding how older people are assessed in hospital.

Aim: To explore the assessment process on a ward for older people from patients' and healthcare professionals' perspectives.

Methods: This Constructivist Grounded Theory (Charmaz, 2014) included patients without cognitive impairment and professionals working on a ward for older people in an NHS University Hospital in the UK Data were collected between March 2015 and February 2016, including 37 interviews with patients and professionals, a focus group with professionals, and 45 hours of fieldwork including observation and review of 18 patient notes.

Results: The process of 'navigating' was identified as the core category. Three themes were found: 'elements of assessment', 'ways of working', and 'daily ward life'. Navigating is a way of steering assessment through different elements of assessment at three stages: knowing, understanding, and if needed, acting. Professionals value informal ways of working, combining it with formal ways of working to meet competing demands within the context of daily ward life. Challenges identified were: care processes are separated into isolated and prioritised tasks; nurses focus on coordinating care and their therapeutic input is limited; and the passive nature of the patients' role.

Discussion: The literature focuses on standardising and formalising assessment, whereas this study presents assessment as a complex, flexible process of navigation with professionals valuing informal processes alongside formal approaches.

Conclusions: CGA needs to be considered in conjunction with navigating and informal and formal ways of working. In addition, the separated task approach, the position of older people, and the nurses' role needs consideration within existing organisational structures of hospital care.

Recommended reading list

NHS England, South. (2014) "Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissionaers, providers and nursing, medical and allied health professional leaders". NHS England, pp 1-38.

Charmaz, K. (2014) Constructing Grounded Theory, 2nd edition, London: SAGE publication.

Ellis, G., Whitehead, M. A., Robinson, D., O'Neill, D. and Langhorne, P. (2011) "Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials". British Medical Journal, vol 343, d6553, pp 1-10.

Biography

My name is Hanneke Wiltjer. I am from Dutch origin and have lived in the UK for almost five years. In 2007 I graduated in the Netherlands with a bachelor's degree in Nursing and since 2008 I have worked as a registered general nurse in a variety of settings specialising in care for older people. This includes acute, subacute and community settings, in both the Netherlands and the UK In 2012 I received a Master Degree in Clinical Health Science at Utrecht University (the Netherlands) and at the same time I started a part-time PhD in Nursing at the University of Warwick. My PhD focuses on exploring the assessment process on a ward for older people, and is supervised by Prof. Kate Seers and Dr. Elizabeth Tutton. Currently I am aiming for graduation in 2017 after which I hope to continue with research focusing on care for older people.

Session no: 6.4.1   Abstract number: 20

Time: 2pm

Flow of compassion in healthcare: moving beyond an individual towards a systemic focus

Dr Stephanie Tierney PhD, Royal College of Nursing Research Institute, University of Warwick, Coventry, UK

Co-author(s): Kate Seers, UK; Joanne Reeve, UK; Liz Tutton, UK

Abstract

Background: Compassion is an underpinning construct in nursing, an ideal that is a motivating force for those working in healthcare. Nevertheless, delivering compassionate care (CC) is not always easy or achieved. Little research has investigated how it is enacted and what it means to healthcare professionals (HCPs).

Aims: To explore the meaning of CC for HCPs working with patients with type 2 diabetes. This was selected as a critical case because as a long-term condition it involves sustained interactions within health services.

Methods: A grounded theory study (Charmaz, 2014) was conducted. Purposive and theoretical sampling were used. Semi-structured interviews and focus groups were carried out with 36 HCPs during May-October 2015. Analysis moved from open to focused coding. It involved the development of memos that asked questions of the codes, and contrasting of data with data and codes with codes.

Results: Data suggested that an innate drive to provide CC needs to be supported by the right external conditions. This resulted in the development of flow as a key concept. Flow of CC was sustained by what HCPs defined as 'professional compassion' and a wish to improve patient health. It could also be affected by factors impeding its momentum (e.g. time and resources) or factors upholding this drive to be compassionate (e.g. supportive colleagues and drawing on faith). The presentation will outline this model of flow and CC and highlight the drainers and defenders associated with it.

Discussion: Although CC tends to be perceived on an individual level, our model emphasises broader contextual factors affecting its delivery, which are often not acknowledged in policy documents.

Conclusion: Our model can help those working in healthcare to anticipate and manage disruption to the CC flow, whilst also promoting factors that defend and maintain the energy required for it to flourish.

Recommended reading list

Charmaz K. (2014) (2nd Ed) Constructing grounded theory. Sage: London.

Biography

Stephanie Tierney works as a Senior Research Fellow in Compassionate Care at the Royal College of Nursing Research Institute (University of Warwick). She has an interest in understanding people's experiences of receiving and delivering treatment and services, focusing particularly on long-term conditions. She has run several studies using a range of **Methods:** questionnaires with people who have diabetes, focus groups with health professionals, qualitative interviews with people who have cystic fibrosis, heart failure or an eating disorder, creative techniques with children who have a cleft palate. She has also conducted several systematic reviews/ meta-syntheses.

Session no: 6.4.2   Abstract number: 220

Time: 2:30pm

A risky research project; A cross cultural comparison on Registered Nurses (RN) using a feminist approach. Exploring UK and South African (SA) women's experiences and perceptions of Personal and Professional Development (PPD).

Miss Lindy Hatfield PhD candidate, MSc, BA (hons), RN, University of Cumbria, PhD candidate at The University of Edinburgh, Carlisle, UK

Abstract

Background: Feminist research is on one hand celebrated yet on the other de-valued. The definition of 'feminist' can pose negatively as feminism continues to be misunderstood. The majority of RN's have individually experienced PPD and have already formed their own concept of PPD. It could be argued that putting PPD and feminist together, risks dis-interest. Yet, there is lack of knowledge on the causes and effects of individual women's PPD journeys. The feminist approach and use of grounded theory encouraged the researcher to see and hear the individual. The cross cultural comparison gave a greater clarity of the research findings for data was compared, variables were established and new knowledge was more easily identified.

Aims: To compare women's perceptions and experiences of PPD in the UK and South Africa (SA).

To identify the ways in which women as RN's approach their PPD journeys and how this can influence theory and knowledge in supporting the development of nurses.

Sample: Data was collected between 9/2013 - 4/2014 from 39 RN's at different stages of their nursing careers. Ages ranged from 25- 62 years old. Ethics approval was obtained from universities at which participants were studying or had recently completed studies (one North West, UK and two from the Western Cape, SA).

Qualitative: Interviews and questionnaire

Analysis: Grounded theory

Findings: This research project on RN's PPD revealed patterns of perceptions, approach, barriers, coping strategies and aspirations. Some of these results are disturbing, as they demonstrate the extra-ordinary actions that women (and their families) have had to undertake PPD. Knowledge from this research project can be used to change the way we think globally about PPD, how to reduce the barriers and create better ways of working to enable all nurses to have opportunities to undertake PPD activities and work at their full potential.

Recommended reading list

Ali.S., Coate.K. and Goro.W.W. (2000) Global Feminist Politics Identities in a changing world. Routledge: London

Nakray.N., Alston.M. and Whittenbury.K. (2016) Social Science Research Ethics for a Globalizing World Interdisciplinary and Cross-Cultural Perspectives. Routledge: London

All-Party Parliamentary Group on Global Health (APPG) (2016) Triple Impact. Available at http://www.who.int/hrh/com-heeg/triple-impact-appg/en/ (Accessed: 12 May 2016)

Biography

Lindy Hatfield is a Senior Lecturer at the University of Cumbria. She teaches on personal and professional development courses. Currently nearing the completion of a PhD at The University of Edinburgh. Her research has been focused on registered nurses' (RN) experiences and perceptions of personal and professional development, a cross cultural comparison between UK and South African (SA) women. Her main research interests is the impact that the changing world of employment and the role of the RN is having on womens' personal and professional development and the approach and use of feminist enquiry.

Session no: 6.5.1   Abstract number: 108

Time: 2pm

Interventions to support parents when managing their child's pain at home: an integrative review

Mrs Roslyn Parker PG Diploma Nursing (child), BSc Psychology, London South Bank University, London, UK

Co-author(s): Stephen McKeever, UK; Theresa Wiseman, UK; Alison Twycross, UK

Abstract

Background: Internationally children with acute and long-term conditions are increasingly receiving most of their care outside of hospital. For children with pain, this results in a shift in responsibility for pain management from healthcare professionals to parents. Effective interventions are required to support parents. Little is known about which interventions are likely to be successful.

Aim: To identify effective interventions to help parents manage their child's pain at home.

Method: An integrative review was conducted searching MEDLINE; CINAHL Plus; PsychINFO; PsychArticles; AMED; PubMed; Scopus; Web of Knowledge databases. Data were extracted and subject to a risk of bias assessment using either Critical Appraisal Skills Programme or Caldwell et al.'s framework (Caldwell et al., 2011). A narrative synthesis was conducted following Centre for Reviews and Dissemination (Centre for Reviews and Dissemination, 2008), and Economic and Social Research Council guidance (Popay et al., 2006). Content analysis was conducted on reasons attributed to success of interventions.

Results: From 2,534 papers, 17 were included. Several interventions were found which targeted parents directly, child-parent interactions, and healthcare professional-parent interactions. Three studies reduced children's pain and seven increased analgesic drug administration. Content analysis revealed characteristics of interventions, components of parental pain management, and key features of research which aid researchers in designing and evaluating interventions.

Conclusion: Parent-targeted interventions were most successful in reducing child pain. Many interventions attributed lack of statistical significant to inadequate strength of analgesic drugs. Parent-targeted interventions and those targeting healthcare professional-parent interactions showed most promise in increasing analgesic drug administration. Many interventions did not demonstrate statistically significant effect due insufficient sample size. These results have implications for the design and evaluation of future interventions. Interventions should be sufficiently powered and ensure the analgesic drugs provided have adequate strength to take effect when administered appropriately.

Recommended reading list

Caldwell, K., Henshaw, L. and Taylor, G. (2011) Developing a framework for critiquing health research: An early evaluation, Nurse Education Today, 31 (8), pp. e1 - e7. DOI:10.1016/j.nedt.2010.11.025.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K. and Duffy, S. (2006) Guidance on the conduct of narrative synthesis in systematic reviews, A Product from the ESRC Methods Programme Version, 1, pp. b92.

Centre for Reviews and Dissemination (2008) Undertaking systematic reviews of research on effectiveness CRD guidelines for those carrying out or commissioning reviews. University of York. Available from: http://www.opengrey.eu/item/display/10068/457284

Biography

Roses Parker is a full-time doctoral student examining how parents of children with cancer manage their child's cancer pain at home. She is also a part-time children's cancer nurse at The Royal Marsden NHS Foundation Trust. Roses is passionate about research as well as the children she cares for and hopes her research will go some way to eliminating unnecessary childhood pain. Prior to nursing, Roses worked for the London Ambulance Service as an AandE support personnel treating patients in response to 999 calls in an ambulance. Roses has a BSc in Psychology from Warwick University and a Post Graduate Diploma in Nursing (child) (pass with distinction) from King's College London. After spending time in New Zealand working for the Ministry of Health and as a research assistant for Victoria University Wellington, Roses was successful in gaining a fully funded PhD scholarship from London South Bank University. In her spare time Roses enjoys baking, walking, and swimming.

Session no: 6.5.2   Abstract number: 105

Time: 2:30pm

Care bundles to reduce Central Line-Associated Bloodstream Infections (CLABSIs) in the neonatal intensive care unit: a systematic review and meta-analysis

Miss Victoria Payne , Advanced Neonatal Nurse Practitioner and Visiting Fellow, University Hospital Southampton NHS Trust and University of Southampton, Southampton, UK

Co-author(s): Dr Mark Johnson, UK; Dr Mike Hall, UK

Abstract

Background and aims: CLABSIs are associated with increased mortality, prolonged hospitalisation and increased healthcare costs. The estimated incidence of neonatal CLABSIs is between 3.2-21.8 per 1000 central line days. Care bundles have reduced CLABSIs in adult ICUs but replication in paediatric ICUs has been challenging, possibly due to small numbers and substantial variations in CLABSI rates. A systematic review was performed to assess the evidence for the efficacy of care bundles in reducing CLABSIs in the NICU.

Methods: MEDLINE, CINAHL and EMBASE were searched from January 2010 up to August 2016. The Cochrane Library, Web of Science, Zetoc and Ethos were searched for additional studies. RCTs, quasi-experimental and observational studies were eligible. A meta-analysis was performed using Review Manager v5 with random effects modelling.

Results: Forty-two quasi-experimental studies, performed in Level II/III NICUs, met inclusion criteria. Twenty-three were published studies; five were performed in Europe, fourteen in North America and four in developing countries. The remaining nineteen were conference abstracts. There was a statistically significant reduction in CLABSIs following the introduction of care bundles (RR= 0.41, CI 0.32, 0.53). This effect remained when abstracts were included (RR 0.39, CI 0.33, 0.47. Common bundled technical interventions included having a skin preparation protocol (81%), using maximal standard barrier precautions (65%) and daily assessment of the need for a central line (65%). Education (100%), audit and feedback (65%, and the use of checklists (60%) were the most common professional interventions.

Conclusions: Care bundles appear to reduce neonatal CLABSIs, though it is unclear which elements may have the greatest impact. Generalisability is complicated by variations in CLABSI definitions and intervention elements. There is a need to reach a consensus definition of CLABSI across research groups, and to better understand which elements of the care bundles work best in specific settings.

Recommended reading list

Bion J, Richardson A, Hibbert P, Beer J, Abrusci T, McCutcheon M, Cassidy J, Eddleston J, Gunning K, Bellingan G, Patten M and Harrison D (2013) 'Matching Michigan': a 2-year stepped interventional programme to minimise central venous catheter-blood stream infections in intensive care units in England. BMJ Qual Saf 22(2): pp 110-23

Folgori, L., Bielicki, J., and Sharland, M. (2013) A systematic review of strategies for reporting of neonatal hospital-acquired bloodstream infections. Archives of Disease in Childhood Fetal and Neonatal Edition, 98:F518-F523

Pronovost P, Needham D, Berenholtz S, Sinopoli D, Chu H, Cosgrove S, Sexton B, Hyzy R, Welsh R, Roth G, Bander J, Kepros J and Goeschel C (2006) An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med, 355

Biography

I am an Advanced Neonatal Nurse Practitioner working at the Princess Anne Hospital in Southampton, on a tertiary level Neonatal Intensive Care Unit (NICU). In this role I work on the medical rota, leading ward rounds, attending high-risk deliveries, complex resuscitations and undertaking advanced clinical skills. I am also an independent nurse prescriber. In addition, I also work as a Visiting Fellow at the University of Southampton, teaching on the neonatal advanced clinical practice MSc programme, focusing on evidence-based practice and the transition to advanced nursing practice. My interests are in evidence-based practice and the translation of evidence into clinical practice.

I am currently undertaking Doctorate in Clinical Practice at the University of Southampton, which is focused on the implementation of care bundles to reduce late-onset sepsis in the NICU. I have recently presented (2016) at the Neonatal Society meeting and the European Academy of Paediatric Societies conference in Geneva.

Theme: Qualitative approaches/ text and discourse

Session no: 6.6.1   Abstract number: 149

Time: 2pm

The inter-connectivity of tools for analysis: combining textual and visual data to construct a substantive theory of professional identity of adult nursing

Mrs Jacqueline Ridge RN; BA (Hons) Health Studies; MA Women's Studies; PGCTHE, FHEA, PhD student, The University of Northampton., Northampton, UK

Abstract

Background: Research around the problematic nature of professional socialisation is well documented in nursing literature; what appears to be less well understood is the development of professional identity from the insider perspective (Traynor and Buus, 2016). A constructivist grounded theory approach investigating identity formation has combined textual and visual data to capture this narrative for those aspiring to be an adult nurse.

Aim: To share insights of the construction and sustainability of professional identity of adult nursing.

Methods: A constructivist grounded theory approach was used to collect data with 10 female pre-registration education undergraduate students in the field of adult nursing. They were recruited using convenience sampling following ethics approval from the University of Northampton. Data was collected (May 2012 to December 2013), using semi structured interviews and photo elicitation on three occasions with each participant. Analysis of both transcribed and visual data used a constant comparative approach, with concurrent memo writing, thematic sensitivity and researcher reflexivity (Charmaz 2014).

Findings: Collecting visual and textual data through an 'interview with images' format was the process initially proposed to elicit participant response (Pink, 2007 pg. 82). It was soon recognised that combining imagery and text created an intimate familiarity redressing power dynamics. The sharing of imagery reinforced collaboration between participant and researcher, with often unusual and unexpected reflections being disclosed.

Discussion: Using photo elicitation within the interview format was purposeful decision, enriching co-collaboration through participant selection of imagery, making meaningful discussion informing the subjective reality of the construction of self as adult nurse. This combination opened up discussion between participant and researcher via narrative the imagery provoked, whilst being mindful of the gaze employed (Pink 2007).

Conclusions: Combining these tools for data collection and subsequent analysis enhances the inter-connectivity of language, ideals, attitudes, values and behaviour expressed, and in doing so strengthens the trustworthiness of data collected.

Recommended reading list

Charmaz, K. (2014) Constructing Grounded Theory. 2nd edition. London: Sage Publications Limited.

Traynor, M. and Buus, N. (2016) Professional identity in nursing: UK students' explanations for poor standards of care. Social Science and Medicine, 166,186-194

Pink, S. (2007) Doing Visual Ethnography. Images, Media and Representation in Research. 2nd edition. London: Sage Publications Limited.

Biography

Hello, my name is Jacquie Ridge, a full time Senior Lecturer and part-time PhD student at the University of Northampton. With a professional background in emergency medicine, enjoyed for the variety of social interaction and the spontaneity of care provision. Taking time out to study full time for BA (Hons) Health, and MA Womens' Studies was followed by returning to full time practice, transitioning into practice development, offering the opportunity to help others to develop professionally via facilitation and training.

Building on these foundations saw a move into higher education which has offered a range of exciting, challenging and rewarding experiences, in an ever changing employment sector, working with both traditional and non-tradition applicants to nurse education. The key to which is seeing aspirations being met and lives being changed, whilst recognising the value that being a nurse and nursing makes no matter the environment.

More recently this perspective has led to a focus on a part-time doctorate investigating professional identity of adult nursing, asking "who do you think you are?" via a constructivist grounded theory approach. Due for completion in 2018, with further studies to follow investigating the role of men in nursing linked to their professional identity.

Session no: 6.6.2   Abstract number: 168

Time: 2:30pm

Extending the reach of policy and strategy research using political discourse analysis: the development of the Health and Social Care Act 2012

Dr Michelle Laing DBA, MBA, BSc (Hons), RGN, RNT, Liverpool John Moores University Faculty of Education, Health and Community, Liverpool, UK

Abstract

In line with the growing interest in discursive perspectives of strategy and policy as practice this research explores Health and Social Care policy development and in doing so highlights the weaknesses in communication: both in developing a narrative, and also in being able to use it persuasively with important audiences: demonstrating a lack of engagement with stakeholders. The study also features some analysis of Strategy-as-Practice that exposes the growth of executive arrogance within the specific parliamentary agents involved.

The conceptual framework of this research is based on the under-explored relationship between discourse, strategy and practice. Methodologically, the research is underpinned by political discourse analysis (Fairclough and Fairclough, 2012). Analytical tools were used to conceptualise those discursive practices that provide strategies and arguments within the trajectory of the policy-as-discourse, thus offering an opportunity to reach the parts of policy, strategy and practice that other theories and methods are unable to reach. Critical analysis of the dialogical relationship between theory and method in the context of discourse and strategic policy analysis thereby reveals how discourse and the neglected field of political argumentation can shape reality and influence strategies for action.

Researching health policy and strategy from a post- perspective in this way allows for engagement with the discursive and ideological characteristics of policy and strategy, in line with arguments for action-focused critical perspectives (Wodak, 2011). The focus of this research is concerned with the ways in which political discourses are persuasive: based on specific argumentative structures (Fairclough and Graham, 2002).

The study contributes to the theoretical and practice knowledge of strategy to underpin health policy reform. The research also adds to existing bodies of theory in political discourse analysis, strategic practice and policy implementation and potentially contributes to the politics of democracy and pluralism.

Recommended reading list

Fairclough, N. and Fairclough, I. (2012); Political discourse analysis: A method for advanced students. New York, Taylor and Francis.

Wodak, R. (2011); The discourse of politics in action: Politics as usual. New York, Palgrave Macmillan.

Fairclough, N. and Graham, P. (2002); "Marx as a critical discourse analyst: The genesis of a critical method and its relevance to the critique of global capital." Sociolinguistic Studies 3(1).

Biography

Michelle has worked at Liverpool John Moores University for 15 years as a highly experienced nurse, academic, manager and more recently researcher. Michelle's early clinical background was in surgical nursing including Ophthalmic's and Urology. In her previous role as an academic manager she has led teams of inter-professional staff to innovate and successfully deliver NHS licence to practice programmes. Michelle has a passion for nursing and education, with a keen sense of justice and an interest in policy development. Michelle has recently taken on a role of Associate Dean for Leadership in Liverpool John Moores University, she is a keen advocate of well led and good governance of organisations and hopes o use her leadership skills to good effect.

Michelle is proud to be a staff governor at LJMU and a nominated governor at Liverpool Heart and Chest Hospital Foundation Trust. These roles have given her opportunity to influence and develop higher education and healthcare at local, national and international levels. She has recently championed projects on carers support with the Department of Health and the Queens Nursing Institute. These innovations have had high level national impact resulting in the development of national policy guidance and online packages to support carers.

Session no: 6.7.1   Abstract number: 172

Time: 2pm

The Southampton Model: ensuring effective research delivery through innovative workforce development

Mrs Emma Munro RN, BSc Hons, MSc, University Hospital Southampton NHS Foundation Trust, Southampton, UK

Co-author(s): Marie Nelson, England, Jennifer Allison, England, Christine McGrath, England

Abstract

All patients should have the opportunity to participate in research (DH 2013). Clinical Research Nurses are under pressure to deliver an ever expanding portfolio of studies and increasing patient recruitment targets. Many of the studies are complex interventional clinical trials often in high pressure areas including emergency, theatres and Intensive care. The increasing workload and challenges faced with recruitment and retention of qualified nurses required an innovative approach to workforce development in order to meet the infrastructure challenges.

The Southampton Model includes all research nurses /midwives and AHPs receiving permanent contracts, ending years of short fixed term contracts undervaluing the role. The model uses a centralised team approach with research nurses managed by nurses, and released from medical line management, ensuring opportunities for joint clinical and research roles are included to enhance the embedding of research in clinical areas. Supportive management infrastructure with clear lines of accountability and team specialty definition were introduced in line with hospital divisional structures. Job titles were aligned with clinical roles to ensure synergy between research and clinical staff.

The model supports flexible working and opportunities for career break and winter month working, alongside retire and return to research work posts for Gen X. Clinical academic career pathways are developing that are part of research nursing, thus removing the step on and off approach.

A dedicated clinical research education team working to a training and education framework, includes study delivery,feasibility and consent training, and facilitates student nurse placements. Development of research staff to support nursing includes a clinical trials assistant training programme. We have a dedicated Research physician and medical fellows to support study delivery.

Staff support in the model includes research forums, peer group meetings, wellbeing sessions, and resilience workshops. There are clinical trials day events, community and public

engagement activities, international investigator meetings.

Recommended reading list

Department of Health (2013) The NHS Constituion for England London, March 2013

Biography

Emma has responsibility for the management and leadership of over 250 nurses, midwives and allied health professionals working on research studies, both commercial and non-commercial, within the SCBR incorporating the BRC, BRU, NIHR WTCRF, cancer and Trust-wide nursing teams. Emma has a wealth of experience in research nursing and her clinical specialism was breast cancer and cancer genetics. She has a strong belief in providing a supportive and educational environment to foster excellence in nursing care and following a Florence Nightingale Foundation Scholarship to the NIH in the US, she led the development of the NIHR Fundamentals of Clinical Research Nursing course. Her postgraduate qualifications include a post graduate diploma in counselling and a masters in social research awarded with merit, by the University of Surrey.

Emma qualified as a nurse at The Middlesex Hospital, London and her career in research includes senior roles at the Royal Marsden and Addenbrookes Hospital, Cambridge. She is a member of the NIHR Research Nurse Strategy group and the CRN:Wessex Workforce Development Group. She is also a member of the steering group of the UK forum for research nurses, midwives, AHPs and CTA's.

Session no: 6.7.2   Abstract number: 173

Time: 2:30pm

Clinical Research Nurse and Midwife's (CRN/M): a key workforce at the centre of clinical research delivery

Mrs Naomi Hare MRes, BSc, Guys and St Thomas NHS Foundation Trust, London, UK

Co-author(s):Helen Jones UK

Abstract

Background: Clinical research activity has grown over the preceding ten years (NIHR 2015), becoming embedded as core NHS business (DoH, 2015). CRN/Ms are central to the delivery of research (Hastings et al 2012) yet with a diversity of responsibilities, the role is poorly understood and lacks the recognition or progression of other nursing roles.

Aims: To characterise a growing and diverse CRN/Ms workforce structure primarily to quantify, describe core roles and understand caseload demands.

Method: Development of the survey tool included pilot to senior CRN's (n=9). Cohort identified using staff records and forum mailing list. Using purposive sampling, the final tool was self-administered electronically during April 2016. Results analysed using descriptive statistics and thematic analysis.

Results: 118 staff participated, over 85% of which were nurses. Of these 48 % (n=56) were Band 7 level and 42 % (n=50) Band 6. Staff worked across 44 clinical or research areas. 60% (n=69) of the workforce were educated to at least degree level with a further 10% (n=12) working towards their degree and 22% (n=26) a Masters qualification. Staff predominantly coordinated a mixed research portfolio, with screening for eligibility (75%) and providing study information (85%) as the most frequently reported activity. 20% (n=21/110) of the workforce were involved in nurse or midwife- led studies, 4% (n=4) as Principal Investigators.

Discussion: Gaining a comprehensive understanding of the CRN/M role and the nature of their caseload, facilitates effective workforce planning and enables a greater understanding of training priorities. Articulation of the nature and expertise of the CRN/M workforce assists in demonstrating its importance as a significant component of the overall nursing workforce.

Conclusion: CRN/Ms are central to successful study implementation, recruitment of participants and safe patient care. More work is being undertaken to understand the time and motion of clinical research activity.

Recommended reading list

Department of Health (2015), The NHS Constitution, London: DH

Hastings C et al (2012), Clinical Research Nursing: A Critical Resource in the National Research Enterprise, Nursing Outlook, 60: 149-156

National Institute for Health Research (2015), Growth Through Health Research- The NIHR as an engine for growth, London: NOCRI

Biography

Naomi Hare graduated from Oxford Brookes in 2004, working in Sussex and London as a Staff Nurse in both Orthopaedic Trauma and Intensive Care for the next 5 years. Naomi's subsequent Research Nurse career included a range of clinical areas and a variety of research studies. Her research career has even taken her to South Australia, where she worked as a Cardiology Research Nurse for 12 months.

In 2013 Naomi was awarded an NIHR fellowship to undertake a Masters in Clinical Research at KCL. During this year Naomi undertook feasibility research at Kings College Hospital, exploring the use of focused-echocardigraphy by nurses within critically ill patients. She graduated with Distinction, presenting her results at both British and European Intensive Care conferences.

Naomi currently works as a Research Matron, managing and overseeing a team of Research Nurses and Associates and a busy portfolio of research across two clinical directorates; Renal, Transplant and Urology and GI surgery and Gastroenterology. Naomi is passionate about the Clinical Research Nurses role and embedding research into clinical practice. Naomi sits on an HRA REC as an expert member as well as local steering boards for Renal and Gastro Research projects as a professional member.

Concurrent session 7
Friday 7 April 2017 9.50-10.45am

Session no: 7.1.1   Abstract number: 114

Time: 9:50am

Resilience research in nursing: part of the solution or part of the problem?

Professor Michael Traynor, Middlesex University, London, UK

Abstract

Background: Resilience has been promoted by governments as a solution to a range of social and economic challenges (Neocleous 2013). Resilience has become a topic for research among nurses and it has also been promoted among nurses as a way of helping them to survive workplace adversity e.g. (Jackson et al 2007).

Aims:

- to describe the development of the concept of resilience in psychological literature;
- to review a selection of nursing research which focuses on resilience among practising nurses;
- to critique this literature by placing it in the context of neoliberal governments' attempts to 'responsibilise' populations.

Method: By examining key publications in the field, this paper traces the origins of the notion of resilience in child psychology and psychoanalytic theory. To identify the way the concept has been taken up in nursing a search was carried out via EBSCOhost of the CINHAL database. The keywords used were nurs* and resilien*. Peer-reviewed research articles written in English were included. The search brought up 278 articles. Articles without direct relevance to nurses and nursing practice were discarded. The critical review focuses on 15 papers published between 1997 and 2011.

Discussion: Although early psychological studies often understood resilience in ecological terms, nursing research focuses on individual nurses' 'resilience'. This literature tended to exhibit the following characteristics: understandings of resilience were often taken from other nursing papers with little knowledge of original studies; authors acknowledge severe structural pressures on nursing work; there was little attempt to assess workplace adversity; resilience is conceptualised as an individual characteristic/skill; there is pessimism about the possibility of changing nursing environments.

Conclusion: Research on resilience among nurses has tended to reflect the individualis-

ing emphasis within contemporary politics. This can be understood as unhelpful because it deflects attention from the structural causes of workplace adversity.

Recommended reading list

Neocleous, M. (2013). "Resisting resilience." Radical Philosophy 178: 6. Stockholm Resilience Centre (2012). What is resilience? An introduction to social-ecological research. Stockholm, Stockholm Resilience Centre,.

Jackson, D., A. Fau - Firtko and M. Edenborough (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.

Biography

Born in London. Read English Literature at Cambridge, then completed general nursing and health visiting training. After working as a health visitor in London moved to Australia where he was a researcher for the South Australian Health Commission. Worked at the Royal College of Nursing in London from 1991-6 and undertook a three year study of nursing morale in the wake of the 1991 National Health Service reforms. Drawing on his background in literature, his PhD examined the language employed by nurses and their managers. He worked at the Centre for Policy in Nursing Research at the London School of Hygiene and Tropical Medicine. He is now Professor of Nursing Policy at the Centre for Critical Research in Nursing and Midwifery at Middlesex University in London. He researches professional identity and the application of discourse analysis and approaches from literary theory and psychoanalysis to nursing policy and health care issues. He is editor of the journal Health: an interdisciplinary journal for the social study of health, illness and medicine and European editor of Nursing Inquiry. He recently wrote Critical Resilience for nurses, published by Routledge.

Session no: 7.1.2   Abstract number: 202

Time: 10:20am

Recognising European Cancer Nursing (RECaN): A systematic review of the changing roles of cancer nurses

Professor Mary Wells PhD MSc BSc(Hons) RGN, NMAHP Research Unit, University of Stirling, Stirling, UK

Co-author(s): Pauline Campbell UK, Claire Torrens UK, Daniel Kelly UK on behalf of the RECaN group

Abstract

Background: Nurses play a central role in the care of patients with cancer, delivering essential nursing care, education and support throughout the cancer journey. Cancer nurses increasingly take on extended and advanced roles, administering treatments, managing follow-up, providing complex psychosocial interventions and leading research. Although specialist cancer nursing is associated with a range of improved outcomes and experiences in people with cancer, significant variations exist in the recognition of cancer nurses across Europe. Several professional bodies have attempted to clarify roles and enhance recognition, but a lack of consensus continues to impede research and clinical practice.

Aims: This systematic review aimed to identify, appraise and synthesise the available evidence relating to the value and impact of cancer nursing on patient experience and outcomes, in order to inform cancer policy across Europe. This paper reports on the first part of the review: identifying the roles and contributions of cancer nurses.

Methods: Ten electronic databases (from 01 January 2000: 31 May 2016) were searched for all randomised and controlled before-and-after studies of cancer nursing interventions. No language restrictions were applied. Eligibility and methodological quality were independently assessed. Data were extracted in accordance with TiDieR guidelines.

Results: We identified 22450 records, screened 16169 abstracts and retrieved 925 full text articles. 569 papers were included in final synthesis, grouped by stage of cancer trajectory.

Discussion: This review highlights the development and variation in cancer nursing roles since 2000 and illustrates that evidence for

certain cancer groups and stages of the trajectory is limited. It also reveals deficiencies in the reporting of educational preparation and role definitions in intervention studies.

Conclusions: As the first review to synthesise evidence from studies across the entire cancer spectrum, this work provides crucial insights to underpin the development and recognition of cancer nursing over the next twenty years.

Biography

Mary is a cancer nurse with a clinical academic background in health services research within oncology. Her research is mainly focussed on the supportive care of people with cancer and in particular the needs, experiences and outcomes of people who have completed treatment. Mary works closely with a number of cancer charities with a major interest in improving experiences, outcomes and cancer care practice. She was a member of the Executive Board of the European Oncology Nursing Society (EONS) www.cancernurse.eu from 2009 - 2015(and Secretary from 2011-2015) and she is currently co-chair of the EONS Research Working Group.

Mary's methodological expertise includes qualitative and quantitative research methods, and she has experience in a range of qualitative approaches including case study and qualitative meta-synthesis, as well as surveys and randomised controlled trials. Her PhD investigated the role of context in randomized trials of complex interventions, and she is particularly interested in the development and evaluation of complex interventions led by NMAHPs.

Theme: Qualitative approaches

Session no: 7.2.1   Abstract number: 73

Time: 9:50am

What do patients' with chronic heart failure say about their experience of fatigue?

Dr Helen Walthall PhD, PGDE, BSc (hons), RGN, Oxford Brookes University, Oxford, UK

Co-author(s): Professor Mary Boulton, UK, Professor Crispin Jenkinson, UK

Abstract

Background: Chronic heart disease (CHF) is a complex clinical syndrome which is increasing in prevalence (NICOR, 2013). It is progressive in nature with two main symptoms: dyspnoea and fatigue. Both symptoms are burdensome for patients and cause anxiety and distress (Abshire et al, 2015). Perez-Moreno et al (2014) identify fatigue is an important indicator for patient outcome and quality of life. However, less emphasis is placed on fatigue as an indicator of worsening CHF, or how altered fatigue is recog-

nised by patients and health care practitioners (HCPS).

Aims: To explore the experience of fatigue for patients with chronic heart failure.

Methods: A qualitative study design using semi-structured interviews was adopted, enabling the patient to tell their story of living with fatigue as a symptom of CHF. Interviews were conducted between November 2012 and June 2013. The sample size was 25 obtained through purposive sampling. Interviews were analysed thematically. Each transcript was coded for fatigue. The coded data were reviewed, discussed and grouped into themes. Full ethical approval was granted

Three themes were identified: characteristics of fatigue, negative emotional response to fatigue and living with fatigue. Within these three main themes, a number of sub-themes emerged which gave a full picture of fatigue as a symptom and the experience of living with fatigue on a daily basis.

Discussion: Participants were able to give graphic accounts of the experience of fatigue for them and how their lives were affected by it. Interestingly, they found it less easy to explain changes in fatigue levels to HCPs, and the majority of participants reported fatigue did not feature in conversations with their HCP carers.

Conclusion: A better understanding and assessment of a patient's experiences of fatigue could enhance the management of this symptom and improve patient outcome.

Recommended reading list

Abshire M, Xu, J, Himmelfarb CD, Davidson P, Sulmasy D, Kub, J, Hughes M, Nolan M. (2015) Symptoms and fear in heart failure patients approaching end of life: a mixed methods study. Journal of Clinical Nursing; 24, 3215-3223.

Perez-Moreno AC, Jhund PS, Macdonald MR, Petrie MC, Cleland JG, BÃ¶hm M, van Veldhuisen DJ, Gullestad L, Wikstrand J, Kjekshus J, Lewsey JD, McMurray JJ (2014) Fatigue as a predictor of outcome in patients with heart failure: analysis of CORONA (Controlle

National Institute for Cardiovascular Outcomes Research (2013) National Heart Failure Audit 2012-2013. University College London. Found at http://www.ucl.ac.uk/nicor/audits/heartfailure/documents/annualreports/hfannual12-13.pdf

Biography

Dr Helen Walthall is a Principal Lecturer in Nursing at Oxford Brookes University. She undertakes Postgraduate teaching and research supervision within Nursing and Health Care. She is an active member of The Oxford Institute for Nursing and Allied Health Research (OxINAHR) and leads the Nursing Research group. Her research interests include; patients with heart failure, chronic illness and patient safety.

Session no: 7.2.2   Abstract number: 187

Time: 10:20am

Exploring stroke survivor and informal carer need: informing a new primary care model

Dr Caroline Moore RGN RSCN RHV BSc (Hons) MSc PhD, University of Cambridge, Cambridge, UK

Co-author(s): Dominika Pindus, UK, Lizie Kreit, UK, Lisa Lim, UK, Ricky Mullis, UK, Jonathan Mant, UK

Abstract

Background: Longer term needs of stroke survivors and their carers are not being adequately addressed. Research has focussed on improving access to specialist services rather than considering the role of primary care in stroke management. Presently no formal primary care based model of care exists to support stroke survivors and their carers.

Aim: To explore how the needs of stroke survivors and informal carers are being met by primary care and how a new primary care model could best address the impact of unmet needs.

Methods: 22 stroke survivors and 14 carers were recruited to the Improving Primary Care After Stroke (IPCAS) interview study from five GP practices in the East of England and participated in audio and video- recorded semi-structured qualitative interviews. Verbatim data was transcribed and analysed using a Framework approach.

Results: Experiences of primary care following stroke and expectations on how primary care could meet participants' long-term unmet needs were identified. The GP practice was the first point of contact for survivors and carers but not all were offered annual stroke reviews and many felt abandoned. Survivor and carer-identified patient, organisational and professional barriers to meeting need in primary care included cognition problems, the focus on medical agendas rather than person-centred care and a lack of continuity of care. Survivor and carer-identified facilitators to meeting need included trust, stroke knowledge and accessibility. Unmet physical, psychological, health service and information needs were identified which included mobility problems, depression, lack of available services and not knowing who to contact.

Conclusion: These findings have informed the components of a new primary care model which include a structured person-centred review of patient needs and a practice-based single point of contact. This new approach will be tested in a trial and will lead to better long-term meeting of stroke survivor and carer needs.

Biography

Caroline has a paediatric nursing and health visitor background and worked in the NHS for 25 years. Caroline joined the Department of

Public Health and Primary Care at the University of Cambridge in 2012, working on the mixed methods longitudinal Living with Breathlessness (LWB) Study with Dr Morag Farquhar. Caroline is currently working on the Improving Primary Care after Stroke (IPCAS) study. Caroline's research interests include informal care giving, long term health conditions, intergenerational family relationships and visual methods.

Theme: Qualitative approaches/ interviewing

Session no: 7.3.1   **Abstract number: 27**

Time: 9:50am

Critical Incident Technique: a useful method for exploring the health liaison role of the Community Learning Disability Nurse (CNLD)?

Miss Stacey Rees BSc (hons), University of South Wales, Pontypridd, UK

Abstract

Background: Critical Incident Technique (CIT) is a 'systematic, inductive, open-ended procedure for eliciting verbal or written information from respondents' (Norman et al 1992. p592). It involves the collection of data in the form of factual accounts of actual events, activities or role behaviours 'which affect the outcome of [a] system or process and are memorable to those involved in the system' (Schluter et al. 2007, p.108). Data collection using CIT is typically dependent on the qualitative interview. CIT was originally developed by Flanagan (1954) and continues to evolve in nursing research. It has been used in nursing research to facilitate understanding of role and interactions across multiple settings, but until this study has not been used in community learning disability nursing research. CIT is suggested to address complex nursing issues more rigorously than in-depth interviews.

Aim: To give an overview of CIT and to give examples from the author's PhD study to demonstrate how it has been used to explore the role of the CNLD supporting adults to access secondary healthcare in Wales.

Discussion: This paper will draw upon wider literature and personal experience of using CIT in the context of a doctoral study. It will discuss using qualitative interviews within the CIT approach in exploring an area of professional practice which may be considered to be of a sensitive nature. A review of lessons learned using CIT methodology will also be presented.

Conclusion: An outline and evaluation of using CIT will be presented. This paper will be useful to those wishing to undertake qualitative research in professional practice issues, especially those deemed to be of a sensitive nature.

Recommended reading list

Norman I, Redfern S, Tomalin D, Oliver S. (1992) Developing Flanaghan's critical incident technique to elicit indicators of high and low quality nursing care from patients and their nurses. Journal of Advanced Nursing. 17, pp. 590-600.

Flanagan, J. (1954) The critical incident technique, Journal of Psychological Bulletin, 51 (4), pp. 327**:** 358

Schluter J., Seaton P. And Chaboyer W. (2007) Critical incident technique: a user's guide for nurse researchers. Journal of Advance Nursing, 61(1), pp. 107 - 114.

Biography

Stacey Rees, PhD student from the university of south wales

Background is community learning disability nursing

Session no: 7.3.2   **Abstract number: 81**

Time: 10:20am

People with learning disabilities and their carers: experiences of the barriers and facilitators to dental care

Professor Sharon Hamilton PhD, MA, BA(Hons), RN, Teesside University, Middlesbrough, UK

Co-author(s): Pat Watson. UK Kamini Shah. UK

Abstract

Background: Dental care is an important public health intervention particularly for more vulnerable groups such as people with learning disabilities. There is however sparse information on the experiences and perspectives of this client group and their carers in relation to accessing dental services.

Aim: To identify barriers and facilitators, experienced by people with mild to moderate learning disabilities and their carers when accessing dental services.

Methods: A qualitative approach was used, incorporating focus groups and interviews. These were taped and transcribed, and analysed thematically. A purposive sample of 59 participants were included, comprising: 48 people with mild to moderate learning disabilities; 6 carers of people with learning disabilities living independently or with family; 4 professional carers in residential settings and 1 service provider.

Results: The majority of participants (n=31/48) attended for regular dental care. A number of barriers and facilitators to accessing dental services were identified. Barriers included: negative past experiences; lack of perceived treatment need; difficulties with physical access to dental practices; long waits in busy waiting rooms; and lack of support from informal carers. Facilitators to accessing services included: long standing positive relationships with dental staff; recognised value of preventive advice; requirement for oral health care to be included in clients care plans; and support from carers both in arranging appointments and moral support.

Discussion: The notion of access to dental services is complex and multifaceted; complexities which are compounded when the patient group has learning disabilities. It is clear that some of the identified barriers in this study were related more to environmental factors that could be modified, rather than the participants' learning disabilities. Minor environmental changes, particularly at the dental practice, could therefore improve access and patient experience for this group (Shield et al. 2013).

Recommended reading list

Shield, J. Turner, L. Pierce, S. and Wheatcroft, D. (2013). Dental Services for People with Learning Disabilities. Learning Disability Practice 16(1), pp12-15.

Biography

Sharon is Professor of Nursing and a Director of the Teesside Centre for Evidence-Based Practice: A Joanna Briggs Institute Centre of Excellence. She trained as a registered nurse in London and after specialising in neurosciences nursing for a number of years, she moved into a research career. During this time she completed a masters degree in social policy and a PhD focusing on the implementation of evidence-based practice in acute stroke care. Sharon's current research programme focuses on the evaluation of complex interventions.

Theme: Qualitative approaches

Session no: 7.4.1   **Abstract number: 174**

Time: 9:50am

Access to and impact of psychological support for healthcare professionals working in palliative care settings.

Dr Maria Horne PhD, MA(Health Research), BA(Hons), University of Leeds, Leeds, UK

Co-author(s): Janet Allison-Love, England, UK, Samantha Masley, England, UK

Abstract

Background: Palliative healthcare professionals' wellbeing and the degree to which they experience themselves as stressed is an important part of quality care delivery and ensuring patients receive good compassionate care (Hospice UK, 2015). Caring for dying

patients involves high levels of emotional engagement (Meier and Beresford, 2006) and repeated exposure to suffering and death (Peters et al, 2013). Healthcare professionals can find it difficult to balance compassionate care and self-care and need support to cope with the associated stress of caring in this environment, but little is known about psychological support availed by palliative healthcare professionals.

Aims: To: (i) explore the impact of psychological support for healthcare professionals working in palliative care; (ii) identify helpful forms of psychological support alongside any potential barriers to accessing such support.

Methods: Exploratory, qualitative research design. Semi-structured interviews and drawing (to enrich the narrative account), with a purposive sample of palliative healthcare professionals (n=16) from one hospice in West Yorkshire, England (February-May 2016). Ethical approval was granted. Data were analysed using framework approach of verbatim transcripts.

Results: Four main themes emerged through data analysis (i) types of support (ii) coping strategies (iii) barriers/facilitators to accessing psychological support (iv) developing/maintaining resilience. Staff participated in various formal and informal psychosocial support and coping strategies to reduce their vulnerability. Several barriers and facilitators to accessing psychological support and ways of developing and strengthening their own personal resilience were identified.

Discussion and conclusion: Palliative healthcare professionals use a diverse portfolio of psychosocial support and coping strategies to promote their personal well-being. Having the opportunity to access psychological support during working hours is an important part of staff support strategies in the workplace. Managers have a key role in providing access to psychological support to help reduce vulnerability to and impact of stress in the workplace.

Recommended reading list

Hospice UK (2015). A framework for supporting hospice staff to flourish in stressful times. London: Hospice UK

Peters, L., Cant, R., Payne, S., O'Connor, M., McDermott, F., Hood, K., Morphet, J. and Shimoinaba, K. (2013) How Death Anxiety Impacts Nurses' Caring for Patients at the End of Life: A Review of Literature. Open Nursing Journal, 7:14-21.

Meier, J. and Beresford, L. (2006). Preventing Burnout. Journal of Palliative Medicine 9:5, 1045-1048.

Biography

Dr Maria Horne (PhD, MA, BA (Hons), SCPHN (HV), SCM, RGN) is an Associate Professor at the School of Healthcare, University of Leeds. Dr Maria Horne attained her PhD at the University of Manchester in 2007. Dr Maria Horne's research falls under two main themes: [1] Children's and older adults' health and well-being - with an emphasis on reducing sedentary time, increasing physical activity levels, promoting active ageing, psychosocial issues that can affect the lives of older adults, ethnicity and culture, cultural adaptation of interventions [2] Service delivery and organisation: with an emphasis on specialist public health practice, rehabilitation and delivery of service interventions in primary/community/secondary care settings. She lectures in primary care, public health, health promotion and has an interest in health inequalities and minority ethnic groups. Dr Maria Horne is a Fellow of the European Academy of Nursing Science and the Higher Education Academy.

Session no: 7.4.2   Abstract number: 175

Time: 10:20am

Professionals' perceptions of the transition from active to palliative care in young cancer patients.

Professor Daniel Kelly PhD MSc RN, Cardiff University, School of Healthcare Sciences, Cardiff, UK

Co-author(s): Sofia Vougioukalou, UK

Abstract

Background: Features of the 'good death' have commonly included the management of symptoms, the promotion of control by the patient and family and the application of appropriate models of palliative care. However, some trajectories towards death are inherently more complex and reveal a need to question current practices. This is especially true in adolescent and young adult (AYA) patients where death may be an unexpected feature of this life stage, and is challenging to manage.

Aim: To provide understanding of healthcare professionals' (HCPs) experiences of the transition to end of life care and the goal of a good death in young cancer patients; against the backdrop of multidisciplinary team working and family dynamics.

Design: Thematic analysis of 20 qualitative interviews with a range of professionals on the transition from active to end of life care using the eleven attributes of good death (Kehl 2006) as a framework.

Data sources: In-depth telephone interviews with a purposive sample of experienced healthcare professionals (doctors, nurses, social workers, dieticians).

Results: HCPs reported experiencing varying levels of emotional demands, including issues of engagement and burnout risk, particularly among junior staff. Issues that were highlighted as increasing these risks included limited clinical supervision, disjointed transitions between paediatric and adult services, failure of communication between acute and palliative care, and limited training opportunities due to high workloads.

Conclusion: Awareness of the demands of end of life care on professionals can assist in the development of support and training programmes to help them deliver effective care for young cancer patients.

Recommended reading list

Bisset, M., Hutton, S. and Kelly, D. (2008) Palliation and end of life care issues. In: Kelly, D. and Gibson, F. (Eds) Cancer Care for Adolescents and Young Adults. Oxford: Wiley: Blackwell, 192-212.

Sorensen R, Iedema R. (2009) Emotional labour: clinicians' attitudes to death and dying", Journal of Health Organization and Management, 23 Iss: (1): 5 - 22

Kehl K.A. (2006) Moving toward peace: an analysis of the concept of a good death. The American Journal of Hospice and Palliative Care. 2006;23(4):277-86.

Biography

RCN Chair of Nursing Research at Cardiff University since 2011. Main research clinical research interests are in cancer and palliative care, including the needs of specific patient groups. He is currently President of the European Oncology Nursing Society and is also leading research in workforce and safety issues at Cardiff.

Theme: Mixed methods/primary and community care

Session no: 7.5.1   Abstract number: 142

Time: 9:50am

Growing spaces: a mixed methods evaluation of Therapeutic Horticulture on social inclusion for people with mental health problems.

Dr Michelle Howarth RGN, MSC, PGCHE, PhD, School of Nursing, University of Salford, Salford, UK

Co-author(s): Michaela Rogers, Neil Withnell, Cath McQuarrie University of Salford

Abstract

Background: Therapeutic Horticulture (TH) is a nature-based approach that promotes wellbeing for people with mental health problems using green activities such as gardening (Howarth et al 2016). This type of 'Ecotherapy' is promoted globally as one approach that can reduce social isolation for people with mental health problems (Burls et al 2007). TH is used in some Mental Health Recovery Programmes (MHRP) to promote social re-engagement.

Aim: To evaluate the impact and use of a MHRP based on TH for people with mental health problems on social inclusion.

Methods: A mixed methods approach evaluated the impact of the therapeutic horticulture based MHRP. Data was collected from September 2015: current date from a purposive sample. Qualitative data from interviews were thematically analysed and triangulated with participant's progression data taken from their Mental Health Recovery Star (MacKeith 2013) scores which were later statistically analysed for trends and progression.

Results: Data from 13 qualitative interviews which indicated that the MHRP has supported social integration through providing a space to grow and reaffirmation of their identity. In total, 23 quantitative Recovery Star data sets have been analysed and the findings suggests that people are working towards self-reliance. When triangulated, findings suggest a positive impact on employment, social networks and self-esteem.

Discussion: These local findings indicate that 'Ecotherapy' approaches can support people with mental health problems re-engage in the community. This form of 'social prescribing' encourages partnership working which could be replicated in other countries.

Conclusion: The use of TH within a MHRP can reduce social isolation for people with mental health problems and is integral in the rehabilitation process.

The presentation will discuss the research methods used, interim findings and potential impact on service development.

Recommended reading list

Burls, A. (2007). People and green spaces: promoting public health and mental well-being through ecotherapy. Journal of Public Mental Health. Vol. 6, . No. 3,pp.4-39.

Howarth, ML, McQuarrie, C, Withnell, N, Smith, E. (2016). The Influence of Therapeutic Horticulture on Social Integration. Journal of Public Mental Health. Vol. 15,. No. 3,. pp. 136-140.

Biography

Michelle is a qualified nurse who has been working as a senior lecturer for 12 years. During this time, Michelle has developed strong partnerships with local health care organisations to evaluate a governance system that has since been used nationally. A general theme of work emerged out of these projects which focused on partnership working in a range of contexts.

The theme of person centred care has been developed through Michelles current research which focusses on how therapeutic horticulture can be used to support person centred approaches to recovery for people in the community. Michelles recent funded project is exploring the impact of a Therapeutic Mental Health Recovery programme with a local social enterprise.

Michelle co-leads the 'Creative Wellbeing' group at the University. The group brings together a collection of academics from a variety of disciplinary backgrounds ranging from nurses and public health researchers to geographers, environmental scientists, psychologists, built environment specialists and many more and are currently working to evaluate the impact of green space on health and wellbeing.

Session no: 7.5.2   Abstract number: 39

Time: 10:20am

Stroke navigation service trial: an integrated care innovation

Dr Dianne Roy RN PhD FCNA(NZ), Department of Nursing, Healthcare Pathway, Unitec Institute of Technology, Auckland, New Zealand

Co-author(s): Allanah Harrington, New Zealand; Roslyne McKechnie, New Zealand; Victoria Andersen, New Zealand; Gerry Fennelly, New Zealand; Sue Gasquoine, New Zealand; Gillian whalley, New Zealand; Arun Deo, New Zealand; Tatsuya Unno, New Zealand; Yogini Ratnasabapthy,

Abstract

Background: Globally, stroke is the second leading cause of death, a major cause of disability, and impacts not only on the stroke-survivor but also their family. There is often limited continuity between hospital level care and community care, especially for families who are instrumental in ensuring positive outcomes for stroke-survivors. Evidence suggests that improving support and education for families will reduce the burden of stroke on individuals and the community [references-anonymised].

Aim: To trial and evaluate a Stroke Navigation Service for stroke-survivors and their families across the care continuum; acute to rehabilitation services and into the community.

Methods: A mixed-method intervention study of a stroke navigation service compared with usual care. Convenience sampling was used to recruit seven stroke-survivors and their families to the intervention group and four families to the comparison group (total n=32) during April-October 2015. Stroke Navigators worked with intervention families for six months. Data were collected from both groups at baseline, three and six months (April 2015-April 2016). Qualitative data were analysed thematically. These themes will be explored in this presentation.

Results and discussion: Families valued being able to work with the Stroke Navigators across the care continuum. Having continuity of contact with one specific person was an important component. Benefits included reduction in stress, increased opportunities for education, personalised interventions, and improved

quality of life for stroke-survivors and family members. The trial provided indicators that this role could enhance rehabilitation pathways, reduce length of in-patient stay, provide families with tools to support their stroke-survivor and themselves to actively manage their health and well-being, and increase options for home-based care and support.

Conclusions: Integrated models of care, such as a Stroke Navigation Service, that ease transitions and support families across the care continuum are needed to reduce the burden on hospital, community, and aged-care residential services.

Recommended reading list

DUTHIE, A. J., ROY, D. E. and NIVEN, E. N. 2015. Duty of care following stroke: Family experiences in the first six months. Nursing Praxis in New Zealand, 31, 7-16.

ROY, D. E., GASQUOINE, S. E., CALDWELL, S. and NASH, D. 2015. Health professional and family perceptions of post stroke information Nursing Praxis in New Zealand, 31, 7-24.

FISCHER, R., ROY, D. E. and NIVEN, E. N. 2014. Different folks, different strokes: Becoming and being a stroke family. Kai Tiaki Nursing Research, 5, 5-11.

Biography

Dr Dianne Roy has a strong background in both practice and education. She is an Associate Professor in the Department of Nursing at the Unitec Institute of Technology in Auckland, New Zealand. Dianne has extensive clinical, research and teaching expertise in issues related to long-term conditions, self-management, impairment and disability. She is the principal investigator for the multi-phase Stroke Family Whānau Project. This clinically based project in collaboration with the local district health board aims to improve support and outcomes for families (Whānau) of clients following a stroke. The project is now in its seventh year and third phase. Dianne lectures across the Bachelor of Nursing programme, particularly in primary health praxis, research, and professional practice. Dianne supervises an enthusiastic group of post-graduate students across the institute, a number of whom complete studies within the Stroke Family Whānau Project.

Theme: Focus groups

Session no: 7.6.1   Abstract number: 104

Time: 9:50am

CHOICE: A model of integrated working to provide person-centred end of life care at home.

Dr Caroline Dickson D H and SSc, Queen Margaret University, Edinburgh, UK

Co-author(s): Professor Brendan McCormack, Scotland, UK; Helena Kelly, Scotland, UK

Abstract

Background: WHO is committed to ensuring people are not subjected to unnecessary hospital admission at end of life. As in other westernised countries, UK legislation is driving the reform of health and social care advocating organisations find new ways of working1,2

Aim: To develop and pilot test a framework of integrated working that facilitates person-centred care for patients and families at the end of their life who are being cared for in their home.

Methods: The CHOICE model was developed through adopting a realist methodology. A range of evidences were analysed and synthesized. The resultant model was refined and pilot tested using a series of 'creative' focus groups with community nurses and social care workers.

Findings: The model supported the existing evidence that integrated working within supportive organisational structures provides the context required for person-centred caring. Potential outcomes identified, although need further testing, include the streamlining of care, team efficiency and effectiveness. We also identified greater potential for promoting patient autonomy, facilitation of choice together with improved self-management. Indications are overall experience of patients and families was improved. This was achieved through an explicit focus in the CHOICE model of holistic caring, working in partnership with patients and families, collaboration and effective care coordination.

Discussion: By adopting a realist approach, mechanisms, context and outcomes have emerged for both patients and their families and teams engaged in integration. Literature would suggest, whilst there are pockets of effective working, this is inconsistent. CHOICE can develop practice in an integrated, person-centred way.

Conclusion: CHOICE has the potential to impact on quality of delivery of end of life care for patients, their families and practitioners. Given policy direction toward integrated health and social care, and drive toward enabling people to die where they chose, this work has potential to inform current policy implementation.

Recommended reading list

NHS Scotland 2014. Scottish Palliative Care Guidelines. Available at: http://www.palliative-careguidelines.scot.nhs.uk/ [accessed on 15th October 2016]

NHS England 2014. Five Year Forward View. Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf [accessed 10th November 2016]

Biography

My research interests are in community nursing practice, end of life care, leadership and practice development. I am an affiliate member of the Person-centred Practice Research Centre at Queen Margaret University, a member of the International Collaborative for Community Health Research and the International Practice Development Collaborative. These memberships provide networking, support and partnership from international researchers. My doctoral research explored the meaning of specialisation from the perspective of district nurses. This was a qualitative study, adopting interpretive phenomenological analysis as a methodology. More recently my research has involved participatory methods which are aligned to my interest in practice development and is enabling me to address my personal aim of improving patient and family experiences of being cared for at home.

Session no: 7.6.2   Abstract number: 254

Time: 10:20am

Enabling successful hospital discharge to home at end of life: can a Carer Support Needs Assessment Tool (CSNAT) help improve support for family carers?

Dr Gail Ewing BSc PhD RGN, University of Cambridge, Centre for Family Research, Cambridge, UK

Co-author(s): Lynn Austin, UK; Debra Gibson, UK; Gunn Grande, UK

Abstract

Introduction: In end of life care, successful hospital discharge and prevention of readmission often depend on family carers' ability to support patients.

Aim: To investigate how carers are supported during patient discharge from acute care towards end of life (EOL) and suitability of using a Carer Support Needs Assessment Tool (CSNAT) to improve this support.

Methods: Data collection December 2014: November 2015. Qualitative design: focus groups (FGs) with 40 practitioners supporting patient discharge from three English acute hospital trusts; interviews with 22 carers of patients discharged. 14 practitioners and 5 carers joined two final workshops. FGs/interviews/workshops explored current discharge processes and potential value of using CSNAT. Thematic framework analysis was conducted.

Results: Both practitioners and carers viewed CSNAT as highly relevant in supporting carers at discharge. Discharge processes were heavily focussed on patients: carers were consulted but about patients' needs; there was no systematic approach to supporting carers. CSNAT was identified as a means of facilitating much needed EOL conversations which often were absent, of enabling carers to articulate concerns, and managing carers' expectations of their caregiving role at EOL and support in the community. However, palliative care discharges were complex: from many different wards involving different practitioners. No single professional group was identified as best placed to support carers. Feasibility issues included skills, confidence and time for carer assessment and support.

Discussion: Carers and practitioners identified the possibility of a two stage process of supporting carers as a potential way forward: using CSNAT earlier in hospital admission and then as a carer-held record to manage transition to home.

Conclusion: CSNAT was viewed positively by carers and practitioners. It shows good potential to enhance carer support at hospital discharge and play a role in preventing readmissions towards EOL.

Biography

Gail Ewing is a senior research associate at the Centre for Family Research, University of Cambridge. Her background is in nursing and health services research, with 20 years of experience of palliative care research with patients, carers and practitioners in primary, secondary, and hospice home care. She is co-developer of the Carer Support Needs Assessment Tool (CSNAT) with Professor Gunn Grande at The University of Manchester: working in the last 10 years on a programme of studies on carers' support needs.

Session no: 7.7.1   Abstract number: 261

Time: 9:50am

Peer assessed medicines management objective structured clinical examination (PAMMO) using criterion and global scoring systems- student nurses clinical reasoning of safe practice

Dr Allison Wiseman RGN, ENB 100, D. Clin Practice, MSc, BSc, School of Health Sciences, University of Surrey, Guildford, UK

Abstract

Aim: To identify the basis for third year student nurses' judgements of safe medicines management practice

Background: Medicines management is a complex skill requiring a wide range of underpinning scientific, professional knowledge, problem solving and decision making, supported by practical experience. The Nursing and Midwifery Council (NMC, 2010) mandate that medicines management is an essential skill for registrants. The components of medicines management are often learnt and assessed separately, consequently the complexities of real world medicines management practice may not be addressed (Meechan, Jones and Valler-Jones, 2011). Although Objective Structured Clinical Examinations (OSCEs) are resource intensive, evidence suggests that peer assessment may overcome this (Donon et al, 2013)

Methods: Mixed method explanatory sequential study. Phase 1: Quantitative descriptive approach evaluating the reliability of the PAMMO using criterion and global assessment scores. n= 66 (80% statistical power) third year student nurses assessed 3 video vignettes of peer students' medicines management. Phase 2: Interpretative phenomenology; three focus group interviews exploring global judgements of safe medicines management (n=15).

Results: Phase 1: poor to moderate agreement (Fishers exact test 0.064-.541 [CI0.05]) between criterion and global scores between 2 groups of students for each vignette. Phase 2: students socially construct their decisions of safe medicines management based upon their own knowledge, understanding and experiences. Students judgements were aided by 5 modes of decision making: intuition, reflection, peers, systems and experiential research and practice.

Discussion: This small study gives insight into how students experiences of medicines management influence their decision making and views of safe practice. PAMMO may provide students more exposure to medicines management. Students can actively lead and assess their own learning.

Conclusion: Further research is required to a. evaluate the reliability of the PAMMO using larger student groups b. students' experiences of medicines management in practice; thereby informing future curriculum development and practice support strategies.

Recommended reading list

Manias E (2009) Pharmacology content in undergraduate nursing programs: Is there enough to support nurses in providing safe and effective care? International journal of nursing Studies 46 (1): 1-3

Nursing and Midwifery Council (NMC, UK) (2010) Essential skills Clusters London: NMC

Meechan R, Jones, H., Valler-Jones, T. (2011) Do medicines OSCEs improve drug administration ability British Journal of Nursing20 (13): 728-731

Biography

Allison is a Senior Teaching Fellow in Integrated Care in the School of Health Sciences, UK She teaches a range of health disciplines at undergraduate and post graduate levels. She has used and developed simulated learning activities for a range of students to facilitate the development of their clinical skills, confidence and decision making. Allison is a Registered Nurse who specialised in critical Care nursing (adult and child) and currently works in a local Foundation Trust. Allison is research active and previously completed studies exploring acute pain assessment in critical care, Inter-professional learning and is currently in two studies evaluating and developing an emerging simulation technology. Allison has recently completed her Doctorate in Clinical practice and this paper presents part of her thesis.

Session no: 7.7.2   Abstract number: 238

Time: 10:20am

Factors affecting observations of vital signs in hospital during the night shift: nurses' perspectives

Dr Alejandra Recio , University of Southampton, Southampton, UK

Co-author(s): Antonello Maruotti, UK; Peter Griffiths, UK; Paul Meredith, UK; Gary B. Smith, UK; Greta Westwood, UK; Nicky Sayer, UK; Carole Fogg, UK; Anya de Iongh, UK; Yvonne Alton, UK; Paul E. Schmidt, UK

Abstract

Background: Innovations to improve identification of physiological decline in hospitalised patients rely on timely measurement of vital signs. However, studies have indicated observations may be delayed or omitted, especially during night shifts.

Aim: To improve our understanding of patient surveillance at night through a description of knowledge, beliefs and attitudes of nurses working night shifts.

Methods: In June 2015, we sent email invitations to a web-based survey to all registered nurses, midwives, and health care support staff working in a 1200-bed NHS hospital Trust. We used exploratory factor analysis to correlate survey items. Using multivariable linear regression we related factor scores with nurse characteristics (e.g. role, experience) to predict nurses' knowledge, beliefs and attitudes about vital signs observations.

Results: Of 695 surveys received, 497 (71.5%) respondents worked at least one night shift (RNs 321 (64.59%); HCSWs 120 (24.14%); midwives 24 (4.83%); student nurses 32 (6.45%)). Survey items correlated into four factors. Nurses with greater experience believed workload and capacity to impact work at night (factor 1: workload and resources). Student nurses and midwives reported greater inclination to prioritise tasks at night. Respondents working only or more often at night, used knowledge over early warning scores to prioritise tasks during night shifts (factor 2: prioritization). Role, number of night shifts worked, and shift patterns affected perceptions of quality of care delivered at night (factor 4: responsibility and control).

Discussion: The extraction of four independent factors showed the multidimensional aspect of nurse work at night. Nurse characteristics (role, experience, and number of night shifts worked) associated with completion of care tasks. These correlated to prioritisation strategies of care tasks (attitudes and behaviours) and having a sense of control over the care at night.

Conclusion: Results of the regression model indicated the need to understand how nurse characteristics influence compliance with surveillance protocols in acute care wards.

Biography

Dr Alejandra Recio-Saucedo is a Research fellow in the Faculty of Health Sciences. As member of the Health work and systems research group she is currently working on two studies funded by the NIHR Health Services and Delivery Research programme (HSandDR). These studies are looking at associations between nurse staffing and mortality mediated by the completion of vital signs observations and the efficacy of the Safer Nursing Care Tool in determining the nurse establishment in adult hospital wards.

7.8.1   Abstract number 92

Student nurses' role in the delivery of sexual health: how can we promote holistic nursing care?

Emma Pascale Blakey, Oxford Institute of Nursing, Midwifery and Allied Health Research, UK

Co-author: Helen Aveyard, UK; Charlie Wells, UK

Abstract

Background: Providing holistic, person centred care is a central tenant of nursing (Manley et al. 2011, NMC 2015) and one that incorporates the need to consider sexual health care. Students are also expected to provide holistic care, however anecdotal evidence suggested that this was not routinely undertaken. We undertook a literature review to explore the way in which sexual health care is experienced by students in clinical practice and whether this forms part of an holistic approach to care delivery.

Aim of this ViPER: To explore the results of our literature review and the implications for practice.

Literature review: Following a comprehensive electronic search of nursing databases, we identified 8 studies that explored the experiences and perceptions of student nurses regarding the delivery of sexual health care. Findings indicated that student nurses generally have a positive attitude towards sexual health care; however student experiences varied widely (Tsai et al. 2013). Many felt uncomfortable about addressing sexual health and were reluctant to initiate a conversation; many students lacked knowledge; they also lacked role models at university and on clinical placement, indicating that sexual health care is not routinely undertaken by qualified staff.

Points for discussion: The main findings from the literature review will be presented by a clinical academic who is a qualified nurse and PhD student. A senior nurse from the Trust and a senior lecturer from the university will lead the discussion. The following questions to begin the discussion are proposed:

• Is it realistic to propose that sexual health care forms part of a holistic nursing assessment?

• How can we facilitate holistic nursing care in relation to sexual health?

• How can role models be fostered in both clinical and educational settings?

Recommended reading list

Manley K, Hills V and Marriot S (2011) Person-centred care: Principle of Nursing Practice D. Nursing Standard 25 (31) 35-37.

Nursing and Midwifery Council (NMC) (2015) The Code Available at: http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf (accessed 10/08/2015).

Tsai LY, Huang CY, Liao WC, Tseng TH and Lai TJ (2013) Assessing student nurses' learning needs for addressing patients' sexual health concerns in Taiwan. Nurse Education Today 33 (2) 152-159.

Biography

Emma Pascale is on a clinical academic programme. She works clinically as a staff nurse in infectious diseases. Academically she is a PhD candidate at the Oxford Institute of Nursing, Midwifery and Allied Health Research (OxINMAHR) looking at unplanned readmissions to hospital. Prior to nursing she worked in public health and health improvement with a special interest in sexual health and health inequalities and has worked in the UK, Spain, Uganda and Thailand.

7.8.2   Abstract number 195

Barriers and facilitators to seeking advice in cancer patients at risk of neutropenic sepsis

Clare Warnock, Sheffield Teaching Hospitals NHS Trust, UK

Co-authors: Clare Warnock, England, UK; Martina Page, England, UK; Gail Lambarth, England, UK; Will Leaver, England, UK; Angela Tod, England, UK

Abstract

Background: Sepsis is a life-threatening response to infection associated with significant morbidity and mortality (Singer et al 2016). Patients with neutropenia caused by chemotherapy are at increased risk of sepsis being more susceptible to infections and less able to fight them. Early self-reporting by patients is fundamental to early detection as symptoms often occur outside of the hospital setting (NICE 2012). A review of local practice found that patients may delay seeking advice.

Aim: To explore the barriers and facilitators to seeking advice from the perspective of patients with neutropenic sepsis.

Methods: Semi structured interviews were carried out with 24 patients admitted to a regional cancer centre with neutropenic sepsis. 14 interviews were conducted between July and October 2015 and preliminary analysis carried out to identify themes. These were then explored in additional interviews with 10 patients between June and September 2016. Data was analysed using framework analysis (Ritchie et al 2014).

Results: Responses to the onset of symptoms varied with evidence of delays in seeking advice. This was influenced by multiple factors including information provision, presenting symptoms, individual patient beliefs and family involvement. Characteristics that could promote or deter appropriate action were identified.

Discussion: The findings revealed the influence of diverse factors on actions taken in response to symptoms of neutropenic sepsis. The identification of characteristics that act as barriers or facilitators provides potential areas for interventions to encourage patients to recognise symptoms and seek advice.

Conclusion: Participant's descriptions of their actions following the onset of symptoms of neutropenic sepsis provide insights that can be used to develop services that reflect patient's experiences and needs. They highlight the importance of patient assessment to identify individual risk factors that may act as barriers to seeking advice.

Recommended reading list

Singer, M., Deutschman, C., Seymour, C., Shankar-Hari M., Annaned D. et al (2016) The third international consensus definitions for sepsis and septic shock. Journal of the American medical association, vol 315, no 8, pp 801-810

National Institute for Health and Care Excellence (NICE) (2012) Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients NICE guidelines [CG151]

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014) Qualitative research practice: a guide for social science students and researchers. 2nd Edition. Sage Publications. London

Biography

Clare Warnock is currently the Practice Development sister at Weston Park Hospital, Sheffield, the cancer services centre for the South Yorkshire region. She has worked in oncology for over 25 years in London and Sheffield in a variety of clinical settings and roles, moving into practice development in 1999.

Clare has been involved in a diverse range of service evaluation, audit and research projects with a focus on clinical practice and improving patient care. Research topics have included factors affecting nutrition among cancer patients in hospital, patient's experiences of malignant spinal cord compression, the care of women receiving intra-cavity brachytherapy for gynaecological cancer, the relationship between temperature and neutropenic sepsis, nursing competences for survivorship and late effects care, patient's experiences of high-dose chemotherapy and the difficulties encountered by nurses and healthcare staff when breaking bad news. As well as delivering local and network wide outputs from the projects she has been involved in, Clare has published in peer reviewed journals and presented at national and international conferences.

Concurrent session 8
Friday 7 April 2017 11.15am-12.40pm

Session no: 8.1.1   Abstract number: 305

Time: 11:15am

Constructing a grounded theory of the critical illness trajectory

Dr Pamela Page RN, PhD, BSc (Hons), HDQC (Physiology), PGCE, Anglia Ruskin University, Faculty Health Social Care and Education, Bishop Hall Road, Chelsmford, UK

Abstract

Background: In the context of increasing survivorship from critical illness it is important to enhance our understanding of the subjective experience of survivors and their families. The need to consider the legacy of critical care beyond physiological survival is imperative.

Aims of the study: The study aimed to formulate a substantive, middle range theory in relation to patient and family's critical illness trajectory.

Methods: Working within a relativist ontology and a constructivist grounded theory methodology, a series of in-depth interviews were undertaken with survivors of critical illness (n=16), family members (n=15). All interviews were transcribed verbatim. Constant comparative analysis and data collection occurring concurrently with theoretical sampling commencing from the outset.

Findings: Survivors of critical illness invariably entered a liminal state between life and death on admission and during their stay in Critical Care. They frequently experienced vivid, hallucinatory experiences which placed them in a different world or liminal space where they could move or transcend in and out of different realities. The core difficulty can be summarised as follows; survivors have little recall of the factual events of their critical illness but relatives have lived the whole event in a very real and ingraining manner. This can result in family members and survivors experiencing totally different versions of the critical illness episode.

Conclusion: Survivors of critical illness, together with family members experience challenges and adversities when endeavouring to readjust to life post critical care. This study has identified a middle range theory of dualistic worlds between and within the survivor and family member experiences. These temporal events occur during and after critical illness and expose a non-linear, fluid journey towards a new normal. Exploring the dynamic interplay between intrapersonal, interpersonal and societal factors has provided theoretical insights into critical illness survivorship and the legacy of critical care.

Biography

Pam Page is the Academic Quality Manager and the NMC correspondent within the School of Nursing and Midwifery at Anglia Ruskin University. Having qualified as a RN at University College London, she specialised in adult critical care and worked at Guys Hospital, London. Pam completed a BSc(Hons) Health Studies, registered her teaching qualification with the NMC and undertook a Higher Degree qualification in Physiology. She has recently completed her doctoral studies at City, University of London. Her research interests relate to the patient and relative experience in and post critical care, patient safety and emotional literacy of nursing staff and she has published and presented in these areas.

Session no: 8.1.2   Abstract number: 200

Time: 11:45am

Perceptions and experiences of overweight/obese adults living with persistent musculoskeletal pain (PMP); an interpretative phenomenological analysis

Mrs Lesley Cooper RGN RNT MSc, Teesside University, Middlesbrough, UK

Co-author(s): Cormac Ryan; England, UK; Louisa Ells, England, UK; Denis Martin, England, UK

Abstract

Background: Overweight/obesity and PMP are prevalent conditions with widespread implications. Quantitative research establishes links between weight and pain, however qualitative studies describing the complexities of the relationship are scarce.

Aim: We designed this study to gain insight into how overweight/obese adults seeking to manage their weight understand the relationship between their weight and pain and the wider biopsychosocial aspects of comorbidity.

Methods: The qualitative design was based on interpretative phenomenological analysis (IPA). April-November 2015, we purposively recruited 18 participants who met the inclusion criteria: <18 years; BMI <25; attending commercial weight loss service; and self-reporting PMP. Face-to-face semi-structured interviews were audio-recorded and verbatim transcriptions analysed for emerging themes.

Results: The complexity of the weight/pain relationship was apparent. Several superordinate themes emerged; 'pain - motivator and barrier to weight loss'; 'fear of weight causing more damage' and 'activity is positive'.

Discussion: Pain motivates some individuals to lose weight while simultaneously inhibiting efforts by reducing their ability to engage with weight-loss promoting activities/contributing to behaviour resulting in weight gain. Overweight promotes fear and catastrophizing in participants who believe that even during minimal physical activity the extra pressure caused by their weight will further damage joints. Fear can be exacerbated by health care professionals' descriptions of musculoskeletal damage or their attitude towards overweight people with PMP. Conversely, individuals acknowledged the benefits of becoming more active e.g. reduced pain, increased positivity and healthier choices.

Conclusion: Overweight/obese adults with co-existing PMP who are actively trying to lose weight find their efforts hampered by pain, fear of causing harm or increasing pain. Weight-loss services need to acknowledge these fears and employ strategies to support individuals to gradually increase physical activity and gain confidence. Health care providers need to ensure language used with this group does not cause or exacerbate fear of normal movement.

Biography

Registered nurse since 1983. Spent most of my career in nurse education with a brief spell in research. Decided to embark on a full time Ph.D in October 2014. The goal of my Ph.D work is to develop a pain neurophysiology education intervention targeted at overweight and obese adults with co-existing chronic musculoskeletal pain

Session no: 8.1.3   Abstract number: 160

Time: 11.15am-12.40pm

Newly qualified nurses' (NQN's) perceptions of culturally competent practice

Miss Jane Wray RN, Msc, BA, University of Hull, Hull, UK

Co-author(s): Professor Uduak Archibong, UK, Dr Sean Walton, UK

Abstract

Background: The Nursing and Midwifery Council (NMC) expects NQN's to be culturally competent in their interactions with patients (NMC, 2010) as this is key to tackling health inequalities (Lie et al, 2011). Pre-qualifying education enhances knowledge and awareness, however this may not necessarily translate successfully into culturally competent practice following completion of an approved programme (Gallagher and Polanin 2015).

Aim: The study aimed to explore NQNs' perceptions of culturally competent practice during the first 9 months post qualification as part of a PhD study.

Methods: This qualitative study used a volunteer sample of 14 NQNs recruited from the north of England. Data was collected using directed reflections (at 2-3 and 5-6 months post-qualification) and semi-structured interviews (at 8-9 months) between 2014 and 2016. Content and thematic analysis was undertaken.

Results: NQNs' perceptions were linked to the following; (a) Culturally Competent Nursing Practice as a generic competency (compassion, individualised patient care, person-centred care) and/or diversity specific (application of knowledge/awareness to patient assessment or care delivery); (b) Self-perceived competence and confidence (self-image, professional identity, reflection and new/novel experiences) and (c) Organisational context of care (support of peers/colleagues, team working, professional socialisation, role models, patients/families).

Discussion: Self-perceived competence and confidence in caring for and interacting with patients from diverse backgrounds developed and changed with experience and/or exposure. This may be insufficient in of itself to enhance the cultural competence of NQN's. An ability to reflect upon and learn from novel experiences was important as well as an enabling ward culture which responded positively to nurses seeking advice and support.

Conclusions: Understanding culturally competent nursing practice requires the integration of models of cultural competence focused on the individual with that of broader organisational issues as they are interdependent.

Recommended reading list

Nursing and Midwifery Council (NMC) (2010) Standards for Pre-registration Nursing Education. NMC: London

Gallagher RW and Polanin JR (2015) A meta-analysis of educational interventions designed to enhance cultural competence in professional nurses and nursing students Nurse Education Today 35 (2) (2015) 333 - 340

Lie D, A Lee-Ray E, Gomez A, Bereknyei S and Braddock CH (2011) Does Cultural Competency Training of Health Professionals Improve Patient Outcomes? A Systematic Review and Proposed Algorithm for Future Research. Journal of General Internal Medicine 26 (3)

Biography

Jane Wray is Senior Research Fellow, Faculty of Health and Social Care, University of Hull has managed a number of different projects promoting inclusion in Higher Education, employment and the voluntary and community health and social care sectors. She has published and presented her work nationally and internationally and is a founding member of the International Advisory Board for the peer reviewed Journal of Intellectual Disabilities [Sage Publications, London]. Jane was a member of the Royal College of Nursing National Equality and Diversity Committee and is currently completing her PhD examining cultural competence and the experiences of newly qualified nurses in the NHS.

Theme: Co-design

Session no: 8.2.1   Abstract number: 55

Time: 11:15am

Co-designing hepatitis C services

Dr Ray Poll RMN, RGN, BA (Hons), MA Public Health, DProf, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

Co-author(s): Daniel Wolstenholme, England, UK

Abstract

Aim: This abstract seeks to demonstrate a practical response to two key challenges in nursing research and practice, namely how to get research knowledge into practice and how to do this in a co-productive way. The authors will do this by describing and critically reflecting on an innovative project drawing on co-design methods.

Background: There is an emergent body of evidence around the potential use of co-production in knowledge mobilisation (Ryecroft-Malone et al, 2016) but there is less evidence in, practically, how to achieve meaningful engagement. Co-design is one methodology that is being explored to deliver such engagement. This project was undertaken to translate knowledge from a doctoral study investigating reasons for non-attendance with a hepatitis C outreach clinic (Poll et al, 2016) into potential solutions to improve engagement with the service and therefore patient outcomes.

The project: Service users and key stakeholders were invited to three workshops that, using creative design-led methods, supported a co-productive approach to the: identification, shared prioritisation and ideation of service proposals. Outputs included videos of service proposals, redesigned patient information and a feasibility study of using incentives to encourage attendance. The authors will present the methods and a selection of outputs from the project to demonstrate how the coproduction delivered outputs that were created and owned by all stakeholders and that were grounded in the context of peoples lived experiences of using and delivering Hepatitis C services.

Conclusions: This abstract provides an example of how a co-design led approach allowed knowledge mobilisation of research evidence, involving patients and key stakeholders, to make evidence-based improvements to the delivery of services.

Recommended reading list

Rycroft-Malone, Jo and Burton, Christopher R. and Bucknal, Tracey and Graham, Ian D. and Hutchinson, Alison M. and Stacey, Dawn, Collaboration and Co-Production of Knowledge in Healthcare: Opportunities and Challenges (March 1, 2016). Int J Health Policy Manag. 2016;5(4):221 - 223. doi:10.15171/ijhpm.2016.08. Available at SSRN: https://ssrn.com/abstract=2740954

Poll, Ray and Allmark, Peter and Tod, Angela. (2016) Reasons for missed appointments with a hepatitis C outreach clinic: a qualitative study. International Journal of Drug Policy (In Press).

Biography

Ray is Nurse Consultant for Viral Hepatitis at the Royal Hallamshire Hospital in Sheffield. He runs nurse led clinics both within the hospital and in drug misuse services. Ray also devises and delivers ongoing programmes of education and training, and is actively involved in research and service improvement. His research interest is how to improve access to hepatitis C services.

11.15am-12.40pm **Concurrent session 8** – Friday 7 April 2017

Time: 11:45am

Co-production by design: methodological considerations for service user involvement in research.

Dr Marjorie Ghisoni PhD, MSc, BSc, RN (MH) SCMH,LPE, Bangor University

School of Healthcare Sciences, Bangor, UK

Co-author(s): Dr Seren Roberts, Wales, UK; Jois Bailey, Wales, UK ; Wendy Scrase, Wales, UK; Ann Jones, Wales, UK; Susan Roberts, Wales, UK; Kay Smith,Wales, UK; Gwyn Parry, Wales UK

Abstract

Background: Service user and carer involvement in research and practice are considered to be good practice that can contribute to improving the quality of research, service design and delivery (RCN 2007). The benefits of involvement practices are not in question but the practical application of involvement practices can become a quagmire of policies and procedures that are unfamiliar and often unnecessary for service users (Beebejaun et al 2015).

Aims: This paper will discuss from our own experiences the application of involvement practices that are fair and achievable for both service users and staff when carrying out research within a co-production design. We will debate how we involved service users from the creation of the study idea to employing service users as Service User Project Assistants (SUPAs). We will create a narrative of our experiences and the challenges that we faced, with recruiting the project team to include service users and staff, recruiting and training SUPAs and navigating ethical and organisational procedures. Whilst co production is becoming a more familiar term within health and social care research, there appears to be some confusion about what it means for service users and staff (NIHR 2015).

Conclusion: We will conclude the debate by identifying what works well and what can prevent the collaboration of service user involvement in research and practice. We will discuss co-production as a method within research design that would benefit from clearer guidelines and exemplars.

Recommended reading list

Beebeejaun Y, Durose C, Rees J, Richardson J, Richardson L, (2015) Public Harm or Public Value? Towards Co-Production in Research with Communities. Environment and Planning C: Government Policy. Vol.33 PP 552-565

RCN (2007) User Involvement in Research by Nurses. London Royal College of Nurses.

NIHR (2015) Going the Extra Mile: Improving the nation's health and wellbeing through involving the public in research. London. National Institute for Health Improvement.

Biography

Dr Marjorie Ghisoni is a lecturer in mental health nursing at the School of Healthcare Sciences, Bangor University in North Wales, in the UK Marjorie has worked with service users and professional colleagues to design and improve nursing and healthcare services locally. Marjorie has written and travelled widely to explore service user involvement in care planning and in mental health recovery, in health and social care. Marjorie is a Florence Nightingale Foundation (FNF) Scholar after being awarded a travel scholarship in 2011 to look at peer support in mental healthcare in the USA, the Netherlands, Scotland and England.

Time: 12:15pm

Using a World Café within experience-based co-design to engage stakeholders including service users in identifying priority areas for research

Professor Fiona Murphy PhD, MSc, BN, RN, RCNT, PGCE Fe NDN, University of Limerick, Limerick, Ireland

Co-author(s): Maria Noonan, Ireland; Una Dee, Ireland; Margaret Hynes, Ireland; Maria O'Dwyer, Ireland; Sinead Doherty, Ireland; Audrey Lyons, Ireland; Deirdre Munroe, Ireland

Abstract

Background: Experience-based co-design (EBCD) is a participatory action research approach drawing on subjective experiences of providing and receiving care to identify priority areas for quality improvement (Bate and Robert 2006). The challenge is to ensure meaningful engagement of stakeholders including service users at all stages of the research process, beginning with identifying research priorities. As World Cafés aim to facilitate meaningful and co-operative dialogue around questions that count leading to collective thinking and identification of innovative solutions and collective action (Schieffer et al. 2004), they could be used to involve service providers and users in research priority setting.

Aim: This methods paper aims to report our experiences in using the World Café (WC) format (Brown and Isaacs 2005) as a strategy to engage service users and service providers in identifying priority areas for research.

Discussion: The seven design principles of a WC were used (Schieffer et al. 2004), with the purpose to explore the low rates of initiation and duration of breastfeeding in the Mid-West Region of Ireland. We invited stakeholders (n=45) which included women with babies who may or may not be breastfeeding, fathers, policy makers and healthcare professionals to a single WC event.

Using the WC format, meant a variety of stakeholders met and actively shared and connected diverse perspectives with collective discoveries (Schieffer et al. 2004). Priorities for service improvement and research were successfully identified but further refinement of these is needed. Careful content planning to ensure a clear focus and logistical planning such as organising venues and invitations was required. WC was also resource intensive e.g. in providing appropriate facilitators for each table.

Conclusion: WC is potentially a successful strategy within EBCD to engage stakeholders in identifying priority areas for research and service improvement.

Recommended reading list

Bate P, Robert G. (2006) Experience-based design: from redesigning the system around the patient to co-designing services with the patient. Quality and Safety in Health Care. 15(5):307-310. doi:10.1136/qshc.2005.016527.

Schieffer, A., Isaacs, D., Gyllenpalm, B., (2004) The World Café: Part One and Part Two. Transformation. 18(8):1-7 and 18(9): 1-9

Brown, J., Isaacs, D. and the World Café Community., (2005). The World Café: shaping our future through conversations that matter. San Francisco, CA: Berrett-Koehler.

Biography

Fiona Murphy is Professor of Clinical Nursing at the University of Limerick Ireland. This is a joint appointment between the University and the health service with the remit to facilitate practicing nurses and midwives to do research.

Theme: Qualitative approaches/ interviewing

Session no: 8.3.1   Abstract number: 230

Time: 11:15am

Interpersonal trauma, substance misuse and pregnancy - A phenomenological exploration of pregnant women and midwives in Scotland

Mrs Naomi Waddell BSc Midwifery, Edinburgh Napier University, Edinburgh, UK

Co-author(s): Professor Thanos Karatzias, Professor Michael Brown, Dr Catherine Mahoney

Abstract

Aims: This study aims to**:** gain a unique insight into the lived experience of pregnant women with problematic substance use and the lived experience of midwives with experience of supporting them. It aims to (i) chronologically map out pregnant women's past abuse experiences and past substance use in order to illustrate common pathways through which these occur and explore possible mechanisms underlying these, (ii) explore pregnant women's experiences of their journey to motherhood and (iii) explore midwives experiences and perceptions of supporting this client group.

Methods: Purposive sampling was used to recruit participants from Central Scotland. Participants - five pregnant women with a history of problematic substance use and trauma were recruited. Data was collected using a life history calendar (LHC), followed by an in-depth, semi-structured interview. Six eligible midwives were recruited. In depth, semi-structured interviews were carried out. Data collection began in October 2015 and was completed in November 2016.

Data analysis: Individual LHC will be converted into chronological timelines that map the sequencing of negative life events and substance use/misuse. Transcribed interviews will be analysed using Interpretative Phenomenological Analysis.

Preliminary results: Pregnant women - Early emergent themes are 'Psychological trauma', 'Seeking oblivion', 'Addiction' and Recovery'.

Midwives - Early emergent themes are: 'Psychological trauma', 'Women just like you and me', 'Managing unmanageable situations' and 'Stigma'.

Discussion: As far is the researcher is aware, this is the first UK based study which aims to shed light on these issues. The findings have education and practice implications for all health and social care professionals involved in supporting people with problematic substance use, in particular, pregnant women and new mothers.

Conclusion: Data collection has just been completed therefore data analysis is ongoing. Full results will be available at the time of conference.

Biography

I have worked within the NHS since 1991. I completed my RN education in 1994. My first post was within a surgical high dependency unit, followed by post-registration midwifery education. I qualified as a RM in 1996. I worked as a rotational midwife within a busy regional hospital from 1996-2001 and gained experience working in antenatal, postnatal, special care baby unit and delivery suite. I completed my BSc Midwifery on a part-time basis during this time. I gained a community midwifery post in 2001. My PhD journey began on a part-time basis in October 2013 whereupon I combined studying on a part-time basis with part-time clinical practice. At the end of August 2015, I began a two year career break, in order to complete my PhD on a full time basis. I have regular keeping in touch days to keep my knowledge and practice up to date. NHS Lothian began a Midwifery Research Champion initiative in 2012. We have been successful in the aim of promoting and helping recruit women into pregnancy related research projects and increasing awareness of and promoting midwife-led research.

Session no: 8.3.2   Abstract number: 287

Time: 11:45am

Adult Omani women's perspectives on living with asthma: an exploratory study

Mrs Badriya Al Riyami MA in Nursing Science, University of Manchester, Manchester, UK

Abstract

Background: The literature indicates that asthma morbidity in women is increasing. Women report a greater severity of asthma symptoms and their utilization of health services is higher. A global burden of asthma summary recorded significant evidence of a high prevalence of asthma in the Middle East region. In Gulf countries and in Oman in particular, no study was found that explored perception of women's experience of living with chronic illness in general and asthma specifically.

Aim: The study is conducted to explore the experience of adult Omani women living with asthma disease.

Method: A qualitative research design, driven by constructivist grounded theory methodology was used. 29 Adult Omani women with moderate to severe asthma were recruited through purposive sampling from three health care institutions in Oman. Semi-structured interviews were conducted. Theoretical sampling was employed as the categories emerged from the data analysis. Audio-recordings were transcribed verbatim and translated to English. Data was managed using NVivo 11.0.

Data analysis: Charmaz's grounded theory approach was used to transcribe and analyse the data. The emerging themes are as follows: asthma is a tiring illness, being asthmatic means I am different, asthma destroyed everything good in my life, family support is crucial in beating asthma. From the perspective of Omani women, other several themes were to be found unique. These are: bukhoor is a trigger that doesn't like to avoid, fear of asthma inhalers, inhalers are not like tablets, asthma is like having a common cold.

Conclusion: The aim of this study was to provide better insight and understanding of the experience of living with asthma for Omani women. Understanding these participants' experience might promote improved support for women with asthma in Oman and the Gulf region.

Term meaning: Bukhoor are scented bricks to perfume the home and clothing with a rich thick smoke.

Recommended reading list

Masoli, M., Fabian, D., Holt, S., and Beasley, R. (2004). 'The global burden of asthma: Executive summary of the GINA Dissemination Committee report', Allergy, 59(5): 469-78.

Andrews, K. L., Jones, S. C., and Mullan, J. (2012). 'Perceptions and practices of adults with asthma: a social cognitive analysis', Journal of Asthma and Allergy Educators, 4(2): 49-56.

Anderson, J., Blue, C., and Lau, A. (1991). 'Women's representatives on chronic illness: Ethnicity, ideology and restructuring of life', Social Science and Medicine, 33(2): 101-13

Biography

Mrs Badriya Al Riyami, from Oman

Current status: Currently a PhD Nursing Student in University of Manchester, UK (Third Year)

Qualification:

• Master in Nursing Science from Villanova University, USA, 2006

• BSC in Nursing from Villanova University, USA, 2001

• Diploma in Nursing, Oman, 1998

Previous Experience:

• Worked as a nursing lecturer in Rustaq Nursing Institute (one of the educational health institutions in Oman)

• taught several courses to diploma and BSC Nursing students. Adult health nursing, Research, Fundamentals of Nursing and Anatomy and Physiology were some of the courses I taught.

• supervised Diploma and BSC student in the clinical practice.

• worked as a course level coordinator and year level coordinator.

- am a member in several committees within and outside Rustaq nursing institute. Some of those committees were learning resource committee, Quality Assurance committee and research committee.

- worked as a member in Directorate General of Education and Training task force committee of year one program/ fundamentals of nursing Course

- was actively involved in planning the Ministry of Health Five Year Strategic Plan along with other members from different sectors in the ministry.

- attended several conferences, symposiums, workshops held in Oman.

Session no: 8.3.3   Abstract number: 281

Time: 12:15pm

An exploration of antenatal care for women with low risk pregnancies in Oman: A grounded theory study

Miss Fatma Hamdan Al Maqbali , University of Manchester, Manchester, UK

Co-author(s): Tracey Mills, UK, Christine Furber, UK

Abstract

Background: Regular attendance for antenatal health care during pregnancy is important to ensure a healthy pregnancy outcome and to prepare pregnant women for labour and postnatal period. Antenatal care attendance for at least one visit in Oman reached more than 99% in 2013. However 35% of women attended the first visit late in pregnancy and 21% did not attend for the recommended four to six visits during their pregnancies. This low attendance suggested a need to explore and understand the experiences, views and issues surrounds antenatal care in Oman.

Methodology and methods: An exploratory qualitative design informed by grounded theory methodology. In-depth semi-structured interviews conducted with initial sample of nine pregnant women, followed by a theoretical sample of non-participant observations of the care of thirteen pregnant women, interviews with ten health care professionals and six pregnant women who started their first visit to the antenatal clinic late and frequently approaching private health institutions.

Data analysis: A constructivist grounded theory analytical framework that consists of initial, focused and theoretical coding of transcripts of interviews, field notes of observations and memos are followed.

Findings: Preliminary data analysis identified issues with health care delivery including poor interactions between pregnant women and health care professionals, limited health education and information during the women's consultations, long waiting times due to overcrowding and incompetent appointment system, inadequate privacy and interruption of care by other pregnant women and professionals, limited physical space and lack of facilities. The importance of the use of diagnostic and educational technology during pregnancy was highlighted.

Conclusion: The study is providing an in-depth understanding of perspectives and issues surrounding antenatal care for women with low risk pregnancies.

Implications for practice: It is the first qualitative study in Oman and may help in improving pregnancy care for pregnant women in future.

Biography

Miss Fatma Hamdan Al- Maqbali

Designation: Tutor at the Ministry of Health Educational institute, Oman

Telephone: 07476557294

Academic:

- September 2014 until now: PhD student at school of Nursing, Midwifery and Social Work, University of Manchester

- May 2006: MSc Nursing, Villanova University, USA

- May 2001: BSc nursing Villanova University, USA.

- September 1998: RN, Sohar Nursing Institute, Sultanate of Oman.

Employment:

- AY 2012-2014: Acting Dean of Sohar Nursing Institute

- 2002-september 2014 worked as a tutor: a coordinator for year one and year three, coordinating and teaching Anatomy and Physiology I and II, and involved in teaching Theory, Laboratory and Clinical of Maternal Health Nursing and Community Health Nursing, Adult Health Nursing and Fundamentals of Nursing I course.

- May 2001- January 2002: Staff Nurse- Sohar Hospital

- September 1998- December 1999: staff nurse- Sohar Hospital

Committees:

- Academic year 2013/2014: member in the Quality Assurance committee

- Chairperson for examination task force committee of Anatomy and Physiology I and II at national level.

- A coordinator of Examination task force.

Professional registration:

- Member of Honor Society of Nursing, Sigma Theta Tau International, Alpha Nu Chapter April, 2005

- Member in the College of Nursing alumni, Villanova University, USA from August 1998 until now

- Oman Nursing and Midwifery Council

Session no: 8.4.1   Abstract number: 63

Time: 11:15am

Is caring oxymoronic in commissioning?

Professor Helen Therese Allan RN RNT BSc PGDE PhD, Centre for Critical Research in Nursing and Midwifery, Middlesex University, London, UK

Co-author(s): C.Tapson, Savage J, Dixon R, Lee G.

Abstract

Background: Globally health systems are under pressure to contain and reduce costs (Allan et al 2016). This has meant the introduction of increasingly managerialist restructuring (Rudge 2015) based on forms of new public management (Berg et al 2008) as well as budget cuts (Rudge 2015). Clinical Commissioning Groups (CCGs) in England form part of this trend (Allan et al 2016). Governing body nurses (GBNs) were appointed to CCGs to provide nursing leadership to commissioning services.

Aim: to present findings from an observational study of governing body nurses on clinical commissioning groups in England.

Design: Observational case study

Sampling: Purposeful

Methods: Observations of seven formal meetings, three informal observation sessions, and eight interviews from January 2015 to July 2015 in two CCGs in the South of England.

Findings: Retaining a patient centred focus on clinical commissioning groups is problematic as the GBNs' authority is contested. Four themes are presented: retaining a patient centred focus; nursing leadership in commissioning; part time and full time executive roles and negotiating leadership within CCGs; negotiating professional relationships outside the CCG.

Discussion: Inherent in the nursing role is the enduring and sometimes contested assumption that nurses embody the virtues of caring and compassion. New emerging public management roles - such as those within CCGs - are not based on clinical knowledge or the traditional nursing virtues and nurses struggle to articulate a nursing leadership role.

Conclusions: The authority of nurses in commissioning groups is contested by nurses themselves, members of the CCG and external stakeholders irrespective of whether it is aligned with clinical knowledge and practice or with new forms of management, as both disregard the type of expertise nurses in commissioning embody. The implications of these findings for nursing globally are discussed in relation to similar commissioning roles in rapidly changing health systems.

Recommended reading list

Allan, H., Savage, J., O'Driscoll, M., Tapson, C., Lee, G. and Dixon, R. (2016). Are senior nurses on Clinical commissioning groups in England inadvertently supporting the devaluation of their profession? A critical integrative review of the literature. Nursing Inquiry, 23(2) pp.178-187

Burawoy, M. (1998). The extended case method. Sociological Theory, 16(1), pp. 4-33

Berg, E., Barry, J. and Chandler, J. (2008). New public management and social work in Sweden and England. Challenges and opportunities for staff in predominantly female organizations. International Journal of Sociology and Social Policy, 28(3-4), pp.114

Biography

The authors are a collective of researchers interested in the effects of the 2012 Health and Social Act for nursing and health systems more widely.

Helen Allan is lead investigator of a small programme of work exploring the role of senior nurses in commissioning. Helen is Professor of Nursing and has been actively engaged in teaching nurses and researching nursing for 20 years. She is particularly interested int he application of Sociology in Nursing and has co-written a book on the topic Exploring Sociology in Nursing with Danny Kelly, Pam Smith and Michael Traynor. She and Anne Arber are currently writing a book for nurse and health researchers with Anne Arber on the emotions evoked in the research field with their PhD students.

An ethnographic exploration of commencing infertility investigations and treatment: couples experiences of the 'infertility journey'

Ms Ginny Mounce RM, NDOG/University of Oxford and University of Surrey, Oxford, UK

Co-author(s): Nicola Carey, UK; Helen Allan, UK

Abstract

Background: Infertility is estimated to affect around one in seven couples in the UK [1]. By seeking medical attention to overcome this condition, couples are understood to have begun an 'infertility journey', which now often includes treatment by technological means such as In Vitro Fertilisation (IVF) [2]. The perception that treatments like IVF are routine steps along the 'journey' towards pregnancy is reinforced by information from both public and private healthcare providers and biomedical literature [3]. Despite this, IVF is unevenly funded, with many couples self-financing, and is successful in less than half of all cycles undertaken.

Aim: To investigate the experiences of couples seeking medical assistance in their desire for biological children.

Design: Ethnography, utilising a longitudinal design.

Data collection (March 2013 to September 2014): Iterative rounds of observation (22) and interviews (22) with the same participants from first medical encounter and then after any subsequent consultations until an outcome event.

Findings: The 'infertility journey' is a recursive rather than a linear experience, and it does not end with medical treatment even if the outcomes are conclusive in terms of biological pregnancy or not. The meanings of the fertility treatment experience are challenging for patients, for couples' relationships and sense of self, and particularly for men as they find themselves marginalised at all stages of treatment. The biomedical model also simultaneously reinforces and legitimises infertility as a stigmatised condition, and reproductive technologies which are now presented as routine, are not experienced as such by couples. Finally patients are often forced to behave as consumers to access care but are not emancipated by this role.

Conclusions: Medical treatments for infertility rarely alleviate the uncertainty felt by infertile couples. Instead they are experienced as recursive processes, including repetitive examination of familiar issues, technological strangeness and feelings of no progress or change.

Recommended reading list

Department of Health (2014) NHS Choices. Infertility [Online]. GOV.UK Available: http://www.nhs.uk/conditions/Infertility/Pages/Introduction.aspx [Accessed 26 September 2016.

HFEA (2016) Getting started - Your guide to fertility treatment. Version 4. London: Human Fertilisation Embryology Authority.

NICE (2013) Fertility problems: assessment and treatment. NICE guidelines CG156. Manchester: National Institute for Health and Care Excellence.

Biography

Midwife since 2004, based at John Radcliffe hospital, Oxford. Now research nurse at Nuffield Department Obstetrics and Gynaecology, University of Oxford based at Institute of Reproductive Sciences which includes Oxford Fertility clinic. Also part time PhD student at University of Surrey.

Critical realist ethnography: from philosophy to the practice of research analysis

Mrs Gemma Sinead Ryan DHSci MSc, University of Derby Online Learning, Derby, UK

Abstract

Introduction: High quality research should be informed by a Philosophical framework. The reasons are: to demonstrate transparency of method, enhance the trustworthiness and credibility in the scientific community, provide direction as to the research methods and data collection processes to be employed and for guiding the inquirer to decide on what they believe to be real (ontology) and what they believe to constitute knowledge of this 'reality' (epistemology).

Bhaskar's critical realism has 6 core principles: transitive and intransitive dimensions of science, stratified reality, fallible truth, modified objectivity, open and closed systems and finally, the components of 'reality'. These components are: entities, tendencies, structures, events, actions and mechanisms. Analysis should take the form of retroduction and 'theory' testing using triangulated data from several sources.

While there are authors in nursing who have conducted critical realist ethnography, there is limited detail about how to actually conduct critical realist analysis that aligns to the principles. It is necessary to present a process aligned to the philosophical principles.

Aim: Present a theoretically informed analysis framework that may be applied in critical realist ethnographic research.

Method: The framework was developed in order to meet Bhaskar's 6 principles of critical realist philosophy: 1. DESCRIPTION of the current context 2. Coding of data using the COMPONENTS above 3. Mapping the RELATIONSHIPS between the components 4. MAPPING and MODELLING of components for different scenarios 5. Hypothesise the possible EXPLANATORY THEORY 5. TESTING the explanatory theories and 6. Theoretical FRAMEWORKS that may be applied in practice.

Conclusion: This project presents an innovative and new method of analysis for critical realist research. It is philosophically informed and has been tested in practice and offers a practical, structured and consistent approach to critical realist research analysis that is currently absent in the nursing literature.

Recommended reading list

Bhaskar, R. (1994) A critical realist science. Vespo, London

Reed, MI. (2005) Critical realism: philosophy, method or philosophy in search of method? in Buchanan, D. and Bryman, A. (2005) Sage

handbook of organizational research methods. SAGE, London UK

Porter, S (1993) Critical Realist Ethnography: The Case of Racism and Professionalism in a Medical Setting. Sociology. 27(4): 591-609 http://soc.sagepub.com/content/27/4/591. Abstract

Biography

Gemma is a qualified teacher with QTLS/QTS and is also a registered adult nurse(teacher).

Her experience includes secondary, further and higher education, research management, service innovation/improvement, private and NHS healthcare (community and acute setting) and currently practices as a nurse in elderly care.

With extensive experience in online and distance education she is also the research co-ordinator for UDOL health team and supports income generation in UDOL.

Gemma has and currently works on a range of research projects with a particular interest in Facebook and social media in healthcare and healthcare education along with systematic review and rapid evidence synthesis.

Theme: Qualitative approaches

Session no: 8.5.1   Abstract number: 109

Time: 11:15am

Developing a quality care-metric to measure public health nursing practice

Ms Martina Giltenane BSc, PGDip, MHSc, RGN, PHN, Midwifery and Health Sciences, University College Dublin, Dublin, Ireland

Co-author(s): Dr. Kate Frazer, Ireland; Dr. Ann Sheridan, Ireland; Mr. James Lynch, Ireland.

Abstract

Background: Measurement of care using metrics plays an integral role in quality improvement. Quality care-metrics (QCMs) measure the quality of nursing and midwifery practice and are aligned with evidence-based standards internationally.

Developing QCMs is a means of measuring public health nursing (PHN) processes and practices and is important in improving care outcomes. The first postnatal visit is acknowledged as the most important contact PHNs have with new mothers and babies. It is acknowledged that PHNs provide physical, social and emotional care for new mothers, but little is known about the processes involved and quality of this care. A 'modified Delphi' study was undertaken including: views of PHNs and new mothers, review of relevant literature and a two-round review by a panel of experts to enable consensus and agreement to be reached in the identification of quality indicators for the first postnatal visit.

Aims: To identify process indicators for inclusion in a QCM for first postnatal visit

Methods: Following qualitative interviews with PHNs and new mothers a two-round 'modified Delphi' with 21 national and international experts was undertaken. A total of 60 statements were reviewed for consensus, agreement and priority ranking.

Results: The final QCM contained 28 indicators for new mothers and newborns. In total 60 indicators were reduced across the two rounds. 56 indicators achieved consensus and priority ranking identified 13 indicators for new mothers specifically.

Discussion: A two round 'modified Delphi' and combined qualitative findings identified process indicators to enable benchmarking of PHN practice. Feasibility testing will allow for further development and refinement before being implemented.

Conclusions: Developing a QCM for PHN practice using a 'modified Delphi' technique has enabled a platform to provide consensus and agreement amongst a panel of experts and provides an insight into key processes of care identified by PHNs and service users for practice.

Biography

Ms. Martina Giltenane is a registered general and public health nurse; currently employed as a Project Officer developing Nursing and Midwifery Quality Care-Metrics in a Nursing and Midwifery Planning and Development Unit in Dublin. She is a recipient of a PhD Scholarship December 2013 and is currently undertaking a PhD in nursing. Martina has previously been awarded a BSc General Nursing, and MSHc degree, a Graduate Diploma (Public Health Nursing) and a Diploma in Health Service Management.

She is leading the development and implementation of Quality Care-Metrics for the Public Health Nursing Service nationally. Martina has presented evidence from practice in her current role nationally, published her PhD protocol paper (Journal of Advanced Nursing, 2016) and published findings from her Master's research project (Australian Journal of Advanced Nursing, 2015).

Session no: 8.5.2   Abstract number: 255

Time: 11:45am

Exploring the role of health visitors in supporting mothers with mental health problems.

Mrs Catherine Lowenhoff M.Sc, B.Sc(Hons), SRN, HV(dip) FiHV, Oxford Brookes University, and Oxford Institute of Nursing and Allied Health Research, Oxford, UK

Abstract

Background: Up to 30% of women experience mental health problems during pregnancy or in the year after delivery(1). Historically, health visitors (HV's) have offered an intervention called 'listening visits' to mothers with depression. The updated NICE guideline (2014) suggested that there was insufficient evidence to indicate that 'listening visits' are effective (2). HV's are still expected to offer support to mothers with mental health problems (3). There are mixed views about the best way to do this.

Aims: To explore the current attitudes, beliefs and practice of health visitors with regard to how they understand, organise and deliver the support they provide to mothers with mental health problems; to identify the contextual factors that influence their practice; to list the core components that health visitors think should form the basis of a health visitor-led intervention.

Method: Folllowing University ethics committee approval, an electronic survey was offered to all members (n= 9474) of the Institute of Health Visiting (March: May 2016)

Results: 1500 surveys completed. The majority of HV's believed that supporting mothers with mental health problems should be part of their role. Respondents reported variations in support from commissioners and managers; conflicting work-based demands and priorities; lack of support from other services; limited workforce capacity; lack of experience, confidence and training; and lack of clarity regarding the format and expected outcomes of a health visitor-led intervention contributing to variations in practice. The majority of HV's agreed on the core components that should be included in a HV-led intervention and wanted additional training and manualised guidance.

Conclusions: If we are to improve mental health outcomes for mothers it is important to understand and address the determinants of practice. Interventions need to be feasible as well as effective and clearly described in order to facilitate shared expectations, consistency, replicability and sustainability.

Recommended reading list

Gavin NI, Meltzer-Brody S, Glover V, Gaynes BN (2015) Is population-based identification of perinatal depression and anxiety desirable? In JW Milgrom, AW Gemmill (Eds) Identifying

Perinatal Depression and Anxiety. Chichester, West Sussex: John Wiley and Sons.

Department of Health, Public Health England, Local Government Association, NHS England, Early Intervention Foundation and Health Education England. (2014) Overview of the six early years high impact areas. London : Department of Health https://www.gov.uk/

NICE (2014) Antenatal and postnatal mental health: clinical management and service guidance. NICE guideline 192. https://www.nice.org.uk/guidance/cg192?un lid=496781995201621742617 (last accessed 25th August 2016)

Biography

Catherine is a full-time Ph.D. student in the Department of Psychology, Social Work and Public Health at Oxford Brookes University. For her research, she is exploring the role of the health visitor in supporting mothers with mental health problems during pregnancy and the year after the baby is born. Before her Ph.D., Catherine worked for many years as a health visitor and then as a Nurse Consultant in perinatal and infant mental health. Her teaching experience has included running three, five and eight-day programmes on early intervention in emotional and behavioural problems in children, and detecting and managing maternal mental health problems in primary care. Catherine has also written elearning modules for Health Education England on core concepts of attachment theory, using attachment theory to inform practice and supporting mothers with mental health problems in the year after delivery.

Session no: 8.5.3   Abstract number: 234

Time: 12:15pm

The ward sister: factors that aid transition

Dr Jacqueline McKenna PhD, MMedSci, DipN, RN, NHS Improvement, London, UK

Abstract

It has long been acknowledged that the ward sister is a pivotal role in healthcare (Bradshaw, 2012), however, in England the preparation and support available for these nurses remains variable. This study investigated what preparation and support helps nurses manage the transition to the ward sister role.

A mixed method research approach (Johnson et al, 2007) was used including focus groups and surveys. The responses from the 174 ward sisters gave a unique insight into their development needs and they suggested how, in future, preparation and support should be delivered to be most effective.

This study is significant as it was the first multi-centre UK study that investigated the developmental needs of nurses in transition to the ward sister role from both the employer and employee perspective.

This presentation will focus on the interventions identified by the ward sisters as helping them to become established in their role. It will also demonstrate the variables calculated by linear regression (formal qualifications (p=.045), attending conferences (p=.034) and shadowing a more experienced peer (p=.021)) that were shown to have a positive effect on the time it took for a ward sister to establish themselves in post. There were 14 independent variables.

To conclude the following statements summarise the original contribution this study made to nursing knowledge by

• identifying the learning needs of nurses who aspire to be ward sisters

• establishing the development needs of ward sisters

• ascertaining the interventions before and after becoming a ward sister that reduce the time period taken to reach the stabilisation phase (Nicholson and West (1988) transition model) in the transition to the ward sister role and

• designing a framework for ward sister preparation and ongoing development.

Recommended reading list

Bradshaw, A. (2012) Do ward sisters have influence over care? Nursing Times 108 (3), 17-18.

Nicholson, N. and West, M. (1988) Managerial job change in transition. Cambridge: Cambridge University Press

Johnson, R., Onwuegbuzie, A. and Turner, L. (2007) Toward a definition of mixed methods research. Journal of Mixed Methods Research 1, 112-133.

Biography

Jacqueline trained as a Registered Nurse at King's College Hospital, London and had a clinical career in gynaecology. Jacqueline achieved a PhD in Nursing in 2016 from the University of Greenwich. Jacqueline is the Director of Nursing - Professional Leadership at NHS Improvement and was previously the Deputy Director of Nursing at the NHS Trust Development Authority. Before this she held Director of Nursing posts at the Medway NHS Foundation Trust and at Southmead NHS Trust in Bristol. She implemented the first British model of shared governance which improves staff involvement in 1994, and won the HSJ award for patient safety in 2005 for the development of the Medway Nursing and Midwifery Accountability System. Jacqueline received an MBE for services to nursing and health care in the 2010 Queen's birthday honours list. You can follow Jacqueline on twitter @mrsjmckenna.

Theme: Qualitative approaches

Session no: 8.6.1   Abstract number: 9

Time: 11:15am

Family and community nursing in Italy. Organizational proposals for a new welfare

Dr Alessandro Stievano PhD, Centre of Excellence for Nursing Scholarship, Ipasvi Rome, Italy., Rome, Italy

Co-author(s): Silvia Marcadelli, Italy; Gennaro Rocco, Italy.

Abstract

Background: Primary health care nurses integrate personal care with health promotion and are fundamental to foster the sustainability of the health systems in ageing societies. In this framework, an investigation to identify the introduction of organizational models for family and community nursing all over Italy was conducted.

Aims: To build a new theoretical model and describe the characteristics and challenges for family and community nursing in Italy.

Methods: A mixed method research was accomplished via a parallel concurrent model. A web survey through the National Federation of Ipasvi Colleges website was carried out for the quantitative element, while relevant stakeholders (140), with different backgrounds (GPs, nurses, nurse managers), using semi-structured questions, were interviewed for the qualitative part.

Results: The research showed different organizational models employed to foster the continuum of care in different Regions of Italy but also the lack of a defined representation for family and community nursing. In some Regions the role of the primary health care nurses was not well delineated. Furthermore, a lack of a formal recognition of family and community nurses with specific forms of working contracts emerged.

Discussion: In this study the challenges that the Italian National Health Service is experiencing in trying to introduce family and community nursing were described. The research produced a theoretical model for family and community nursing by centering primary care services through health centres (Fig.1).

Conclusion: This research contributes to have a better knowledge of the role of primary health care nurses to foster social innovations at wider level. With this new theoretical model, nurses would guarantee the sustainability of the Italian National Health System and a better continuum of care through integrated primary care services in health homes managed by them.

Fig. 1 An organizational proposal for family and community nursing in Italy.

Biography
Alessandro Stievano, PhD in nursing, Adjunct faculty at Michigan State University (USA), author of publications on national (Italian) and international level. He is the research coordinator of the Centre of Excellence for Nursing Scholarship of Ipasvi Rome in Italy. He is the President of the Italian Transcultural Nursing Association and the Executive Director of a new Foundation for "Health research" in Italy. He teaches at several undergraduate and post-graduate nursing courses in various Italian universities, such as the University of Rome Tor Vergata.

Session no: 8.6.2

Withdrawn

Session no: 8.6.3   Abstract number: 85

Time: 12.15pm

The ethical implications of facilitating the involvement of groups considered 'vulnerable' in the development of research

Professor Ruth Northway PhD, MSc(Econ), RN(LD), Cert Ed(FE), University of South Wales, Pontypridd, UK

Abstract
Background: Funders of research are increasingly requiring applicants for funding to detail how those who are (or are likely to be) affected by the focus of the research have been involved in the development of the proposal and how they will be involved in the research if it is funded. Whilst there are sound ethical reasons as to why this is important it can also raise ethical challenges if such involvement is to be meaningful particularly when those to be involved are viewed as belonging to 'vulnerable' groups.

Aims: To explore what 'involvement' means in this context and how this may be facilitated when working with groups who may be considered vulnerable.

Presentation: This session will use the four ethical principles identified by Beauchamp and Childress (2013) (Beneficence, non-maleficence, autonomy and justice) to explore the reasons why involvement in the development of research is important and the ethical consequences of non-involvement. In particular it will be argued that non-involvement is a form of epistemic injustice (Fricker, 2007) that reinforces marginalisation. The utility of the term 'vulnerable group' will be critically examined and it will be argued that epistemic injustice is itself a source of vulnerability. The presentation will also use personal experience of seeking to promote involvement at all stages of the research process to explore how this can be facilitated in an ethical manner.

Conclusion: Whilst there are ethical challenges to promoting meaningful involvement of some groups of people in the development of research there are also ethical consequences of non-involvement and hence researchers need to develop ethical strategies to support participation.

Recommended reading list

Beauchamp, TL and Childress, JF (2013) Principles of Biomedical Ethics, 7th edition. New York: Oxford University Press.

Fricker, B. (2007) Epistemic Injustice. Power and the Ethics of Knowing, Oxford: Oxford University Press

Biography
Ruth is Professor of Learning Disability Nursing at the University of South Wales, a post she has held for 13 years. Her current role also includes leading the Unit for Development in Intellectual Disabilities within the University. She teaches on a range of undergraduate and post graduate courses working with both learning disability nurses and nurses working in other fields of practice. She also supervises a number of PhD students. Her research interests lie in the health needs of people with learning disabilities and in safeguarding people from abuse. Her PhD study used a participatory research approach and since that time she has undertaken a number of studies working with people who use services to develop and undertake research. She has published widely in relation to participatory research and in the field of learning disabilities. She is Editor of the Journal of Intellectual Disabilities, and Co-Chair of the Welsh Government Learning Disability Advisory Group. She also chairs the All Wales Implementation Group for Strengthening the Commitment (the UK Learning Disability Nursing Strategy) and is taking a UK lead in respect to the research related recommendations of this strategy.

Session no: 8.7.1   Abstract number: 295

Time: 11.15am

What do healthcare professionals do when the patient with dementia says 'no' to a healthcare procedure?

Dr Sarah Goldberg BSc, RN, PhD, University of Nottingham, Nottingham, UK

Co-author(s): Becca O'Brien, UK, Rebecca Allwood, UK, Suzanne Beeke, UK, Alison Pilnick, UK, Rowan Harwood, UK

Abstract
Background: Poor communication is a barrier to processes essential for good treatment and care. People with dementia and those who work with them can experience difficulties in communicating and interacting. Much of healthcare involves a healthcare professional requesting an action from a patient (for example, to stand up or to open their mouth). People with dementia often initially refuse these requests for action.

Aims: To identify the communication skills that healthcare professionals use when a request for action is refused by the patient with dementia.

Methods: Non-participant observational study using video recorded data of conversations between healthcare professionals and patients with dementia in the acute hospital analysed using conversation analysis.

Results: 40 naturally occurring communications between healthcare professionals (nurses, doctors and therapists) and patients with dementia were video recorded between September and December 2015. All the patients were identified as having some degree of communication impairment. The analysis identified techniques healthcare professionals use (whilst behaving in a person-centred way) that appear to make the patient with dementia more or less likely to agree to a request for action. Examples include how the healthcare professional displays their entitlement to make the request, use of simple directives, making the task appear less onerous and suggestions of joint action. In the presentation, selected video recordings will be shown to illustrate findings.

Discussion: How we frame requests to patients with dementia will influence the likelihood of the patient granting that request. If the patient lacks capacity and completion of the task is in the patient's best interest, then healthcare professionals need to use communication to maximise their chances of successfully completing the task.

Conclusion: Healthcare is delivered through communication. This study has identified practical ways healthcare professionals can improve their communication with patients with dementia.

Biography

Sarah Goldberg is an academic nurse working at the University of Nottingham's School of Health Sciences. Her research aims to improve the health and quality of life of older people, particularly those with cognitive impairment. Her current research includes the development of a dementia communication skills training course; an intervention to improve activity and independence whilst reducing falls in people with mild dementia and a study of patients with dementia who call out repetitively. Previously her research included the evaluation of a medical and mental health unit for older patients with cognitive impairment and the development of the role and competencies for advanced nurse practitioners specialising in frailty.

Session no: 8.7.2   **Abstract number: 57**

Time: 11.45am

Including individual interviews in a study using focus groups: a pragmatic solution or a threat to coherence?

Professor Leslie Baillie, London Southbank University and University College London Hospitals, UK

Abstract

Background: Focus groups are widely used in healthcare research, with a key attribute being that the interactions between participants stimulate further ideas for discussion. These data created through interactions are a fundamental component of focus groups and can provide insights into public discourse (Kitzinger 1994). In practice, focus groups can be difficult to recruit to for a range of reasons including working patterns and geographical locations. Subsequently, researchers may include individual interviews in studies where they planned to use focus groups alone, particularly when they wish to include people with particular characteristics who cannot attend planned focus groups.

Aim: This presentation aims to debate how adding individual interviews into a study that primarily uses focus groups affects the overall data set and coherence of the study design.

Discussion: The discussion will include critical reflections from a study that planned to conduct focus groups with hospital staff but included some individual interviews with ward-based nurses who could not leave their wards to attend focus groups. The data collected through individual interviews inevitably differed from the focus groups as one-to-one interviews cannot lead to the 'synergistic sparking-off' between group members that occurs in focus groups (Cleary et al. 2014, p.474). Nevertheless, the use of some individual interviews within an overall focus group design has been recognised as a pragmatic

decision in some circumstances (Barbour 2007). The presentation will debate such decisions and the consistency and coherence of the research design versus the flexibility and inclusivity of adding individual interviews where focus groups alone are impractical.

Conclusion: Focus groups can generate rich data through the interactions that occur but can be difficult to recruit to. Where individual interviews are used to supplement focus groups, researchers should be transparent about such decisions and how the data are used within the analysis.

Recommended reading list

Barbour, R.S. (2007) Doing Focus Groups. Los Angeles: Sage Publications.

Kitzinger, J. (1994) The methodology of focus group interviews: the importance of interaction between research participants. Sociology of Health and Illness 16:103 - 121.

Cleary, M., Horsfall, J., Hayter, M. (2014) Data collection and sampling in qualitative research: does size matter? Journal of Advanced Nursing. 70, 3, 473-475.

Biography

Professor Lesley Baillie was appointed Florence Nightingale Foundation Chair of Clinical Nursing Practice in 2012, a joint post between London South Bank University (LSBU), University College London Hospitals (UCLH) and the Florence Nightingale Foundation. Since 2015, Lesley has also been Director of the Centre for Nurse and Midwife-led Research and Honorary Professor at University College London. Lesley is the Course Director for the Professional Doctorate in Health and Social Care and Post-Graduate Research Director at LSBU. Lesley's nursing background is in acute hospital care and she has a particular interest in quality care and dignity for older people, improving care for people living with dementia and integrated care. Lesley's PhD thesis (completed 2007) was a qualitative case study of patient dignity in an acute hospital. Lesley has published in a range of academic and professional journals and has published a number of books, most recently: 'Improving healthcare: a handbook for practitioners'. Lesley is on the editorial board for Nurse Researcher and is consultant editor for Nursing Ethics.

Session no: 8.7.3   **Abstract number: 304**

Time: 12.15pm

The perceptions of implementing the bar-code medication administration from nurses' perspective: a qualitative systematic review.

Ms Wan-Shiuan Lin, Doctoral Student, School of Nursing, National Yang-Ming University, Taipei, Taiwan, Taipei, Taiwan

Abstract

Background: Research shows that it is important to integrate the system into the nursing workflow in the process of the BCMA system implementation for operating more easily and enhancing nurses' receptiveness. Qualitative studies have been conducted with the view to understanding the perceptions of the ease of use and usefulness.

Aim: This study intends to understand the perceptions of nurses about the implementation of the bar-code medication administration.

Methods: Cochrane Library, Joanna Briggs Institute, Academic Search Complete (EBSCOhost), Pubmed, and Theses and Chinese electronic periodical services were searched in Desember 2016. The participants of interest included the registered nurses who had used the barcode medication administration system. The phenomenon of interest included their perceptions, opinion, expectations, or impact about the barcode medication administration system. This review considered studies that used qualitative methods to investigate perceptions of nurses about the implementation of the bar-code medication administration. The Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) were used to be the standardized critical appraisal instrument. The JBI-QARI was used to be the standardized data extraction tool for extracting qualitative data and pooling the qualitative research findings from papers included in the review.

Results: A total of three qualitative papers were included in the review (one phenomenology and two qualitative inquiry). Four syntheses were derived: (1) Facilitation nursing workflow; (2) Establishing a second gatekeeper; (3) Encountering operational difficulties; and (4) The impact of the nursing profession.

Conclusions: The research findings have derived the perceptions of nurses about the implementation of the bar-code medication administration.

Implications for practice: The promoter and designers must listen and accept nurses' perceptions about the new technology, workflow, and use, and serve as a basis for prioritizing practice solutions.

Recommended reading list

Huang, Hsiu-Ya. (2009). "The Effects of Bar Cord Medication Administration on Nursing (unpu-blished doctoral dissertation)". Taipei: National Taipei College of Nursing.

Zadvinskis, I. M., Chipps, E., and Po-Yin, Y. (2014) "Exploring nurses' conï¬□rmed expectations regarding health IT: A phenomenological study". International Journal of Medical Informatics, 83, pp 89-98.

Taliercio, V., Schachner, B., Borbolla, D., Luna, D., Villalba, E., and Quiros, F. (2014) "The expectations of nurses about the implementation of a barcoded medication administration system: a qualitative study". Studies in health technology and informatics

Biography

Wan-Shiuan Lin received her master degree in community health nursing from National Yang-Ming University, Taipei, Taiwan. She has special interests in 'Maternal and Child Health', 'Medical Sociology and Science', 'Technology and Society(STS)'. Now she is a third-year student of the Doctoral Program, Department of Nursing, School of Nursing, National Yang - Ming University, Taipei, Taiwan. Moreover, she has been working at Taipei Veterans General Hospital for ten years and focusing on providing the expert advice for clinical care.

Symposia 1 - 5
Thursday 6 April 2017 3.25-4.25pm

Symposium 1

Time 3.25pm

Room: 6

Who am I, and who are you? Identity, engagement and collaboration in the era of online nursing research

Lead:

Dr Nigel D. Cox, Senior Lecturer, Faculty of Health, Psychology and Social Care (Nursing), Manchester Metropolitan University, Manchester, UK

This symposium addresses the theory and practice of digital, online nursing research. Collectively, the papers acknowledge the emergence of service user or patient voice as a service delivery philosophy and modality, a standpoint which is also reflected in the movement towards collaborative and co-creative research methodologies. Individually, each paper problematizes the nature of personal identity in online research and, in different ways, asks the question: 'Who am I, and who are you?'. Each paper frames this question differently in order to create a discussion about the different ways it might be answered.

The opening paper by Cox, a nurse/healthcare researcher and anthropologist, considers three theoretical standpoints: how the 'online self' is governed (by people or researchers), how people are classified (or classify themselves), and the ritualistic nature of ethical risk assessment processes.

The second paper by Miller and Wright, nurse researchers and mental health practitioners, aims to provoke critical interrogation and reflection upon potential issues that may occur when engaging and collaborating in online research with individuals who are coping/living with mental ill-health.

The closing paper by Haigh, a nurse researcher and leader in healthcare ethics, gathers together and integrates Cox's consideration of identity and ritual and Miller's exposition of fractured reality in order to progress discussion about the online self, personality disguise, and matters of governance.

These emerging theoretical standpoints and practical contexts for nursing research present challenges for service users/patients, researchers, ethicists, and their sponsors. This symposium will be of interest to researchers and practitioners interested in advancing online methodologies, people working with vulnerable or hard-to-reach populations, and people working in the field of research governance.

Paper 1

Governing the online self: the accomplishment of identity in online nursing research

Authors and affiliation

Dr Nigel Cox, Senior Lecturer, Department of Nursing, Manchester Metropolitan University

Abstract

With a focus upon how people represent their identities in online nursing research, this paper will provide an opportunity for critical debate about the theoretical concepts and methodological concerns that frame research in virtual or digital environments. The presentation will employ three theoretical standpoints: the governing of the 'online self', the interaction between researcher-defined and participant-chosen classifications, and the ritualistic nature of ethical risk assessment processes.

The first standpoint, 'governing' (Rose, 1998), considers how people are made 'visible' to researchers through the guidelines and processes used in research practice. These techniques incite or oblige people - researchers and participants - to behave and act in particular ways. The paper will explore this theoretical standpoint and apply it to nursing research conducted in the online environment.

The second standpoint, 'classifying' (Hacking, 2007), considers how people become subjects of professional knowledge, and how people interact with the classifications conferred upon them by others. In the online environment, this is of critical importance in circumstances where the well-being of the 'self' is central, for instance for people identifying the mental health concerns of themselves or others.

A final standpoint, 'rituals and risk' (Douglas, 2002) considers how researchers identify and navigate the risks of the online encounter. Anthropological theory can show how ethical checklists can help to identify risk and so protect people from harm. However, we may need to consider how risk-managing rituals might also obscure the very people we are aiming to protect.

Summarising, this paper will note how online research provides a venue for identity negotiation, brokerage and accomplishment. In doing so, discussion will be invited about how the research encounter is theoretically framed, and how nursing practice in methodology and ethics may need to continually adapt to the challenges and innovations of online research.

References

Rose, N. (1998). Inventing Our Selves: Psychology, Power, and Personhood. Cambridge: Cambridge University Press.

Hacking, I. (2007). Kinds of People: Moving targets. Proceedings of the British Academy, 151, 285–318.

Douglas, M. (2002). Purity and Danger (Routledge Classics Edition). London: Routledge.

Paper 2

Fractured realities: navigating the online research terrain with participants managing mental ill-health

Authors and affiliation

Dr Eula Miller, Manchester Metropolitan University, UK; Dr Karen Wright, University of Central Lancashire, UK

Abstract

This aim of this presentation is to provoke critical interrogation and reflection upon issues that may occur when engaging in online research with individuals who are coping/living with mental ill-health. Although the benefits of working collaboratively with such individuals is well documented (Ramon, 2000), the complexities and intricacies are less well-voiced within research literature (Helchem, 2012), specifically when exploring online research engagement.

Through the use of case studies and vignettes, the issues presented will promote deliberation and focus upon how engaging in online research can present issues unique to this client/patient group. Consideration of such are deemed important, as if left unchecked can fracture the relationship dynamic between the researcher and participant, and the research process, (Rose, 2003).

Additionally, as mental health service users may choose to disengage with services, so too, may they choose to disengage with research. A crucial difference here is that mental health workers have a duty of care to the service user and can assertively seek to re-engage them out of concern for their wellbeing. The researcher, however, must respect a participants' decision to opt out of the research and have no way of knowing if they have been adversely affected by the research experience.
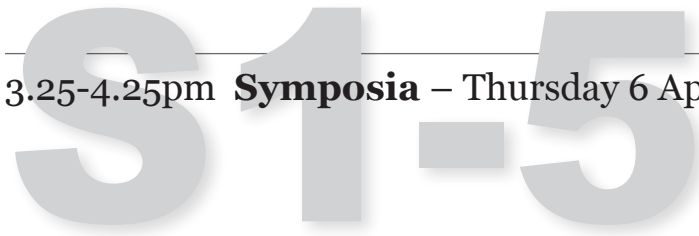
By addressing such issues through raising awareness and understanding of the same, it is hoped that stakeholders engaged in such situations will enhance their ability to navigate ethically and morally the research terrain and encounter the least disruption to researcher-participant relationships when working with people living with mental ill-health, the research process, and research outputs.

References

Helchem, H (2012), Ethics of clinical research with mentally ill persons, European Archives Psychiatry Clinical Neuroscience, 262:441–452

Ramon, S. (2000) Participative mental health research: users and professional researchers working together. Mental Health Care, 3, 7, 224-228.

Rose, D. (2003) Collaborative research between users and professionals: peaks and pitfalls. Psychiatric Bulletin, 27, 404-406.

Paper 3

You don't see me, you don't know me: the ethical issues surrounding cyber-space research

Authors and affiliation

Professor Carol Haigh, Department of Nursing, Manchester Metropolitan University

Abstract

Following on from Cox's consideration of consensus reality, and Miller and Wright's exposition of fractured reality, this paper explores the concept of immersion of self in cyber-reality from the perspective of personality disguise.

Many of the concerns that exercise cyber-ethicists are those of real world research, Concepts such as ensuring confidentiality and privacy of respondents, gathering informed consent from participants and the prevention of harm (Jankowski and van Slem, 2006). That these are issues of joint concern to both techno and real world researchers is conceded, however certain issues require greater consideration in cyber-space than was generally expected from real world human subject research.

Concealment of real world identity in virtual settings is a common practice and as one moves progressively through the layers of cyberspace real world identities become more obscured. Physical attributes, age, sex and gender are unclear and lack of certainty regarding individual 'real world' characteristics presents quite obvious problems to the researcher. Concealment may include strategies such as gender switching (Suler 2002), the use of pseudonyms (Bruckman, 2002) or the use of Avatars.

As with other forms of research, the aim of techno-research is to protect the well-being of the subject by minimising risks. The integrity of the research depends upon this and validity of the research depends upon the reliability and veracity of the data and the extent to which that data can be linked to a specific persona. The peculiar intimate nature of online interaction, coupled with the disinhibiting effect that is initiated when one cannot see the reaction of one's statements (the "you can't see me, you don't know me" phenomenon), rendering some areas of cyberspace potentially risky to both the well-being of participants and the integrity of the research.

This paper explores these issues through the lens of personality construction and cyber-space immersion.

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Symposium 2

Time: 3.25pm

Room: 7

Chair: Hjh Jainah binti Hi Musa, University Brunei Darussalam, Brunei

Impact of British Colonialism on development of Nursing and Midwifery in a South East Country, The Brunei Darussalam: A historical Inquiry

Lead:

Dr. Munikumar Ramasamy Venkatasalu, Professor in Cancer and Palliative Care at Institute of Health Sciences (IHS) UK

The profession of nursing and midwifery still believes itself as art and vocation. Our world of research was bigger and more is yet to be explored within context of Brunei Darussalam. We embarked to enquire 'who we were' that led to conduct a historical inquiry of nursing and midwifery in Brunei Darussalam. Firstly, student midwife Nourfaidzoul Aidzoul binti Hj Zulkifli/Hj Basar shares her findings on power, relationship and politics of early nursing development in Brunei Darussalam, second speaker student midwife Rosnah binti Kambar will be presenting on Water Village Midwives: older midwives reminiscence on early midwifery and finally, student midwife Zarinah binti Hj Mohammad will illustrate the older Bruneian's narratives on transitions in midwifery care: A historical inquiry. This presentation also encompasses the challenges and opportunities of undertaking undergraduate research projects.

Paper 1

English Matron, Chinese Managers and Strict Doctors: historical lessons learned from early nursing development in Brunei Darussalam

Authors and affiliation

Hjh Salmah binti Mohd Noor, Brunei; Armah Tengah, Brunei Darussalam, Munikumar Ramasamy Venkatasalu, Brunei Darussalam

Abstract

Introduction: Similar to many countries, nursing profession in Brunei Darussalam had experienced various developments and challenging issues, since the formal Health care system introduced by the British Residency in 1907. However, little is historically explored the influence of British colonisation and nursing development.

Aim: To explore the early nursing trends and development in Brunei Darussalam since British residency, 1907.

Methods/Contents: A qualitative descriptive research design with historical approach utilizing in-depth face-to-face semi structured interviews were conducted with 12 retired nurses. Data were analysed thematically by using continuous comparative process.

Findings/Results: The analysed data revealed three subthemes which were constantly scrutinized and grouped into four main themes, which were: Theme 1: English Matron, Chinese Managers and Strict Doctors; Theme 2: Senior's Choices and Theme 3: We Were Better.

Conclusion: Our study highlight the power and politics in early development of nursing in Brunei Darussalam. Bruneian nurses were recognized through their attainment in education, quality of nursing services and professional and personal values of the nurses. The local nurses confronted challenges by pursuing higher education and improving their competence and skills to attain professional identity and recognition.

Paper 2

Older Bruneian Women' Narratives on Transitions in Midwifery Care since British Colonisation: A Historical Inquiry

Authors and affiliation

Hjh Jainah binti Hj Musa, Brunei; Munikumar Ventakasalu, Brunei

Abstract

Introduction: Rapid technological advancements in Midwifery practices influenced swift shifts in its traditional practices. In particular, westernised practices during British colonisation at global level challenged and changed nature and delivery of midwifery services across the world.

Aim: To explore on how the transitions in the midwifery services in Brunei Darussalam were experienced by older Bruneians who gave birth since 1940s.

Design: A qualitative narrative historical approach was used. Purposive and snowball sampling was chosen as appropriate to obtain 18 face to face interviews with older Brunei women. A semi-structured interview guide was used. A thematic analysis was undertaken to analyse the transcripts.

Results: Analysis illustrated on the shared experiences of older Bruneian participants' transitions in midwifery services from the year 1940s until early 1990s. Three transitions were observed: in-house wise women as traditional village midwives, government midwives and hospital midwives. During those transi- tions, findings showed how peoples' beliefs and practices around birth services were challenged and changed to adopt 'inserted' westernised practices.

Conclusions: Our study conclude that transitions in midwifery services were achieved through 'collaborative work' between traditional village midwives and trained midwives, power of 'government' midwife through 'given responsibilities' and 'secure hospital environments' with qualified multi-disciplinary professionals, At this current context of promoting cost effective health care deliveries, Future attempts of transitions in midwifery services in should adopt above criterion for successful implementation.

Paper 3

Image and power relationships of water village midwives during British Colonization: older midwives reminiscence of on early midwifery

Authors and affiliation

Rozita binti Tamin, Brunei; Norashikin Sofian, Brunei Darussalam, Munikumar Ramasamy Venkatasalu, Brunei Darussalam

Abstract

Background: Professional identity often remain struggle for midwives. In many countries midwives often miss-labeled as nurses and viewed lower than nurses in their grading. There is lack of knowledge on how professional identity of midwives in Eastern world.

Aim: To investigate the history of midwifery in terms of practices and training in Brunei Darussalam from the reminiscences of older midwives.

Methods: A historical qualitative descriptive study was undertaken. In total of 18 midwives who were trained during 1950- 1960s. Six in-depth, face to face interviews were conducted. A purposive and snowball sampling was adopted. The interviewed transcripts were analysed using thematic analysis.

Findings: Collectively, two major themes were observed: the theme on "Power Relationship" reflects the bonds between midwives with other health care professionals and public, and 'Images' which disclose the perceptions of midwives and public on midwifery as a profession.

Conclusion: The professional identity of midwives were rooted in colonial British nursing era. Often older midwives seems to appreciate traditional practices in their practice and trust from pregnant women were influencing factors for development of midwifery as profession.

Symposium 3

Time: 3.25pm

Room: 9

Trials and Tribulations of delivering research within the NHS: presented by the FRONT nurses group

Lead:

Dr Heather Iles-Smith, Head of Nursing Research and Innovation, Leeds Teaching Hospitals, UK

This symposium is presented by the UK Forum for Trust/Healthboards Research Leads (nursing) – FRONT. The FRONT Nurses group comprises of around 100 senior nurses (across England, Scotland, Wales and Ireland) who are responsible for strategic leadership of the clinical research delivery workforce in their respective organisations. The purpose of the group is to share good practice and ways of working related to research delivery.

The aim of the symposium is to cover the current and future evolution of the research delivery service and workforce within the NHS and internationally, and highlight the opportunities for advancing nursing and the non-registered clinical research roles.

The three presentations progress from presentation one that covers research study and participant acuity, skill mix, suitable competency assessment, application of the Calderdale Framework and past and present research delivery roles: these will include registered, such as advanced roles, and non-registered posts including volunteer.

The presentations then move on to developing an innovative and responsive future workforce, highlighting the predicted future challenges, identifying the real issues and exploring solutions through examples of international and clinical roles. We will explore future opportunities based on new changes to the clinical workforce (in the UK) such as the nurse associate role, the nurse apprentice and the national apprenticeship agenda. This presentation will be delivered jointly by a Head of Nursing with expertise in Workforce and Education and a Nurse Leader of the research delivery workforce.

The final presentation addresses opportunities for the registered nurse research delivery workforce and how we might better engage them in developing their own research ideas. The challenges around better sign posting and creatively capturing their enthusiasm and passion for research in a way that can translate into them developing as clinical academics and Principle Investigators of the future, will be explored.

Paper 1

Meeting the evolving research agenda through effective and efficient research delivery

Authors and affiliation

Karen Palmer, Research Nurse Manager, Lancashire Care Foundation NHS Trust, FRONT group Secretary and Hilary Campbell, Lead Research Nurse Co-ordinator, York Hospital and FRONT group Secretary

Abstract

Background: Changing patterns in health care have created an ever evolving research agenda, with a need for a progressive, competent workforce to deliver clinical research. Healthcare professionals have historically worked within their clinical role boundaries when participating in the delivery of clinical research, often working in task limited roles.

Clinical research delivery has traditionally been coordinated by qualified nurses in a research nurse role. This an internationally recognised nursing speciality acknowledged through professional development tools, such as the RCN Competency Framework (2011) for Clinical Research Nurses, first published in December 2008 and recently the International Association of Clinical Research Nurses – Clinical Research Nursing Scope and Standards of Practice (2016).

Historical and current research delivery: As research becomes an integral part of the NHS with 100 per cent of NHS trusts supporting opportunities for people to actively participate in clinical research and 42% of General Medical practices now research active, clinical research managers have had to adapt and examine new service delivery models, to create a diversified workforce.

This presentation will discuss historical and current workforce models including registered and non-registered nurses, advanced roles within research nursing, generic roles, allied health care professionals and volunteers, with a focus on research study and participant acuity and skill mix. There will be a consideration of service delivery tools such as the Calderdale Framework (2016) to develop a competent workforce that is encased within a robust training and governance structure.

Conclusion: This session will provide an overview of past and present research delivery across different professional roles, skill mix, workforce adaptability and the impact this may have on participant acuity.

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Paper 2

Developing an innovative and responsive future workforce-what are the real issues and solutions?

Authors and affiliation

Heather McClelland, Head of Nursing and Midwifery Workforce and Education, Leeds Teaching Hospitals NHS Trust and Dr Heather Iles-Smith, Head of Nursing Research and Innovation, Leeds Teaching Hospitals NHS Trust and Chair of FRONT Nurses Group, UK

Abstract

Background: The ever-changing nature of research delivery has required increasing flexibility and development of the respective workforce. Growth of clinical research in the UK since implementation of the National Institute of Health Research (NIHR) 10 years ago, has required expansion and increased efficiency of the research delivery workforce through flexible working across portfolios of research.

The UK traditional model of purely employing research nurses is challenged due to the dearth of registered nurses (RN's); likewise, in the United States RN shortages are predicted to increase incrementally to the year 2030 (Juraschek, et al., 2012). The additional shrinkage of research budgets and the need to do more with less has led to more junior and non-nursing roles and the need to engage clinical staff in the delivery of research.

Future research workforce models: Future challenges related to ensuring sufficient resource is available through a suitably educated, competent research delivery workforce, are only likely to become more compounded. The application of current models such as the Physician's Assistant (Hooker et al, 2007), the nurse apprentice, and evolving clinical models, such as the Nurse Associate (HEE, 2015) and the UK national apprenticeship agenda, as well as joint clinical and research delivery roles, may be potential future solutions.

This presentation will discuss these clinical workforce models and how they might be applied to the delivery of research and best achieve coordinated and increased flexible models of working. Early findings and experiences of the UK Nurse Associate scheme will be shared by one of the 11 nurse Associate pilot centres.

Conclusion: Delegates will have the opportunity to hear of the challenges and potential solutions related to expanding and growing the research delivery workforce, and how new clinical workforce solutions might be applied to this key workforce area.

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Paper 3

Registered nurses transitioning between research delivery to research leader - is it actuality or fiction?

Authors and affiliation

Emma Munro, Head of NursingAHP Research and DEvelopment, University Hospital Southampton NHS Foundation Trust- FRONT Nurses- member UK

Abstract

Background: The global scarcity of research expertise and doctorly prepared clinical and educational based nurses limits the opportunity to embed research in nursing practice (McDermid, et al. 2012).

During the last decade, clinical academic career (CAC) pathways for nurses have received increasing attention (Department of Health, 2006). Dedicated National Institute for Health Research (NIHR) funded training streams for nurses, midwives and Allied Healthcare Professionals have also been implemented.

Sign posting career opportunities: In 2012 the Association of UK University Hospitals (AUKUH) established a clinical career ladder and a generic knowledge and skills framework for non-medical (including nurses) clinical-academic roles (Westwood et al., 2012). Other resources have also been developed and launched to support individuals, managers and organisations in developing CAC's.

Research delivery nurses would appear to be well placed to access training opportunities and resources to develop their careers as independent researchers. However, despite having a broad understanding of research language, systems and processes, and being embedded in a research environment, only limited numbers

of the reportedly 4000 strong NIHR research nurse workforce undertake doctoral training and go on to become independent researchers.

This presentation discusses the range of resources and training opportunities to support the development of CAC's and the potential reasons why research delivery nurses are not currently accessing them on a wider scale. Suggested interventions and how nursing academics and research nurse leaders may work together through Higher Academic Institutes and the FRONT group, to address and harness the interest of these uniquely placed practitioners will also be explored.

Conclusion: This session covers the development of clinical research nurses as future Principle Investigators and how as research leaders we can continue to collaborate and influence up-take of training and development opportunities by this research ready group.

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Westwood, A. and Richardson, A. (2012) Clinical Academic Careers Pathway Capability Framework. Association of UK University Hospitals (AUKUH). http://www.aukuh.org.uk/index.php/affiliate-groups/20-nmaphps/128-clinical-academic-careers-pathway-capability-framework. Accessed- 13 11 2016

Symposium 4:

Time: 3.25pm

Room: 11

Publishing evidence for impact on practice

Lead:

Ian Norman BA, MSc, PhD, RN, FEANS, FAAN, FRCN, FKC, Professor of Mental Health Nursing and the Executive Dean of the Florence Nightingale Faculty of Nursing and Midwifery at King's College London, UK, and the Editor-in-Chief of the International Journal of Nursing Studies

This symposium will explore the contribution of academic publication to the development of an evidence base for professional nursing practice. The three papers included in this symposium will examine the changing landscape of academic publication in nursing and healthcare. The first paper examines the reasons for non-publication of nursing research and considers the factors that can improve the likelihood of publication. The second discusses the merits and limitations of different forms of publication for maximising the impact of nursing research. The third provides an overview of research publication trends, publication metrics and new dissemination channels for nursing research.

The symposium will provide expert advice on how to successfully publish nursing research in high impact journals and how to maximise the impact of these publications on nursing policy and practice. The symposium will be presented by senior editors of a leading nursing journal and a senior publisher and will encourage audience participation and debate.

Paper 1

Leading the development of nursing practice and policy through successful publication

Authors and affiliation

Author 1: Professor Ian Norman : Professor of Mental Health Nursing and Executive Dean at King's College London, UK Editor-in-Chief, International Journal of Nursing Studies

Author 2: Professor Peter Griffiths: Professor of Health Services Research, School of Health Sciences, University of Southampton, Southampton, UK Executive Editor, International Journal of Nursing Studies

Author 3: Sarah Davies, Senior Publisher, Elsevier, Oxford, UK

Abstract

Publication of research findings may be regarded as a moral duty – after all what good is research if it does not inform the evidence base of pro-

fessional nursing? Yet a substantial amount of health related research remains unpublished and much more virtually unread. A survey of 635 completed clinical trials funded by the National Institutes for Health (NIH) found that less than half the results were published within 30 months of completion and a third of results remain unpublished 51 months following completion (Ross et al 2012). In this presentation senior editors of the International Journal of Nursing Studies (currently ranked 3rd in Thomson Reuters' 2013 Impact Factor list of 106 academic nursing journals) will highlight reasons for non-publication of nursing research and share their top-tips for researchers about how to improve their chances of publishing research findings in high impact nursing journals and ensure that those findings will be used by practitioners and researchers. The purpose of the presentation is to provide the audience with information which will improve the quality of their published outputs and draw out their implications for nursing practice and policy. The target audience is professional nurses, midwives and other healthcare professionals who write or are thinking about writing for publication and healthcare students who are undertaking research as part of their professional development.

Reference

Ross, J.S., Tse, T., Zarin, D.A., Xu, H., Zhou, L., and Krumholz, H.M., 2012. Publication of NIH funded trials registered in ClinicalTrials.gov: cross sectional analysis. British Medical Journal. 343: d7292.

Paper 2

Maximizing the impact of your publications in an open access environment

Authors and affiliation

Author 1: Professor Peter Griffiths: Professor of Health Services Research, School of Health Sciences, University of Southampton, Southampton, UK Executive Editor, International Journal of Nursing Studies

Author 2: Professor Ian Norman: Professor of Mental Health Nursing and Executive Dean at King's College London, UK Editor-in-Chief, International Journal of Nursing Studies

Author 3: Sarah Davies, Senior Publisher, Elsevier, Oxford, UK

Abstract

The pressure on nursing scholars to publish their research findings has never been greater. Publications bring scholars and their employing institutions recognition, raise the likelihood of further research funding and are the pathway to a successful academic career. However, publishing practices and the publishing environment are changing. Whereas frequency of publication was once the main criterion for academic success the emphasis (Norman and Griffiths 2008)

today is on producing fewer papers, but ones that are highly used and cited and published in high impact journals. Added to this the long and sometimes heated debate about the merits or otherwise of open access publishing (Griffiths 2014) of research findings seems to have been superseded by a commitment of major funding bodies internationally to open access publication as a requirement of research funding (HEFC 2014).

So what implications do all these changes in publication practices have for nursing scholars and the evidence base of nursing practice? Is open access publication really a good thing and what do we know about its impact on nursing practice and scholarship? What is the role of social media in the dissemination of research outputs? And how can nursing scholars maximise the impact of their research on practice? The purpose of this presentation is to increase the audience's understanding of debates within academic healthcare care publishing about the merits of different forms of publication and the use of social media to disseminate research findings and increase the likelihood of them informing nursing policy and clinical practice. The target audience of this presentation is professional nurses, midwives and other healthcare professionals. A secondary audience are healthcare leaders and managers who are interested in increasing the reputation of their organisation through contributing to the evidence base of nursing practice.

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Norman, I.J., Griffiths, P., 2008. Duplicate publication and 'salami slicing': Ethical issues and practical solutions. International Journal of Nursing Studies 45 (9): 1257-1260.

Paper 3

Examining the trends of nursing evidence based research and the measurements of quality

Authors and affiliation

Author 1: Sarah Davies, Senior Publisher, Elsevier, Oxford, UK

Author 2: Professor Peter Griffiths: Professor of Health Services Research, School of Health Sciences, University of Southampton, Southampton, UK Executive Editor, International Journal of Nursing Studies

Author 3: Professor Ian Norman: Professor of Mental Health Nursing and Executive Dean at King's College London, UK Editor-in-Chief, International Journal of Nursing Studies

Abstract

It will have been demonstrated earlier in the symposium how the pressures of increasing demand of research output, and the changing publishing landscape, has resulted in a boom period for nursing publications. In this paper we will examine the analytical tools employed by the research community to measure the 'impact' of this output (McKenna 2015). We will also take a look at new channels of dissemination and their potential effect on the evaluation of the clinical/community use of the evidence-based research.

In this presentation, a senior publisher of the International Journal of Nursing Studies, will (1) examine the trends of publication output in nursing over the last decade, using tools such as term maps and journal citation maps to demonstrate the changing landscape of nursing evidence-based publication; (2) provide an overview of the measurements used to assess nursing publications and their perceived "value" to the research community; and (3) consider some of the new channels available to disseminate, share and measure the clinical relevance and impact of the published evidence – looking at new technologies and new tools (Elsevier 2014). The purpose of this presentation is to increase the audience's understanding of trends in academic nursing publishing, the ways in which the quality of published papers in nursing and healthcare are assessed and to a critical awareness of the use and potential abuse of publication metrics. The target audience of this presentation is professional nurses, midwives and other healthcare professionals who write or are thinking about writing for publication and healthcare leaders and managers who are interested in increasing the reputation of their organisation through contributing to the evidence base of nursing practice.

References

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Symposium 5:

Time: 3.25pm

Room: 14

Domestic violence: Exploration of education and training to support effective identification and management in practice contexts.

Lead:

Dr. Parveen Ali, Lecturer, School of Nursing and Midwifery, University of Sheffield UK

Intimate partner violence (IPV), which is also referred to as domestic violence and abuse (DVA) in the United Kingdom (UK), is now acknowledged as a significant health concern globally (World Health Organisation, 2015). IPV impacts significantly on the physical and mental health and wellbeing of those who experience abuse. This also includes wider family members and especially children. In 2014 in the UK, the National Institute for Health and Care Excellence (NICE, 2014) published clear guidance for health professionals, and other associated professional groups, in terms of their professional responsibility for the effective identification and management of IPV in practice situations.

Effective identification and the provision of support for those who have experienced IPV, however, is arguably underpinned by the provision of the requisite education, preparation and on-going professional development for nurses and other care professionals. This symposium, therefore, provides an opportunity for nurses across a range of disciplines and career pathways both within the UK and internationally to critically explore existing gaps in in preparation, to examine current education provision and to consider the future needs of the nursing workforce, both at pre and post registration levels.

Drawing on their collective experiences of IPV research and background in nurse education, the presenters have identified three areas of IPV research within the one overarching theme of education and professional preparation. The first presentation will examine the results of a national survey that aimed to measure nurses, midwives and pre-registration nursing and midwifery students' knowledge, attitudes and practice related to DVA. The second presentation will explore the particular preparation needs of senior nursing students as they make the transition to newly qualified registrants. While the final presentation will consider the education and support needs among qualified nurses alongside other healthcare professionals.

Paper 1

Domestic violence: nurses, midwives, pre-registration nursing and midwifery students' knowledge, attitudes, and practices

Authors and affiliation

Dr. Parveen Ali, School of Nursing and Midwifery, University of Sheffield UK

Nurses and midwives working in any health care settings can play a crucial role in identification, prevention and management of DV (NICE, 2014) as they may regularly encounter DV victims, who visit health care settings frequently (Houry et al., 2008). Pre-registration nursing and midwifery students need to be able to distinguish between injuries resulting from DV or other causes. They need to be able to provide person centred, sensitive and empathetic care to such patients. However, DV victims report that health care professionals (HCPs) often blamed them for abuse, do not show a concern, and do not address the abuse even when DV was obvious. Evidence also suggests that nurses and other HCPs are often unprepared to deal with DV victims (Sundborg, Saleh-Stattin, Wandell, and Tornkvist, 2012). To be able to effectively identify and respond to DV victims, nurses, midwives as well as pre-registration nursing and midwifery students need to understand DV and associated complexities. However, not much emphasis is placed on preparing nursing and midwifery students and registered nurses and midwives to deal with DV issues in clinical practice. There is a need to explore DV related knowledge, attitude and skills of registered nurses, midwives and nursing and midwifery students. Such knowledge will help in identifying the training and education needs of nurses, midwives and nursing and midwifery students. The aim of this presentation is to share findings of a cross sectional national survey conducted to measure registered nurses, midwives, pre-registration nursing and midwifery students' level of knowledge, attitude and skills related to DV and its management. Responses collected from more than 900 nurses, midwives and pre-registration nursing and midwifery students from England and Wales provide useful information about the training needs of the future workforce.

Paper 2

Working with survivors of IPV in contemporary health care contexts: preparation for transition to registrant

Authors and affiliation

Dr. Julie McGarry, University of Nottingham, UK

Abstract

In February 2016 the UK National Institute for Health and Care Excellence (NICE) published the DVA quality standards (NICE, 2016). A pivotal component of the quality standards centres on the delivery of the requisite education/training to support nurses, and other front line professionals, in the effective recognition, support and management of IPV for those who access health services as a result of abuse. However, while those who have experienced IPV may access a range of health care environments including the emergency department, primary care, acute hospital services and mental health services to date, there is a paucity of available targeted healthcare focused educational/training resources to support the NICE recommendations. In this climate of changing roles and responsibilities for nurses within the context of the NICE quality standards, it is also clear that there needs to be adequate educational and professional preparation provided within pre-registration nursing programmes to support students particularly during their final year (McGarry, et al. 2015). This is particularly important for senior students as they move towards greater independence and autonomy and as they make the transition to newly qualified registrants where they will be required to make informed decisions in IPV presentations. The aim of this presentation therefore is to consider the current landscape of pre-registration nurse education alongside the findings of a recent study undertaken by the author to explore the perceptions of current senior pre-registration nursing students around preparation and areas for development in order to support the effective recognition and management of IPV among newly qualified graduate nurses.

Paper 3

Intimate partner violence presentations in health care contexts: identifying and supporting qualified nurses in practice

Authors and affiliates

Dr. Parveen Ali School of Nursing and Midwifery, University of Sheffield UK; Dr. Julie McGarry, University of Nottingham, UK

Abstract

In the UK as elsewhere, it is increasingly recognised as a central part of their role that nurses, midwives and other health care professionals are professionally confident and practically competent in the effective recognition, support and management of IPV for those who access health services as a result of experiencing abuse. A number of training and support interventions have developed and utilised in order to enhance the skills and knowledge of healthcare professionals across a range of settings including primary care and the emergency department (ED) (Feder, et al. 2011, McGarry and Nairn, 2015). However, IPV is complex in terms of presentation for example, secondary presentations or those presenting to mental health services, which may be related to IPV but may not be immediately apparent or disclosed as such. Drawing on two recently evaluated initiatives within the ED, acute hospital and community settings, in the UK the authors will consider the strengths and limitations of IPV training and support interventions to date within the wider context of the existing evidence base. In so doing, it is intended that there will be the opportunity to critically examine and consider the ways in which current education and training for nurses and other healthcare professionals may be developed effectively in the future to meet the needs of those who present in healthcare contexts as a result of experiencing IPV.

Symposia 6 – 15
Friday 7 April 2017 1.40-3.10pm

Symposium 6

Time: 1.40pm

Room: 6

Developing a concept analysis prior to undertaking a research project.

Lead:

Dr. Catrina Heffernan, MBA, MA, BSc (Hons), H.Dip (Ed), H.Dip (Mgt) RNT, RM, RGN, Doctorate Candidate, Lecturer, Department of Nursing and Health Care Sciences, Institute of Technology, Tralee, Ireland, Adjunct Professor at Sacred Heart University, Connecticut

The purpose of this symposium is to promote understanding about the benefits of developing a concept analysis prior to undertaking a research project. The following five papers link together by demonstrating the value and application of a Concept Analysis prior to embarking on a research project. Each paper addresses the researchers own unique research study, undertaken as part of a Professional Doctoral programme with a particular focus on a concept under study. The concepts under study include anxiety, continuing professional competence, hope, resilience and help-seeking. Each concept is unique and not related to the other concepts, demonstrating the rigorous and precise analysis of each concept analysis.

Each paper addresses a concept that was analysed using Walker and Avant (2005) framework before embarking on a research study. Using a framework ensured that the core concept/s selected were analysed using a step by step approach. The Walker and Avant (2005) framework is a step by step approach giving rise to the defining attributes, antecedents and consequences of the concept which enables an operational definition to be developed. This is crucial to allow the research variable/s to be measured and thus the research to be undertaken.

Concept analysis methodology is vital in order to gain scientific and conceptual clarity to guide research (Wilson 1963). A number of different concept analysis methodologies exist within the nursing science literature (Walker and Avant 1994, Morse 1995 and Chinn and Kramer (1995). According to Fitzpatrick and McCarthy (2016) the Walker and Avant (2005) method of concept analysis is the most frequently used method in nursing.

The intended benefits of this symposium is twofold: 1) To support nurses and researchers to advance nursing practice through the sharing of evidence from individual projects, and 2) To stimulate discussion and debate on discipline specific research methodology.

Paper 1

Concept Analysis: Continuing Professional Competence

Authors and affiliation

Elizabeth Heffernan, MBA, MA, BSc (Hons), H.Dip (Ed), H.Dip (Mgt) RNT, RM, RGN, Doctorate Candidate

Director of Nurse Education, Kerry Centre of Nurse and Midwifery Education, University Hospital Kerry and Nurse Lecturer, Department of Nursing and Health Care Sciences, Institute of Technology Tralee, Co. Kerry, Ireland

Abstract

Background: Professional competence is an ongoing process, context and time specific encompassing a repertoire of knowledge, skills and attitudes which change based on the demands of the clinical setting (Garside and Nhemachena, 2013). Clients/ patients/ service users are entitled to be treated by competent nurses and midwives, who are up-to-date and work in fit for purpose facilities with regulatory oversight. There is a need for an instrument to measure common dimensions of professional competence. Utilising a concept analysis approach described by Walker and Avant (2005) enabled the key antecedents, attributes and consequences of continuing professional competence to be examined.

Defining attributes, antecedents and consequences of professional competence

The antecedents involve performance ability based on educational preparation (knowledge, skills, attitudes, beliefs and values), registration, regulatory requirements, accountability and responsibility (nurse's perception and the Scope of Practice) and employer empowerment. The attributes encompass self-awareness/ self-assessment (attitudes, beliefs and values), CPD with the application and integration of knowledge and skills in active practice hours. The emerging consequences are safe, effective and ethical practice, high standards and quality patient/ client care, public confidence, lifelong-learning (motivation), competence demonstration (assurance) and development of the profession.

Operational definition: The ability (knowledge, skills technical/ practical and attitudes/beliefs/ values) of the registered nurse to practice safely, ethically and effectively based on evidence, fulfilling his/her professional responsibility within his/her scope of practice.

Empirical referents: A researcher development tool incorporating Laschinger et al. (2001)

CWEQ-II Structural Empowerment Scale were utilised to measure continuing professional competence. The Nurse Competence Scale (NSC) was deemed unsuitable for the research.

Conclusion: The concept analysis established that continuing or ongoing professional competence consists of a number of antecedents and attributes distinct from basically measuring discrete competencies. Therefore, it was instrumental in informing the methodology and variables measured in the research study.

References

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Paper 2

Concept Analysis: Hope

Authors and affiliation

Joan Murphy, MA Advancing Practice, Dip. Higher Ed, (Mid), Dip (Psychotherapy), BSc (Hons), RM, RGN, RPN, Doctorate Candidate, Nurse Lecturer, Department of Nursing and Health Care Sciences, Institute of Technology Tralee, Ireland, Moira O'Donovan, Ireland

Abstract

Background: Hope has been described as both the catalyst and linchpin in the process of recovery from mental illness (Andresen et al. 2011). Therefore, if mental health nurses are to conceptualise recovery, they also need a clear concept of hope. Using the concept analysis method described by Walker and Avant (2005) the meaning of hope in mental health recovery is clarified and its antecedents, attributes, consequences and empirical referents are identified.

Defining attributes, antecedents and consequences of hope in mental health recovery:

Five attributes of hope have been identified in the literature which are: a) Cognitive goal directed process b) Emotional energy c) Enabling the

possible d) Interelational process and e) Socially constructed.

Eleven antecedents of hope were identified including uncertainty, hopeful others, mental distress, a belief that growth can come from challenging experiences and meaningful information. Ten consequences of having hope emerged and these included increased motivation, the belief that recovery is possible, personal efficacy and improved physical and psychological health.

Empirical Referents: Thirty two scales have identified for assessing hope in the mental health population. Snyder et al.'s hope scales have been tested more often than others (Schrank et al. 2012). The Herth Hope Index has also been validated for use. This scale has 3 factors relating to temporality and the future, positive readiness and expectancy and interconnectedness with self and others. Finally Schrank et al. (2010) have developed an Integrative Hope Scale measuring four factors: trust and confidence; positive future orientation, social relations and personal perspective.

Conclusion: What has been established from this concept analysis of hope in mental health recovery is its criticality to mental health nursing practice. Furthermore, the identification of attributes, antecedents, consequences and empirical referents allowed the researcher in-depth insight into the concept subsequently informing the methodological approach used in her research study.

References:

Andresen, R., Oades, L. and Caputi, P. (2011) Psychological Recovery: Beyond Mental Illness. Oxford: Wiley-Blackwell.

Schrank, B., Woppmann, M., Sibitz, I. and Lauber, C. (2010) Development and validation of an integrative scale to assess hope. Health Expectations 14, 417-428.

Schrank, B., Bird, V., Rudnick, A. and Slade, M. (2012) Determinants, self-management and interventions for hope in people with mental disorders: systematic search and narrative review. Social Science and Medicine 74, 554-564.

Walker, L., Avant, K. (2005) Strategies for Theory Construction in Nursing. 4th ed. Prentice Hall, New Jersey.

Paper 3

Concept Analysis: Help-seeking

Authors and affiliation

Michael Anthony Reen, MSc, BSc, Doctoral Student, Ireland

Abstract

Background: The concept of seeking help is a relatively new one and, according to Puustinen et al. (2008), the revolution in the domain of help seeking was triggered just three decades ago by Nelson-Le Gall (1981, 1985). However it has been widely explored and within many different contexts such as: Adolescents and help seeking sources in education (Cakar and Savi 2014); Help seeking for suicidal ideation in the community (Calear et al. 2014); Assessment of mental health on help seeking in the perinatal period; Children, communication and help seeking .

Defining attributes, antecedents, and consequences of help seeking in mental health recovery.

In order to provide more illumination on the concept of help seeking, the following aspects are based on a scenario whereby a young male is experiencing depression or low mood. Four defining attributes of help seeking are identified in the literature.

1) Decision-making

2) Weighing up and choosing options

3) Openness to seeking help

4) The help seeking person must initiate help themselves

The potential antecedents are as follows: The young person is experiencing a loss of interest in the things he once enjoyed. He is experiencing low mood and he feels different from his friends.

The potential consequences are as follows: The young person will initiate recovery through seeking help. He may experience a sense of relief in that he has finally made a decision to recover. He will also have access to services and information that are available.

Empirical referents: While there are many scales and questionnaires that set out to measure the concept of help seeking, I have chosen the General Help Seeking Questionnaire (GHSQ) as the tool that most closely epitomises the aspect of help seeking that have been addressed.

Conclusion: It is hoped that by completing this analysis of help seeking, more research will be carried out on the concept, which will, in turn reflect on more adolescents presenting for help.

References:

Cakar F.S. and Savi S. (2014) an Exploratory Study of Adolescent's Help-Seeking Sources. Social and Behavioral Sciences 159, 610-614.

Calear A.L., Batterham P.J. and Christensen H. (2014) Predictors of help-seeking for suicidal ideation in the community: Risks and opportunities for public suicide prevention campaigns. Psychiatry Research 219, 525-530

Puustinen M., Lyyra A.L., Metsapelto R.L. and Pulkkinen L. (2008) Children's help seeking: The role of parenting. Learning and instruction 18, 160-171.

Paper 4

Concept Analysis: Resilience

Authors and affiliation

Gerardina Harnett, Head of Department of Nursing and Health Care Sciences, Institute of Technology Tralee, Ireland

Abstract

Background: If nurses are to advance resilience as a caring strategy nurses themselves must be resilient and consciously cultivate workplace environments that recognise and foster resilience (McAllister and Lowe, 2011). Applying a concept analysis method underpinned by Walker and Avant's framework (2005) the meaning of resilience will be explained through the examination of the attributes, antecedents and consequences.

Defining attributes, antecedents and consequences of resilience

Defining attributes include supporting health, seeking support, engaging fully in life and balancing recreation, rest and responsibility. Antecedents include adversity, stress and a realistic worldview. Consequences of resilience are psychosocial adaptation and growth.

Operational Definition: Resilience in a registered nurse is the ability to psychosocially adapt and grow in the face of adversity by supporting health, seeking support, engaging fully in life and balancing recreation, rest and responsibility.

Empirical Referents: The Resilience Scale 14 (Wagnild and Young, 1993) was used to measure resilience in registered nurses.

Conclusion: The concept of resilience clearly pertains to registered nurses. Identification of defining attributes, antecedents and consequences enabled the development of the operational definition and subsequent measurement of resilience in nurses.

References

McAllister, M. and Lowe, J. (Eds.) (2011) The Resilient Nurse: Empowering Your Practice. Springer: New York.

Wagnild, G.M. and Young, H.M. (1993) Development and psychometric evaluation of the resilience scale. Journal of Nursing Measurement 1, 165-178.

Walker, L.O. and Avant, K.C. (2005) Strategies for Theory Construction in Nursing. Upper Saddle River, NJ, USA: Pearson/Prentice Hall.

Paper 5

Concept Analysis: Anxiety

Authors and affiliation

Dr. Catrina Heffernan, DN, MSc, PGDE, BSc (Hons), RGN, RNT, Lecturer at the Department of Nursing and Health Care Sciences, Institute of Technology, Tralee, Ireland and an adjunct Professor at Sacred Heart University, Connecticut

Abstract

Background: Anxiety is a global health problem (Oliveira et al 2008). It is well established that nursing practice produces considerable anxiety. Using the concept analysis method described by Walker and Avant (2005), the meaning of anxiety will be explicated and the attributes and characteristics will be examined.

Defining attributes, antecedents and consequences of anxiety

Three attributes of anxiety have been identified in the literature which are; a) A subjective unpleasant feeling, b) An unknown source, and c) An emotional response.

The two antecedents of nurse anxiety were identified as capable of feeling emotion and the perception of potential threat. The consequences that emerged based on the analyses reviewed have been identified as: personal growth, positive change in behaviour, physical illness and negative change in behaviour.

Operational Definition: From the attributes the following definition of anxiety was proposed:

A state in which a registered nurse experiences a subjective unpleasant feeling that cannot be observed or measured directly, where the source is unknown, that manifests in an emotional response, unique to the nurse, that may or may not be observed and measured.

Empirical Referents: The State Trait Anxiety Inventory (STAI) (Spielberger et al. 1983) was used to measure Anxiety in my research study.

Conclusion: What has been established from this concept analysis is that anxiety is a distinct concept relevant to nursing practice. The presentation of attributes related to the concept, along with antecedents, consequences and the operational definition allowed for the researcher to identify and measure nurse anxiety in her research project.

References

Oliveira N., Chianca C.M., and Hussein Rasool G. (2008) A Validation Study of the Nursing Diagnosis Anxiety in Brazil. International Journal of Nursing Terminologies and Classifications 19(3), 102 – 110.

Spielberger C.D., Gorsuch R., Lushene P., Vagg P. and Jaobs G. (1983) Manual for State-Trait Anxiety Inventory (STAI). Consulting Psychologists Press, Palo Alto, CA.

Walker L. and Avant K. (2005) Strategies for theory construction in nursing. (4th ed.). Pearson/Prentice Hall, Upper Saddle River, New Jersey.

Symposium 7

Time: 1.40pm

Room: 7

Setting the research agenda for pain education research in the United Kingdom

Lead:

Dr Amelia Swift, Senior Lecturer in Nursing, Clinical Academic Lead at a large NHS Trust, and last year winner of a National award as Nurse Educator of the Year, UK

Education for healthcare professionals is driven by policy developed at Government level, translated by professional regulators (for example the Nursing and Midwifery Council), and enacted by higher education institutions (HEIs). HEIs operationalise educational standards, working with provider organisations and regulators to ensure students meet a minimum standard at the point of qualification. HEI-based and workplace learning are also influenced by national and international care priorities identified by specialist groups representing the combined views of academe, research, and clinical practice – for example in the case of pain, the International Association for the Study of Pain. Researchers have found pain management in clinical practice to be sub-standard, and much of the effort to address has focused on measuring the effects of 'education'. There have been repeated efforts to demonstrate that education improves pain management but we have yet to witness a sustained change. There is now a sufficient body of evidence to suggest a different or supplementary approach is needed in order to effect the desired change.

The first paper in this symposium explores the research in which education is used as a change-agent: methodological weaknesses will be identified. The second paper builds on this theme, exploring the influence of policy and professional guidance on the pain education curriculum. The third explores the art of curriculum development and shows how the current approach focuses on knowledge acquisition at the expense of development of useable skills and attitudes. The fourth paper explores the assessment processes used to evaluate the effectiveness of education, and demonstrates that these fail to recognise the key attributes of successful pain management practice, and ignore the patient voice. The symposium finishes with a facilitated discussion in which delegates to respond to the issues raised with the intention of generating novel approaches to the challenges outlined.

Paper 1

Improving pain management through educational intervention: current status and methods.

Authors and affiliation

Professor Michelle Briggs. University of Manchester and Central Manchester University Hospitals NHS Foundation Trust; Kate Thompson, Centre for Pain Research, Leeds Beckett University, UK

Abstract

Pain management has long been recognised as sub-optimal across all patient groups with many people continuing to experience unnecessary moderate to severe pain. There is also evidence that current pain education provision across health professional courses is insufficient given the prevalence and burden of pain described (Briggs et al. 2015, Briggs et al. 2011). Evaluating the effect of pain education is likely to be heterogeneous and complex. Outcomes of pain education may include evaluation of knowledge and skills both theoretically and practically. In addition, evaluating the effect of health education and training on patient outcomes is difficult in that the outcome (improved pain management) is some distance from the education received in pre-registration training. A recent scoping review (Thompson et al. 2016) had the following aims:-

1. Review the extent, range and nature of research that has examined or evaluated pain education in professional health courses from online education and medical databases e.g. Medline/ERIC (presented in paper 1).

2. Review the extent and nature of guidance for pain education from key organisational websites e.g. professional regulatory bodies, membership and special interest organisations (presented in paper 2).

This scoping review found research reports that examined or evaluated pain education across 12 countries with nearly half conducted in the USA (n=22). Methodological approaches to evaluate or examine pain education included survey questionnaires (n=26), observational/cohort studies (n=13), experimental designs (n=3), qualitative approaches (n=5), and document analysis (n=2). The patient's 'voice' was found to be very poorly represented; of 49 research papers included in this review only 1 included patients as participants.

This interactive symposium will explore the research to date and stimulate discussion as to what research we should be undertaking to understand and improve practice.

References

Briggs EV, Battelli D, Gordon D, Kopf A, Ribeiro S, Puig MM and Kress HG (2015): Current pain education within undergraduate medical studies across Europe: Advancing the Provision of Pain

Education and Learning (APPEAL) study. BMJ Open 5, e006984.

Briggs EV, Carr CJ and Whittaker MS (2011): Survey of undergraduate pain curricula for healthcare professionals in the United Kingdom. European Journal of Pain 15, 789-795.

Thompson K, Milligan J, Johnson MI and Briggs M (2016): Pain education in pre-registration professional health courses: a protocol for a scoping review. BMJ Open 6.

Paper 2

The influence of policy on professional pain education

Authors and affiliation

Professor Michelle Briggs. University of Manchester and Central Manchester University Hospitals NHS Foundation Trust; Kate Thompson, Centre for Pain Research, Leeds Beckett University UK

Abstract

Thompson et al.(2016) identified example pain education curricula and competency/guidance frameworks from special interest and professional bodies such as the International Association for the Study of Pain (IASP) and the Royal College of Nursing (RCN). These are freely available providing very useful resources for pre-registration pain education. Fourteen standards of education or training relevant to pain education across the regulatory bodies of twenty-nine health professions; General Medical Council (n=2), Nursing and Midwifery Council (n=3), Health and Care Professions Council (n=1), General Dental Council (n=7), General Chiropractic Council (n=1), General Pharmaceutical Council (n=0) were identified. The pain content varied across the health professions with only the General Dental Council (GDC) providing a specific standard for pain education within a biopsychosocial model of care.

This paper will identify the standards contained in the professional guidance, and set the scene for a discussion that will explore how far educational standards and policy should be influenced by regulatory bodies and specialist organisations.

Reference

Thompson K, Milligan J, Johnson MI and Briggs M (2016): Pain education in pre-registration professional health courses: a protocol for a scoping review. BMJ Open 6.

Paper 3

The challenge of curriculum design

Authors and affiliation

Professor Alison Twycross, London South Bank University. Dr Amelia Swift, University of Birmingham and University Hospitals Birmingham NHS Foundation Trust UK

Abstract

Over a number of years, the International Association for the Study of Pain (IASP) have published curricula for pre-registration training for a range of healthcare professionals. These consist of lists of topics specifying the knowledge students need to obtain about pain management during their pre-registration course. This reflects the traditional approach to curriculum design where learning outcomes tend to focus on theoretical knowledge and pay little attention to application in practice (Paper 1). Indeed, research in this area has tended to focus on knowledge and curricula deficits (Twycross and Roderique 2013). This is despite the fact that we know that knowledge alone does not always change practice (Twycross 2007).

If we are to ensure patients no longer experience unnecessary unrelieved pain we need to adopt evidence based approaches to education: focusing on knowledge gain alone is no longer sufficient. Curriculum planners could account better for the theory-practice gap and known limitations to translation. However, there is a lack of pedagogical awareness and criticality even among those who clinical staff who are directly affected by this, who believe that more of the same (educational strategies) will prepare them better.

Curricula need to be developed to take into account the time and resources needed to promote the use of educational initiatives that are effective in helping students gain useable knowledge and the skills to apply it. There must also be robust evaluation of the curriculum using evaluation strategies like that outlined by Thompson et al. (2016).

References

Thompson K, Milligan J, Johnson MI and Briggs M (2016): Pain education in pre-registration professional health courses: a protocol for a scoping review. BMJ Open 6.

Twycross A (2007): What is the impact of theoretical knowledge on children's nurses' post-operative pain management practices? An exploratory study. Nurse education today 27, 697-707.

Twycross A and Roderique L (2013): Review of pain content in three-year preregistration pediatric nursing courses in the United Kingdom. Pain Management Nursing 14, 247-258.

Paper 4

The challenge of competencies and assessment

Authors and affiliation

Dr Amelia Swift, University of Birmingham and University Hospitals Birmingham NHS Foundation Trust.

Professor Alison Twycross, London South Bank University UK

Abstract

The RCN Pain Knowledge and Skills Framework (PKSF, Royal College of Nursing 2015) articulates clearly the minimum requirements for unregistered and registered nurses at all career stages. It describes minimum levels of understanding of pain physiology, assessment strategies, a range of interventions, and participation at an appropriate level in service development. Expected achievement against each domain is defined in terms of competence (Benner 1984) and level of responsibility or seniority (Skills for Health 2010). Assessment strategies are suggested for each competency and include direct observation, evidence of training or education, audit and research participation or leadership, discussion, objective setting, appraisal or individual performance review, and reflection.

The RCN PKSF, therefore, offers the opportunity to define minimum standards of practice but we propose that the assessment strategy limits its utility due to a reductionist approach, and perhaps risk-aversion and a missed opportunity for creativity. For example, attainment in one domain is isolated from attainment in others, the competencies and their assessment are not linked to values, and the voice of patients and carers are not included.

This paper will provide the background and the stimulus to generate a discussion on...

- Stakeholder (NHS organisation, HEI, regulator, clinical area, patient and carer) perspectives on competence
- Assessment methods that facilitate translation of theory to practice
- Assessment methods that capture demonstration of values-based critically thoughtful care.

References

Benner P (1984) From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Prentice Hall.

Royal College of Nursing (2015) Pain Knowledge and Skills Framework. RCN, London.

Skills for Health (2010) Key elements of the career framework. Skills for Health, London.

Paper 5

Research priorities – Identifying the way forward

Authors and affiliations

Professor Michelle Briggs. University of Manchester and Central Manchester University Hospitals NHS Foundation Trust; Dr Amelia Swift, University of Birmingham and University Hospitals Birmingham NHS Foundation Trust; Professor Alison Twycross, London South Bank University, UK

Abstracts

In the course of this symposium we will have explored previous efforts to improve pain management practice through educational interventions, the competencies that nurses are encouraged to acquire, the curricula that should guide that development and the assessment that identifies attainment. In this part of the symposium delegates will be invited to engage with the panel in setting the agenda for further development of the existing guidance, and curricula, and identifying sound collaborative research projects and methods that will evaluate and drive improvement.

Delegates will be divided into three facilitated groups.

A) Methodology

In this group the delegates will be discuss the limitations of methods previously employed and create a recommendation for future studies to ensure rigour and to facilitate multi-site collaborative studies. The focus of the studies will be the evaluation of educational intervention in relation to measuring care quality and improvements in patient care.

B) Educational intervention

This group will discuss and create a pedagogically sound educational intervention that could be employed in undergraduate, post-graduate and clinical settings to improve pain management practices.

C) Assessment

This group will discuss how competence is assessed and develop an assessment process that includes knowledge, skills, attitudes and behaviours, and takes into account multiple stakeholder perspectives.

Symposium 8

Time: 1.40pm

Room: 9

Improving fundamental care in hospitals: how priority setting drives research

Lead:

Lisette Schoonhoven is Professor of Nursing at the University of Southampton. President of the European Pressure Ulcer Advisory Panel, associate editor of the Journal of Tissue Viability, and Fellow of the European Academy of Nursing Science.

She also co-leads the Fundamental Care in Hospitals theme in the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Wessex, together with Professor Peter Griffiths, UK

The quality of fundamental care delivered to patients in hospital, mainly by nurses and care assistants, is a major public concern. A series of investigations into high profile failures (such as the Francis Inquiries) have highlighted substantial and significant variations in the quality of fundamental care in NHS hospitals. For patients, the consequences of poor fundamental care can be devastating, leading to suffering, long term disability and avoidable death. Experience of poor care – first-hand or through reports – is likely to contribute to a loss of confidence and trust in the NHS.

However, good quality evidence to inform the improvement of fundamental care is largely lacking. 'Common sense' solutions to fundamental care problems are implemented but opportunities to learn, evaluate and embed them in practice are missed. Solutions may not clearly address the issues most important to patients or, in addressing single problems, may fail to address cumulative failures that interact to affect patient experience and outcome.

In this symposium we will present the development and delivery of a programme of research in fundamental care within the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Wessex region and beyond. This programme is developed and delivered in collaboration with PPI and key stakeholders to ensure it meets the needs of patients, public and the NHS.

Paper 1

Working with patients, public and service to identify priorities

Authors:

Anya De Iongh, PPI Champion, NIHR CLAHRC Wessex; Jane Ball, research fellow, University of Southampton;

Claire Ballinger, Principal Research Fellow and Lead, Patient and Public Involvement, NIHR CLAHRC Wessex, University of Southampton; Chiara Dall'Ora, Doctoral student NIHR CLAHRC Wessex, University of Southampton; Sally Crowe, Crowe Associates; Alex Recio Saucedo, research fellow, University of Southampton; Peter Griffiths, Professor, University of Southampton, UK

Abstract:

Background: The provision of high quality fundamental care in hospitals is a top priority for the NHS. However, it is unclear what research should be prioritised to improve care.

Aim: In this section we will describe and discuss our approach to involving patients/carers/public, clinicians and other stakeholders to identify issues that are priorities for research which could improve fundamental care in hospital. We focus on how we ensured that patient and public involvement was central to this process.

Methods: Patient and public involvement was integral to this project, with a patient leader/service user being a member of the core team who designed and executed this research. We developed an inclusive approach which consisted of six main phases: 1) Development of a conceptual framework of fundamental care, based on reports and literature 2) Consultation with a wide range of stakeholders through a survey, focus groups and interviews 3) Identifying themes from the responses to the consultation phase 4) Analysis to identify the most frequently cited topics 5) Prioritisation of the top 15 themes through a half day workshop, which led to a shortlist of five themes 6) Development of the top 5 themes into research areas.

Results: Three hundred forty stakeholders completed the consultation survey. Analysis of the survey responses and of focus groups and interviews led us to identify 15 high scoring themes. We presented these at the prioritisation workshop, attended by 39 participants. After a voting exercise we identified the 5 top research priorities.

Conclusions: The process provided a means of reaching consensus as to the important issues for future research to focus on to improve fundamental care on hospital wards.

Paper 2

Mapping research activities onto priority areas

Authors and affiliation

Peter Griffiths, Professor, University of Southampton; Jane Ball, research fellow, University of Southampton, UK

Abstract:

Our priority setting exercise identified 5 themes that were highest priority for fundamental care in the Wessex region

• Nurse staffing

• Individualised patient care

• Staff communication

• Staff attitudes and relationships with patients

• Information about care/communication

One key element in formulating a response to these priorities was to identify the extent to which current research programmes within our group, which had been developing alongside the priority setting exercise, was already addressing these. This would help us to identify gaps and to determine gaps that would be the highest priority for the development of future projects.

In this presentation we outline the ongoing programme of work and discus how this was already addressing many of these priorities, focussing in particular on our programme of research on safe staffing which has been informed by research priorities emerging from the Francis enquiries into care deficits at the Mid Staffordshire NHS Trust, evidence reviews undertaken for the national Institute for Health and Care Excellence to support its safe staffing guidance and collaboration with our partners in the NIHR CLAHRC (Wessex).

We will consider the challenges of responding to the demand and implicit expectation created by priority setting undertaken within the context of an ongoing research programme as opposed to priority setting undertaken by a research funder.

Paper 3

Improving fundamental care in hospitals

Authors and affiliation

Lisette Schoonhoven, professor, University of Southampton; Jo Hope, research fellow, University of Southampton; Ewa Crunden, research assistant, University of Southampton; Anya De Iongh, PPI Champion, NIHR CLAHRC Wessex; Jackie Bridges, professor, University of Southampton; Peter Griffiths, professor, University of Southampton, UK

Abstract:

Background: The relationship between the patient and health professional, and patient participation and involvement are core elements of patient-centred care, and have been identified as priorities for fundamental care research in our region.

This presentation will outline a new study within our group.

In this study we will combine promising interventions to improve patient-centred care, into one integrated intervention:

• Improving nurse-patient relationships: 'Creating Learning Environments for Compassionate Care (CLECC)' – developing leadership and team practices that enhance team capacity to provide compassionate care.

• Improving patient participation and involvement: the 'Tell-Us' Card – uncomplicated, structured tool for patients to make clear what is important to them.

• Tailoring care to the individual patient: adapting available care planning algorithms to take patients' needs and preferences into account.

We will explicitly target mobility, nutrition, continence, skin care, and sleep. These activities cannot be seen in isolation in nursing care and are at the basis of several nurse sensitive outcomes, like pressure ulcers, falls, and malnutrion. We hypothesize that improving these activities will decrease adverse events.

Aim: To assess the feasibility and acceptability of a combined intervention to improve patient-centred fundamental care activities.

Methods: First, we will develop the intervention by adapting the Tell-Us Card and the tailoring algorithms for use in the NHS, during 8 focus groups with recently discharged patients and nursing staff.

Second, we will implement the CLECC training and the adapted tools on 4 intervention wards (adult medical/surgical) in two NHS Trusts, with 2 wards serving as control.

Feasibility and acceptability will be assessed through a mixed-method process evaluation using questionnaires, qualitative interviews with patients and staff, analysis of relevant documents, and observations of staff-patient interactions. Baseline and post-intervention data will be collected on key outcomes: patients' and nurses' perception of patient-centredness of care, quality of staff-patient interactions, fundamental care activities.

Symposium 9

Time: 1.40pm

Room: 11

Are we seeing the whole picture? Capturing the impact of treatments and interventions on HRQoL in clinical settings.

Lead:

Simon Palfreyman, Assistant Professor, University of Alberta, Faculty of Nursing, Edmonton, Alberta. Canada

The ability to capture the impact that treatments and interventions have on health related quality of life (HRQoL) is central to the evaluation of healthcare delivery. The collection of these data on HRQoL through self-completed Patient Reported Outcome Measures (PROMs) has become routine within health services research and economic evaluation. However, the inclusion of HRQoL as a measure of the outcome of clinical care, outside of some specific surgical procedures, has been sporadic and patchy in the UK

This symposium will examine ways of incorporating HRQoL as an outcome within patient care and as means of improving services. The symposium will review the methodological challenges of finding, evaluating and capturing the impact of HRQoL. The first paper will explore the challenges and potential rewards using examples drawn from vascular disease and learning disabilities. It will also examine the practicalities of using recent frameworks in the use of PROMS in clinical practice (ISOQoL 2015 and Porter et al 2016). The second paper will examine whether incorporating qualitative data collection into the selection of PROMs can guide selection and provide a more complete picture of HRQoL. The final two papers will examine the practicalities of using PROMs in the clinical setting using the examples of learning disabilities and vascular disease. These will discuss the challenges and benefits but also provide pragmatic guidance on the selection and use of PROMS. Details will also be shared about the development of an electronic patient questionnaire which will be incorporated into the routine care of vascular patients.

Paper 1

The challenges of capturing HRQoL to evaluate clinical care

Author and affiliation

Simon Palfreyman. Assistant Professor, University of Alberta, Canada

Abstract

Patient Reported Outcomes Measures (PROMs) are being used within the UK NHS as an indicator of the quality of service and to compare service providers. Since 2009 patients undergoing four common surgical procedures (hip and knee replacement, varicose vein surgery, hernia repair) have been asked to complete PROMs. However, the wide, routine and effective use of PROMs within the clinical area, like nuclear fusion, seems to be just over the horizon.

There are a number of challenges to the widespread use of PROMs in the clinical care. Firstly, a top down implementation and imposition can have a significant impact. Clinicians and patients need to be clear about the relevance and benefit of using PROMs. Secondly, the selection of a specific PROM can be difficult due to the quality, number and range of PROMs available. It is important that PROMs cover domains (aspects) that are important to a specific group of patients and that the PROM is valid for the particular group or disease. Thirdly, there can also be issues about timelines and how best to administer PROMs Responses from participants may be influenced by recall bias and whether the PROM was completed electronically or not. Finally, there is still a lack of convincing evidence that the collection of such PROM data improves patient outcomes or service delivery.

A critical examination will be presented of these and other challenges that still need to be overcome for the widespread use and adoption of PROMs in clinical practice. This will provide the context and background for the other papers which will examine how these issues may be addressed in the clinical context.

References

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Paper 2

The use of qualitative data to examine which HRQoL domains are important to patients.

Authors and affiliation

Elizabeth Lumley, Research Associate, University of Sheffield. Patrick Phillips, Sheffield, UK; Rosie Duncan, Sheffield, UK; Helen Buckley Woods, Sheffield, UK; Georgina Jones, Leeds, UK; Jonathan Michaels' Sheffield, UK

Abstract

Background: Patient reported outcome measures (PROMs) allow measurement of outcomes elicited from patients; therefore PROMs should include domains that are relevant to patients. One source of this information may be existing qualitative research describing patient experiences and their impact on quality of life (QoL).

Aims: The aim of this qualitative evidence synthesis was to examine the symptoms and QoL domains that are important from the perspective of a patient with varicose veins (VV), and compare them to existing PROMs domains.

Methods: Eight electronic databases were searched to identify qualitative research published in English of the experiences of adults with VV. A thematic analysis was conducted and resulting themes were compared to existing VV PROM domains to evaluate if they captured the impact the VV have on patients.

Findings: A total of 1804 citations were identified; after screening only three studies met the inclusion criteria. Five overarching themes were described in the studies; physical impact, psychological impact, social impact, adapting to VV and reasons for seeking treatment.

Discussion: The range and intensity of reported symptoms and the participant's experience of VV was very varied. One key theme to emerge was adaptation, as there was evidence that patients attempted to adapt to the physical, psychological and social impact of VV. No PROM currently exists that would capture how VV patients adapt their lives.

Conclusion: The use of PROMS to gather information is well established in the NHS but those currently used may not capture the full impact. Qualitative research methods allow an in-depth understanding of the range and severity of symptoms experienced by patients, and the impact these may have. Dimensions of PROMs should be based on patient experiences, best generated by qualitative research methods.

Paper 3

Including people with learning disabilities in quality of life measurement: a methodological discussion

Author and affiliation

Rosie Duncan, Student Nurse Learning Disabilities, Sheffield Hallam University

Abstract

Background: There are approximately 1.5 million people with a learning disability in the UK It has been found that people with learning disabilities are institutionally discriminated against in the services they receive in the NHS (Mencap, 2012). In addition to mortality and morbidity, quality of life (QoL) outcomes are increasingly being used in routine NHS services. These are usually completed before and after treatment and can be completed by the patient, a clinician or by a proxy. As Jaydeokar (2015) reported, measuring outcomes for people with learning disabilities needs to be done across all services not only specialist learning disability services; however, there is little routine guidance on including people with learning disabilities or low literacy levels in QoL measurements across services. Therefore people with learning disabilities may be being excluded and marginalised from these data.

Aim: This discussion paper will explore and critically appraise the measurement of QoL for people with learning disabilities, and examine research regarding implementation into practice.

Methodological discussion: In this talk research looking at the implementation of QoL measurements in practice for people with a learning disability will be outlined. Evidence will be presented on the challenges of collecting QoL data in this heterogeneous group; including differences between self-report and proxy report. The challenges of including people with more profound learning disabilities in assessments and the issues of adapting validated measures will also be discussed. It will explore work that has been done to aid implementation and integration into practice, and reflect on where further research is needed to encourage the inclusion of people in outcome measurement.

Conclusion: Further research and guidance is needed to ensure people with learning disabilities are included in QoL outcome measurement.

References:

Jaydeokar, S., Tanzarella, M., Guinn, A., Hassiotis, A., McCarthy, J., and Roy, A (2015). An Intellectual Disability Outcomes Framework for improving the quality of services for people with intellectual disability. Faculty report, London: Faculty of Psychiatry of Intellectual Disability.

Mencap (2012) Death by Indifference: 74 Deaths and Counting. A Progress Report 5 Years On. London: Mencap.

Paper 4

Development of an electronic personal assessment questionnaire to capture the impact of living with a vascular condition: the ePAQ-VAS.

Authors and affiliation

Patrick Philips, Research Associate, University of Sheffield and Research Nurse, Sheffield Teaching Hospitals NHS Foundation Trust; Elizabeth Lumley, Sheffield, UK; Ahmed Aber, Sheffield, UK; Stephen Radley, Sheffield, UK; Georgina Jones, Leeds, UK; Jonathan Michaels, Sheffield, UK

Abstract

Background: Vascular conditions are predominantly chronic in nature, with treatment focused on risk and symptom management. Assessment of the symptoms of vascular disease, and impact on quality of life (QoL), is therefore important.

This presentation explores the development of a self-administered electronic questionnaire (ePAQ-VAS) for use with vascular patients. It will share findings from ongoing research relating to its development and evaluation.

Methods:

1. Synthesis of primary qualitative research investigating QoL impacts for those with vascular conditions was conducted using systematic review methodology.

2. Systematic reviews were used to identify existing PROMs used with vascular patients, and their psychometric properties were assessed using standard criteria.

3. Semi-structured interviews (n=55) were conducted with vascular patients to explore signs, symptoms and impacts of vascular disease.

4. A multi-disciplinary team used an iterative approach to develop a provisional version of ePAQ-VAS; analysis of the research in stages 1-3 informed the domains and individual items included.

Findings: The evidence synthesis and semi-structured interviews demonstrated a significant impact on QoL across all vascular conditions; however, the specific issues faced, and symptoms experienced, varied between individuals and across vascular populations. The current version of the ePAQ-VAS is provisional and paper based, collecting data on symptoms and QoL issues in four sections; generic, Carotid Artery Disease, Abdominal Aortic Aneurysm and combined arterial and vascular lower limb problems. It is based on multiple-choice questions in domains of pain, sensation, weakness, mobility, central nervous system, vision, activities of daily living, quality of life, anxiety and ulceration. Further development will include assessment of face validity, acceptability and appropriateness of the instrument, with patients and clinicians, before

large-scale assessment of the psychometric properties of an electronic version with around 850 vascular patients.

Symposium 10

Time: 1.40pm

Room: 14

Chair: Cecilia Anim OBE, President, Royal College of Nursing

The experiences of Black and Minority Ethnic Nurses in the NHS: seeking equality and fairness

Lead:

Elizabeth West, Professor in Applied Social Science, Faculty of Education and Health, University of Greenwich, London, UK

There are concerns about the persistence of inequalities in our society and health service and about how fairly and justly some groups are treated (NHS England, 2015). This symposium explores the experiences (mainly) of BME nurses in the NHS. The first paper (Harris et al) builds on work which showed that BME graduates find it more difficult to get a job and presents qualitative evidence that recent graduates believe that success in finding a job is mainly down to them as individuals, although they perceive considerable cultural barriers that might influence their ability to 'fit it' to some NHS organisations. The second paper (Nayar and West) follows BME and internationally recruited nurses (IRNs) into the work place, gathering together all of the studies of their experiences of work in the NHS. This systematic review shows that there is now a great deal of evidence suggesting that BME and IRN nurses suffer discrimination and experience many challenges to working in the NHS. The third paper then follows BME nurses through the regulatory process, testing widely held perceptions, often promulgated in the media, against data provided by the NMC. The study confirms that BME nurses are more likely to be referred to the NMC, particularly by employers, but does not support the claim that they are likely to receive a more severe penalty. The paper asks whether BME nurses are more likely to be in jobs that carry greater risk or whether their negative experiences in the workplace are linked to referrals. Finally, we end on a positive note. Paper four reports on the success of a programme of work designed to raise the confidence, aspirations and achievements of BME nurses in one Trust. This symposium is timely, important and likely to stimulate an interesting debate.

Paper 1

Equality of employment opportunities: perspectives of graduating nurses and physiotherapists.

Authors and affiliation

Ruth Harris, Professor of Health Care for Older Adults, Florence Nightingale Faculty of Nursing and Midwifery, King's College London, UK

Sylvie Marshall-Lucette, Lecturer, Faculty of Health, Social Care and Education, Kingston University of London and St George's, University of London; John Hammond, Associate Professor, Faculty of Health, Social Care and Education, Kingston University of London and St George's, University of London; Nigel Davies, Professor of Healthcare Leadership and Workforce Development, Faculty of Health and Social Sciences, University of Bedfordshire; Fiona Ross CBE, Professor of Nursing, Faculty of Health, Social Care and Education, Kingston University of London and St George's, University of London, UK

Abstract:

A recent study identified ethnicity as a significant predictor for success in securing employment for nurses at graduation (Harris et al 2013). Newly qualified nurses from non-White/British ethnic groups were less likely to get a job. However, the reasons why this inequality occurred were not addressed. Similar disadvantages are anticipated for physiotherapists.

This in-depth qualitative study explores the experience of student nurses (n=12) and physiotherapists (n=6) throughout their education and during the first 6-months post qualification to identify key experiences and milestones relating to successful employment particularly focusing on the perspectives from different ethnic groups. Participants were purposively sampled from one university to ensure diversity in terms of ethnic group, age and gender. The university ethics committee approved the study. In-depth semi-structured interviews were conducted at course completion and 6 months later.

Two main themes were identified; the proactive self ('It's up to me') and fitting in with organizational culture. The proactive self-theme included perceptions of employment success being due to student proactivity and resilience; qualities valued by employers. The second theme described the need to 'fit in' rather than the culture being inclusive and valuing difference. Some participants avoided applying to certain hospitals due to perceptions of discriminatory cultures, 'When I was a student someone told me, I wouldn't apply there 'cos you know, it's not really an ethnic hospital, you wouldn't fit in after a little while'. Alternatively accommodating strategies were described, 'needing to modify self to fit in'. Some participants recognized that they did not need to change and that aspects of their identity brought unsolicited rewards 'if your face fits then the barriers are reduced'.

The findings indicate that success in getting work is perceived as determined by individual factors, and fitting in is enabled by strategies adopted by the individual rather than the workplace.

Reference:

Harris, R., Ooms, A., Grant, R., Marshall-Lucette, S., Chu, C.S.F., Sayer, J. and Burke, L. (2013) 'Equality of employment opportunities for nurses at the point of qualification: An exploratory study', International journal of nursing studies, 50 (3), pp. 303-313.

Paper 2

The experiences of Black, Minority and Internationally Recruited Nurses and Midwives in the UK Healthcare system: A systematic review of the literature

Professor Helen Therese Allan RN RNT BSc PGDE PhD, Centre for Critical Research in Nursing and Midwifery, Middlesex University, London, UK

Authors and affiliation

Shoba Nayar, Research Fellow, Faculty of Education and Health, University of Greenwich, UK

Elizabeth West, Professor of Applied Social Science, Faculty of Education and Health, University of Greenwich, UK

Abstract:

Background: A significant proportion of the NHS workforce is composed of Black and Minority Ethnic (BME) and Internationally Recruited Nurses and Midwives (IRNandM). However, there are concerns about how some groups are treated when working in the UK healthcare system. Anecdotal evidence suggest that BME and IRNandM may experience bullying and discrimination, as well as being over-represented in local disciplinary procedures and employers' referral to the regulator.

Aims: The purpose of this study is to increase our understanding of the relationships among different ethnic groups in the healthcare workplace by identifying, appraising and synthesising all of the recent peer reviewed literature and reports on the experiences of BME and IRNandM working in the UK healthcare system.

Design: An integrative literature review was undertaken.

Data Sources: A comprehensive search was undertaken using Nursing Index; CINAHL; EBSCO; ERIC; Google Scholar; NHS Evidence; Nursing@OVID; Medline; Pubmed and Scopus databases January 2000-December 2015.

Review methods: Data were extracted using the CASP. A narrative summary of findings and statistical outcomes was undertaken.

Results: Eighteen UK studies (13 qualitative; 2 quantitative; 3 mixed methods) were included. There is evidence to suggest that Black, minority ethnic and internationally recruited nurses experience three key challenges that can affect their practice. These include: issues of communication, differences in cultural knowledge and professional skills, and perceptions of discrimination and racism. Given the majority of studies were qualitative, sample sizes were relatively small; therefore, caution needs to exercised in interpreting findings.

Conclusion: Without BME and IRNandM the NHS workforce would be unable to provide high quality care to all patients. There is an urgent need to understand how their experiences at work are related to clinical practice as well as their career aspirations and achievements.

Paper 3

The progress and outcomes of Black and Minority Nurses and Midwives through the Fitness to Practise process

Author and affiliation

Elizabeth West, Professor of Applied Social Science, Faculty of Education and Health, University of Greenwich, UK

Abstract:

Background: Across all the healthcare professions there is an increasing focus on equality and fairness in regulatory procedures. Some evidence exists that Black and Ethnic Minority (BME) nurses and midwives (NandM) are over-represented in disciplinary procedures and reports to the regulator.

Aims: The Nursing and Midwifery Council (NMC) commissioned an investigation into the progress and outcomes of BME NandM through their 'Fitness to Practise' process.

Data: Two sources of data were provided by the NMC; the first had data on all registrants up to December 2014 (n=681,258) and the second had data on cases referred to the NMC from April 2012 to December 2014 (n=5,851).

Methods: Descriptive statistics included percentages, histograms and cross-tabulation analysis. Causal models were estimated using ordinal and binary logistic regression.

Results: BME NandM are referred to the NMC more frequently than would be expected given their number on the register and are more likely to progress through to adjudication, the final stage of the Fitness to Practise (FtP) process. However, in causal models, BME status becomes insignificant once the source of referral is taken into account. The most common source of referral for BME NandM is employers whereas

for White NandM, it is members of the public. The study did not find that BME NandM are more severely penalised; NandM of Unknown or White ethnicity are the most likely, and BME NandN are the least likely to receive a penalty which prohibits them from working.

Discussion and conclusions: This study confirms the perception that BME nurses are more likely to be referred to the NMC but not that they are likely to receive a more severe penalty. This is the first quantitative study of FtP in the UK and could make a significant contribution to the design of interventions to ensure fairness and equality in NHS employment and regulatory practises.

Paper 4

Practising diversity and promoting inclusion: Impact of an intervention to raise the confidence, aspirations and achievement of Black, Minority Ethnic and Female staff in an Acute NHS Trust

Author and affiliation

Oyebanjii Adewumi, Associate Director Inclusion, Bart's Health NHS Trust, London, UK

Abstract:

Background: Barts Health, one of the country's largest NHS Trusts, has a diverse workforce of over fifteen thousand with 47% stating that they are from a BME background.

Aims: To design, implement and assess the impact of a programme on the confidence, aspirations and attainment of BME and female staff.

Methods: A baseline assessment of the Trusts workforce showed under-representation of BME and female staff in senior positions.

A programme of practical and motivational workshops was co-designed and delivered by a leading life coach and motivational speaker.

Data on staff achievements were gathered and compared to the baseline assessment. Evaluation forms completed by participants were analysed.

Results: Twelve cohorts with approximately 150 staff completed the programme by September 2016. Outcomes included an increase in the number of staff gaining promotion, secondments, Women in Science and Engineering (WISE) Fellowships, and joining the NHS Leadership Academy programme. Individuals also made decisions such as learning to drive, seeking further education, mentoring or shadowing that will have a positive impact on their job prospects.

Positive outcomes for the Trust include the development of a Trust Career Service and an improvement plan that incorporates leadership and organisational development as a building block to achieve safe and compassionate care. A film on BME staff experience has been developed and has been used as part of both national and international Recruitment Drive

Discussion and conclusions: This case study highlights the positive impact that diversity interventions such as targeted Career development programmes for BME and female NHS staff can have on outcomes for staff, NHS organisations and in the long run, improving patients experiences of care.

Symposium 11

Time: 1.40pm

Room: 15

Maximising the impact of nursing research

Lead:

Dr Ann McMahon, Research and Innovation Manager, Royal College of Nursing; Co-Editor in Chief of the Sage publication Journal of Research in Nursing; Institute of Leadership and Management (ILM) accredited trainer; Visiting Research Fellow at Glasgow University and an Honorary Professor at Plymouth University.

The Royal College of Nursing is the world's largest nursing union and professional body. The overall aim of this symposium is to consider the potential for nurse scientists to increase the impact of their research by working with their professional body and exploring how they might do so. At this international conference, the Royal College of Nursing of the United Kingdom is considered as a case in point.

In paper 1 Kelly and McMahon examine the international requirement for nurse scientists to demonstrate the impact of their research. They explore the ambition of the RCN to be evidence informed and consider where nurse scientists may potentially contribute to the work of the RCN and in turn maximise the impact of their research.

The following 3 papers focus on an area where the RCN is working to ensure it is evidence informed: the development and quality assurance of professional resources published and endorsed by the RCN. In paper 2, O'Carroll describes the RCNs recently published lifecycle approach to assuring the quality of the wide range of professional resources highlighting the contribution of research and evaluation evidence. Papers 3 and 4 present case studies illustrating where sections of the framework have been tested in practice. In paper 3 Bayliss illustrates where the RCN's in-house evidence team were commissioned to support the refreshment of professional standards in IV Therapy: here the team managed the development of evidence reviews. In the final paper Currie discusses and critiques a pragmatic approach to evaluating the use and perceived value of RCN travel health guidance and considers the lessons learned from the approach. The symposium concludes with a discussion on whether nurse-scientists see or indeed have realised the potential of working with their professional body to increase the impact of their research.

Paper 1

Maximising the Impact of nursing research through collaboration

Authors and affiliations

Professor Daniel Kelly, Cardiff University; Ann McMahon, Research and Innovation Manager, RCN (UK)

Abstract

The UK assessment of academic research has and will continue to require nurse researchers to demonstrate both the academic and the wider impact of their research. As a professional practice-facing discipline, nursing is arguably very well placed to demonstrate its impact on health and social care policy and practice. An analysis of REF 2014 impact case studies, that made reference to nursing, highlighted not only the immediately visible impact but also the hidden contribution of nursing in research (Kelly et al 2016). This paper examines the interpretation of impact within UK assessments of research, reflect on nursing's experiences of demonstrating research impact to date (ibid). It will consider the implications for contemporary health and social care policy, and the future of nursing science, education and practice. Furthermore it will consider strategies for increasing the visibility of the impact of nursing science and the need to plan for the next REF.

The paper will then discuss the role and function of the world's largest professional union of nurses, the Royal College of Nursing of the UK (RCN): representing nurses and nursing; supporting members; providing expert advice and influencing on behalf of nurses and nursing; building, assuring, sharing and using nursing knowledge. It will consider the synergies between nursing scientist's need to demonstrate impact and the role and function of the RCN. In conclusion the paper will consider the potential of maximising research impact on health and social care policy and nursing practice through collaboration and how this may be realised.

References

Kelly, D., Kent, B., McMahon, A., Taylor, J., Traynor, M. (2016) Impact case studies submitted to REF 2014: the hidden impact of nursing research

Journal of Research in Nursing 21:4 256-568

Paper 2

The Quality Framework for RCN professional resources

Author and affiliation:

Dave O'Carroll, Programme Manager, Information and Resources, RCN, UK

As the professional body for UK nursing, and an evidence-informed organisation, the Royal College of Nursing (RCN), through its membership forums, is committed to producing high quality professional resources, including competencies, guidance, standards, statements and research reports. A Quality Framework (RCN, 2016) has been developed (Jun 2015-Apr 2016) with the aim of ensuring a co-ordinated and well-governed approach to the development and quality assurance of all RCN published professional resources and our endorsement of externally developed resources.

Through its lifecycle approach, the Quality Framework supports members and staff to build quality into their work and draw upon the latest available evidence (where it exists) when developing and reviewing professional resources. Based on the Canadian Institutes of Health Research instrument for the appraisal of guidelines for research and evaluation (AGREE, 2013), the framework sets out nine quality standards that all professional resources produced by the RCN should meet.

A resource's lifecycle begins with the identification of the evidence of its need (either a new or adapted resource) and progresses through the stages of business definition, detailed planning, development and testing, assurance and sign off, dissemination, implementation, evaluation and revision or withdrawal.

This paper will outline how we developed the Quality Framework, before considering each stage of the lifecycle. It will discuss the merits of including a hierarchy of evidence (DID, 2014), and the implications of attempting to map these onto different types of professional publication. Finally, it will consider ways to evaluate the impact on practice and policy of the professional publications we produce.

References

RCN (2016), "The Quality Framework for RCN professional publications", RCN, London

AGREE next steps consortium (2013), "Appraisal of guidelines for research and evaluation II instrument", Canadian Institutes of Health Research

Department for International Development (2014), "How to Note: Assessing the strength of evidence", DID, London

Paper 3

An evidence-informed approach to developing professional nursing publications: the case of RCN Standards for Infusion Therapy and a rapid evidence review

Authors and affiliation

Anda Bayliss, Research and Innovation Manager (Evidence); Lynne Currie, Research and Innovation Analyst, RCN (UK)

Abstract

The RCN Research and Innovation (Evidence) Team was commissioned in 2015 to undertake a rapid evidence review to support the refresh of the RCN Standards for Infusion Therapy, last published in 2010. Following developments such as the Quality Framework for RCN professional publications, the Standards production group (comprising a project and an advisory group) took an evidence-informed approach to developing a professional nursing publication and applying organisational quality guidelines.

Evidence comes in at various points in the quality cycle: of need for the professional resource, of what constitutes effective and safe clinical practice and service delivery to be included in the resource, of quality of resource, of impact of resource. This paper will present an example of how a practice standards production group used evidence to support their decision making about the development of content and the presentation of that content in a way that indicates the level of confidence in the evidence that the advice was based on.

The evidence input consisted of the following strands: (1) formal membership of an evidence team representative of the Standards project group; (2) counsel to the advisory group regarding options to meet evidence needs; (3) commissioning, management and publication of a rapid evidence review; (4) steer on the representation of evidence (type and strength) in the Standards content and general quality assurance.

The benefits and challenges of the approach will be discussed with particular reference to resource identification and management, using nurse and non-nurse researchers, stakeholder relations, some technical aspects of the review and how this process tested the RCN Quality Framework. Reflections will also be presented about the impact of an evidence function to promote understanding of and commitment to the evidence-based practice agenda.

Paper 4

Evaluating a Professional Resource for Travel Health Nursing

Authors and affiliation

Lynne Currie, Research and Innovation Analyst; Julian Russell, Research and Innovation Analyst; Anda Bayliss, Research and Innovation Manager (Evidence), RCN (UK)

Abstract

Background: The resource "Travel Health Nursing: career and competency development' contains information on guidelines and standards for the care of travellers by registered professionals (RCN, 2012).

Aim: To capture users' perceptions of the resource with a view to inform decision-making about its future revision.

Method: Face-to-face interviews with key stakeholders and a survey to a wider set of users. Prior to the survey an interview schedule was developed which informed the development of appropriate survey questions.

Findings: The qualitative findings revealed participants perceptions of using the document, its content, format and benefits. Participants also expressed their views of the wider context of travel health medicine, including its evolution and key benefits, how it might be evaluated, and any drawbacks to the delivery of good travel health advice.

The survey reported most respondents as registered nurses (93%) with the majority providing direct care (88%). Most travel health advice was delivered through consultations in a GP surgery (76%). While a fifth of respondents reported no knowledge of the resource, over a third (36%) had undertaken a training course in travel health. More than half the respondents (58%) reported using the resource for personal development. The sections of the document most used and highly rated were pre-travel risk assessment and risk management. Over two thirds of respondents (71%) reported being mostly or fully satisfied with the resource. In terms of additions to the resource, 80% of respondents identified vaccine preventable diseases and migrant/refugee health issues, and 95% wanted further emphasis beyond vaccinations and immunisations.

Conclusions: Travel health nurses working in the UK have a recognised set of standards linking grade and career progression to their clinical skills. These are well regarded and are identified as an important benchmark for training requirements.

References

RCN (2012) Travel Health Nursing: Career and competency development. London. RCN.

Posters

Poster tour A

Theme: Quality and safety: Mixed methods

Leaving North School entrance at: 1.25pm

Poster 1   (Abstract 127)

Accuracy of sedation boluses documentation in PICU

Stacey Orr, Degree in child health, NHS Lothian, Royal Hospital for Sick Children, Edinburgh, Scotland

A. Centola, C. Burney, K. Jack, J. McCormick, J. Wilson, T. Lo, Scotland

Abstract

Introduction: In paediatric ventilated patients, in addition to continuous IV sedation, boluses of sedation are required to achieve optimal comfort, and safety. The accuracy of sedation boluses documentation in our unit was unknown.

Aim: We aim to determine the accuracy of sedation boluses documentation in our PICU, and to assess staff's knowledge and the usefulness of existing guidelines on sedation boluses documentation.

Methods: A pre-designed electronic proforma on the clinical information system (CIS) was used to collect data on the total amount of sedation boluses delivered per patient and whether the sedation boluses were documented during a two week period randomly selected by our nursing audit/research team. All nursing staff in PICU was also surveyed to determine their knowledge on sedation boluses documentation. Existing guidelines on drug administration and IV sedation were examined to determine if there was specific guidance on sedation boluses documentation.

Results: 80% of all sedation boluses delivered was not documented on the CIS during the audit period. The existing guidelines on drug administration and IV sedation did not have guidance on documentation of sedation boluses. Majority (79%) of the junior staff did not know how to document sedation boluses on CIS. Drug administration guideline was updated to include guidance on sedation boluses documentation.

Conclusion: Poor documentation of sedation boluses delivered in PICU is caused by lack of clear guidance and training on documentation procedures. Updating drug administration guideline and a tailor-made training programme may improve documentation and warrants further study.

Poster 2   (Abstract 189)

How can national evaluators enhance evidence from local transformational change to influence policy and decision making?

Lucy Johnston, Ba; MSc, Senior Research Fellow, School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK

Karen Campbell, UK

Abstract

Background: A multi-disciplinary team at Edinburgh Napier University are evaluating the Macmillan Cancer Support funded Transforming Care after Treatment programme in Scotland (TCAT) which established 25 local projects, each with different local approaches to improving the after care of people living with and beyond cancer.

A substantial component of the programme evaluation is to support individual projects evaluate change by contributing to a programme of education and support to increase the capacity of local cancer nurses and professionals to conduct robust service evaluations, ensure consistent data collection across the programme and maximise impact on policy decisions.

Discussion: Researchers at Edinburgh Napier University are ensuring and enhancing local evidence from TCAT 'test' sites which has included:

- Facilitation of 4 evaluation practice workshops
- Establishment of a support/advice mechanism with named point of contact within the evaluation team for each local project
- Face to face meetings with projects to understand the proposed local evaluation methods and approaches
- Specification of minimum data for all local evaluations
- Provision of local reporting guidance and report template
- Provision of patient/service user feedback survey tools and analysis of returns
- Review of potential for Health Economic analysis of each local project

By working to ensure and enhance local evidence of change and improvement, we are co-producing valuable data to inform evidence based practice, developing research awareness and skills among cancer nurses and creating and disseminating a wide knowledge base that is influencing practice.

Conclusion: The production and dissemination of high quality practice and service evaluations is key to influencing policy and political decision making. This presentation will discuss how the evaluation activities of local practitioners can be enhanced and sustained. Through case studies of two projects the challenges and successes of smaller service evaluations influencing wider practice and decision making will be illustrated.

Poster 3   (Abstract 235)

Towards person-centred care: development of a patient support needs tool for patients with advanced Chronic Obstructive Pulmonary Disease (COPD)

Carole Gardener, CQSW, MA MSc, Research assistant, Dept. of Public Health and Primary Care, University of Cambridge, Cambridge, UK

Gail Ewing, UK; Morag Farquhar, UK

Abstract

Background: Patients with advanced COPD have difficulty articulating their support needs to health care professionals, undermining person-centred care. A new intervention, the Support Needs Approach for Patients (SNAP), informed by, and modelled on, the evidence-based Carer Support Needs Assessment Tool (CSNAT), may enable patients to identify and express their support needs. SNAP is underpinned by an evidence-based tool to help patients consider and express their support needs.

Aim: This study aimed to develop the SNAP tool, suitable for use in clinical practice.

Methods: Two-stage qualitative study. Stage 1: domains of support need in advanced COPD were identified through a rapid review of the literature, analysis of data from an established dataset (n=20 purposively sampled patients with advanced COPD) and patient focus groups. Stage 2: the draft SNAP tool was developed based on the identified domains of support need, then reviewed and refined in stakeholder workshops to ensure acceptability and suitability. The established dataset was collected between Jan 2013-Jan 2016. Data collection within this study took place between June-August 2016.

Results: A comprehensive range of evidence-based domains of support need were identified and formulated into items for inclusion on the draft SNAP tool. The draft tool asked patients to consider whether they need more support in relation to 15 broad areas (domains) of support need e.g understanding their illness and getting out and about. Patients, carers and clinical stakeholders broadly endorsed the content and wording of the draft tool and the proposed Support Needs Approach for Patients.

Discussion: The evidence supports implementation enabling delivery of good practice recommendations on person-centred care.

Conclusion: The SNAP tool has the potential to help patients with advanced COPD identify and express their support needs to clinicians in order to enable delivery of person-centred care. Future work will test tool validity and feasibility in clinical practice.

Poster 4 (Abstract 191)

Realistic and appreciative: developing a dual model of evaluation of 'Transforming Care after Treatment' programme in Scotland

Lucy Johnston, Ba; MSc, Senior Research Fellow, School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK

Stephen Smith, UK; Lucy Johnston, UK

Abstract

Background: The Transforming Care after Treatment programme in Scotland (TCAT) aims to improve the after care for people living with and beyond cancer by focussing on improving patient experience/outcomes, enhancing service integration/coordination, increasing the patient voice and empowering practitioners with the skills, knowledge, attitudes and behaviours to support excellence in survivorship. Funded by Macmillan Cancer Support, TCAT established national and regional structures to support the implementation of 25 projects, each with different approaches.

The methodological approach applied to the programme evaluation is Realistic Evaluation in combination with Appreciative Inquiry, to all fieldwork and analysis. Our findings to date illustrate the added value of evaluating change through these theoretical 'lens'.

Methodological Discussion: Combining evaluation models provides a focus for fieldwork and analysis aiming to enhance understanding regarding: context of the projects, the drivers of change and resulting outcomes. In addition, there is a deliberate focus on what works well and understanding why and how success can be generalised and deliberately replicated and transferred to other areas.

Fieldwork (May 2014 to October 2016) will be used as an exemplar of this dual model. The mixed methods include the demographics and concerns of over 2,000 people, in depth interviews with stakeholders (n=21); focus group discussions with local projects at the start and end of implementation (n = 14) and an annual online survey of wider stakeholders (n = 195 in 2015 and n=220 in 2016) with a 55% response rate.

Conclusion: This combination has been adopted to recognise and understand key findings in the real world from numerous

local multi-component interventions within a complex regional and national programme structure.

This presentation will discuss the benefits and challenges of combining these theoretical approaches into our fieldwork and a more in depth discussion regarding building CMO's (context, mechanism and outcome) for future research hypothesis.

Poster tour B

Theme: Quality and safety: Quantitative

Leaving North School entrance at: 1.25pm

Poster 5 (Abstract 140)

The effectiveness of e-health mobile application on improving self-management of adult patients with type 2 diabetes.

Yuen Yee Lam, Master of Science in Nursing; Master in Diabetes, Endocrinology and Metabolism, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong

Janet WH Sit, Hong Kong; Eliza ML Wong, Hong Kong; Tracy S L Lau, Hong Kong; Doris YP Leung, Hong Kong; Emmy Lau, Hong Kong; SY Chair, Hong Kong

Abstract

Background: Type 2 diabetes(T2DM) affects one in 10 people in Hong Kong(HK). For patients with T2DM, there is growing interest in self-management which emphasizes the patient's central role in managing their illness. Using e-health technology provides a widely accessible, 24-hour platform to promote disease self-management.

Purpose: The study aims to determine the effectiveness of a newly developed mobile application- iCare for T2DM patients in HK. We hypothesize that people with T2DM receiving i-Care, compare with control subjects, will demonstrate 1) more frequent practices of self-care behavior, 2) greater self-efficacy, and 3) a better psychological well-being at 3 months.

Methods: A two-armed randomized controlled trial has been conducted at a diabetes clinic in HK from Feb to Dec, 2016. A total of 170 eligible participants were recruited by convenience sampling and randomized to a control group or intervention group. Following baseline measures, all participants who were allocated to the intervention group install iCare to their smartphone on top of the usual care. Those participants in the control group continue with usual care within the whole study period. All outcome measures are assessed at baseline and 3 months after in both groups. Data is analyzed according to the intention-to-treat principle.

Results: All the demographic and baseline data were collected. Participants had a mean age of 57 years, 54.7% were male, 82.8% had completed a secondary school or higher education. The baseline outcome measures did not differ significantly between groups (p= .199 for the self-care behavior; p= .683 for the self-efficacy; p= .701 for the diabetes distress). The 3-month follow-up data collection is now in progress and the result will be available in December 2016.

Conclusion: The results of the study will demonstrate the effectiveness of e-health technology on self-care behavioral change, self-efficacy and psychological outcome. It will inform the development of the mobile application for T2DM patients in self-management in HK.

Poster 6 (Abstract 218)

Mothers' experiences of using phototherapy device in postnatal wards at a central hospital in Brunei Darussalam: a market survey

Hjh Jainah Binti Hj Musa, Institute of Health Sciences, University Brunei Darussalam, Gadong, Brunei

Nur Syarfa Syazana Ahmadyani, Darinah Haji-Abdul-Manaf, Liling Chaw, Khadizah H. Abdul-Mumin, Munikumar Ramasamy Venkatasalu

Abstract

Introduction: Phototherapy is a device used for treating hyperbilirubinemia in newborns. It is usually bulky, occupying space and cause maternal-infant separation even though it is just next to mother's bed. Yet, little is known on the use of phototherapy in terms of its convenience, safety, the effects to maternal-infant bonding and breastfeeding.

Aim: This study investigate nurses, midwives and mothers' perception on the current phototherapy device for its convenience, safety, the effects to maternal-infant bonding and breastfeeding.

Methods: A survey was conducted at postnatal wards in a central hospital in Brunei Darussalam. All mothers with jaundiced babies and on phototherapy, admitted in a period of one week of data collection, nurses and midwives were invited to participate by answering a self-administered questionnaire. Data were tabulated and analysed descriptively using 'R' Software version 3.3.

Results: Mothers whom babies were jaundiced (n=31), and nurses and midwives having experienced caring for jaundiced babies (n=58) all participated in the study (100%). Although all the mothers (100% [n=31]) understand that phototherapy reduces jaundice, they are faced with challenges during phototherapy that include less time to breast feed the baby (64.5% [n=20]); difficulties in caring for the baby (58.1% [n=18]); and separation from baby (48.4% [n=15]). Only

12.9 % (n=4) mothers with babies on standing phototherapy and 19.2% (n=5) mothers on Bili bed can breastfeed their baby without interruptions. Nurses and midwives also reported that mothers have difficulty while nursing their jaundiced baby on Bili bed (58.7% [n=37]), and standing phototherapy (31.7% [n=19]). The Bili bed phototherapy (67.7% [n=42]) and standing phototherapy (28.3% [n=17]) also caused a lot of interruptions during breastfeeding.

Conclusion: Although nurses, midwives, and mothers understand the purpose of phototherapy, they are concerned that the current design of the phototherapy might injure the mothers or their babies or both. It is suggested that future study should include designing, developing and testing phototherapy devices that reduce interruptions in maternal-infant bonding.

Poster 7   (Abstract 12)

A controlled trial of a mindfulness-based intervention for people with schizophrenia

Professor Wai Tong Chien, PhD, MPhil, BN (Hons), RMN, Professor and Associate Head, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong

Sally WC Chan, Australia; Thanos Karatzias, Scotland, UK

Abstract

Background: Mindfulness-based interventions have been increasingly evidenced to be effective in different mental illnesses but limited in schizophrenia.

Aim/Objectives: This randomized controlled trial tested the effects of a mindfulness-based psycho-education group programme (MPGP in addition to usual care), versus a conventional psycho-education group programme and treatment-as-usual alone, in schizophrenia over a 12-month follow-up.

Methods: This was a single-blind, multi-site randomised controlled trial with three study arms. In each of two study sites (outpatient clinics), 69 outpatients with schizophrenia or its subtypes (N=138) randomly allocated to one of the three study groups (n=46) after baseline measurements and underwent six months of intervention. Primary outcomes including patients' mental state and re-hospitalization rate and other secondary outcomes were assessed at entry and at one week and six months.

Results: Multivariate analyses of variance (followed by univariate contrast tests) indicated that the MPGP participants indicated significant greater reductions in their psychotic symptoms [F(2,136)=6.07; p=0.003], and length/duration of re-hospitalizations (p=0.005) at 6-month follow-up. Patients in the MPGP group also reported significant greater improvements in their insight into illness/treatment (p=0.001)

and level of functioning (p=0.002) than the conventional psycho-education group and usual care alone at the one-week and six-month follow-up.

Conclusions: The findings suggest that mindfulness-based psycho-education programme can be useful in improving the short- to medium-term clinical outcomes of outpatients with schizophrenia, not only in terms of their mental state and risk of relapse, but also their insight into illness/treatment and psychosocial functioning.

Poster 8   (Abstract 268)

Experiences of using the Honest Broker Service for analysis of a maternity dataset and a prescribing dataset to determine the profile of women in Northern Ireland who have accessed maternity services and who have heart conditions

Mary Gillespie, MSc; BSc (Hons); RGN; RM, Midwife and PhD Student, Ulster University, UK

Prof Marlene Sinclair, Dr Janine Stockdale, Dr Joan Condell, Dr Inez Cooke, Northern Ireland

Abstract

Background: The Honest Broker Service (HBS) (2016), offered by the Health and Social Care Business Services Organisation, facilitates access to health and social care data. Datasets have been imported to the data warehouse where they are pseudonymised, anonymised and linked to other datasets, if requested. A fee is charged at a daily rate (Sinclair, 2015).

Online application process: Online application requesting access to linked data from the Northern Ireland Maternity System (NIMATS) and the Electronic Prescribing Database (EPD) was made to the HBS. NIMATS records medical, social, previous pregnancy, present pregnancy, labour, birth and postnatal details. The EPD records dispensed prescription medication. Ethical approval from the University and the Office for Research Ethics Committees Northern Ireland (ORECNI) was granted. The HBS provided mandatory Safe Researcher Training. The application was approved by the HBS Governance Board.

Data Access: Data were available in the Safe Haven, a secure room within the HBS, where no internet or telephone access is permitted. Data was supplied in two Excel files. Multiple conditions were presented as multiple lines of data. These needed condensed into one line and exported into the Statistical Package for the Social Science (SPSS, 2013). Although NIMATS contains pre-defined categories for data collection, much of the information was stored in free text fields, which required categorisation. SPSS syntax was used to merge both datasets

for statistical analysis. To preserve confidentiality, results with less than 10 cases could not be reported separately.

Outcome: The data retrieved from the HBS has proved invaluable as a phase of a research study which informed subsequent phases. It is important to note the levels of application and ethical approval, the need to have prior knowledge of Excel, SPSS and data linkage and the lengthy process of accessing, recoding and reclassifying free text into a format suitable for analysis.

Poster 19   (Abstract 293)

'Should I Stay or Should I Go Now?' A study exploring mothers' lived experiences of abusive relationships and how to survive

Diane Phimister, RMN, BSc, MA, Coventry University, UK

Abstract

This study completed in November 2016 investigated the lived experience of 9 mothers who survived abusive interpersonal relationships. The study explores social attachment experiences in particular the role of motherhood and how the consequences of abusive interactions can significantly influence their decision making processes.

Methods: The study used interpretative phenomenological analysis (IPA) employing semi-structured interviews. The sample population were adult mothers who had been free from an abusive partner for at least one year.

Findings: The analysis revealed that an extraordinary series of traumatic relationships that take place from early childhood and throughout participants' lives. This pattern of abuse led to dysfunctional coping strategies such as withdrawal and a vulnerability to suicide. However, mothers often demonstrated the ability to make complex and subtle risk assessment decisions in order to minimise and protect themselves and their children from harm.

Conclusions: The relationship difficulties across the life course are explained through the use of attachment theory and theories of power and control and highlights: 1) interpersonal violence does not take place in a social vacuum; 2) continuously living in a world which provokes anxiety and fear alters perceptions of attachment relationships; 3) a combination of partner infidelity; feeling 'unfulfilled' and a realisation that their children were 'in danger' seemed to trigger a significant break in the relationship.

Implications: For practitioners there needs to be an ideological shift away from understanding domestic abuse as an isolated social event, but as deeply entrenched within women/mothers' experiences throughout the course of their lives; 2) Formal support agencies need to recognise

that the decision making skills of mothers can be enhanced by promoting methods that empower the 'self' and encourage wider social engagement 3) Interventions should be made available to help mothers 'rediscover' and 'reinvent' themselves, and thereby present the possibility of a future without violence.

Poster 20   (Abstract 186)

Living with vascular disease: A qualitative study.

Elizabeth Lumley, RGN, BA (Hons), MSc Clinical Research, Staff Nurse, Research Associate, The University of Sheffield/Sheffield Teaching Hospitals Foundation Trust, Sheffield, UK

Patrick Phillips, UK; Rosie Duncan, UK; Simon Palfreyman, Canada; Angela.M.Tod, UK; Georgina Jones, UK; Jonathan Michaels, UK

Abstract

Background: This qualitative study examined the impact of vascular conditions on patients' quality of life (QoL). The findings were used to help inform the development and selection of Patient Reported Outcome Measures (PROMs) for vascular patients. This study formed part of an NIHR Research Programme that aims to develop a system for using PROMs in clinical practice and make recommendations for service development and patient care.

Aims: To explore the signs, symptoms and impacts of five vascular conditions on QoL, in order to guide the choice of PROMs for these groups. The five conditions were; peripheral arterial disease (PAD), abdominal aortic aneurysm (AAA), carotid arterial disease (CAD), venous leg ulcers (VLU) and varicose veins (VV).

Methods: A purposive sample of 55 vascular patients was recruited, providing a range of diagnoses, ages and gender. Semi-structured interviews were conducted and Framework Analysis used to analyse the data. A matrix of condition specific themes, and themes common across all five conditions, was generated.

Findings: The findings demonstrate the range and extent of impact on QoL across the five conditions. Eight overarching themes were identified; symptoms, pain, mobility, comorbidities, impact on physical function, social impact, psychological impact, financial impact and lifestyle. Themes applied across the five conditions; however the extent and nature of patient experience differed between conditions. Some symptoms appeared in each condition group. Comorbidities were common in most conditions and had a cumulative impact on the vascular condition; where this occurred QoL and functioning were more severely affected.

Conclusion: This study presents a unique overview of patient experience related to five vascular conditions. It maps the symptoms and impact across the conditions. The apparent overlap in symptoms and impact indicates there may be a place for a PROM that can be used across all conditions.

Poster tour C

Theme: Quality and safety: Action Research/Evaluation

Leaving North School entrance at: 1.25pm

Poster 9   (Abstract 66)

What are the components of a 'good' ward round in a large adult critical care unit and how can we make them happen more often? an appreciative inquiry study

Clair Merriman, MSc, HPCE, RGN, Oxford Brookes University, Oxford, UK

Abstract

Background: The ward round (WR) and its place in the promotion of quality care is of particular concern in critical care, where the increasing complexity of work demands excellent communication within the multidisciplinary team (MDT) and effective ways of organising interrelated interventions of critical ill patients. Given the high workloads and emotionally and technically demanding nature of work in critical care, the traditional WR is viewed as too time consuming.

Aims:

• Study current WR practices in a large regional ACCU and contextualize findings within relevant literature and policy.

• Understand and improve multidisciplinary WR practices.

• Work with MDTs to prioritise WR practice improvements, propose solutions, develop materials and processes, innovate and evaluate.

Methods: A collaborative service improvement-focused methodology was utilised. Data collection was underpinned by Appreciative Inquiry (AI) (Cooperrider, and Srivastva, 1987) and used contrasting methods to gain a holistic understanding:

• Ethnographic Observations

• Key Informant Interviews

• Recording Quantitative information about the conduct of the WR

• A pre validated questionnaire: Team Psychological Safety

Guided by question from the AI framework qualitative data was scrutinised using iterative thematic analysis (DeSantis and Ugarriza, 2000). Descriptive summaries of quantitative data were provided.

Results: Data analysis identified three themes and a number of subthemes that exemplified a Good Ward Round:

'Good Use of Time'

'Good Use of Expertise'

'Good Use of Communication'

Discussions and conclusions: Unpacking the complexities of the WR provided new ways of 'looking' at and reflecting upon WR practices generating new understandings of what the WR 'is' and what it needs to look 'like' to have an impact on patient safety and efficiencies of staff time. It is hoped that this work will yield conclusions which are valuable to HCPs, policy makers and future researcher of the WR.

Poster 10   (Abstract 182)

Implementation of an international quality improvement initiative for children with Inflammatory Bowel Disease (IBD) at Cambridge University Hospitals: Improve Care Now (ICN)

Claire Lee, BSc (Hons), RN Child, MSc Clinical Research, Cambridge University Hospitals NHS Foundation Trust, Addenbrooke's Hospital and Paediatric Gastroenterology, Hepatology and Nutrition Team, Cambridge, UK

Dr Matt Zilbauer (UK), Dr Rob Heuschkel (UK), Dr Franco Torrente (UK), Dr Marco Gasparotto (UK), Dr Megan Maidment (UK), Deborah Cunion (UK), Anna Folan (UK), Mary Brennan (UK)

Abstract

Background: IBD are conditions causing chronic relapsing inflammation of the gastrointestinal tract [1]. Up to 30% of patients are diagnosed in childhood, where IBD has profound negative impact on growth and development as well as psychological and educational needs [2]. Given the complex nature of IBD, standard of care varies substantially amongst centres, which is likely to influence long term outcome. ICN is the largest IBD registry worldwide [3] aiming to improve and standardise the care for children diagnosed with IBD by creating a collaborative community of patients, families and health care providers.

Aim: To present an overview of the experiences of Cambridge University Hospitals (CUH) Paediatric IBD Team with joining ICN, challenges encountered and directions for the future.

Results: Challenges faced by the CUH team included securing agreements for data transfer to the US, ethical approval, obtaining funding, designing information for children and families and organising the recruitment process. Imple-

mentation of a novel electronic hospital health-care record system (i.e. EPIC) at CUH in 2014 provided an ideal platform for standardised data collection and transfer. However, major hurdles had to be overcome in order to implement ICN within EPIC at CUH.

At the time of approval, 218 patients were eligible for registration. Currently 84 children have been registered (39%), and 67 (80%) of these have also given informed consent for their data to contribute towards future research. Our next aim is to achieve a registration rate of 75% (of total population) as this will allow us to generate meaningful reference data and benchmark our performance against leading US centres.

Conclusion: ICN has great potential to transform the care of paediatric patients, as well as providing a unique dataset to perform future research studies ultimately improving the life of children and young people with IBD.

Poster 11   (Abstract 282)

The Wessex AsThma CoHort (WATCH) difficult asthma study; integrating research into the clinic.

Yvette Thirlwall, BN (hons), Respiratory Research Sister, University Hospital Southampton Foundation Trust, Southampton, UK

Fernando Gonzales, Clair Barber, Kerry Gove, Kamran Tariq, Paddy Dennison, Ramesh J Kurukulaaratchy, England, UK

Abstract

The WATCH Study is a longitudinal study of patients under the Difficult Asthma Clinic at University Hospital Southampton, UK To create a better real life understanding of difficult asthma (British Thoracic Society (BTS) step 4/5), a process of clinical dataset compilation, meeting clinical and research needs, was adopted.

One objective was to trial feasibility of longitudinal data collection in a large outpatient clinic cohort. Other aims included:

a) Merging research and clinical objectives; meeting needs of the BTS Difficult Asthma registry plus data collation needed for research purposes

b) Ensuring all eligible patients have the opportunity to participate in research, current and future

c) Gathering all relevant clinical data to support clinical phenotyping

d) Ensuring data was collected in a time efficient manner

Number of patients recruited to date (279). Recruitment rate (18.6 per month). Total recruitment failures; due to lack of asthma severity (17). Number declining participation (14). Number withdrawn (2) (no reason given).

Using a method combining clinical and research services to collect longitudinal data from this large cohort of patients attending the Difficult Asthma clinic was feasible and successful. The majority of patients approached were consented, participated and stayed in the study.

Poster 12   (Abstract 232)

Co-operative inquiry: a methodology for working collaboratively with people living with dementia

Katie Davis, MSc Advanced Nursing, Bachelor of Nursing (Mental Health), PhD Student, University of Manchester, Manchester, UK

Dr Caroline Swarbrick (UK), Dr Penny Bee (UK), Professor John Keady (UK)

Abstract

Dementia is a neurodegenerative condition which currently affects over 850,000 people in the UK It is estimated that worldwide, there is a new diagnosis every four seconds. With the number of people with dementia rising, the study of this condition is recognised as being increasingly important and with that, a call for people with dementia to have their voice heard. Within the literature, it is noted that although participatory approaches to enquiry are being adopted to study the experiences of people with dementia, the voice of people with dementia is often lost. Therefore, it is important to consider methodologies that enhance the inclusion of people living with dementia in research.

Heron and Reason (2006) propose a model of co-operative inquiry, whereby the traditional research roles of researcher and participant are replaced by a partnership that fosters a creative, practical collaboration. New to the field of dementia research, co-operative inquiry is an approach to participatory research that involves cycles of action and reflection and aims to address the concerns of the population being researched.

This poster will present an example of how co-operative inquiry can be used to enhance the involvement of people with dementia in research. The study draws upon the expertise of a group of people living with dementia in the North West of England to explore how such a group is facilitated. Potential challenges to the research including that of capacity and consent will also be presented. The term 'co-researchers' is being used in this research to define the collaborative nature of the research (Swarbrick, 2015) and is used to describe members of the public and experts by their own lived experience, actively working in partnership with 'academic researchers' in all - or parts - of the research process.

Poster tour D

Theme: Quality and safety: Questionnaires/Case study

Leaving North School entrance at: 1.25pm

Poster 13   (Abstract 13)

Socio-demographic predictors and clinical nurses' knowledge and utilization of research in Abia State University Teaching Hospital, Aba, Abia State, Nigeria

Alberta David Nsemo, BNSc.,PGDE,MSc., Ph.D, Academia, Department of Nursing Science, University of Calabar, Calabar, Nigeria

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Abstract

Evidence suggests lack of knowledge, negative attitude and low utilization of research findings among clinical nurses which is linked to their educational background, years of experience and exposure to research activities. The importance of research in determining the quality of Nursing Care and also changing Nursing practice for better cannot be overemphasised. This study was therefore carried out to ascertain the influence of educational background and years of experience of clinical nurses on their level of knowledge of research process, and the level of utilization of research findings respectively, as well as identify barriers to research utilization in Abia State University Teaching Hospital, Aba, Abia State, Nigeria. The study adopted a descriptive design. A stratified random sampling was used to select a sample of 120 Registered Nurses and data collection was done using questionnaire. SPSS version 17.0 was used for data analysis using percentages and Chi square analyses technique. The result showed that the respondents had good knowledge of research process (88.7%), and sometimes utilize research findings in practice. Educational status was found to have a significant relationship with clinical nurses' level of knowledge of research process while years of experience is not significantly related to their utilization of research findings in nursing practice. Some of the barriers identified were lack of time to read and understand research, lack of skills to carry out research, lack of incentives, and lack of co-operation from the administration. Based on these, the study recommended that research teams be formed in the clinical settings, collaboration between nurse educators and the clinical team in carrying out researches should be upheld, and the research results should be made known to the hospital management for necessary implementation.

KEYWORDS: Clinical Nurses, Educational background, Years of experience, Research process, Knowledge, Research utilization, Barriers.

Poster 14 (Abstract 288)

Wide range of interventions on offer at palliative care day services: evidence from a detailed mapping exercise

Professor George Kernohan, BSc, PhD, Professor of Health Research, Institute of Nursing and Health Research, Ulster University, Newtownabbey, UK

Kevin Brazil, Felicity Hasson, Joanne Jordan, Sonja McIlfatrick, Joanna Coast, Louise Jones, Kathy Armour, Anne Finucane, Lisa Graham, UK

Abstract

Background: In the UK, palliative care day services have been developed to support people with life-limiting illness who live in their own home. Despite the growth of PCDS over the past twenty years, ambiguity concerning their organisation and content persists.

Aim: We aimed to address this ambiguity by mapping services at three sites in England, Scotland and Northern Ireland.

Methods: A systematic review of:

- policy and operational documents provided evidence on the organisation of care, and;
- the records of a 25% random sample of new patients attending in 2015 provided evidence on the content of care.

Results: Based on a mixed medical and social model of care, the three services are characterised by:

- wide ranging patient care and support, spanning physical, psychological, emotional and social domains;
- caring for both patients and their informal carers;
- proactive care, based on regular assessment and follow-up;
- being able to respond to a majority of identified needs 'in-house';
- where such response in unavailable, ensuring onward referral and follow-up;
- extensive liaison with other health and social care providers

Conclusion: Findings demonstrate a breadth and depth to provision as day services act as a community-based 'locus' of highly responsive, coordinated, multi-disciplinary and cross-sectoral care.

Poster 15 (Abstract 31)

Testing staff's ability to gauge fluid intake

Chris Tattersall, RN (Adult), Research and Development Manager, Hywel Dda University Health Board, Haverfordwest, UK

Abstract

Background: Accurate fluid balance records are a fundamental aspect of the nursing role due to the crucial importance of maintaining health, especially in the elderly. However, little is known regarding the real inaccuracies of recorded input.

Aim: To evaluate the accuracy of staff's ability to gauge fluid intake in elderly care settings when faced with vessels containing residual fluid.

Method: Members of staff from a variety of elderly care areas in hospital (at mandatory training sessions) and private nursing homes (random homes at handover periods) were asked to estimate the amount of fluid consumed by a fictitious patient from six commonly used containers. Each container had a representative 'fluid' remaining (solid Polyurethane Resin) in order that all participants assessed the same examples. For each container the participant was asked to estimate how much has been consumed by the patient.

Results: 123 staff responded to the research (sample size target: 50 hospital staff, 50 nursing home staff), 66 from hospital areas and 57 from private nursing homes. 58 participants were qualified nurses and 65 were care staff. 75% of all estimates were outside an acceptable level of error (up to a 10% error in volume estimated). There was no significant difference between qualified nurses and care staff (p=0.27), or between hospital staff and care home staff (p=0.67). Time in healthcare was also not found to be a factor. Data was collected between May and December 2015.

Discussion and conclusion: Very little differences between qualified or unqualified staff and whether employed in a hospital or nursing home were found when estimating volumes of consumed fluid. Estimates of fluid volume by staff were poor when faced with estimating consumption from vessels containing a residual fluid. Further research on the best strategies for improving this aspect of care is required.

Poster 16 (Abstract 133)

Trauma tertiary survey compliance and missed injury rates after the introduction of a dedicated trauma service at a major trauma centre

Elizabeth Wake, Bachelor of Science - Nursing, Diploma in Nursing, Master of Health Professional Education, Gold Coast Hospital and Health Service, Southport, Australia

Kate Dale, Australia, Don Campbell, Australia, Martin Wullschleger, Australia, Gerben Keijzers, Australia

Abstract

Background: Keijzers et al (2011) evaluated trauma tertiary survey (TTS) performance in a regional trauma hospital without a dedicated Trauma Service. This audit evaluated change in TTS performance and missed injury rates since the commencement of a dedicated Trauma Service at the same hospital. Missed injury patterns relating to mechanism of injury were also evaluated. Results of each study were compared.

Methods: A retrospective chart audit was undertaken of all patients triggering a 'Trauma Call' with high risk mechanism, two or more body systems injured or complex isolated chest or abdominal injuries at a Major Trauma Centre admitted from 1st July 2014 to 30th June 2016 identified via the Trauma Registry. Missed injury was defined as:

- Type I, in-hospital, (injury missed at initial assessment, detected within 24 h);
- Type II, in-hospital (detected in hospital after 24 h, missed at initial assessment and by TTS).

Results: 2613 patients were audited and had a mean age of 37. The mean injury severity score was 11. Of patients with a LOS > 24 hours, 90% received a TTS, of these 89% were completed within 24 hours. Of the 1573 patients that received a TTS 8% were diagnosed with a missed injury (Type I and II combined). The cohort with the highest missed injury rates (11%) were those with a LOS of 0-12 hours and >72 hours.

Conclusion: TTS completion improved by 70% and identification of missed injuries increased with the introduction of a dedicated Trauma Service. Only 10% of patients discharged within 12 hours received a TTS. Interestingly, this cohort of patients had the highest missed injury rate of 11%.

Poster tour E

Theme: Quality and safety: Qualitative

Leaving North School entrance at: 1.25pm

Poster 17   (Abstract 119)

Managing night-time vital signs observations: the conflicting care work of supporting sleep and preventing deterioration

Dr Jo Hope, PhD, MSc, BSc, University of Southampton, Southampton, UK

Carole Fogg, UK; Peter Griffiths, UK; Alex Recio-Saucedo, UK; Gary Smith, UK; Greta Westwood, UK; Paul Schmidt, UK on behalf of the Night Surveillance Study team.

Abstract

Background: Regular vital signs monitoring is important in identifying deterioration in the condition of hospitalised patients. Early warning scores are used to determine the risk of deterioration and observations are scheduled to reflect this risk. However, while evidence suggests nurses often omit scheduled vital signs observations at night, there is little research exploring why.

Method: As part of a multi methods study on night time surveillance in hospitals, interviews were conducted with nursing staff and Health Care Assistants to explore reasons for not taking vital signs at night. Interviewees worked in a hospital that uses an electronic monitoring system to record and determine the required frequency of observations. Staff were purposively recruited from the previous survey stage of this study from wards with differing levels of night time observation compliance.

Results: Seventeen interviews were undertaken in March and April 2016. Interviewees reported not believing all scheduled observations were necessary. Although they took observations they perceived as 'unnecessary' during the day, at night these conflicted with the perceived need to support sleep, so were missed or delayed. Decisions about whether or not to take observations at predetermined times were influenced by patient group characteristics, ability to minimise sleep disruption, ward-level clinical decision making processes, the influence of hospital surveillance, and individual staff reputation.

Discussion: Findings suggest that as a result of decisions on taking night time observations, certain patient groups may be under-monitored at night. Complex care issues are involved in balancing patients' need for sleep with the need to check and manage deterioration. **Conclusion:** Practice recommendations focus on methods for supporting sleep while maintaining safety, particularly in groups with complex needs, (e.g. people with dementia or chronic conditions), and taking into account ward and individual exceptions to the hospital-wide observation frequency policy during the night.

Poster 18   (Abstract 97)

Oral health in care homes: a patient and public involvement project in the local community.

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

Phoebe Purcell, UK

Abstract

Background: Dental diseases are a major public health problem despite being preventable. On average, 80% of the people in care homes are living with dementia and rely on staff to assist them with day-to-day activities such as brushing their teeth.

Aim: The objective was to work in partnership with care homes in the local community to develop a small-scale project and collect views and opinions on oral health from service users, their carers, healthcare workers and the care home managers.

Method: A qualitative research design was utilised and focus groups (n=12) were conducted using a patient and public involvement (PPI) approach. Information collected from focus groups was transcribed and thematically analysed.

Results: A number of themes were identified: mouth care routine, barriers, challenges and 'how would you see this working?' Teeth are cleaned with toothpaste and a toothbrush but there are different levels of ability. The most common barriers were time, refusal, pride and dementia. The most common challenges were dementia itself, depression and end of life. A reoccurring theme was difficulties in accessing Dental Care Professionals (DCPs).

Discussion: Those living with dementia want to see improved access and more dementia friendly notes being used at the dentist. A significant output from working with service users and healthcare workers was the development of picture guides to help with the tooth brushing process. The outputs of the PPI work provided valuable information and forms an integral part to pursuing and contributing to further research in this area.

Conclusions: The outputs would suggest that a community based participatory approach is needed and a need for organisational change in care homes in terms of living with dementia. The service users and healthcare workers have identified a need for DCPs to work with care homes in the community.

Poster tour O

Theme: Late Breaking Abstracts

Leaving North School entrance at: 1.25pm

Poster 60   (Abstract 308)

Prospective observational pilot study assessing the role of the Actiwatch in diagnosing restless legs syndrome (RLS) in patients with myotonic dystrophy Type 1 (DM1)

Donna Clements, BSc, Norfolk and Norwich University Hospital NHS Foundation Trust, UK

Dr Kath Mares, England, UK

Abstract

Title: Prospective observational pilot study assessing the role of the Actiwatch in diagnosing Restless Legs Syndrome (RLS) in patients with Myotonic Dystrophy type 1 (DM1).

Background: Around 9,500 people in the UK have DM1[1]. One of the most troublesome symptoms of this disease is excessive daytime sleepiness[2]. It is theorised that a possible cause is disturbed sleep due to RLS[3]. Currently, diagnosis of RLS is made using diagnostic criteria gained through consultation. This can be unreliable in people with DM1 who often have learning difficulties.

Aims: This project aimed to measure any movement recorded with an Actiwatch as an objective tool to better diagnose RLS in people with DM1.

Methods: This single centre observational study had a 3-night observation period occurring in September 2016. 8 patients with DM1 were screened for eligibility, 2 eligible participants completed the RLS severity scale, the sleep diary and wore the Actiwatch. The results of those 2 participants were written up as narrative case studies.

Results: The results show that the Actiwatch was successful as an objective tool in recording leg movements in people with DM1 who met criteria for RLS, as per current subjective clinical guidelines.

Discussion: This study demonstrates that the Actiwatch, worn for three consecutive nights, records leg movement activity in people with RLS and DM1 when sleeping. This is consistent with current literature although should be treated with caution due to the sample size. Developing a RLS objective diagnostic aid for people who find it difficult to give a clinical history is important to aid both the design of clinical trials and in clinical practice leading to better management of RLS in people with DM1.

Conclusion: Recommendations for future research would include a wider study to validate the use of the Actiwatch as a diagnostic tool for RLS in this population.

Poster 61 (Abstract 317)

'Exploring the attitudes of colorectal oncology patients towards pre-operative exercise: a qualitative study'

Laura Gallego, BsC (Hons) Critical Care Nursing, University College London Hospital NHS Trust, London, UK

Dr Caroline McGraw, UK

Abstract

Background: Emerging evidence suggests that pre-operative exercise could optimise patients' baseline physical condition and may mitigate some of the post-operative complications. Regular exercise can also reduce some of the negative cancer-related symptoms.

Despite the potential benefits of pre-operative exercise, many patients decrease their physical activity levels following colorectal cancer diagnosis. In order to effectively implement pre-operative exercise in clinical practice, it is necessary to understand why this may happen and how health professionals can assist patients in maximising their engagement and adherence.

Aims: The study aimed to understand the perspectives and attitudes towards pre-operative exercise of oncology patients who had recently undergone major elective colorectal surgery and to identify potential barriers and motivators to engagement.

Methods: A qualitative research design was adopted. During July 2016 to January 2017, ten patients were invited to take part in a semi-structured interview. Interviews were audio-recorded and transcribed verbatim. Main themes were identified from the data using thematic analysis.

Findings: Three key themes emerged from the data which were:

(1) Barriers to engagement with pre-operative exercise. The main sub-themes identified were: (i) cancer-related side effects, (ii) competing priorities, (iii) advice received, (iv) fear, (v) perceived current levels of physical activity, (vi) misconceptions about exercise.

(2) Motivators to pre-operative exercise. The main sub-themes identified were: (i) previous experience of physical activity, (ii) enjoyment, (iii) perceived psychological benefits, (iv) social encouragement, (v) impact of cancer diagnosis, (vi) perceived physical effects of exercise.

(3) Facilitators to successfully introduce a future pre-operative exercise programme: The main sub-themes identified were: (i) exercise programme nature (ii) flexibility and individuality, (iii) presentation style, (iv) provision of safety and reassurance, (v) emphasis on potential benefits.

Discussion and Conclusion: By utilising the identified themes, health professionals could be better prepared to identify potential barriers and support patients to engage with and adhere to pre-operative exercise routines.

Poster 62 (Abstract 306)

Intermittent fasting interventions for the treatment of overweight and obesity in adults aged 18 years and over: a systematic review

Professor Sharon Hamilton, PhD, MA, BA(Hons), RN, Professor of Nursing, Teesside University, Middlesbrough, UK

Leanne Harris, Scotland. Liane Azevedo, England. Joan Olajide, England. Caroline DeBrun, England, Vicki Whittaker, England. Catherine Hankey, Scotland. Louisa Ells, England.

Abstract

Background: Intermittent energy restriction diets such as alternate day fasting, intermittent fasting and the 'fast diet' are popular weight-loss interventions. However the supporting evidence of effectiveness is currently limited.

Aim: To systematically review the effectiveness of intermittent energy restriction in the treatment for overweight and obesity in adults (BMI ≥25 kg/m2), when compared to usual care treatment [continuous energy restriction (CER)] or no treatment (ad libitum).

Method: A systematic search strategy was developed and run in November 2015 to identify peer reviewed RCTs and pseudo-RCTs. The review protocol (Ells et al. 2015) followed the Joanna Briggs Institute approach (JBI 2014). Two reviewers independently assessed retrieved papers for methodological quality and independently extracted data. All results were subject to double data entry. Data were, where possible, pooled in statistical meta-analysis using Comprehensive Meta-Analysis software. Effect sizes were expressed as weighted mean differences and their 95% confidence intervals were calculated for meta-analyses.

Results: Six studies were included in this review (mean duration of interventions: 5.6 months; range: 3 months to 12 months). Four studies included CER as a comparator intervention and two studies included a no treatment control. Meta-analyses reported that intermittent energy restriction was more effective than no treatment for weight loss (-4.22 kg; 95% CI -5.48 kg to -2.97 kg; p > 0.001). However, the pooled estimate for studies that investigated the effect of intermittent energy restriction in comparison to CER revealed no significant difference in body weight loss (-1.03 kg; 95% CI -2.46 kg to 0.40 kg; p = 0.156).

Discussion: This review demonstrated that intermittent energy restriction is as effective as CER for short-term weight loss. Future research on the long-term effectiveness is warranted as only one study reported a longer-term intervention: this revealed that change in body weight was sustainable in both intermittent and CER conditions over the 12 months intervention period.

Poster 63 (Abstract 315)

An analysis of enquiries relating to Men B vaccination received to a regional immunisation advice service for health professionals

Karen Ford, MSc(Public Health), Post Grad Certificate (Medical Education), BN (Hons), Oxford Vaccine Group,

University of Oxford Department of Paediatrics, Oxford, UK

Abstract

Background: Vaccination against Meningococcal group B (Men B) was introduced routinely in UK in September 2015 (PHE 2016). When MenB vaccine is administered alongside other routine infant immunisations fever had been reported in up to 61% of infants (Gossger, 2012), therefore practice changed to recommend prophylactic paracetamol for routine infant immunisations.

Aims: To review the nature of enquiries about MenB vaccination received to a specialist immunisation service within the Thames Valley comparing enquiry content over a three month period at the start of vaccination programme 1st Sep 2015 - 30th Nov 2015 (quarter 2015) with a three month period one year into the programme 1st Sep 2016 - 30th Nov 2016 (quarter 2016).

To review if the change of practice to routinely recommend prophylactic paracetamol generated enquiries.

Method: Enquiries received in quarter 2015 and quarter 2016 relating to MenB vaccination were analysed and grouped into categories. Nine main themes emerged. Enquiries that had paracetamol or Calpol recorded in their description were reviewed as a subset to further investigate content.

Results: 590 enquiries were received in quarter 2015, 75 (13%) related to MenB compared to 34 (8%) in quarter 2016 (total enquires 426). Themes of MenB enquiries changed within the quarters. Surprisingly, only six enquiries related to paracetamol in quarter 2015 and 2 in quarter 2016.

Discussion: As a change to a vaccination programmes matures the nature of the enquiries that health professionals have about it alter.

Conclusion: Training and resources created to inform health professionals about a change to policy are vital to ensuring its effective implementation in practice. With any change questions will arise from those delivering it and resources need to be in place to respond to them.

Poster 70 (Abstract 311)

'What are post-stroke community patients' experiences of a secondary stroke prevention (SSP) package offered by a Community Neurological Rehabilitation Team (CNRT) in the South East of England and their views on how it could be improved?' A work based formative service evaluation.

Karen Jephson, RN. DN. MA Health Promotion, Community Neurological Rehabiltation Nurse, Sussex Community NHS Foundation Trust, Brighton, UK

Abstract

Stroke is a leading cause of disability and death especially in Low and Middle Income Countries highlighting that prevention should be a global health priority (Feigin et al 2015 and Norving et al 2015). Somewhere in the world a stroke happens every two seconds and up to 30% of all global strokes are thought to be secondary (WHO 2011). Secondary Stroke Prevention (SSP) aims to help people reduce their risk of having another stroke. This project aimed to evaluate a SSP package which helped patients identify their risk factors and suggested ways to help change behaviours.

During September-November 2016 ten community post-stroke patients who had had their stroke within the previous six months were questioned about their experience of receiving a SSP package. The SSP package consisted of an assessment followed by structured sessions. It was flexible and enabled patients to help themselves reduce their risk of having a secondary stroke. Semi-structured interviews were digitally recorded then transcribed and analysed using a thematic framework.

Participants valued the SSP package and wanted to know what had happened to them, they welcomed explanations and felt supported and empowered to identify their risk factors. Minimal suggestions were made for improvement but ideas on how to enhance the SSP package were discussed.

The SSP package should remain being delivered in its current adaptable format by staff that value empowerment. Focus should be placed on refining tools that address dietary intake, as this was a risk factor consistently identified. The value of incorporating aides such as anatomical models should not be wederestimated. The SSP package is a relatively cost effective tool that can be used in a variety of settings. Ideas could be scoped on how to provide peer support in the longer term through groups to help sustain any positive lifestyle changes.

Poster tour F

Theme: Workforce and employment: Policy/Improvement

Leaving North School entrance at: 1.25pm

Poster 21

Withdrawn

Poster 22 (Abstract 277)

Managing clinical research nurses: the Edinburgh experience

Jean Bruce, RGN, BSc PG Dip, NHS Lothian, Edinburgh, UK

Abstract

Background: In Scotland, Clinical Research Nurses (CRN) were working in isolation, had varying levels of contractual accountability arrangements, inadequate job descriptions and variable supervision, performance review, induction and continuing professional development. A new role was introduced, in 2014, to NHS Lothian, Edinburgh - a Clinical Research Nurse Manager (CRNM). Although similar roles exist in the Clinical Research Facilities (CRF) in Scotland this was the first position to line manage stand alone CRNs and have professional accountability for those working for Edinburgh University.

Aim: To ensure consistent ways for CRNs giving specialist and professional support and promote on going education and training. To provide a cohesive, safe, effective, flexible workforce providing quality research across NHS Lothian.

Methods: A scoping exercise with all CRNs to identify line management structures, completed using face to face discussion and telephone conversations. Links made and relationships built with Principle Investigators, Research and Development, Lead Nurses, Edinburgh University Human Resources and Clinical Research Facility.

Results: A varied and large scope of practice with conflicting priorities and differing expectations of stakeholders. The cultural change required to change management structure met both resistance and acceptance. A need for education and training to develop a standard induction programme.

Outcomes: A clear line management structure for CRNs who work out with the CRF, either by the CRNM or by head nurse of speciality directorates.

• An advocate to tackle operational issues

• A quarterly Professional Research Nurse Forum meeting enhances communications and creates a sense of teamwork.

• A standardised induction booklet for all CRNs in conjunction with CRF, University and Research Networks

• All job descriptions rewritten to reflect roles and responsibilities

• Standardised process for recruitment and selection and overview of resource planning.

• Expert oversight of clinical and research governance issues

Poster 23 (Abstract 188)

Research debate: participative research as an approach to prevent and pre-empt negative staff behaviours in the workplace

Jane Dundas, MSc, PgCE, BSc, RGN, Kingston University, UK

Abstract

Background: Bullying in the workplace remains an issue of serious concern. 25% of nurses experience harassment, bullying and abuse from other members of staff, (NHS England, 2016); and evidence suggests many more staff witness bullying behaviours, than report it (Carter et al, 2013). The detrimental impact of workplace bullying on staff is well documented, yet international research fails to demonstrate unequivocal evidence for effective, preventative interventions, (Illing et al, 2013).

Aim: Critically discuss methodological implications of participatory research to pre-empt and prevent bullying behaviours in the workplace.

Participatory Research (PR): Underpinning inquiry strategies in PR are participation and collaboration; all people engaged in the inquiry act as co-researchers and co-subjects. Benefits and drawbacks of two participatory research approaches will be discussed: Co-operative PR, and Participatory Action Research.

Issues for debate: The presentation provides an opportunity to critically discuss methodological differences between two PR approaches and to consider ethical and political dilemmas that might be entailed. Currently accepted definitions of bullying (behaviours must be frequent and repeated) are also contentious; is the bar of tolerance set too high and do parameters for reporting discourage staff from recognising negative behaviour as it occurs? Is policy language a contributing factor in an embedded culture of widespread tolerance of staff incivility and negative behaviours?

Conclusion: As a senior lecturer in clinical leadership and management I am interested to explore ways to enable healthcare staff to pre-empt and prevent negative behaviours and conflict situations in the workplace and to contribute to raising awareness of a significant but neglected issue. There is an urgent need to take action to prevent and pre-empt bullying behav-
iours in the workplace and PR offers a platform for collaboration and empowerment of nurses to engage in research to address an important and controversial aspect of organisational culture.

Poster 24 (Abstract 183)

Innovative research roles

Maxine Burry, Leeds Teaching Hospitals Trust, UK

Co-author: Karen Ingham, RGN, Senior Research Nurse, Leeds Teaching Hospitals Trust, UK

Abstract

Background and Objectives: The changing landscape of healthcare and how we deliver research in the UK has encouraged new, innovative and cost-effective ways of working. The role of the Senior Clinical trials Assistant (SCTA) initially evolved due to financial and manpower pressures particularly in relation to the dearth of registered nurses in the UK At our centre, the role was developed to support the CRUK Stratified Medicine Programme (SMP). The purpose of this poster is to inform, encourage and inspire other researchers in creatively developing new roles within their research teams.

Methods: This new role, developed by the clinical research nursing team, to deliver patient recruitment and sample collection, to support the SMP programme, has been instrumental in identifying systematic barriers preventing effective participant recruitment and helped to develop effective pathways and processes as solutions. With effective support, education and skills training, the SCTA's role has expanded to include:

• Identifying, recruiting and retaining of patients to several translational and observational studies.

• Supporting research nurse colleagues

• Close interaction with Principle Investigator and Sub-Investigators.

• Sample collection, sample tracking, collates data and provides reports to Stakeholders.

• Developed relationships and pathways with other departments to facilitate effective communication.

• Inspiring other Healthcare professionals, through explaining her SCTA role and offering shadowing opportunities.

Conclusion: Encouraging research teams to find solutions to workforce and skill mix challenges provides a platform for new ideas and creative solutions. In this example enhancing delivery of the SMP 2 programme. Recognising every team member brings different skills and experiences through their role to the wider team builds confidence, role development opportunities and cohesive teams which contributes to research delivery in a cost effective manner.

Poster tour G

Theme: Workforce and employment:
Qualitative/Mixed methods

Leaving North School entrance at: 1.25pm

Poster 25 (Abstract 6)

What do nurses do on Facebook and why should we care?

Gemma Sinead Ryan, DHSci MSc, University of Derby Online Learning, Derby, UK

Abstract

Background: Online Social Networks such as Facebook have rapidly diffused through the nursing profession with an estimated 60% using social media every day. There have been a range of concerns linked to unprofessional behaviours on Facebook despite professional guidance being in place. However, there is little evidence that explores the causal and influencing factors that lead to nursing behaviour and actions on Facebook.

Aim: To explore the causal relationships between nurse's actions and behaviours in Facebook groups.

Method: Bhaskarian critical realist ethnography (CRE) employing structured observation and reflective field notes of publicly accessible, groups and profiles on Facebook explicitly relevant to the nursing profession. For ethical approval reasons, these groups and pages will remain anonymous.

Observations were conducted over a 6 month period during 2015-2016 by applying a selective case sampling approach to post. Observations occurred at two time points during the 6 month period by a single researcher. This allowed for a range of 'typical' and extreme behaviours to be observed.

Analysis: A selection of extreme and typical cases of behaviours were examined and the relationships presented diagrammatically based on the components of CRE: entities, tendencies, morphogenic and morphostatic structures, events and actions.

Results: Two separate professionally linked Facebook groups were followed. From this the underlying causal mechanisms that explain the relationship between the components of analysis were explored and 'tested' within the data collected. The impact of online socialisation, social capital, social activism and diffusion of shared values were of influence on the acceptability of unprofessional or unacceptable behaviours in the Facebook environment.

Conclusion: A theoretical framework is presented. This explains the causal factors for professional and unprofessional types of behaviours on Facebook and concludes that professional values should acknowledge the unintended consequences of actions.

Poster 26 (Abstract 35)

Social media as an engagement strategy to inform nursing policy

Siobhan O'Connor, B.Sc., CIMA CBA, B.Sc., RN, Edinburgh Napier University, Edinburgh, UK

Abstract

Background: Health policy would benefit from the expertise of front-line and managerial nursing staff across all settings. However, nurses are often not directly involved in policy creation, as some do not see it as a key area to become involved in or a process they can easily influence (Toofany, 2005; Spenceley et al, 2006).

Aims: To examine social media as an engagement tool to aid policy discussion among nurses and explore their views on the future development of the profession.

Methods: A Twitter chat, under the hashtag #CNOScot, was hosted by the Chief Nursing Officer for Scotland (CNO) in May 2016. Formal ethical approval was not necessary, due to the openness of the online public platform, but best practice ethical guidelines were followed. The CNO and her team posed and responded to a series of questions to stimulate policy debate among participants. A mixed study design was used to address the research aims. Data were gathered using NCapture software and imported into NVivo. An exploratory case study, using the constant comparative method, aided qualitative thematic analysis. Descriptive statistics were also generated from social media analytics (Skiba, 2008).

Results: Sixty-five people took part in the Twitter chat, posting 444 tweets over one hour. Nurses felt proud to deliver person-centred care but called for investment in technology, education, nursing research and mental health. Primary care and advanced practice roles to support older adults with complex health and social care needs were also seen as vital to develop.

Discussion: Social media can help reach and engage nurses in policy discussion and ensure there is continuity between policy and practice but some groups risk being excluded using this medium.

Conclusion: Nursing leaders should include social media as one of many engagement strategies to guarantee nurses can participate in policy debate and inform future strategy development.

Poster 27 (Abstract 107)

Professional identity in nursing: a focus group study

Professor Michael Traynor, Middlesex University, London, UK

Niels Buus, Australia

Abstract

Background: Research often concludes that professional socialisation in nursing is problematic because new recruits start out identifying with the profession's ideals but lose this idealism as they enter and continue to work in the profession e.g. (Maben, Latter et al. 2007).

Aims: This study set out to examine the topic and asks 'what characterises the development of the professional identity of student nurses as they talk about experiences of clinical work in the UK NHS?'

Methods: Six focus groups were held from 2011 to 2016 with a total of 49 volunteering 2nd and 3rd year BSc nursing students studying at a university in London, UK 12% were male and the mean age was 28. Analysis: We drew on the ideas of Bucholtz and Hall regarding the emergence of identity from interaction (Bucholtz and Hall 2005).

Results: The groups featured high degrees of consensus in the ideas expressed and the identities that were developed. Participants' talk was strongly dualistic and inflected with anxiety. They identified with caring as an innate characteristic. They described some qualified nurses as either not possessing this characteristic or as having lost it.

Discussion: There is a tendency in existing literature to take students' talk at face value. Students' identification with caring needs to be understood as a discursive move in response to anxiety in the practice setting. It is a move that can distance their identity from senior members of the profession and enact group solidarity. This identification as 'caring' exists alongside an apparently contradictory identification as cynical.

Conclusions: Understanding both identification with 'caring' and cynicism as a response to anxiety is one way to make sense of this apparent contradiction.

Poster tour H

Theme: Workforce and employment: Quantitative/Case study

Leaving North School entrance at: 1.25pm

Poster 29 (Abstract 206)

Exploring the reality of clinical research nursing in acute NHS Trusts: a qualitative study in four organisational case studies

Helen Jones, MSC, BSc (Hons) RGN, Guy's and St Thomas's NHS Foundation Trust, London, UK

Abstract

Background: Research with patients in the clinical setting has increased exponentially in recent years. The role of the Clinical Research Nurse (CRN) has gained importance and many NHS organisations now have a highly developed network of CRNs. However, research is often viewed as separate to 'routine' clinical care with lack of understanding for CRN contribution (Coulson and Grange 2012).This paper presents results from phase 2 of a larger study. Four case studies were purposively selected from a national survey of the CRN workforce (sample size = 111). Selection was based on CRN workforce size and a previous workforce review.

Aims: To explore the experience of CRNs working within acute NHS Trusts and understand the reception they receive within the clinical environment.

Methods: 14 semi-structured interviews with Lead CRNs, Principal Investigators and R and D Directors and 4 focus groups with CRNs were carried out. Questions were structured using a quality framework (Bate et al, 2008). Data was analysed using NVIVO 10 and thematic analysis to identify key themes.

Results: Staff reported numerous challenges. Lack of time and competing priorities mean frontline staff are often too busy to support research and fail to understand the CRN role. CRNs struggle to identify dedicated clinical space and frequently compromise requirements. Strategies to overcome this include raising awareness, negotiation and reciprocal assistance.

Discussion: Staff may struggle to view research as clinical care. Strategies are required to integrate research into clinical care and support the National Institute Health Research (NIHR) aim of 'an integrated clinical research system driving research from bench to bedside for the benefit of patients' (NIHR 2015).

Conclusion: Clinical Research forms an integral part of most NHS strategy documents but the reality is often fraught with challenge and compromise. CRNs constantly negotiate with frontline staff working at capacity within busy healthcare systems.

Poster 30 (Abstract 45)

Failure to fail: factors that support and prevent preceptors failing a student on clinical placement.

Professor Fiona Timmins, Phd MSc BSc BNS BA RGN RNT, timminsf@tcd.ie, Trinity College Dublin, Dublin, Ireland

Orla Nugent, Christina Lydon, Siobhan Part, Lisa Keane, Geraldine Prizeman, Caitriona Dennehy, Helen Fenn

Abstract

Introduction: The issue of failing nursing students is extensively written about in the literature as an on-going dilemma for preceptors. Gainsbury (2010) highlights that over one third of mentors (preceptors) have passed students whilst acknowledging they had concerns about their performance. Given that ethically and legally nursing professionals must protect the public and uphold the reputation of nursing, preceptors play a fundamental role in giving constructive feedback, pivotal to developing competent practitioners (Vinales, 2015).

Aim/Objectives: To explore the extent of failing to fail nursing students in the Irish context. Preceptors' views on giving feedback to students and the perceived supports and barriers for failing nursing students were also explored.

Methods: A descriptive quantitative approach was used. Purposive sampling was employed. Data were collected from two large teaching hospitals, using an adapted validated questionnaire (McCarthy and Murphy 2008) which was distributed to all qualified nurses involved formal feedback and assessment. Data presented here relates to two open-ended questions and were analysed using content analysis.

Outcomes: In total 367 nurses, working in a variety of clinical settings, took part in the survey. The main factors supporting preceptors failing students included, documented evidence, dangerous practice, behaviour and attitude of student, support from other hospital staff and management, absenteeism, lack of skill, knowledge and competence, poor communication and indifference to nursing career.

While poorly documented evidence, lack of support from other staff, appropriate time and poor skills were factors preventing failing a student, student personality (approachable, mental state) and staff attitude (guilt, compassion) as well as fear of legal repercussions and backlash from colleagues were reported.

Conclusion: Findings identified areas where preceptors require support to facilitate them in their preceptorship role. Additionally, areas where staff involved in assessment require support, in managing students who are not meeting the required level of competence, were identified.

Poster 31 (Abstract 148)

Comparison of three clinical assessment tools for pin site infection

Dr Jennie Walker, PhD, RN, PGCert MedEd, Clinical Educator, Nottingham University Hospitals NHS Trust, Nottingham, UK

Abstract

Background: Pin site infections are one of the most common complications associated with the use of skeletal pins and wires. Clinical assessment tools can be used to consistently define and categorise pin site infection to enable reliable assessment. An ideal tool is quantifiable, valid, and sensitive enough to allow a range of values across the spectrum, while being responsive to changes. It should also be easy to perform with high inter- and intra-observer reliability to ensure consistent use in clinical practice.

Method: To determine inter-observer agreement of three validated pin site assessment tools (Santy et al 2011, Patterson 2005 and Checketts et al 1993) eleven nurses independently scored ten images of pin sites using each of the assessment criteria. These assessments were repeated two weeks after the initial assessment. Intraclass correlation was calculated for each tool calculating for absolute agreement. Test-retest data was analysed with two-way multiple measures analysis of variance (ANOVA). All calculations were performed using SPSS.

Results: Single measures intraclass correlation coefficient was reported at 0.814 for Checketts (Cronbach's Alpha 0.981), 0.621 for Patterson (Cronbach's Alpha 0.95) and 0.866 for Santy (Cronbach's Alpha 0.989). Results were excluded from two assessors due to incomplete re-test data. Based on six clinicians test-retest score data significant interaction between the observer and the time were identified for the Checketts tool, $F(5, 45)=5.392$, $p=0.01$. No significant interaction was observed for the Patterson scoring tool $F(5, 45) =1.051$, $p=0.4$ or Santy $F(5, 45) =3.953$, $p=0.05$.

Conclusion: The tool developed by Santy et al (2011) demonstrates high inter and intra-observer reliability indicating that this tool offers a more consistent and reliable approach to assessing for PSI.

Poster 32 (Abstract 115)

So much more than patient recruitment - using the BRIS-TOOL to define clinical research nursing

Paula Tacchi, BSc (Hons). RGN. RNLD, University Hospitals Bristol NHS Foundation Trust, Bristol, UK

Abstract

Background: Research teams undertake a vast range of duties from the development of study proposals, applications for funding, submissions for approvals, recruiting patients, delivering the research, caring for the patients, collecting data, writing reports, ensuring safety and archiving all documents. Each study requires clinical skills, study management skills and research knowledge at all levels (Hastings et al, 2012). Staff working in research develop specialist research knowledge which enables more efficient set up and delivery of studies. The University Hospitals BRIStol research workplan TOOL (BRIS-TOOL) was originally developed to identify skill mix within a research team; its data can provide an evidence base to allow a better understanding of the breadth of research activities undertaken by the clinical research professional.

Method: Clinical research staff from University Hospitals Bristol NHS Foundation Trust completed the BRIS-TOOL over a 4 week period. The tool used a standardised set of activity descriptors and listed the studies being delivered.

Results: The data gathered was analysed to produce illustrations of the activities undertaken by each staff group; build profiles of roles and posts; and highlight the combination of activities required to deliver individual research studies.

Discussion: The BRIS-TOOL supports the determination of skill mix for a research team; it can also be used to demonstrate that:

• Research offers the opportunity for staff to develop a range of skills and experience

• Research teams manage competing demands

• Research nursing is patient focussed

• Clinical research nurses have the potential to better inform study design

Conclusion: The BRIS-TOOL provides evidence about the complexity of research nursing and helps to define research roles.

Poster tour P

Theme: Late Breaking Abstracts

Leaving North School entrance at: 1.25pm

Poster 65 (Abstract 318)

Adolescents in research - the challenges of recruitment

Rachel White, Research Nurse, Oxford Vaccine Group, University of Oxford, Oxford, UK

Abstract

Background: In December 2016 the UKCRC announces that 'Methodological research addressing recruitment challenges has been identified as a priority for UK Clinical Trial Units in order to identify effective interventions and reduce research wast(1).

Participation of adolescents in research is highly valuable as a specific population group. It holds the potential to set up trajectories that have a profound influence on health and wellbeing for the long term, an issue which is high on the government agenda (2). Yet this remains a population which present very specific challenges and remain amongst the most difficult to recruit and retain (3).

Aim: This poster will present a critical reflection on the challenges of recruitment of adolescents into research, with specific reference to a case study undertaken in 2016.

Method: A study in 2016 recruited adolescents aged 16-18 in the Thames Valley Area, to investigate the carriage of meningococci in a teenage population, involving a throat swab and completion of a questionnaire.

Methods of recruitment employed, included amongst other strategies:

• Effective communication with sixth forms

• Public engagement swabbing demonstrations

• Provision of research study days for selected students

Many challenges were addressed including provision of age-appropriate modes of communication, time constraints with schooling, and keeping it interesting and relevant.

Results: Recruitment was highly successful, quick and effective: 58 sixth forms were approached, 32 participated (total students 7181), 2145 sixth formers were enrolled over 4 months; a 30% recruitment rate.

Conclusion: The specific successes and challenges of adolescent recruitment as experienced through this case study, can be learnt from and developed upon, improving the quality of adolescent research.

The interventions used in this case study have international applicability and are likely to be enhanced through the consideration of novel approaches which acknowledge the uniqueness of adolescents and their world.

Poster 66 (Abstract 316)

The Vaccine Knowledge Project: an analysis of website use from January 2013 to December 2016

Sarah Loving, BA Hons, Manager, Vaccine Knowledge Project, Oxford Vaccine Group, Department of Paediatrics, University of Oxford, Oxford, UK

Abstract

Background: The World Health Organization regards vaccine safety as a high priority (1) and has set up the Vaccine Safety Net (VSN) (2), an international network of websites which provide reliable information on vaccine safety. Vaccine misinformation on the internet can easily be found, especially by using 'negative' search terms (3). The Vaccine Knowledge Project (VKP) is a vaccine information website embedded in an academic research group. It is a member of the VSN and provides evidence-based information to address concerns about vaccine safety. Much of this is relevant worldwide and the VKP gets many international visitors.

Aims: To identify triggers that increased use of the VKP website between 2013 and 2016.

Method: We used Google Analytics to investigate trends in overall website traffic and visits to individual pages. Where peaks occurred we looked at vaccine-related news and events to attempt to explain them.

Results: Website traffic has increased nearly seven-fold, from 69137 page views in 2013 to 480757 page views in 2016. Peaks in activity that appear to relate to current issues were noted. Flu vaccine pages peak during each flu season, with a maximum in Oct/Nov (29565 views in Oct/Nov 2016, 26% of total). In Jan/Feb 2015, following the US Disneyland measles outbreak, there was a surge in visits to the vaccine ingredients webpage (23469 page views, 19.5% of total) in addition to measles/MMR pages (63569 page views, 53% of total). In contrast, there have been no noticeable peaks in HPV pages even when the vaccine has been in the news.

Conclusion: Monitoring web traffic helps identify current areas of concern around vaccines. Being embedded in an academic research group enables the VKP to flag up and respond to these concerns quickly.

Poster 67   (Abstract 322)

Expedited delivery of Ebola vaccine trials: recruiting to a phase 1 vaccine trial in response to an epidemic

Danielle Campbell, Bachelor of Science in Nursing, Diploma in Tropical Nursing, Oxford Vaccine Group, University of Oxford, Oxford, UK

Malick Gibani, England, UK; Juliette Meek, England, UK; Andrew Pollard, England, UK

Abstract

Background: During the 2013-2015 Ebola epidemic in West Africa, the WHO published an Ebola Response Roadmap, pledging to accelerate the development of vaccines against Ebola virus disease (EVD)[1]. The UK has been at the forefront of international efforts to expedite testing of candidate vaccines. The delivery of phase 1 vaccine trials in the context on an infectious diseases emergency could offer lessons for future epidemic preparedness.

Methods: We setup one of the first phase I, randomised, observer-blinded clinical trials designed to assess the safety and immunogenicity of a prime-boost vaccine combination of two viral-vectored vaccines expressing Ebola glycoproteins (Ad26.ZEBOV [Crucell, Netherlands] and MVA-BN-Filo® [Bavarian Nordic, Denmark]). Using an independent, multidisciplinary team of doctors, nurses, laboratory technicians and trial administrators we were able to expedite delivery of the study.

Results: Setup of trial, including protocol development, document preparation and staff training was completed within 3 weeks. Following expedited submission and review, regulatory approval was granted within eight working days by the Medicines and Healthcare products Regulatory Agency (MHRA) and within ten days by the Research Ethics Committee (NRES Committee South Central - Oxford A).

Within 7 weeks we screened 168 volunteers and vaccinated 87 participants. Concurrently, daily safety reviews of clinical and laboratory participant data, continued eligibility assessment and immunological testing of samples occurred.

Discussion and conclusions: Our response to the Ebola outbreak is our second test of expedited vaccine testing in the last decade[2] and demonstrates the capacity to respond quickly in an epidemic. Researchers in the UK have arguably benefited from a robust and flexible research environment, with critical support across the relevant government departments, and dependent on an experienced multidisciplinary team. Preparedness for future epidemics could be aided by lessons learned from the EVD outbreak and the pre-emptive development of vaccine protocols for potential outbreak pathogens.

Poster 42   (Abstract 16)

Shared understandings of spiritual care among the members of an innovative Spirituality Interest Group in the Republic of Ireland

Professor Fiona Timmins, Phd MSc BSc BNS BA RGN RNT, timminsf@tcd.ie, Trinity College Dublin, Dublin, Ireland

Sílvia Caldeira, Jacqueline Whelan, Maryanne Murphy, Carole King, Vivienne Brady

Abstract

Spirituality is receiving unprecedented attention in the nursing literature (McSherry and Jamieson 2011). Recently the UK has made recommendations for the nurses' role in this area (RCN 2011). A Spirituality Interest Group (SIG) was set up in the School of Nursing and Midwifery, Trinity College Dublin, in March 2013. This poster reports the results of the survey regarding the establishment of the SIG and the development of a shared understanding of spiritual care among the members. A 13-item survey was distributed in 2014 containing both closed and open-ended items. A total of 15 members participated. Responses revealed majority agreement with Ramezami et al (2014) dimensions of the concept of spiritual care, which was also confirmed in open responses, after qualitative analysis. As such attributes were identified as the following: healing presence, therapeutic use of self, intuitive sense, exploration of the spiritual perspective, patient-centredness, meaning-centred, therapeutic intervention and creation of a spiritually nurturing environment. There is consensus that the spiritual care in health care settings is a shared responsibility of the whole ought to be an integrated effort across the health care team. However understandings of spirituality and spiritual care are not always clear. By developing shared understandings of spirituality and spiritual care the Spirituality Interest Group hopes to be able to underpin both research and practice with a solid conceptual understanding and foundation.

Poster tour I

Theme: Patient Experience: Quantitative/ Qualitative

Leaving North School entrance at: 1.10pm

Poster 36　　　　　(Abstract 110)

Mindfulness in maternity

Dr Sian Warriner, RM, MSC,DClinPrac, OUH NHS Foundation Trust, John Radclliffe Hospital, Oxford, UK

Dr Maret Dymond: Oxford UK

Abstract

Introduction/Background: The OUHFT maternity service in conjunction with The University of Oxford is running a project to evaluate and research Mindfulness Based Childbirth and Parenting courses (MBCP). A traditional MBCP course runs for 3hrs a week over 9 weeks however; providing the resource for this approach within a NHS setting is challenging.

Aims/hypotheses: This study explored the feasibility and efficacy of running an adapted 4 week MBCP course in a Children's Centre setting.

Methods: Study participants were self-referrals to face-to-face MBCP courses based in Oxfordshire. The intervention was evaluated for adaptability and acceptability and validated measures were used pre- and post-intervention.

Results: Women (n=36) improved significantly in perceived stress, anxiety, depression, pregnancy-related distress, labour worry and positive and negative pregnancy experiences. Men (n=19) improved significantly in anxiety, depression and showed a trend for perceived stress. Dispositional mindfulness significantly increased for both samples.

Discussion: The samples of men and women began with different scores at baseline, with women averaging high stress and distress and moderate anxiety and depression but men showing a mild average mood. Given their differing start points it is significant that both groups should improvements especially as research investigating interventions for perinatal mental health for men is lacking.

Conclusions: Although there are limitations, this study shows promise for using MBCP courses to improve mood in prospective parents.

Poster 37　　　　　(Abstract 240)

Patients' experience of radical treatment for mesothelioma: the MARS 2 trial

Clare Warnock, MSc, BSc, BA, Practice Development Nurse, Weston Park Hospital, Specialist Cancer Services, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK

Karen Lord, England, UK; Angela Tod, England, UK: Peter Allmark, England, UK; Liz Darlinson, England, UK

Abstract

Background: Malignant pleural mesothelioma is an aggressive cancer of the lining of the chest wall and lung that is associated with a high mortality (Cao et al, 2014). The Mesothelioma and Radical Surgery 2 (MARS 2) Trial was established in the UK to evaluate the role of surgery in mesothelioma treatment by comparing chemotherapy and surgery to chemotherapy alone. A nested sub-study was carried out to explore experiences of trial interventions.

Aim: To explore patients' perspectives of chemotherapy and surgical treatment for malignant mesothelioma

Methods: The study utilised an in-depth longitudinal qualitative approach. 14 participants were interviewed following randomisation to chemotherapy (n=7) or chemotherapy and surgery (n=7). Additional interviews were conducted post treatment and at 6 and 12 months after the initial interview. Data was collected between August 2015 and October 2016 and analysed using Framework analysis (Ritchie et al, 2014).

Results: Participants described diverse and challenging physical, social and psychological problems due to their treatment which changed over time. Interventions to manage the consequences of treatment were recounted and the support of healthcare staff was appraised positively. Uncertainty was expressed in relation to rehabilitation, treatment plans and outcomes. For some this was influenced by the range of staff involved in their care due to the trial design.

Discussion: Participants' descriptions of their experiences of treatment for mesothelioma provided valuable insights into their impact. Healthcare staff supported coping, however, for some patients trial participation may have led to fragmentation of care due to the absence of a single point of contact.

Conclusion: The findings highlight the valuable contribution that patients' perspectives provide in evaluating the impact of trial interventions. The potential impact of trial participation on uncertainty and care fragmentation should be considered.

Poster 38　　　　　(Abstract 144)

Quantifying the impact of surgical scars following anterior lumbar spine surgery

Dr Jennie Walker, PhD, RN, PGCert MedEd, Clinical Educator, Nottingham University Hospitals NHS Trust, Nottingham, UK

Abstract

Background: The effects of surgical scars can be far reaching and life changing for many women. Understanding and quantifying the impact of scars is an important aspect of patient management, however, scar size or placement is not routinely considered as a prominent outcome for anterior lumbar spine surgery.

Methods: A postal questionnaire was sent to 188 women aged ≥18 years of age who had undergone anterior lumbar spine surgery at Nottingham University Hospitals NHS Trust. Questionnaires were followed up via telephone after two weeks if no response had been received. The questionnaire included the Patient Scar Assessment Questionnaire (PSAQ), a modified Female Sexual Function Index (FSFI), and questions relating to urinary and faecal incontinence. Descriptive statistics, chi square and Kruskal-Wallis tests were used to analyse the data.

Results: Reported difficulties relating to surgical scars largely focused on aesthetics and the impact on quality of life rather than actual scar symptoms. Despite >80% women reporting the appearance of the scar as 'excellent', 'good' or 'okay', many women reported that their scars were 'very' or 'fairly' noticeable to others, with approximately 1:5 women reporting that they were very self-conscious of their scar. A horizontal scar would be preferred by the majority group of women, in contrast to the vertical scar which was received by the majority of women. Annotated comments predominantly focused around the ease or ability to hide scars as well as the impact of the scar on body image and on sexual relations.

Conclusions: Holistic discussions are needed during pre- and post-operative consultations to ascertain women's ideas, concerns and expectations regarding surgical scars as well as to establish the actual and potential impact of surgical scars.

Poster 39 (Abstract 155)

What factors influence the continuity of care following completion of a clinical trial? A qualitative study of patient experiences

Nicola Johnson, RN BA(Hon) PG Dip, Senior Clinical Research Nurse, Guy's and St Thomas' NHS Foundation Trust, Great Maze Pond, London, UK

Dr Mary Malone, UK; Dr Jaqualyn Moore, UK

Abstract

Background: The need for clinical interventions to be evidenced based, more efficient and cost effective has led to a rapid increase in NHS investment in clinical research. More than 618,000 people participated in clinical research during 2014-2015 (NIHR 2016). Research suggests that patients decide to participate in clinical research to gain access to individualised care regimes and novel treatments not otherwise available clinically. For research nurses recruiting patients to clinical trials, it is important to understand whether enabling access to specialised care and treatment regimes contribute to a positive experience of trial participation. Furthermore, if providing enhanced care and disease monitoring during study enrolment impacts on patients' expectations of their ongoing care needs once the trial has completed.

Method: A qualitative methodology was adopted to explore the lived experience of clinical trial participation, care management at conclusion and provision of ongoing care following trial completion. Seven participants who had completed a clinical trial at the same Hospital Trust in the last year were purposively selected. Data were collected via semi-structured, in-depth interviews between July and October 2016. Interviews were recorded and fully transcribed verbatim. Interpretative phenomenological analysis was used to develop and interpret the findings.

Findings: Access to novel treatments and intensive monitoring enabled better disease control and enhanced trust in the clinical team. Some participants felt under-prepared for trial conclusion due to a fear of losing the close rapport built up with their research team during the trial. Participants who maintained contact with their research nurse after trial conclusion were associated with better post trial outcomes.

Conclusions: Integration of research nursing practice into standard clinical care will improve continuity of care for study participants following clinical trial completion. Further research examining strategies to embed a research nursing culture within existing clinical care environments are recommended.

Poster tour J

Theme: Patient Experience: Case Study/ Trial Recruitment

Leaving North School entrance at: 1.10pm

Poster 40 (Abstract 177)

Building research partnerships: development of a pain research Patient and Public Involvement (PPI) Group

Karl Ward, PG Cert, BSc (Hons), DIP HE, RN, Pain Management Research Department, Regional centre for Neurosciences, Leeds Teaching Hospitals, Leeds, UK

Mrs Tracey Crowther, Leeds, UK, Dr Helen Radford, Leeds, UK

Abstract

Historically Patient and Public Involvement (PPI) in research has been underdeveloped. The inclusion of the public in clinical research is vital as it ensures research is of scientific quality, value for money and relevant. PPI brings a unique viewpoint of those living with the health conditions being examined to the research process. In addition there is increasing demand from ethical and regulatory bodies to evidence PPI involvement in research studies or justification for exclusion.

Based at Leeds Teaching Hospitals, the Pain Research Group specialises in neuromodulation and persistent pain research. The Group submitted a novel study to the HRA who requested evidence of PPI involvement. No PPI involvement had been sought which identified a clinical need to establish a pain PPI group. The Group launched a Pain PPI recruitment campaign through social media (Facebook/Twitter) and at a neuromodulation public engagement event run by colleagues. Invitations were also sent to patients who had expressed interest in clinical research. The campaign was successfully completed in three weeks.

Twenty people with diverse experiences of persistent pain volunteered to join the PPI group from the campaign. A meeting was arranged to foster collaboration and develop the Group's research agenda. Terms of Reference were developed with the PPI members and 60% (n=12) expressed preference for PPI activities (i.e. review of protocols and participant facing documentation) to be conducted via email due to issues with travel and personal commitments. This was agreed and incorporated into the Pain PPI Members Terms of Reference which will be reviewed annually.

Introduction of a PPI group has led to several independent studies in persistent pain being successfully reviewed. The use of flexible approach to PPI has been shown to be an effective model which has embedded the patient in the centre of our research portfolio, whilst increasing the scientific value.

Poster 43 (Abstract 267)

The Christie Patient pathway to oncology early phase clinical trials. The role of the advanced nurse practitioner.

Lorraine Turner, RGN, BSc, MA (Hons), MSc(Hons), Advanced Nurse Practitioner, The Christie NHS Foundation Trust, Manchester, UK

Philip Higham, Manchester, UK; Emma Dean, Manchester, UK

Abstract

Background: Participation in phase one clinical trial is a potential treatment option for patients with advanced cancer. It became apparent at The Christie that patient referrals were limited from various teams internally and geographically. An audit was undertaken to look at patient referrals to the Phase one team.

Methods: A retrospective audit to collect data from patients who were referred to the Phase one team from January to December 2012. This included patient demographics, distance travelled, referral timelines and outcome of referral.

Results: Ninety nine patients were referred. The median patient age was 60 years (range, 18-79 years), and 52% were male. The majority of patients referred were from clinicians within the Christie Hospital (70% medical oncologists; 28% clinical oncologists; 2% surgery). 13% were referred from oncologists within the Greater Manchester Cancer Network and 23% externally. Almost a quarter (24%) of patients travelled over 50 miles to attend the phase one clinic. The mean time taken from referral to patient attending Phase one clinic was 22 days. The mean number of days from patient's last treatment to referral was 66 days. 35% of patients were not eligible to participate due to poor performance status or medical history. 10% of referrals withdrew interest at first consultation.

Outcome: The results led to initiatives which the ANP has developed and include a quick and easy referral proforma for clinicians. This asks for specific details to reduce length of referral time including inappropriate referrals. Since September 2015 an ANP works between the Experimental Cancer Medicine Team (Phase I) and Breast oncology team to help raise the awareness of early phase research, identify eligible patients, promote research to patients as well as members of the MDT; producing a seamless referral process. Within a six month period the ANP identified 24 patients as potential candidates for early phase trials from three clinical oncology clinics compared to no referrals in 2012.

Poster tour K

Theme: Patient Experience: Action Research/Mixed Methods

Leaving North School entrance at: 1.10pm

Poster 44   (Abstract 283)

Children's experiences of bone marrow transplantation - a translational research project for local quality improvement

Camilla Duran-Persson, RN, BSc, MRes, Great Ormond Street Hospital NHS Foundation Trust, London, UK
Kate Oulton, UK, Katherine Curtis-Tyler, UK

Abstract

Introduction: In 2015 over 300 children in Great Britain underwent donor Bone Marrow Transplant (BMT), and with improved therapies numbers are increasing. It's a high risk intervention that requires an average of 6-8 weeks hospitalisation.

Patient's views need to be sought in order to inform health services to fit the needs of its users. Children's views are increasingly sought in order to evaluate the services they use. However, except for two recent studies, from the USA and Iran, little research has been undertaken on the topic of children's experiences of BMT.

The study was undertaken to explore children's experiences of BMT for local quality improvements, and to add knowledge from a UK centre. This presentation aims to share our experiences.

Methods: A qualitative approach was adopted. Semi-structured interviews were undertaken using play, photo-elicitation and drawing. Dyadic interviews were conducted with parents. Data collection took place between May-August 2015 during the children's hospitalisation.

5 children and 5 parents took part. All children were boys, aged between 5-12 years. Data was analysed using a thematic approach.

Results: Children and parents reported difficult experiences relating to the specific treatments and cares. However, they also shared a hope that the BMT would help them get better. Children demonstrated a range of ways to help them get through.

Areas for local quality improvements were suggested regarding play, isolation and restrictions, food, medication and the environment.

During dissemination and implementation play was identified as a priority for improvement. A further exploration into children's specific needs for play during their BMT has resulted in recommendations regarding play provision and

Conclusion: This study demonstrates the feasibility and value of involving children to inform the services provided to them. It also provides an example of how translational research can be applied in a local setting for quality improvement.

Poster 45   (Abstract 136)

Relationships between total amount of sedation given in PICU and the risk of developing ventilator associated pneumonia (VAP)

Alessandra Centola, NHS Lothian, Royal Hospital for Sick Children, Edinburgh, UK
K. Jack, J. McCormick, C. Burney, J. Wilson, T. Lo

Abstract

Introduction: Ventilator associated pneumonia (VAP) is a serious acquired infection in intensive care, potentially increasing morbidity and mortality. Sedation is required for ventilated patients to maintain patient comfort and safety of endotracheal tubes but over-sedation may potentially increase the risk of developing VAP. It is unclear if patients with VAP have received more IV sedation in our unit. We aim to determine if larger total amount of sedation during PICU stay increases patients' risk of developing VAP.

Methods: 46 consecutive patients were included in a prospective observational study in a single PICU. A predesigned proforma was used to collect data which included total amount of sedation (IV morphine and midazolam) given during PICU, physiological data, durations of PICU stay and mechanical ventilation, and evidence of VAP. Non-parametric tests were employed to determine statistical significance.

Results: 11 of the 46 patients studied fulfilled the diagnostic criteria for VAP. Patients with VAP had significantly longer duration of mechanical ventilation and PICU stay ($p < 0.05$, Mann Whitney U test). Median total amount of morphine given were 1.6 and 2.6 mg/kg respectively in patients with and without VAP (p=NS). Median total amount of midazolam given were 15.1 and 14.5 mg/kg in patients with or without VAP p=NS).

Conclusion: VAP causes prolonged duration of mechanical ventilation and PICU stay, but the total amount of IV sedation given in PICU did not differ between patients with or without evidence of VAP. A larger study is required to validate this finding.

Poster 46   (Abstract 179)

"I know what to do to help myself and I know who else can help me": a mixed methods memory service evaluation

Shanlee Higgins, BSc Mental Health Nursing, Mental Health Liaison Nurse/ PhD student, Camden and Islington NHS Foundation Trust, London, UK

Abstract

Background: An estimated 850,000 people live with dementia in the UK (Alzheimer's Society, 2014). Memory services provide dementia assessment and treatment; there is a paucity of research into the post-diagnostic experience of people accessing memory services (Willis, et al., 2009).

This study explores user satisfaction following a diagnosis in one London memory service; especially relating to the question, 'Do you know what to do to help yourself and who else can help you?' which consistently received low satisfaction on the service's quarterly client satisfaction questionnaire.

Aims:

• To investigate reasons for consistently low levels of satisfaction in relation to the area previously mentioned.

• To gain an understanding of the needs of patients and carers who have contact with the service.

• To develop a change in the way the service addresses patient's needs.

• To elicit staff experience of post-diagnostic support and identify any barriers to enabling patients and carers to self-manage.

Methods: Qualitative, semi-structured interviews with 11 service users, transcribed and analysed using thematic analysis.

Quantitative questionnaires with staff members involved in post-diagnostic follow-up analysed using descriptive statistics.

Results: Six themes were discovered from the semi-structured interviews. Seven out of a possible 10 staff members returned their questionnaire.

Discussion: The participants agreed with the statement mentioned above, the discussions about this enable us to understand which aspects of self-management are important for people who agree with the statement. This may be useful to identify the information that those who disagree with the statement would find useful. Staff were confident delivering post-diagnostic support but felt some elements were not part of their job role.

Conclusions: People with dementia can take part in qualitative research, nurses are ideally placed to conduct this research, given their skills and ability to engage with this group and their families.

Poster tour L

Theme: Education Mixed methods/ evaluation

Leaving North School entrance at: 1.10pm

| Poster 47 | (Abstract 19) |

"It is what it is": How informal carers experience providing bladder and bowel care to palliative patients compared with palliative community nursing staffs' perception of that experience: a qualitative two-phase study.

Sarah Combes, RN, BSc (Hons), King's College London, London, UK

Dr Sue Woodward, London, UK; Professor Christine Norton, London, UK

Abstract

Background: Around 90% of palliative patients spend their final year in the community. Approximately 55% of their care is provided by informal carers. One element is bladder and bowel care (BABC) which most palliative patients require at some point. However, BABC can be difficult for patients and carers and there is a paucity of research about carers providing it.

Aims: To explore carer's experiences of providing BABC to palliative patients, and how they make sense and meaning of these. The views of palliative community nursing staff were explored to facilitate deeper understanding.

Method: A two-phase qualitative design, with data collected during May and June 2016:

Phase one Interpretative phenomenological analysis of semi-structured interviews with carers purposively selected from the community service of a London hospice

Phase two Thematic analysis, following Braun and Clarke, of a focus group of nurses selected from the same study site. Predefined criteria ensured sample breadth

Results: Phase one: Five interviews with mothers of terminally ill daughters were analysed. One overarching theme, It is what it is, and three superordinate themes emerged: Whatever my daughter needs, Mum knows best, Coping with caring.

Phase two: Six participants attended. Three themes emerged: It's not normal, BABC is a huge challenge, Even for us it's not simple.

Discussion: Differences were identified between the views of carers and nurses. Nurses saw BABC as abnormal and best when carried out by professionals. While carers agreed BABC could be challenging, situated within the context of their daughter's disease it was not a major concern. Instead it engendered closeness and the opportunity to provide better care than most felt professionals could.

Conclusions: This study is the first to explore the experiences of carers providing BABC to palliative patients. These findings have implications for how nurses see carers and the support and guidance offered.

| Poster 48 | (Abstract 23) |

Evaluation of Peripherally Inserted Central Catheter (PICC) care training programme to improve clinical skills and knowledge in an Integrated Care Organisation (ICO).

Ash Purran, RN, Whittington Health NHS, London, UK

Abstract

In April 2011 the trust became an Integrated Care Organisation (ICO). Integrated care is the process where organisations merge their services and virtual integration, allowing providers to work together through networks and alliances (Hamm and Curry, 2011). Evidence indicates that the benefits of the Transforming Community Services programme will be realised only if organisational integration is used to promote clinical and service integration (Hamm and Curry, 2011). To deliver the ICO's strategy requires a flexible workforce with variable skill mix in all care settings. In order to achieve its strategy the organisation has to ensure education and training is maintained to support safe, high quality care that demonstrates value for money, promotes flexibility and widens participation with its expansion of services.

Following integration, it was observed that since the merging and expansion of the organisation's acute and community services, the nursing workforce were dealing more with patients having long-term therapy through a PICC. At the same time it was also noted that the rate of PICC related complications had increased. A lack of training and awareness were identified as the major issues as those factors were causing PICC complications and an increase in admission rate. The gap in knowledge and poor practice were causing discomfort to patients and their relatives and financial pressure on the organisation.

This project describes the evaluation of a new PICC training programme that was developed and implemented to fill in the gap. The outcome and findings of the evaluation will provide the ICO with information to reflect on and for developing other potential training needs that might arise in the future to facilitate integration of care.

| Poster 49 | (Abstract 236) |

Exploring the impact that the identification with the patient's symptoms has on nursing students' quality of life

Mrs Agni Nakou, BSc, MSc, Nurse, Ioannina General Hospital "G.hatzikostas", Greece

Stefanos Mantzoukas, Greece; Evangelia Kotrsotsiou, Greece; Chryssi Hatzoglou, Greece; Konstantinos Letsios, Greece; and Mary Gouva, Greece

Abstract

Introduction: Nursing students during their practice placement education are often influenced by the incidences they participate in caring for. This can in cases go beyond empathising with patient needs to the point that students exhibit similar symptoms with those of the patients' and may believe that they themselves suffer from the same illness as their patients.

Aim: To investigate the effect that the empathising process with the patient has on nursing students and the impact this has on students' quality of life.

Methods: Quantitative random sampling method was used. A total of 200 3rd and 4th year nursing students at the Higher Educational Institute of the TEI of Epirus, Greece during 2016 took part. Questionnaire on identifications and the SF-36 quality of life scale were used. Descriptive and inferential statistics analysis was performed.

Results: The great majority of student participants were identified to empathise with patients to the point that they themselves exhibited patients' symptoms or even a false perception that they suffered the same conditions as the patients they cared for.

Discussion: Students' direct contact with real life patients in the practice placement often leads students to a false perception of illness which is correlated to student mental distress and consequently negatively impacts on the students' sense of well-being and quality of life with manifestations of bodily pain, physical and mental ill-health and delimitations of social functioning capacities.

Conclusion: The above state impacts on student well-being and quality of life, and unavoidably affects their learning potential and perceptions about the nursing profession. Finally, supportive mechanisms such as debriefing after significant incidences in practice placement and reflective sessions at the end of each week can function as supportive mechanisms in maintaining student well-being, increasing levels of learning and creating a sense of satisfaction for being part of the nursing profession.

Posters – Friday 7 April 2017

Poster 50 (Abstract 137)

Effectiveness of targeted intensive training on improving the accuracy of sedation boluses documentation in PICU

Stacey Orr, Degree in child health, NHS Lothian, Royal Hospital for Sick Children, Edinburgh, UK

A. Centola; C. Burney; K. Jack; J. McCormick; J Wilson; T. Lo. All Scotland

Abstract

Background: Sedation boluses are given to achieve optimal sedation, comfort, and safety in paediatric ventilated patients. We have demonstrated poor documentation of sedation boluses given in our study.

Aim: We aim to determine the effectiveness of targeted intensive training on improving the accuracy of sedation bolus documentation in the short and medium term post-training.

Method: A pre-designed electronic proforma on the clinical information system (CIS) was used to collect data on the total amount of sedation boluses delivered per patient and whether the sedation boluses were documented during a two week period randomly selected by our nursing audit/research team. Teaching materials on how to check and sign for sedation boluses including standardised guidelines were delivered to all nursing staff on PICU during the targeted intensive training weeks. The audit was repeated 1 and 6 months after the completion of targeted intensive training using the same pre-designed electronic proforma to assess its effectiveness in improving documentation.

Result: In the initial audit, only 20% of all sedation boluses delivered were documented on the CIS during the 2-week audit period. Re-audit following targeted intensive training demonstrated a significant improvement in sedation boluses documentation with 80% and 99% at 1 and 6 months post-training respectively.

Conclusion: Targeted intensive training with standardised teaching materials tailored to the need of our unit was highly successful in improving sedation boluses documentation in short and medium term, thereby enhancing patient safety.

Poster tour M

Theme: Education: Qualitative

Leaving North School entrance at: 1.10pm

Poster 51 (Abstract 225)

'Postgraduate nursing education in Nigeria: understanding students' journeys to programme completion or withdrawal'.

Simon Onwe, MSc, BSc, RN, University Lecturer, Queen Margaret University, Post Graduate School Edinburgh, Edinburgh, UK

David Banks, Scotland; Philippa Derrington, Scotland; Lindesay Irvine, Scotland.

Abstract

Nigerian nursing education grew from initially limited numbers of missionary establishments to a more substantial expansion of urban hospital based schools from 1945. Post colonial emancipation sparked the University of Ibadan into opening the first Department of Nursing in Nigeria in 1965 (NDATSU, 2004). This stimulated the creation of further university based undergraduate programmes across Nigeria, though many hospital nursing schools offering diploma level training were retained to the end of the twentieth century.

The first postgraduate nursing programme commenced in 1988 at the Obafemi Awolowo University, Osun State. The University of Ibadan in Oyo State and the University of Nigeria, Nsukka in Enugu State started their own postgraduate courses in 1996 and 2003 respectively. These three universities remain the only postgraduate nursing education providers in Nigeria for a population of approximately 180 million people; they are therefore significant players in developing nursing practice and research in Anglophone Western Africa (NMCN, 2012). Nonetheless, Government and professional stakeholders, including the Nigerian Nursing and Midwifery Council, are concerned by the low graduation rate of these students (10%), and their relatively high rate of attrition (20%).

This paper reports on the experiences of those postgraduate nursing students. Other participants included lecturers and staff of nursing education coordinating bodies. They were recruited to this study purposively and by snowballing. The research method used was qualitative inquiry utilizing face-to-face interviews, the methodology being guided by a critical realist perspective with regard to agency and structure (Maxwell, 2012).

The paper will expand on key findings which reveal that students' experiences of delay in graduation hinge on students-factors (full-time workers/full-time students), lecturers-factors (workload and mentoring), policy issues (programme structure and implementation), and social structures and mechanisms in Nigeria.

Poster 52 (Abstract 260)

Strategies for communicating with young people with bone cancer about clinical trial participation

Dr Verna Lavender, PhD, PGCTHE, BSC(Hons), RGN, Oxford Brookes University, Oxford, UK

Faith Gibson, UK; Alexandra Brownsdon, UK; Lorna Fern, UK: Jeremy Whelan, UK: and Susie Pearce, UK

Abstract

Background: Poor accrual to bone sarcoma clinical trials is related to limited improvements in survival. Low recruitment of teenagers and young adults in cancer clinical trials is widely reported, but limited research has explored reasons for this. Pearce and colleagues (2016) described the importance of forming trusting relationships between young people and health professionals to facilitate communication about participation in bone cancer clinical trials.

Aims: We sought to explore strategies described by health professionals that promote trusting relationships when communicating with young people regarding participation in two bone cancer clinical trials, EURAMOS-1 and Euro-Ewing's-99.

Methods: This study used narrative inquiry. In-depth interviews were conducted with eighteen health professionals between November 2011 and February 2012 at a supra regional bone and soft tissue sarcoma centre, which was also a teenage and young adult principal treatment centre. Findings reported here arise from thematic analysis of interview transcripts.

Results: Strategies used by health professionals to develop trust-based relationships with young people included: having credibility through expertise of the team; developing communication skills through reflecting on practice; having inclusive approaches to education and training; finding commonalities with the young people; creating time needed to form trusting relationships; and effective team working.

Discussion: We developed a diagrammatic framework that aligned our findings with the four characteristics of patient-physician trust described by Hillen and colleagues (2011): perceptions of technical competence, patient-centred communication, and honesty, and the organisation of clinical services. Our findings have the scope to be transferred to other contexts of clinical trial recruitment adding to knowledge about how information can be effectively communicated as part of the trial recruitment and enrolment process (Freyer et al, 2015).

Conclusions: This study provides in-depth insight of strategies used by health professionals to build trusting patient-professional relationships to communicate with young people about bone cancer clinical trial participation.

Poster 53   (Abstract 43)

Evaluating the use of reflective analysis and peer review in a Doctor of Nursing Practice (DNP) online program

Dr Michelle Beauchesne, DNSc, RN, CPNP, FAAN, Northeastern University, Boston, United States of America

Abstract

Background: The American Association of Colleges of Nursing (AACN) asserts that nursing requires both practice experts and nurse scientists to achieve quality patient care outcomes. Graduates of Doctor of Nursing Practice (DNP) programs, which prepare nurses at the highest level of practice inquiry, need competencies in analysis and critical appraisal to determine the best practice evidence. With the proliferation of online education formats, it remains a struggle to replicate the intimate seminar format essential to engaging students in scholarly discourse.

Purpose and goal: The purposes of this study were 1) to conduct an in-depth evaluation of the introduction to reflection and peer review as a credible pedagogy used to transform an online discussion board into an interactive group dialogue; and 2) to assess its contribution to DNP students' competency development of analysis and critical appraisal.

Conceptual Framework: Freire's student centered approach to learning is used within an online hybrid delivery format. Reflective writing is a documented means to assist students to analyze and critically appraise selected issues aimed toward accomplishing specific learning outcomes.

Methodology: Three DNP student cohorts (n=74, 92.5%response rate) who completed Year 1 of study participated in a 15-minute web-based survey. The survey, consisting of five open-ended questions, focused on an in-depth reflective evaluation of the students' experience in relation to the pedagogy of reflection and peer review. Participation was not connected to grades or credits. There is no intended follow-up. The faculty project team completed content analysis of responses to identify themes until saturation. This project was determined quality improvement by the university ethical review board.

Implications for Curricular Development: An analysis of strengths and weaknesses from the perspective of these students assists in curricular refinement and provides data to develop and enhance future directions in competency-based online education.

Poster 54   (Abstract 265)

High Fidelity Silicone Patient Simulation [HFSPS] (Mask ED TM KRS): confidence competence and decision making in first year student nurses

Dr Allison Wiseman, RGN, ENB 100, D. Clin Practice, MSc, BSc, Senior Teaching Fellow, School of Health Sciences, University of Surrey, Guildford, UK

Abstract

Aim: Evaluation of HFSPS on healthcare students' confidence, competence and decision making

Background: Healthcare students need opportunity to develop their confidence and competence in supportive learning environments, using different levels of simulation such as High Fidelity Patient Simulation (HFPS) (Lasater, 2007; Wolf, 2008). Students may find immersing themselves in simulated learning problematic due to a lack of realism and interpersonal interaction. One solution may be High Fidelity Patient Silicone Simulation [HFPSS], Kable, Levatt-Jones, Reid-Searl,(2013)highlight its potential for assisting students to immerse and transfer their professional skills and knowledge between different learning environments and contexts. HFSPS permits dynamic, unscripted learning activities facilitated by the educator behind the masked character. This creates a platform for realistic patient encounters where students link theory to practice, reflecting in and on action.

Methods: Quantitative descriptive study evaluating students' perceptions of HFSPS. 90 first year student nurses participated in 3 clinical encounters with the HFSPS during their simulated clinical learning. Semi-structured questionnaires exploring the influence HFSPS had on students' confidence, competence and decision making and the authenticity of HFSPS.

Results: 84% of participants positively perceived their HFSPS encounters. 16% of participants negatively viewed the encounters. Free form comments indicated these students found interacting with simulators problematic. Students felt their confidence, competence and decision making skills were significantly increased following their HFSPS encounters due to the authenticity and interaction.

Discussion: This study highlights its potential for enhancing the realism of simulated patient encounters without the need for scripted encounters required by simulated patients (actors). It facilitates two way interactions with the HFSPS characters, whereby educators use their expertise to deliver dynamic and spontaneous learning events.

Conclusion: HFSPS is an emerging technology that requires larger UK evaluation studies. It has the potential to enhance simulated learning not replace current simulation technology.

Poster 55   (Abstract 141)

The development and evaluation of a stress management program for undergraduate nursing students in Hong Kong

King Yin Wong, The Chinese University of Hong Kong, Hong Kong, China

Dr Chau P.C., Hong Kong, China

Abstract

Background and Aims: Stress among nursing students is a global problem. Perceived stress among them would lead to detrimental consequences on health, clinical learning, and performance. Evidence suggested that many students tend to adopt avoidance strategies and the most effective stress management program remained doubtful. The aims of the study are to: (1) evaluate the effectiveness of stress management program for nursing students and (2) develop an evidence-based stress management program for nursing students in Hong Kong.

Methods: Literature were searched in seven databases with 12 relevant studies identified. One is systematic review, three randomized control trials and eight quasi-experimental studies. There is strong evidence related to the use of relaxation therapy, with breathing exercise the most common. Several studies report therapies including spiritual learning program, mindfulness based stress reducing program, cognitive behavioural training, and hardiness education intervention can help significantly reduce stress among nursing students. The systematic review recommended the combination of breathing exercise and cognitive behavioural training would be the most beneficial in stress management program. However, some studies are at a higher risk of gender bias, low feasibilities and weak generalizability.

Results: This presentation will cover the construction of a stress management program based on best available research evidence. The program consists of eight two-hour sessions including face to face lecture on stress, practice of breathing exercise, group discussion with reflection of cognitive behaviour training, and formulate individual stress management plan. Perceived Stress Scale, Stress in Nursing Students and General Self-Efficacy Scale will be used to compare the outcomes before and after the program.

Conclusions: The evidence-based stress management program aims at reducing stress and enhancing their confidence in managing stress. It is expected that students will have improved

confidence and competency in managing stress, higher capability to stay calm, and greater public health influence afterwards.

Poster 56 (Abstract 135)

Improving effectiveness in managing high-resolution clinical data for both clinical and research use: a Scottish PICU's perspective

Alessandra Centola, NHS Lothian, Royal Hospital for Sick Children, Edinburgh, UK

S. Orr, K. Jack, J. McCormick, C.Burney, L.Reekie, J.Richardson, J. Wilson, J, McCormack, T,lo

Abstract

Introduction: Electronic clinical-information-system (CIS) collects accurate physiological and clinical data to guide clinical management and provides a valuable high-resolution data source for quality assurance and clinical research. If research and clinical data management teams work independently, prospective research data collection and retrospective analyses of the high-resolution clinical data for research and quality assurance can be time consuming. We aim to demonstrate the effectiveness in managing high-resolution clinical data for research and quality assurance through close collaboration between our research and clinical data management teams.

Methods: Our research team predefined their data requirement (e.g. the total amount of boluses of intravenous sedation given in each patient) and discussed this requirement with the clinical data management team which consists of a data manager, a senior charge nurse and a senior critical-care physician (consultant/ staff physician level). The data management team then developed a real-time data collection algorithm drawing the relevant automated data within the CIS. The research team then checked the data generated fulfilled their requirement prior to using the custom-design data collection tool in their projects.

Results: Custom-designed data collection algorithm for quantifying total IV sedation boluses was successfully developed offline from data of 10 patients in our PICU. The algorithm was then validated online in 10 consecutive patients by the research team before using it live in research projects.

Conclusion: Close collaboration between research and clinical data management teams enables custom design of real-time prospective research data collection and time-efficient retrospective analyses of clinical data for research and quality assurance.

K. Jack, J. McCormick, C. Burney, L. Reekie, J. Richardson, J. Wilson, J. McCormack, T. Lo

Poster 57 (Abstract 72)

Achieving 'Linchpin' effectiveness in clinical research nursing practices

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Caroline Saunders England, UK

Abstract

The perception that research nurses are 'linchpins' is not a novel theory (Bradshaw, 2010; Pick, 2011). Nevertheless, comparison of clinical research nurses (CRNs) to the written account for a linchpin provides a unique concept. A 'linchpin' by definition is a 'fastener used to prevent a wheel from sliding off the axle upon which it is riding' or 'Something/Someone that holds the various elements of a complicated structure together'. This classification provided the ideology behind the phenomenon that CRNs are this 'linchpin', since not only are they the supporting mechanism for a continually moving wheel, the research facility; but they are that integral centre piece between both participant and investigator.

This 'CRNs are Linchpins' philosophy enabled for the rationalisation for a CPD tool in the form of a simple board game. To play the game, players spin a spinner to land on 1 of 5 priorities: self-awareness, leadership, teamwork, education and patient advocate. On landing on the priorities, the players then verbalise why they feel it is a priority for the 'Linchpin'. The aim of the game is to promote research nurse awareness on the key elements required to achieve 'linchpin' effectiveness, to ultimately support both participants and investigators robustly.

The linchpin concept and game was presented on a unit team day within a NIHR/Wellcome Trust Clinical Research Facility. CRNs who took part (n=7). Feedback was very positive and the aim going forward is to use the game to prepare junior CRNs as they make the transition into more senior CRN roles.

The ability to successfully enforce 'linchpin' priorities upon CRNs is vital for individual empowerment, development as well as for service improvement. The significance of the need for such CPD game is evidently a transferable phenomenon that requires further investigation if it is to be proposed for mainstream CRN development.

Poster tour Q

Theme: Late Breaking Abstracts

Leaving North School entrance at: 13.10

Poster 69 (Abstract 312)

ED nurses' perceptions and understanding of older people's dignity

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Abstract

Background: A number of high profile reports in the last two decades have highlighted the importance of maintaining the dignified care of older people in all health care settings. In the UK, the emergency department (ED) provides preliminary care and treatment to a wide range of older patients and for many of these, this is the start of their health care journey. In line with all health care settings, nurses are, and will continue to be, the main providers of care in the ED.

Aim: The experiences of ED nurses caring for older patients were explored to discover their perceptions and understanding of dignity and the factors that can facilitate or hinder dignified care within the emergency care setting.

Methods: Ten ED nurses in one teaching hospital were interviewed in depth in a qualitative study, guided by a descriptive phenomenology methodology.

Results and discussion: The findings showed that ED nurses viewed older patients' dignity as inherent to autonomy. Dignity was described as seeing and treating the older person as an individual human being. The ED was described as a complex care environment; lack of privacy, poor staffing levels, pressures of meeting specific government targets and nursing patients in corridors were considered factors hindering dignified care.

Conclusion: The study showed that ED nurses knew and understood what comprises dignified care. However, the pressures of the complex ED environment prevented them from delivering this care.

Poster 71   (Abstract 324)

Reflections on a rapid evidence assessment to inform standards of nursing practice

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Dr Anda Bayliss, UK

Abstract

REAs provide an assessment of what is already known about an issue or topic by using systematic review methods to search and critically appraise available research evidence. REAs aim to be rigorous, explicit and systematic, but compromises are often necessary through limiting particular aspects of the systematic review process. How quickly this happens will depend on how quickly the assessment is required, the resources available and the extent to which the review team are prepared to limit the systematic review process. All compromises made during the process must be justified.

Undertaking an REA requires dealing pragmatically with the messiness of real life evidence not least the financial and time constraints applied but also dealing with particularly tricky situations that may arise when research evidence does not make it through the sifting process.

Additional considerations include the availability of review expertise, lack of clarity regarding the purpose, scope and review questions, agreeing the search strategy in relation to inclusion and exclusion criteria, sifting, quality assessment tools for quantitative and qualitative research evidence, data extraction; limited access to databases, synthesis and writing up, external review prior to publication and the strategy for dissemination.

The example of an REA carried out during 2016 will be used to highlight the key stages of decision making in an assessment of evidence related to infusion therapy, which was undertaken in three concurrent stages. These stages include commissioning the review of Randomised Control Trials and Systematic Review evidence to an external organisation; a review of other non-RCT designs about infusion therapy nursing practice, and a review of the patient perspective of infusion therapy.

Poster 72   (Abstract 310)

Reflections on working with an interpreter when conducting qualitative in-depth interviews

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Abstract

Background/Context: This paper will provide a reflective review of the experience of conducting qualitative in-depth interviews through an interpreter, with Bangladeshi people who are living with Ankylosing Spondylitis. The complexities of using interpreters in research (Edwards 1998) have often led to the exclusion of people whose preferred language is not English. However, there is little guidance available on working with interpreters when conducting research interviews (Squires 2008). I had no previous experience of this process and being from an ethnic minority background (though a different one from the participants), I was aware there are not always equivalent words between languages. I was also concerned about feeling a lack of control in the interview. According to Kvale (1996: 147) the 'interviewer is him or herself the research instrument', therefore the interpreter's role needs consideration too.

Preparation and process: The same Bengali interpreter assisted throughout and she had previous experience of conducting research interviews as a health advocate in a community social work team. The preparation included selection of the interpreter, building a relationship with the interpreter, clarifying the interpreter's role, agreeing the style of interpretation (active or passive), training and preparation for the interpreter, practicalities (e.g. seating arrangements during the interview) and agreeing the process for reflection. All study documents including the interview topic guide were translated to Bengali and the interpreter found them clear and easy to use. Reflective review following each interview allowed the interpreter to raise any difficulties in translation, identify any other problems and consider solutions.

Conclusion: Despite the complexities of interviewing with an interpreter, I collected rich and meaningful data and therefore interpreters can be seen as active partners with the researcher working together with the interpreter as the research instrument.

Poster 33   (Abstract 111)

Mindfulness for midwives

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Dr L Hunter: Oxford, UK

Abstract

Background: As part of a larger project to engage staff in personal and workplace wellbeing the maternity services provided staff with the opportunity to learn the practice of mindfulness meditation. Evaluations carried out immediately post-course and after 4-6 months indicated a positive impact in both personal and organisational domains.

Objective: An 8-week course was made available with the intention of supporting staff to manage stress and anxiety, increase resilience and self-compassion, and improve the culture of the organisation as a whole.

Method: The 'Frantic World' course is designed for non-clinical groups, providing an introduction to mindfulness. Participants learn formal and informal meditation practices enabling them to examine the way they think and feel about experiences, increase engagement with the present, allowing for a clearer understanding of how thoughts and emotions impact on health and quality of life.

Evaluation: Immediately post-course, participants were invited to evaluate the course; response rate 79% (n=34). Participants were invited to complete a follow-up questionnaire 4-6 months after attending the course; response rate of 53% (n=23).

Outcomes: Participants reported benefit in home life (87%) work-life (91%) and the culture of their work place (59%). Participants reported a sustained positive impact on stress (83%), anxiety (68%), resilience (70%), self-compassion (74%) and mindfulness (91%).

Conclusion: This project has demonstrated that investing in mindfulness and staff wellbeing has been beneficial on an individual, organisational and cultural level. Future qualitative research is planned to explore the impact that midwives perceive mindfulness has on their practice in more detail.