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Why do respiratory patients continue to smoke? A qualitative study.

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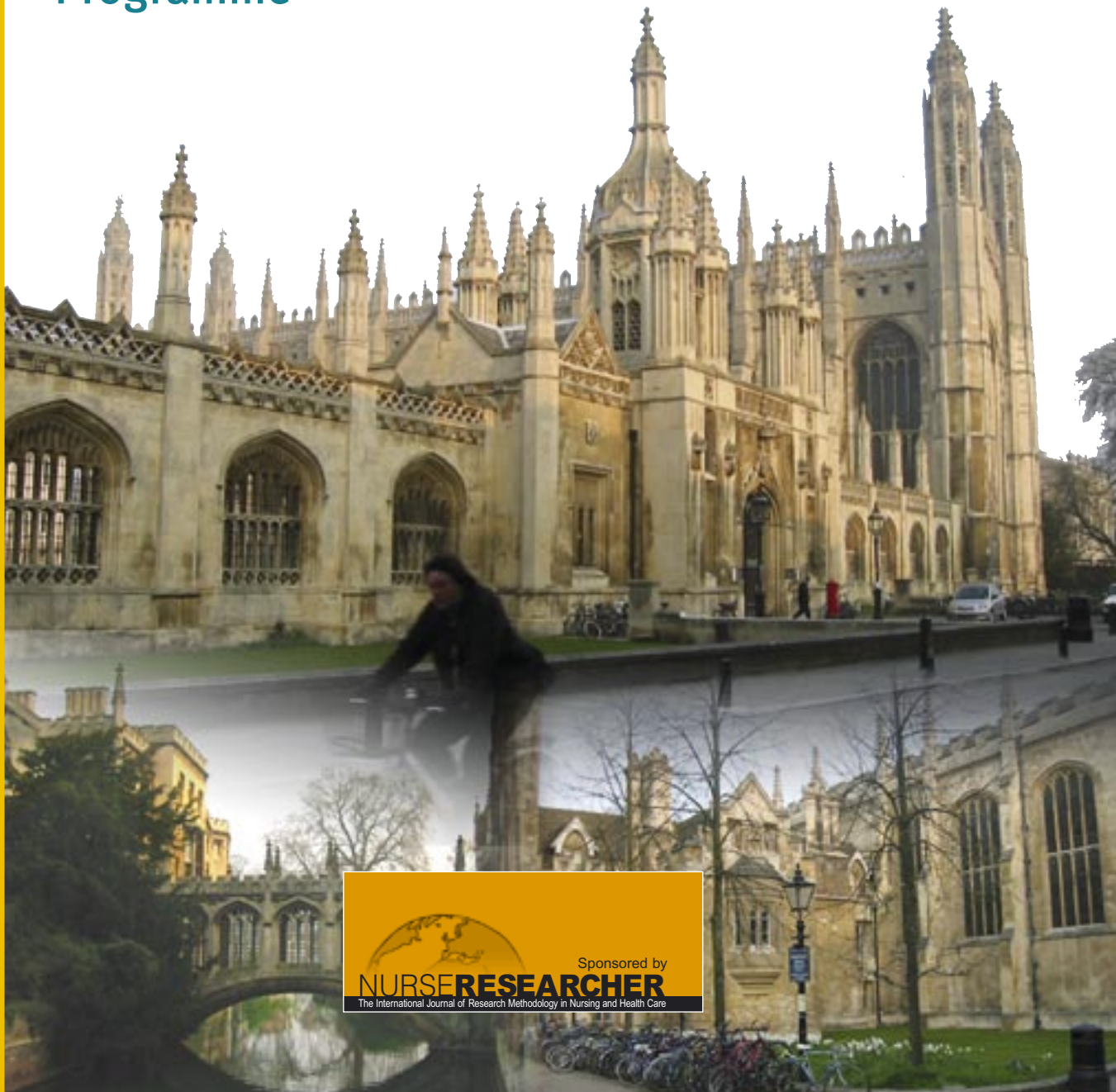
RCN International Nursing Research Conference

Sunday 21 to Wednesday 24 March 2004

University of Cambridge, Cambridge, England

<http://www.man.ac.uk/rcn/research2004>

Programme





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Welcome

March 2004

Dear Colleague,

It is a pleasure to welcome you to this year's RCN International Nursing Research Conference. This year's conference is a collaboration between Addenbrooke's NHS Trust, Anglia Polytechnic University, Homerton College Cambridge School of Health Studies, the University of East Anglia and the RCN Research Society (Eastern Region).

The conference aims to present knowledge from the leading edge of nursing research. As well as plenary presentations, symposia, and workshop presentations, you can choose from over 200 concurrent presentations. Alongside these presentations, there will be on display over 80 poster presentations.

We have a varied menu of fringe events. Full details are included within the conference programme.

We have an impressive exhibition that we hope you will take time to visit. We hope that you have the opportunity to network with colleagues from far and wide, and still get time to visit the historic sights of Cambridge.

We are always keen to receive feedback, so please do take the time to complete your evaluation and return the form to the registration/enquiries desk before your departure.

Enjoy Cambridge!

Professor Kate Gerrish
Chair, RCN Research Society

Dr Charles Hendry
Chair, Scientific Committee

Leslie Gelling
Chair, Organising Committee

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RCN Research Society Steering Committee

Professor Kate Gerrish (Chair), Chair in Evidence Based Practice, School of Nursing & Midwifery, University of Sheffield, Northern General Hospital, SHEFFIELD, England

Mr Leslie Gelling (Vice Chair), Research Officer, School of Community Health and Social Studies, Anglia Polytechnic University, CAMBRIDGE, England

Ms Janet Ball, Research Co-ordinator for Cancer Genetics, Hospital, LONDON, England

Professor Claire Ann Hale, The Kathleen Raven Chair in Clinical Nursing, School of Healthcare Studies, University of Leeds, LEEDS England

Dr Charles Hendry (co-opted), Lecturer in Nursing, School of Nursing & Midwifery, University of Dundee, Ninewells, DUNDEE, Scotland

Professor Martin Johnson, Professor of Nursing, University of Salford, MANCHESTER, England

Dr Andrea Nelson, Research Fellow, Department of Health Sciences, University of York, YORK, England

Membership Group Organiser:

Mrs Jenifer M Caveney, Departmental Administrator, RCN R&D Co-ordinating Centre, School of Nursing, Midwifery and Health Visiting, University of Manchester, MANCHESTER, England

Professional Adviser:

Ms Ann McMahon, Director, RCN R&D Co-ordinating Centre, School of Nursing, Midwifery and Health Visiting, University of Manchester, MANCHESTER, England

Conference Manager:

Ms Kathryn Clark, Assistant Conference & Events Manager, Royal College of Nursing, LONDON, England

Newsletter Editor:

Dr Tony Long (Co-opted), Lecturer, University of Salford, MANCHESTER, England

Scientific Committee

Dr Charles Hendry (Chair), School of Nursing & Midwifery, University of Dundee, DUNDEE, Scotland

Mr Leslie Gelling, School of Community Health and Social Studies, Anglia Polytechnic University, CAMBRIDGE, England

Dr Ann Caress, School of Nursing, Midwifery and Health Visiting, University of Manchester, MANCHESTER, England

Professor Claire Hale, School of Healthcare Studies, University of Leeds, LEEDS, England

Ms Ann McMahon, RCN Research & Development Adviser, School of Nursing, Midwifery and Health Visiting, University of Manchester, MANCHESTER, England

Dr Andrea Nelson, Department of Health Sciences, University of York, YORK, England

Ms Margaret Smith, North Glasgow University Hospitals NHS Trust, Stobhill General Hospital, GLASGOW, Scotland

Ms Kathryn Clark, RCN Events, Royal College of Nursing, LONDON, England

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Professor Kate Gerrish, Chair in Evidence Based Practice, University of Sheffield, SHEFFIELD, England

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Professor Robin Jennifer Watts, Professor of Nursing, Curtin University of Technology, PERTH, Australia

Professor Anne Williams, Professor of Nursing, University of Wales, Swansea, SWANSEA, Wales

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Dot Chatfield, Research Sister, Division of Anaesthesia, University of Cambridge, UK

Mary Cooke, Research Associate, Judge Institute of Management, University of Cambridge, UK

Leslie Gelling, Research Officer, School of Community Health and Social Studies, Anglia Polytechnic University, Cambridge, UK

Sally Hardy, Research Fellow, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, UK

Dawn Hillier, Dean, School of Health Care Practice, Anglia Polytechnic University, Chelmsford, UK

David Lewin, Head of Research and Quality, Homerton College Cambridge School of Health Studies, Peterborough, UK

Margaret Rogers, Director of Education, Training and Research, East Anglia Children's Hospices, UK

Kingsley Simmons, Principle Lecturer, Department of Nursing and Midwifery, University of Hertfordshire, Hatfield, UK

Karen Webb, Director, RCN Eastern Region, UK

Debbie White, Research Nurse, Paediatric Intensive Care Unit, Addenbrooke's NHS Trust, Cambridge, UK

Kathryn Clark, RCN Events, Royal College of Nursing, LONDON, England

General information

Venue

The is split over three different sites:

- The conference venue is the Faculty of Music, West Road, Cambridge. The Faculty of Music will host the registration/enquiries point, the majority of the concurrent session rooms, all main hall presentations, exhibition, posters and teas and coffees.
- Robinson College, which is around five minutes walk from the Faculty of Music, will host all symposia, workshop and fringe sessions. Lunch will also be served in the dining room within Robinson College, unless attending a fringe event, where refreshments will be served within the fringe. All end of day social events will also take place within Robinson College with the exception of the conference dinner, which is taking place at Kings College.
- Robinson College is also where all the accommodation is located.
- The Faculty of Divinity will host three break out rooms, and is only two minutes walk from the Faculty of Music.

Conference registration and enquiries

The registration and enquiries desk will be in the Faculty of Music. Registration will be open as follows:

Sunday 21st March 2004	Midday – 17.30
Monday 22nd March 2004	08.30 – 17.30
Tuesday 23rd March 2004	08.30 – 17.30
Wednesday 24th March 2004	09.00 – 13.30

Badges

For security purposes, participants must wear their badges at all times. Participants will not be admitted to the conference sessions without their identity badge.

Mobile phones and pagers

Participants are asked to ensure that all mobile phones and pagers are turned off during conference sessions.

Plenary/Main hall sessions

Plenary/Main hall presentations will all take place in Music 1.

Concurrent sessions

All concurrent sessions will either take place in the Faculty of Music or Faculty of Divinity. Within the conference programme, room names have been referred as 'Music 1-7' (all Faculty of Music Rooms) and 'Divinity 1 – 3' (all Faculty of Divinity Rooms).

Places will be allocated on a first come first served basis. To ensure a seat, please arrive promptly.

Workshop and symposia

All workshop and symposia sessions will take place in Robinson College. Within the conference programme the room names are referred to as 'Robinson 1 – 12'.

Places will be allocated on a first come first served basis. To ensure a seat, please arrive promptly.

Exhibition and posters

The exhibition and posters will be displayed in the foyer of the Faculty of Music.

Opening times:

Sunday 21st March 2004	Midday – 17.30
Monday 22nd March 2004	08.30 – 17.30
Tuesday 23rd March 2004	08.30 – 17.30
Wednesday 24th March 2004	09.00 – 11.00

Catering

All refreshment breaks (teas and coffees) will be served in the foyer of Faculty of Music.

All lunches will be served in Robinson College Garden Restaurant. All fringe events will have a buffet lunch served within the room.

Evening meals are not included within the conference fees.

The College Bar (within Robinson College) offers a full range of beers and spirits and has a noted reputation for its real ale. The Bar opening hours will be from 19.00 – 24.00.

A pack lunch will be served on Wednesday lunchtime. Participants are asked to order a pack lunch with the registration/enquiries desk.

Cybercafe

A cybercafe, sponsored by Addenbrookes NHS Trust, will be open the following times:

Sunday 21st March 2004	12.30 – 17.00
Monday 22nd March 2004	08.30 – 17.00
Tuesday 23rd March 2004	08.30 – 17.00
Wednesday 24th March 2004	09.00 – 13.00

Addenbrooke's 
NHS Trust

Social events

Sunday 21st March 2004

A **welcome reception**, sponsored by University of East Anglia, will take place from 17.30 – 19.00 at Robinson College. Wine and nibbles will be served.



Monday 22nd March 2004

A **reception to welcome international delegates** sponsored by Homerton College, will take place from 17.30 – 19.00 at Robinson College. Wine and nibbles will be served.



Homerton College, Cambridge
School of Health Studies

Homerton School of Health Studies provides pre-registration and post-registration programmes in nursing, midwifery and allied health professions. All undergraduate programmes are validated by Anglia Polytechnic University and the School is part of the APU Regional University Partnership. The University of Cambridge awards our postgraduate degrees and students are members of Homerton College, Cambridge. Teaching is delivered at four sites across Cambridgeshire, but some specialist courses draw students from across the country and from abroad. Some courses are now also delivered elsewhere in the UK - the Thorn programme, for instance, is taught as far afield as Aberdeen. In response to the needs of the NHS the School is growing substantially and student numbers continue to increase. The new courses available at the School provide a variety of options for entry into the health professions and increased choice for the professional development of those already in health care.

Tuesday 23rd March 2004

The **conference dinner** will take place at Kings College and will commence with pre-dinner drinks at 19.30. Kings College is located within the centre of the Cambridge. There will be a limited number of tickets for purchase from the registration desk.

Wine and pre-dinner drinks sponsored by Nursing Standard.



Fringe events

Full details of the conference fringe programme is detailed in pages 9 – 11.

Message board

A message board is located in the registration area.

RCN Research and Development Co-ordinating Centre

The RCN R&D Co-ordinating Centre provides advice and information, research and consultancy services on anything and everything to do with research and development (R&D) in nursing. Staff at the Centre work in partnership with the RCN Research Society and other key stakeholders to promote excellence in care through R&D. Whether you are a nurse in clinical practice, a nurse executive director, the chief executive of a medical research charity, a health care provider or a higher education institution, the RCN R&D Co-ordinating Centre is here to work with you.

Visit the centre's website www.man.ac.uk/rcn/ and meet the team at the conference.

Disabled access

Please contact the registration/enquiries desk for assistance.

Lost and found

Please contact the registration/enquiries desk.

First aid facilities

In the first instance, please contact the registration/enquiries desk.

Cloakroom

There are coat hooks located within the foyer of the Faculty of Music.

Toilets

Toilets are sign posted.

No smoking policy

All RCN conferences have a no smoking policy and therefore, smoking is not allowed in any areas being used by participants.

The RCN does not accept any liability for loss or damage to personal effects that may arise as a result of attendance at this event.

The RCN has endeavoured to ensure the accuracy of the materials printed within this programme. Any queries relating to any of the papers should be addressed to the presenter.

Fringe programme

Sunday 21st March

17.30 - 18.15

Welcome Reception, Sponsored by University of East Anglia

Location: Robinson College

Welcome reception hosted by the University of East Anglia to welcome delegates to the conference and Cambridge. All invited.



Monday 22nd March

12.45 – 13.45

All lunchtime fringe events will take place in Robinson College. A sandwich lunch will be served in inside or outside the relevant room where the Fringe event is taking place.

12.45 – 13.45

Novice researchers

Room: Robinson 1

Dr Charles Hendry, Chair, Scientific Committee

This fringe event is aimed at nurses based in clinical and academic settings - who are in the early stages of undertaking research or who may be planning to start a research project

The research road can be very long and winding with plenty of road works to stop you in your tracks. In the early stages of undertaking research this can be a journey in which a little help, direction and support can be of great value.

The purpose of this event is to establish what may be of help to you on the research journey. Additionally the last 3 years fringe events have provided feedback to the Research Society steering committee as to what help nurse researchers need.

The aims of this event are to enable you to:

- Meet with others at a similar stage of their research development
- Share experiences
- Find out what help is available
- Meet new people and network

So come along and meet us at this event and you never know you might find the exact help that you were looking for.

12.45 – 13.45

A strategic practitioner focused approach to nursing research and practice development

Room: Robinson 6

Brendan McCormack, Director of Nursing Research, Royal Group of Hospitals & Dental Hospital H & SS Trust, Belfast

Clinical outcomes, effective decision-making and the use of evidence in practice has been part of the nursing agenda for many years and a key focus of knowledge generation and utilisation activities in nursing research. However, whilst this focus prevails, the ability of our organisational systems to support nursing research in practice is still limited. There continues to be a divide between the 'knowledge generators' and the 'knowledge users' and whilst considerable progress has been made in the use of research in practice, less progress has been made in formally connecting academic and practice communities. This fringe meeting will argue for such a connection through a focus on practitioner research – a focus that can enable the sharing of academic and practice agendas at a variety of levels. The Royal Hospitals Trust has been developing a strategic approach to nursing & midwifery research and practice development that underpinned by a philosophy of practitioner research and critical inquiry. The strategy has been developed through a consensus-seeking framework that has involved the participation of over 800 nurses and midwives from across the Trust over a two-year period. The strategy has four targets that form the basis of a five-year action plan that is currently being implemented and evaluated. The challenge for academic communities is to explore ways of linking in a more proactive way, the agendas of researchers with the agendas of practitioners and this fringe event will explore how the Royal Hospitals Trust is working with this challenge.

12.45 – 13.45

Primary care nursing research network

Room: Robinson 3

Vari Drennan, Senior Lecturer in Primary Care Nursing, Royal Free & University College Medical School, London

The idea of this network is to try and put nurses, The Network was formed to help nurses, midwives and health visitors build a stronger research presence in primary health care. The Network mainly operates through the internet. It is for nurses, midwives and health visitors involved or interested in research in primary health care. It is intended to assist network building through communication on a) current research, b) relevant policy & funding issues c) knowledge and skills sharing d) helping develop collaborations.

The Fringe meeting offers the opportunity to network with others from within and outside the UK. There will be a facilitated discussion on topical issues including:

“Changes in the primary care nursing workforce: the impact for research careers, research capacity building and nurse and health visitor led research”.

We look forward to meeting you there.

PrimaryCareNursingResearchNetwork@yahoo.com

<http://groups.yahoo.com/group/PrimaryCareNursingResearchNetwork>

<http://www.man.ac.uk/rcn/ukwide/pcnr.htm>.

12.45 – 13.45

Getting published

Room: Robinson 8

Kate Gerrish, Chair, RCN Research Society

Getting published is one of the most effective ways of reaching a wide audience. You have a great deal of knowledge about nursing, whatever level you are at; there are issues which you need to share, need to expand on and need to develop. Doing this with your peers in small groups is the best start, but it is not enough. It is not enough for your professional development nor for the sharing of expertise that is essential for a growing and dynamic profession. This seminar will take dissemination – that is sharing knowledge at every level - into publishing.

However, there are some basic rules to follow in order to successfully 'break into' publishing, and these will be discussed in detail. For example, where is the best place to publish – what audience are you aiming for, what style is going to be the most effective? Your chance to express yourself should not be wasted.

We will discuss basic rules and processes and as an author and an editor, I will show you both sides of the publishing coin.

Getting published is exciting – it brings a new dimension to your work and opportunities for interaction with fellow professionals and they with you, the opportunities are endless once you get the knack! From developing your own web-site, to speaking at conferences and contributing to major publications.

12.45 – 13.45

Nurses in Research Collaboration (NiRC)

Room: Robinson 7

Leslie Gelling & Janet Ball, Research Society Steering Committee Members

Nurses in Research Collaboration (NiRC) is an attempt to promote greater collaboration between the RCN Research Society, the Clinical Research Nurses' Association (CRNA) and the Institute of Clinical Research (ICR). This fringe event will provide an opportunity for delegates to discuss the work of NiRC to date and to suggest how this collaboration might be further developed.

This fringe event will also provide the first opportunity to discuss the results of the recent NiRC questionnaire sent to all members of the three organisations. The aim of this questionnaire was to explore the educational opportunities provided for nurses involved in research. It is anticipated that the results will help NiRC to focus on issues important to research active nurses.

There will be representatives from the RCN Research Society, CRNA and ICR at this fringe event so if you have strong feelings about the future direction that NiRC should be taking please come along.

12.45 – 13.45 RCN Research Society Scotland

Room: Robinson 5

Lorraine Smith, Janice Rattray, Colin McDuff and Charles Hendry

Members of the RCN Research Society (Scotland) and others interested in participating in the Society are invited to join members of the Executive Committee:

- to network with colleagues;
- to share information and contact details;
- to inform Committee Members of interests, concerns, projects etc;
- to provide Committee Members with the opportunity to meet some of its membership;
- to allow the Committee to share its current work programme;
- to facilitate the Committee's fact finding in terms of future, strategic research meetings.

18.30 – 20.00 Reception sponsored by Homerton College

Location: Robinson College

A reception open to all conference delegates sponsored by Homerton College



Homerton College, Cambridge
School of Health Studies

Tuesday 23rd March

12.45 – 13.45

12.45 – 13.45 Working on the research policy interface

Room: Robinson 8

Mike Kelly, Director of Evidence & Guidance, Health Development Agency

This fringe event will consider and describe some of the interesting and challenging problems associated with working with and between the producers of research (broadly about health improvement) and the makers of policies (designed to enhance the health of the public). The Health Development Agency was established in 2000 very specifically to build the evidence base in public health. The idea was to draw together the evidence of effectiveness about the health of the public, with particular reference to reducing health inequalities and to improving the overall health of the population. Further, the idea was to help to bring that evidence more explicitly into the planning and policy process. This had to be accomplished in a systematic, transparent and auditable way. The ways in which this task was undertaken and the problems intellectually, scientifically and practically with it will be described. The difficulties that come into play as evidence becomes available for policy and the negotiation that ensues between the competing imperatives will be outlined. While no solutions are proposed, the paper will give a flavour of the excitement, tension and difficulties associated with drawing two separate tribes together. The Health Development Agency also has to a remit to work to get evidence into practice. The talk will conclude with some discussion of the way that practitioners play into the picture. The Agency's work with its collaborating centres will be considered, and the ways that evidence, practice and policy can work together, will be noted

12.45 – 13.45 Nurses and research ethics

Room: Robinson 1

Martin Johnson and Tony Long, Research Society Steering Committee Members

Previous advice from the RCN has been a major source of guidance since 1977. The present work is a completely new version to meet current needs, notably in the aftermath of the Department of Health's Research Governance Framework and in the context of more nurses using and undertaking research in various capacities.

All RCN members should have access to straightforward guidance on how to assist in the conduct of research and to protect the interests of the patients for whom they are responsible. All levels and areas of nursing practice are likely to benefit from the guidance being available, especially as there is now greater awareness of and focus on research ethics and governance issues. Students at all levels will need a basic appreciation of research governance and ethical issues.

The event will launch the new guide (already published as Nurses and Research Ethics, Nurse Researcher 11, 1, 7-21), and will seek the views of

members on how the Research Society and the RCN can best support nurses troubled by the ethical dimensions of investigation.

12.45 – 13.45 RiCH Network

Room: Robinson 9

Patrick Devitt

Are you a researcher in children's nursing or child health? Would you like to meet others working in this area? Are you a children's nurse thinking of undertaking some research? This fringe event is hosted by the RCN's Research in Child Health (RiCH) group and is an opportunity to meet and network with other researchers in this area. The fringe will also provide an opportunity to find out about the Child Health Nurse Researchers (UK) a new group for children's nurses who are experienced researchers.

All children's nurses attending the conference, whether practitioners or researchers, are invited to join us for lunch to participate in an informal get together of all those interested in providing evidence-based care to children and their families.

12.45 – 13.45 To share or not to share - research data as a continuing research resource

Room: Robinson 3

Donna Mead, Head of School, University of Glamorgan and Louise Corti, University of Essex

Research resources are the foundation stones upon which researchers can build high quality and policy-relevant work. It is now widely recognised by funders across the world that these foundation stones include data materials created in the course of academic and policy research. A key role of the Economic and Social Research Council (ESRC) is to develop a long-term strategy for data resource provision and support in the UK. To this end, the Economic and Social Data Service (ESDS) has been established as a distributed national data service with units based at Essex and Manchester, who work collaboratively to provide a joined-up service for preservation, dissemination, user support and training for the secondary analysis of an extensive range of key economic and social data across the research, learning and teaching communities. ESRC has a Datasets Policy whereby award-holders must offer copies of their primary data for deposit to the ESDS service. This policy ensures that ESRC funded research is made available for secondary analysis in order to maximise the research potential of data and to avoid the expensive and often burdensome replication of data collection. Other research funders and research centres/organisations are also considering the longer-term value of preserving and sharing data.

Housed at the UK Data Archive (UKDA), renowned as a world-class centre of expertise in archiving and disseminating, these data collections span both quantitative and qualitative sources across many disciplines, comprising some 4000 datasets in total. The collection contains a rich source of demographic, behavioural and attitudinal data with which to address many substantive and methodological topics.

12.45 – 13.45 PhD student network (incorporating excellence in doctoral studies)

Room: Robinson 5

Jackie Griffith and Andrea Nelson

The RCN Research Society has developed a support network for PhD students. It is a small and friendly group developed to help nurses in education or practice network with other nurses studying at this level. We hold a couple of meetings a year and have a website. Our aims are to facilitate more nurses finishing their studies and to encourage networking and cross fertilisation of ideas and eventually post doctoral alliances. Come along and meet us to discuss your work, or the process of doing a PhD in a friendly and constructive way. This group is about sharing experiences and offering encouragement. We are not an elite, indeed the main protagonist still hasn't finished her PhD!

12.45 – 13.45 Your work counts

Room: Robinson 9

Angela Grainger, Assistant Director of Nursing (Education and Research), King's College Hospital NHS Trust, RCN LoRRS Committee member, Journal of Advanced Nursing Editorial Board member

A joint fringe meeting on the relevance of reviewing professional journals and refereeing papers for the advancement of nursing knowledge, and the benefits to be gained by participating in a RCN regional Research Society.

The impact and importance of publications to improving nursing knowledge and practice and in relation to career progression will be discussed. The rationale for the referencing of papers will be explored. Experiences will be shared on the referring process and advice given on how to ensure your paper stands a good chance of acceptance. Adequate preparation minimises the risk of papers being rejected but regrettably sometimes negative feedback is given. Ways of handling this are discussed. The remit and skills required of a referee will be explained, and information given on how to become a referee.

The purpose and aims of RCN Regional Research societies will be presented. The type of activities undertaken and how these relate to the promotion and support of nursing research will be discussed using the work of the London Regional Research Society (LoRRS) as an example. Participants opinions will be sought on what nurses want from a RCN regional research society.

12.45 – 13.45 What does the RCN offer nursing academics?

Room: Robinson 7

John Wilkinson, RCN Officer – Eastern Region

The purpose of this fringe meeting is to present to delegates an overview of Royal College of Nursing resources and services to support nurses working as teachers, researchers or managers within academic or health care provider settings. The session is designed to be interactive to provide the RCN Eastern Region with feedback to develop a strategy to enhance a service to RCN members working within education and research. In particular attention will be directed to recent work to develop a network of RCN learning representatives to support RCN members with lifelong learning.

The fringe meeting will be facilitated by John Wilkinson who has worked as a clinical nurse, lecture and manager in higher education and within the NHS as an assistant clinical director leading on multi-professional practice developments, education and research. John is now the education and learning lead within RCN Eastern Region

12.45 – 13.45 Nursing editors' forum

Room: Robinson 4

Professor Hugh McKenna, University of Ulster at Jordanstown, Northern Ireland

What is it?

The aims of this forum are to share experiences and expertise, highlight new developments, encourage debate around contentious issues and promote networking. It builds on the 'Meet the Editors' fringe event held at the 2003 RCN Research Conference. It is proposed that this forum would have similar objectives to those of the International Academy of Nursing Editors (INANE). These include exploring issues such as:

- Editorial support from publishers
- Editorial Boards; structure and function
- Electronic publishing
- Peer review
- Academic Versus Professional Journals
- Nursing Versus Multidisciplinary publishing
- Ethics of Publication
- Copyright issues
- The Research Assessment Exercise
- What is 'International'?
- Impact factors
- Salami publishing;
- Writing workshops
- Strategies dissemination in the Media:

Who Should Attend?

Editors, publishers and writers involved in producing journals/newsletters for nurses are welcome. The Forum is intended to mentor new editors and for experienced editors to exchange information in an informal situation.

12.45 - 13.45 Agenda for change

Room: Robinson 6

Facilitated by Janet Ball, RCN Research Society steering committee and a research nurse at Guys and St Thomas' Hospital in London, Gary Kirwan, RCN lead on Agenda for Change, and Ann McMahon, RCN Research and Development Adviser.

There are two aspects to "Agenda for Change", the proposed agreement between the UK health departments, the NHS Confederation and the Professional Bodies to modernise NHS terms and conditions of employment and pay system, a job evaluation scheme and a knowledge and skills framework. The purpose of the job evaluation scheme is to assess all jobs within the NHS in order to ensure "equal pay for equal worth". The purpose of the knowledge and skills framework is to ensure that all NHS employees have the knowledge, skills and competencies required to carry out effectively the job they are employed to do.

The RCN's view is that all employers of nurses throughout the United Kingdom should adopt the Agenda for Change recommendations. No matter where you work in the UK, the Agenda for Change proposals will impact on you directly or indirectly from 1st October 2004.

The purpose of this fringe is

1. To receive an overview of the national picture
2. To discuss developments in relation to research nurses at Guys and St Thomas' Hospital in London, an early implementer sight
3. To develop a strategy for the nursing research community in relation to Agenda for Change

For more information on Agenda for Change see <http://www.rcn.org.uk/agendaforchange/>

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Sunday 21st March 2004	12.00 – 17.00
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NAMRU (Nursing and Midwifery Research Unit)

The Yorkon Building

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Norwich

England

NR4 7TJ

Tel/Fax: 01603 592985

NAMRU's research focus is service delivery across the spectrum of health care services, with the aim of informing the development of a modern and effective health care. With the rapidly developing nature of inter-professional practice and research in the context of the NHS and increased preference of funding agencies for interdisciplinary projects, NAMRU continues to focus its work around the drivers of change and the development and use of innovative research approaches that facilitates and enables the practitioner researcher.

Since its launch in November, 2000, the unit has successfully gained 20 projects from a range of funding agencies, including ESRC (Economic and

Social Research Council), local NHS Trusts, social services and major charities. This work has been further reinforced nationally with commissioned educational and practice development projects with the Royal College of Nursing Institute, the English National Board for Nursing, and the Faculty of Public Health Medicine. More locally commissioned work has included assessments and evaluations of practice, literature reviews (including Cochrane Library Reviews) and policy analysis of key initiatives in the health field (e.g School Breakfast Clubs, Private Finance Initiative in the NHS, human genetics and health). NAMRU has a growing number of research students who largely undertake evaluative research closely linked to their complex work environments and clinical specialisms.

NAMRU's research strategy for the future remains dynamic, but mirrors the NHS R&D that aims to support a knowledge based health service in which clinical, managerial and policy decisions are based on sound information about research findings and scientific developments. Our task for the future is to build and consolidate our research expertise so that further research partnerships and collaborations can be synergistic for the promotion of effective and contemporary health care practice and service developments.

For further details of our work visit the website or contact the unit director, Professor Brian Salter, at the above address:



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Programme planner

Sunday 21st March 2004

- 12.30** Registration and refreshments
- 14.00** Opening Ceremony: Anglia Brass Quintet
- 14.05** Welcome to Cambridge
Mayor of the City of Cambridge, Councillor David White
- 14.10** Welcome to the conference
Professor Kate Gerrish, Chair, RCN Research Society

Sunday 21st March 2004

15.45 – 17.15 Concurrent session 1

	1.1. Mental Health Room: Music 3 Chair: Hugh McKenna	1.2 Education Room: Music 4 Chair: Martin Johnson	1.3 Qualitative Room: Music 2 Chair: Kate Gerrish	1.4 Obesity Room: Music 5 Chair: Charles Hendry	1.5 Neurological Room: Music 6 Chair: Leslie Gelling
15.45	1.1.1 Trial of problem solving by community psychiatric nurses (CPNs) for anxiety, depression and life difficulties among general practice patients <i>Lucy Simons, Research Fellow, University of Southampton, Community Clinical Sciences, Southampton, UK. Co authors: Tony Kendrick and Laurence Mynors-Wallis</i>	1.2.1 Fit for nursing? A qualitative analysis of disabled and non-disabled Registered General Nurses value-sets on health and illness in relation to nursing employment <i>Angela Grainger, Assistant Director of Nursing (Education and Research), King's College Hospital NHS Trust, Executive Nursing Practice Development Team, London, UK.</i>	1.3.1 Realising the potential of genetics for nursing, midwifery and health visiting practice: Using a consensus technique to agree on core competencies <i>Maggie Kirk, Associate Head of School, University of Glamorgan, School of Care Sciences, Pontypridd, UK. Co authors: Kevin McDonald and Sally Anstey</i>	1.4.1 Overweight: Factors influencing people who are overweight to access weight loss services <i>Angela Tod, Nursing Research Fellow, Sheffield Teaching Hospitals Trust/University of Sheffield, Acute and Critical Care Nursing, Sheffield, UK.</i>	1.5.1 Developing a model of spinal cord injury rehabilitation nursing using grounded theory <i>Hsiao-Yu Chen, Lecturer in Nursing, University of Ulster, School of Nursing, Co.Londonderry, UK. Co author: Jennifer Boore</i>
16.15	1.1.2 A content analysis of psychiatric inpatients' experience of distressing auditory hallucinations <i>Alan Howard, Consultant Nurse, DorsetHealthCare NHS Trust, St Ann's Hospital, Poole, UK.</i>	1.2.2 Exploring the clinical experiences of student nurses with dyslexia - a phenomenological perspective <i>Patricia Turnbull, Senior Lecturer, Anglia Polytechnic University, School of Health Care Practice, Chelmsford, UK. Co author: David Morris</i>	1.3.2 Field work: considerations from a nurse researcher's perspective <i>Pauline Griffiths, Senior Lecturer, University of Wales Swansea, School of Health Science, Swansea, Wales, UK</i>	1.4.2 Breastfeeding and obesity at 14 years: a cohort study <i>Linda Shields, Professor of Nursing, University of Limerick, Department of Nursing & Midwifery, Limerick, Ireland. Co authors: Michael O'Callaghan and Gail William</i>	1.5.2 The experience of patients undergoing awake craniotomy: a qualitative research <i>Alvisa Palese, Teacher Nurse, University of Udine, School of Nursing, Udine, Italy. Co authors: Martina Fachin and Lucia Zannini</i>
16.45	1.1.3 Factors related to the mental health of rural Isan Families <i>Somporn Rungreangkulkij, Nursing Educator, Khon Kaen University, Department of Psychiatric Nursing, Faculty of Nursing, Khon Kaen, Thailand. Co authors: Matuladda Chantasith and Darunee Chongudomkarn</i>	1.2.3 Mature pre-registration students experiences of nursing: An Irish perspective <i>Evelyn Mc Elwain, Lecturer, Dublin City University, School of Nursing, Dublin, Ireland.</i>	1.3.3 Nominal focus group technique and its application in evaluative research <i>Rhian Barnes, Lecturer in Adult Critical Care Nursing, University of Wales College of Medicine, School of Nursing and Midwifery Studies, Cardiff, UK. Co author: Ruth Davies</i>		1.5.3 Evidence-based practice in stroke assessment and recording: an evaluation of the implementation of guidelines using a multifaceted strategy <i>Sharon Hamilton, Head of Nursing Research, Epsom and St. Helier University NHS Trust, St. Helier Hospital, Carshalton, UK. Co author: Susan McLaren</i>

- 17.30** Welcome reception
Location: Robinson College



- 14.20 Presentation of the Marjorie Simpson New Researchers' Award in association with Journal of Advanced Nursing from Blackwell Publishing**
Presented by Professor Christine Webb, Executive Editor, Journal of Advanced Nursing
- 14.25 Keynote presentation**
Professor Tony Butterworth FRCN, CBE, Chief Executive of Trent North West Workforce Development Corporation
- 15.15 – 15.45 Refreshments and poster viewing**

Refreshments and poster viewing		
	1.6 Domestic violence Room: Music 1 Chair: Claire Hale	1.7 Expert patients Room: Music 7 Chair: Andrea Nelson
15.45	<p>1.6.1 An impact evaluation of an education & support programme to promote routine antenatal enquiry for domestic violence</p> <p><i>Debra Salmon, Principal Lecturer In Primary Care Nursing, University of the West of England, School of Maternal and Child Health, Bristol, UK. Co authors: Katherine Baird and Sally Price</i></p>	<p>1.7.1 The relationship between illness representation and self-efficacy and their importance for individualise care: a patient survey</p> <p><i>Margaret Lau-Walker, Tutor, University of Surrey, European Institute of Health and Medical Sciences, Surrey, UK.</i></p>
16.15	<p>1.6.2 A multi-professional study of how health professionals recognise child abuse in practice: lessons learned and recommendations for the future</p> <p><i>Mary Russell, Research Associate, Queen's University Belfast, School of Nursing and Midwifery, Belfast, UK. Co authors: Anne Lazenbatt and Ruth Freeman</i></p>	<p>1.7.2 Nurses' assumptions of self-care in long-term conditions: How are expert patients viewed?</p> <p><i>Patricia Wilson, Senior Lecturer, University of Hertfordshire, Centre for Research in Primary and Community Care, Hatfield, UK. Co authors: Sally Kendall and Fiona Brooks</i></p>
16.45	<p>1.6.3 A tale of two cities: Comparison of the context and complexity of domestic violence in Belfast and Dundee</p> <p><i>Julie Taylor, Director of Postgraduate Studies, University of Dundee, School of Nursing and Midwifery, Dundee, UK. Co authors: Anne Lazenbatt, Lyn Cree and Jennifer Newman</i></p>	



09.00 – 10.30 Concurrent session 2

	2.1 Adolescent health Room: Music 1 Chair: Leslie Gelling	2.2 Learning disabilities Room: Music 3 Chair: Ruth Norway	2.3 Older people Room: Music 4 Chair: Lorraine Smith	2.4 Education Room: Divinity 2 Chair: Hugh McKenna	2.5 Qualitative Room: Divinity 3 Chair: Ann McMahon
09.00	<p>2.1.1 A chip off the old block: Understanding the intergenerational phenomena of teenage pregnancy</p> <p><i>Elizabeth Whitehead, Senior Lecturer, University College Chester, School of Nursing, Midwifery & Social Care, Chester, UK.</i></p>	<p>2.2.1 Undetected and undiagnosed learning disability within the youth offending team - myth or reality?</p> <p><i>Karina Hepworth, Senior Nurse Specialist, Learning Disabilities, Kirklees Youth Offending Team, Huddersfield, UK.</i></p>	<p>2.3.1 Turning research evidence into practice. The acute care of people with dementia - developing practice guidance from original research</p> <p><i>Rachel Norman, Research Associate, University of the West of England, Bristol, Faculty of Health and Social Care, Bristol, UK.</i></p>		
09.30	<p>2.1.2 Helping prevent teenage pregnancy in young people looked after by the local authority: Stakeholder views</p> <p><i>Siobhan McFeely, Specialist Development Nurse, Sheffield, UK. Co authors: Jo Cooke and Nikki Shepherd</i></p>	<p>2.2.2 The health of people with intellectual disabilities living in community and campus settings: a comparative study</p> <p><i>Dympna Walsh Phd, Student, University of Ulster, Department of Nursing, Co. Antrim, Northern Ireland. Co authors: Roy McConkey and Marlene Sinclair</i></p>		<p>2.4.2 A short, empirically developed, clinical placement evaluation tool which produces similar results in 3 European countries (UK, Germany, Finland).</p> <p><i>Laurence Moseley, Professor of Health Services Research, University of Glamorgan, School of Care Sciences, Pontypridd, Wales, UK. Co author: Donna Mead</i></p>	<p>2.5.2 Expanding the case study: A narrative thread for clinical research</p> <p><i>Peter Norrie, Senior Lecturer, De Montfort University, Nursing, Leicester, UK.</i></p>
10.00	<p>2.1.3 2001: The School Health Research Group, a science odyssey</p> <p><i>Woody Caan, Professor of Public Health, Anglia Polytechnic University, School of Health Care Practice, Chelmsford, UK.</i></p>	<p>2.2.3 Inclusion in primary care for people with intellectual disabilities: gaining user and carer perspectives</p> <p><i>Martyn Jones, Senior Lecturer, University of Dundee, School of Nursing and Midwifery, Dundee, UK. Co author: Ella McLafferty</i></p>	<p>2.3.3 Hospital nurses attitudes and efficacy in delivering health promotion to the over 65s</p> <p><i>Kate Kelley, Reserch Fellow for Older People, Worthing and Southlands nhs trust, Research and Development, Worthing, West Sussex, UK. Co author: C Abraham</i></p>	<p>2.4.3 An exploration of the use of the 'Theory of Change' approach in the evaluation of the clinical teacher role</p> <p><i>Glynis Bennett, Senior Lecturer, University of Glamorgan, School of Care Sciences, Pontypridd, UK.</i></p>	<p>2.5.3 Enriching combination: longitudinal design and grounded theory</p> <p><i>Claire Taylor, Phd Student, Macmillan Clinical Nurse Specialist, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK. Co authors: Alison Richardson and Sarah Cowley</i></p>

**9.00 – 10.30 Symposium 1:
Room: Robinson 8**

Pursuing excellence in asthma care

Lead: Samantha Walker, Director of Research, National Respiratory Training Centre, Warwick, UK

Paper 1: The outcome of occupational asthma in laboratory animal workers

J Cannon Respiratory Nurse Specialist, P Cullinan, C Zekveld, A J Newman Taylor, Department of Occupational & Environmental Medicine, Royal Brompton & Harefield NHS Trust, London UK

Paper 2: Assessment of key influences on asthma inhaler device selection in trained asthma nurses

A. Hardy, Research Asistant, M. Fletcher, S. Connell, S. Walker, National Respiratory Training Centre, Warwick UK and B. Karbal, K.Morrison, Astra Zeneca UK LTD, Bedfordshire, UK

Paper 3: Implementing asthma guideline recommendations - are the necessary provisions in place to achieve this?

G.Hoskins, Research Fellow, C.McCowan, RG Neville, University of Dundee, Dundee, UK and M.O'Donnell, National Asthma Campaign Scotland, UK

Paper 4: Corticosteroid induced osteoporosis in respiratory disease. Recognition, prevention and prophylaxis: a real life review.

J E Scullion Respiratory Nurse Consultant and A C Murphy, Respiratory Unit, University Hospital Leicester, UK

	2.6 Gastro-intestinal Room: Music 5 Chair: Claire Hale	2.7 Quantitative methods Room: Music 6 Chair: Charles Hendry	2.8 Decision making Room: Divinity 1 Chair: Martin Johnson	2.9 Transcultural nursing Room: Music 7 Chair: Irena Papadopoulos	2.10 Evidence based practice Room: Music 2 Chair: Andrea Nelson
09.00	<p>2.6.1 Health related quality of life in community-based irritable bowel syndrome (IBS): a comparison with the general population</p> <p><i>Graeme Smith, Lecturer in Nursing Studies, University of Edinburgh, Nursing Studies, Edinburgh, UK. Co authors: Moira Kinnear and Ian Penman</i></p>	<p>2.7.1 Room for improvement? Reporting participation and response rates in nursing research in the past decade</p> <p><i>Frances Badger, Research fellow, University of Birmingham, School of Health Sciences, Birmingham, UK. Co author: Julie Werrett</i></p>	<p>2.8.1 Investigating influences on nurses' practice and decision-making</p> <p><i>Michael Traynor, Senior Lecturer, London School of Hygiene and Tropical Medicine, Centre for Policy in Nursing Research, London, UK. Co authors: Anne Marie Rafferty and Diana Solano</i></p>	<p>2.9.1 Evidence based health promotion for refugees and gypsy/travellers</p> <p><i>Irena Papadopoulos, Professor, Middlesex University, School of Health, Biological and Environmental Sciences, London, UK. Co author: Shelley Lees</i></p>	<p>2.10.1 Water or juice? One glass or two? A systematic review of the evidence in relation to the type and volume of preoperative fluid intake</p> <p><i>Marian Brady, Programme Leader, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, UK. Co authors: Sue Kinn and Pauline Stuart</i></p>
09.30	<p>2.6.2 The impact of nurse led gut directed hypnotherapy upon health related quality of life in patients suffering from irritable bowel syndrome</p> <p><i>Graeme Smith, Lecturer in Nursing, University of Edinburgh, Nursing Studies, Edinburgh, UK. Co author: Kelvin Palmer</i></p>	<p>2.7.2 With a sample size of 1000, what's our power to undertake research? A scoping exercise to assess research capacity and training needs of hospital nursing staff</p> <p><i>Catherine Vass, Assistant Director of Nursing, Nottingham City Hospital NHS Trust, Nottingham, UK. Co authors: Alison Cargill and Cheryl Crocke</i></p>	<p>2.8.2 Decision-making about nutritional risk in patients: A comparison of nursing students in Ohio and the United Kingdom</p> <p><i>Marion Wright, Senior Lecturer in Nursing, University of Ulster, School of Nursing, Coleraine, UK. Co authors: Ruth Ludwick and Rich Zeller</i></p>	<p>2.9.2 Myths, legends and expectations: Sexual health and ethnicity in nursing research</p> <p><i>Laura Serrant-Green, Lecturer, The University of Nottingham, School of Nursing, Nottingham, UK.</i></p>	<p>2.10.2 Evidence-based practice: great in theory. Clinical decision-making in acardiothoracic intensive care unit</p> <p><i>Helen Hancock, Research Fellow, University of Northumbria at Newcastle, Nursing, Midwifery and Allied Health Professions Research and Development Unit, Newcastle upon Tyne, UK. Co author: P R Easen</i></p>
10.00	<p>2.6.3 Living with a Percutaneous Endoscopic Gastrostomy (PEG)</p> <p><i>Joanne Warring, District Nursing Sister, Bro Morgannwg NHS Trust, Bridgend, UK. Co authors: Susan.Philpin and Susan Jordan</i></p>	<p>2.7.3 Running a multi-centre RCT: A tale of three nurses</p> <p><i>Margaret Copeland, Research Officer, University of Ulster, Department of Nursing, Coleraine, UK. Co authors: Vivien Coates and Cassandra McConnell</i></p>	<p>2.8.3 Information that is not exchanged in consultations and its relationship to shared decision-making</p> <p><i>Carol Bugge, Senior Lecturer, University of Stirling, UK. Co authors: Vikki Entwistle and Ian Watt</i></p>	<p>2.9.3 Language awareness in healthcare: Survey of Welsh language awareness amongst healthcare practitioners in Wales</p> <p><i>Llinos Spencer, Lecturer, University of Wales Bangor, School of Nursing and Midwifery Studies, Bangor, UK. Co authors: Peter Reece Jones, Fiona Irvine Llinos Spencer and Gweryfyl Roberts</i></p>	<p>2.10.3 Research Governance Framework: views of researchers in primary, community and social care</p> <p><i>Elizabeth Meerabeau, Head of School of Health and Social Care, University of Greenwich, University of Greenwich, School of Health, London, UK. Co authors: Annmarie Ruston and Julie Clayton</i></p>

09.00 – 10.30 Symposium 2:
Room: Robinson 1

Developing a patient-centred, evidence-based culture: a trust-wide action research study
Lead: Kim Manley, Royal College of Nursing Institute, Practice Development, London, UK

Paper 1: Integrating Emancipatory action research and Fourth Generation Evaluation - new insights into methodology and its use
Kim Manley, Head of Practice Development RCN Institute & Visiting Professor Bournemouth University, UK

Paper 2: Evaluating evidence based practice across an organisation
Angela Thompson, Lead Nurse -Clinical Governance, Neonatal Services; Addenbrooke's NHS Trust & Associate Fellow, Royal College of Nursing Institute Practice Development Function, UK

Paper 3: An organisational approach to evaluating and researching the patient's experience
Jill Down, Lead Practice Development Nurse Medical Services, Addenbrooke's NHS Trust Cambridge & Associate Fellow Royal College of Nursing Practice Development Function, UK

Paper 4: The first stage to developing an effective culture: using staff stories
Mel Keane, Practice Development Nurse Surgical Services, Addenbrooke's NHS Trust Cambridge & Associate Fellow Royal College of Nursing Practice Development Function, UK

10.30 – 11.00 Refreshments, exhibition & poster viewing

11.00 – 12.30 Concurrent session 3

	3.1 Adolescents Room: Music 1 Chair: Tony Long	3.2 Learning disabilities Room: Music 3 Chair: Sally Hardy	3.3 Older people Room: Music 4 Chair: Vari Drennan	3.4 Nurse education Room: Music 5 Chair: Joyce Kenkre	3.5 High dependency/critical care Room: Music 6 Chair: Charles Hendry
11.00	3.1.1 Identifying problematic drug use in young people presenting in health care settings <i>Alison Tom, Project Officer, Bradford University, Nursing Research, Bradford, UK. Co authors: Tamara Seabrook and Rob Newell</i>	3.2.1 Views of people with learning disabilities using mainstream mental health services: An exploratory study <i>Bob Gates, Professor of Learning Disabilities, Thames Valley University, Learning Disability, Slough, UK. Co author: Mary Waight</i>	3.3.1 Developing smoking cessation initiatives in partnership with older smokers and health professionals <i>Susan Kerr, Senior Research Fellow, Glasgow Caledonian University, School of Nursing, Midwifery and Community Health, Glasgow, UK. Co author: Hazel Watson</i>	3.4.1 The use of cluster analysis to determine student and new nurses perceptions of involvement in practice activities - A case study examining medicine administration <i>Carol Hall, Senior Health Lecturer, University of Nottingham, School of Nursing, Nottingham, UK</i>	3.5.1 An evaluation of non-invasive methods used to determine temperature in critically ill adults <i>Sarah Farnell, Research Nurse Practitioner, St George's Hospital, Intensive Care Unit, Tooting, London, UK. Co authors: Lorraine Maxwell and Seok Tan</i>
11.30	3.1.2 Drug education: the views of young people <i>Elwyn Coombes, Research Fellow, Oxford Brookes University, Oxford Centre for Health Care Research and Development, Oxford, UK. Co author: Deborah Allen</i>	3.2.2 Protecting vulnerable adults from abuse: policy, practice and nursing <i>Ruth Northway, Professor of Learning Disability Nursing, University of Glamorgan, School of Care Sciences, Pontypridd, UK. Co author: Ian Mansell</i>	3.3.2 Providing palliative care to older people in care home settings: the contribution of district nursing <i>Claire Goodman, Senior Lecturer, University College London, Primary Care and Population Sciences, London, UK. Co author: Rosemary Woolley</i>	3.4.2 Preceptorship: exploring adult branch diplomates experiences and views <i>Sarah Robinson and Trevor Murrells, King's College London, Nursing Research Unit, London, UK. Co author: Susanne Cox</i>	3.5.2 A quasi-experimental clinical trial to evaluate the effectiveness of family interventions in minimising sensory disturbances experienced by critically ill patients <i>Pauline Black, Lecturer in Nursing, University of Ulster, School of Nursing. Faculty of Life & Health science, Londonderry, UK. Co authors: JRP Boore and KA Sullivan</i>
12.00	3.1.3 Rock challenge: The Drug Prevention Education Programme giving young people a natural high <i>Debra Salmon, Principal Lecturer In Primary Care Nursing, University of the West of England, School of Maternal and Child Health, Bristol, UK. Co authors: Simon, Murphy and Mathew Jones</i>	3.2.3 Consent and adults with learning disability <i>Christine Hutchinson, Nurse Consultant Learning Disability, Preston Primary Care NHS Trust, Directorate of Clinical Services, Preston, UK.</i>			

11.00 – 12.30 Symposium 3
Room: Robinson 1

Protocol-based care: Reflections on theory and practice

Lead: Rebecca L. Jones, Research Fellow (Nursing), School of Health and Social Welfare, The Open University, Milton Keynes, UK

Other authors: Pam Shakespeare, Director of Pre-registration Nursing, School of Health and Social Welfare, The Open University, Milton Keynes, UK

Basiro Davey, Senior Lecturer in Health Sciences, The Open University, Milton Keynes, UK

Julie Smith, Associate Lecturer, The Open University and Independent Lecturer and Nurse Researcher, UK

11.00 – 12.30 Symposium 4
Room: Robinson 8

Questionnaire design and development in practice: key theoretical issues

Lead: Roger Watson, Professor of Nursing, School of Nursing, Social Work and Applied Health Studies, University of Hull, Hull, UK
Co presenters:

Martyn C Jones, Senior Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK

Janice Rattray, Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK

Graeme Smith, Lecturer, School of Nursing, University of Edinburgh, Edinburgh, UK

Sabdra Tricas, Postgraduate Student, School of Nursing, University of Edinburgh, Edinburgh, UK

12.30 – 14.00 Lunch, exhibition, poster viewing & fringe events

	3.6 Respiratory Room: Divinity 3 Chair: Claire Hale	3.7 Pain Room: Divinity 2 Chair: Kate Seers	3.8 Employment issues Room: Divinity 1 Chair: Lorraine Smith	3.9 Methodological challenges Room: Music 2 Chair: Hugh McKenna
11.00	3.6.1 The difficult asthma patient's perspective of taking cortocosteroid therapy <i>Jacqueline Gamble, Sister, Belfast City Hospital Trust, Out Patients' Department, Belfast, UK.</i>	3.7.1 The voice of experience: Living with cancer pain <i>Michelle Winslow, Research Associate, University of Sheffield, Trent Palliative Care Centre, Sheffield, UK. Co authors: David Clark and Jane Seymour</i>	3.8.1 Improving working lives <i>Jennifer Park, Research Fellow, School of Nursing, University of Nottingham, Nottingham, UK. Co author: Stephen Timmons and Jacqueline Randle,</i>	3.9.1 Improving user involvement in nursing research <i>Josephine Tetley, Research Fellow/Lecturer, University of Sheffield, School of Nursing and Midwifery, Sheffield, UK.</i>
11.30	3.6.2 Partners' experience of the use of overnight continuous positive airway pressure (CPAP) by patients with obstructive sleep apnoea (OSA) <i>Renay Taylor, Senior Staff Nurse, Royal Brompton and Harefield NHS Trust, Respiratory Medicine, London, UK.</i>	3.7.2 Results of a randomized trial of the chronic pain self-management program in three Canadian provinces <i>Sandra LeFort, Associate Professor, Memorial University of Newfoundland, School of Nursing, St. John's, NF, Canada. Co authors: Judith Watt-Watson and Karen Webber</i>	3.8.2 Registered nurses and midwives views of their assertive behaviour in the workplace <i>Fiona Timmins, Lecturer, Trinity College Dublin, School of Nursing and Midwifery, Dublin, Ireland. Co author: Catherine Mc Cabe</i>	3.9.2 Lessons learnt in accessing hard to reach groups of people for research <i>Alison Torn, Project Officer, Bradford University, Nursing Research, Bradford, UK. Co authors: Tamara Seabrook and Rob Newell</i>
12.00	3.6.3 Adolescent cardiac and respiratory patients' views and experiences of hospital care <i>Linda Maynard, Children's Cardiac Liaison Nurse Manager, Royal Brompton and Harefield NHS Trust, Nursing Research, Dept. of Nursing and Quality, London, UK. Co authors: Virginia Attard and Jo Wray</i>	3.7.3 Before and after the chronic pain self-management program: What chronic pain means to me? <i>Karen Webber, Associate Professor, Memorial University of Newfoundland, School of Nursing, St. John's, NF, Canada. Co authors: Sandra LeFort and Judith Watt-Watson</i>	3.8.3 Quality work environments for nurses: Canadian perspectives <i>Linda McGillis Hall, Assistant Professor and CIHR New Investigator, University of Toronto, Faculty of Nursing, Toronto, Ontario, Canada. Co authors: Diane Doran and Souraya Didani</i>	3.9.3 Recruiting carers to palliative care studies: Methodological challenges <i>Julie Skilbeck, Research Associate, University of Sheffield, Trent Palliative Care Centre, Sheffield, UK. Co authors: Sheila Payne and Christine Ingleton</i>

14:00 – 15:00 Plenary 1:
Room: Music 1
Chair: Professor Clare Hale, RCN Research Society Steering Committee Member

Real world ethics and nursing research
Martin Johnson RN PhD, Professor in Nursing and Director, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Salford, Gr Manchester, UK

15.00 – 15.30 Refreshments, exhibition & poster viewing

15.30 – 17.00 Concurrent session 4

	4.1 Quantitative Room: Music 3 Chair: Dave O'Carroll	4.2 Decision making Room: Music 2 Chair: Lorraine Smith	4.3 Evidence based practice Room: Music 1 Chair: Kate Gerrish	4.4 Employment Room: Divinity 1 Chair: Tony Long	4.5 Pain Room: Music 4 Chair: Kate Seers
15.30	<p>4.1.1 Methodological issues arising from a randomised controlled trial for malignant ascites in palliative care</p> <p><i>Nancy Preston, Systematic Review Fellow, RCN Institute, Research, Oxford, UK. Co author: Liz Tutton</i></p>	<p>4.2.1 Patient's decision-making and understanding of risk associated with taking non-steroidal anti-inflammatory drugs (NSAIDs) for rheumatoid arthritis and osteoarthritis.</p> <p><i>Alison Metcalfe, Research Fellow, The University of Birmingham, School of Health Sciences, Birmingham, UK. Co authors: Collette Clifford and Paresih Jobanputra</i></p>	<p>4.3.1 An exploration of multi-professionals beliefs and understanding regarding the concept and utilisation of evidence based practice</p> <p><i>Michelle Howarth, Lecturer in Adult Health, University of Salford, School of Nursing, Salford, UK.</i></p>	<p>4.4.1 Changing perception of the nursing role and its impact on retention</p> <p><i>David Brodie, Professor, BCUC, Research Centre for Health Studies, Chalfont St Giles, UK. Co authors: Justin Andrews and Gavin Andrews</i></p>	<p>4.5.1 Pre-amputation factors associated with the development of phantom limb pain</p> <p><i>Cliff Richardson, Senior Lecturer, Liverpool John Moores University, School of Nursing and Healthcare Studies, Liverpool, UK. Co authors: Sheila Glenn and Turo Nurmikko</i></p>
16.00	<p>4.1.2 Methodological requirements in multicentre studies</p> <p><i>Teresa Moreno-Casbas, National Research Unit, Instituto de Salud Carlos III, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investan-isciii), Madrid, Spain. Co authors: Ignacio Aguilar de Armas and Ana Barderas Manchado</i></p>	<p>4.2.2 Primary care nurses' use of information in making decisions about prescribing</p> <p><i>Dorothy McCaughan, Research Fellow, University of York, Health Sciences, York, UK. Co authors: Nicky Cullum and Carl Thompson</i></p>	<p>4.3.2 What if the 'gold standard' is not applicable or attainable? Methodological challenges in researching the evidence-base for best-practice</p> <p><i>Catherine Powell, Lecturer, Award Lead Postgraduate Diploma Programmes /Honorary Child Protection Nurse Specialist, University of Southampton, School of Nursing and Midwifery, Southampton, UK.</i></p>	<p>4.4.2 Clinical supervision: evaluating clinical supervision on its preformance rather than the applause</p> <p><i>Graham Sloan, Nurse Specialist - Cognitive Psychotherapy, Glasgow Caledonian University, School of Nursing, Midwifery and Community Health, Glasgow, UK.</i></p>	<p>4.5.2 Postoperative pain management: organisational commitment and nursing care in hospitals with and without pain services</p> <p><i>Emma Briggs, Lecturer in Nursing, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK.</i></p>
16.30	<p>4.1.3 Trials and tribulations: how to engage practicing nurses in conducting clinical studies of nursing interventions in a NHS setting</p> <p><i>Kathleen Ambler, Research Sister, Sheffield Teaching Hospitals NHS Trust, Northern General Hospital, Sheffield, UK. Co author: Angela Tod</i></p>	<p>4.2.3 Informed consent prior to nursing care procedures. Report of a qualitative study.</p> <p><i>Helen Aveyard, Senior Lecturer, Oxford Brookes University, Oxford Brookes University, School of Health & Social Care, Oxford, UK.</i></p>	<p>4.3.3 Analysis of the necessary scientific nursing situation for evidence based clinical practice in Spain</p> <p><i>Blanca Egea, Fellow Researcher-Nurse, Instituto de Salud Carlos III, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investan-isciii), Madrid, Spain. Co authors: Cristina Jones and Alejandra Cano</i></p>	<p>4.4.3 What are the barriers to the extension of nurse prescribing in secondary care?</p> <p><i>Jacqueline Pirmohamed, Senior Nurse/Honorary Research Associate, University of Liverpool, Pharmacology & Therapeutics, Liverpool, UK. Co author: Tom Walley</i></p>	<p>4.5.3 A retrospective observational study to explore the impact of acute pain teams on patient outcomes, using hospital episode statistics data</p> <p><i>Ann McDonnell, Lecturer, University of Sheffield, Medical Care Research Unit, ScHARR, Sheffield, UK. Co authors: Jon Nicholl and Susan Read</i></p>

15.30 – 17.00 Symposium 5:
Room: Robinson 8
Advocacy, empowerment and practice
Lead: Ruth Northway, Professor of Learning Disability Nursing, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK
Co authors: Penny Llewellyn, Research Student and Dr Anne Marie Coll, Research Fellow and Ian Mansell, Senior Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK

17.15 – 18.15 Debate: 'This house believes that the future of nursing research should lie in Centres of Excellence'
Room: Music 1
Chair: Alison Kitson FRCN, Royal College of Nursing of the UK
For: Proposer: Brendan McCormack. Seconder: Les Gelling
Against: Proposer: Senga Bond. Seconder: Tracey Williamson

18.30 – 20.00 International Reception
 Location: Robinson College
 Sponsor:



	4.6 Intensive/Critical care Room: Music 5 Chair: Janet Ball	4.7 Respiratory Room: Music 6 Chair: Joyce Kenkre	4.8 Older people Room: Music 7 Chair: Andrea Nelson	4.9 Education Room: Divinity 2 Chair: Martin Johnson	4.10 Qualitative Room: Divinity 3 Chair: Ann McMahon
15.30	<p>4.6.1 The use of ritual to deal with ambiguity in an intensive therapy unit</p> <p><i>Susan Philpin, Senior Lecturer, University of Wales, School of Health Science, Swansea, UK.</i></p>	<p>4.7.1 The practice nurses role in the review management of childhood asthma in primary care</p> <p><i>Geraldine Lyte, Lecturer in Children's Nursing, University of Manchester, School of Nursing Midwifery and Health Visiting, Manchester, UK. Co author: Linda Milnes</i></p>	<p>4.8.1 The assessment and prevention of falls in older people: NICE clinical guidelines</p> <p><i>Elizabeth Gibbons, Research and Development Fellow, Royal College of Nursing Institute, National Collaborating Centre for Nursing and Supportive Care, Oxford, UK. Co authors: Elizabeth McInnes and Jaqueline Chandler-Oatts</i></p>		<p>4.10.1 Memoirs of a novice researcher - or making life easier for the uninitiated interviewer?</p> <p><i>Lynne Paterson, Nurse Consultant Neonatal & Paediatric Critical Care, James Cook University Hospital, Neonatal Directorate, Middlesbrough, UK.</i></p>
16.00	<p>4.6.2 The 'lived experience' of the nurse when caring for the relatives of critically ill patients</p> <p><i>Jayne Hardicre, Lecturer in Nursing, University of Salford, School of Nursing, Salford, UK.</i></p>	<p>4.7.2 Why do respiratory patients continue to smoke? A qualitative study</p> <p><i>Julie Kapur, Respiratory Research Nurse, Belfast City Hospital Trust, Respiratory Medicine, Belfast, UK Co authors: Donna Fitzsimons and J Stuart Elborn</i></p>	<p>4.8.2 Involving older people in developing a valid and reliable method for identifying unmet needs in primary care consultations</p> <p><i>Vari Drennan, Royal Free and UCL Medical School, University College London, Dept. of Primary Care & Pop. Sciences, London, UK. Co author: Sybil Myerson</i></p>	<p>4.9.2 Exploring the use of sociodrama to develop caring as a concept and practice</p> <p><i>May McCreaddie, Senior Lecturer (Research), University of Paisley, School of Nursing, Paisley, UK. Co authors: Angela Bonar and Debbie Fleeting</i></p>	<p>4.10.2 Nurse-led transport of critically-ill newborn infants: Understanding implementation using communities of practice and actor network theory</p> <p><i>Andrew Leslie, Advanced Neonatal Nurse Practitioner/ Neonatal Transport Coordinator, Nottingham City Hospital NHS Trust, Neonatal Intensive Care Unit, Nottingham, UK. Co author: David Middleton</i></p>
16.30	<p>4.6.3 Beliefs and attitudes of intensive care nurses on the effect of open visits on patients, family members and nurses</p> <p><i>Maria Angeles Margall, Nurse Manager, Clinica Universitaria de Navarra, Intensive Care Unit, Pamplona (Navarra), Spain. Co authors: Nagore Garayalde, Carmen Asiain, Laura Marco, Iciar Bermejillo & Isabel Sarrate</i></p>	<p>4.7.3 Respiratory nurse specialist interventions for patients with COPD in the community: extended systematic review and extent of provision</p> <p><i>Bridget Candy, Research Officer, Queen Mary, University of London, Centre for General Practice and Primary Care, London, UK. Co authors: Stephanie Taylor and Ros Bryar</i></p>	<p>4.8.3 Recruitment of frail older people to research</p> <p><i>Ruth Harris, Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK. Co author: Anne Jones</i></p>	<p>4.9.3 A descriptive survey investigating the nature and effects of paid part-time work on academic performance among general student nurses in one Irish teaching hospital</p> <p><i>Brian Sharvin, Lecturer in Nursing, Waterford Institute of Technology, Department of Nursing and Health Sciences, Waterford, Ireland.</i></p>	<p>4.10.3 The methodological challenges of evaluating communities of practice in health care</p> <p><i>Judith Lathlean, Professor of Health Research, University of Southampton, School of Nursing and Midwifery, Southampton, UK. Co author: Andree le May</i></p>

15.30 - 17.00 Symposium 5a:
Room: Robinson 1

Current research on nursing workforce issues

Chair: Angela Coulter, Chief Executive, Picker Institute, Oxford, UK

Lead: Elizabeth West, Lecturer and Post Doctorate Fellow, London School of Health and Tropical Medicine, London, UK

09.00 - 10.30 Concurrent session 5

	5.1 High dependency/ critical care Room: Music 3 Chair: Irena Papadopoulos	5.2 Older people Room: Music 4 Chair: Sally Hardy	5.3 Maternity Room: Music 5 Chair: Susan Read	5.4 Education Room: Music 2 Chair: Leslie Gelling	5.5 Vulnerable groups Room: Music 1 Chair: Ann McMahon
09.00	<p>5.1.1 Effective packaging- the role of the early warning score in detecting deterioration <i>Tom Andrews, Lecturer, University of Manchester, School of Nursing, Midwifery and Health Visiting, Manchester, UK. Co author: Heather Waterman</i></p>	<p>5.2.1 Using an accident model at the margins of health and social care: The case of medication management for older people living at home <i>Caroline McGraw, Royal Free and University College Hospitals Medical School, Department of Primary Care And Population Science, London, UK.</i></p>	<p>5.3.1 Women's experiences of maternity services revisited <i>Annie Topping, Head of Nursing, University of Bradford, Division of Nursing, Bradford, UK. Co authors: Lesley Lockyer and Alison Lovatt</i></p>	<p>5.4.1 eLearning from the postgraduate students' perspective <i>Morag Gray, Head of Curriculum Development/ Reader, Napier University, Faculty of Health & Life Sciences, Edinburgh, UK.</i></p>	<p>5.5.1 Developing a vulnerability tool for health visitors <i>Fiona McCulloch, Lead Nurse, GSK, Strathkelvin LHCC, Glasgow, UK. Co author: Lorraine N Smith</i></p>
09.30	<p>5.1.2 A randomised cross over study to compare Ethyl Chloride spray and subcutaneous Lignocaine when used as local anaesthetic prior to cannulation of arteriovenous fistulas and grafts in adult haemodialysis patients <i>Catherine Vass, Assistant Director of Nursing, Nottingham City Hospital NHS Trust, Nottingham, UK. Co author: Jackie Brander</i></p>	<p>5.2.2 Redressing the balance; applying the Health of England 2000 Survey to public health inequalities affecting the oldest care home population <i>Catherine Evans, DOH Research Fellow in Primary Care, King's College London, Primary Care Nursing Research Unit, London, UK. Co authors: Claire Goodman and Sally Redfern</i></p>	<p>5.3.2 The effects of the interior environmental design on patients and staff in maternity facilities <i>Andrew Symon, Lecturer, University of Dundee, School of Nursing and Midwifery, Dundee, UK. Co authors: Jeanette Paul and Maggie Butchart</i></p>	<p>5.4.2 Using a model to explore the development of newly qualified nurses <i>Timothy Clark, Senior Lecturer, Canterbury Christ Church University College, Adult Nursing Studies, Canterbury, UK.</i></p>	<p>5.5.2 Oral health promotion 'Back to Basics' evidence from a socially excluded group <i>Una Lynch, Lecturer (Public Health), Queen's University Belfast, School of Nursing and Midwifery, Belfast, UK. Co author: Anne Lazenbatt</i></p>
10.00	<p>5.1.3 An evaluation of the implementation of the NPSA alert on Potassium Chloride <i>Annette Lankshear, Senior Research Fellow, University of York, Health Sciences, York, UK. Co authors: Trevor Sheldon and Annette Lankshear</i></p>	<p>5.2.3 Toward specialist services for older people <i>Glenda Cook, Research Fellow, University of Northumbria at Newcastle, Nursing, Midwifery and Allied Health Professions Research and Development Unit, Newcastle upon Tyne, UK. Co authors: Jan Reed, Charlotte Clarke, Margaret Cook and Pamela Inglis</i></p>	<p>5.3.3 The antenatal care of HIV positive pregnant women in public hospitals in South Africa <i>Candice Bodkin, Lecturer (Women's Health, HIV/AIDS & Alternative Therapies). Department of Nursing Education, University of the Witwatersrand, Johannesburg, South Africa, University of the Witwatersrand, Department of Nursing Education, Parktown, South Africa.</i></p>	<p>5.4.3 Service user involvement in postgraduate mental health education. Does it benefit practice? <i>Richard Khoo, School of Health Care Practice, APU, Chelmsford, Essex, David Brandon, School Of Community Health & Social Studies, APU, Cambridge and Andrew McVicar, Senior Lecturer/Research facilitator, Anglia Polytechnic University, School of Health Care Practice, Chelmsford, UK.</i></p>	<p>5.5.3 Developing criteria for the primary health care provision for hard-to-reach groups <i>Michael Pfeil, Lecturer, University of East Anglia, Nursing and Midwifery Research Unit, Norwich, UK. Co authors: Amanda Howe</i></p>

**9.00 – 10.30 Symposium 6:
Room: Robinson 1**

WRAP (Woundcare Research for Appropriate Products): "Real World" Evaluation

Lead: Professor Sarah Cowley, Chair of Community Practice Development, Florence Nightingale School of Nursing and Midwifery, King's College London, UK

Authors:

Sarah Cowley, Chair of Community Practice Development, Florence Nightingale School of Nursing and Midwifery, King's College London, UK

Patricia Grocott, Research Fellow, Florence Nightingale School of Nursing and Midwifery, King's College London, UK

Natasha Browne, Research Associate, Florence Nightingale School of Nursing and Midwifery, King's College London, UK

10.30 – 11.00 Refreshments, exhibition & poster viewing

	5.6 Employment Room: Divinity 1 Chair: Karen Webb	5.7 Research governance Room: Divinity 2 Chair: Martin Johnson	5.8 Patients/carer's views Room: Divinity 3 Chair: Carol Edwards	5.9 Transcultural nursing Room: Music 6 Chair: Kate Gerrish	5.10 Diabetes Room: Music 7 Chair: Claire Hale
09.00	5.6.1 Experiences of racism among internationally recruited nurses in the UK: Colour or culture? <i>Helen Allan, Research Fellow, University of Surrey, European Institute of Health and Medical Sciences, Surrey, UK. Co authors: John Larsen and Karen Bryan</i>	5.7.1 An audit of the research process in three major Belfast teaching hospitals <i>Shaunagh Small, Staff Nurse, Queen's University of Belfast, REC, Belfast, UK.</i>	5.8.1 Carers' concerns: Alzheimer's and diabetes <i>Anne Stimpson, Research Associate, University of Hull, Department of Nursing and Applied Health Studies, Hull, UK. Co authors: Roger Watson and Jill Manthorpe</i>	5.9.1 'Nursing, higher education and The Race Relations (Amendment) Act 2000' <i>Joseph Cortis, Senior Lecturer, University of Leeds, School of Healthcare Studies, Leeds, UK.</i>	5.10.1 Documenting diabetes care <i>Vivien Coates, Senior Lecturer, University of Ulster, Nursing, Coleraine, UK. Co authors: Sandra Mc Connell and Mary Mc Menamin</i>
09.30	5.6.2 Overseas nurses' motives for working in the UK <i>John Larsen, Research Fellow, University of Surrey, European Institute of Health and Medical Sciences, Surrey, UK. Co authors: Helen T Allan and Karen Bryan</i>	5.7.2 Smoothing the path: implementing the research governance framework in Lothian <i>Juliet MacArthur, Senior Nurse-Research, Lothian University Hospitals NHS Trust, PRDE Unit, Edinburgh, UK. Co authors: Morag Gray and Barbara Neades</i>	5.8.2 Identifying carers and meeting their information needs in a general practice <i>Alison Jarvis, Lecturer/Practitioner, University of Edinburgh, Nursing Studies, Edinburgh, UK.</i>	5.9.2 The value of nurses' codes: a european account of nurses' views <i>Angela Clarke, Research Assistant and Llynos Lloyd, Vice Dean, University of Wales College of Medicine, Academic Dept Geriatric Medicine, Penarth, Cardiff, UK. Co author: Win Tadd,</i>	5.10.2 Young people with diabetes at transition from paediatric to adult services <i>Alison While, Professor of Community Nursing, King's College London, Florence Nightingale School of Nursing & Midwifery, London, UK. Co author: Lucia Mathes</i>
10.00	5.6.3 The emigration of nurses from the Republic of South Africa - A survey of post basic nursing students <i>Anne-Mart Oosthuizen, Lecturer, University of South Africa, Department of Health Studies, Pretoria, South Africa. Co authors: Marthie Bezuidenhout and Lydia Monareng</i>	5.7.3 Delivering research governance through a joint research and development strategy: An action research project <i>Ros Carnwell, Professor of Health and Community Research, North East Wales Institute, Centre for Health and Community Research, Wrexham, Wales, UK. Co author: Julie Jones</i>	5.8.3 The impact of faecal incontinence: What can the sufferer teach the health care professional? <i>Mary Wilson, Continence Nurse Specialist, Hull and East Riding Community Health, Community Services Unit, Beverley, UK.</i>	5.9.3 Reviewing and refining models of transcultural care for bilingual healthcare settings <i>Llinos Spencer, Lecturer, University of Wales Bangor, School of Nursing And Midwifery Studies, Bangor, UK. Co authors: Gwerfyl Roberts, Fiona Irvine and Peter Jones</i>	5.10.3 An insulin transfer programme incorporating bio-medical and quality of life improvements using group learning strategy <i>Carole Dempsey and Kate Kelley, Diabetes Nurse Specialist, Worthing and Southlands NHS Trust, Research and Development, Worthing, West Sussex, UK.</i>

**09.00 – 10.30 Symposium 7:
Room: Robinson 8**

'Through the looking glass' - Challenges in eliciting views in participatory research

Lead: Dr Jane Coad, Lecturer/Senior Researcher, The University of Birmingham, School of Health Sciences, Birmingham, UK.

Presenters:

Jane Coad; Lecturer/Senior Researcher, The University of Birmingham, UK

Fran Badger, Research Fellow, The University of Birmingham, UK

Joy Grech & Kim Taitt; Research Sisters, Birmingham Children's Hospital, UK

Patric Devitt; Senior Lecturer, The University of Salford, UK

11.00 – 12.30 Concurrent session 6

	6.1 Consultant nurses Room: Music 1 Chair: Kate Gerrish		6.3 Miscellaneous Room: Music 4 Chair: Claire Hale	6.4 Public health/ community nursing Room: Divinity 1 Chair: Vari Drennan	6.5 Post natal issues Room: Music 6 Chair: Lorraine Smith
11.00	<p>6.1.1</p> <p>Consultant nurses and midwives: Achievements and impact of the role</p> <p><i>Sally Redfern, Research Fellow, King's College London, Nursing Research Unit, London, UK. Co author: Jenifer Wilson-Barnett</i></p>	<p><i>Papers either withdrawn or moved within the programme</i></p>	<p>6.3.1</p> <p>Developing a tool to evaluate patient satisfaction in an acute hospital setting</p> <p><i>Donna Fitzsimons, Research Facilitator, Belfast City Hospital Trust, Cardiology, Belfast, UK. Co author: Martina McCaughey</i></p>	<p>6.4.1</p> <p>The 'essence' of community within community nursing: A district nursing perspective</p> <p><i>Julie McGarry, Lecturer, The University of Nottingham, School of Nursing, Derby, UK.</i></p>	<p>6.5.1</p> <p>"Digging yourself out of a black hole" - a qualitative study that explores the positive ways in which women respond and adapt to their lives following a diagnosis of postnatal depression</p> <p><i>Pam Sherlock, Lecturer in Nursing (Salford University), Salford University, School of Nursing, Manchester, UK.</i></p>
11.30	<p>6.1.2</p> <p>The developing role of the nurse consultant: How nurse consultants are defining their role and contributing to the research agenda</p> <p><i>Val Woodward, Senior Lecturer, University of Plymouth (UK), Institute of Health Studies, Plymouth, UK. Co authors: Christine Webb and Morag Prowse</i></p>		<p>6.3.2</p> <p>Work environment effects on telephone advice nursing</p> <p><i>Anita Reinhardt, Doctoral student - full time, Oregon Health & Science University, School of Nursing, Portland, OR, United States.</i></p>	<p>6.4.2</p> <p>Using theory to develop health visiting practice</p> <p><i>Rhona Hogg, Health Visitor/Community Nursing Research Facilitator, Lothian Primary Care NHS Trust, Community Nursing, Edinburgh, UK.</i></p>	<p>6.5.2</p> <p>Mothers', fathers' and health visitors' views of parental needs and services provided to 8 weeks post birth</p> <p><i>Janice Christie, Health Visitor, University of Ulster, School of Nursing, Faculty of Life & Health Science, Jordanstown, UK. Co authors: Brenda Poulton and Brendan Bunting</i></p>
12.00	<p>6.1.3</p> <p>The clinical activities undertaken by a nurse consultant in an adult critical care unit: An exploratory study</p> <p><i>Debra Fairley, Critical Care Nurse Consultant, The General Infirmary at Leeds, Critical Care, Leeds, UK.</i></p>		<p>6.3.3</p> <p>Nursing for NHS Direct: An evaluation study of NHS Direct in Wales</p> <p><i>Paul Wainwright, Reader, University of Wales Swansea, School of Health Science, Swansea, Wales, UK. Co authors: Sherrill Snelgrove and Anne Williams</i></p>	<p>6.4.3</p> <p>An interpretive inquiry testing the relationship between extant health promotion theory and nursing practice</p> <p><i>Stewart Piper, Senior Lecturer, Homerton College, School of Health Studies, Cambridge, UK.</i></p>	<p>6.5.3</p> <p>Pelvic floor exercises: reported practice of the exercises after delivery and factors affecting motivation</p> <p><i>Heather Whitford, Lecturer, University of Dundee, School of Nursing and Midwifery, Dundee, UK. Co author: Alder EM Jones</i></p>

**11.00 – 12.30 Symposium 8:
Room: Robinson 1**

Understanding the total symptom experience: Different approaches to measurement

Lead: Linda Franck, Professor of Children's Nursing Research, Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust, London, UK

Authors: Jacqueline Edwards, Research Fellow Childrens Cancer Nursing, Great Ormond Street Hospital for Children NHS Trust, London, UK

Faith Gibson, Lecturer in Childrens Nursing Research, Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust, London, UK

Alison Allen, Childrens Nursing Research Coordinator, Great Ormond Street Hospital for Children NHS Trust, London, UK

Judy Peters, Research Nurse, Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust, London, UK

12.30 – 14.00 Lunch, poster viewing & fringe events

14:00 – 15:00 Plenary 2:

Room: Music 1

Chair: Dr Tony Long, RCN Research Society Steering Committee Member

Children's and parents' involvement in decision-making during hospitalisation

Inger Hallström, PhD, Associated Professor, Department of Nursing/The Vardal Institute, Lund University, Lund, Sweden

15.00 – 15.30 Refreshments, exhibition & poster viewing

	6.6 Cancer Room: Music 7 Chair: Janet Ball	6.7 Education Room: Divinity 1 Chair: Hugh McKenna	6.8 Qualitative Room: Divinity 2 Chair: Ann McMahon	6.9 Older people Room: Music 2 Chair: Andrea Nelson	6.10 Child health Room: Music 3 Chair: Patrick Devitt
11.00		6.7.1 Higher education for nursing and the holy grail of professional recognition <i>Eileen James, Principal Lecturer in Research (PHC), Canterbury Christ Church University College, Centre for Nursing Research and Practice Development, Canterbury, UK.</i>	6.8.1 Representations of modes of rationality and the tensions of modernity in nursing documentation: a sociological analysis <i>Abbey Hyde, Senior Lecturer, University College Dublin, School of Nursing and Midwifery, Dublin, Ireland.</i>	6.9.1 Falls and understanding risk: views of older people, carers, health and social care professionals <i>Fiona Ross, Director, Nursing Research Unit, King's College London, King's College London, Nursing Research Unit, London, UK. Co authors: Sheila Donovan and Christina Victor</i>	
11.30	6.6.2 Accessing men: The challenges of getting to the real issues of male partners of women treated for breast cancer <i>Alison Harrow, Postgraduate Student, Dundee University, School of Nursing and Midwifery, Dundee, UK. Co authors: Stuart Cable and Rosaline Barbour</i>	6.7.2 Professional doctorates for nurses in the United Kingdom: Mapping provision and perceptions <i>Lorraine Ellis, Senior Lecturer, University of Sheffield, Acute and Critical Care, Sheffield, UK.</i>	6.8.2 The real world of realistic evaluation <i>Karen Whittaker, Senior Lecturer, University of Central Lancashire, Department of Nursing, Preston, UK. Co author: Sarah Cowley</i>	6.9.2 Barriers to participation in falls programs - how findings from qualitative and observational studies influence recommendations for clinical practice <i>Elizabeth McInnes, Senior Research and Development Fellow, Royal College of Nursing Institute, National Collaborating Centre for Nursing and Supportive Care, Oxford, UK. Co authors: Elizabeth Gibbons and Lisa Askie</i>	6.10.2 An examination, from a cross-cultural perspective, of parents' needs while a child is hospitalised <i>Linda Shields, Professor of Nursing, University of Limerick, Department of Nursing & Midwifery, Limerick, Ireland. Co authors: Inger Hallstrom and Judith Hunter</i>
12.00	6.6.3 The benefits of physical exercise for breast cancer patients: a critical review <i>Marilyn Kirshbaum, Lecturer in Nursing, University of Sheffield, Acute and Critical Care, Sheffield, UK.</i>	6.7.3 Developing learning confidence for health and social care professionals learning at a distance: implications for learning support <i>Jane Morgan, Academic Lead, e-Learning, University of Southampton, School of Nursing and Midwifery, Southampton, UK.</i>	6.8.3 Biographic narrative interpretive method <i>Margaret Volante, Head of Academic and Practice Development, University of Surrey (UniS), EIHMS, Surrey, UK.</i>	6.9.3 Calcium and vitamin D in primary care: adherence results from a randomised controlled trial <i>Suzann Puffer, Research Assistant, University of York, Health Sciences, York, UK.</i>	6.10.3 Parental perceptions of neonatal care <i>Jan Gavey, Neonatal Research Nurse. James Cook University Hospital, Neonatal Directorate, Middlesbrough, UK.</i>

**11.00 – 12.30 Symposium 9:
Room: Robinson 8**

The ethics of observation in nursing research

Lead: Ann Gallagher, Lecturer in Mental Health, The Open University, Milton Keynes, UK

Authors: Ann Gallagher, Lecturer in Mental Health, The Open University, Milton Keynes, UK,

Alan Baillie, Senior Lecturer in Mental Health Nursing, University of Luton, Luton, UK & Lesley Baillie, Senior Lecturer in Adult Nursing, The Open University, Milton Keynes, UK

15.30 – 17.00 Concurrent session 7

	7.1 Methodology Room: Music 3 Chair: Andrea Nelson	7.2 Patient's views Room: Music 2 Chair: Sally Hardy	7.3 Research governance Room: Music 1 Chair: Leslie Gelling	7.4 Employment Room: Music 4 Chair: Claire Hale	7.5 Cancer Room: Music 5 Chair: Janet Ball
15.30	7.1.1 The reliability of pressure ulcer classification <i>Jane Nixon, Deputy Head, CTRU, University of Leeds, Northern and Yorkshire Clinical Trials and Research Unit, Leeds, UK. Co authors: Helen Thorpe and Nicky Cullum</i>	7.2.1 Patient empowerment within a coronary care unit <i>David Lewin, Principal Lecturer Head of Research and Quality, Homerton College, School of Health Studies, Cambridge, UK.</i>	7.3.1 The effect of NHS research governance on undergraduate nurse research at an NHS Trust <i>Phillip Smith, Research and Development Coordinator, Mid Essex Hospital Services NHS Trust, R&D, Chelmsford, UK. Co authors: Sandip Pal and Sally Gooch</i>	7.4.1 Comparing careers of qualifiers from three-year degree and diploma programmes <i>Sarah Robinson, Senior Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK. Co author: Trevor Murrells</i>	7.5.1 An exploration of the meaning of weight loss for people with advanced cancer <i>Jane Hopkinson, Senior Research Fellow, University of Southampton, School of Nursing and Midwifery, Southampton, UK. Co author: Jessica Corner</i>
16.00	7.1.2 An examination of the methodology of constructing outcome measures for nursing interventions <i>Simon Palfreyman, Research Nurse, Sheffield Teaching Hospitals NHS Trust, Northern General Hospital, Sheffield, UK. Co authors: John Brazier and Jonathan Michaels</i>	7.2.2 Patients' perspectives on statin therapy for treatment of hypercholesterolaemia: A qualitative study <i>Elizabeth Tolmie, Research Assistant, University of Glasgow, School of Nursing, Glasgow, UK. Co author: Grace M Lindsay</i>	7.3.2 Research governance and postgraduate nurse education: The tensions and some solutions <i>Sue Peckover, Lecturer, University of Sheffield, Community, Ageing, Rehabilitation, Education and Research, Sheffield, UK. Co author: Lorraine Ellis</i>	7.4.2 Factors influencing nursing students' choices of first destination employment <i>David Brodie, Professor, BCUC, Research Centre for Health Studies, Chalfont St Giles, UK. Co authors: Justin Andrews and Gavin Andrews</i>	
16.30		7.2.3 An exploration of the experiences and perceived needs of partners of heart failure sufferers over a 6 month period from hospital discharge <i>Evelyn Watson, Post-Graduate Research Student, Dundee University, School of Nursing and Midwifery, Dundee, UK. Co authors: Rose Barbour and Charles Hendry</i>	7.3.3 Developing a unified approach to the furtherance of nursing research. Clinical and academic perspectives on how to develop and enhance the nursing research agenda <i>Annette Jinks, Professor of Nursing, Staffordshire University, Centre for Health Policy and Practice, Stafford, UK. Co author: Helen Green</i>	7.4.3 An investigation of newly qualified staff nurses' perceptions of their own skills at three and six months qualified <i>Margaret McCunnis, Lecturer, University of Paisley, School of Nursing, Midwifery and Health, Ayr, UK. Co authors: Eileen Cunningham and Jean Fletcher</i>	7.5.3 'It's a wonderful place' Understanding how a hospice day care unit can help people with advanced cancer <i>Jane Hopkinson, Senior Research Fellow, University of Southampton, School of Nursing and Midwifery, Southampton, UK.</i>

15.30 – 17.00 Workshop:
Room: Robinson 5

Five questions to ask about Likert Scales
Chair: Paula Roberts, Keele University and Editor, Nurse Researcher
Presenters: Laurence Moseley, Professor of Health Research, University of Glamorgan, Glamorgan, UK, Professor Donna Mead, University of Glamorgan, Glamorgan, UK and Chris Brunsdon, Professor of Medical Statistics, University of Glamorgan, Glamorgan, UK

19.30 Conference Dinner: Kings College

Pre-Dinner drinks: Sponsored by:



	7.6 Stroke Room: Music 6 Chair: Ann McMahon	7.7 Education Room: Music 7 Chair: Hugh McKenna	7.8 Education Room: Divinity 3 Chair: Martin Johnson	7.9 Qualitative Room: Divinity 2 Chair: Kate Gerrish	7.10 Child health Room: Divinity 1 Chair: Jane Coad
15.30	<p>7.6.1 An action research approach to continence risk assessment and management in stroke patients</p> <p><i>Denise Shanahan, Stroke Care Coordinator, Bro Morgannwg NHS Trust, Integrated Medicine, Bridgend, UK. Co author: Belinda Smith</i></p>	<p>7.7.1 A process evaluation of the work of a practice education team in one acute hospital NHS trust</p> <p><i>Maggie Mallik, Associate Director of Nursing - Clinical Education & AHPE, IHCS, Bournemouth University, Salisbury District Hospital, Nursing Directorate, Salisbury, UK. Co author: Jane Hunt</i></p>	<p>7.8.1 The evaluation of research-based teaching programme in infection control measures in Intensive Care Units in Egypt using Action Research</p> <p><i>Hala Abdelrahman, PhD Student, Bradford University, Nursing Research, Bradford, UK. Co author: Uduak Archibong</i></p>	<p>7.9.1 Multiple methods and the study of patient participation in healthcare consultations</p> <p><i>Carol Bugge, Senior Lecturer, University of Stirling, UK. Co authors: Aled Jones and participants of the ESRC seminar series group on patient participation</i></p>	<p>7.10.1 Anaesthesia information for parents: Does timing affect knowledge, anxiety or satisfaction?</p> <p><i>Caroline Spencer, Assistant Head of Nursing Children's Services, Guy's & St Thomas' NHS Trust, Children's Services, London, UK.</i></p>
16.00	<p>7.6.2 Informal carers' experience of learning to care for stroke survivors</p> <p><i>Lorraine Smith, Professor of Nursing, University of Glasgow, School of Nursing, Glasgow, UK. Co authors: Maggie Lawrence, SM Kerr, P Langhorne and KR Lees</i></p>	<p>7.7.2 Does immediate life support training influence nurses' skill deployment during cardiac arrest</p> <p><i>Mary Murphy, Resuscitation Officer, Belfast City Hospital Trust, Cardiology, Belfast, UK. Co author: Donna Fitzsimons</i></p>	<p>7.8.2 Evaluation of educational preparation for cancer and palliative care nursing for children and adolescents</p> <p><i>Tony Long, Senior Lecturer, University of Salford, Salford Centre for Nursing, Midwifery and Collaborative Research, Greater Manchester, UK. Co authors: Claire Hale and Linda Sanderson</i></p>	<p>7.9.2 Phenomenological issues: Children and families with critical illness</p> <p><i>Sally Dampier, Lecturer, The University of Nottingham, Master of Nursing Science Programme, Nottingham, UK. Co authors: Steve Campbell and Don Watson</i></p>	<p>7.10.2 Involving children in identifying their pre-operative needs: an innovative approach</p> <p><i>Lucy Smith, Research Practitioner, Edge Hill College of Higher Education, Centre For Health Research and Evaluation, Ormskirk, UK.</i></p>
16.30	<p>7.6.3 A stroke at the age of thirty-nine? The experience of having a stroke at a younger age</p> <p><i>Ursula Immenschuh, Lecturer, PhD Student, University of Edinburgh, Medical Physics Department, Edinburgh, UK.</i></p>	<p>7.7.3 Exploring teaching and learning for safe moving and handling</p> <p><i>Rosie Kneafsey, Lecturer, University of Salford, School of Nursing, Salford, UK.</i></p>	<p>7.8.3 Evaluation of an educational course to prepare family health nurses</p> <p><i>Colin Macduff, Research Fellow, The Robert Gordon University, CeNPRaD, School of Nursing, Aberdeen, UK. Co author: Bernice West</i></p>	<p>7.9.3 Exploring the influences and use of the literature during a grounded theory study</p> <p><i>Helen Heath, Senior Lecturer, Homerton College, School of Health Studies, Cambridge, UK.</i></p>	<p>7.10.3 A randomised controlled trial to evaluate the benefit of a new information leaflet for parents of children hospitalised with benign febrile convulsion</p> <p><i>Fiona Paul, ICU Specialist Liaison Nurse, University of Dundee, School of Nursing and Midwifery, Dundee, UK. Co authors: Martyn Jones and Charles Hendry</i></p>

**15.30 – 17.00 Symposium 10:
Room: Robinson 1**

Looking to learn: the use of video in researching professional/patient interactions
Lead: Veronica Swallow, Senior Lecturer, School of Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, UK
Co-authors/presenters: John Newton, Principal Lecturer, Sociology, Northumbria University, Newcastle upon Tyne, UK
Joanna Reynolds, Research Psychologist, School of Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, UK
Julie Gillson, Paediatric Emergency Nurse Practitioner/Honorary Research Associate, Newcastle upon Tyne Hospitals/ Northumbria University, UK

09.30 – 10.30 Concurrent session 8

	8.1 Child health Room: Music 3 Chair: Tony Long	8.2 Older people Room: Music 4 Chair: Joyce Kenkre	8.3 Cancer Room: Music 5 Chair: Ann Caress	8.4 Inter-professional education Room: Music 6 Chair: Charles Hendry	8.5 Research governance Room: Music 7 Chair: Martin Johnson
09.30	<p>8.1.1 Towards a critical ethnography of children in hospital <i>Joan Livesley, Lecturer, University of Salford, Salford Centre for Nursing, Midwifery and Collaborative Research, Greater Manchester, UK.</i></p>		<p>8.3.1 The information needs of lung cancer patients who may be operable - are they being met? <i>Heather Kelly, Research Nurse, Bradford Hospitals NHS Trust, Thoracic Department, Bradford, UK.</i></p>	<p>8.4.1 Introducing interprofessional learning into undergraduate care curricula: a case study of communication skills education <i>Amelia Sawyer, Researcher, Keele University, Department of Nursing and Midwifery, Stoke on Trent, UK. Co authors: Helena Priest and Paula Roberts</i></p>	<p>8.5.1 No such word as Kant? A discussion of the ethical principles regarding the use of computer derived patient data in education and research <i>Eloise Monger, Lecturer in Critical Care, University of Southampton, School of Nursing and Midwifery, Southampton, UK.</i></p>
10.00	<p>8.1.2 Children and their families as a research sample: theory and reality in grounded theory methodology <i>Sarah Neill, Senior Lecturer in Children's Nursing, University College Northampton, Centre for Healthcare Education, Kettering, UK.</i></p>	<p>8.2.2 A client satisfaction survey to assess value placed upon health promotion/screening and nursing interventions in three senior centers <i>Carolyn Achata, Public Health Nurse 3, Coordinator: Project TEACH, Tennessee Dept. of Health, Southeast Region, Chattanooga, Tenne, United States.</i></p>	<p>8.3.2 A profile of lung cancer nurse specialists and their views towards visiting patients at home following a diagnosis of lung cancer <i>J. Stanley and Kate Kelley, Lung Cancer Nurse Specialist, Worthing and Southlands NHS Trust, Research and Development, Worthing, West Sussex, UK.</i></p>	<p>8.4.2 Interprofessional education: More than a nice idea? <i>Claire Dickinson, Research Associate, University of Newcastle, School of Medical Education Development, Newcastle upon Tyne, UK. Co authors: Pauline Pearson and Alison Steven</i></p>	

09.30 – 10.30 Workshop:

Room: Robinson 5

21st.century nurses: Genomics and you

Jill Turner, Lecturer in Sociology and Social Policy in Nursing and Midwifery, Queen's University Belfast, School of Nursing and Midwifery, Belfast, UK.

10.30 – 11.00 Refreshments, exhibition & poster viewing

12.10 – 13.10 Concurrent session 9

	9.1 Public health/ community nursing Room: Music 3 Chair: Kate Gerrish	9.2 Older people Room: Music 4 Chair: Janet Ball	9.3 Qualitative Room: Music 5 Chair: Martin Johnson	9.4 Education Room: Divinity 1 Chair: Leslie Gelling	9.5 Child health Room: Music 6 Chair: Tony Long
12.10	<p>9.1.1 Promoting equality within district nursing practice: an exploratory study <i>Sue Peckover, Lecturer, University of Sheffield, Community, Ageing, Rehabilitation, Education and Research, Sheffield, UK. Co author: Robert Chidlaw</i></p>	<p>9.2.1 The nursing assessment of older adults: a process analysis <i>Helen Taylor, Full time PhD Student, University College Worcester, The Graduate School, Worcester, UK.</i></p>	<p>9.3.1 When themes won't do! Searching for congruence with methodology in qualitative analysis <i>Joan Livesley, Lecturer, University of Salford, Salford Centre for Nursing, Midwifery and Collaborative Research, Manchester, UK.</i></p>	<p>9.4.1 NHS cadet schemes: student experience, commitment, job satisfaction and job stress <i>Jan Draper, Course Director, Royal College of Nursing Institute, Distance Learning Unit, London, UK. Co authors: Debbie Halliday and Ian Norman</i></p>	<p>9.5.1 Does Sure Start truly adopt a partnership approach in defining and meeting local need or is it a series of professionally led projects fitting into nationally defined targets? <i>Brenda Poulton, Professor of Community Health Nursing, University of Ulster, School of Nursing, Co.Antrim, UK. Co author: George Kernohan</i></p>
12.40	<p>9.1.2 Public health nursing roles: Foucault and the power to change <i>Jill Turner, Lecturer in Sociology and Social Policy in Nursing and Midwifery, Queen's University Belfast, School of Nursing and Midwifery, Belfast, UK. Co author: Anne Lazenbatt</i></p>	<p>9.2.2 A qualitative research study that explored the informal practice theories of nurses working in the care of older people <i>Christine Smith, Director of Primary Care /Community Nursing, Cardiff University, School of Nursing and Midwifery, Cardiff, UK.</i></p>	<p>9.3.2 Replication: An important methodological approach in nursing research <i>Ruth Harris, Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK.</i></p>	<p>9.4.2 NHS cadet schemes: Do they widen access to healthcare study? <i>Roger Watson, Professor of Nursing, University of Hull, Department of Nursing and Applied Health Studies, Hull, UK. Co authors: Ian Norman and Jan Draper</i></p>	<p>9.5.2 Evaluating partnership working in primary and community care: the case of sure start and children and youth partnership programmes in Caerphilly, Wales <i>Anne Williams, Professor, University of Wales Swansea, School of Health Science, Swansea, Wales, UK. Co authors: Joy Merrell and Marie Bodycome James</i></p>

	8.6 Leadership Room: Divinity 1 Chair: Dave O'Carroll	8.7 Transcultural nursing Room: Divinity 2 Chair: Sally Hardy	8.8 Policy imperatives Room: Music 2 Chair: Leslie Gelling	8.9 Advanced nursing roles Room: Music 1 Chair: Hugh McKenna	8.10 Mental health Room: Divinity 3 Chair: Lorraine Smith
09.30	8.6.1 Evaluating a clinical leadership initiative in mental health and gerontology care settings <i>Bernice West, Researcher, Director, Centre for Nurse Practice Research and Development, The Robert Gordon University, CeNPRaD, School of Nursing, Aberdeen, UK. Co authors: Nancy Reid and John Mitchell</i>	8.7.1 The experience of informal carers within a Bangladeshi community in South Wales UK <i>Fiona Murphy, Senior Lecturer, University of Wales Swansea, School of Health Science, Swansea, UK. Co authors: Susan Philpin and Joy Merrell</i>	8.8.1 Bringing back matron: a study of policy implementation <i>Jan Savage, Senior Research Fellow, Royal College of Nursing, RCN Institute, London, UK. Co author: Cherill Scott</i>	8.9.1 Exploring the development of nurse consultant roles: findings of the preliminary stage of an ethnographic study <i>Maxine Simmons, Head of Education and Workforce Development, Chesterfield and N.Derbyshire Royal Hospital, Education and Workforce Development, Derbyshire, UK.</i>	8.10.1 Mental health nurses' records: Overview of an analysis <i>Marian Hanrahan, Post-doctoral researcher, Dublin City University, School of Nursing, Dublin, Ireland. Co authors: Anne Scott and Pdraig MacNeela</i>
10.00	8.6.2 Supporting the professional development of lead research and development nurses <i>Julienne Meyer, Professor of Nursing: Care for Older People, City University, Adult Nursing, London, UK. Co authors: Barbara Johnson and Ros Bryar</i>	8.7.2 The meaning and consequences of hypertension for individuals of African Caribbean origin: perceptions of Primary Health Care services <i>Gina Awoko Higginbottom, Lecturer/National Primary Care Research Fellow, University of Sheffield, ScHARR, Sheffield, UK.</i>	8.8.2 Innovation in service delivery - against the odds? <i>Ann McMahon, RCN Research and Development Adviser, Royal College of Nursing, Research & Development Co-ordinating Centre, Manchester, UK.</i>	8.9.2 The role of specialist and other nurses caring for people with MS <i>Alison While, Professor of Community Nursing, King's College London, Florence Nightingale School of Nursing & Midwifery, London, UK. Co authors: Roz Ullman and Angus Forbes</i>	8.10.2 Young people and self-harm: a framework for promoting change <i>Tom Clarke, Clinical Nurse Research Specialist, Springfield University Hospital, South West London and St. George's Mental Health NHS Trust, Rehabilitation and Continuing Care Directorate, London, UK. Co authors: Chris Watts and Lorraine Sherr</i>
11.00 – 12.00 Plenary 3: Room: Music 1 <i>Chair: Dr Charles Hendry, RCN Research Society Steering Committee Member</i> Developing Excellence in Nursing and Midwifery Research <i>Professor Dame Jenifer Wilson-Barnett, Head of School at Florence Nightingale School of Nursing and Midwifery, King's College London, UK</i>					
	9.6 Inter-professional education Room: Music 7 Chair: Claire Hale	9.7 Leadership Room: Music 2 Chair: Lorraine Smith	9.8 Measurement Room: Divinity 2 Chair: Ann Caress	9.9 Policy imperatives Room: Divinity 3 Chair: Ann McMahon	9.10 Advanced nursing practice Room: Music 1 Chair: Joyce Kenkre
12.10	9.6.1 An evaluation of interprofessional education for health and social care professionals: the teachers' views <i>Siobhan Ni Mhaolrunaigh, Senior Lecturer, Dublin City University, School of Nursing, Dublin, Ireland.</i>	9.7.1 An evaluation of the role of associate clinical dean <i>Carole Swindells, Associate Clinical Dean, Salford Royal Hospitals NHS Trust, Academic Affairs, Salford, UK.</i>	9.8.1 Mind the gap: The use of difference scores in measurement research <i>Paula Roberts, Associate Dean, Keele University, Keele University, Nursing and Midwifery, Staffs, UK. Co author: Bill Watson</i>	9.9.1 Working together? The impact of implementing the single assessment process <i>Angela Dickinson, Research Fellow, University of Hertfordshire, Centre for Research in Primary and Community Care, Hatfield, UK.</i>	9.10.1 Devising and establishing the face and content validity of explicit criteria of consultation competence for UK nurses <i>Sarah Redsell, Senior Lecturer (Nursing), University of Leicester, General Practice and Primary Health Care, Leicester, UK. Co authors: Mariane Lennon, Adrian Hastings and Robin Fraser</i>
12.40	9.6.2 Evaluating inter-professional education <i>Poorna Gunasekera, Evaluation Researcher, Thames Valley University, Faculty of Health and Human Sciences, Slough, UK. Co authors: Brodie D, Brown E, Gallagher M, Gunasekera P, Mcbride C, Mitchell F, Tsolova S, Young G.</i>	9.7.2 Span of control, leadership and performance <i>Amy McCutcheon, Director, University of Toronto, Ontario, Canada. Co author: Diane Doran</i>	9.8.2 Factor analysis: outlining and clarifying the principals, techniques and language <i>Bill Watson, Senior Lecturer, University of Northumbria at Newcastle, Nursing, Midwifery and Allied Health Professions Research and Development Unit, Newcastle upon Tyne, UK. Co author: Paula Roberts</i>	9.9.2 What has happened to named nursing? <i>Ann Humphreys, Academic Lead - Professional Studies, University of Plymouth, Faculty of Health and Social Work, Plymouth, UK.</i>	9.10.2 Nurse led assessment: the challenges of undertaken a randomised controlled trial in advanced nursing practice research <i>Helen Rushforth, Lecturer in Child Health Nursing and Head of Child Health Division, University of Southampton, School of Nursing and Midwifery, Southampton, UK.</i>

Plenary abstracts:

Sunday 21 March

Keynote presentation

World class education and research in health and social care; building for the future

Professor Tony Butterworth, FRCN, CBE, Chief Executive of Trent North West Workforce Development Corporation

Abstract

The capacity and disposition of the health and social care educator and researcher workforce is not well understood. An estimate on related activity suggests that up to 30,000 people in the health and social care professions are directly involved in educational and research related work on a day to day basis.

Concerns are regularly expressed that no clear career structures exist for educators and researchers and that we neglect this important part of the workforce at our peril. Shortages are reported in senior academic appointments across all professions and clinical specialities, and a commitment to teaching in the clinical environment is reportedly at risk. The burden of work created by record numbers of students and new commissions brings with it additional complications. New tensions are emerging, created by the growing 'status gap' between excellent research and 'highest quality' education and employers in the education sector struggle with this dilemma.

In surveying opinion from all the professions (medicine, dentistry, nursing allied health professions, social work and health scientists) some common concerns can be identified. These include issues of recruitment and retention; the need for joint systems of appraisal; pensions and issues of transferability; the need to engage other strands of Government work such as leadership, modernisation and new 'consultant' appointments in non-medical professions and poor workforce intelligence data. In addition there are widespread reported concerns about staff shortages, inequities in pay and rigid, unhelpful career pathways

It is hard to sustain an argument that Government does not invest resources in education and research in health and social care. Probably some £4 billion is directed to health and social care related education and research each year and although a considerable portion of that investment is pre-determined there are elements that might be better used to support a workforce that delivers what is arguably one of the best research and education systems in the world. To maintain our premier status we must develop a dynamic Human Resources plan. It will need to be well understood and supported by our health and education economies in order to support and sustain our educators and researchers. The Departments of Health and Education and Skills have commissioned work through its StLaR Committee (a strategic Committee chaired by the Permanent Secretaries of the two government Departments) to prepare an appropriate human resources plan to support the educator and researcher workforce in health and social care.

This paper will expand on background data that has been gathered to support the plan and reports on a consultation exercise presently underway to make the plan appropriate and useful to employers, educators and researchers.

Monday 22 March

Plenary 1

14.00 – 15.00

Real world ethics and nursing research

Martin Johnson RN, MSc, PhD (Manch), Professor in Nursing and Director, Salford Centre for Nursing, Midwifery and Collaborative Research, Manchester, UK

Abstract:

Professor Johnson will argue that nursing research has lost its way as a means to discover the truth about the realities of nursing and other forms of patient care and the harms and benefits that might come from them.

There are a number of ways in which this is happening, for example people are spending much more time writing about methodology than getting on with the research itself and the reporting of discovery. The issue that will be addressed briefly, however, is the extent to which we are debilitating the research enterprise through what passes as ethics.

Professor Johnson will refer to examples from nursing and related research to illustrate the gradual development of greater concern for the well-being of research participants and the prevention of harm, and will go on to illustrate how, in comparison to the search for knowledge in the wider world, the health professions (and in the UK nurses in particular) are making research more difficult to execute than it needs to be. In the development of defensive rules and procedures we have somehow we have forgotten exactly what harms we are protecting our patients, students and staff from.

For those looking for a theoretical orientation to this thesis it is in essence consequential, and hope to show that with a harms and benefits approach we could bring much common sense to the critical appraisal of previous research and the approval and conduct of nursing research now and in the future.

Recommended reading:

Johnson, M. (1992) A silent conspiracy?: some ethical issues of participant observation in nursing research, *International Journal of Nursing Studies*, 29, 2, 213-223.

Johnson, M. (1997) Observations on the neglected concept of intervention in nursing research, *Journal of Advanced Nursing*, 25, 1, 23-29

Johnson, M (2003) Editorial: Research ethics in nursing education: a consequentialist view, *Nurse Education Today*, 23, 3, 165-167

Johnson, M and Long, T (2003) Research governance, yes – but let's get the controls right. *Nurse Researcher*, 11, 1, 4-6

Johnson, M (2003) Consequential ethics are inevitable: a rejoinder to Neville and Haigh, *Nurse Education Today*, 23, 8, 554-555.

Neville, L and Haigh, CA (2003) A response to Martin Johnson's editorial "Research ethics and education: a consequentialist view". *Nurse Education Today*, 23, 8, 549-553.

RCN Research Society (2003) Nurses and research ethics. Johnson, M (Chair), Long, T; Peacock, L; Williamson, T and Buchanan, I *Nurse Researcher*, 11, 1, 7-21.

Tuesday 23 March

Plenary 2

14.00 – 15.00

Parents' and children's involvement in decision-making during hospitalisation

Inger Hallström, RN, RSCN, PhD, Associated Professor, Department of Nursing/The Vardal Institute, Lund University, Sweden.

Abstract:

When a child is ill, the family is always affected. During recent decades, there has been a shift in paediatric health care towards family-centred care based on a close and continuous involvement of the child's family. However, children and parents are in a stressful and often anxiety-filled situation during hospitalisation and it may be difficult for them to participate in decisions. Different reasons are given to why children and their parents should be involved in discussions and decisions regarding the child's care. The UN Convention on the Rights of the Child formulates the needs of children and young people in terms of human rights. The message of the convention can be summarised in children are to be respected and adults should see and strive to understand the child and take measures judged to be in the child's best interests. Professionals have legal and ethical obligations toward the child alone, and situations may arise in which the views of staff, children and parents are in conflict. Ethical duties of health professionals include the obligation to enhance their patients' competence and ability to participate. The concepts of autonomy, integrity, competence, assent, and consent are complex and sometimes difficult to relate to practice. However, they are essential in paediatric care.

Very little is known about how everyday decisions are made and in what way children and parents are involved when a child is hospitalised. In earlier studies we observed 24 children and 35 parents during the child's hospitalisation and situations including a decision-making process were identified. Analysis included assessing and grading both children's and parents' involvement in decisions according to a five-level scale of different degrees of respect. We found that both children and their parents participated in decisions to different degrees. Some of the children as well as some parents demanded to participate and staff gave them information until they were satisfied. In other cases their wishes were ignored or sometimes not even requested. In most of the situations one or both parents were present with the child. Most commonly decisions were made in consultation with those affected by the decision. However, although one or more persons protested in one third of the described situations decisions were seldom reconsidered. The results emphasised that both children and parents had varying abilities to become involved in the decision-making process.

Promoting children's rights is one of the most important roles for the children's nurse.

Having a voice in decision-making helps the child to develop a sense of himself as a person and gives the parents a feeling that they are part of a team giving their child optimal care during hospitalisation.

Wednesday 24 March

Plenary 3

11.00 – 12.00

Developing excellence: nursing and midwifery, research

Professor Dame Jenifer Wilson-Barnett, Head of School, Florence Nightingale School of Nursing and Midwifery, King's College, London, England, UK

Abstract:

Building on the theme of Monday's debate in this conference and Alison Tierney's (1998) plenary on leading edge research, this presentation will explore the key elements of what constitutes excellent research, how this can be recognised and, crucially, how this can be developed. Following Professor Tierney's example, a panel of experts was exploited for their wisdom on these topics. They gave examples of excellent studies and helped to differentiate criteria for excellence in other disciplines as well as for nursing. Their responses provided clear consensus on the criteria for excellence and helped to expand on this with examples from British and other international research. Ambitious, far-reaching criteria were cited. They also indulged in a brief sortie into the issue of achieving excellence in quantitative and qualitative work!

Developing excellence was then discussed by this panel. Requisite leadership with teams of researchers engaged in large scale, collaborative empirical studies seemed to dominate their vision. Preparation and resourcing research in health faculties was enthusiastically explored. Finally the problems of balancing the budget and priorities with educational contracts as the main stream of income was considered.

Characteristics of research leadership seemed to be important to this group of experts. Rather different perspectives prevailed, perhaps reflecting their own personalities. The issue of permanent research contracts and turnover within a team also seemed to occupy some respondents.

While any wisdom within this paper can be attributed to the panel, liberties to interpret, embellish and augment their opinions will be taken by this presenter.

Poster abstracts

1

A mapping exercise of research and development leadership in nursing across the UK

Dave O'Carroll, Royal College of Nursing, Research & Development Co-ordinating Centre, Manchester, United Kingdom. Co author: Ann McMahon

Abstract:

Within the last five years, health care policy across the UK has emphasized the need for increasing the capacity and capability of research and development (R&D) in nursing (and midwifery and health visiting) (Pearson 1998, Rafferty et al 2003). The main focus to date has been on investing in funding for doctoral/postdoctoral researchers. Although the importance of strong leadership has been recognised (Rafferty et al 2003), little attention has been given to developing academic leadership capacity and capability (ALCC) to effectively nurture new researchers.

To date, there has been no systematic assessment of ALCC in nursing in the UK. One proxy indicator of ALCC would be the numbers of nurses holding professorial positions within academic institutions at any one time (Kenkre & Foxcroft 2001). The aim of this study was to collect and analyse this hitherto unknown baseline data.

A questionnaire was developed and quality assured. This was then posted to all departments that offered a health-related course (postgraduate and undergraduate) within every academic institution across the UK (n=131).

An 85% response rate was achieved. This poster will present a baseline assessment of the numbers of nurses holding professorial positions within academic institutions in the UK, where they are located and how they are funded. This it is argued will serve as a benchmark for the development of future ALCC building.

Recommended reading:

Pearson, M. (1998). Developing human resources for health-related R&D: next steps. Report of the R&D Workforce Capacity Development Group. Unpublished report.

Rafferty, A. M. Traynor, M. Thompson, D. Ilott, I. & White, E. (2003), Research in nursing, midwifery, and the allied health professions: Quantum leap required for quality research *BMJ*, Vol. 326, pp 833-4.

Kenkre, J. E. & Foxcroft, D. R. (2001) Career pathways in research: *academica. Nursing Standard*, Vol. 16, No. 7, pp 40-44.

2

Identifying chaos in health care services

Carol Haigh, University of Salford, Salford Centre for Nursing, Midwifery and Collaborative Research, Greater Manchester, United Kingdom.

Abstract:

Nursing has seen a huge growth in the provision of specialist services over the last ten years. It is not inappropriate to note that the creation of such support services does not necessarily meet a need

but create one, however many specialist services are now established with little or no methods of forward planning and no acknowledgement made of increasing demands upon their services. This paper will explore work that has been carried out on the practical use of chaos theory in the estimation of the life expectancy of a specialist service (Haigh 2003). This paper explores a method of identifying future significant service effects based upon small changes in the present. This is achieved by application of a modification of a Malthusian equation to calculate growth in a given population and then plotting this growth rate across time. The graphical representation of this data can allow for different end-states to be identified. It is contended that this allows for the identification of chaotic end states and, particularly, the prediction of stable (periodic) and unstable (aperiodic) equilibrium. Periodic equilibrium occurs when a population (or service) reaches saturation point and cannot develop further without changes, whether in practice, staffing levels or legislation. Aperiodic equilibrium is characterised by unpredictable changes in service demand that, when plotted graphically shows disorder and chaos. It must be stressed that this application of chaos theory only provides a potential future snapshot that is dependant upon all service parameters remaining unchanged. Nonetheless, awareness of these episodes of aperiodic equilibrium therefore, facilitates budgeting and forward planning. This contributes in a significant way to the efficiency of the nursing service. This work contributes to advancing nurse science and clinical practice because it provides a pragmatic tool for the prediction of service stresses within clinical services allowing for strategic planning.

Recommended reading:

Haigh, C (2003) Utilising Chaos Theory in the Management of Nursing Services APS. Salisbury

3

Delivering an acceptable and accessible weight management service to people who are overweight or obese

Angela Tod, Sheffield Teaching Hospitals Trust/ University of Sheffield, Acute and Critical Care Nursing, Sheffield, United Kingdom.

Abstract:

Objective: To identify service issues which enable a person with overweight or obesity to persevere with a weight loss attempt.

Design: A qualitative study using semi-structured interviews and Framework Analysis techniques. Ethical committee and research governance requirements were met.

Setting: The study was conducted in the South Yorkshire communities of Barnsley, Rotherham and Doncaster

Participants: Sixteen people (including five Consultants who ran classes) were recruited from a commercial slimming organisation. Purposive sampling ensured a range of participants in terms of age, gender, weight, employment and family circumstances.

Results: Service factors reported to facilitate weight loss attempts included not being deprived, receiving support and being enabled to take control and make decisions for themselves. The facilitators did not just relate to the nature of the eating plan or content of

the classes. The atmosphere and attitude of the service was described as essential with an emphasis on promoting self-esteem, confidence and decision making.

Factors operating as disincentives to persevering with losing weight included prohibition, unmet expectations, negative attitudes and a lack of support from health professionals. The experiences of those interviewed illustrates how, without the necessary motivation and support, they are unable to act on information received.

A number of questions emerge for the NHS from this study including how to provide affordable, accessible and acceptable services for people with the right level of motivational support and how to tackle negative attitudes and clarify professionals roles and responsibilities? This presentation explores these challenges and their implications for nurses.

Conclusion: This study illustrates the extent of the psychosocial component of successful weight loss attempts and the need for the NHS to act in partnership with other agencies and organisations to tackle the accelerating public health problem of overweight and obesity.

Recommended reading:

Harvey EL, Glenny A-M, Kirk SFL, Summerbell CD. (2003) Improving health professionals' management and the organisation of care for overweight and obese people. [Systematic Review] *Cochrane Effective Practice and Organisation of Care Group The Cochrane Database of Systematic Reviews*. 1.

National Audit Office (2001) Tackling Obesity in England. The Stationary Office. London

Ritchie J. Spencer L. (1994) *Qualitative Data Analysis for Applied Policy Research* in Bryman A. Burgess G. (eds) *Analysing Qualitative Data*. Routledge. London

4

Effective decision making in shared governance: a conceptual model

Tracey Williamson, University of Salford, Health Care Practice R&D Unit, Salford, United Kingdom.

Abstract:

This paper focuses on explanation of a conceptual model of shared governance decision making developed during research presented within the author's doctoral thesis. An overview of the research is given that included observations of over 100 multi-disciplinary shared governance council meetings and 31 individual and focus group interviews. Data displays were used as tools to aid qualitative data analysis through constant comparison of emerging data and interpretations (Miles & Huberman 1994). The findings culminated in a model that proposes that there are 12 key variables that when present promote effective decision making within shared governance approaches. Eight factors relate to key elements in the decision-making process, whilst the remaining four factors represent conditions that the former operate within. No rules about the order of factors occurring or the degree that they are present are proposed, although a logical sequence is suggested to promote an efficient decision making process.

Effective decision making is promoted if council members:

- Clarify what the issue is that they are to address.
- Establish whether it fits their council's remit.
- Appraise whether the size (scale, time required) is manageable.
- Establish a clear aim/desired outcome.
- Identify a lead to co-ordinate/drive it.
- Establish a level of authority (to fact-find, make recommendations, act fully).
- Collate background information to inform their decision-making.
- Identify a key informant/s with relevant subject knowledge.

Additionally, effective decision-making processes will be promoted by having present: -

- Some mechanism in place for evaluation/feedback/refinement.
- Adequate skills amongst members to undertake council activities.
- A sustained provider of support/guidance eg a facilitator.
- Sufficient/appropriate membership/attendance to undertake the decision-making.

These revelations are valuable as there is presently little research evidence pertaining to shared governance, especially in the UK healthcare setting, yet there is a growing interest in introducing such approaches.

Recommended reading:

Offredy, M (1998) The application of decision making concepts by nurse practitioners in general practice. *Journal of Advanced Nursing*, 998-1000

Pheysey, DC (1993) *Organizational Cultures*, First Edition, Routledge, London.

Miles, MB and Huberman, AM (1994) *An Expanded Sourcebook. Qualitative Data Analysis*, Second Edition, Sage Publications. London.

5

Capturing patient evaluations of their care: A new method of inquiry

Sophie Staniszewska, RCN Institute, Research, Oxford, United Kingdom. Co author: Carol Edwards

Abstract:

Background: Patient evaluations of care are accepted as an integral part of judging the acceptability and appropriateness of care. However, a key difficulty is the consistently positive evaluations of care that patients provide, even when care is poor. Current tools are relatively unsuccessful at accessing these negative evaluations. This paper will report the findings of a study that attempted to overcome these difficulties by developing a new method of inquiry, or tool, which explicitly tries to access both positive and negative evaluations of care.

Aims: To develop a tool that reflects our understanding of how patients form judgements about their care [1, 2], which aims to tap the full range of patient evaluation, including both positive and negative aspects.

Method: We used a conceptual model of evaluation, informed by relevant literature and two recently completed studies, which investigated aspects of the patient's process of reflection and evaluation, and included a total of 126 interviews with patients [1, 2]. This paper will present key elements of the conceptual model and focus on how methodologically, they informed the development of the new tool.

Conclusions: The new tool operationalises key elements of our conceptual model, in order to reflect the way patients form evaluations of their care. These key elements include the separation of sections that ask about positive and negative evaluations of care, as we found these were separate concepts. The tool also included a variety of indirect forms of evaluation, which patients were found to use when they evaluated negative experiences. In addition, the tool also includes specific sections that provide support and reassurance for patients because we found such support an important facilitator in the provision of negative evaluations. Overall, the tool provides a new approach to developing patient-based methods evaluation, which aim to be sensitive to both positive and negative evaluations.

Recommended reading:

1. Edwards C, Staniszewska S, Crichton N (2003). Investigation of the ways in which patients' reports of their satisfaction with healthcare are constructed. *Sociology of Health and Illness* (Accepted, in press).

2. Staniszewska S & Henderson L (2004). Patients evaluations of their health care - The expression of negative evaluation and the role of adaptive strategies. *Patient Education and Counseling* (Accepted, in press).

6

Extra Health Visiting Support: examining practitioner and user views.

Jane Appleton, Oxford Brookes University, Professional Studies, School of Health Care, Oxford, United Kingdom.

Abstract:

This presentation will report on a study conducted to examine how health visitors identify families in need. It will focus specifically on the nature of 'extra health visiting support', exploring this concept from both health visitors' and users' perspectives.

A

constructivist methodology incorporating a case study facilitated the integration of multiple sources of data. Participants included a volunteer sample of fifteen health visitors working in three Trust sites. Data were collected during 56 observed visits to families receiving extra health visiting. Following these visits separate in-depth interviews were conducted with clients and health visitors. Data analysis has been informed by constructivism utilising QSR. NUDIST software.

A classification of the 'extra health visiting' offered to clients in this study contributes to the knowledge base of health visiting, by explicating some of the detail associated with this important, but often neglected area of practice.

The families participating in the study and in receipt of 'extra health visiting' had a wide range of needs, each unique in their character and presentation.

The majority valued the support and interventions offered to them by their health visitor and most found practitioners facilitative in helping them to address their needs. As greater user involvement is increasingly advocated in the UK National Health Service, this study took an important step forward in eliciting client views about the nature of increased family support to supplement observation and health visitor interview data.

The paper will argue that health policy must continue to recognise that health visitors have an important role to play in seeking out families with increased needs and that this is an essential prerequisite to facilitating health enhancing behaviour. A sensible and non-stigmatising strategy is to support the continued provision of a universal health visiting service and regard all families as potentially in need of extra support.

Recommended reading:

Lincoln Y. S. and Guba E. G. (1985) *Naturalistic Inquiry*. London. Sage Publications.

7

Dietary beliefs and practices of Hong Kong mothers

Christine Chan, The Hong Kong Institute of Education, School of Early Childhood Education, Hong Kong, China.

Abstract:

This study aims to investigate dietary belief and practices of Chinese mothers with young children in Hong Kong. It is noticed that there is an increase prevalence of childhood obesity morbidity in Hong Kong since 1980s (Leung, 1995, 1998, 2000). The cardiac vascular diseases and certain types of cancer are two top killers in Hong Kong in the last two decades (DoH, 2002). Hong Kong, a former British colony consisting of about 97% of the Chinese population, has much influenced by the western tradition. After the return of the sovereignty to the Chinese in 1997, Hong Kong has suffered from many social problems, such as, increasing rate of broken relationships and divorces, teenager suicides, unemployment, workforce mobility, migration to and from Mainland China. Under the social and political changes, traditional Chinese childcare values and practices have been questioned and influenced.

A qualitative study was conducted in two childcare centres in Hong Kong. The collected data included: five-day dietary diary of ten mothers and the tape-recorded semi-structured interviews. The mothers came from different housing estates and had different socio-economic backgrounds. The data was analysed by using a thematic approach. The results showed that these mothers embraced strong Chinese folk dietary beliefs and practices for their children. Household-based maids helping food preparation and dinnning out weekly became a part of family life. Professional health dietary advises received little attention from these mothers. However, the dietary practices of these mothers have been strongly affected by their socio-economic status.

This study will help the care professionals to understand the belief pattern and characteristics of the Chinese mothers in Hong Kong.

Recommended reading:

Department of Health. (2002) Department of Health Annual Report 2000/2001. Hong Kong: Hong Kong (China). Information Services Department.

Leung S. F. (1998). Auxological and Nutritional Status of Hong Kong Chinese Infants: Birth to Two Years (in Chinese). Hong Kong: The Chinese University Press.

Leung S. F. Lee W. T. K. Lui S. H. Ng M. Y. Peng X. H. & Lam W. K. (2000). Fat intake in Hong Kong Chinese children. *American Journal of Clinical Nutrition*, 72, 1373S-1378S.

8

An audit of the smoking habits and attitudes of hospital patients

Julie Kapur, Belfast City Hospital Trust, Respiratory Medicine, Belfast, N. Ireland, United Kingdom. Co authors: Hazel Brown and Marshall Riley

Abstract:

Aim: Cigarette smoking is the single greatest cause of preventable death and disability today (BTS, 1998). Our Trust has a policy prohibiting smoking on the hospital site. An audit was carried out to assess patients' knowledge of the hospital's no smoking policy and to assess the level of support and advice smokers receive.

Method: Medical (n= 63) and surgical (n = 46) in-patients (mean age 63. 2 years) were randomly approached and asked to complete a questionnaire.

Results: 37 (34%) of patients were smokers, 50 (45. 9%) were non-smokers and 22 (20. 1%) were ex-smokers. Many patients 71 (65%) knew of the hospital's no smoking policy but 23 (62. 2%) of smokers thought smoking should be permitted in hospital. 19 (51. 4%) of smokers admitted to illicit smoking during their admission and 27 (73%) stated they would curtail their smoking to a designated room if available. Of those smokers not smoking during admission 16 (89%) wanted to quit permanently. 25 (68%) of smokers believed their health would improve with permanent cessation. During admission, only 9 smokers (24%) recalled receiving advice to quit, 1 (2. 7%) was offered referral to a support group and 7 (19%) were offered nicotine replacement therapy. On the Stage of Change Model (1988) 15 (40. 5%) described themselves as contented smokers, 7 (18. 9%) were preparing to stop, 10 (27%) were contemplating change.

The majority of patients admitted to hospital are not smokers. Illicit smoking is a problem and this may not be curtailed by the introduction of designated areas. Refraining from smoking during admission appears to be a good indicator for intended permanent change. Unfortunately, only a small percentage of smokers received advice and support to change their behaviour.

Recommended reading:

British Thoracic Society (1998) Smoking Cessation Guidelines. *Thorax* 53, 5.

Prochaska, J. O. Velicer, W. F. and Di Clemente, C. C. (1988) Measuring processes of change; applications to the cessation of smoking. *Journal of Consulting Clinical Psychology*. 56(4), 520-528.

9

Planning and application of an educative programme for clinical nurses, neurological patients and relatives for the improvement of social care

Maria Carmen Portillo, University of Navarra, School of Nursing, Pamplona, Spain. Co authors: Jenifer Wilson-Barnett; Sarah Cowley; Nuria Bravo, Idoya Oneca; Elisa Polo and. Maribel Lerga

Abstract:

Neurological disorders usually involve physical and social disability that leads to a great social, health and financial impact. Nursing is to prevent complications and help in the recovery/reintegration of patients and families but lacks education and practice on these aspects of care. Educative programmes are essential to solve these limitations in nursing1, 2.

This paper aims to explain how a nursing educative programme with social goals was developed and was put into action with nurses, patients and relatives, in order to achieve a tangible change/improvement in the social ambit of care in a neurological unit of hospitalisation.

This programme formed the basis of the planning and action stages of an Action Research study3 that started in January 2002. Content analysis of data obtained through semi-structured interviews with patients, relatives and nurses, fieldnotes and observation during the baseline assessment stage was carried out. Findings were essential to plan the educative package according to participants' baseline knowledge, learning possibilities and needs.

The study is undertaken in a Neurological unit of hospitalisation of a highly specialised hospital called *Universitaria de Navarra* in Spain. All permanent nursing staff of the unit participated in the study. A convenience sampling was used with patients and relatives.

The resulting sample was 33 nurses, 21 patients and 23 relatives. The teaching programme with and on nurses consisted of 4 initial sessions followed by debate. The topics were: 1) nurses' collected data: sharing results, 2) patients' and relatives' collected data: sharing results, 3) social assessment, and 4) social work and resources after discharge. Moreover, a social assessment form and educational leaflets were developed from the data of the sessions.

This paper will highlight how the implication of nurses in the results of a research study eases the introduction of improvements or changes in practice. This will also show the benefits of using the Action Research method to apply results to practice and introduce the change in a context.

Recommended reading:

Forster A, Dowswell G, Young J, Sheard J, Wright P, Bagley P (1999) Effects of a physiotherapist-led stroke training programme for nurses. *Age Ageing* 28: 567-574.

Reynolds H, Wilson-Barnett J, Richardson G (2000) Evaluation of the role of the Parkinson's disease nurse specialist. *Int J Nurs Stud* 37: 337-349.

Lewin, K. Action Research and minority problems. *J Soc Issues*. 1946; 2; 34-46.

10

A strategy for research and development in interprofessional education

Paula Roberts, Keele University, Nursing and Midwifery, Staffs, United Kingdom. Co authors: Andrew Bartlam and Helena Priest

Abstract:

Interprofessional collaboration in health and social care education has been identified as a priority area for development within the NHS Plan (DoH 2000). Specifically, the NHS Plan requires the development of a core curriculum for all education programmes for NHS staff. Equally, local NHS Workforce Development Confederations commissioning programmes for non-medical healthcare education are increasingly requiring interprofessional collaboration in programme development. The opening of an Undergraduate Medical School at Keele University, together with the development of new undergraduate programmes for Operating Department Practitioners, Social Workers, and Pharmacists, has not only presented exciting opportunities for nurses and midwives to participate in interprofessional education, but also necessitated developments in evaluative educational research.

An Interprofessional Education Strategy has been formulated to facilitate these developments. A strategy group oversees the activity of a number of subgroups, which exist to operationalise interprofessional educational and research in the areas of Communication Skills; Problem-based Learning; Interprofessional Learning in Clinical Practice; Behavioural and Social Sciences; Anatomy and Pathology; Mental Health; Distributed Learning; and Clinical Skills.

A phased approach to the implementation of interprofessional education facilitates on-going evaluation and development of programmes. Phase 1 (2002-2003) focuses on shared teaching, bringing together lecturers from disparate professional backgrounds for conjoint teaching. Phase 2 of the strategy (2003-2004) focuses on shared learning within existing curricula and in clinical practice. Phase 3 (2004-2005), drawing upon evaluative insights from phases 1 and 2, will facilitate the development of new programmes incorporating both discreet professional requirements and interprofessional course elements. Interprofessional course components will transcend specific programmes, offering students the opportunity to experience common learning elements both in theory and practice throughout their programme with students from other disciplines.

This poster illustrates the three-phased approach to the integration of interprofessional education, together with specific evaluative insights from phases 1 and 2 of the strategy.

Recommended reading:

Department of Health (2000). The NHS Plan. A plan for investment, a plan for reform. Norwich: The Stationery Office.

11

Promoting healthy bowel awareness in the workplace: A survey of Occupational Health Nurses

Sue Frost, The University of Birmingham, School of Health Sciences, Birmingham, United Kingdom. Co authors: Sandy Herron-Marx, Collette Clifford and C M Mullan

Abstract:

This project aims to increase workforce knowledge regarding healthy bowels and bowel cancer and to facilitate bowel cancer prevention through individual behaviour change, which may lead to a decrease in the incidence of bowel cancer and an increase in those diagnosed at an early stage of the disease.

The overall project will support OHN in designing and implementing their own intervention in their workplace, with a survey to the workforce pre and post intervention. The project is kindly funded by Coloplast Limited.

Bowel cancer is the second biggest cancer killer in the United Kingdom, yet if diagnosed early enough it is one of the most curable cancers (Mulcahey and O'Donoghue, 1997). In a telephone survey of 1019 general public respondents, only 31% of could name a symptom of bowel cancer (Yardley et al. 2000).

To enable baseline knowledge, practice and attitude regarding healthy bowel awareness, stage one is a survey to 980 OHN. The self reported postal questionnaire is predominantly quantitative, with some qualitative analysis, 206 replies have been analysed.

This study is the first time OHN have been surveyed specifically about healthy bowel awareness and will provide a useful baseline for not only the next stages of the study, but also act as a resource for OHN and others interested in health promotion

Recommended reading:

Mulcahey, H. E. and O'Donoghue, D. P. (1997) Duration of colorectal cancer symptoms and survival: the effect of confounding clinical and pathological variables *Eur J Cancer*, 33, 1461-7.

Yardley, C. Glover, C. and Allen-Mersh, T. G. (2000) Demographic factors associated with knowledge of colorectal cancer symptoms in a UK population-based survey *Ann R Coll Surg Engl*, 82, 205-209.

12

Clinical placement: the impact of ward staff and link tutors

David Brodie, BCUC, Research Centre for Health Studies, Chalfont St Giles, United Kingdom. Co authors: Gavin Andrews and Justin Andrews

Abstract:

The purpose of this study was to explore the way that ward staff and link tutors can shape the clinical placement experience for student nurses.

A questionnaire survey of 593 current nursing students and 58 recently qualified nurses, combined with seven focus groups and 30 telephone interviews, provided both qualitative and quantitative data. The research was conducted at two Universities in north-west London.

The degree of support and interpersonal conflict from staff can vary greatly between placements. Some students were treated with overt hostility from ward staff. However, some students had experiences of very supportive ward staff that were facilitative to their learning experiences. This increased the appeal of the ward as a locality for first destination employment.

Students identified that recently qualified nurses were frequently more helpful and understanding of the needs of a student.

The volume of students requiring clinical placements has increased the pressure on ward staff. Resultantly, students were concerned at the numbers assigned to one ward. This negatively affected their learning outcomes and perceptions of the hospitals and wards as a first destination locality. Many students questioned the value and appropriateness of some of the ward environments, in particular that of the nursery placements.

Many students perceived that they were being treated as a Health Care Assistant and not as super-numeraries whilst on placement.

Students are engaged in diverse experiences of link tutor support whilst on their placements. These range from comprehensive support, whereby link tutors visit regularly, with a minority holding regular clinical teaching sessions, to not having link tutor support during any placements. Inadequate link tutor and mentor communication exists, so a clear recommendation is to improve and specify standards of contact between these parties.

A model of best practice has strong communication links between the practice placements and the HEIs.

13

'I can't afford to live in London' nursing students' dichotomy between aspiration and outcome

David Brodie, BCUC, Research Centre for Health Studies, Chalfont St Giles, United Kingdom. Co authors: Gavin Andrews and Justin Andrews

Abstract:

The purpose of this study was to examine the intention of student nurses to work in London and the barriers to doing so.

A questionnaire survey of 593 current nursing students and 58 recently qualified nurses, combined with seven focus groups and 30 telephone interviews, provided both qualitative and quantitative data. The research was conducted at two Universities in north-west London.

Almost one half of the students who plan to work within the NW London region intend to remain in the locality for a period of over two years.

The cost of living plays a major part in the first destination decision-making process for many students. It was amongst the most frequently cited impediments to students when considering future employment within the NW London region.

Accommodation costs in NW London are an important element related to the overall cost of living. Although accommodation-related factors were not ranked highly on the first destination factors analysis, issues related to accommodation emerged as a focal theme during the qualitative analysis.

For the most part, students did not hold the standard of NW London hospital and trust's nursing accommodation in high regard. They clearly considered it as being unsuitable as a long-term residential option, especially for nurses with families. Increased funding for the improvement of existing nursing accommodation is therefore recommended.

The perception of poor condition of nurses' accommodation means that many students would not consider this as an appealing long-term incentive to seek employment in the NW London region. However, the offer of nursing accommodation on a short-term basis was proposed as an attractive option, enabling recently qualified nurses to establish themselves.

Hospital and trust accommodation initiatives, especially for nurses with families, were important considerations in making NW London more attractive as a location for employment.

14

Problems and solutions in utilising relative assent procedures in a pressure ulcer prevention trial

Jane Nixon, University of Leeds, Northern and Yorkshire Clinical Trials and Research Unit, Leeds, United Kingdom. Co authors: Helen Barrow and Nicky Cullum

Abstract:

Introduction: Patient consent is not always possible. Patients admitted to hospital in an unconscious or confused state will be unable to give their informed consent to participate in clinical trials. These patients may constitute a large majority of the population to which results are relevant, therefore consent by a relative, or 'relative assent', is an important option.

Methods: The PRESSURE Trial is a randomised controlled trial to assess the effectiveness of two different types of mattresses in the prevention and treatment of pressure ulcers, funded by the NHS R&D HTA Programme. The population of patients to which the results will be applied includes those with acute illnesses, many of whom are unable to give informed consent. Further, patients must be consented, randomised and placed on the allocated mattress within 24 hrs of admission to hospital. Ethical approval was given to allow relatives (limited to spouse/offspring) to sign an 'Assent Form' on the patient's behalf. To identify possible areas for improving recruitment into the trial, detailed reasons for non-recruitment were recorded by the Clinical Research Nurses (CRNs) at each centre.

Results: Reasons for non-recruitment included a high refusal rate by patients (median of 13 patients per month) and their relatives (median of 2 patients per month). A large number of eligible patients were not recruited as there was no suitable relative available to sign the Assent Form (median of 73.5 patients per month). The latter was addressed by gaining ethical approval to allow a wider range of relatives to sign the Assent Form, and investigating the potential impact of CRNs phoning relatives and working late shifts.

Summary: This presentation will quantify data collected over a 24-month period. Refusal rates and other analyses of relative participation in the trial may be of interest to researchers considering utilising relative assent procedures.

15

Increasing response rates to postal questionnaires: a randomised trial of variations in design

Suezann Puffer, University of York, Health Sciences, York, United Kingdom. Co authors: David J Torgerson and Veronica Morton

Abstract:

Background: Low response rates to postal questionnaires can threaten the validity of studies by reducing the effective sample size and introducing bias. The identification of methods with which to optimise response rates could, therefore, improve the quality of epidemiological studies. In an attempt to identify such methods, we undertook a randomised trial of 2 simple variations in questionnaire design.

Methods: Using a 2 x 2 factorial design, we conducted a randomised trial to test two variations in questionnaire design; the questionnaires were printed on either single-sided or double-sided paper and had either a single or multiple booklet layout. Using equal random allocation 3836 women were randomised to receive one of these questionnaires as part of a study investigating risk factors for osteoporotic fractures.

Results: 1870 questionnaires were returned, giving an overall response rate of 48.7%. There were no significant differences for the overall response to each of the four questionnaire designs. When the number of responders who completed at least 50% of each of the three sections were identified, it was found that single booklet questionnaires had a better response than the multiple booklet questionnaires and that single-sided questionnaires had a better response than double-sided questionnaires. However, this was not significant at the 5% level. There were no significant differences in the response to questions on the odd (left-hand side) pages for the single versus double-sided questionnaires.

Conclusion: As the most cost-effective use of resources, we would advocate the use of double rather than single-sided questionnaires, and use of a single rather than multiple booklet design.

Recommended reading:

Armstrong BK, White E, Saracci R (1995) Principles of exposure measurement in epidemiology. Monographs in epidemiology and biostatistics. Vol 21. New York: Oxford University Press, 294-321.

Edwards P, Roberts I, Clarke M, DiGiuseppe C, Prata S, Wentz R, Kwan I (2002) Increasing response rates to postal questionnaires: systematic review. *BMJ*, 324: 1183-92.

McCull E, Jacoby A, Thomas L, Soutter J, Bamford C, Steen N, et al (2001) Design and use of questionnaires: a review of best practice applicable to surveys of health staff and patients. *Health Technol Assess*, 5(31).

16

Testicular and prostate cancer: Explaining the treatment and survival experience of the man and their spouse/partner

Linda Colbourne, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom.

Abstract:

The incidence of testicular and prostate cancer is increasing and more men are becoming cancer survivors (NHS Executive, 2000; Office for National Statistics, 2000). However exploration of the impact of such a potentially life-altering event for the couple is limited. This presentation provides a description of a pilot study. The purpose of this study was to understand and explain the experience of men during and after completion of curative treatment for testicular or prostate cancer and the experience of their spouse/partner. An aim of this study is to highlight participant needs and suggest care interventions to assist this client group during this experience.

The research design used was case study, incorporating two recruitment arms, retrospective, and prospective longitudinal. Data collection included semi-structured participant interviews, observation of follow-up consultations, participant diaries and documentation review of hospital notes. Purposive sampling allowed participant recruitment by a pre determined criteria relevant to the study aims. Four couples (two to the prospective arm and two to the retrospective arm) were recruited to the pilot study, from two Cancer Centres in England. The data analysis method employed was constant comparison. All data was analysed for each couple (intracase) and then extended across cases to identify typical experiences between the couples.

Findings suggest 'phases' during the experience when participants require differing degrees of information and support. Coping strategies vary however, 'normalising' the experience and 'chunking' the experience into manageable phases feature strongly as themes. The role of the spouse/partners appears to be one of maintaining a brave face and attempting to maintain normal routines. The spouse/partners consider the experience to be led by the coping style and wishes of the man. These and other recurring themes and implications for care, will be discussed during the presentation and carried forward to the main study.

Recommended reading:

NHS Executive (2000) The NHS Prostate Cancer Programme. Department of Health. London

Office for National Statistics (2000) Cancer survival in England and Wales. *Statistics Quarterly*, Summer, 71-79.

17

What do doctors and nurses know about pain after surgery?

Sarah Coulling, East Kent Hospitals NHST, Acute Pain Service, Ashford, United Kingdom

Abstract:

Clinicians (trained doctors and nurses) in the Trust are expected to provide high quality acute pain management (APM) based on a knowledge of proven evidence. Problems existed with varied education and clinical practices, this gave rise of a need to audit what clinicians' knew, thought they knew and their education about pain after surgery. Results were of interest to: clinicians for their development plans, managers for their training plans and educators for their programme plans.

Data was analysed from 82 returned questionnaires from the total population of 101 orthopaedic and general surgery clinicians based in an acute care hospital. Questions were derived from an abridged version of McCaffery and Ferrell's (2002) Knowledge and Attitude Survey Regarding Pain, the acute pain literature and from the Trusts' own standards.

Statistical links were identified between: levels of APM knowledge, perceptions of competence in clinical skills and education history.

Results found:

- Nurses accessed the most useful sources of APM education
- Other barriers to good APM, apart from a lack of education
- Different levels of perceived competence between groups, with nurses showing a positive correlation with education but not doctors
- Nurses were more knowledgeable in assessment and analgesic delivery systems whereas doctors were more knowledgeable in pharmacology
- knowledge scores were related to education but were unrelated to perceived competence.

The processes involved in data collection and analysis are also presented.

It is concluded that poor APM knowledge exists because of: overstretched staff, individual misconceptions, patients lack of understanding, inadequate sources of learning and professional traditions. Recommendations offered encompass: respect for professional expertise, review of education programmes, development of clinical learning methods (for staff and patients) and influence on policy-makers if the quality of evidence-based practice is to be taken seriously.

Recommended reading:

McCaffery M, Ferrel B 2002 Nurses Knowledge and Attitude Survey Regarding Pain. Pain Resource Centre: Beckam Institute, City of Hope National Medical Centre, Duarte, California. www.mayday.coh.org

Royal College of Anaesthetists 2000 Raising the Standard. Eds Lack J, et al. London. Royal College of Anaesthetists.

Hawthorn J, Redmond K 1998 Pain: Causes and Management. Blackwell Science, London

An evaluation of the effectiveness of Inquiry Based Learning as a means of preparing student nurses for their role as registered nurses

Hilary Bebb, Anglia Polytechnic University, Health Care Practice, Chelmsford, United Kingdom. Co authors: Gail Pittam and Hilary Bebb

Abstract:

The Health schools at Anglia Polytechnic University (APU), implemented an Inquiry-Based Learning (IBL) curriculum in the 3 year Pre registration nursing programme in April 2000, employing a 'whole course' approach. The use of Inquiry-Based and Problem-Based Learning has been encouraged by several nurse education centres (Andrews & Jones 1996, Long, Grandis & Gasper 1999) as a means of addressing some of the current deficits in nurse education (UKCC, 1999). This way of learning may also enhance the potential acquisition of key professional skills required by future nurse practitioners in the new NHS (The NHS Plan, 2000).

IBL radically changes the way students learn and how they are supported in their learning. The significant shift away from being taught primarily by lecturers in large cohorts, to a process of small group collaborative learning, supported by a facilitator, entails fundamental changes in student learning behaviours.

As part of continuing ongoing curriculum evaluation, questionnaires and taped semi-structured interviews with students have been carried out both on completion of their programme and 6 months later, to explore a) their perceptions of the IBL process, and b) how effectively they have been prepared for their role as registered nurses. The sample is comprised of representatives of all the IBL groups (n=12). Interviews with their managers in practice (n=12) will also take place to ascertain their views of the role effectiveness of these recently qualified nurses.

This research will add to the limited body of knowledge regarding the use of IBL in pre registration nursing, and offer potential guidance for educators and curriculum planners.

This session will present a brief overview of the IBL process, followed by a discussion of the main findings, with implications for enhancing understanding of the demands and potential benefits to students and their ability to apply learning in practice.

Recommended reading:

Andrews M. & Jones P. R. (1996) Problem Based Learning in an undergraduate nursing programme: a case study. *Journal of Advanced Nursing* 23(2) 357-365

United Kingdom Central Council (1999) *Fitness for Practice* London UKCC

Department of Health (2000) *The New NHS* London HMSO

The North Catalonia Diabetes Study (NCDS): A contribution of advanced nursing practice in clinical research

Jeronimo Jurado, Institut Catala de la Salut, E. A. P. ABS Olot, Olot (Girona), Spain. Co authors: Josep M Pou and Research Team of the Project FIS 01/0846

Abstract:

Background: Diabetic polyneuropathy (DPN) is one of the most important risk factors for foot ulceration in type 2 diabetic patients (T2DM).

Aims: Study of the DPN prevalence. To develop simple and sensitivity techniques to DPN diagnosis, especially at primary care level.

Methods: Cross-sectional study. The random sample selected was 307 subjects with T2DM, aged 59.63 \pm 7.87 years, diabetic evolution (years): 8.6 \pm 7, HbA1c 7.0 \pm 1.44, BMI 30.01 \pm 4.7. The diagnosis of DPN was performed with bilateral affectation of vibration perception thresholds, pinprick, cold, Monofilament 5.07gr, reflexes, arthrokinesis and the items of modified Neuropathy Symptom Score (NSS): two or more of the signs or one sign two symptoms were pathological classified. It was also studied the diagnosis by quantitative neurological evaluation with Michigan Diabetic Neuropathy Score (MDNS) and modified scale of NSS NDS.

Results: DPN was observed in 23.1% of T2DM population, by the MDNS was in 28.9% (sensitivity: 67.1% specificity 82.5 and by using NSS NDS scale in 20.5% sensitivity: 61.4% specificity: 91.8% The technique in primary care using VPT, Ankle Reflexes, SW-Monofilament and NSS, was 22% (sensitivity: 77.5% specificity: 94.9% In the ROC Model curve, several components as Retinopathy (p<0.001; OR: 5.715), Age (p<0.001; OR: 1.146), HbA1c (p=0.001; OR: 1.46), and HDL cholesterol. (p=0.002; OR: 0.958) manifested a considerable sensitivity (74.2% and specificity (74.9% in relation to DPN presence. **CONCLUSION:** The prevalence of DPN found in our T2DM population was similar to other series. In our ROC model curve we can predict DPN with very high accuracy. The study of DPN by MDNS overvalued the DPN and the NDS NSS underestimates the DPN. The model ROC curve and the technique investigated can represent an important contribution for the screening and diagnosis of DPN, by using the clinical history and simple explorations, very adequate for nursing practice in primary care.

Recommended reading:

Goulet C, Lauzon S, Ricard N. *Advanced Nursing Practice: a Hidden Treasure*. *Enferm Clin* 2003; 13(1): 48-52.

Vrijhoef HJ, Diederiks JP, Spreeuwenberg C, Wolfenbutter BH. Substitution model with central role for nurse specialist is justified in the care for stable type 2 diabetic outpatients. *J Adv Nurs* 2001 Nov; 36(4): 546-55.

Garcia-Patterson A, Adelantado JM, Martin E, Ginovart G, Ubeda J, de Leiva A, Maria MA, Corcoy R. Nurse-Based Management in Patients With Gestational Diabetes *Diabetes Care*, vol 26, (4) 998-1001. 2003.

What are stakeholders expectations of the specialist nurse role

Vicki Franklin, Bro Morgannwg NHS Trust, Bridgend, Wales, United Kingdom.

Abstract:

The author will be presenting the results of a piece of research that aimed to explore stakeholders expectations of the specialist nurse role. Former research examining stakeholders expectations is limited.

Objectives: The specific objectives are as follows:

- To explore Specialist Nurse's expectations of their role.
- To explore healthcare managers, non-specialist senior nurses, and medical consultant's expectations of the role of the specialist nurse.

The research was limited to the above three groups as the author believed that these stakeholders each have a vested interest in the role of the specialist nurse.

Development of knowledge and practice: The author expects that the research will inform healthcare professionals of the value of the specialist nurse role and by mapping stakeholders expectations a clearer understanding of the role will develop. The importance of the role in decision making, influencing the management agenda relating to specific issues such as clinical developments, resource allocations, workforce planning and in particular strategic development of the service, will be emphasised.

The common emerging themes and defined clarity of role will inform the future development of a competency based framework.

Methodology: The research setting was in an NHS Trust that manages a comprehensive range of integrated hospital and community services. The resident population is approximately 300,000, which have access to Acute, Community, Mental Health and Learning Disabilities services.

The proposed study is in the form of a qualitative piece of research. The researcher interviewed a group of Specialist Nurses (3), Directorate Managers (3), and Ward Sisters/Heads of Nursing (3), and medical Consultants (3). The interviews were conducted on an individual basis, semi-structured and recorded for transcription purposes.

Pre set questions were developed as a framework influenced by relevant literature.

Recommended reading:

Calman, K. (1993) *Hospital Doctors: Training for the Future*. The Report of the Working Group on Specialist Medical Training. Department of Health, London.

Castledine, G. (2000) Are specialist nurses deskilling general nurses? *British Journal of Nursing*, 9(11) pp738

Peplau, H. E. (1965) Specialisation in professional nursing, *Nursing Science*, 3 (8): pp 268-87

21

Is a "live" interprofessional teaching ward a sustainable curriculum innovation?

Ann Wakefield, University of Manchester, School of Nursing, Midwifery and Health Visiting, Manchester, United Kingdom. Co authors: Aine McVanemy and Caroline Boggis

Abstract:

This paper outlines an interprofessional educational research initiative that took place at the University of Manchester in February 2003. It adds to the body of nursing educational knowledge, by recounting to what extent it is possible to incorporate the concepts of an educational teaching ward within a 'live' clinical setting. Hence the paper:

- Examines to what extent interprofessional educational ward teaching philosophies were realised during the study
- Analyses and reflects on the educational outcomes, by appraising which aspects of the teaching ward need to be refined if this method of skills teaching is to become an integral part of any future curricula development.

Methodology: The study encompassed a prospective interactive participatory learning experience, supported by data generated from qualitative questionnaires, focus groups one to one semi-structured interviews, and reflective analysis. Seven self-selected students took part in the study (medical students $n=4$, nursing students $n=3$) at the outset of which all were presented with a series of learning objectives specifically related to the interprofessional teaching ward experience. These were subsequently re-shaped through negotiation with the students to make them both relevant and meaningful to their personal and professional development.

Outcomes/Results: Thematic analysis of the interview data and qualitative questionnaires revealed a change in student behaviour, with students having moved from a uniprofessional framework focusing on curing or caring to a format where they wanted to learn how to appreciate the importance of each other's role, facilitating seamlessness, and the integration of health care trajectories.

Conclusions: Although the study affirmed that it is possible for medical and nursing students to work together interprofessionally. If collaborative clinical education is to become a reality greater attention needs to be paid to the way such educational experiences can be brought into sharper focus so that truly integrated learning can be achieved

Recommended reading:

Finch J (2000) Interprofessional Education and Team Working: A View from the Education Providers. *British Medical Journal*, 321 (7269): 1138-1144.

Reeves S & Freeth D (2002) The London Trainign Ward: An Innovative Interprofessional Learning Initiative. *Journal of Interprofessional Care*, 16 (1) 41-51.

Sonden I & Wahlstrom O (1996) Training Ward 30 Linköping University Sweden

22

The challenges of isolation and rurality for community nursing: a cross border action research study in Northern Ireland and the Republic of Ireland

Una Lynch, Queen's University Belfast, School of Nursing and Midwifery, Belfast, Northern Ireland, United Kingdom. Co authors: Dr Siobhan and Ni Mhaolronaigh

Abstract:

This study aimed to strengthen the health promotion capacity of community nurses working in isolated border areas of Northern Ireland and the Republic of Ireland: the need for such studies was recognised by WHO (2000). Collaborative action research was used to explore the views of nurses and their managers in relation to the aims of the study.

The study had four stages: Stage One set the context for the study: location, identification of study participants and negotiation of access. Focus groups (seven with practitioners and one with managers) comprised Stage Two. The emergent themes included: definitions of health, community-nursing practice in border areas, isolation, networking, community development, education, management and policy. Stage Three was undertaken following analysis of this data and feedback to the participants. Two workshops and a two-day residential were held to tease out these issues more fully. This ensured the credibility of the findings and also helped to facilitate a group of participants devise a plan of action. Stage Four was a symposium, which facilitated dissemination of the study findings and the agreed plan of action (establishment of a cross-border network) to all of the study participants and their managers.

This study is embedded in community nursing practice and makes visible the realities of practice in isolated border areas. It has also demonstrated how a community development approach (Freire, 1972) to research can enable practitioners to identify their own needs and empower them to lead the way in responding to those needs. And highlights the role of inter-professional education in realising the goals of health promotion. (Ni Mhaolronaigh 2001).

The focus on community practice in Northern Ireland and the Republic of Ireland provides lessons to be shared more widely: regarding cross border working within the European Union.

Recommended reading:

Freire, P. (1972) *Pedagogy of the Oppressed*. New York: Penguin.

Ni Mhaolronaigh, S. (2001) An evaluation of inter-professional education for health and social care professionals; the teachers' views PhD Thesis. Coventry: University of Warwick.

World Health Organization, (2000) *Munich Declaration*. Copenhagen: WHO.

23

Men's experiences of male breast cancer

Helen Froyd, St Mary's Hospital, Breast care Unit, London, United Kingdom.

Abstract:

When considering men's experiences of breast cancer, little is known about the psychological and social implications on men. In the UK, only 312 men were diagnosed with breast cancer in 1999 (Cancer Research Campaign 2003a). Prostate cancer is the second most frequently diagnosed cancer in the UK, with 24, 714 men diagnosed in 1999 (Cancer Research Campaign 2003b).

The purpose of this study was to explore men's experience's of male breast cancer and the effects of their lives as compared with the experience of men with prostate cancer. The methodological framework was phenomenology (Cohen et al 2000). A convenience sample of four men with breast cancer and four men with prostate cancer participated in the study, based at a London teaching Hospital. Eligibility criteria included histological confirmation of localized breast and prostate cancer, without evidence of distant metastases. Data collection included semi-structured interviews. The process of analysis was thematic content analysis as recommended by Burnard (1995).

The finds suggests that as breast cancer is predominantly represented as a female disease, there is a widespread misconception that the condition affects only women, causing men to perceive the disease as a 'social' taboo. Prostate cancer was perceived as a male cancer predominantly with images of impotence overriding all other aspects of the disease.

To conclude gender and masculinity were important in men's accounts of their cancer experience. To date interventions aimed at resolving psychological difficulties such as counselling or sharing experiences with others have been structured around women with cancer, so creating a vacuum where men with breast cancer are concerned.

Recommended reading:

Burnard P (1996) Teaching analysis of textual data. *Nurse Education Today* 16, 278-281.

Cohen M. Z. Kahn D. L. and Steeves R. H. (2000) *Hermeneutic Phenomenological Research*. A practical guide for nurse researchers. Methods in Nursing Research (eds) Sage Publications.

Cancer Research UK. (2003b) Incidence of Prostate Cancer www.cancerresearchuk.org/statistics

24

Research and development of a novel non-invasive continuous temperature monitor

Katy Davidson, University of Oxford, Nuffield Department of Anaesthetics, Oxford, United Kingdom. Co authors: Martin Gibson and J Duncan Young

Abstract:

Measurement of the vital signs (pulse oximetry, temperature, respiration rate, blood pressure and heart rate) are considered essential in acutely unwell patients. Body temperature is particularly

important in detecting disease, especially infection. Temperature measurements must be accurate enough to detect clinically important changes in core temperature. A variety of invasive and non-invasive methods are currently used to measure body temperature, combining different sites, instruments, techniques and accuracies.

The mixed venous blood in the pulmonary artery is considered the optimal site for continuous core temperature measurement, but it is available only in patients who have an invasive thermistor tip pulmonary artery catheter placed for haemodynamic monitoring. These special catheters and monitoring systems are seldom found outside critical care settings (Erickson & Kirklin, 1993).

In conjunction with the engineering department of the University of Oxford, a hospital-based research team has contributed to the development and validation of a standard blood pressure cuff with an integral non-invasive temperature probe, which allows continuous, non-invasive temperature monitoring in general wards. This represents a significant development in continuous temperature monitoring as there are presently no other continuous non-invasive core temperature monitoring systems available.

Data will be presented to demonstrate the correlation of temperature recorded by the integrated probe on the upper medial aspect of the arm against tympanic, fingertip and ambient temperatures in 75 medical/surgical patients in level 1 wards in a teaching hospital. Measurements were taken every 30 minutes for 3 hours, after 1 hour of equilibration.

This study has shown that an integrated non-invasive temperature probe produces consistent continuous indications of changes in core temperature. The study also noted that this method of temperature monitoring caused a reduction in patient disruption and an increase in patient compliance for the recording of this vital sign.

Recommended reading:

Erickson RS & Kirklin SK (1993). Comparison of ear-based, bladder, oral and axillary methods for core temperature measurement. *Critical Care Medicine* 21, 1528-1534.

25

Glycemic control and complication in diabetes Mellitus type 2

Miriam Keller, Veteran's Administration Healthcare System, Metabolic/Endocrinology, San Diego, United States. Co authors: Robert R. Henry and Steven Edelman

Abstract:

PURPOSE: The purpose of this poster presentation is to describe the issues related to the conduct of a clinical trial, such as recruitment, retention, and clinical management. This clinical trial will assess the effects of tight glycemic control compared with standard control on macrovascular and microvascular events in patients with Type 2 diabetes mellitus (DM).

Background: Approximately 15-28% of outpatients in the VA have diabetes and more than 90% have Type 2. Intensive treatment of patients who are newly diagnosed has failed to demonstrate a beneficial effect of tight control on cardiovascular complications. The few studies conducted in later

stages of the disease have been conflicting and indeterminate.

Methodology: Design: VA Cooperative study, two-arm, multi-site randomized controlled trial.

Participants: 1700 Veterans at 20 participating site, over 40 years old, with Type 2 DM who are poorly controlled on oral agents and/or insulin. **Data Collection:** Seen in clinic every 6 weeks for blood work, glycemic, blood pressure and lipid adjustment. **Data Analysis:** The primary outcome is timed to major macrovascular events and will be assessed by survival analysis.

Findings & conclusions: in progress.

Recommended reading:

Duckworth WC, Saudek CD, Giobbie-Hurder A, Henderson WG, Henry RR, Kelley DE, Edelman SV, Zieve FJ, Adler RA, Anderson JW, Anderson RJ, Hamilton BP, Donner TW, Kirkman MS, Morgan NA. Long term results of a multicenter trial of implantable insulin pump therapy in insulin dependent diabetes mellitus. *JAMA* 1966, 276(16): 1322-1327.

UK Prospective Diabetes Study (UKPDS) Group. Tight blood pressure control and risk factors of microvascular and macrovascular complications in type 2 diabetes: UKPDS 38. *BMJ* 1998. 317(7160): 703-713

Abraira C, Emanuele N, Colwell J, Henderson W, Comstock J, Levin S, Nutall F, Sawin C and the VA Cooperative Study Group (CSDM): Glycemic Control and Complication in type II diabetes: Design of a feasibility trial. *Diabetes Care*. 1992, 15: 1560-1571

26

Peer review of community nursing practice

Annette Jinks, Staffordshire University, Centre for Health Policy and Practice, Stafford, United Kingdom. Co author: Joan Ashdown-Lambert

Abstract:

The subject of this abstract is an action research project designed to develop and evaluate benchmarking in community nursing practice. Fourteen community practice teachers with health visiting or district nursing backgrounds participated in the study. A series of meetings with participants taking part in the study were organised and facilitated by the researchers. The aim of the meetings was to develop a benchmarking framework prior to determining the requisite practice standards. Development of the benchmarking framework was influenced, for example, by the Essence of Care (DoH 2001) document and the work of Ellis (2000) and Lenburg (1999).

Benchmarking statements devised by the action research group related to the educator role, communication, the helping/caring role and leadership skills. A peer review of practice exercise was then facilitated by the researchers. Format of the peer review exercise was through formation of two quality circles. Each quality circle used the format of A reviewing B, B reviewing C, C reviewing D and so on. The focus of the peer review of practice exercise related to practice benchmarks developed earlier. Evaluation of the peer review exercise comprised of analysis of the results of the peer review exercise, evaluation of the benchmarking statements and reflective comments made by the reviewers and those being reviewed. The peer review of practice

exercise demonstrated those reviewed had good practice standards.

Generally evaluation of the benchmarking statements was also positive in nature. The comments made concerning evaluation of the peer review exercise revealed that whilst some found it potentially anxiety-provoking many thought 'there is no better way than to learn from our peers'. In the future it is planned to hold a further series of workshops to introduce the peer review system devised in the project to the wider community nursing team.

Recommended reading:

Department of Health (2001) *Essence of Care*, Clinical Benchmarking, DoH, London

Ellis J (2000) Sharing the evidence: clinical benchmarking to improve continuously the quality of care. *Journal of Advanced Nursing*, 32 (1) 215-225

Lenburg (1999) The framework, concepts and methods of competency outcomes and performance assessment. (COPA model) *Online Journal of Issues in Nursing*. http://www.nursingworld.org/ojin/topic10/tpc10_30th_Sep_99

27

The nursing management of patients receiving peritoneal dialysis: intra-rater reliability of videophone versus direct assessment of catheter exit-sites.

Catherine Vass, Nottingham City Hospital NHS Trust, Hospital Headquarters, Nottingham, United Kingdom.

Abstract:

This study evaluates the potential role of videophone technology in the assessment of catheter exit-sites of patients on peritoneal dialysis (PD) at home. The intra rater reliability of assessment in person and by videophone image is described.

A convenient sample of patients had their exit-sites assessed at a face-to-face examination by a PD nurse at a routine appointment. Videophone (Motion Media mm225) images were recorded at this visit. At no less than 2 weeks later the Nurse who had rated initially, assessed the videophone image. The nurses were naive as to the identity of images to minimize bias. Cohen's kappa statistic was used to demonstrate intra-rater agreement.

Five PD nurses assessed 59 different exit-sites over eight weeks. Overall direct vision-videophone agreement was 'good' (kappa = 0.53; range 0.37-0.64). Agreement for erythema and overgranulation was 'fair' and 'good' for crusting and purulent exudate respectively. Agreement for serous exudate was 'poor' (kappa = 0.40). Under reporting occurred in 12 (4percent) and over-reporting in 15 (5percent) of the 295 characteristics assessed by videophone image; the former in the crusting category, the latter in overgranulation and erythema. Feedback from the raters suggests that focusing and distance were causal factors.

Videophone consultation has satisfactory intra-rater reliability for three features that confirm suspicion of PD catheter exit site infection (overgranulation, crusting and purulent exudate). However reliability is limited with respect to erythema and serous exudate. The over reporting of erythema may reflect limited colour rendering capability resulting

in enhanced image contrast between the exit site and surrounding abdomen.

There is potential for videophone technology in assessment of PD exit sites. Patients may benefit from prompt diagnosis and treatment regardless of location; Nurses from job satisfaction and more efficient service provision. Nursing practice must evaluate and integrate improvements in technology to continually improve patient care.

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Using a case study approach to explore how nursing students who are dyslexic develop clinical competencies

Jean White, Health Professions Wales, Professional Team, Cardiff, Wales, United Kingdom.

Abstract:

Individuals who are dyslexic report a range of difficulties (Moody 1999), which potentially could cause them problems in achieving the competencies of a registered nurse. Wright's (2000) review of support offered in English Universities found that less than half offered support, which was mainly focussed on examinations and assessments. Reports on how to support these students in practice tend to be speculative in nature (Selekman 2002).

A research project was started in 2002 asking the following questions:

- Do pre-registration nursing students who are dyslexic experience specific problems related to their specific learning need in developing clinical competencies?
- What strategies do pre-registration nursing students who are dyslexic employ in order to achieve the clinical learning outcomes of the course?
- How may pre-registration nursing students who are dyslexic be supported in clinical practice?

Case study methodology is being employed. Stage one of the study will develop an understanding of the context and nature of the problems faced by nursing students who are dyslexic. Data will be gathered from:

- Admissions Lecturers to determine how students are selected
- School and University Special Needs Officers in respect of their roles
- University and School policies in respect of disabled students
- Clinical mentors who have supported nursing students who are dyslexic to identify difficulties they had with students and supporting strategies employed.
- Focus group discussions with 2nd and 3rd year students who are dyslexic in two institutions, to identify problem areas and how they coped

Stage 2 involves a longitudinal study of nursing students who are dyslexic in one institution for the duration of their pre-registration programme. Data will be gathered through interview and observation.

The presentation will discuss issues related to the research methodology and provide preliminary findings in relation to stage 1 of the study.

Recommended reading:

Moody S (1999) Arranging a dyslexia assessment: a guide for adults. London: Dyslexia Assessment Service.

Wright D (2000) Educational support for nursing and midwifery students with dyslexia. *Nursing Standard*. 14(41): 35-41

Selekman J (2002) Nursing students with learning disabilities. *Journal of Nursing Education* 41(8): 334-339

29

Multi-method data collection: advantages and disadvantages

Amelia Sawyer, Keele University, Department of Nursing and Midwifery, Stoke on Trent, United Kingdom. Co author: Helena Priest

Abstract:

As new technologies progress, ways of obtaining data have diversified. Traditionally, interviewing for both quantitative and qualitative data was carried out using face to face techniques. Telephone interviewing has become more popular, and lately the use of e-mail interviewing has begun to be apparent in the literature. Each of these methods has advantages and disadvantages. Face to face interviewing is lengthy and time-consuming (eg Chen and Hinton, 1999) but can elicit data with great depth. It can be difficult to set up a convenient appointment when using telephone interviews, but they are very cost-effective. E-mail interviews can suffer from sampling bias (eg Hewson et al. 2003), but are very cheap and efficient as they do not need to be transcribed.

Some researchers have advocated a multi-method data collection approach (eg Schaeffer & Dillman, 1998), where the decision regarding what type of method to use is dictated by the participant. It is argued that by allowing the participant to make this choice, the response rate can be improved.

A project was designed to identify opportunities for, and best practice in, interprofessional learning of communication skills amongst undergraduate health care practitioners within one NHS Workforce Development Confederation (WDC) in England. The topic of communication skills was selected as an area for early implementation into a developing interprofessional education strategy. Methodology included nationwide interviews conducted using telephone and e-mail, which were used to collect data for qualitative analysis.

This poster will discuss the advantages and disadvantages of the methods used in the project, and other available methods, both individually and as a whole, and the efficacy of using a multi-method approach to qualitative data collection.

Recommended reading:

Chen, P. & Hinton, S. (1999) Realtime Interviewing Using the World Wide Web, *Sociological Research Online*, 4 (3), www.socresonline.org.uk

Hewson, C. Yule, P. Laurent, D. & Vogel, C. (2003) *Internet research methods*, London: Sage

Schaefer, D. & Dillman, D. (1998) Development of a standard e-mail methodology, *Public Opinion Quarterly*, 62, 378-397

30

Violence and aggression in Irish accident and emergency departments: The reality for nurses

Denis Ryan, University of Limerick, Department of Nursing & Midwifery, Limerick, Ireland. Co author: Jim Maguire

Abstract:

Healthcare employees are more likely than other workers to be victims of violence or aggression (Wells and Bowers 2002). Results from one Australian study suggest that 30% of respondents experienced aggression on a daily or near daily basis (Farrell 1999). In an Irish context, a total of 22% of all reported injuries in the health and social sector related to injuries inflicted by another person (Health & Safety Authority 1999). However, both in Ireland and internationally there has been an inadequate categorization of the types of incident to which staff are exposed. This contributes to definitional difficulties and consequential problems in comparing research findings as well as making work environments safe.

The current study aimed to identify the types of violent or aggressive incidents which staff in Irish A& E departments were exposed to within the previous month. A cross-sectional exploratory study was undertaken with all nurses working in A&E departments in two sites nationally (N=80) as part of a larger study. Data were collected through a questionnaire (Scale of Aggressive and Violent Experiences -SAVE) adapted from the POPAS. The questions sought information relating to personal and professional demographics as well as experiences of aggressive or violent incidents respondents may have encountered in their work situation.

There was a response rate of 46%. Data were analyzed utilizing SPSS-11. The relevant data were subjected a series of One Way ANOVA's and Chi Square analysis. While the total response rate is quiet low, the findings would suggest that nursing staff in these A&E Departments experienced high levels of verbal aggression and encountered violence or aggression that could be described as 'covert' or vicariously experienced more than ones that are overtly directed towards staff. It is a matter of concern that less than one third of staff in this study had training in the management of aggression and violence. The implications will be discussed in relation to both policy and practice.

Recommended reading:

Farrell, G. A. (1999). "Aggression in clinical settings: nurses' views-a follow-up study." *J Adv Nurs* 29(3): 532-41.

Health & Safety Authority (1999). *Annual Report*. Dublin, Health & Safety Authority.

Wells, J. and L. Bowers (2002). "How prevalent is violence towards nurses working in general hospitals in the UK?" *J Adv Nurs* 39(3): 230-40.

Readmissions: A primary care examination of reasons for readmission of older people and possible readmission risk factors

Linda Dobrzanska, bradford university, nursing research, bradford, United Kingdom.

Abstract:

The current UK Government has initiatives in place to monitor quality and service delivery of NHS organisations. This is achieved by setting, delivering and monitoring of standards (Department of Health, 1998). Performance indicators were introduced in 1998 to monitor service delivery against 6 outcomes of NHS Care, including emergency readmission to hospital following discharge. A closer understanding of reasons for readmission is therefore necessary to inform future developments, identify patients who may be at high risk of readmission and target resources more appropriately.

A year-long study examined reasons for unplanned readmission of older (aged 77 and over) patients within 28 days of hospital discharge. The population were patients registered with a North Bradford GP aged 77 and over readmitted to one of the five care of elderly wards in the two local NHS hospitals. The research process included an extensive literature review, clarification of definitions, and data collection using a structured extraction tool. Data analysis was undertaken using descriptive statistics and identification of variability and correlations within the data.

Data from an initial pilot study indicated patients readmitted from home versus other sources and patients discharged to home versus other sources had a significantly shorter stay on readmission. There was a positive correlation between initial length of stay and days till readmission, Analysis of data from the main study will be completed by December 2003, and be reported in this presentation.

Determining the reasons for the unplanned readmission of older people could allow for re-allocation of resources in the most cost effective and cost efficient manner. A report will be given to the authors Primary Care Trust, and disseminated in medical and nursing journals.

Recommended reading:

Department of Health (1998) A First Class Service: Quality in the New NHS. London. Department of Health

Department of Health (2000) The NHS Plan. London. Department of Health

Department of Health (2001) The National Service Framework for Older People. London. Department of Health

Preliminary results: an exploration of the determinants of diet and exercise behaviours among obese patients at the University Clinic of Navarra

Ana Barberia, University of Navarra, School of Nursing, Pamplona, Spain. Co authors: Chris Todd, Moira Attree, Navidad Canga Javier Salvador, Camilo Silva, Neus Vila, Maria Dolores Millan and Maria Isabel Aznar.

Abstract:

Background: Obesity is the most common metabolic disease in developed countries, including Spain, where it constitutes an important public health problem (SEEDO, 2000).

Problem: Interventions to treat obesity aim to change diet and exercise behaviours. However, systematic reviews show that these treatments are not totally effective and patients regain the weight lost (NHS Centre for Reviews and Dissemination, 1997). It seems that treatments might not be grounded in the theories of behaviour as people might come back to their previous diet and exercise behaviour.

Hypothesis: Interventions to change people's diet and exercise behaviour should be based on theories that explain and predict behaviour. One of these theories, the Theory of Planned Behaviour (Ajzen, 2002) sustains that beliefs, attitudes, subjective norms, perceived behavioural control and intentions influence behaviours. These determinants, which may differ from population to population, can be used as tools to change the specific behaviour. Consequently, nurses can use that theory to gain understanding of the dietetic and exercise behaviours before designing behaviour change interventions to help people to lose weight.

Aims: Grounded on that theory, this study will explore the determinants of diet and exercise behaviours among obese and overweight patients. Based on these data, the second phase of the study aims to design a questionnaire that would be used by nurses to estimate the relative weight that these determinants have for each individual.

Methods: 4 Focus groups and 25 individual semi-structured interviews. Participants will be chosen on theoretical grounds to be relevant to the study. Data collection starts in September 2003.

Sample: Obese and overweight patients about to start or following a diet and/or exercise treatment at the outpatient setting of the Department of Endocrinology (University Clinic of Navarra, Spain).

Recommended reading:

Ajzen, I. (2002) Theory of planned behaviour. [online]. Available from: www-unix.oit.umass.edu/~ajzen/tpb.html [Accessed 22 October 2002].

NHS Centre for Reviews and Dissemination, University of York (1997) The prevention and treatment of obesity. *Effective Health Care*. 3 (2): 1- 12.

Spanish Society for the Study of Obesity (SEEDO) (2002). *Nociones basicas de nutricion*. [online]. Available from: <http://db2.seedo.es/Nociones/01.htm>. [Accessed 3 May 2002].

Believing the chronic pain patient - considerations for practice

Kathryn Clarke, University of Wales Bangor, School of Nursing Midwifery and Health Studies, Wrexham, United Kingdom. Co author: Ron Iphofen

Abstract:

Working as a generic pain nurse it is noticeable in practice that after having spent time with a patient discussing their pain it is not unusual for that patient at the end of the interview to express relief that "at least you believe me". Being believed and the presence of pain accepted as a true account of the patient's experience appears to play a large role in the management of these patients (Seers and Friedli, 1996).

This paper reports on an examination of the lived and living experience of those with chronic pain. This session offers a review of the literature that focuses on the importance of health professionals treating a patient's pain experience as credible. It also will offer a brief consideration of emerging results from an ongoing phenomenological study of the phenomenon. This study utilises a multi-method approach involving an extended, highly focused, low structured audio-taped interview coupled with patients' and the interviewer's journals. The data is analysed in order to engage with patients as "persons" (Van Manen, 1990: 6). A small convenience sample was generated from patients with chronic pain who have attended a nurse-led chronic pain clinic for at least three years. Research within this area is limited and in spite of the small sample size the results do provide insight into this phenomenon.

The paper contributes to the development of knowledge and practice within nursing, midwifery and health visiting as it examines the literature that treats patients' pain accounts as credible and examines that literature in the light of the data gathered from the present study. Considerations for changes in practice will then be made..

Recommended reading:

Seers, K. and Friedl, K. (1999). The patients experience of their chronic non-malignant pain *Journal of Advanced Nursing* 24: 1160-1168

Van Manen M (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. State University of New York Press. New York

Effectiveness of support interventions in reducing the burden of carers' of people diagnosed with schizophrenia: A review of the evidence

Sheena Gall, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom. Co authors: Lawrie Elliott and Brigid Duffy

Abstract:

Introduction: Research indicates that burden exists for carers of people diagnosed with schizophrenia. Clinical Standards and SIGN Guidelines acknowledge this and indicate a need for nursing support. This is commonly provided through education. No global review of the effectiveness of support interventions

and services in reducing the burden experienced by carers' of people diagnosed with schizophrenia has been published.

Aim: To identify and synthesise the scientific evidence on the effectiveness of carer support interventions for carers of people diagnosed with schizophrenia.

Methods: The international literature reported between 1980-2002 was searched for studies reporting on carer burden. Searches were made of electronic databases including ASSI, CINAHL, Cochrane, Clin PSYC, EMBASE, Medline, PSYCIIT. Internet searches included DARE, NSF (Scotland), RETHINK, DoH. Hand searches were also carried out.

Results: Two broad groups of interventions were identified; therapeutic and service models. Therapeutic interventions include education, education and support, family management, family therapy and support groups. Service interventions include community programmes, respite and day care. Despite contradictory and largely inconclusive findings, results indicate the potential effectiveness of interventions for nurses in reducing carer burden. Education alone, respite care or family therapy have limited or no impact on carer burden. Combining education with support or family management may reduce anxiety and personal distress and increase feelings of self-efficacy and satisfaction. Support groups may reduce burden through increased social support. Community treatment programmes do not increase burden and over time may reduce this compared with hospital care. Day care may have some positive benefits for carers. Further, high quality research is urgently required in this area.

Conclusions: The argument explored is that interventions have a treatment effect on carer burden and experiences compared with conventional support. The parameters and limitations of the review are acknowledged. The results have important implications for nurses supporting carers', service development and further research.

Recommended reading:

Arksey H. O'Malley L. Baldwin S. Harris J. Mason A. Newbrunner E. & Hare P. (2002) Services to support carers of people with mental health problems. University of York (Social Policy research Unit and Centre for Health Economics) and Acton. Shapiro.

Cuijpers P. (1999) The effects of family interventions on relatives' burden: A meta analysis. *Journal of Mental Health*. 8 (3): 275-285

Dixon L. Adams C. & Lucksted A. (2000) Update on family Psychoeducation for schizophrenia. *Schizophrenia Bulletin* 26 (1): 5-20

35

An experimental investigation to determine how professional development of school nurses, in accordance with the current Government public health agenda, can affect the sexual health needs of secondary school aged children

Jo Westwood, University of Birmingham, Post Graduate School of Health Sciences, Birmingham, United Kingdom. Co authors: Barbara Mullan and Collette Clifford

Abstract:

It is well documented that the United Kingdom has one of the highest rates of teenage pregnancy and sexually transmitted infections within Western Europe. Young people are also becoming sexually active at an increasingly younger age, with almost 40% of all 15 year olds being sexually active. Effective sex and relationships education is thought to reduce sexual ill health amongst young people.

There is no evidence to support the view that providing sexual health education at a younger age encourages young people to experiment sexually at a younger age of development. On the contrary, other European Countries have shown that an improvement in education and access to services reduces teenage pregnancy rates, and the prevalence of AIDS and other sexually transmitted infections are falling sharply. However, in the UK it would appear that sex and relationships education is patchy and it is often poorly monitored and staff are not adequately trained to teach the subject. Furthermore, teachers are not always comfortable or confident in teaching sex and relationships education. School Nurses have been identified as key public health facilitators. Sexual health, teenage pregnancy and teenage parenthood are areas specifically identified where School Nurses can make a significant contribution. This notion is further explored in the school nurse practice development pack (DoH 2001).

By publishing this document, the Government has clearly defined what is expected of School Nurses in terms of implementing the teenage pregnancy strategy (SEU 1999) and the national strategy for sexual health and HIV (DoH 2001).

The researcher would like to present the findings of phase one of the study. Quantitative data was collected by questionnaire from all 20 participating secondary schools during the first year of a three year PhD study. Pupils from year groups 8, 9, 10 and teachers completed a questionnaire as well as School Nurses employed within the geographical County of Shropshire. Knowledge, attitudes and beliefs between each group will be analysed using SPSS, qualitative data is planned for phase two of the study when the researcher has arranged focus groups and interviews with schools from both rural and urban locations. It is hoped that comparisons can be made between rural and urban localities in terms of access to services, knowledge, attitudes, beliefs and exposure to educational information. School nurses in the experimental group have already completed a week long teaching programme, ensuring that all the objectives as set out in the school nurse practice development resource pack (DoH 2001) were covered. The theory of reasoned action and planned behaviour has been used as a tool to assess school nurses desire to change their practice.

Recommended reading:

Department of Health (2001) National Strategy for Sexual Health and HIV, DoH, London

Report of the Social Exclusion Unit (1999) Teenage Pregnancy, The stationery Office, London

Department of Health (2001) School Nurse Practice Development Resource Pack, DoH, London

36

Designing a questionnaire to measure nurses' attitudes towards older people

Ella McLafferty, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom.

Abstract:

A number of studies investigating nurses' attitudes towards older people have relied on measures such as Kogan's Old People scale which was first published in 1961. His scale was developed from, firstly, the notion that older people are assigned minority status, and, secondly, his intuitions about older people. Kogan did suggest his scale could be used appropriately in nursing settings, however, Slevin (1991) identified that the scale lacked a caring dimension. For this reason it was decided to develop an attitude scale which would include the situational context in which nurses care for older people as few studies have acknowledged the unique relationship they have when compared with wider society and an attitude scale needs to be sensitive to this uniqueness.

The aim of this research is to develop a questionnaire from data collected during focus group interviews. They were used to explore attitudes and beliefs in a non threatening environment using discussion to develop and explore ideas. Six focus group interviews were completed using purposive samples from nursing lecturers (n=6); nurses from care of older adults settings (n= 5+4); nurses from acute settings (n=4); and third year student nurses (n=8+9). The data were transcribed and a systematic approach was used to identify intergroup commonalities which were then incorporated into an eighty item questionnaire which was too unwieldy. Principal Components Analysis (PCA) was thought to be an appropriate statistical method to reduce the size of the questionnaire, by removing data that were irrelevant or contained little useful information (Anthony, 1999). The PCA should also group the variables into congruent factors. As the sample size has to be large for satisfactory PCA, questionnaires were distributed to all second and third year nursing students from an adult programme within a School of Nursing and Midwifery in Scotland. To date this accounts for the distribution of 510 questionnaires with returns thus far of 310.

This paper will present the findings of PCA with the intended outcome of producing a valid and reliable questionnaire to measure student nurses' attitudes toward hospitalised older people.

Recommended reading:

Anthony, D. (1999) Understanding Advanced Statistics. A Guide for Nurses and Health Care Researchers. London: Churchill Livingstone

Kogan, N. (1961) Attitudes Toward Old People: The Development of a Scale and Examination of Correlates. *Journal of Abnormal and Social Psychology* 62 (1) 44-54

Slevin, O. (1991) Ageist Attitudes among young adults: implications for a caring profession. *Journal of Advanced Nursing* 16 (10) 1197-1205

37

Competence, communication and confidence: better on-going service from a critical care outreach team

Kathleen Lane, University of East Anglia, Centre for Applied Research in Education, Norwich, United Kingdom. Co author: Katharine Kite

Abstract:

In April 2003, a case-study evaluation of the Critical Care Outreach Team commenced at a 530-bed district general hospital in a coastal area where population levels double to 600, 000 during the summer. Critical Care Outreach was established at the Trust in October 2000 in the wake of the Department of Health's "Comprehensive Critical Care Review". [1] Research into the hospital's Critical Care Outreach Team was undertaken to evaluate the existing working practices and structures designed to support staff recognise and treat actually or potentially critically ill patients.

The literature provides a range of views on the merits and benefits of Outreach teams. However, the evidence on which these opinions are based does not reflect consistent application of methodology. [2] By contrast, the research in this two-year project is designed to be systematic and detailed, employing quantitative and qualitative methodologies: on the one hand, data including admission to ICU, length of stay, re-admission to ICU, severity of illness and total length of hospital stay; on the other, information obtained through interviews, questionnaires and surveys on relevant knowledge and skill levels of ward-based staff. Participant validation is a key method. This feedback mechanism has been explicitly used because it provides a tenet of learning and organisational change. Such a design aims to maximise the successful implementation of context-specific learning packages generated during the course of the research.

This paper will demonstrate that Critical Care Outreach is an agent of organisational change that has contributed to improved patient care, to better communication between ICU and the wards and to greater confidence across medical, nursing and therapy staff who care for actually or potentially critically ill patients. Such results have significance beyond this particular hospital for their context and methodology are generalisable to other Trusts, especially in view of the national agenda for service improvements.

Recommended reading:

Department of Health, 2000, *Comprehensive Critical Care Review: A Review Of Adult Critical Care Services*, HMSO, London.

Leary, T. and Ridley, S. 2003, Impact of an Outreach team on re-admissions to a critical care unit, *Anaesthesia*, 58(4), May, 328. Pittard, A. 2003, Out of our reach? Assessing the impact of introducing a critical care outreach service, *Anaesthesia*, 58(9), September, 882-885.

38

Consent: Are you informed?

Joanne Plumb, University Hospital Birmingham, Wellcome Trust Clinical Research Facility, Birmingham, United Kingdom. Co author: Nicola Anderson

Abstract:

Introduction: In clinical research there must be recognition that the issue of informed consent is a concept that nurses need to define, which relates to other health care professionals, but remains central to the core of nursing theory (Brennan 1997). There is limited literature on nurse consenting in clinical research.

The Study: A pilot questionnaire study of 100 researchers was undertaken to determine the current practice of obtaining informed consent in a NHS trust. Analysis of the data suggested that research nurses with the skills, knowledge and competency are seen by the investigator as the most appropriate person in the research team to obtain informed consent. The law of consent has evolved largely through precedent. Failure to obtain informed consent with subsequent harm ensuing from treatment can underpin an action for negligence. Whilst English courts have yet to consider how much information research subjects should be given it is generally agreed the need for fully informed consent is greater within this context. Nurses receiving consent should be aware of case law, statute and guidelines. Informed consent provides not only legal justification for treatment/research but secures patients' trust and co-operation. It must be seen as a collaborative on-going process.

Conclusion: The need to support research nurses obtaining informed consent, as highlighted by the pilot study, has led to the development of local guidelines (UHB 2003). These will encompass the national consent policy (DoH 2003), which require the most appropriate professional to obtain the consent, providing they have received the training and education, and that the investigator has delegated this duty. This must be approved by the ethics committee and documented.

Dissemination and discussion of the results of this study and development of local guidelines will facilitate research nurses to expand their scope of practice for obtaining informed consent in clinical research, thereby increasing the profile of nurses as an invaluable member of the research team.

Recommended reading:

Brennan M (1997) A concept analysis of consent. *Journal of Advanced Nursing* 25 477-484.

Department of Health (2003) Reference Guide to Consent for examination or treatment.

39

Implementation of blood pressure monitoring guidelines: small group facilitation

Jo Robinson, East Hampshire Primary Care Trust, Quality Team, Waterlooville, United Kingdom.

Abstract:

Aim of study: To evaluate small group facilitation of a learning session in the implementation of Blood Pressure (BP) monitoring guidelines.

Objective: To identify change in practice over an eight week period, in the monitoring of BP patients within a District Nurse (DN) team caseload.

Design: Quasi-experiment involving pre-test post-test non-equivalent group design.

Participants: Two DN Teams; one team assigned to the control group the other team to the experimental group

Background: Following the production of BP monitoring guidelines by DNs the guidelines were disseminated via the post and at staff meetings for implementation, but made a low impact in changing practice. There was a need to explore an effective implementation strategy.

Method: Baseline nominal data was collected from experimental and control group via a questionnaire. Experimental group was exposed to a facilitated learning session and a follow up support visit. Following intervention qualitative data was obtained from experimental group during a semi-structured interview. Post test the baseline questionnaire was also readministered to both groups.

Data Analysis: Nominal data was analysed using the Chi-square test. Qualitative data underwent content analysis

Findings: Pre test control group were monitoring more patients than the experimental group. Post test the experimental group had increased their BP monitoring by 25%, with no change post test from the control group. Key themes to emerge: a change in practice; increased autonomy; tension between DN and General Practitioner (GP).

Key conclusions: Facilitation of a small group in their clinical practice does have a positive effect in the implementation of BP guidelines. Future implementation of guidelines requires all stakeholders to be involved with identified training needs supported by the organisation.

Recommended reading:

Thomson O'Brian M. A. Freemantle N. Oxman A. D. Wolf F. Davis D. A. Herrin J (2002). Continuing education meetings and workshops: effects on professional practice and health care outcomes. (Review) *The Cochrane Library*, copyright 2002, *The Cochrane Collaboration Vol (issue 1) p. 15*

Rogers J (2001). *Adults Learning: fourth edition*. Open University Press Buckingham: Philadelphia p. 21-25

Titchen A (2000). *Professional craft knowledge in patient centred nursing and the facilitation of its development*. University of Oxford Dr. Phil Thesis Kidlington, Ashdale Press

40

Exploring the concept of expertise in nursing practice

Janice Richmond, Letterkenny General Hospital, Oncology Dept, Letterkenny, Ireland.

Abstract:

Patients and health professionals can often recognise an expert nurse, but articulating the components of nursing expertise is difficult. The Royal College of Nursing (RCN) Expertise in Practice Project (EPP) facilitates nurses to explore, analyse and communicate nursing expertise. The RCN EPP has two aims: to develop a deeper understanding

of expertise in nursing and to develop a recognition process for expertise.

Within the theoretical framework of action research, the project begins with a self-assessment demonstrating the attributes of expertise present within the participant's practice. A central component of the project is the utilisation of knowledge and skills of a critical companion (CC), who supports, guides and challenges areas of the participant's practice. Following identification of the CC and obtaining detailed references for a baseline assessment, the journey commences. A continuous component of the project is maintenance of a reflective diary. Themes identified in the diary are explored with the CC and supervision notes of these meetings are obtained for analysis. Observation of the participant's practice and 360-degree feedback enables an objective assessment of expertise. The participant is required to provide evidence of how one's nursing practice has influenced patient care. All of the documented evidence is submitted to the RCN for analysis.

This project provides participants with the opportunity to develop professionally within a structured process and to receive guidance, challenge and critical analysis of practice from others. It facilitates the development reflective practice, encourages exploration of the components of nursing expertise and subsequently helps individuals to work towards improving their practice. This project is an innovative example of a structured method for professional development with wider implications of advancing nursing knowledge, developing practice, and improving outcomes of patient care. This action research project provides a supportive environment for professional development, which ultimately has positive implications for patient care.

Recommended reading:

Benner, P. (1984) From novice to expert: excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley.

Conway, J. E. (1998) Evolution of the species 'expert nurse'. An examination of the practical knowledge held by expert nurses. *Journal of Clinical Nursing*, 7, 75-82.

RCN (2002) Expertise in practice project (pilot). Exploring expertise. RCN Institute: London

41

An evaluation of the effectiveness of a nurse led glaucoma monitoring clinic.

J. Warner, Worthing and Southlands NHS trust, Research and Development, Worthing, West Sussex, United Kingdom. Co authors: Kate Kelley and J Sheppard

Abstract:

Background: In 1999, one quarter of patients attending the general ophthalmic clinics at a local hospital had a diagnosis of chronic glaucoma. This led to the development of a nurse-led clinic specifically to manage patients with chronic glaucoma, the glaucoma monitoring clinic (GMC). The effectiveness and development of nurse-led clinics has been examined in some fields of nursing (e. g. Moore 1997, Billington 1997) but has been seldom addressed in ophthalmology (Kim et al 1997).

Aim: This study aimed to assess the effectiveness of the GMC on patient understanding of glaucoma,

adherence to eyedrops, and patient satisfaction when compared to routine out-patients clinics.

Method: The study was a randomised controlled trial. Participants were recruited from the general ophthalmic clinics and then randomly allocated to return to either the GMC or a general ophthalmic clinic.

Outcomes measured were: understanding of the symptoms, management and treatment of glaucoma, adherence to instilling eye drops and patient satisfaction with treatment and the clinic. All the outcomes except satisfaction with the clinic were measured prior to the GMC or a general ophthalmic clinic (time 1) and then 12 weeks later by telephone follow-up (time 2).

Results: 102 patients were recruited into the study, at the 12 week follow-up 72% (n=74) remained in the study. At the twelve week follow-up, significantly less participants attending the GMC reported specific problems in adherence to their eye drops ($\chi^2= 3.98$, $df 1$, $p=0.04$) and significantly higher satisfaction with treatment ($t(69)=2.11$, $p=0.03$), compared to participants attending the general ophthalmic clinic. No differences were found between the two groups on the level of adherence to eye drops, or on the understanding of the symptoms, management and treatment of glaucoma.

Conclusion: Nurse-led clinics are as effective as general ophthalmic clinics in caring for patients with long term chronic stable glaucoma. However absence of differences at follow-up on patient knowledge of indicates further work needs to address how patients can be helped to retain information effectively after all clinic visits. We aim to develop a personalised patient booklet that patients can refer to at home and update at every appointment.

Recommended reading:

Billington (1997) Running a nurse-led prostate assessment clinic. *Community Nurse* 3(7): 26.

Kim, S, Stewart, J. F. G, Emond, M. J, Reynolds, A. C, Motuz Leen, M, & Mills, R. P (1997) The Effect of a brief education program on glaucoma patients. *Journal of Glaucoma* 6 (3)146-51.

Moore, A. (1997) Supportive models. *Nursing Standard*, 11, 26-7.

42

Human biological samples in research: ethical issues

M Concepcion Marton-Arribas, Instituto de Salud Carlos III, Unidad de Coordinacion y Desarrollo de la Investigacion en Enfermeria (Investon-isciii), Madrid, Spain. Co authors: Manuel Posada and Fernando Carballo

Abstract:

Starting on the nineties, studies using DNA were performed and a DNA bank was set up, thus compelling the creation of an Ethical Committee (EC).

The EC of the Instituto de Salud Carlos III for the Toxic Oil Syndrome (TOS) is included within the framework of the Spanish regulations on biomedical research in which ethical acceptance of research protocols on human beings through independent and multidisciplinary groups is compulsory.

The EC is formed by a minimum of 9 members among them there is a nurse.

The aim of this paper is putting forward some not agreed ethical problems and to inform on decisions made by the Ethical Committee.

Ethical Issues discussed

- Characteristics of Informed Consent (IC)
- Return of results to participants involved.

General consensus was reached on items such as:

- 1) Request of informed consent (IC);
- Advisability to require consents in generic terms, with no details of the specific objectives and type of analyses to be performed;
- Request of ICs for further use of samples that were collected for clinical purposes;
- Use of samples for research different to that accepted in the previous IC.
- 2) Return to participants of results yielded from research.

Information on scientific research results involves trouble that deserves response at three levels: individual, groups and scientific. The EC discussed:

- The role that the EC should play to guarantee that information on research results returned to study subject
- Whether it should review the contents which reports on individuals results should include.

Conclusion: The social representation of Ethical Committees helps decision making in many aspects that lack of a guidelines framework. Nurses must participate in multidisciplinary ethical debates to ensure protection of participants and also contribute to the design of policies and recommendations ensuring quality outcomes for society and research.

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Occupational exposure: job strain and quality of life in nurses of the castilla-leon autonomous community

M Concepcion Marton-Arribas, Instituto de Salud Carlos III, Unidad de Coordinacion y Desarrollo de la Investigacion en Enfermeria (Investon-isciii), Madrid, Spain. Co authors: Isabel Santiago and M Teresa Moreno

Abstract:

Psycho-social work environment is an important health status determinant. Nursing appears to be as of high risk.

Objective:

- To know the job strain level of nurses of the cohort and identify those factors related to work that lead to a strain increase
- To quantify the job related strain in study nurses
- To study the relationship between strain and quality of life

Methods

Design: Cross sectional observational study. First phase of a cohort study. The study counts on the approval of the local ethical committee

Study subjects: A random sample of 1915 registered nurses, aged 20 to 65 years, was selected in the Castilla-Leon Autonomous Community.

Psycho-social job strain was assessed using the Job Content Questionnaire (JCQ) and quality of life (QOL) with Euroqol-5D. Data about their labour history and job exposition were also collected.

Analysis: A description study of proportional distribution of each dimension of the JCQ and scoring of the Euroqol-5D has been performed.

Association between psycho-social strain and job social support (co-worker and supervisor support) and, QOL, working place, shifts and age have been studied using the chi-square test, odds ratio (OR) with 95% Confidence Interval (CI) for category variables and t Student for continuous variables and logistic regression.

Results: Data on the 302 first questionnaires are shown. From these data, 22% is classified as high strain, 25% low strain, 30% active, 23% passive. Mean age 37.5 (SD= 8.5). Working at hospitals: 67%. Mean score Euroqol-5D was 77, 3.

Psycho-social strain is associated with the working place, being significantly higher in Primary Care nurses (OR=2.8; CI=1.2-6.5) and between strain and age (OR=1.03; IC=1.00-1.06). No related association has been found in labour shifts, QOL. Social support is not a modifier of the effect on stress related work.

Recommended reading:

Karasek R. & Theorell T. (1990) *Healthy Work. Stress, productivity, and the reconstruction of working life*, New York: Basic Books.

Escriba-Aguir V. Mas P. R. & Flores R. E. (2001) Validation of the Job Content Questionnaire in hospital nursing staff. *Gaceta Sanitaria* 15, 60-67.

44

Compliance with ACE inhibitor medication in elderly patients with heart failure

Jacqueline Austin, Gwent Healthcare NHS Trust, Cardiac Rehabilitation, Abergavenny, United Kingdom. Co authors: Linda Ross and Jacky Austin

Abstract:

Background: The primary factor responsible for high readmission rates of patients with heart failure is reported to be non-compliance with treatment. It is indicated that 50% patients are non-compliant with long term medication (Feenstra et al 1998). Research suggests that education and support may be successful at improving compliance (Cline et al 1998). Compliance with ACE inhibitors was evaluated as part of a wider study investigating the benefits of a nurse-led cardiac rehabilitation programme versus standard care in elderly patients with heart failure.

Aim: To describe elderly HF patients' compliance with ACE inhibitors.

Method: 200 patients (60 - 89 years, 132 male) with NYHA II/III heart failure were randomised in a controlled study. All patients received eight weekly monitoring of clinical status by a nurse specialist

and cardiologist. Sampling for blood biochemistry and serum ACE, was undertaken at 8 and 24 weeks. Non-adherence was defined as serum ACE activity of $>12\text{u/L}$, which has a high positive predictive value (Struthers et al 1999).

Results: Serum ACE levels were available for 144 subjects. A serum ACE $>12\text{u/L}$ at eight and 24 weeks was evident in seven male patients, of whom three were in the experimental group. Therefore, of the 144 patients prescribed an ACE inhibitor over 24 weeks, 7 (5%) were identified as non-compliant.

Contribution to knowledge and practice: In this study, medication compliance was higher than reported in the literature, especially for the female gender. This may be because of the individualised education and support the patients received, and/or the use of patient held records. For cardiac rehabilitation nurses, the results provide a strategy for monitoring and improving patient compliance to the treatment regimen.

Recommended reading:

Cline, C. Israelsson, B. Willenheimer, R. Broms, K. Erhardt, L. (1998). "Cost effective management programme for heart failure reduces hospitalisation." *Heart* 80: 442-446.

Feenstra, D. Grobbee, F. Jonkman, F. Hoes, A. Stricker, B. (1998). "Prevention of relapse in patients with congestive heart failure." *Heart* 80: 432-436.

Struthers, A. Anderson, G. MacFadyen, R. Fraser, C. MacDonald, T. (1999). "Non-adherence with ACE inhibitor treatment is common in heart failure and can be detected by routine serum ACE activity assays." *Heart* 82: 584-588.

45

A randomised controlled trial of the use of sandbags Vs ice-packs as primary treatment for femoral haematoma arising from Cardiac Catheterisation

Nicola King, Univeristy College London Hospitals NHS Trust, ACW, The Heart Hospital, London, United Kingdom. Co author: Samantha Philpott

Abstract:

Coronary angiography has become a routine diagnostic tool in cardiology departments throughout the country, (Walker et al 2001). Although these procedures carry little risk, femoral haematoma is a commonly reported complication (Carere et al 2000). There is much evidence to guide practice in the prevention of femoral haematoma, and little evidence to guide the treatment of this complication. The objective of this study was to investigate whether current anecdotal practice of sandbag application to femoral haematoma is the most clinically effective in comparison to an alternative treatment in the form of Ice-pack application (Christensen et al 1998)

A randomised control trial was the method selected for this study. The study was conducted in the Cardiac Unit of UCLH NHS Trust over period of 18 months. 50 patients who developed femoral haematoma of 2cm or greater in diameter following cardiac catheterisation made up the trial subject groups. Patients were consented prior to procedure, only those who fulfilled the selection criteria were included. Participants were randomly allocated the ice pack therapy or the sandbag application. The

haematoma was measured at half hourly intervals over three hours. The data was analysed using the Mann Whitney U test. The results showed a significant difference between the 2 groups ($p < 0.05$).

The results clearly indicate that ice-pack therapy has a positive effect upon the reduction of the size of femoral haematoma over time. The current practice of sandbag therapy does not provide the most clinically effective patient care. Ice pack therapy is not currently recognised as standard practice for this complication. Sharing the results of this study will improve quality care and contribute to evidence based practice being implemented with this patient group.

Recommended reading:

Carere R G, Webb J G, Buller C E H, Wilson M, Rahman T, Spinelli J, Anis A H. (2000) Suture closure of femoral puncture sites after coronary angioplasty followed by same day discharge. *American Heart Journal* 139 (1 part 1), 52: 58.

Christensen B V, Manion R V, Iacarella C L, Meyer S m, Cartland J L, Bruhn-Ding B J, Wilson R. (1998) Vascular complications after angiography with and without the use of sandbags. *Nursing Research* 47 (1). 51-53

Walker S B, Cleary S, Higgins M. (2001) Research Paper: Comparison of the FemoStop device and manual complications following coronary angioplasty and coronary stent placement. *International Journal of Nursing Practice*. 7 366-375.

46

The impact of LEO: Enhancers, barriers & sustainability

Michael Lappin, Salford University, School of Nursing, Manchester, United Kingdom.

Abstract:

Whether good leaders are born or made, what is clear is that most will benefit from being offered a guiding hand. The Leading Empowered Organisations (LEO) Programme is one scheme currently on offer and is supported by the Government and NHS Trusts alike. At the heart of LEO is a commitment to improving the quality of patient care (CDNPP, 2000). Despite the significant investment in leadership development there is limited research to highlight the impact that such programmes have on staff behaviour and whether this behaviour is sustained.

The aim of this study is to describe the barriers and enhancers that impact upon leadership development, to identify if participants implement a change into practice following LEO and to investigate whether further support is required following the programme.

Data was collected by using a self-reporting questionnaire. Analysis of the study evolved in 3 stages: quantitative analysis of the questionnaires, cross-tabulation and qualitative thematic analysis. Descriptive statistics and qualitative comments were combined, five key themes emerged from the results, action, leadership behaviour, enhanced development, barriers and support.

The study indicated that LEO has clearly had an effect on participant's performance helping them to deal more effectively with interpersonal conflicts and addressing problems in practice. Increased levels of confidence and assertiveness were also

highlighted. Although lack of support is seen as a major barrier, participants highlighted practical aspects too, lack of time, low staffing levels and increased workloads.

The study indicates that both organizational and individual activity is necessary to facilitate and achieve the complex leadership development processes within a busy acute NHS Trust. The LEO programme does impact on behaviour in practice, but without the necessary support and the need to deal with the barriers in a more versatile way it will be a concept that is difficult to sustain. Practitioners need to work in partnership with the organization in order to progress.

Recommendations for improvement and future research have been made.

Recommended reading:

Centre for the Development of Nursing Policy & Practice (2000) National Clinical Leadership Programme: Leading an Empowered Organisation. School of Healthcare Studies, University of Leeds

47

Research nurse outreach service

Carol Gough, Southampton General Hospital, Wellcome Trust Clinical Research Facility, Southampton, United Kingdom. Co authors: Jane Moghul and Roger Wheelwright

Abstract:

Poster presentation describing four research projects that have been supported by the Wellcome Trust Clinical Research Facility (WTCRF) in Southampton. These four projects are being carried out using the Research Nurse Outreach Service, which provides support to research projects that need to be conducted in a wide range of areas, outside of the Clinical Research Facility itself.

The research projects:

- 1. Osteoporosis study:** to discover whether low birthweight and osteoporosis are associated with abnormalities in the production and action of growth hormone. The study involves a cohort of men from Hertfordshire. Part one of the study was conducted in the unit. Part two is taking place in Hertfordshire.
- 2. APRESAH study:** looking at acute phase response in patients with subarachnoid haemorrhage. The study takes place exclusively on the Wessex Neurological unit. The WTCRF nurse coordinates the study, liaising with staff to take blood and csf samples along with routine bloods and during appropriate investigations.
- 3. Ophthalmology studies:** to identify genes which cause age-related macular degeneration and diabetic retinopathy. The WTCRF nurses conduct the study mainly in the Ophthalmology outpatient department, but also in local residential homes.
- 4. Genetic factors in subarachnoid haemorrhage study:** this study is following up high-risk families (at least three affected members who have had a SAH), to construct family trees to discover whether a pattern of inheritance can be identified.

The Outreach Service has been an important development in the WTCRF allowing valuable clinical research projects to be conducted which would otherwise have been unable to run successfully due to clinical pressures and stretched

resources. The service allows us to take our flexible team approach and expertise out into the clinical areas, to ensure good quality research and to provide encouragement to those who might wish to undertake research in the future.

48

A pilot study: exploring the views of parents and health professionals on interventions to reduce childhood exposure to environmental tobacco smoke

Julie Werrett, University of Birmingham, School of Health Sciences, Birmingham, United Kingdom.

Abstract:

Exposure to environmental tobacco smoke (ETS) is an important public health risk for young children. This paper presents the findings of a pilot study designed to ascertain the elements important in the development of an intervention to reduce children's exposure to ETS in the home. The study aimed to elicit views regarding the type and level of advice currently received by parents and the nature of training that health professionals have been exposed to. Information was also sought for the development of future interventions.

The project employed a qualitative study design using semi-structured interviews. Six mothers were recruited from a large health centre in the West Midlands, in the UK. Purposeful sampling was used to identify mothers who smoked and had a newborn baby. Four health visitors and two General Practitioners working at the health centre were also interviewed.

Findings indicate that the majority of health professionals' training and advice received by parents is limited to dissemination of basic factual information. Neither mothers, nor the majority of health professionals, considered the information to be efficacious. Mothers requested basic information and strategies for the reduction of infant exposure to ETS. Health professionals also stated a preference for basic information and the best way to present ETS issues to parents. Some parents concurred with the views of health professionals in suggesting a more holistic delivery of the intervention, whilst others felt that specifically identified health professionals should bear the responsibility. Barriers to successful implementation were also identified.

Although parents showed a preference for information-based interventions, evidence suggests that employing a social cognitive framework in the design of an intervention may be a more effective approach. There is also a clear need for health professional training and delivery to be collaborative and to engage health professionals on a multi-disciplinary basis.

49

An evaluation of the leading an empowered organisation programme (LEO) in the West Midlands

Julie Werrett, University of Birmingham, School of Health Sciences, Birmingham, United Kingdom. Co authors: Maggie Griffiths and Collette Clifford

Abstract:

This paper reports an evaluation of the Leading an Empowered Organisation (LEO) programme in the West Midlands. The study aimed to evaluate the first phase of the LEO programme and its impact on practice. The views of the facilitators were also explored. Data were collected from the first 35 programmes conducted between August 2001 and April 2002. Pre-test questionnaires were administered to all course participants. Post-test measures were administered 3-months following completion of the programme. Questionnaires included a structured scale designed to measure the importance and use in practice (performance) of 33 dimensions of leadership. To provide insight into the impact of the programme on participants and approaches to leadership in clinical practice five open questions were included in the post-test questionnaire. A total of 550 participants responded to the pre-test questionnaire and 181 to the post-test measure. Facilitators were assessed via a questionnaire administered at the end of the evaluation period.

Factor analysis identified five components of leadership: team issues, management issues, staff support and development, self-development, and creative management/assertiveness. There were no significant differences between pre- and post-test scores regarding the importance assigned to components of leadership. However, there was a significant difference in performance scores for four components: staff support and development, creative management and assertiveness, and team and management issues. Mean scores indicate improvement in the application of leadership tools and skills following attendance on the course. Qualitative data substantiated these findings and highlighted areas of development following completion of the programme. Furthermore, the programme met both participant and facilitator expectations and was perceived as a positive experience. In summary, there are clear indicators that at the 3-month measure participants were beginning to initiate some change in practice. However, further longitudinal evaluation is required to monitor the long-term impact on clinical practice.

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Perceptions of stress in nurses undertaking post registration courses

Sean Duffy, Dublin City University, School of Nursing, Dublin, Ireland

Abstract:

Stress is frequently in relation to work and modern lifestyle and yet remains poorly investigated in many areas. To comprehend exactly what constitutes stress one must seek an accurate description of the phenomenon. Pollock (1989) defines stress as the whole set of physiological and psychological phenomena including the objective event or stressor, personal perception of the stressor, the contextual

stimuli, the various intervening processes, and the manifestations of the response to the stressor.

The purpose of this study is to examine the phenomenon of stress from the perspective of qualified nurses who are engaged in post graduate study. A brief appraisal and examination of contemporary scientific methodology as a whole, prior to focusing on the quantitative approach chosen for this study, employing a descriptive, exploratory survey by means of a self-administered questionnaire.

One-hundred and eleven respondents were asked their perceptions of the stressors of academic work and these perceptions were analysed to identify key factors. Findings included how respondents agreed that the assessment process had an impact on levels of stress but they perceived this as only one of a number of influential factors. Aspects such as teaching and learning strategies, elements of university management also had impact upon their learning experience in their perception.

Despite the current transition within the field of nurse education in Ireland, there is as yet no study examining the phenomenon of stress in mature nurses who are participants in the Irish context. Although a neglected area in the past, this is a valuable area of investigation in light of the recent upsurge in nurses entering third level education programmes in Ireland. As a result of the inquiry, elements may be incorporated which will contribute to the quality of the academic experience for students.

Recommended reading:

Lindop, E. (1999) A comparative study of stress between pre-and post-Project 2000 students. *Journal of Advanced Nursing*, 29, 4, 967-973.

Richardson, J. (1997) Dispelling some myths about mature students in higher education: study skills, approaches to studying and intellectual ability. *Adult Learning: a Reader*. Kogan, London.

Usher, R. Bryant, I. & Johnson, R. (1997) *Adult Education and the Postmodern Challenge: Learning Beyond the Limits*. Routledge, London.

51

Modern Matrons: A national survey of progress with role implementation in England

Mick Ashman, University of Sheffield, Acute and Critical Care, Sheffield, United Kingdom. Co author: Susan Read

Abstract:

In April 2001 Health Circular HSC2001/010 called for the creation of Modern Matron posts, described as easily identifiable, highly visible and authoritative figures, to whom patients and their families could turn for assistance and support and on whom they could rely to ensure the fundamentals of care were right. The guidance refers to all NHS organisations responsible for wards, although many of the measures designed to secure visible clinical leadership apply also to community and primary care.

Following MREC approval a postal survey was undertaken as phase one of a 2-phase study, lasting 1 year. Funded by the Department of Health Policy Research Programme, the aim of the project is to evaluate the implementation of the Modern

Matron initiative. Phase 2, consisting of detailed case studies is currently in progress in 10 Trusts.

This presentation focuses on the principal findings of the survey.

Questionnaires were sent to all directors of Nursing in all Trusts and PCTs in England (N = 545) between April and June 2003, the response rate following one reminder was 76%.

Survey questions included characteristics of the organisation, number, job titles, salary and grade of Modern Matron postholders, span of managerial responsibility, provision of resources in creating posts, models of implementation, and Directors of Nursing views on the impact of the role on the nursing service and wider organisation.

Findings reveal that 73 percent of Trusts (including PCTs) have appointed at least one Modern Matron. The number of wards for which postholders have responsibility varies considerably as does the range of job titles used and their remuneration (salary and grade). Most posts were created by giving an existing staff member redefined responsibilities.

The survey identifies examples of good practice in the creation of Modern Matron posts, which will be investigated further in phase 2 of the study.

Recommended reading:

Department of Health (2001). Implementing the NHS plan: Modern Matrons. Health Circular HSC2001/010, April 2001.

52

The learning styles and preferred teaching methods of beginning level diploma students

Eileen Courtney, Dublin City University, School of Nursing, Dublin, Ireland.

Abstract:

Over the past three decades, the development of learning style theory within the field of cognitive psychology has identified individual differences in cognitive function as important key facilitators of student learning. These theories have advanced a firm theoretical foundation upon which the provision of meaningful educational experiences for all students can be based.

This study uses a quantitative, correlational design to examine the learning style of 150 pre-registration students from a variety of nursing programmes. A non-probability convenience sample is used. Learning style is classified according to Kolb's Learning Style Inventory (1985), based upon his Experiential Learning Theory (1984). Data is analysed using SPSS software. Chi-square tests were performed to determine the existence of a relationship between learning style and the variables of age, gender, previous educational experience, and programme branch. ANOVA test was used to examine the relationship between the four learning style groups and preferred teaching methods. Findings indicate that the most commonly occurring learning style was that of Accommodator (31.3 with a general overall slight predominance of abstract learning styles (50.7). No significant relationship was found between students learning style and the other independent variables. With the exception of preference for lecturing as a teaching method ($p = .02$), no additional significance existed between an

individuals learning style and his or her preferred teaching method.

This study provides important evaluative information from the students' perspective. Findings demonstrate that students cannot be treated as a homogenous group with regards to either learning style or choice of effective teaching method, and reinforce the need for utilising a variety of teaching methods and creative variations in order to promote optimal student learning. Finally nurse educators need to reconsider the lecture as an effective teaching resource. The findings of this study suggest that this method significantly favours students with an Assimilating learning style, possibly at the expense of other students.

Recommended reading:

Kolb, D. (1984) *Experiential Learning: Experience as The Source of Learning and Experience*. New Jersey. Prentice-Hall.

Kolb, D. Smith, D. (1985) *Learning Style Inventory: Self-Scoring Inventory and Interpretation Booklet*. Boston. McBer.

53

Evaluation of a protocol to assist in the early identification of patients outside the intensive care unit at risk of clinical deterioration and cardiopulmonary arrest, in a specialist cardiothoracic centre

Rita Peters, Royal Brompton and Harefield NHS Trust, Adult Intensive Care Unit, Chelsea, United Kingdom. Co authors: Jeremy Cordingley and Sharon Fleming

Abstract:

Earlier identification and intervention for clinical deterioration in patients outside the Intensive Care Unit has been demonstrated to improve outcomes in the general hospital setting (Buist et al 2002). The recent Department of Health publication 'Comprehensive Critical Care' (DH 2000) recommended that NHS Trusts develop critical care outreach services that include earlier clinical intervention as part of their role. However no studies have evaluated which physiological 'track and trigger' early warning system is best for cardiothoracic patients. A retrospective study at a specialist cardiorespiratory NHS Trust has evaluated markers of physiological deterioration in cardiology and cardiothoracic surgical patients. A modified MET scale (Lee et al, 1995) was shown to be the most specific in warning of deterioration in this group of patients.

The study in progress, due for completion in June 2004, is a prospective evaluation of a protocol based on this scale, for early identification of patient clinical deterioration and referral to the outreach team. The primary outcome used to evaluate the effectiveness of this protocol is the number of unplanned AICU admissions as a percentage of the total. Secondary outcome measures are: ward deaths from cardiopulmonary arrest, illness severity at intensive care admission, intensive care length of stay and mortality, and hospital mortality of unplanned intensive care admissions. The frequency of 'missed patients' who trigger the protocol but no action is taken will also be tracked.

This presentation will discuss the analysis of existing 'early warning' scales using retrospective data and

the development of the protocol. The methodology of the current study and preliminary results will also be presented.

Recommended reading:

Buist M. D, Moore G. E, Bernard S. A, Waxman B. P, Anderson J. N, Nguyen T. V (2002) Effects of a medical emergency team on reduction of incidence of and mortality from unexpected cardiac arrests in hospital: preliminary study. *British Medical Journal*. 324. 387-390.

Department of Health (2000) Comprehensive critical care. A review of adult critical care services. Department of Health, London.

Lee A, Bishop G, Hillman KM, Daffurn K (1995) The medical emergency team. *Anaesthesia Intensive Care* 23. (2) 183-186.

54

Helping children to become familiar with the inside of their bodies

Alison Tonkin, University of Hertfordshire, Centre for Research in Primary and Community Care, Hatfield, United Kingdom. Co authors: Sally Kendall and David Messer

Abstract:

In order for children to receive the optimum benefit from health promotion initiatives, it would be advantageous for children to have a basic knowledge of the names and positions of the major internal organs of the human body. This is supported by Dockrell's assertion that 'the need to match [health promotion] interventions to the child's knowledge base and skills level is critical (Dockrell, 1998). The pre-school learning environment potentially provides the best opportunity to develop early schema formation, where children 'learn through play' via a range of activities and provision styles (Qualifications and Curriculum Authority, 2000).

Three studies explored the learning of 73, opportunistically sampled pre-school children (aged 3-5 years) following the provision of an intervention utilising a pre-test/post-test intervention design, showing children where the major internal organs were located and what they were called. This required specially designed learning aids due to the limited commercial availability of suitable, age appropriate resources. Evaluation was undertaken using a novel scoring system for ascertaining children's knowledge of the internal organs.

The data from Study 1 emphasised the importance of placing interventions within an appropriate context while Study 2 found colour coding learning aids to be beneficial. Both were conducted to ascertain the optimum provision of the intervention strategy utilised within Study 3. The results from Study 3 (n = 19) showed a statistically significant increase in the naming and recognition of 8 out of 9 of the featured internal organs, although there was no significant improvement in the positioning or orientation of the organs. These results indicate that children can engage with such information when provided in an appropriate and accessible manner. The next phase will investigate whether the provision of such information can enhance children's involvement in health related interventions.

Recommended reading:

Dockrell J. (1998) *Health Promotion for Children: the importance of addressing developmental factors.*

In Promoting the Health of Children and Young People

Setting a Research Agenda (H. L. Moore, ed). Health Education Authority.

Qualifications and Curriculum Authority (2000) *Curriculum Guidance for the Foundation Stage*. QCA Publications.

55

Stress in nursing: changing patterns and further research questions

Andrew McVicar, Anglia Polytechnic University, School of Health Care Practice, Chelmsford, United Kingdom.

Abstract:

Background: Stress perception is highly subjective (Clancy & McVicar 2002), and so the complexity of nursing practice may result in variation between nurses in their identification of sources of stress, especially when the workplace and role of nurses are changing as is currently occurring in the UK (Department of Health 1998 a-d).

Aims: To identify nurses' perceptions of workplace stress, and in light of this to consider the potential effectiveness of initiatives to reduce distress, and to identify directions for future research.

Method: Literature from January 1985 to April 2003 was reviewed to identify research on sources of stress in Adult/Child care nursing. Recent (post-1997) Department of Health documents, and literature pertaining to the views of practitioners, was also consulted.

Findings/discussion: Workload, leadership/management style, professional conflict and emotional cost of caring remain prominent as sources of distress for nurses, as they have been for nurses for many years (Williams et al 1998), but there is considerable disagreement as to the magnitude of their impact between individuals, and there are signs that lack of reward and shift working may now be displacing some of the other issues in the order of ranking. Organisational interventions are targeted at most but not all of these sources, and their effectiveness is likely to be limited, at least in the short-medium term. Supporting individuals is preferable but is hindered by a lack of understanding as to how sources of stress vary between different practice areas, lack of predictive power of assessment tools, and lack of understanding of how personal and workplace factors interact.

Conclusions: Stress intervention measures must focus on stress prevention for individuals. Achieving this will require further comparative studies, and new tools to evaluate the intensity of an individual's distress.

Details of this paper are in press, *Journal of Advanced Nursing*

Recommended reading:

Clancy, J. & McVicar, A. (2002). *Stress. Physiology and Anatomy: A Homeostatic Approach*. 2nd Edition. Chapter 22: pp. 611-633. Arnold; London

Department of Health (1998). Various White papers: a) The NHS Plan b) The New NHS. Modern and Dependable: A National Framework. c) Working Together. Securing a quality workforce for the NHS. d) A First Class Service. Quality in the new NHS. DH; London

Williams, S. Michie, S. & Pattani, S. (1998). *Improving the health of the NHS workforce*. The Nuffield Trust; London

56

Care pathway for total knee replacement - a prospective single blind randomised controlled trial

Helena Miles, Bradford Hospitals NHS Trust, Trauma/Orthopaedic Unit, Bradford, United Kingdom. Co author: Karen Francis

Abstract:

Given the high profile of care pathways in health care, adequate evaluation is important since the design and implementation of a pathway and the orientation and training of staff in its use have a considerable potential cost implication. This expenditure is, however, without value if pathways are ineffective.

Research Question: Are patient outcomes improved by the use of a care pathway in total knee replacement?

Method: A prospective single blind RCT of a care pathway for total knee replacement versus current best clinical care. Clinicians will not be blind to the condition, however patients will be unaware whether they are allocated to the novel intervention.

Sample: 100 females undergoing total knee replacement surgery, will be randomised between two discrete but comparable settings. Consent takes place at the pre-assessment clinic, attended by all patients requiring joint replacement.

Outcomes: The main outcome measure is length of stay (LOS), which is currently a mean of 10 days in the host trust. It is estimated that there will be a clinically significant difference of 2 days between the experimental and control groups.

Secondary outcome measures are, adequacy of pain control and readmission rate.

Process measures are, level of patient involvement in treatment, patient measure of goal achievement (experimental group) and documentary evidence of staff adherence to the pathway (experimental group).

Data Analysis: Will be conducted using SPSS. Statistical tests will include the t-test for independent groups, used to examine the difference between length of stay in the two groups. The study findings will be described.

Practice implications: Currently, care pathways lack robust evaluation, this study may provide some evidence to decide whether they contribute to a genuine improvement in patient outcomes. Further, it may indicate a methodological approach to evaluating other care pathways.

Influence of personality on life-style related diseases- analysis using 33 items of Japanese brief version of the short interpersonal reactions inventory-

Yukiko Orii, Miyagi University, School of Nursing, Kurokawa-gun, Miyagi, Japan. Co authors: Masanori Munakata and Shin Fukudo

Abstract:

Based on 33 items of Japanese brief version of the Short Interpersonal Reactions Inventory (SIRI33-J) that evaluate personality types as risk factors in life-style related diseases, the personality of humans is classified into the following 6 types: 'highly harmony-seeking' (Type 1), 'highly anxious and highly workaholic' (Type 2), 'highly hostile, little social-desirable, little anti-emotional, little perfectionistic, and little workaholic' (Type 3), 'autonomy' (Type 4), 'highly social-desirable, highly rational, highly anti-emotional, highly perfectionistic, and little hostile' (Type 5), and 'little rational and little harmony-seeking' (Type 6). In the present study, the hypotheses that the scores of SIRI33-J influenced biological factors of life-style related diseases and self-assessed health changed depending on such biological factors were tested in 196 subjects who received annual physical checkup between 1998 and 2000.

To investigate sociopsychological factors, 1) questionnaire on life style, 2) SIRI33-J, and 3) MOS Short-Form 36 Item Health Survey (SF-36) were used. Body mass index (BMI), systolic blood pressure (SBP), diastolic blood pressure (DBP), total cholesterol (TC), and triglyceride (TG) were selected as biological factors of life-style related diseases.

In Type 4 subjects, the scores of SIRI33-J in SBP-Normal Group tended to be higher than those in SBP-Abnormal Group. The scores of 8 sub-scales of SF-36 were compared between Normal and Abnormal Groups of each biological factor. The scores of Role-Emotional (RE) were significantly higher in SBP-Normal Group than in SBP-Abnormal Group. The scores of Vitality (VT) were significantly higher in DBP-Normal Group than in DBP-Abnormal Group. The scores of General Health Perception (GH) were significantly higher in SBP-Normal Group than in SBP-Abnormal Group. The scores of Physical Functioning (PF) were significantly higher in DBP-Normal Groups than in DBP-Abnormal Groups.

The results of present study indicated the relation between blood pressure and Type 4 of SIRI33-J. Autonomy might play some role in maintaining normal blood pressure.

Recommended reading:

Eysenck HJ: Cancer, personality and stress: Prediction and prevention. *Advances in Behavior Research and Therapy* 16: 167-215, 1994, England

Kumano H, Orii Y, Suzukamo Y, Yamauchi Y, Munakata M, Yoshinaga K, Seto M, Sakano Y, Agari I, Kuboki T: A trial of Developing the Japanese Brief of the Short Interpersonal Reactions Inventory: To Measure the Cancer-prone Personality. *Japanese Journal of Psychosomatic Medicine* 39: 335-341, 1999, Japan

Kumano H, Orii Y, Yamauchi Y, Seto M, Agari I, Sakano Y, Munakata M, Yoshinaga K, Sasaki C, Kuboki T: A trial of Developing the Japanese Brief of the Short Interpersonal Reactions Inventory(2nd report): Revision to the 33 Items Version. *Japanese*

CALM (Carer and Life Management Study)

Brigid Duffy, Dundee University, School of Nursing and Midwifery, Dundee, United Kingdom. Co authors: Sheena Gall and Lawrie Elliot

Abstract:

CALM (Caring & Life Management) is a newly developed assessment and support intervention for carers. The poster describes the results of a pilot study of the CALM intervention in nurses meeting the support needs of carers of people diagnosed with schizophrenia and the current study using an RCT and case study evaluation (completion in 2004).

Background: Health and Social care legislation and policies acknowledge the support needs of carers. However, the exact nature of that support remains unclear for nurses supporting carers of people diagnosed with schizophrenia (Arksey et al 2002). CALM was developed from an educational programme devised by Atkinson & Coia (1989), and the facilitative model of carer support developed by Nolan & Grant (1989).

Pilot: The IV and training programmes were developed during a pilot study between September 1999-April 2000 on 10 nurses and 10 carers. Results indicate that nurses could deliver the IV, community nurses were more able than hospital nurses to deliver this, and the clients wellbeing influenced the carers need for support

The Study: The aim is to evaluate the impact of the support intervention in meeting carers' needs, reducing subjective burden and increasing service satisfaction. The duration of the study is four years and includes a 6 months dissemination period.

The study employs mixed methodology. The main evaluation involves an RCT design. Community Mental Health Nurses' were randomly allocated to receive training in the new intervention or deliver support as normal. Carers' were randomly allocated to receive the new support intervention or support as normal. Outcome measures are gathered at baseline, post intervention and 6 months later. A parallel study utilising a case study design is being carried out. Cases will be drawn from carers who have least, most and no change in subjective burden scores at follow up.

Recommended reading:

Arksey H. O'Malley L. Baldwin S. Harris J. Mason A. Newbronner E. and Hare P. (2002) Services to support carers of people with mental health problems. University of York (Social Policy Research Unit & Centre for Health Economics) and Acton. Shapiro.

Atkinson J. A. & Coia, D. A. (1989) Responsibility to carers - an ethical dilemma. *Psychiatric Bulletin* (13) 602 - 04.

Nolan, M. R & Grant, G. (1989) Addressing the needs of informal carers: A neglected area of nursing practice. *Journal of Advanced Nursing*. 14, 950 - 961.

Education and training issues identified by qualified learning disability practitioners in the field of health and social care

Allyson Kent, Hull and East Riding Community Health, Learning Disabilities, Beverley, United Kingdom. Co authors: Jane Wray and Bob Gates

Abstract:

The UK government has delivered a number of legislative directives and national initiatives that seek to ensure the delivery of high quality services to people with learning disabilities. Initiatives such as the Care Standards Act [2000], Health and Social Care Act [2001] and the white Paper 'Valuing People' [DOH 2001a] are driving changes to promote the inclusion of people with learning disabilities in mainstream services. The complexity of this changing landscape of service delivery presents health and social care staff with significant challenges for the future. The impact of these initiatives on the future education of nurses, social workers and other professionals in the field has arguably never been so important.

This poster presents the findings of a two-year project undertaken in the North and East Yorkshire area that sought to identify educational and training issues for practitioners working within the field of learning disabilities. Data is presented from a survey of qualified professionals (n=342) and interviews with managers and training officers (n=8) from a range of health, social and independent care providers of learning disability services. Recommendations are made for the future commissioning of post registration education and training in the field of learning disabilities.

Recommended reading:

Care Standards Act [2000] HMSO: London

Health and Social Care Act [2001] HMSO: London

Department of Health [2001a] Valuing People: A New Strategy for Learning Disability for the 21st Century. Cm 5086. HMSO: London

An analysis of the extent to which the self perceived needs of terminally ill patients with cancer are shared by the nurses who care for them.

Deirdre Mc Grath, Waterford Institute of Technology, Department of Nursing and Health Sciences, Waterford, Ireland. Co author: Mullin Frank

Abstract:

This study was designed to explore a group of patients, who have a terminal illness due to cancer, and a group of nurses' perceptions of the patients' holistic needs. The research is qualitative and exploratory in nature. Semi-structured interviews were used as the research method of data collection. Data were analyzed using a phenomenological hermeneutic approach, as recommended by two key theorists in this field.

Findings demonstrated that the patients' perceptions of their needs were largely recognized by the nurses who were caring for them. Two main themes

emerged: the essence of caring and the value of psychological support. Five linked sub themes were identified: the need for empathy, the need for effective communication, the need for spiritual support, the need for social contact and the impact of witnessing death. There were areas identified where patients' perceptions of needs were different to those of the nurses. This was particularly clear in area of spirituality where patients and nurses differed on their perceptions of what constituted the essence of spiritual need and the distinction between spirituality and religion within the caring environment. The findings show tentatively that nurses often perceive inaccurately the holistic needs of this group of patients. The findings also suggest ways in which this may be achieved. The researchers recommend a need for practitioners and managers to develop a clear understanding of the holistic needs of this patient group. In addition, it is suggested that palliative care educational programmes should focus on how best to carry out the accurate and comprehensive assessment of holistic needs. The provision of nursing care can be advanced when patients perceptions of their holistic needs corresponds with the nurses caring for them. Further research into this important area of care is recommended.

Recommended reading:

Lohri-Posey, B. S. (2000) Fostering Holistic Care in Oncology Nursing. *Nurse Educator*. 25(3): 135, 144.

Fallowfield, L. (2001) Participation of patients in decisions about treatment for cancer: Desire for information is not the same as a desire to participate in decision making. *British Medical Journal*. 323(7322): 1144.

Kitson, A. Currie, L. (1996) Clinical practice development and research activities in four district health authorities. *Journal of Clinical Nursing*. 5(1): 41-51.

Methodology Description: This quantitative study uses an adapted questionnaire used successfully on children by Gordon and Grant (1997). It looks at the perceptions, attitudes and beliefs of young people about feelings, school, home life, health, leisure and the future. It is designed to demonstrate how young people are thinking and feeling about themselves and their lives.

Sample: The study is being undertaken in 5 secondary schools. It is envisaged that it will be possible to obtain a sample size of 500 schoolchildren. Any schoolchild within the year 11 group will be able to participate if they wish and their parents consent.

Results and Conclusion: All responses will be coded and data will be input using SPSS. Analysis allow for comparison between genders and schools. Descriptive statistics including percentages, means and standard deviations will be used. Cross tabs will also be used to look at interactions between the variables.

Analysis will be completed by the conference date.

The authors are aiming to publish the study in a peer-reviewed journal of suitable readership.

Recommended reading:

Gordon J and Grant G 1997 *How we feel: An insight into the emotional world of teenagers* Jessica Kingsley publishers

Dogra N 2000 Adolescent Perspectives on the provision of services for their mental health needs. *European Child and Adolescent Psychiatry* 9: 70-74

OppongOdiseng ACK & Heycock EG 1997 Adolescent Health Services-through their eyes *Archives of Disease in Childhood* 77: 115-119

Four themes emerged: The organisation: caring in context; Barriers and breaking the barriers; Theory and practice; only a student. Some implications and recommendations for nursing practice and nurse education, which arose included:

- The structural environment and the provision of equipment influences students' responses to caring for patients in source isolation.
- Balancing the science and art of caring for isolated patients reduces barriers to the student-patient relationship and promotes holistic care. Encouraging a critical thinking approach to caring for these patients is an important consideration.
- Integrating information needs of patients/visitors into the care plan assists students to gain experience in complex issues associated with caring for isolated patients.
- The powerful influence of role models on clinical learning and the need for effective clinical supervision is emphasised.
- Providing structured, continuous education acknowledges the interdependence of healthcare workers in preventing and controlling hospital-acquired infection.
- Acknowledging the important role that supernumerary students provide in ameliorating the negative consequences of source isolation for patients is important.

Recommended reading:

Courtenay, M. (1998) The teaching, learning and use of infection control knowledge in nursing, *NT Research*, 3 (2), pp. 118-130.

Sadala, M. (1999) Taking care as a relationship: a phenomenological view, *Journal of Advanced Nursing*, 30 (4), pp. 808-817.

Wilson, J. (2001) *Infection control in clinical practice* (2nd edition), Edinburgh: Bailliere Tindall.

61

Studying the perceptions of mental health issues in schoolchildren

Frances Walsh, Witham, Braintree and Halstead Care Trust, Research and Development, Braintree, United Kingdom.

Abstract:

Background: This study provides a baseline assessment of perceptions of young people of aspects influencing mental health and mental health provision. PHEW (Promoting Emotional Health and Well in adolescents), a local group comprising of representatives from local schools, the Primary care Trust (PCT) and the Child and Family Consultation Service (CFCS) sought to develop initiatives to improve the well being of adolescents.

The results of the study (currently at distribution stage) will assist PHEW to work with all health disciplines to plan mental health care services for this age group.

Aims

- To identify perceptions and attitudes towards mental health issues of Year 11 schoolchildren
- To identify potential risk factors that this age group face,
- To identify the views of mental health provision, where this has been experienced

62

Caring for infectious patients in source isolation. Student nurses' perceptions.

Irene Cassidy, University of Limerick, Department of Nursing & Midwifery, Limerick, Ireland.

Abstract:

The purpose of the study was to highlight issues central to students' experiences of caring for infectious isolated patients within the general hospital environment.

Source isolation or barrier nursing has been described as one way nurses can contribute to controlling the spread of infection within hospitals (Wilson, 2001). As part of their supernumerary clinical placements, caring for infectious isolated patients poses not only opportunities for learning but also challenges for the student nurse-patient relationship. This research described how meanings attached to the 'art' and 'science' of caring for isolated patients influenced students' capacity to meet their unique needs.

A

phenomenological approach grounded in Gadamerian hermeneutics guided the study. Eight students in their second year of the general nursing programme were interviewed using an unstructured, open-ended and face-to-face approach. Data analysis was approached through thematic analysis.

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Staff perceptions of incident reporting as a mechanism to support team and organisation learning in relation to violence and aggression

Sue Jaycock, Nottinghamshire Healthcare NHS Trust, R&D Dept, Nottingham, United Kingdom.

Abstract:

Current health policy places emphasis on the fact that lessons should be learnt when incidents or adverse events occur and outlines the importance of effective incident reporting systems if this is to be achieved (DOH, 2000, DOH, 2001).

This qualitative interview study was undertaken within the learning disability service of a Mental Health and Learning Disability NHS Trust. It aimed to explore staff attitudes to incident reporting and to gain an insight into their perceptions of incident reporting as a mechanism to support team and organisation learning in relation to violence and aggression. Fifteen semi-structured interviews were undertaken and analysed using framework analysis.

The findings suggest there is wide variation between individuals and teams as to what types of behaviours, associated with violence and

aggression, warrant the completion of an incident form and that perceptions of incidents, that should be reported, can alter significantly, due to factors such as work volume, peer pressure and the level of exposure to violence and aggression.

In relation to the potential of the incident reporting system to support teams and the Organisation to learn a clear commitment to adopting a 'learning culture' was found. However, there was a lack of clarity with regards what happens to information once an incident form is completed and feedback mechanisms, following the analysis of forms, was ad-hoc. Some good practice was identified in relation to learning from incidents but generally there were limited opportunities to share learning points.

The study highlighted a range of attitudinal and process related complexities in relation to the reporting of incidents of violence and aggression within a learning disability service. The findings of the research are anticipated to contribute to debate and developments within the service in which the study was undertaken to help teams and the Organisation learn from incidents more effectively.

Recommended reading:

Department of Health, 2000. An organisation with a memory: Report of an expert group on learning from adverse events in the NHS chaired by the Chief Medical Officer. London: HMSO.

Department of Health, 2001. Building a safer NHS for patients: Implementing an organization with a memory. London: Department of Health.

64

Issues in health visiting practice with women who are refugees

Vari Drennan, Royal Free and UCL Medical School, University College London, Dept. of Primary Care & Pop. Sciences, London, United Kingdom. Co author: J Joseph

Abstract:

Public health policy in the England supports a targeted approach towards at risk and vulnerable groups within the population (Department of Health 1999: one such group are women who are refugees and asylum seekers in the UK. There is evidence to suggest that these women are more likely to experience depression than either non-refugee women or male asylum seekers (Carey Wood J et al 1995, Iglesias E et al 2003). As a universal public health service to all families with children under five, health visitors are well placed to identify emotional and mental health problems of women who are refugees and asylum seekers. Despite successive waves of refugees to the UK in the twentieth century there are only a few published individual accounts of health visiting practice with this vulnerable group and no published empirical studies. This presentation reports on an exploratory study investigating issues in professional practice for health visitors working with refugee and asylum seeking families in Inner London as part of generic caseloads. Data is drawn from interviews with health visitors experienced in working with women who are refugees and asylum seekers. The analysis provides both description of key challenges to accepted health visiting practice and the testing of the data against theoretical constructs for prioritisation of health needs. The presentation concludes with

proposals for professional practice development with this vulnerable group and questions for future study.

Recommended reading:

Carey Wood J, Duke K, Karn V, Marshall T. (1995) The Settlement Of Refugees In Britain(Home Office Research Study 141.). London: HMSO

Department of Health (1999) Saving Lives: Our Healthier Nation. Cmd 4386. London, Stationary Office.

Iglesias E, Robertson E, Johansson SE, Engfeldt P, Sundquist J. (2003) Women, international migration and self-reported health. A population-based study of women of reproductive age. Soc Sci Med. ;56 (1): 111-24

65

Reframing manual handling in the context of rehabilitation

Wendy Brooks, Epsom and St Helier University Hospitals NHS Trust, Stroke Unit, Surrey, United Kingdom. Co authors: Joan Gabbett and Anne Whittet

Abstract:

The aim of the study is to improve the standard of care for stroke patients by providing a consistent rehabilitative approach to manual handling over a 24hour period. This study was prompted by disparities between manual handling guidance for nurses and clinical governance issues regarding delivery of best clinical care. Manual handling operating regulations (1998) specify that employees should arrange work to avoid manual handling using automated means. However nurses need to be able to help facilitate patient movement without putting themselves at risk. National Guidelines specify that all team members should adopt a consistent approach to handling and that patients should be given as much opportunity as possible to practise skills (RCP National Clinical Guidelines for Stroke 2000).

This paper describes the development, implementation and evaluation of a rehabilitation handling training programme on a 16 bed stroke rehabilitation unit which enabled nurses to handle stroke patients therapeutically while adhering to existing manual handling guidance. A case-study design was used incorporating pre and post-implementation evaluation of patient and staff perceptions of the programme.

The programme comprised underpinning knowledge (normal movement approach), supervised practice with non-patients, supervised practice with patients and assessment of competence in handling patient without prompts. The training also included risk assessment and care planning. Patient questionnaires investigated patient confidence in the way they were handled, occurrence of pain on moving, what opportunity patients felt that they had to practise skills learned outside of therapy sessions and how much patients felt that they participated in various manoeuvres. Staff questionnaires investigated knowledge of handling, positioning and issues around normal movement and recovery. Furthermore, in-depth interviews with members of staff were undertaken to elicit individual perceptions of the effectiveness and appropriateness of the training programme.

This paper presents the results from the patient and staff questionnaires. (Project will be complete Dec 2003)

Recommended reading:

HSE (1998) L23 Manual Handling Operations Regulations 1992 and guidance on regulations 1998 Suffolk: HSE Books

National Clinical Guidelines for Stroke 2000. Royal College of Physicians, London

66

Nurse facilitators' experience with delivering a community-based chronic pain self-management program

Karen Webber, Memorial University of Newfoundland, School of Nursing, St. John's, NF, Canada. Co authors: Sandra M LeFort and Judith Watt-Watson

Abstract:

Aim of Investigation: To explore the experience of nurse-facilitators in delivering a community-based Chronic Pain Self-Management Program (CPSMP) (LeFort et al. 1998) and their satisfaction with the training provided using qualitative analysis.

Methods: Twelve community nurses were given a 3-day training session to facilitate a 6-week psychoeducational program for people with chronic non-cancer pain. These nurse-facilitators led 24 programs at 6 sites in two Canadian provinces. Following completion of all programs, the nurses were asked to participate in an audio-taped telephone interview. The consenting nurse-facilitators were asked questions about the training they received, their satisfaction with how it prepared them, any difficulties they encountered in delivering the program, their perceptions of the impact of the program and any suggestions they had to improve both the training and the CPSMP. Each interview lasted approximately one hour and this material formed the basis of the qualitative analysis.

Results: The analysis indicated that the nurse-facilitators evaluated the training sessions to be both comprehensive and appropriate. The teaching materials that were provided helped them to feel confident in leading the sessions. The time required to prepare and implement the programs was at times problematic as some nurses were not given the contracted time away from daily responsibilities. Overall, the responses were positive.

Conclusions: Short-term qualitative responses indicated that nurse-facilitators benefited from the training program for the community-based psychoeducational CPSMP. Although responses to the experience were positive, they provided several suggestions that would make facilitation easier.

Recommended reading:

LEFORT, SM. GRAY-DONALD, K. ROWAT, KM. JEANS, ME. 1998. Randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain. Pain, 74, 297-306.

67

Understanding why older people participate in clinical trials: the experience of the Scottish PROSPER participants

Elizabeth Tolmie, University of Glasgow, School of Nursing, Glasgow, United Kingdom. Co authors: Moira Mungall and Greig Louden

Abstract:

Background: Over the next 20 years it is anticipated that there will be a significant increase in those aged 75 and over, and a consequent increase in cardiovascular disease, cancer and chronic illness. As this shift takes effect, there will be an increased need for treatment strategies that are of known benefit to this age group and a consequent rise in demand for clinical trials that are conducted specifically with the older population. Because factors that motivate older individuals to participate in clinical trials may differ from those that influence younger adults, it is important to evaluate the strategies used to encourage recruitment and retention and to determine how appropriate these are.

Aim: Evaluation of the reasons why subjects agree to participate in a controlled clinical trial of vascular disease prevention and the strategies used to improve compliance and protocol adherence.

Methods: Subjects: 2520 PROSPER (Prospective Study of Pravastatin in the Elderly at Risk) participants, aged 70: 82 with either pre-existing vascular disease or at least one major vascular risk factor (hypertension, cigarette smoking, or diabetes mellitus).

Design of study: Two-stage iterative survey. Stage I was exploratory.

Results: Curiosity, or an interest in finding out more about the study, 'a desire to support research', and anticipated personal benefits, such as health screening, were the most important motivators for generating initial interest in the trial. Ongoing health monitoring was the most important recruitment and retention motivator ($p=0.001$).

Conclusions: Curiosity, self interest and altruism may act as motivators at different points in the study time-line. However, fostering positive relationships between staff and recruits, and keeping recruits informed about the progress of the study are likely to maximise the retention of older subjects to long-term trials.

Recommended reading:

Davidson M. (1996) Is the inclusion of the elderly in cancer and cardiovascular clinical trials increasing? *Controlled Clinical Trials* Vol 17 (2) pp. 51S-52S

Mattson ME, Curb DJ, McArdle R, and the BHAT and AMIS Research Groups. (1985) Participation in a clinical trial: The patient's point of view. *Controlled Clinical Trials* (6) pp. 156-167

Wineman NM, Durand E. I (1992) Incentives and rewards for subjects in nursing research. *Western Journal of Nursing Research* 14 (4): 526-531.

68

Critical care nurses 'lived' experiences of caring for Muslim patients in Saudi Arabia

Philomena Halligan, Royal College of Surgeons in Ireland, Faculty of Nursing & Midwifery, Dublin 2, Ireland

Abstract:

This paper describes the fundamental structure of caring for Muslim patients as lived by critical care nurses in a critical care unit in the Eastern Province of Saudi Arabia. The participants were six female critical care nurses from five Western countries. A transcendental phenomenological approach was adopted to reveal the true essence of caring.

Unstructured interviews were conducted and interpreted using Colaizzi's (1978) seven procedural steps. Three themes emerged from the participants' experience: family and kinship ties, cultural and religious practices and the nurses' perspectives. Family and kinship ties focused on the role of the family and their involvement which created stress, frustration and emotional labour for the nurses. Cultural and religious practices focused on the important link between care and culture and demonstrated how the nurses' beliefs and values, attitudes, biases and ethnocentrism were challenged.

Finally, the nurses' perspectives focused on the development of personal knowledge, increased knowledge of the Arabic language, culture and religion and a very worthwhile experience.

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Use of the 'Canadian C-Spine Rule' by nurses as a decision tool for cervical spine immobilisation in alert, stable trauma patients

Phil Miller, Queen's Medical Centre, Emergency Department, Nottingham, United Kingdom. Co author: Frank Coffey and Anne-Marie Reid

Abstract:

Background: Potential cervical spine injuries in alert and stable patients are a common presentation to emergency departments. Cervical spine injuries are rare. Many of these patients are unnecessarily immobilised, often for long periods of time. The 'Canadian C-Spine Rule' is a validated clinical decision rule originally designed to allow clinicians to be more selective in the use of imaging in this group of patients.

Objectives: The objectives of this ongoing study which commenced in May 2003 are:

- To determine the potential of the 'Canadian C-Spine Rule' used by nurses to reduce the number of patients unnecessarily immobilised.
- To compare the use of the 'Canadian C-Spine Rule' by doctors and nurses.

Setting: A teaching hospital emergency department (ED) with an annual attendance in excess of 120,000 new patients.

Methods: A prospective cohort study of alert, stable patients presenting with acute blunt trauma to the head and neck. Nurses, trained to use the 'Canadian C-Spine Rule', assess eligible patients on their arrival in the ED. They complete data sheets classifying

the need for immobilisation according to the rule. Patients continue to be immobilised according to current departmental practice. Doctors, blinded to the nurse decision, subsequently complete a second data sheet for each patient.

Statistics: The McNemar test was applied to evaluate the reduction in immobilisation. Inter-observer agreement between doctors and nurses was measured by calculating the kappa coefficient.

Results: To date 111 patients have been enrolled in the study. None had a significant cervical spine injury. Use of the 'Canadian C-Spine Rule' would have decreased the immobilisation rate by 53% ($p=0.05$). The majority of nurses (77.5%) were 'very comfortable' or 'comfortable' using the rule. Inter-observer agreement for the 'Canadian C-Spine Rule' between doctors and nurses was 'fair'.

Conclusion: The 'Canadian C-Spine Rule' used by nurses has the potential to decrease significantly the neck immobilisation rate in patients presenting to emergency departments following acute, blunt trauma to the head and neck. There was some variation between doctors and nurses in their use of the rule. In this paper we will discuss inter-observer differences for the individual component variables of the rule.

Recommended reading:

Stiell I. G. Clement C. Wells G. A. et al. Multicentre prospective validation of the 'Canadian C-Spine Rule'. Oral presentation at the 9th International Conference on Emergency Medicine. Edinburgh. June 2002.

Salt P. Clancy M. (1997) Implementation of the Ottawa Ankle Rules by Nurses working in an Accident and Emergency Department. *J of Acc Emerg Med.* 6: 363-365.

Mann C. J. et al. (1998) Use of the Ottawa Ankle Rules by Nurse Practitioners. *J of Acc Emerg Med.* 5: 315-316.

70

Fascism & Foucault A genealogical approach to the emergence of the modern nurse in National Socialist Germany

Alison O'Donnell, University of Dundee School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom.

Abstract:

Traditionally, the history and evolution of nursing is said to be firmly founded with the name of Florence Nightingale. Yet nurses and nursing are also inextricably linked to the social history of the day - an extreme example of this is, the role which some German nurses adopted during the era of National Socialism and the Third Reich.

From the contemporary literature, the theme of obedience transpired as an important inference in attempting to understand the complicity of nurses working during the National Socialist era of the 1930s and 1940s in Germany. Traditionally, during the early part of the twentieth century, obedience to a hierarchical authority figure has been perceived as a virtue in nursing (Baly 1986). However, this long praised virtue takes on a new aspect when it may serve a malevolent cause.

Michel Foucault (1926-1984) would suggest that governmentality is a matrix of power which both disciplines and inspects the individual and society. Within this, and related specifically to healthcare, Foucault focussed on the relationship between life experiences, knowledge and power. It is suggested that by adopting a Foucauldian approach, or genealogy, as a historical investigation into specific [nursing] events will enable the researcher to challenge the power and truth relations that construct our reality.

Against the backcloth of nurses in the Third Reich and the political actions which preceded this, the aim of this poster, which is work in progress, is to explore the current Foucauldian framework being considered as a genealogical method to view the evidence and events of that time.

Recommended reading:

BALY, M. E. (1986). Florence Nightingale and the Nursing Legacy. London: Croom Helm.

FOUCAULT, M. (1977). Discipline and Punish. London: Tavistock.

GORDON, C. (1980). Truth and Power. IN: GORGON, C. ed. (1980). Power/Knowledge: Selected Interviews and Other Writings 1972 - 1977. New York: A. M. Sheridan Smith

71

An illuminative evaluation of skills rehearsal under simulated conditions in a multi-professional mentorship programme

Ruth Clemow, Faculty of Health and Social Work, Nursing and Acute Care, Plymouth, United Kingdom

Abstract:

This presentation explores skills rehearsal under simulated conditions in a multi-professional mentor preparation programme. Skills rehearsal was introduced in a mentor preparation programme as a learning and teaching method to advance mentorship skills and understanding of inter-assessor reliability in the assessment of practice.

This illuminative inquiry set out to evaluate whether simulation conditions enabled participants in this case study to develop skills of mentorship and understanding of inter-assessor reliability. Fifteen Students from four allied/health professions and four Practice Educators were interviewed in focus groups, producing rich, vivid description of simulated experience within a mentor preparation programme. The curriculum documentation was also analysed. The findings from thematic analysis illuminated the strengths and limitations of simulation conditions that impacted on the learning experience as well as students' development of mentorship skills competence and their subsequent understanding of inter-assessor reliability. The findings are analysed and discussed in context of the contemporary debate on clinical competence, outcomes based education and protection of the public; for example by professional bodies and the Department of Health: Agenda for Change (NMC 2003, HPC 2002, DOH 2002). The significance of providing a simulated environment is that health professionals can have exposure to and practice skills in a 'safe' environment. The importance of clinical simulation and reflection on experience as encompassed in social learning theories where individuals learn

what they believe they need to learn when exposed to new situations and challenges are considered. Other, contemporary descriptive and evaluative studies on the preparation for the role of mentor are lacking.

This presentation therefore contributes as an example of an innovative approach in learning and teaching of mentorship skills in a multi-professional context.

Recommended reading:

Barr H (1998) Competent to collaborate: towards a competency-based model for inter-professional education. *Journal of Interprofessional Care*, Vol 12; 2, 181-187

English National Board/Department of Health (ENB/DOH) (2001) The Preparation of Mentors and Teachers: Inter-professional guidance. London, ENB/DOH

Weinger E (2001) Communities of Practice: Learning, Meaning and Identity. Cambridge, Cambridge University Press

72

The treatment of common mental health problems by community psychiatric nurses in primary care

Lucy Simons, University of Southampton, Community Clinical Sciences, Southampton, United Kingdom. Co authors: Tony Kendrick and Judith Lathlean

Abstract:

Background: Community psychiatric nurses (CPNs) are being placed in a difficult position due to conflicting policy guidance from central government (Secker et al 2000). Whilst community care has meant that CPNs are expected to direct their attention to people with severe and enduring mental illness, increasingly the empowered primary care sector is looking for appropriate treatments for people with common mental health problems (CMHPs). General practitioners have repeatedly shown a desire to access CPN services for CMHPs, but firm evidence for the efficacy of CPNs in this setting has not been found. Moreover, recent policy from the DoH states that most patients treated by community mental health teams will be those with time limited CMHPs, with a substantial minority of patients that require ongoing treatment (DoH 2002).

Aims and Objectives: To understand CPNs views on the issues of CMHPs and primary care. The study explores the views of CPNs involved in treating CMHPs as part of a large DoH funded randomised controlled trial (Simons et al 2001), and those with limited experience of this patient group.

Design: An exploratory, qualitative inquiry. Methods of data collection and analysis include interviews, group discussions and narrative analysis.

Participants: CPNs from local mental health trusts, some of whom have been participating in a trial of treatment by CPNs for CMHPs in primary care (Simons et al 2001).

Results: The study is on going. To date individual interviews have been conducted with 24 CPNs participating in the treatment trial and five group discussions with 29 CPNs from a range of backgrounds and experience. The background and

method will be presented, with some early findings. By privileging the views of CPNs the study will provide a unique contribution to the debate around the appropriate role of CPNs in primary care.

Recommended reading:

Department of Health (2002) Mental health policy implementation guide: Community mental health teams Department of Health Publications, London

Secker J, Pidd F, Parham A and Peck E (2000) Mental health in the community: Roles, responsibilities and organisation of primary care and specialist services *Journal of Interprofessional Care* 14 (1) 49-58

Simons L, Mynors-Wallis L, Pickering R, Brooking J, Thompson C, and Kendrick T (2001) Trial of problem solving by community psychiatric nurses for anxiety, depression and reaction to life difficulties among general practice patients: Background and method *Primary Care Psychiatry* 7 (4) 129-135

73

Graduate entrants into nursing. Do we meet their needs?

Ann Halkett, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom. Co author: Isabella McLafferty

Abstract:

Introduction: Anecdotal information suggested that the current pre-registration course offered to university graduates did not satisfy their needs. A review of the literature revealed very little published material and that the literature that did exist was predominantly American in origin. As recruitment and retention is a major issue in healthcare it was decided that this would be a useful topic to study. Permission was granted to carry out a study aimed at exploring students' perceptions of the current course. Three main questions needed to be addressed:

1. How well did the course meet their needs?
2. What are the strengths and weaknesses of the current programme?
3. Did the course prepare them to function as first level nurses?

Design: Purposive sampling was adopted and all student currently undertaking the course were invited to participate (n=37). Data was collected using 3 focus group interviews with a minimum of 5 and a maximum of 7 participants in each group. The groups were facilitated by a lecturer who was not known to the participants. All interviews were tape-recorded. The tapes were transcribed and data analysed using a content analysis approach.

Findings: Several important themes and sub-themes emerged from the interviews. These were consistent across all groups. The themes were:

- Usefulness of their first degree to their current programme of study
- Course design and content
- Assessment strategies
- Placement issues
- Attitudes of others

Discussion: These findings are being used to inform the design of a new course and have contributed to

changes in proposed content, level of delivery, and academic award.

Recommended reading:

Holloway I, Wheelan S. (1996). *Qualitative Research For Nurses*. Oxford. Blackwell Scientific Ltd.

Kreuger R. (1994). *Focus Groups. A Practical Guide To Applied Research*. (2nd Ed.) Housand Oaks. Sage Publications.

74

Is work performance enhanced by identifying and controlling/reducing work related stress in cancer nursing?

Christine How, Buckinghamshire Chilterns University College, Faculty pf Health Studies, Chalfont St Giles, United Kingdom. Presented by David Brodie

Abstract:

Nursing has long been accepted as a stressful occupation, and for nurses working with cancer patients this is compounded by the human suffering they encounter (Marshall and Barnett 1993).

The aims of this study were to;

- Identify work related stress and its effects on performance as perceived by nurses working in a cancer centre,
- develop a tool with which to measure performance,
- implement stress relieving/buffering interventions and evaluate their effects on stress and performance.

A sample of 31 nurses was recruited from three cancer wards/units within one cancer centre. A quasi-experimental, pre-test-post-test design was used to assess effects of interventions on stress and performance. Methodological triangulation was employed to address the research question. Semi-structured interviews were conducted to elicit perceived work related stressors, the data from which were used to formulate performance indicators. Data from three questionnaires; The Nursing Stress Scale, Performance Indicators and Demographic Information, were collected pre and post-test. Staff on two wards/units received the interventions, progressive relaxation or clinical supervision, for four months. A third ward/unit acted as controls and received no intervention. SPSS was used to analyse questionnaire data. Correlation coefficients were used to analyse the relationship between variables, and non-parametric tests were used to test for differences between pre and post-test scores.

Overall, the two main causes of stress were found to be excessive workload, and issues surrounding death and dying. The majority of participants reported working overtime, missing tea/meal breaks, and experiencing stress related symptoms. Differences between pre and post-test scores were minimal, suggesting that the interventions made little or no difference. Nevertheless, a significant correlation ($p < 0.04$ pre-test and $p < 0.001$ post-test) was observed between stress and performance. This study highlights the need for further research in this area of clinical practice.

Recommended reading:

Marshall N L, Barnett R C 1993 Variations in Job Strain Across Nursing and Social Work Specialities. *Journal of Community and Applied Social Psychology* 3: 261-271

Gray-toft P, Anderson J G 1981 Stress Among Hospital Nursing Staff: its Causes and Effects. *Social Science and Medicine* 15A (5) 639-647

Obholzer A, Roberts V Z (eds) 1994 *The unconscious at work: Individual and Organisational Stress in the Human Services*. Routledge: London

75

Improving mealtime care for older people in hospital

Angela Dickinson, University of Hertfordshire, Centre for Research in Primary and Community Care, Hatfield, United Kingdom. Co authors: Carol Welch, Aileen Costar, and Laurie Agar

Abstract:

It is widely acknowledged that patients in hospital are at risk of malnutrition. Those who are in older age groups are particularly vulnerable (Tierney 1996). Despite knowledge of the prevalence of undernutrition in institutional settings being available for over 20 years (Hill et al 1977), the problem remains. People eat food not nutrients and eating is a complex activity with social, psychological and biological aspects. Other research has highlighted the importance of the mealtime environment itself including the ambience (Mathey et al 2001).

The study aims to implement patient-centred mealtimes by changing the focus from institutional convenience to one which focuses on the requirements of the patients themselves through education as well as addressing ward culture.

The methodology for the project is participatory action research, enabling practitioners to collaborate in the research inquiry in a democratic way. The project is being undertaken on a ward caring for 38 patients with complex discharge needs where three of the investigators are employed.

The poster will present findings from the first phase of the study.

Sample: 3 focus groups were held with 19 staff, 6 patients were interviewed and 6 mealtimes were observed.

Analysis: Focus groups and interviews have been transcribed and analysis has followed an inductive grounded theory process, facilitated by N5A.

Findings: Factors impacting on patients' experiences of mealtimes emerging from the first phase of the study have been grouped into three main themes:

- Institutional and organisational constraints (e. g. timing of meals, food supply)
- Nursing care and priorities (assessment, mealtime care, patient choice)
- Eating environment (aesthetics, physical and social).

The research and change processes themselves will be documented in order that the learning may help other clinical areas.

Recommended reading:

Hill GL, Pickford I and Young GA (1977) Malnutrition in surgical patients: an unrecognised problem. *Lancet* i: 689-692.

Mathey M-F, Vanneste V, de Graaf C et al (2001) Health effect of improved meal ambience in a Dutch nursing home: a 1 year intervention study. *Preventative Medicine*. 32: 416-423.

Tierney AJ (1996) Undernutrition and elderly hospital patients: a review. *Journal of Advanced Nursing*. 23: 228-236.

76

You have to be on duty at 7am or forget it - participant observation on a mental health ward

Joy Bray, Homerton College, School of Health Studies, Cambridge, United Kingdom.

Abstract:

This paper describes the instigation of participant observation as a method of data collection forming part of an ethnographic study of mental health nursing.

The fieldwork was carried out over an 18 month period in three adult, acute admission wards in one mental health hospital setting in the UK. The process of gaining access to the wards will be presented alongside the difficulties inherent within the prescribed researchers role. The continuing insider outsider dilemma is evident, there is a recognised tension between the researcher relating their subjective experience and including that as acceptable data yet also having the ability to distance themselves and 'observe' the process. The way in which this was managed is discussed with examples from the text.

Recommended reading:

Bray, J (2003) *An Ethnographic Study of Psychiatric Nursing*. Unpublished Phd thesis University of Essex.

Brewer, J (2000) *Ethnography*. Buckingham: Open University Press.

Berg, D & Smith, K (1988) *The Self in Social Enquiry*. London: Sage Publications.

77

Cost-effectiveness of the chronic pain self-management program

Sandra LeFort, Memorial University of Newfoundland, School of Nursing, St. John's, NF, Canada. Co authors: Denise Guerriere and Ruth Croxford

Abstract:

Aims: The Chronic Pain Self-Management Program (CPSMP), developed for group presentation in community settings, emphasizes problem solving, mutual support, and individual experimentation with cognitive and behavioural self-management strategies. In a previous study, CPSMP participants reported improved pain and quality of life (LeFort et al. 1998, p. 302-303). The primary aim of this study was to examine the effectiveness of the CPSMP in

reducing health care utilization and out-of-pocket expenses.

Methods: Over 200 individuals in urban and rural settings in three Canadian provinces suffering from chronic non-cancer pain were enrolled in this randomised controlled trial. Each month participants were mailed the Ambulatory and Home Care Record to assess health care utilization, out-of-pocket expenses (medication, supplies, etc.), and time lost from work and leisure for a one-year period.

Results: Participants (80% female, mean age 47 yrs) were randomly allocated to either the treatment group (n=102) or to the wait-list control group (n=105). Comparisons between groups at 3 months on measures of health care utilization, out-of-pocket expenses, and time lost for work and leisure will be presented. As well, within-subject comparisons related to utilization and cost over one year will be discussed.

Conclusions: The cost-effectiveness of the CPSMP, a psychoeducation intervention, when delivered by community-based nurses and others as an adjunct for the management of chronic pain will be discussed.

Recommended reading:

Lefort, S. M. Gray-Donald, K. Rowat, K. M. And Jeans, M. E. (1998). Randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain. *Pain*, 74, 297-306.

78

Comparison of career aspirations between primary academic nurses and second career nursing graduates

Ruth Kaplan, Assaf Harofe Medical Center, Academic School of Nursing, Zrifin, Israel.

Abstract:

Background and Objective: We asked whether mid-career change, non-academic nursing graduates would have different goals and aspirations from primary graduates of an academic nursing program. Our objective was to identify new graduates' future career aspirations so as to allow for appropriate nursing resource planning, using a qualitative research method.

Methods: Graduates of a mid-career change non-academic nursing program were compared with those who completed a four year academic primary nursing program. The graduates were requested to describe their career development and personal aspirations for the future. The development of these goals and expectations was monitored, and characteristic features of each group, with regard to thought and professional behaviour patterns and professional aspirations was determined for each group. The study tool comprised a qualitative questionnaire focussing on goals set upon completion of studies, the degree to which these goals were achieved, and projected professional development over the next five years.

Results: 231 mid-career change nurses were compared with 273 primary academic nurses. Two models became apparent based on different professional development directions between the groups. Characteristic of the career change group was an aspiration towards clinical specialization and professionalization. These specialization goals included primarily psychiatric, oncologic

and geriatric nursing. In contrast was the academic primary nursing group among whom an aspiration to progress towards administrative and management roles was identified. This group of nurses related to the administrative aspects of nursing as a source of authority and professional power allowing influence on nursing practice.

Conclusion: Our findings demonstrate different aspirations and goals within the nursing profession between career change and primary academic nursing. These differing concepts influence career development and subsequent professional appointments. Nursing planning should take these different professional streams into account in order to achieve optimal utilization of nursing resources.

Recommended reading:

McDonald, W. K. 1995. Comparison of performance of students in an accelerated baccalaureate nursing program for college graduates and traditional nursing program. *Journal of Nursing Education*, 34, 123-127.

Omara, L. Byrne, C. Down, W. 1996. Fast tracking in baccalaureate nursing education: One Canadian responseto students with advanced training. *Nurse Education Today*, 16, 106-114.

White, K. R. Wax, W. A. Berrey, A. L. 2000. Accelerated second degree advanced practice nurses: How do they fare in the job market? *Nursing Outlook*. 48 (5): 218-222.

79

Effects of nurse led psychological support on reducing anxiety and satisfying the needs of families with relatives in intensive care: A randomised controlled trial

Catharine Harries, Royal Brompton and Harefield NHS Trust, Adult Intensive Care Unit, Chelsea, United Kingdom. Co authors: Surjeet Kaur and Sharon Fleming

Abstract:

Background: The focus of critical care is recognizing and normalizing deranged physiology. Communication with patients and their families may be given a lower priority, but family health is a significant factor in patient's recovery (Neabel et al 2000). Patients relatives frequently suffer significant and measurable stress (Plowright 1995), however little is known about how they cope with their hospital experience. A local audit highlighted a high prevalence of anxiety and loneliness expressed by patients' relatives despite general satisfaction with medical care (Royal Brompton & Harefield NHS Trust 2001).

Objectives: This clinically based randomised controlled trial will evaluate the effectiveness of a nurse providing psychological support to relatives of patients who are critically ill.

Methods: The relatives of patients anticipated to stay on the intensive care unit (ICU) for at least another three days are approached by the research nurse. After obtaining informed consent approved by the local research and ethics committee from a nominated relative. Three questionnaires are administered (State Trait Anxiety Inventory, Beck Depression Inventory and the Critical Care Family Needs Inventory). Participants are then randomised

to either the intervention group, which receives protocol-directed psychological support from the research nurse, or the control group, which receives routine care and support. Questionnaires are readministered 24 hours after discharge from ICU and 6 weeks later.

A power calculation was done using anxiety as the primary outcome. It is estimated that 60% of the population will be moderately anxious at baseline measures. To reduce anxiety levels by 20% after proposed intervention, with a significance level of 0.05 and 95% power, a sample of 222 is needed. Our annual admission rate is over 1000 with an estimated 400 patients per year staying longer than three days. Considering 8% mortality and 15% for relatives who withdraw from the study 272 patients will be recruited over a 10 month period.

Expected value of results: Through principles of evidence based practice provide sound evidence resulting in the generation of a new role to meet the needs of relatives.

Recommended reading:

Neabel B et al 2000 Family assessment tools: A review of the literature from 1978-1997 *Heart & Lung* 29 (3): 196-209

Plowright C. L 1995 The needs of visitors in the intensive care unit. *British Journal of Nursing* 4: 1081-1083

Royal Brompton and Harefield NHS Trust 2001 Relatives opinion survey in adult intensive care. Nursing Development and Quality Department. Royal Brompton Hospital. London. Unpublished

80

Patients' preferences: an autophotographic exploration of the environment of care in UK NHS hospitals.

Mary Douglas, Salford Royal Hospitals NHS Trust, Academic Affairs, Salford, United Kingdom. Co author: Calbert H. Douglas

Abstract:

Introduction: Recent research work in both the US and the UK has begun to identify the importance of patient environments and the patients' perspective of how such environments contribute to health and wellbeing and recovery from illness (Ulrich 1997; Francis and Glanville 2001; Lawson and Phiri 2000). This research study sought to identify and assess how current hospital patients perceive the environment in which they receive care and to assess the value that patients' place on such provision.

Aim: To investigate the attitudes, perceptions and reactions of patients to the environment of care provided within UK, NHS Trust hospitals.

Method: This poster reports the results of an autophotographic study carried out in Salford, UK. A digital camera was given to hospital in-patients in order for them to record their own interpretations and impressions of the hospital environment. This combination of an unusual methodology combined with a high level of patient participation provides a unique insight into the human-environment interactions taking place within the ward, and reveals a variety of information about the ways in which design, atmosphere and nursing care influence perceptions of the hospital environment.

Results: The study identified what matters to patients in terms of their immediate environment. It identified their preferences for different types of hospital design and layout and provided insight into factors, which they perceive contributed to their general health and wellbeing.

Conclusions: Results from this study will add to the growing body of evidence which links patients' areas and patients perception of such areas to health qualities. Findings will provide evidence to inform NHS Estates Best Practice Guidelines for future healthcare design and will assist clinical staff in understanding how the hospital environment impacts on patients' experience of care.

Recommended reading:

Ulrich R. S. (1997) A theory of supportive design for healthcare facilities. *Journal of Healthcare Design* 9: 3-7.

Francis S. and Glanville R. (2001) *Building A 2020 Vision: Future Health Care Environments*. London: The Stationery Office.

Lawson B and Phiri M. (2000) Room for improvement. *Health Service Journal* January 2000; 24-26.

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Can providing net-based support for students in clinical practice settings make a difference?

Mary Douglas, Salford Royal Hospitals NHS Trust, Academic Affairs, Salford, United Kingdom. Co author: Tim Snashall

Abstract:

Introduction: Aims of study

To investigate the impact of providing dedicated net-based personal computers in multi-disciplinary clinical settings for use by health care students on clinical placement

Methods: Evaluation methods included electronic logging of terminal usage, pre and post-project questionnaire surveys to students, mentors and tutors, and focus group interviews with students. Data collected was both quantitative and qualitative.

Results: The study found a demand for student's access to information services whilst in a practice setting.. This demand is mainly to gather information and for communication between students. It found that there are benefits in having terminals dedicated to educational purposes near to, but not actually in, clinical areas. Terminals in settings with on-going support were used more than others. However, terminals were generally underused.

Conclusions: Providing dedicated terminals in the practice setting can facilitate use of Information Technology resources during practice placement. Existing barriers to implementation, and attitude and acceptance of the relevance of information technology to the delivery of clinical care need to be addressed. A lack of general computer skills, confidence and knowledge needs to be tackled in order to maximize utilization and integration of Information Technology resources. In addition, there needs to be partnership arrangements between the organisation providing a placement for practice experience and the higher education institution providing support services.

Recommended reading:

Department of Health. (1998) 'Information for Health: an information strategy for the Modern NHS 1998-2005 a national strategy for local implementation, Department of Health, NHS Executive, London

Department of Health (2002) 'Delivering 21st Century IT Support for the NHS: National Strategic Programme, Department of Health, London

Urquhart, C. and Davies, R. (1997) 'EVINCE': the value of information in developing nursing knowledge and competence, *Health Libraries Review*, 14(2), pp. 61-72.

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Education for childbirth and parenthood: A framework to inform practice

Miriam Smith, University of Ulster, School of Nursing, Co. Antrim, United Kingdom. Co authors: George Kernohan and Felicity Hasson

Abstract:

The population that benefits from parenthood education comes from all walks of life and range from young teenagers to older parents who give birth in their 30s and 40s. In our multicultural and multiethnic society providers are challenged to deliver a quality education to parents of different ages, gender and social background. Research undertaken in one Irish health board area, led to the development of a four-phased framework for antenatal and postnatal education. Based on the findings of a consultation process with national and international experts from the field of parent education, and evidence of best practice. This paper describes the education framework and the results of the consultation process.

Phase one demonstrates the need for education and information as being important at the early stages of pregnancy.

Phase two reports on the educational preparation needed for the women and her 'significant other' for labour and birth.

The third phases focus on delivering basic care skills training to the new mother and care of self-techniques.

The final phase encourages mothers to identify their personal and social resources as part of their preparation for mothering by accessing support networks.

The four phases are supported by a tracking and liaison system, which aims to increase efficiency and collaboration to inbed parenthood education within the maternity service. This would operate amongst and between expectant and new parents and a range of maternity care professionals.

The research demonstrates the need for tailored education to continue throughout pregnancy and the puerperium.

Recommended reading:

Nolan, M. (2002). *Education and support for parenting: a guide for health professionals*, Harcourt Publishers Limited, Edinburgh.

Schott, J. & Priest, J. (2002). *Leading Antenatal Classes: A Practical Guide* (2nd ed.). Books for Midwives Biddles Ltd: Great Britain.

Gagnon, A. J. (2003) Individual or group antenatal education for childbirth/ parenthood (Cochrane Review). In: *The Cochrane Library*, Issue 2, Update Software: Oxford.

83

Preparing the future primary health care nursing workforce

Sue Thomas, University of Glamorgan, School of Care Sciences, Pontypridd, United Kingdom. Co authors: Gina Dolan and Glynis Bennett

Abstract:

Introduction: The aim of this study is to assess the feasibility of placing students within general practice surgeries as part of their pre-registration programme. This is set within a background of an increased role for primary health care practitioners within the NHS in Wales and an expectation that newly qualified nurses should be equipped to work in both primary health care and hospital settings (National Assembly for Wales, 2001 a, b, c). Moreover, the Minister for Health and Social Services has signalled a desire that this be the career of first choice for people (National Assembly for Wales, 2001b).

It follows, therefore, that clinical placements within pre-registration nursing should reflect the need for students to receive direct experience of primary health care as well as develop clinical competence towards being fit to practice in primary health care settings in the future.

Methodology: Eight GP/practice nurse teams were recruited by convenience sampling. Eight student nurses who were due to undertake an eight week 'community' placement were randomly selected from the 2nd year of a Fitness For Practice cohort. The study consisted of both quantitative and qualitative methods. Each GP, practice nurse and student nurse was asked to complete a questionnaire and take part in a semi-structured tape-recorded interview to explore their perceptions of the placement experience.

Results: Interim results show that the placement was a highly positive experience for both students and practice nurses alike. Competencies were achieved and students felt supported by the one-to-one mentor relationship.

Conclusion: These results indicate that placing student nurses in primary care settings is a valuable and important aspect of the pre-registration programme. Further exploration is necessary to ensure adequate and relevant preparation of the future primary health care nursing workforce.

Recommended reading:

National Assembly for Wales (2001a) *Improving Health in Wales: A Plan for the NHS with its Partners*. NHS Cymru Wales. Cardiff

National Assembly for Wales (2001b) *Improving Health in Wales: The Future of Primary Care*. NHS Cymru Wales. Cardiff

National Assembly for Wales (2001c) *Realising the Potential: A Strategic Framework for Nursing, Midwifery and Health Visiting into the 21st Century*. NHS Cymru Wales. Cardiff

In the name of the nurse: an exploration of nurse and patient experiences of the named nurse system of care delivery

Hilary Lloyd, University of Sunderland, School of Health, Natural and Social Sciences, Sunderland, United Kingdom.

Abstract:

The concept of the 'named nurse' was first introduced to nursing in the Patients' Charter in October 1991. The standard stated that all patients should have a named, qualified nurse who is responsible for the coordination of their care from admission to discharge. Despite initial reservations the concept of the named nurse appears to be well integrated into care (Jacks 1995). Today, named nursing remains the advocated approach to delivering individualised care to the patient and is central in providing continuity of care during hospitalisation. It is fundamental to the development of therapeutic inter-personal relationships with patients (Procter 1995)

A review of literature shows that there is documentary evidence that the named nurse system of care delivery is successful in improving patient satisfaction, however, there is growing evidence to suggest that in many areas this concept has been adopted in name only. The literature review also shows that the lived experience of named nurses and their patients have been largely overlooked.

The aim of this study, which uses a hermeneutic phenomenological approach, is to explore the lived experiences of named nurses and their patients in relation to the named nurse system of care delivery. Using hermeneutic phenomenology (Van der Zalm 2002) as a research methodology, that provides understanding of the person's reality and experience, one that values individuals and the nurse patient relationship. In-depth interviews were carried out with six named nurses and six patients from an inpatient ward where it was identified through audit that the named nurse system works extremely well.

This approach provided a means of examining the richness of nurses' and patients' experiences in order to identify best practice in care delivery and influence future developments in individualised care. Emerging themes will be discussed and verbatim quotes and the strengths and weaknesses of using this methodology will be considered.

Recommended reading:

Van der Zalm (2000) Hermeneutic Phenomenology: Providing Living Knowledge for Nursing Practice. *Journal of Advanced Nursing*, 31 (1) 211-218

Jacks B (1995) Using the Named Nurse System to Improve Patient Care. *Nursing Times*, 91 (44) 34-5.

Procter S (1995) Planning for Continuity of Care in Nursing. *Journal of Nursing Management*, 3(4) 169-75

Chronic leg ulcers: Effectiveness of a community nursing intervention on healing and quality of life

Professor Mary Courtney, Director of Research, School of Nursing, Queensland University of Technology, Queensland, Australia
Co authors: Helen Edwards, Kathleen Finlayson, Ellie Lindsay, Caroline Lewis, Jean Dumble,

Abstract:

Chronic leg ulcers are a common cause of pain, immobility and social isolation, which in turn affects the quality of life of those suffering from this problem. It is acknowledged that leg ulcer management is one of the most time and cost consuming activities in community nursing. Recognising this, the School of Nursing, Queensland University of Technology and St. Luke's Nursing Service are undertaking a joint research project on the management of chronic leg ulcers.

The aim of this study is to examine the effectiveness of a community Leg Club intervention for managing patients with chronic leg ulcers. A randomised controlled trial is being undertaken to determine the effectiveness of the intervention in improving (1) healing rates; (2) quality of life; (3) health status; (4) functional ability; and (5) levels of pain of patients with leg ulcers. Patients randomised to the intervention group receive weekly treatment in a community Leg Club including comprehensive health assessment; ulcer treatment following evidence-based guidelines; advice and support; goal setting; peer support and social interaction; and follow up management. Patients in the control group receive the same health assessment, ulcer treatment, advice and follow up management individually in their homes.

Results from Stage 1 analysis suggest the intervention is successful in improving healing rates and quality of life of patients with chronic leg ulcers. This paper outlines the research project and provides results from Stage 1 of the randomised controlled trial. Findings from the study will provide evidence to guide service delivery and improve patient outcomes and assist in the development of knowledge in nursing practice in the area of wound management.

Concurrent abstracts

Sunday 21st March

15:45 – 17:15

Concurrent session 1

1.1. Mental Health

1.1.1 Trial of problem solving by community psychiatric nurses (CPNs) for anxiety, depression and life difficulties among general practice patients

Lucy Simons, Research Fellow, University of Southampton, Community Clinical Sciences, Southampton, United Kingdom. Co authors: Tony Kendrick and Laurence Mynors-Wallis

Abstract:

Context: Given direct access to community psychiatric nurses (CPNs), GPs refer them patients with anxiety, depression and reactions to life difficulties, but it has not been established that CPN referral is cost-effective for these problems, which are often self limiting. GP referrals could divert CPNs from the severely mentally ill and may be an inappropriate use of scarce resources. However, anxiety and depression incur enormous suffering and costs in terms of time lost from work. A previous trial of non-specific CPN support suggested referral was no more effective than usual GP care. Specific therapy may be cost-effective where generic CPN care is not. From the CPN viewpoint, GP referrals may add to job satisfaction by adding variety to their caseload and practice.

Objectives: To compare the effectiveness and cost-effectiveness of CPN generic support, specific CPN problem-solving therapy, and usual GP care.

Design: A randomised controlled trial with three arms: CPN problem-solving, generic CPN care, and usual care.

Participants: Patients attending general practice with at least four weeks of anxiety, depression or reactions to life difficulties. A sample size of 245 was calculated with 80% power to detect a five point difference in the primary outcome measure (Clinical Interview Schedule Revised).

Outcome measures: Patients were assessed at baseline, 8 weeks and 26 weeks, for symptoms, social functioning, problem severity, quality of life, health service utilisation, and disability days.

Results: Fifty three CPNs were recruited from four mental health trusts, with 24 trained in problem-solving, and the remaining 29 treating patients with non-specific support. Around 75 general practices recruited 247 patients to the study. Patient follow-up continues until early November 2003 with clinical and cost effectiveness results available in early 2004 to present at the conference. The study will be crucial in clarifying CPN role in primary care and informing policy on GP referrals.

1.1.2 A content analysis of psychiatric inpatients' experience of distressing auditory hallucinations

Alan Howard, Consultant Nurse, Dorset Health Care NHS Trust, St Ann's Hospital, Poole, United Kingdom.

Abstract:

Recent psychological research on auditory hallucinations has emphasised the importance of understanding the individual's subjective description of the voice hearing experience. However, a review of the previous research in this field suggests a lack of robust qualitative design in the majority of studies. Therefore, within this study the researcher aimed to expand upon previous research relating to our understanding of patients' subjective experience of voice hearing and use a more systematic and objective methodology to answer the question: Do common themes emerge from the descriptions of the experience among psychiatric inpatients with distressing voices if an open methodology is used?

The research followed a qualitative analytic approach, and utilised thematic coding. The research was conducted within the in-patient clinical setting with participants who receive standard in-patient care and treatment. Fourteen inpatients' experiencing distressing auditory hallucinations were interviewed using a semi-structured interview technique. From the transcribed interviews a content analysis of data involved the development of tentative coding units that were refined into a voices coding manual for analysis.

From the analysis of the interviews six core themes were reliably identified. The themes identified are similar in form to those identified within the more recent psychological literature on voice hearing. The centrality of two themes 'meaning' and 'impact', accounting for 50% of the coded data, suggests that patient's who hear voices are attempting to 'understand or make sense' of their voices and supports the early introduction of psychosocial interventions by nurses during acute admission period.

Recommended reading:

Chadwick P. & Birchwood M. (1994). The omnipotence of voices: a cognitive approach to auditory hallucinations. *British Journal of Psychiatry*, 164, 190-201.

Joffe H. & Yardley L. (in press). Content and thematic analysis. In D. Marks & L. Yardley (Eds.) *Research Methods in Clinical and Health Psychology*. Sage: London

Romme, A. J. & Esher A. D. (2000). We hear what they say. *Mental Health Care*, 4, 134-137.

1.1.3 Factors Related to the Mental Health of Rural Isan Families

Somporn Rungreangkulkij, Nursing Educator, Khon Kaen University, Department of Psychiatric Nursing, Faculty of Nursing, Khon Kaen, Thailand. Co authors: Matuladda Chantasith and Darunee Chongudomkarn

Abstract:

The purpose of this study was to examine factors related to the mental health of families in a rural area of Isan, or Northeastern Thailand. A qualitative design was used, consisting of in-depth interviews, non-participant observation, and focus groups. A purposeful sample of 80 families participated. Data were analyzed using constant comparative analysis.

Findings revealed that Isan people defined mental health as being 'happy' which was further explained in terms of being free from preoccupations and having peace of mind. Happiness of the whole family was viewed as bringing happiness to individual family members. This idea was expressed by the phrase, 'heaven is in the family'. Participants regarded money as the most important element contributing to happiness, stressing that today, in contrast to the past, family members must purchase everything for daily living. At the same time, family members added that 'understanding', 'harmony', and the ability to 'let go' of troubling events, were also essential to the mental health or happiness of families. Unhappy, or mentally unhealthy families, were explained as lacking sufficient money, being quarrelsome, and having irresponsible family members.

Based on this research, enhancing the mental health of rural Isan families depends upon a careful balance between tangible factors, such as monetary income, and intangible factors, such as understanding and harmony. At present, national policy has primarily emphasized economic development. Although economic development is undeniably important for helping people to meet basic needs for food, clothing and shelter, it is only one aspect of what is required for good family mental health. As the data from these rural Isan families suggest, economic development must be managed in a way that also preserves a unique emphasis on qualities of harmony and understanding that have traditionally sustained the mental health of Thai families.

Recommended reading:

Ballard, R.N. 1996. Family structure, function, and process. In: S.H. Hanson & S.T. Boyd. eds. *Family health care nursing: Theory, practice, and research*. Philadelphia: F.A. Davis, 57-80.

Fitzpatrick, A.M. & Ritchie, D.L. 1993. Communication theory and the family. In: P.G. Boss et al. eds. *Sourcebook of family theories and methods: A contextual approach*. New York, NY: Plenum Press, 565-589.

Friedman, M.M. & Ferguson-Marchallick, G.E. 1996. Sociocultural influences on family health. In: S.H. Hanson & S.T. Boyd. eds. *Family health care nursing: Theory, practice, and research*. Philadelphia: F.A. Davis, 81-100.

1.2 Education

1.2.1 Fit for Nursing? A qualitative analysis of disabled and non-disabled Registered General Nurses value-sets on health and illness in relation to nursing employment

Angela Grainger, Assistant Director of Nursing (Education and Research), King's College Hospital NHS Trust, Executive Nursing Practice Development Team, London, United Kingdom.

Abstract:

Through one-to-one interviews and using Grounded Theory the views and experiences of 10 physically disabled Registered General Nurses (RGNs) on their employability in the acute adult sector of the United Kingdom's National Health Service (UK, NHS) have been captured and coded. For rigour and cross validation purposes a comparative analysis with 15 non-disabled RGNs was undertaken in 3 acute adult clinical care settings in hospitals in the North West of England. Data collection occurred during partial participant observation periods and from one-to-one interviews with non-disabled RGNs. Partial participant observation allowed the nurse-researcher to contain the nursing participation aspects and maximise alertness and sensitivity to data capture. There was commonality of findings in both RGN groups. Core categories of 'the meaning of health' and 'keeping up with the pace of work' and 'fitting in' by conforming to the required mode of service delivery are essential links to fulfilling role expectations. Tactics commonly used by the RGNs to either slow work pace or adapt to it and the respective successes and failures of these are discussed. Inability to match the pace of work and conform to required service mode delivery results in physical differences being unmasked to nursing colleagues leading to closer monitoring of performance, redeployment, and eventual role, status, and salary reduction. Finally, termination of employment occurs on the grounds of lack of capability. The nature of the overall findings and consequent theory production led to an examination of nursing as an industry through the application of the labour process theory. This clarifies and places in context the barriers to nursing employment enabling better debate.

Recommended reading:

Braverman, H (1974) *Labor and Monopoly Capital. The degradation of work in the twentieth century.* New York, USA. Monthly Review Press.

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

Nordenfelt, L (1987) *On the Nature of Health. An Action-Theoretic Approach.* 2nd edition (1995) The Netherlands. Kluwer Academic Publishers.

1.2.2 Exploring the clinical experiences of student nurses with dyslexia - a phenomenological perspective

Patricia Turnbull, Senior Lecturer, Anglia Polytechnic University, School of Health Care Practice, Chelmsford, United Kingdom. Co author: David Morris

Abstract:

Between four and five per cent of the United Kingdom adult population has dyslexia (Dyslexia Institute, 2003), with five per cent of student nurses estimated to be affected. The Special Education (SEN) Disability Act (2001) charges health services and universities to take reasonable steps to ensure disabled people or students are not placed at a substantial disadvantage in comparison to someone who is not disabled. Dyslexia is considered a disability within the Act.

Recent years have seen an increase in academic literacy support offered to students with dyslexia in Higher Education institutions. However, undergraduate nurse education programmes require students to demonstrate competence in clinical as well as theoretical aspects.

Whilst dyslexia is primarily described as a language disability, it is also associated with problems with numbers, recall, complex instruction and psychomotor co-ordination (Miles and Gilroy, 1996). Within nursing, clinical skills, drug calculations, patient documentation and record keeping are amongst several core competencies. For the student nurse with dyslexia, the requirement to achieve these competencies poses specific challenges. Currently there is no literary evidence detailing the 'lived experience' of student nurses with dyslexia and their support mechanisms in clinical practice.

This study will provide an insight into the clinical experiences and self-management of student nurses with dyslexia. An interpretive phenomenological approach provided the philosophical framework. All students diagnosed with dyslexia enrolled on the adult and child branches of a pre-registration nursing programme (n=34) were invited to take part in this study. Semi-structured interviews were undertaken and are currently being transcribed and analysed using thematic analysis. To date 12 interviews have taken place.

The researchers will present a concurrent session which will report the findings of the study and explore their implications for nurse education and practice.

Recommended reading:

Dyslexia Institute (2003) www.dyslexia-inst.org.uk/faqs.htm

Miles, T. and Gilroy, D. (1996) *Dyslexia at college.* Second Edition. Methuen, London.

Special Educational Needs and Disability Act (Chapter 10) (2001) HMSO, London

1.2.3 Mature pre-registration students experiences of nursing: An Irish perspective

Evelyn Mc Elwain, Lecturer, Dublin City University, School of Nursing, Dublin, Ireland.

Abstract:

When considering pre-registration nursing in Ireland, traditionally it has relied predominately on the school-leaver as applicant for their programmes. This has resulted in the participation rates for mature students into pre-registration nursing courses been low. However, with the predicted drop in the school-leaver numbers over the next few years, due to the drop in birth rates, this means nursing can no longer rely on the school-leaver, resulting in recruitment been targeted at other sources, like the mature applicant.

Much has been published about the mature student in third level education, however the area of the mature pre-registration nursing student, remains poorly investigated, in particular in the Irish context. This paper set out to investigate the experiences of mature students undertaking a Pre-registration Diploma in Nursing. Using a phenomenological approach, the study gained insight into the life of the mature student. By using this qualitative approach, data was collected from six students by means of individual interviews. Semi-structured interviews were utilized using a topic guide as a framework for each of the interviews. These interviews took place when the students were midway through their three-year diploma course. The participants were chosen using a purposeful sampling technique. Data was then analysed by means of a phenomenological framework developed by Moustakas (1994).

Three themes emerged from the data. The first theme to emerge explored how the mature students arrived at nursing as their chosen career. The second theme described the student's experiences during the first eighteen months of the nursing programme. The third theme highlighted the student's perceptions of proposed supportive measures while undertaking the general nursing programme.

The recent trend in recruitment into pre-registration courses has seen an upsurge in mature students entering the programme. It is hoped that by interpretation and understanding of these findings from this small group of participants, that this will assist future mature students with their journey in nursing and perhaps other third level educational courses.

Recommended reading:

Moustakas, C. (1994) *Phenomenological Research Methods.* London: Sage Publication.

Brady, B. (1997) 'Shake the Dice to Start': Developing Equality of Access for Mature Students in Higher Education. Cork: Higher Education Equality Unit.

Glackin, M. and Glackin, M. (1998) Investigation into experiences of older students undertaking a pre-registration diploma in nursing. *Nurse Education Today.* 18, p.576-582.

1.3 Qualitative

1.3.1 Realising the potential of genetics for nursing, midwifery and health visiting practice: Using a consensus technique to agree on core competencies

Maggie Kirk, Associate Head of School, University of Glamorgan, School of Care Sciences, Pontypridd, United Kingdom.
Co authors: Kevin McDonald and Sally Anstey

Abstract:

In its White Paper on genetics, the Department of Health (2003) emphasised that if advances in genetics are to be translated effectively into everyday practice, genetics education for health professionals will be vital. In 1999 an Expert Panel had recommended the development of nationally agreed curriculum guidelines for nurses, and more recent work on developing a national strategy for education of all health professionals endorsed this (Burton 2003).

This paper discusses the process by which consensus was reached on core competencies in genetics for nurses, midwives and health visitors, and outlines the project outcome. Using a nominal group approach, an Expert Panel of 40 stakeholders from relevant fields of health care, including user groups, was invited to construct a series of statements about the competence in genetics that these professionals need at different levels of practice and for different patient groups. Electronic voting technology captured and tracked views. Five settings were also considered: cancer care, haemoglobinopathies, paediatrics, learning disability and primary care.

Consensus developed over the two day structured programme, and using 75% as the threshold value for consensus, 34 competency statements were endorsed. Many elements of the knowledge, skills and attitudes required are common across the professional groups and for different client groups, although the setting influences the emphasis on a particular competency. The depth of competence achieved should reflect increasing experience. These statements were validated against appropriate professional (NMC) frameworks and then further refined to develop seven competence standards. An interim report produced on the findings of the panel (Kirk et al 2003) was then used as the basis for wider consultation.

With endorsement from the stakeholder groups, the final report to the Department of Health (due in autumn 2003) will help to inform policies for education and practice as genetics is integrated into health care.

Recommended reading:

Burton H (2003) *Addressing Genetics, Delivering Health*. Cambridge: Public Health Genetics Unit.

Department of Health (2003) *Our Inheritance, Our Future* "Realising the potential of genetics in the NHS". London: Department of Health.

Kirk M, McDonald K, Longley M, Anstey S et al. (2003) *Fit for Practice in the Genetics Era: Defining what nurses, midwives and health visitors should know and be able to do in relation to genetics*. Pontypridd: University of Glamorgan.

1.3.2 Field work: considerations from a nurse researcher's perspective

Pauline Griffiths, Senior Lecturer, University of Wales Swansea, School of Health Science, Swansea, Wales, United Kingdom

Abstract:

Fieldwork, ethnography's key data collection method, is characterised by the researcher spending extensive time in the field to gain an emic (insider) perspective (Brewer, 2000). However, fieldwork offers particular dilemmas for the nurse entering the field who has to contend with the dual, often competing, roles of researcher and nurse.

As a researcher new to the use of field work the true complexity of this approach only became clear to the author once in the field: it was then that pre-entry reading became clear and the insights offered by earlier researchers meaningful. Issues of access, consent, and the maintenance of confidentiality addressed prior to entry to the field became on-going issues that required rethinking. Often incidents arose in the field that required an immediate response that was dependent upon the context of the situation.

The literature on the use of fieldwork is large, for example Mulhall (2003), but the unpacking of this body of knowledge to find answers to the particular questions raised was time consuming. For instance in a field such as a hospital ward the population is not a constant one so gaining consent from all who populate the field is an unattainable goal (Punch, 1994). However, as researchers we cannot then extrapolate from this opinion that we may observe all and sundry without careful consideration of the ethical appropriateness of our approach.

Using examples from the field notes of a PhD study of an acute medical assessment unit the concerns raised during the study and how they were addressed by the author will be presented: foreshadowed problems that the nurse researcher intending to undertake fieldwork may wish to consider.

Recommended reading:

Brewer, J. D. (2000) *Ethnography*. Buckingham: Open University Press, REFERENCES:

Mulhall, A. (2003) In the field: notes on observation in qualitative research. *Journal of Advanced Nursing* 41 (3): 306-313.

Punch, M (1994) *Politics and ethics in qualitative research*. In: Denzin N.K. & Lincoln Y.S. (Eds) *Handbook of Qualitative Research*. Newbury Park, California: Sage. Pages 83-97

1.3.3 Nominal focus group technique and its application in evaluative research

Rhian Barnes, Lecturer in Adult Critical Care Nursing, University of Wales College of Medicine, School of Nursing and Midwifery Studies, Cardiff, United Kingdom. Co author: Ruth Davies

Abstract:

Nominal Focus Group Technique (NFGT) is a versatile method of collecting data that has many applications and works well in evaluative research (Lloyd-Jones et al 1999). NFGT is a systematic method

of collecting data and allows all participants to contribute to formulate a consensus (Black et al 1999). It has also been found to bridge the gap between researchers and practitioners (Carney et al 1996).

Findings presented in this session form part of an ongoing study sponsored through a fellowship awarded by Health Profession Wales. The study includes evaluating individuals perceptions of clinical supervision prior to the process.

Findings, so far, identify that more specific and useful data has been generated by this method than by focus group alone. Reports from research participants highlight that each participant feels they have made a valued contribution to the ongoing study through NFGT. This is in contrast to studies which have used focus groups only and where it has been reported that the noisiest are listened to, whilst the more reticent and quiet are unheard.

NFGT has been applied by the researchers to the evaluation of educational modules as well as the development of terms of reference for a research interest group. Findings from these also identified the positive effect NFGT had on participants and how it may overcome the gap between researcher and participants/practitioners as well as its contribution to evaluative research.

Recommended reading:

Black, N. Murphy, M. Lamping, D. Mckee, M. Sanderson, C. Askman, J. Marteau, T. (1999) *Consensus development methods: a review of best practice in creating clinical guidelines*. *Journal of Health Service Research and Policy* 4 (4) 236-248

Carney, O. McIntosh, J. Worth, A. (1996) *The use of the nominal group technique in research with community nurses*. *Journal of Advanced Nursing* 23 (5) 1024-1029

Lloyd-Jones, G. Fowell, S. Blich, J.G. (1999) *The use of nominal group technique as an evaluative tool in medical undergraduate education*. *Medical Education* 33 8-13

1.4 Obesity

1.4.1 Overweight: Factors influencing people who are overweight to access weight loss services

Angela Tod, Nursing Research Fellow, Sheffield Teaching Hospitals Trust/ University of Sheffield, Acute and Critical Care Nursing, Sheffield, United Kingdom.

Abstract:

Objective: To identify factors that encourage or discourage overweight people to access weight loss services.

Design: A qualitative study using semi-structured interviews and Framework Analysis techniques. Ethical committee and research governance requirements were met.

Setting: The study was conducted in the South Yorkshire communities of Barnsley, Rotherham and Doncaster

Participants: Sixteen people (including five Consultants who ran classes) were recruited from a commercial slimming organisation. Purposive sampling ensured a range of participants in terms of age, gender, weight, employment and family circumstances.

Results: The results indicate the complexity and fragility of people's decisions regarding weight loss. The experiences reported in this study fit well with the 'Stages of Change' model described by Prochaska & DiClemente (1986). Triggers to taking action were reported by participants to occur in a cumulative way. The decision to lose weight was, therefore, often reached gradually, with prior stages of pre-contemplation and contemplation.

The triggers to action identified by participants fall into the following five themes; embarrassment and humiliation, health, fear, critical events and image. Factors that emerged as disincentives to accessing services were denial, previous bad experiences, previous failure and money.

Participant's experiences reveal that all factors were linked in some way to their self-esteem and confidence and, therefore, their ability (or not) to mobilize the willpower and confidence to take action. This means that their frame of mind and motivation may be quite vulnerable and threaten their ability to achieve any life change and lose weight without the necessary support.

This presentation reflects on the implications of these factors and resulting vulnerability for nursing practice and services delivery.

Conclusions: Nurses are in the forefront of practice regarding assessing, supporting and advising people regarding weight loss and management. This study highlights the necessity for care to respond appropriately and promote empowerment, not judgement and blame.

Recommended reading:

National Audit Office (2001) Tackling Obesity in England. The Stationary Office. London

Prochaska JO, DiClemente CC. (1986) Towards a comprehensive model of change Cited in Miller WR, Heather N. (eds) Treating addictive behaviours: processes of change. Plenum. New York.

Ritchie J, Spencer L. (1994) Qualitative Data Analysis for Applied Policy Research in Bryman A, Burgess G. (eds) Analysing Qualitative Data. Routledge. London

1.4.2 Breastfeeding and obesity at 14 years: a cohort study

Linda Shields, Professor of Nursing, University of Limerick, Department of Nursing & Midwifery, Limerick, Ireland. Co authors: Michael O'Callaghan and Gail William

Abstract:

Aims: To determine the influence of breastfeeding on overweight and obesity in early adolescence.

Methods: Data about breastfeeding duration, BMI of children at 14 years, and confounding variables, were collected from an on-going longitudinal study of a birth cohort of 7,776 children in Brisbane. Prevalence of overweight (85th - 94th percentile) and obesity (equal to or greater than 95th percentile) (Cole et al 2000) at 14 years was assessed according to duration of breastfeeding, with logistic regression being used to adjust for the influence of confounders.

Results: Data were available for 3,698 children, and those not included were significantly different in age, educational level, income, race, birthweight, and SGA status. Breastfeeding for longer than six

months was protective of obesity (OR 0.6, 95% CI 0.4, 0.96) though not of overweight. When confounding variables were considered the effect size diminished and lost statistical significance OR 0.8 (95% CI 0.5, 1.3). Breastfeeding for less than six months had no effect on either obesity or overweight though a trend was found for increased prevalence of overweight at 14 years with shorter periods of breastfeeding.

Conclusions: This investigation contributes to the gathering body of evidence that breastfeeding for longer than six months has a modest protective effect against obesity in adolescence.

Recommended reading:

Cole, T.J., Bellizzi, M.C., Flegal, K.M., Dietz, W.H. (2000) Establishing a standard definition for child overweight and obesity worldwide: international survey. *British Medical Journal* 320:1240-1243

1.5 Neurological

1.5.1 Developing a model of spinal cord injury rehabilitation nursing using grounded theory

Hsiao-Yu Chen, Lecturer in Nursing, University of Ulster, School of Nursing, Co.Londonderry, United Kingdom. Co author: Jennifer Boore

Abstract:

In Taiwan, spinal cord injury is a major problem with financial implications for the state and major bio-psycho-social and spiritual implications for the individual. Rehabilitation nurses do not have an appropriate model to guide their care. This study investigated how rehabilitation nurses can satisfy their clients' needs through holistic care to help clients adapt to change, attain a high level of quality of life and live with dignity. Grounded theory was used in exploring the process of spinal cord injury rehabilitation nursing. Data was collected in the largest rehabilitation hospital in Taiwan through interviews, participant observations and documentary resources; analysis was an interrelated process. A multi-step synthesis of data analysis was used, and a comparison made of the perceptions of spinal cord injury rehabilitation nursing from rehabilitation nurses, clients and their family/carers. Theoretical sampling was disseminated throughout all areas of the study. The total of 39 interviews involves 31 individuals (8 rehabilitation nurses and 1 nurse supervisor, 15 clients with spinal cord injury and 7 carers); 11 participant observations were carried out; and several kinds of documents scrutinised. Constant comparison methods, asking questions, keeping memoranda and diagramming records, and reading literature were interwoven with each other from the beginning of data collection until theoretical saturation was achieved. The core variable 'establishing a super-link system' explained the complex structure of interactions observed during the investigation and indicated the importance of developing a model, which is entitled the 'super-link system model'. This model includes the following four links: linking to clients, linking to family/carers, linking to interdisciplinary rehabilitation team, and linking to community. This model can facilitate rehabilitation nurses to provide a better quality of nursing care to clients and their family/carers, and promote their professional position in the interdisciplinary rehabilitation team.

Recommended reading:

Glaser, B. G., & Strauss, A. (1967) The discovery of grounded theory: strategies for qualitative research. Chicago: Aldine Publishing.

Grundy, D., & Swain, A. (2002) ABC of spinal cord injury. Cambridge: Cambridge University Press.

Lucke, K. T. (1999) Outcomes of nurse caring as perceived by individuals with spinal cord injury during rehabilitation. *Rehabilitation Nursing*, 24 (6), 247-254.

1.5.2 The experience of patients undergoing awake craniotomy: a qualitative research

Alvisa Palese, Teacher Nurse, University of Udine, School of Nursing, Udine, Italy. Co authors: Martina Fachin and Lucia Zannini

Abstract:

It is not clear how a person is able to confront a craniotomy with only local anesthesia to protect the critical areas of language and movement mapped out together with the patient who remains awake and aware during the intervention. In Neurosurgical Ward of Udine's Hospital (Italy) this was done in 1998 (108 patients), and left the nursing staff uneasy and feeling incompetent as far as perioperative care was concerned. Considering the inconsistency of the literature, a qualitative study was undertaken to explore the experience of the patient.

Materials and methods: 21 patients undergoing awake craniotomy were involved. Their criteria were a diagnosis of a cerebral tumor, more than 18 years old, given consent to participate in the study. The data was gathered in semi-structured interviews the evening before the intervention, and 24 hours after. The researchers a) had bracketing, b) recorded the interviews, c) created a triangle with the data which was analyzed according to a phenomenological approach.

Results: The patients lived through an experience based on four process:

- 1) to save oneself: they understand that the choice is non-negotiable and they passively accept the intervention method;
- 2) preparation for confronting this difficult task: the evening before, the patients share their feelings with others while avoiding thinking of how they will deal with the operation stage;
- 3) having the situation under control: during the intervention, the patients concentrate on what the others are doing and what they are asking; they have assumed an impotent control since even if they feel something is not going according to plan, they have no effective strategy to intervene;
- 4) refinding themselves and others: after the intervention, the patients take stock of the deficit and desire to return to reality by meeting up with family.

Recommended reading:

Streubert, H.J., Carpenter, D.R., 1999. Qualitative Research in Nursing. Advancing the Humanistic Imperative. 2nd ed. Philadelphia: Lippincott.

Danks, R., Anfrew, M.D., Rogers, M., Aglio, L.S., Gugino, L.D., Black, P., 1998. Patient tolerance of craniotomy performed with patient under local

anesthesia and monitored conscious sedation. *Neurosurgery*, 42(1): 28-36.

Danks, A.R., Aglio, L.S., Gugino, L.D., 2000. Craniotomy under local anesthesia and monitored sedation for the resection of tumors involving eloquent cortex. *Journal of Neurooncology*, 49 (2): 131-139.

1.5.3 Evidence-based practice in stroke assessment and recording: an evaluation of the implementation of guidelines using a multifaceted strategy

Sharon Hamilton, Head of Nursing Research, Epsom and St. Helier University NHS Trust, St. Helier Hospital, Carshalton, United Kingdom. Co author: Susan McLaren

Abstract:

Background: Contemporary evidence suggests that multifaceted implementation strategies which target barriers to change are more likely to be effective than single interventions for implementing change in clinical practice (Bero et al. 1998). Debate continues about the most effective combination of implementation methods. This paper evaluates the use of a multifaceted strategy for implementing evidence-based guidelines in the nursing assessment of stroke patients.

Aims: To develop evidence-based guidelines for best practice in stroke nursing assessment; to implement these using a multifaceted implementation strategy combining staff education programme, opinion-leader and new assessment recording system; to evaluate recorded nursing assessment practices in relation to guidelines before and after implementation.

Design: Quasi-experimental design without control comparison group.

Setting: Medical wards and elderly care unit within an acute NHS Trust.

Participants: Consecutive patients admitted with acute stroke, meeting the inclusion criteria. Pre-test group n=98, post-test group n=92.

Implementation methods: Educational programme; opinion-leader; new recording system.

Outcome methods: Analysis of nursing records using structured checklist; Barthel Activities Index (Mahoney and Barthel 1965); hospital mortality; length of stay.

Results: Across a range of guidelines, compliance varied from 23% (n=21) and 100% (n=92). However, significant improvements were found in performance of recorded full functional nursing assessment (P<0.001); all nutritional assessment parameters (P<0.000); selected aspects of information exchange (P<0.000); mobility (P<0.000), moving and handling (P<0.000). Statistically significant reductions in hospital mortality and length of stay were not demonstrated.

Conclusions: Use of a multifaceted strategy to implement evidence-based guidelines improved recorded nursing assessment practices. The impact on hospital mortality and length of stay may have been effected by extraneous variables. Further investigation is necessary to identify approaches to enhance compliance with guidelines beyond the current level achieved.

Recommended reading:

Bero, LA., Grilli, R., Grimshaw, JM., Harvey, E., Oxman, AD., Thomson, MA. (1998) Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ* 317: 465-468.

Mahoney, F., Barthel, D. (1965) Functional evaluation: The Barthel Index. *Maryland State Medical Journal* 14: 61-65.

1.6 Domestic violence

1.6.1 An impact evaluation of an education & support programme to promote routine antenatal enquiry for domestic violence

Debra Salmon, Principal Lecturer In Primary Care Nursing, University of the West of England, School of Maternal and Child Health, Bristol, United Kingdom. Co authors: Katherine Baird and Sally Price

Abstract:

Background: This evaluation is funded by the DOH and is undertaken jointly between North Bristol NHS Trust and the University of the West of England, Bristol.

Domestic violence in pregnancy is a major public health issue with serious consequences for maternal and infant health resulting in a significant number of maternal deaths. Domestic violence often starts during pregnancy and women may also experience an increase in the extent and nature of physical abuse at this time. National routine antenatal enquiry has been endorsed by professional bodies (RCOG 1997, RCM, 1997) and by the Department of Health. However, although screening for domestic violence has been endorsed by several of the professional bodies midwives face considerable challenges in implementing antenatal enquiry. A study exploring midwives' knowledge and experience of domestic violence in pregnancy found that midwives did not routinely ask and were reluctant to do so, feeling that they needed more education and support on the topic. This work was supported by evidence from North Bristol NHS Trust who found that when routine enquiry was voluntary, only 10% of the practitioners implemented this within their clinical practice. Before the introduction of national routine antenatal enquiry for domestic violence (as recommended by NICE 2001) it is vital to establish to what extent education and ongoing support enables the successful implementation of such services.

Aims and objectives of the research project: The overall aim of the research is to evaluate the impact of the introduction of a programme of education and support to underpin routine antenatal screening for domestic violence. The implications for effective inter-agency working, the consequences for midwifery practice including service development and the implications for programme development within midwifery education are all areas considered with this evaluation. Participants in the study include community midwives and a range of stakeholders including managers, service developers and educationalists.

Methods: The evaluation consists of both qualitative and quantitative methodologies and employs a

range of data collection methods including questionnaires, interviews and documentary analysis.

Results: In this paper we will report on the projects development.

Recommended reading:

Bacchus, L. (2002) Report of the joint meeting of the All-Parliamentary Party Group on Maternity and Domestic Violence. 7 Feb 2002.

Bacchus, L. Mezey, G. Bewley, S. (2002) Women's perceptions and experiences of routine enquiry for domestic violence in a maternity service. *International Journal of Obs and Gynae*. Jan 2002 Vol 109 pp 9-16.

Department of Health. (2000) Domestic Violence: A resource manual for health care professionals. London.DoH.

1.6.2 A multi-professional study of how health professionals recognise child abuse in practice: lessons learned and recommendations for the future

Mary Russell, Research Associate, Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom. Co authors: Anne Lazenbatt and Ruth Freeman

Abstract:

Aim: To assess health professionals' ability to recognise child physical abuse within their everyday practice.

Design: A cross-sectional survey including a random sample of 979 nurses, doctors and dentists throughout Northern Ireland.

Results: A total of 431 health professionals aged between 23-72 years completed anonymous postal questionnaires. Forty-three per cent (n=187) of the respondents were male and 54% (n=232) and the mean age was 41.63 years. 58% said they had seen a suspicious case of child physical abuse and 47% said they had reported a suspicious case of abuse. 72% of health professionals said they knew the mechanism for reporting abuse and 77% said they would agree to further training on recognising child abuse. Nurses had the highest score of 6.83 (on a scale of 0-10) for being able to recognise signs and symptoms of abuse. When asked why some suspected cases of abuse went unreported 22% cited a fear of being wrong as an impediment to reporting.

Conclusion: Diagnosing and reporting child physical abuse is a complex social issue for health professionals. Reluctance to engage in the reporting process could be overcome by addressing the training and support objectives of the professionals involved.

Recommended reading:

Kempe CH, Silverman FN, Steele BF, Droegemueller W, Silver HK. The battered child syndrome. *Journal of the American Medical Association* 1962,251:3288-3300

Leventhal JM. The challenges of recognising child abuse: seeing is believing (editorial) *JAMA* 1999,281(7):657-659.

Laming Lord The Victoria Climbié Inquiry (Phase Two) January 2003

1.6.3 A tale of two cities: Comparison of the context and complexity of domestic violence in Belfast and Dundee

Julie Taylor, Director of Postgraduate Studies, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom. Co authors: Anne Lazenbatt, Lyn Cree and Jennifer Newman

Abstract:

The term 'domestic violence' encompasses a wide range of abusive behaviours that can be applied to different types of interpersonal relationships, past or present. Compared with men, women are more likely to be injured and seek medical help and to experience repeated victimisation.

There is no universally accepted definition of domestic violence. In fact definitions used internationally vary considerably, depending on who is defining domestic violence, and for what purpose. This is further complicated by the fact that different professions and countries are producing guidelines and recommendations, which may not be based on collaborative ideologies. Although such guidelines tend to emphasise the prevalence of domestic violence together with referrals both within and beyond the health services, no two sets of guidelines are identical in highlighting the development of these benchmarks in a piecemeal way. Of particular concern are the barriers to the identification of domestic violence and issues surrounding multi-agency co-operation in responding to domestic violence.

Scotland and Northern Ireland are the two UK countries that currently have produced National Strategies on domestic violence. The two countries also have many demographic similarities, yet levels of violence in Northern Ireland are an increasingly concerning problem: more women are killed by their husbands or boyfriends than anywhere else in the UK. In Scotland domestic violence is also considered a public health issue, yet the identification of and response to such victims can be patchy. Whilst health care professionals have been called upon to identify victims of domestic violence, few studies provide insight into how they can navigate around the inherent difficulties in identification and definition, nor provide the most coherent multi-agency response.

This paper reports on the results from a comparative mapping study that explored the context, definition, severity and extent of domestic violence in Belfast and Dundee. Data collected from the two cities highlights the multi-agency complexities of responding to domestic violence. Definitional translations alone are controversial, and the gaps in service provision, policy and multi-agency response are illuminating and provide serious issues for debate. By comparing two cities we can begin to formulate a coherent and realistic response to domestic violence

Recommended reading:

CPHVA (1998). Domestic Violence: The Role of the Community Nurse

Bacchus, L., Mezey, G., Bewley, S. (2002) Women's perceptions and experiences of routine enquiry for domestic violence in a maternity service. *British Journal Obstetrics and Gynaecology* 109: 9-16

British Medical Association (1999). Domestic violence: a health care issue? London, BMA

1.7 Expert patients

1.7.1 The relationship between illness representation and self-efficacy and their importance for individualised care: a patient survey

Margaret Lau-Walker, Tutor, University of Surrey, European Institute of Health and Medical Sciences, Surrey, United Kingdom.

Abstract:

Background: Current cardiac rehabilitation guidelines endorse the need to improve patients' psychological care, suggesting that individualised support will improve the effectiveness of cardiac rehabilitation. The concepts of illness representation and self-efficacy figure prominently in research surrounding the development of individualised care. These two theoretical approaches have been developed as quite separate foci for the treatment of patients and no agreement has been established on one overarching theory or model to be employed to devise effective individualised interventions. As a consequence surveys continue to identify that psychosocial factors are poorly assessed.

Aim of the study: To determine the relationship between illness perception and self-efficacy for patients with coronary heart disease (CHD).

Methods: A cross-sectional survey of validated questionnaires completed by a group of 253 CHD patients following their diagnosis of Myocardial Infarction or Angina in hospital. The illness perception questionnaire (IPQ), the General self-efficacy questionnaire (GSEQ), the Cardiac Diet Self-efficacy Instrument (CDSEI) and Cardiac Exercise Self-efficacy Instrument (CESEI) were employed in this study.

Results: Cardiac patients perceive general self-efficacy and specific self-efficacy differently, and that different components of patient's illness representation have a different relationship with general self-efficacy and specific self-efficacy.

Conclusion: There is a significant relationship between illness representation and self-efficacy, and that certain illness representation components predict self-efficacy. This suggests that it is possible to integrate both approaches to the assessment of psychosocial factors to provide effective individualised care in cardiac rehabilitation.

Summary Statement: The study explores the hypothesis that patients' illness perception will predict their self-efficacy following a cardiac event, which, if established, would help health care practitioners to pull together the evidence of the research from both theoretical perspectives to provide a more comprehensive framework for psychological support and individualised care.

Recommended reading:

Scottish Intercollegiate Guidelines Network (SIGN) 2002 Cardiac Rehabilitation: A national clinical guideline January 2002 SIGN publication no.57:

Department of Health 2001 National Service Framework: Coronary Heart Disease. London

NHS Centre for Reviews and Dissemination Effective Health Care Bulletin 1998 Cardiac rehabilitation University of York 4: 4

1.7.2 Nurses' assumptions of self-care in long-term conditions: How are expert patients viewed?

Patricia Wilson, Senior Lecturer, University of Hertfordshire, Centre for Research in Primary and Community Care, Hatfield, United Kingdom. Co authors: Sally Kendall and Fiona Brooks

Abstract:

The shifting paradigm of the patient-professional relationship and rising chronicity has resulted in a plethora of policy initiatives within the United Kingdom emphasising patient participation and self-care (Wilson 2002). This paper presents the findings of a study exploring professionals' responses to active patients as espoused by the Expert Patient Programme (Department of Health 2001).

Utilising a qualitative approach, 2 weeks of participant observation was undertaken with district nurses during their work with long-term patients, and themes were further developed from interviews with four district nurses, three patients and three informal carers. Utilising a modified focus group technique, this was followed by an in-depth analysis of the perceptions of 34 long-term condition nurse specialists towards expert patients.

The paper will identify a continuum of attitudes towards expert patients. An exploration will be provided of the significant concerns raised about the level of trust between patients and nurse, loss of professional power, litigation and time management issues resulting from active patients. The findings suggested that the nurses whilst respecting patient expertise, regarded self-care as a resource saving tool rather than an empowering activity for the patient. In contrast, many patients and carers did not appear to relish their self-management skills and felt they had developed expertise as a reactive response to professional failures. The study also suggested that district nurses have an idealised patient they prefer to visit with passive characteristics contrasting significantly with the picture of active patients.

The conclusion sets out a challenge for nurses to reflect upon their feelings regarding expert patients. Whilst the majority of nurse participants were comfortable to promote self-care, the findings indicate that there is resistance when the self-care falls outside the parameters intrinsically set by the nurses.

Recommended reading:

Department of Health 2001. The expert patient: a new approach to chronic disease management for the 21st Century. London: Stationary Office

Wilson, P.M. 2002. The expert patient: issues and implications for community nurses. *British Journal of Community Nursing* 7, 10, 514-519

Monday 22nd March

09:00 – 10:30

Concurrent session 2

2.1 Adolescent health

2.1.1 A chip off the old block: Understanding the intergenerational phenomena of teenage pregnancy

Elizabeth Whitehead, Senior Lecturer, University College Chester, School of Nursing, Midwifery & Social Care, Chester, United Kingdom.

Abstract:

Acceptance of the 'intergenerational phenomena' in society is part of our everyday experience. Intergenerational teenage pregnancy is a cultural norm in some societies and the confirmation of a young woman's fertility and ability to have children. In the UK however, teenage pregnancy is often a cause and a consequence of social exclusion (HMSO: 1999) and the experience of children having children is a significant risk factor of social exclusion. It is estimated that one-third of teenage mothers have mothers who also had babies as teenagers. In addition teenage fathers frequently come from families where teenage parenthood is a shared experience.

This paper reports on the findings of a research project that examined the sub-cultural lives, experiences and hopes for the future of intergenerational teenage pregnant women. Concluding with recommendations for health policy.

The main research sample involved 95 respondents from two contrasting locations in the UK. A group of teenage pregnant women and a control group of non-pregnant teenage women were researched in each area. Each interview was divided into two sections, the first half involved a series of questions to provide background information for example, family composition, education and religion. The latter half of the interview took on a narrative form and the respondents expanded on areas of social influence that have been significant in their lives and the subsequent effects that this has had on their experiences.

A supplementary research sample included women who had become pregnant and subsequently had teenage daughters who became pregnant were also interviewed.

The data was analysed using a three level coding analysis. Using the approach of interpreting themes which forms the basis of 'memoing' gives the analysis the necessary systematic approach for interpretation (Strauss, 1987).

This research seeks to contribute to the development of knowledge and practice in the following ways through understanding the complexities and power of intergenerational teenage pregnancy within sub-cultures, providing insight into the unique experience of being teenage pregnant woman, researching in contrasting demographic locations and providing data for local and national policies to understand and reduce intergenerational teenage pregnancy.

Recommended reading:

Social Exclusion Unit (1999) Teenage Pregnancy. London: The Stationary Office:

strauss, A. (1987) Qualitative Analysis for Social Scientist. Cambridge: Cambridge University Press

2.1.2 Helping prevent teenage pregnancy in young people looked after by the local authority: Stakeholder views

Siobhan McFeely, Specialist Development Nurse, Sheffield, United Kingdom. Co authors: Jo Cooke and Nikki Shepherd

Abstract:

Background: Young people in the care system are more likely than other teenagers to be sexually active, and not to use contraception (Biehal et al 1995). Looked after young people are at disproportionate risk of teenage parenthood and the subsequent deprivation this brings (Social Exclusion Unit 1999) Practice and policy relevance to developing a service that meets the needs for this group of young people is reflected in performance targets in both health and social care sectors (DOH 2002).

Study: The presentation will describe a study that explores access, and use of sexual health and relationship services for teenagers looked after by the local authority. Data were collected via semi-structure interviews from 20 field and residential social workers, and 15 young people. Respondents were asked to explore the barriers to providing a supportive environment to discuss sexual and relationship matters, and access to sexual health services.

Conclusions and recommendations are drawn from the findings about closer interagency working, and the role that community nurses can make to support social care staff, and young people in care.

Methodological issues: This unique and ground-breaking study has interesting lessons to be shared within the nursing research community. Methodological issues and challenges will be shared including:

- working in an interdisciplinary research team within an interagency setting
- developing access to vulnerable and hard to reach groups
- developing ethical methodologies working with vulnerable young people.

Recommended reading:

Biehal, N. et al (1995) Moving on. London. National Children's Bureau

Social Exclusion Unit. (1999) Teenage Pregnancy. London. The Stationary Office.

2.1.3 2001: The School Health Research Group, a science odyssey

Woody Caan, Professor of Public Health, Anglia Polytechnic University, School of Health Care Practice, Chelmsford, United Kingdom.

Abstract:

RCN members have played a major role in school health developments, for example through the strategy School Nursing within the Public Health Agenda (CPHVA, QNI, RCN, 2001). Back in 1997-98, when the School Nurse posts in Cambridge were scrapped, it was claimed then that there was no 'evidence base' for their practice. With publication of the School Nurse Practice Development Resource Pack, it was apparent there was some 'evidence on what works' (Department of Health, 2001). It was also apparent there were some gaps in our knowledge base and no strategic approach to developing the relevance, scope or scientific capacity for school health research. Primary Care Trusts were on the horizon then, and concern grew that newly-launched PCTs might neglect school health - let alone develop the sort of new, population-based child-centred services that were needed to reduce health inequalities and to overcome social exclusion. Movers and shakers in the NHS needed to feel that school health matters, and that it matters to get the services right. In 2001 the multi-agency School Health Research Group was created. Its evolution, priorities for research and recommendations for action on a national level will be presented. The lessons learned for research policy will be illustrated with the case histories of specific ideas developed over a two year period. As the implications of the Children's National Service Framework, the pilot Children's Trusts and Green Paper "Every Child Matters" emerge, the RCN needs to promote a strong nursing research capacity to meet the needs of radically "modernised" services.

Recommended reading:

CPHVA, QNI, RCN (2001) School Nursing within the Public Health Agenda. London, Macmillan-Scott.

Department of Health (2001) School nurse practice development resource pack. London, Department of Health.

Feedback on a preliminary version of these observations has been sought via the CPHVA annual conference in 2002.

2.2 Learning disabilities

2.2.1 Undetected and undiagnosed learning disability within the youth offending team - myth or reality?

Karina Hepworth, Senior Nurse Specialist, Learning Disabilities, Kirklees Youth Offending Team, Huddersfield, United Kingdom.

Abstract:

The context of this research project developed as part of my inaugural year within the Youth Offending Team as a Learning Disabilities Nurse. If young people do come into the team having unmet needs and an undiagnosed learning disability, then how many people might this include? What impact does it have on reconviction rates and how could young

people be efficiently and effectively screened to ensure the most appropriate delivery of their care, as well as ensuring future support? Intellectual disability, mental retardation, learning disability and learning difficulty are terms that are used internationally. In completing an extensive literature review it soon became apparent that this lack of cohesion in terminology has led to there being a paucity of research studies in relation to learning disability and offending behaviour in young people. Hence, this research project examines the possibility that learning disability is a significant issue within Youth Offending Teams. The project attempts to ascertain the size of the problem, through evaluation of a screening tool developed specifically for early detection within the Criminal Justice system in New South Wales. The methodology focused on inviting a stratified random sample of 100 young people to undertake the screening and was inclusive of all differing types of orders, from those on Final Warnings, to young people undertaking a custodial sentence.

The outcomes of this research project have been monumental in that 40% of the young people screened would require further investigation and assessment. These results from this small scale study need to be considered in a wider debate and further research, as well as the consideration of whether learning disability nursing should be an integral part of all Youth Offending Teams.

The presentation will be inclusive of results from the literature review, methodology, outcomes and recommendations

Recommended reading:

Audit Commission (2002) Special Educational Needs. A Mainstream issue - Audit Commission Publications:

Hayes S (2002) Early Intervention or Early Incarceration. Using a Screening Test for Intellectual Disability in the Criminal Justice System. *Journal of Applied Research in Intellectual Disabilities*, 15 pp 120-128

2.2.2 The health of people with intellectual disabilities living in community and campus settings: a comparative study

Dympna Walsh PhD, Student, University of Ulster, Department of Nursing, Co. Antrim, Northern Ireland. Co authors: Roy McConkey and Marlene Sinclair

Abstract:

Internationally there is a growing recognition of the many health problems found among people with intellectual disabilities (Van Schroyen Lantaman-de Valk et al, 2000) and of the difficulties they experience in accessing appropriate health services (Kerr, Fraser and Felce, 1996). Their uptake of health screening appears to be low and few health promotion campaigns are targeted to their needs (Webb and Rogers, 1999).

This paper will present findings from an exploratory descriptive study, using convenience sampling to contrast the health of 55 residents living in campus-based chalet accommodation with that of 51 peers living in dispersed community housing. Both types of services were provided by the same voluntary agency.

Information was obtained by asking resident's or their key workers to complete a validated question-

naire about illnesses in the previous 12 months, the medications prescribed as well as the health services they had received.

Data were analysed using SPSS and discriminant analysis was undertaken using Wilk's lambda and Chi Sq tests.

The residents in campus accommodation tended to have more bowel, bladder and mouth problems than those in community settings and were in receipt of twice as many drugs. Although campus residents were more likely to have an annual health check, greater numbers of those living in community settings had mammograms along with vision and hearing checks. However, screening for cervical cancer was not taken up by any of the residents in either setting.

Although differences in the dependency levels and behaviours of the two groups of residents could account for some of the differences found, it is likely that service procedures and precedents also had an influence. It is concluded that agency policies and practices to promote the health and well-being of people with intellectual disabilities need to be consistently applied across all service settings and staff trained accordingly.

Recommended reading:

Van Schroyen Lantaman-de Valk, H., Metsemakers, J.F., Haveman M.J. and Crebolder, H.F. (2000) Health problems of people with intellectual disability in general practice: a comparative study. *Family Practice*, 5, 405-407.

Webb, O. and Rogers, L. (1999) Health screening for people with intellectual disability: the New Zealand experience. *Journal of Intellectual Disability Research*, 43, 497-503.

Kerr, M., Fraser, W.I. and Felce, D. (1996) Primary health care for people with learning disabilities. *British Journal of Learning Disabilities*, 24, 2-8.

2.2.3 Inclusion in primary care for people with intellectual disabilities: gaining user and carer perspectives

Martyn Jones, Senior Lecturer, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom. Co author: Ella McLafferty

Abstract:

The "Same as You" (SAY) learning disabilities strategy (Scottish Executive, 2000) states that people with learning disabilities should be able to use the same health and social service services as everyone else. Despite such social policy developments, current patterns of service provision in primary care may not always guarantee inclusive access for some clients (NHS Executive, 1998, 1999). The aim of this study was to gain a service user and carer perspective of the barriers facing people with intellectual disabilities when accessing primary health care.

A snowball sampling strategy was used to contact service users who had used primary healthcare in the last 6 months with support from service-providers. Service user interviews (N=6) and three carer focus groups (N=19) were carried out within the service-users homes, using a semi-structured approach, with a phenomenological, thematic, interpretative approach to data analysis (Tesch, 1990).

Two independent researchers corroborated the emergent thematic structure.

Service-user participants were aged between 33 and 64 years. Paid carers were predominantly female, of mixed age and experience, and worked in a range of social care settings. Five themes were common to service users and carers, i.e. 'Accessing the surgery': 'Feelings about going to the doctor': 'Communication issues': 'Waiting around': 'Giving/making choices'. In addition, carers identified the attitudes of some primary healthcare staff as problematic and emphasised the importance of primary healthcare staff knowing the user.

Many of the themes identified here have been identified in the literature on access to primary healthcare, e.g. the environmental and social barriers that limit service access for clients with learning disability (Lennox & Kerr, 1997). Gaining a service user and carer perspective is an important first step in the development of a training programme for primary healthcare staff that is designed to improve inclusive access to primary healthcare for people with learning disabilities.

Recommended reading:

Scottish Executive, Department of Health (2000). Same as You: A Policy Review. Edinburgh: Stationary Office.

Fraser, M & Fraser, A. (2001). Are people with learning disabilities able to contribute to focus groups on health promotion? *Journal of Advanced Nursing*, 33(2), 225-233.

Lennox, N., Diggins, J., & Ugoni, A. (1997). The General Practice Care of People with Intellectual Disability: Barriers and Solutions. *Journal of Intellectual Disabilities Research*, 41(5), 380-390.

2.3 Older people

2.3.1 Turning research evidence into practice. The acute care of people with dementia - developing practice guidance from original research

Rachel Norman, Research Associate, University of the West of England, Bristol, Faculty of Health and Social Care, Bristol, United Kingdom.

Abstract:

Criticisms raised in the late 1990s of the care received by people with dementia in the general hospital system (HAS 1998, Anon - the Observer Newspaper 1997) led to the commencement of a PhD research project aimed at exploring what happens when a person with dementia is admitted to acute care environments.

The research was carried out using a grounded theory approach to data collection and analysis (Strauss and Corbin 1998) and three methods of data collection utilised to gather the views and experiences of key stakeholders. The outcome of the research was a 'map' detailing the interactional relationships that occur between nurses and patients with dementia.

The research suggested that nursing staff tended to view dementia in terms of an all-encompassing diagnosis, effecting particular actions from a person. A reductionist definition of dementia was observed in practice through the physical and emotional constraint of those labelled as being

dependent. Yet the research also suggested that through the processes of connected and equal interactions meanings of dementia could be modified and actions changed, as patients were seen as whole individuals and 'realised' and prioritised in the care they received.

The development of practice guidance was stipulated as an original outcome for the research. The output from the research is highly theoretical; consequently further work has been undertaken to enable the findings to be implemented in care environments. This paper details the guidance development work undertaken following the original research. A multi-faceted resource, consisting of a poster for nursing staff and an individualised patient information-gathering sheet has been developed which functions to enhance the public and personal selves of patients with dementia. The resource, its development and the challenges faced in turning research into practice guidance will be discussed in order to contribute to the fields of nursing knowledge of dementia care and research implementation.

Recommended reading:

Anonymous author. 1997. Dignity on the ward: readers' experiences. Observer Newspaper 12th October p.18

Health Advisory service, 1998. Not because they are old. A report of HAS 2000. London: HAS.

Strauss, A., Corbin, J., 2nd edition 1998. Basics of qualitative research. Grounded theory procedures and techniques. London: Sage.

2.3.3 Hospital nurses attitudes and efficacy in delivering health promotion to the over 65s

Kate Kelley, Reserch Fellow for Older People, Worthing and Southlands nhs trust, Research and Development, Worthing, West Sussex, United Kingdom. Co author: C Abraham

Abstract:

Background: Although there is support for the routine application of health promotion throughout hospitals, in practice the provision of health promotion is of a 'haphazard nature' (McBride 1994). The recent NSF for Older People has the promotion of active lifestyle as a standard for trusts to achieve. Patients over 65 years report rarely receiving health promotion in hospitals despite wanting to improve their health, and reports from nurses suggest they may not know the best way to help these patients. (Young 1996).

Aims: This study aimed to explore the attitudes and efficacy of nurses working in a Department of Medicine for the Elderly (DOME) towards providing health promotion for the over 65s.

Methods: All nurses (n=175) working on the DOME wards were sent a semi-structured questionnaire. A reminder letter was sent one month later. In total 79 questionnaires were returned, a response rate of 45.1%. This medium response rate matches similar surveys of this population (e.g. Williams and McIntosh 1996).

Broad themes were explored including perceptions of the definition and aims of health promotion, the effectiveness and cost-effectiveness of health promotion and which groups should be particularly targeted. Specifically, nurses were asked

about their health promotion practice and their attitudes towards providing health promotion in acute settings for the over 65s.

Results: The respondents reported providing health promotion most of the time and the provision of health promotion was seen as part of their role. Respondents reported being quite confident at providing health promotion and a significant association was found between the respondent's self-reported ability to perform health promotion and how often they provided health promotion ($r=0.24$, $p<0.05$). The majority of the respondents supported health promotion for the over 65s, but considered it an increasingly difficult task as patients got older. Barriers reported were time, resources, lack of confidence and ethics concerning the implementation of health promotion in an acute setting, 'health fascism'.

Conclusion: For health promotion to be implemented successfully on the wards all the nursing staff need to feel confident in undertaking the task and must believe it is worthwhile. This can be achieved with education and improved resources but until this happens the implementation of health promotion on the wards will remain sporadic and lack conviction.

Recommended reading:

Department of Health (2001) National Service Framework for Older People. HMSO

McBride, A. (1994) Health promotion in hospitals: the attitudes, beliefs and practices of hospital nurses. *Journal of Advanced Nursing*, 20, 92-100

Fox PJ, Breuer W, and Wright JA (1997) Effects of a health promotion program on sustaining health behaviours in older adults. *American Journal of Preventive Medicine*, 13, 257-64

2.4 Education

2.4.2 A short, empirically developed, clinical placement evaluation tool which produces similar results in 3 European countries (UK, Germany, Finland).

Laurence Moseley, Professor of Health Services Research, University of Glamorgan, School of Care Sciences, Pontypridd, Wales, United Kingdom. Co author: Donna Mead

Abstract:

Many instruments have been produced to evaluate students' experiences of clinical placements. They usually share 2 characteristics: (1) they are too long to be used routinely, (2) they have little empirical justification. We have tried to rectify these faults. We have developed a tool in the UK, Germany, and Finland. The process started with a literature search, and with semi-structured qualitative interviews with students and staff. This left us with the usual unordered, unquantified wish list of placement characteristics. We then undertook a magnitude ratio scaling exercise with 350 students (with appropriate translations) in all 3 countries. The resulting list gave both order and distance. Items had scores ranging from 26.7 (trivial) to 5080.0 (vital), thus showing discriminating ability for individual items. The scale was reliable, with correlations ranging from +0.68 (Germany-Finland) to +0.88 (Germany-UK). We had a tool which over-rode differences of language, culture, and health care organisation. However, it

was still too long (65 items). We therefore, asked students in the UK which of the placement characteristics they had experienced on their most recent placement. We thus had, for each student and for each placement, a total placement score (high = good placement) and a note of which characteristics had been experienced. It was not enough, though, to conclude that high score = discriminating, as some of the highest scoring items were experienced by only a handful of students, whilst others were experienced by nearly all students. If everyone has a characteristic (or nearly no one does) it cannot by definition be discriminating. Instead, we argued thus. If, for a given characteristic, the difference in total placement score between those who had experienced it and those who had not was large, then the characteristic was discriminating. The final tool contained just 15 well-justified statements. QED.

2.4.3 An exploration of the use of the 'Theory of Change' approach in the evaluation of the clinical teacher role

Glynis Bennett, Senior Lecturer, University of Glamorgan, School of Care Sciences, Pontypridd, United Kingdom.

Abstract:

This paper will explore the Theory of Change approach to evaluation and outline how this was used in an ongoing research study. The study was commissioned by a Welsh Trust to evaluate the impact of the clinical teacher role on the mentorship role. The presentation will focus on the methodology, though some of the data obtained to date will also be examined.

A Theory of Change approach to evaluation involves a systematic and cumulative study of the links between activities, outcomes and contexts of an initiative and consists of three stages (Connell and Kubisch 1998).

Stage one: Surfacing and articulating a theory of change. Judge and Bauld (2001) suggest that stakeholders need to agree a logical way of achieving desired outcomes and to specify targets for each intervention. In this study the first stage explores stakeholders (Trust personnel and educationalists) rationale and expectations of the clinical teachers role.

Stage two: Measuring the initiatives activities and outcomes. The second stage of the study consists of two phases. Firstly an in-depth analysis of the clinical teachers' role (activities) will be conducted. The second phase consists of an exploration of the impact of the clinical teacher on the mentorship role (outcome).

Stage three: analysing and interpreting the results of an evaluation, including their implications for adjusting the initiatives theory of change and its allocation of resources. In this study the data relating to the clinical teachers role and the data obtained from the mentors will be analysed and models of clinical teaching will be identified. These models will be explored within focus group interviews with relevant stakeholders to inform the future development of the clinical teacher role.

This presentation will conclude by considering how the Theory of Change approach may be used in the evaluation of other health care initiatives.

Recommended reading:

Connell, J.P. and Kubisch, A.C. (1998), *Applying a Theory of Change approach to the evaluation of comprehensive community initiatives: progress, prospects and problems*. USA, The Aspen Institute.

Judge, K. and Bauld, L. (2001) Strong theory, flexible methods: evaluating complex community-based initiatives, *Critical Public Health*. 11, (1), 19 - 38.

Weiss, C.H. (1995) Nothing as good as good theory: exploring theory-based evaluation for comprehensive community initiatives for children and families. USA, The Aspen Institute.

2.5 Qualitative

2.5.2 Expanding the case study: A narrative thread for clinical research

Peter Norrie, Senior Lecturer, De Montfort University, Nursing, Leicester, United Kingdom.

Abstract:

The case study is a popular tool for research within the clinical area. It can produce vivid research which provides in-depth examination of a phenomenon. Traditionally, it has been described as being limited within a geographically bounded unit (Denscombe 1998; Yin 1994). This paper questions whether this limitation is necessary, or indeed desirable. It argues that by placing this limitation upon phenomena rather than physical space, a more flexible research strategy results, which can support clinical research. The case study has always been noted for allowing maximum flexibility in choice of methods, and the paper will explore the use of appropriate strategies within the case study, including the selection of paradigms, qualitative and quantitative data collection and triangulation. In proposing this new definition of the case study, the role of the literature search will be explored and explicitly linked to the production of theory. In particular, the feasibility of production of axiomatic theory will be identified.

To support this theoretical discussion, an example is given of a research project which could not continue within the confines of the traditional definition of case study, but which succeeded to PhD using the modified definition. To do this, a step by step illustration is given of how the case study expanded to produce a framework which is both flexible and can give procedural guidance to the developing researcher.

Recommended reading:

Denscombe, M. (1998) *The Good Research Guide- for Small Scale Social Research Projects*. Buckingham: Open University Press.

Yin, R.K. (1994) *Case Study Research Designs and Methods*. California: Sage.

2.5.3 Enriching combination: longitudinal design and grounded theory

Claire Taylor, PhD Student, Macmillan Clinical Nurse Specialist, King's College London, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom. Co authors: Alison Richardson and Sarah Cowley

Abstract:

One of the key assertions of longitudinal studies is their ability to describe and analyse the duration of relevant phenomena, ascertaining the magnitude and pattern of change occurring (Ruspini, 2002). This presentation will illustrate how grounded theory can encourage such data from prospective longitudinal design. Evidence is drawn from the researcher's own research study of sixteen participants recovering from major colorectal cancer surgery in the U.K. who were interviewed on four occasions over a twelve-month period.

Grounded theory was selected to make sense of such a process, explain how participants health changed over time and ultimately promote generalisation. It is suggested that the strengths of longitudinal design are fully realised through the grounded theory method producing greater data quality, quantity and dependability.

Several features integral to the grounded theory method made this possible: recognition of researcher involvement, comparative analysis between data sets and tolerance of data ambiguity. Two features will be discussed and illustrated: the belief in multiplicity of experience thereby supporting changes in, and variation of, data over time and flexibility of approach constrained only by an orientation to discovery. In so doing the practical and theoretical issues of longitudinal grounded theory research are outlined and the development of a broader and deeper conceptual field on recovery from cancer surgery explained.

Recommended reading:

Ruspini, E. (2002). *Introduction to Longitudinal Research*. London, Routledge.

Glaser, B. G. (1998). *Doing Grounded Theory*. Mill Valley, California, Sociology Press.

Glaser, B. (1978). *Theoretical Sensitivity: Advances in the methodology of Grounded Theory*. Mill Valley, California, Sociology Press.

2.6 Gastro-intestinal

2.6.1 Health related quality of life in community-based irritable bowel syndrome (IBS): a comparison with the general population

Graeme Smith, Lecturer in Nursing Studies, University of Edinburgh, Nursing Studies, Edinburgh, United Kingdom. Co authors: Moira Kinnear and Ian Penman

Abstract:

Background: Irritable bowel syndrome (IBS) is prevalent in the general population and affecting 10-15% of the population. Rome II criteria were developed to identify patients with IBS, however little is known about the health related quality of life (HRQoL) in

community-based individuals with IBS. The aim of this study was to quantify the impact of IBS on HRQoL using a validated generic health status measurement tool in comparison with the general population.

Methods: A self-selected group of 503 subjects (409 females, 42.1 median age) with established IBS (confirmed by Rome II criteria) were recruited via a national newspaper campaign. Individuals completed a EuroQoL EQ-5D (EQ5D) generic HRQoL measurement tool at baseline, 3 and 6 months. The EQ5D is a validated tool which comprises 5 health related domains and a visual analogue scale (VAS, thermometer scale). Analysis compared the EQ-5D scores in each health related domains with established normative values. Odds ratios were calculated to determine the extent of the difference between the normal and IBS groups.

Results: Within the health related domains of usual activities, pain discomfort and anxiety and depression, individuals with IBS scored significantly different than the normal population (Table 1). In particular, IBS patients found pain and discomfort 7 times more disruptive in their lives than the normal population. As may be expected, no significant differences were noted in the domains of mobility and self-care between IBS sufferers and the normal population. The VAS measurements of general well-being were significantly different for the normal population compared with the IBS subjects (Normal 82.5 (SD 17) vs 68.3 (SD 20.9) for the IBS subjects (p-value (≤ 0.5)).

Conclusion: Overall the HRQoL was impaired in IBS subjects as shown by the VAS responses. The EQ5D measures specific health related domains and showed that IBS affects anxiety and depression, usual activities and pain and discomfort in these subjects. IBS subjects with impaired HRQoL may place demands on the already scarce health care resources.

Table 1. Odds ratios comparing the EQ5D domains of IBS vs Normal values

Domain	Odds ratio (IBS vs Normal)
Usual activity	2.19 (1.79-2.68)
Pain and discomfort	7.03 (5.69-8.69)
Anxiety and depression	3.80 (3.15-4.57)
Mobility	0.82 (0.64-1.05)
Self care	1.01 (0.65-1.57)

Recommended reading:

Thompson WG, Heaton KW, Smyth GT, Smyth C. Irritable bowel syndrome in general practice: prevalence, characteristics, and referral. *Gut* 2000; 46: 78-82.

Brooks R. EuroQol: the current state of play. *Health Policy* 1996; 37: 53-72.

Longstreth GF, Hawkey CJ, Mayer EA, Jones RH, Naesdal J, Wilson IK, Peacock RA, Wiklund IK. Characteristics of patients with irritable bowel syndrome recruited from three sources: implications for clinical trials. *Aliment Pharmacol Ther* 2001; 15: 959-964.

2.6.2 The impact of nurse led gut directed hypnotherapy upon health related quality of life in patients suffering from irritable bowel syndrome

Graeme Smith, Lecturer in Nursing, University of Edinburgh, Nursing Studies, Edinburgh, United Kingdom. Co author: Kelvin Palmer

Abstract:

Introduction: Health related quality of life (HRQoL) is impaired in patients suffering from irritable bowel syndrome (IBS), but measurement of this remains poorly quantified. The treatment of severe IBS is often unsuccessful, although gut directed hypnotherapy has been shown to improve IBS symptoms but its effect upon HRQoL status has not been defined.

Aim: In this study we have defined the impact of nurse led gut directed hypnotherapy upon HRQoL status in IBS patients.

Methods: Seventy-five patients (55 females; median age 37.1) with a diagnosis of IBS (consistent with Rome II diagnostic criteria) underwent gut directed hypnotherapy. The predominant symptoms were abdominal pain in 46 patients (61 altered bowel habit in 24 (32.5) and abdominal bloating in 5 (6.5). Physical symptoms were prospectively recorded using seven day diary cards. Outcome measures were Hospital Anxiety and Depression Scales (HAD-A & HAD-D) and a IBS disease specific quality of life tool (IBSQoL). Measurements were taken at baseline (pre-treatment) and at three months (post-treatment). Pre and post treatment scores were coded and compared using Wilcoxon signed ranks test.

Results: There were statistical improvements ($p < 0.001$) in all domains of the IBSQoL (emotional health, mental health, physical health, sleep, energy, diet, social role and physical role) after treatment. Improvements were most marked in female patients, particularly those with predominant abdominal pain. Significant improvements were seen for both males and females for anxiety and (HAD-A $p < 0.001$; HAD-D $p < 0.05$).

Summary/Conclusion: Gut directed hypnotherapy has a very positive impact upon psychological well being and HRQoL in IBS. This appears most effective in patients with a predominant symptom of abdominal pain and bloating. A randomised controlled study of hypnotherapy is recommended in IBS.

Recommended reading:

Houghton LA, Heyman DJ, Whorwell PJ Symptomatology, quality of life and economic features of irritable bowel syndrome effects of hypnotherapy. *Aliment Pharmacol Ther* 1996; 10: 91-95.

Dancey CP & Backhouse S. Towards a better understanding of patients with IBS: *Journal of Advanced Nursing* 1993; 18: 1443-1450.

Talley NJ, Owen BK, Boyce P & Paterson K. Psychological treatments for the irritable bowel syndrome: a critique of controlled clinical trials. *American Journal of Gastroenterology* 1996; 91: 277-286.

2.6.3 Living with a Percutaneous Endoscopic Gastrostomy (PEG)

Joanne Warring, District Nursing Sister, Bro Morgannwg NHS Trust, Bridgend, United Kingdom. Co authors: Susan Philpin and Susan Jordan

Abstract:

Background: This paper reports on the qualitative data from a study exploring patients' experiences of living with a percutaneous endoscopic gastrostomy (PEG). PEG refers to an artificial route directly into the stomach for the long-term delivery of nutrition, for patients who, for various reasons, are unable to take sufficient nutrition orally. The use of PEG feeding is increasing by approximately 20% annually (Elia, et al 2001), suggesting that this is an important research area.

Aim: To explore the experience of PEG feeding from patients' perspectives

Methods: A qualitative approach, which recognises that human actors understand their circumstances in a multiplicity of ways (Cutcliffe & McKenna, 1999) was used. Exploratory, semi-structured interviews were used with a purposeful sample of twenty people whose PEG had been fitted for over twelve months. As the interview schedule was not rigid, participants were able to move freely in their descriptions of their experience.

Findings: Thematic analysis identified the following inter-linking areas of significance for the patients:

- The influence of the PEG tube on social relationships was a key issue for all informants. In particular, patients expressed concerns over the social impact of altered body image and the inability to take their meals with other people.
- Technical problems associated with the PEG tube impacted on patients' daily lives.
- Service provision relating to the care of the PEG tube was an important factor in patients' experiences and highlighted the need for improved education for nurses caring for these patients.

This paper will contribute to the advancement of nursing knowledge in the following ways:

- It raises awareness of the significant impact of PEG feeding on patients and their social relationships.
- Awareness of these factors will improve nurses' care planning for these patients.

Recommended reading:

Cutcliffe, J. & McKenna, H. (1999) Establishing the credibility of qualitative research findings: the plot thickens. *Journal of Advanced Nursing*, 30, (2), 374-380

Elia, M., Stratton, R.J., Holden, C., Meadows, N., Micklewright, A., Russell, C., Scott, D., Thomas, A., Schaffer, J., Wheatley, C. and Woods, S. (2001) Home artificial nutritional support: the value of the British Artificial Nutrition Survey. *Clinical Nutrition* 20 (supplement 1) 61-66

2.7 Quantitative methods

2.7.1 Room for improvement? Reporting participation and response rates in nursing research in the past decade

Frances Badger, Research fellow, University of Birmingham, School of Health Sciences, Birmingham, United Kingdom. Co author: Julie Werrett

Abstract:

Although nursing and health care literature indicate acceptable response rates, research publications often lack detailed information about these or the recruitment process. These omissions limit the ability of the reader to fully appraise studies and hamper the learning which can be gained, not only from studies which progress smoothly, but also those which encounter challenges in this area.

Reviewing papers published in 1992, Smith (1994) found that it was difficult to ascertain how participants were accessed, the type of sampling employed and the types of participants involved. Recent Guidelines (Dickinson, 2002; Webb, 2003), have highlighted weaknesses in reporting methodological aspects of research. Dickinson (2002) noted limited information regarding sampling and response rates, indicating that the issues identified by Smith (1994) still remain. The above factors, combined with the personal experiences of the researchers have precipitated detailed study and analysis of recruitment and response rates in nursing research publications.

The main focus of this paper are changes in the reporting of recruitment and response rates in research studies. The three nursing journals which were reviewed by Smith (1994) currently appear within the top 20 citation rankings of the Institute of Scientific Information. To identify any changes in the quality of reporting the current study reviewed papers published in these journals in 2002 and where applicable, compared the findings to those reported by Smith (1994), thus enabling the identification of changes in research publications a decade apart.

It is suggested that in the current climate of evidence based practice and clinical and research governance it is vital that attention is devoted to the accurate and detailed reporting of research methodology and the presentation will assess to what extent nursing publications have been successful in addressing the deficits previously identified.

Recommended reading:

Dickinson H O (2002) "Use and abuse of statistics in nursing research", *Journal of Advanced Nursing*, 39 (5): 405-407.

Smith, L. N. (1994) "An analysis and reflections on the quality of nursing research in 1992", *Journal of Advanced Nursing*.19(2):385-93

Webb C (2003) "Editor's note: Introduction to guidelines on reporting qualitative research" *Journal of Advanced Nursing*, 42(6): 544-545

2.7.2 With a sample size of 1000, what's our power to undertake research? A scoping exercise to assess research capacity and training needs of hospital nursing staff

Catherine Vass, Assistant Director of Nursing, Nottingham City Hospital NHS Trust, Nottingham, United Kingdom. Co authors: Alison Cargill and Cheryl Crocke

Abstract:

Research is our future evidence and basis of practice. The DoH's Strategy for Nursing¹ sets the challenge to strengthen the capacity of the profession to contribute to and undertake health services research. Identifying research capability in the NHS is difficult (Tanner and Hale²). In rising to this challenge we surveyed our Nurses to ascertain research activity and research training needs.

937 registered Nurses and Midwives were given a questionnaire when they attended one of 15 'update'days in our Trust. 859 completed questionnaires (92 percent response) from all patient care areas were returned and analysed.

Academic qualifications ranged from 25 percent pre-registration diploma; 20 percent degree; 2 percent Masters and 1 percent PhD. Twenty-one percent had attended short research courses.

The results regarding participation in research were encouraging. 559 (65 percent) had undertaken research; 41 percent as part of a course, 19 percent in collaboration; and 10 percent as a sole researcher. Participation was greatest in literature searching and data collection; 163 reported taking part in report writing and presentation, but only 43 reported publication experience. Only 38 of 859 staff had their research published.

Less than half respondents expressed an interest in conducting research. Training needs were identified in applying research findings to practice, critical appraisal, and literature searching and writing for publication.

The findings go some way towards addressing 'paucity of information and numbers of Nurses with research skills and qualifications' (DoH¹). However of concern is that research capacity building may be a problem not only in resource but also in lack of interest from Nurses, this may be due to perceived barriers to undertaking research (Tanner & Hale³).

It is apparent that we must strive to expand Nursing research activity by stimulating interest in research in general, perhaps through more application of research findings to practice, and research training including the importance of publication.

Recommended reading:

Department of Health, 2000. Towards a strategy for nursing research and development proposals for action. DoH publications, London

Tanner J & Hale C (2002) developing research capacity: Identifying and quantifying nursing research activity in the NHS. NT Research Vol 7, No 3 p 212-220.

Tanner J & Hale C (2002) research 'active nurses' perceptions of the barriers to undertaking research in practice. NT Research vol 7, No. 5 p 363 - 375

2.7.3 Running a multi-centre RCT: A tale of three nurses

Margaret Copeland, Research Officer, University of Ulster, Department of Nursing, Coleraine, United Kingdom. Co authors: Vivien Coates and Cassandra McConnell

Abstract:

This paper will focus upon the experiences of nurses running a complex multi-centre randomised controlled trial (RCT) which involves a diverse multi-disciplinary team.

The presenters of this paper have been involved from proposal writing through to implementation of a specific project (Efficacy of self-monitoring in type 2 diabetes) but we believe that the lessons learned are generally applicable to RCTs.

While randomised controlled trials are not widely used in nursing research, for some research questions they are the most appropriate design. Multi-centre trials have their own particular problems, many of which never feature in the final published papers. At one level an RCT involves sample selection, randomising patients, running the intervention and measuring the outcomes. However, the large numbers of participants required for RCTs usually necessitates the involvement of several research centres. Therefore, at another level there is a raft of interpersonal issues such as working with large, diverse clinical teams, motivating busy health professionals to take on research, bringing in those new to research and ensuring that all involved feel their contribution is equally valued. In addition, the realities of developing a protocol acceptable to all, then ensuring that it is followed on different sites with different priorities should not be underestimated.

The following three nurses who have different responsibilities within the RCT will explore these issues:

- Research Officer
- Diabetes Nurse Specialist implementing the protocol.
- The Principal Investigator (named grant holder).

Each nurse will address the joys and headaches experienced while working on this multi-centre trial and it is intended that the insights we have gained over the past years will be of use to others contemplating this research design.

2.8 Decision making

2.8.1 Investigating influences on nurses' practice and decision-making

Michael Traynor, Senior Lecturer, London School of Hygiene and Tropical Medicine, Centre for Policy in Nursing Research, London, United Kingdom. Co authors: Anne Marie Rafferty and Diana Solano

Abstract:

Aim: To understand how nurses read, evaluate and are influenced in their practice by different types of text e.g. research journals, popular health magazines, patient biographies.

Design: and sampling: The research is based on analysis of the transcripts of tape recordings of three focus groups (n=7, n=11, n=11) carried out with volunteering qualified nurses from different practice specialties accessed via a university providing post-basic education. Samples of different texts were distributed and discussed.

Theoretical basis and analysis: the research is based upon feminist epistemology and feminist literary theory. The overall analytical orientation is discourse analysis. These theoretical areas provide a context for understanding how nurses respond to the call to identify with different professional identities. Feminist thought is turned to not with an assumption that it is applicable to nurses because the majority are women, but because such theories make it possible to investigate how different groups may have differing ways of knowing and reading.

Findings: Nurses attempted to reconcile quite different professional discourses and political contexts, those promoting professional practice as based on scientific evidence along with an increase in accountability within the NHS, and the simultaneous emphasis on the intuitive and personalised character of expert nursing practice. Through a number of discursive moves, nurses problematised the usefulness of research outputs in a way that supported their assertion of the use of experience and intuition as complementary to the use of research rather than in tension with it.

Contribution: The present research helps us to understand the complexity of the response of this group of clinicians to the drive for evidence based practice and moves us on from an understanding of nurses as poor implementers

2.8.2 Decision-making about nutritional risk in patients: A comparison of nursing students in Ohio and the United Kingdom

Marion Wright, Senior Lecturer in Nursing, University of Ulster, School of Nursing, Coleraine, United Kingdom. Co authors: Ruth Ludwick and Rich Zeller

Abstract:

High rates of malnutrition, on admission and developing during a hospital stay, were reported by the Malnutrition Prevalence Group (2000) in the UK (20-40%) and by Gallagher-Allred et al (1996) in the USA (40-55%). Lack of documentation of nutritional status and low rates of referral to dietitians have also been reported. The role of nutrition in recovery is seldom disputed, but professional roles in relation to meal management often are. However nurses have a key role in recognising clues that a patient is at risk nutritionally, and it is important to understand the factors influencing the judgements and decisions that nurses make that lie behind this recognition.

Factorial surveys, used extensively in social science research, combine advantages of experimental design (randomisation, manipulation of independent variables, experimental control) with the advantages of surveys and allow the researcher to disentangle variables that are often highly multi-collinear in real-life situations (Ludwick & Zeller, 2001). They can also overcome methodological and ethical problems encountered in direct observation.

A comparison of students in the United States (Kent State University, Ohio) and Northern Ireland (University of Ulster), made possible by a

Leverhulme Trust Study Abroad Fellowship, used a factorial survey to examine nurses' nutritional decision-making. The study was later extended to include students from Scotland (University of Stirling). A unique set of 6 randomly generated vignettes was scored by 3rd year RN students and post-RN students at Kent State University (N=60), the University of Ulster (N=67), and the University of Stirling (N=39). Eleven clinical and socio-demographic patient variables were examined for their effect on nurses' decisions. Analysis of the data, using ordinary least squares regression, determined that over 20% of the variance in 'recognition of risk', 'intention to screen' and 'recognition of need for dietetic referral' were explained by 7 of the independent variables.

Recommended reading:

Gallagher-Allred, C.R., Coble Voss, A., Finn, S.C., McCamish, M.A (1996) Malnutrition and clinical outcomes: The case for medical nutritional therapy. *Journal of the American Dietetic Association*, 96 (4): 361.

Ludwick, R., & Zeller, R. (2001). The factorial survey: An experimental method to replicate real world problems. *Nursing Research*, 50, 129-133.

Malnutrition Prevalence Group (2000) Prevalence of malnutrition on admission to four hospitals in England. *Clinical Nutrition*, 19: 191-195.

2.8.3 Information that is not exchanged in consultations and its relationship to shared decision-making

Carol Bugge, Senior Lecturer, University of Stirling, United Kingdom. Co authors: Vikki Entwistle and Ian Watt

Abstract:

Background: Shared decision-making is a commonly advocated model of patient's participation in their health decisions. The exchange of information between patients and health professionals is fundamental to this model. In this paper we will identify examples of situations in which information was not exchanged and explore the implications of these for shared decision-making (Charles et al. 1997; Charles et al. 1999).

Methods: We video-recorded consultations and carried out pre and post-consultation interviews with health professionals, from a range of backgrounds, and patient participants from 5 diverse clinical areas. This paper is based on the analysis of 20 cases (26 consultations and 137 interviews) and a critical consideration of the relationship between examples of information not exchanged and shared decision-making.

Results: We found several examples of patients and health professionals not exchanging information about the patients' problem and/or about treatment options. A range of reasons were given for non-disclosure, including: feeling that the other person did not need/ want the information; patients perceiving professionals' behaviour as inhibiting exchange; and professionals' concern for patients' health and well-being.

No consistent relationship was identified between the information that was not exchanged and patients' satisfaction and/or agreement with the amount of information they received or the option selected.

Discussion: The relationship between information exchange and shared decision-making is a complex one. We will consider some of these complexities. For example, we found that in some cases information was not exchanged about the patient's problem, which seemed to have implications for the treatment options that were discussed in the consultation. In other examples patients were satisfied with the amount of information they received and the option selected (even if they were aware that information was not exchanged) which seemed to have implications for the amount of information that is necessary to exchange for shared decision-making.

Recommended reading:

Charles, C., Gafni, A., & Whelan, T. 1997, "Shared decision-making in the medical encounter: what does it mean? (or it takes at least two to tango)", *Social Science & Medicine*, vol. 44, no. 5, pp. 681-692.

Charles, C., Gafni, A., & Whelan, T. 1999, "Decision-making in the physician-patient encounter: revisiting the shared treatment decision-making model", *Social Science & Medicine*, vol. 49, no. 5, pp. 651-661.

2.9 Transcultural nursing

2.9.1 Evidence based health promotion for refugees and gypsy/travellers

Irena Papadopoulou, Professor, Middlesex University, School of Health, Biological and Environmental Sciences, London, United Kingdom. Co author: Shelley Lees

Abstract:

The presentation is based on a research project commissioned by the Welsh Assembly which is due to be completed by the end of October 2003. The project aimed to:

- identify the gaps in existing evidence related to the health promotion needs of refugees, Gypsy/ Travellers and minority ethnic groups (the latter will not be part of this presentation),
- identify existing good practice of health promotion related to the two groups
- explore ways of delivering health promotion to the two groups in a culturally competent manner.

An extensive literature review was undertaken which was complemented by an analysis of relevant statistical data. Semi-structured interviews were conducted with a number of national (UKwide) and local (South Wales) key stakeholders in order to elicit their views on policy, strategy and practice. The views of refugee/asylum seeker and Gypsy/ Traveller communities living in Wales, were collected via focus groups. Finally, a consultation exercise with community experts was held. Focus group facilitators were recruited from the community groups which participated in the research. Facilitators were trained by the research team to collect data, prepare field notes, transcribe and translate the interviews. Backtranslation and validation of the analysis was conducted by different individuals who were provided with instructions on how to conduct these processes and how to prepare a report for the research team.

This presentation will discuss the methodology, outline the focus group findings which are extremely interesting and are organised around 5 main themes: health promotion information, access to health promotion services, main health problems, good health promotion practices, and what the policy makers, funders and service providers need to do.

The discussion will relate these to the health promotion role of the nurse, in particular that of the community public health nurse.

2.9.2 Myths, legends and expectations: Sexual health and ethnicity in nursing research

Laura Serrant-Green, Lecturer, The University of Nottingham, School of Nursing, Nottingham, United Kingdom.

Abstract:

In the National Strategy for Sexual Health and HIV (NSSHH) published in July 2001 (Department of Health 2001) the British government expressed concern over the continued rise in sexual ill health among minority groups and stressed the need to improve the sexual health of the general population and minority groups in particular. Nurses have been highlighted as playing a central role in strategies arising out of the NSSHH to bring about improvements in sexual health (Royal College of Nursing 2001).

Researchers in sexual health have stressed the need for more research evidence to understand why particular ethnic groups in Britain appear to be at higher risk of sexual ill health (Fenton and Wellings 2001). Investigation of these issues by nurses is rare and to some degree compounded by a variety of myths, legends and expectations relating to researching sexual health in general, the approach to sexual health taken by nursing in the past and the methods used in focussing such research on minority ethnic groups. In nursing research efforts have been made to explore such links between ethnicity and health. However, with the exception of extensive research work on HIV/AIDS as a very specific disease phenomenon nursing research into ethnicity and health has not routinely focussed on sexual health.

This paper explores some of the reasons for this lack of focus in nursing research and suggests ways forward to advance the nursing evidence base into sexual health and ethnicity. The rationale for this paper is that unless the barriers to researching ethnicity and sexual health by nurses are addressed the detailed evidence base required will fail to materialise. Without this efforts by sexual health professionals and service providers to develop the range of health care practices to implement the priorities set out in the National strategy for sexual health and HIV will remain hampered.

Recommended reading:

Department of Health (2001). The national strategy for sexual health and HIV. London, Department of Health.

Royal College of Nursing (2001). RCN Sexual health strategy. London. Publisher. 001525. October 2001.

Fenton, K. and K. Wellings (2001). Sexual health and ethnicity. Heath and ethnicity. H. Macbeth and P. Shetty. London, Taylor and Francis: 223-232.

2.9.3 Language awareness in healthcare: Survey of Welsh language awareness amongst healthcare practitioners in Wales

Peter Reece Jones, Lecturer, University of Wales Bangor, School of Nursing and Midwifery Studies, Bangor, United Kingdom. Co authors: Llinos Spencer, Fiona Irvine Llinos Spencer and Gweryll Roberts

Abstract:

The paper will describe the first phase of a national survey funded by the National Assembly Government of Wales. The purpose of the survey was to assess healthcare professionals' awareness of the Welsh language within healthcare provision in Wales, UK, and identify the extent of Welsh language usage within different aspects of practice. The study was commissioned in response to the report of the Welsh Consumer Council (Misell, 2000) on Welsh in the Health Service. Misell (2000) confirmed that there are fundamental deficiencies in the services provided for Welsh speakers in Wales (of which there are half a million), and many patients are denied opportunities to demonstrate their language preference whilst receiving care. Offering language choice to bilingual patients and clients not only facilitates effective communication and enhances therapeutic relationships but also enables accurate assessment and diagnosis, particularly amongst vulnerable client groups, thereby improving the overall quality of healthcare provision (Timmins 2002; Gerrish, Husband & MacKenzie 1996).

Phase 1 of the current survey involved a self-administered postal questionnaire designed to obtain information from a range of randomly selected healthcare professionals (3365 in total) in acute and community settings across Wales. A bilingual (Welsh/English) questionnaire was developed which focussed on three main themes, as follows:

1. Biographical and demographic data;
2. Welsh language skills and use within clinical settings;
3. Attitude to the use of the Welsh language in healthcare.

A 58% response rate was obtained overall. The data were firstly explored with descriptive statistics and then the attitude scales were subjected to Factor Analysis. Relationships between the variables which influenced the respondent's attitudes to the Welsh language in healthcare, such as Welsh language fluency, regional location, and professional group were postulated. The findings have important implications for the delivery of language awareness training and policy initiatives that reflect the needs of local bilingual communities in Wales. Furthermore, results from this study have an important bearing across wider multicultural communities in their delivery of patient centred healthcare services.

Recommended reading:

Misell, A. (2000). Welsh in the Health Service. Welsh Consumer Council, Cardiff.

Timmins, C. (2002). The Impact of Language Barriers on the Health Care of Latinos in the United States: A Review of the Literature and Guidelines for Practice.

Gerrish, K., Husband, C., & MacKenzie, J. (1996). Nursing for a Multi-ethnic Society. Open University Press, Bucks.

2.10 Evidence based practice

2.10.1 Water or juice? One glass or two? A systematic review of the evidence in relation to the type and volume of preoperative fluid intake

Marian Brady, Programme Leader, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, United Kingdom. Co authors: Sue Kinn and Pauline Stuart

Abstract:

Background: Following a recent systematic review (Brady et al 2003) we know that a reduction in the duration of the traditional nil-by-mouth-from-midnight fast to allow some fluid intake up to two hours before surgery does not result in a significant increase in the risk of regurgitation, aspiration or associated illness for 'healthy' patients (Brady et al 2002). However, the type and volume of fluids permitted during this period of restricted intake requires careful consideration. Should we permit preoperative patients to drink water, clear fluids, fruit juice, coffee or tea (which may include milk) or carbohydrate drinks? Should the volume of fluid intake be controlled? If restricted how much should we permit patients to drink? The evidence in relation to these issues will be presented.

Methods: All the relevant and reliable evidence was systematically collected and evaluated. A thorough search of the on-line literature databases (Medline and Cinahl) and a hand search of relevant conference proceedings were conducted. Outcome measures considered included primary outcomes (adverse events, related morbidity/mortality, volume/pH of gastric contents) and secondary outcomes (e.g. hunger, thirst, nausea/vomiting). Whenever possible the results from the trials were pooled.

Results: Over 6000 references were generated in the systematic search. 24 randomised controlled comparisons between a regimen that permitted patients some preoperative fluid intake and a standard fasting regimen (NPO from midnight) were identified. The available evidence indicates that, amongst other things, the intake of water preoperatively results in a significantly lower (and thus 'safer') mean volume of gastric contents than if participants had followed a standard fasting regimen, while the intake of fruit juice results in more acidic gastric contents. These results will be appraised in relation to the size and quality of the trials and the clinical implication of the results will also be considered.

Recommended reading:

Brady, M, Kinn, S, Stuart, P. (2003) Preoperative Fasting for adults for the prevention of peri-operative complications [Cochrane Review] Oxford, Update Software Ltd. 2003/4.

Brady, M, Kinn, S, Stuart, P. (2002) How long should adults fast preoperatively: A systematic review of the evidence. Royal College of Nursing International Nursing Research Conference. Manchester, April 2003.

2.10.2 Evidence-based practice: great in theory. Clinical decision-making in a cardiothoracic intensive care unit

Helen Hancock, Research Fellow, University of Northumbria at Newcastle, Nursing, Midwifery and Allied Health Professions Research and Development Unit, Newcastle upon Tyne, United Kingdom. Co author: P R Easen

Abstract:

The movement towards 'research and evidence-based practice' in health care is based, at its simplest, on the argument that professionals have a moral responsibility to practice in ways that are underpinned by the best research knowledge available and which may be improved by building an evidence base for that practice. This paper arises from an ethnographic study within a Cardiothoracic Intensive Care Unit (CICU) and explores the realities of evidence-based practice through an exploration of the decision-making processes of nurses when extubating patients following cardiac surgery.

Data were gathered through:

- Observation of all participating nursing, medical and managerial staff; and
- Interviews with all grades of nursing staff, CICU Director, a Consultant Cardiothoracic Surgeon, CICU Manager and Deputy Divisional Manager.

These methods of data gathering facilitated an analysis, which included progressive focusing and sensitising concepts, of all aspects of clinical practice relating to the weaning and extubation process in context.

The findings indicate that, behind the rhetoric of the unit, much of the nurses' decision making was 'pragmatics-led' rather than 'clinically-led'. Despite their knowledge and the use of an (unwritten) physiologically based protocol, decision-making was influenced by a range of personal and contextual factors including relationships, hierarchy, ownership issues, confidence, experience, levels of responsibility, attitudes and values.

While the authors do not debate the principles of 'evidence-based practice', they argue that its restricted focus ignores the realities of the professional work within which such theoretical knowledge is to be realised. There are limitations in any model of 'evidence-based practice' that assumes knowledge to be independent of the personal, historical, social and political context in which it is used. The implications of these findings go to the heart of the debate about the relationship between theory and professional work and are particularly significant in relation to ongoing developments in health care and its delivery.

2.10.3 Research Governance Framework: views of researchers in primary, community and social care

Elizabeth Meerabeau, Head of School of Health and Social Care, University of Greenwich, University of Greenwich, School of Health, London, United Kingdom. Co authors: Annmarie Ruston and Julie Clayton

Abstract:

The Research Governance Framework for Health and Social Care was established by the Department of Health and is a framework of responsibilities and quality checks for researchers, employers of researchers, NHS care providers, funders and sponsors of research. It requires the establishment of systems for being notified of any research activity, peer review and scientific support, approval registration and monitoring of all projects, liaison with ethics committees, safeguarding patient confidentiality, ensuring indemnity arrangements are sound, managing intellectual property and ensuring that Data Protection and Health and Safety laws are upheld. Primary Care Trusts were required to comply with a substantive proportion of the framework by 31 March 2003.

The University of Greenwich was commissioned by Southwark, Greenwich, Lambeth and Lewisham PCTs to examine academics' perspectives and experiences of complying with the Framework. Taped telephone interviews were conducted with 23 experienced academics from a range of primary care, acute care and social science disciplines within four institutions. Interviews lasted 20 to 30 minutes and were transcribed, and analysed for themes.

Topics covered were: awareness of the RGF, current systems in the HEI, advantages and disadvantages of the RGF, local R&D management, peer review, sponsorship, the principal investigator, honorary contracts, primary care issues. In addition, two emergent themes were issues relating to student projects, and experience of submitting proposals to Local Research Ethics Committees.

This paper will concentrate in particular on student projects, the principal investigator, and honorary contracts. It is argued that these need addressing in research fields which are developing and still somewhat fragile.

11:00 – 12:30

Concurrent session 3

3.1 Adolescents

3.1.1 Identifying problematic drug use in young people presenting in health care settings

Alison Torn, Project Officer, Bradford University, Nursing Research, Bradford, United Kingdom. Co authors: Tamara Seabrook and Rob Newell

Abstract:

All health care professionals working with young people need to be able to identify and respond to problematic substance use (DoH 2001). Nurses, midwives and health visitors are often in a prime position to pick up on previously unidentified problems within a vulnerable group of people. However, the definition of what constitutes a substance problem relies mainly on criteria originally developed for adults, with the underlying assumption that such criteria are directly transferable to a younger population (Myers, Brown and Vik 1998). For young people, their substance use often only becomes problematic within the context of personal relations with families, partners and peers and with wider social institutions such as schools, the police and criminal justice systems (Sanders 1997). However, there is a dearth of research on first, how young drug users define 'problematic use', second, what influences recognition of a problem, third what influences the decision to do something about it and fourth what affects their choice of agency, if indeed there is a choice.

In order to explore these issues, a collaborative research project was designed by the Division of Nursing at Bradford University and a Bradford street drugs agency. Twenty-five young drug users were interviewed using a biographical, narrative approach. Interview data was thematically analysed both manually and computationally. Initial results indicate the variation in definitions of 'problematic use' and how drug users' identities impacts on their help-seeking behaviour. These findings shall be discussed in relation to how health care professionals can be better equipped to support young drug users in recognising problematic use and seeking help.

Recommended reading:

Department of Health (2001) Co-ordinated Planning for Vulnerable Children and Young People in England, London, The Stationery Office.

Myers, M.G., Brown, S.A. and Vik, P.W. (1998) 'Adolescent Substance Use Problems' in Mash, E.J. and Barley, R. (eds), *Treatment of Childhood Disorders*, Second Edition, Guilford Press

Sanders, C. (1997) 'Re-authoring Problem Identities; Small Victories with young Persons Captured by Substance Misuse' in Smith, C. and Nylund, D. (eds) *Narrative Therapies with Children and Adolescents*, Guilford Press.

3.1.2 Drug education: the views of young people.

Elwyn Coombes, Research Fellow, Oxford Brookes University, Oxford Centre for Health Care Research and Development, Oxford, United Kingdom. Co author: Deborah Allen

Abstract:

Tackling Drugs to Build a Better Britain (TSO 1998), identifies a key role for health professionals in drug prevention programmes. Similarly, the Health Advisory Service (2001) observe that nurses working in primary care are at the frontline of service delivery and as such are expected to be able to provide information, advice and health promotion to young service users. There is a deficit of good quality research focusing on the efficacy of health promotion interventions and concern continues to rise regarding the numbers of young people using illicit substances. However, seeking the views of young people regarding their perceived needs has been a neglected area (Roker and Coleman 1997). This paper presents the results of some research among young people regarding their views of drug education.

Design: The survey involved two distinct phases. The first stage involved the use of self-report questionnaires. The second stage of the research used a series of focus groups to gain in depth data on the themes identified in stage one. In total, 206 young people participated in the research; the age range was between 13 and 25 years.

Participants: The groups approached for this research were selected purposively to represent a broad range of young people from different socio-economic backgrounds. The groups participating in the research were diverse, including participants from higher education, two schools, a youth club, the pupil referral and young offender services.

Findings: Data from both stages of the research reveal that the majority of young people were highly critical of the drug education and advice they had received. They were critical of content, format and delivery. Many participants commented that they would not approach statutory services due to concerns regarding confidentiality. They were also vocal in offering their opinions regarding what they felt would improve drug education and more appropriately help meet their needs.

Although the sample is relatively small, the results of this research offer insight to the complex and challenging issue of health promotion in this important area and are of interest to all nursing professionals.

Recommended reading:

The Stationery Office 1998 *Tackling Drugs to Build a Better Britain*, London, The Stationery Office.

Health Advisory Service 2001 *The Substance of Young Needs*. London: Health Advisory Service

Roker, D. Coleman, J. 1997 *Education and Advice About Illegal Drugs: What Do Young People Want?* *Drugs Education Prevention and Policy*, 4 (1) pp 53-64.

3.1.3 Rock challenge: The Drug Prevention Education Programme giving young people a natural high.

Debra Salmon, Principal Lecturer In Primary Care Nursing, University of the West of England, School of Maternal and Child Health, Bristol, United Kingdom.
Co authors: Simon, Murphy and Mathew Jones

Abstract:

Background: Rock Challenge is a Personal, Social and Health Education (PSHE) programme pioneered in Australia that aims to promote healthy lifestyles amongst secondary school students. In Rock Challenge, young people participate in a group-based arts and media competition that is intended to increase resilience to substance use and other health-risk associated behaviours. The focus of the programme is on young people having fun and leading healthy lifestyles. On the basis of a positive evaluation in Australia (Grunstein, 2001), a number of similar programmes have received support from Be Your Best Foundation (UK) to run in secondary schools in the UK. Such interventions, promoting 'resilience' and 'alternative highs' have been identified as being in particular need of evaluation (Cohen, 2001). For the academic year 2002-2003, the Government Office: South West has supported a Rock Challenge programme with an evaluation component to run in the South West of England. **Results** from the evaluation contribute to the development of evidence-based public health interventions and, more widely, research-based knowledge of young people's health-related behaviour.

Methods: Utilising a quasi-experimental design, pupils participating in the Rock Challenge programme in 9 intervention secondary schools in Dorset completed a pre and post test questionnaire. Questionnaire measures include self-efficacy, optimism/pessimism, smoking, alcohol and illicit drug using behaviour, future intentions and perceptions of social norms related to drug use. In addition a process a questionnaire and in-depth interviews with a sub-sample of participants examined pupils' and teachers' views on and experiences of the intervention. An internal control group, which includes non-participants in Rock Challenge intervention schools, and an external control group of pupils from four other non-intervention secondary schools in Dorset also completed pre and post test questionnaires.

Results: In this paper we will report on some of the key findings from both the process and impact components of our research. Analysis of pre test and post test measure will identify associations between demographics, cognitions and drug using behaviours/ intentions in the total sample. Further analysis will identify changes in self-reported substance use, self and social norm perceptions and future intentions associated with the programme. Finally some data will be presented outlining pupil and teacher reactions to the programme.

Conclusions: After reporting our findings on the Rock Challenge intervention we will seek to develop a set of recommendations for further programme development with regard to young people and healthy lifestyles for health professionals working in this field.

Recommended reading:

Cohen J (2001) Drug Education how to be effective. Liverpool: Healthwise Grunstein R (2001) Summary of Results of the REC (Rock Eisteddfod Challenge) as an intervention to increase resiliency and improve health behaviours in adolescents. Unpublished.

3.2 Learning disabilities

3.2.1 Views of people with learning disabilities using mainstream mental health services: An exploratory study

Bob Gates, Professor of Learning Disabilities, Thames Valley University, Learning Disability, Slough, United Kingdom. Co author: Mary Waight

Abstract:

Background: It has become accepted universally that people with learning disabilities are more likely, than the rest of the population, to develop mental health problems (DOH 2001, FPWLD 2003). The recent White Paper 'Valuing People' (DOH 2001) set out, this government's agenda for social inclusion, the rights of people with learning disabilities to be included in all aspects of society-including access to mental health services. Current research literature indicates that people with learning disabilities continue, almost exclusively, to have many of their mental health needs met through specialist services, for example, learning disability psychiatrists and specialist in-patient facilities. There is little encouragement for people with learning disabilities to access mainstream mental health services, and that even when they do we know almost nothing of their experiences and, or, preference as service users.

Methods: An exploratory study was established to examine how people with learning disabilities living within Berkshire access mental health services and what support they may require to ensure that they receive services which meet their needs. Adopting the participatory approach to research, we have undertaken a number of focus groups with people with learning disabilities enabling them to tell their own stories and report on their lived experiences of mental health care in mainstream services.

Analysis: All focus groups were tape-recorded and then transcribed verbatim. Scripts were subsequently subjected to content analysis to develop theoretical categories of description.

Presentation: We will report on our initial findings, analysis of data and highlight some of the practice issues as well as methodological problems encountered. The former is important for the development of services and for identifying any training needs for mainstream health care staff. The latter is important for the advancement nursing research.

Recommended reading:

DOH (2001) Valuing People: A new strategy for Learning Disability for the 21st Century. Cm 5086. London.SO

The Foundation for People with Learning Disabilities[FPWLD] (2003) Count us in. London. The Foundation for People with Learning Disabilities.

Simons K, Russell O (2003) Lines in the Sand (Summary) Norah Fry Research Centre Bristol

3.2.2 Protecting vulnerable adults from abuse: policy, practice and nursing

Ruth Northway, Professor of Learning Disability Nursing, University of Glamorgan, School of Care Sciences, Pontypridd, United Kingdom. Co author: Ian Mansell

Abstract:

The recognition that some groups of people within society are particularly vulnerable to abuse has led to the development of recent policy guidance. This seeks to provide protection from such abuse and, where it does occur, to ensure that it is appropriately investigated (Department of Health, 2000; National Assembly for Wales, 2000). Such national guidance, however, needs translating into local policies and procedures and this information needs to be communicated to staff working with vulnerable groups of people.

To determine the extent to which such local policies and guidelines are in place in services providing support to people with learning disabilities an all Wales survey was undertaken of statutory, voluntary and independent sector service providers. Respondents were asked to complete a postal questionnaire. In addition they were invited to forward copies of any policies and / or training materials which they were currently using.

This presentation will focus upon data gathered from health trusts concerning policy development and the provision of staff education / training. 18 responses were received from 21 surveys distributed to health trusts giving a response rate of 86% Where individual trusts had specialist learning disability directorates then a response was sought both from that directorate and from the trust.

The Nursing and Midwifery Council (2002) stress that zero tolerance of abuse is required and note the importance of appropriate policies and staff education when seeking to prevent abuse. The findings of this study thus have implications for nurse managers, nurse educators and individual practitioners.

Recommended reading:

Department of Health (2000) No Secrets, London: Department of Health

Nursing and Midwifery Council (2002) Practitioner-client relationships and the present of abuse, London: Nursing and Midwifery Council

National Assembly for Wales (2000) In Safe Hands, Protection of Vulnerable Adults in Wales, Cardiff: National Assembly for Wales

3.2.3 Consent and adults with learning disability

Christine Hutchinson, Nurse Consultant Learning Disability, Preston Primary Care NHS Trust, Directorate of Clinical Services, Preston, United Kingdom.

Abstract:

With the closure of long stay hospitals, and the shifting policy focus, mainstream health services in the primary and acute sectors have to deal more with the healthcare issues of people with learning disabilities.

The issue of consent is central to the provision of healthcare, but can be a particularly complex issue in the field of learning disabilities. The research provides the views of a sample of adults with a learning disability of their experiences of the health care decision making process. This information will assist nurses, midwives and health visitors in ensuring that their approach yields the best results to the issue of consent with this group.

Methods:

- Semi Structured Interview relating to the decision making for a specific healthcare intervention
- Focus Groups relating to general experiences of decision making in health services during adulthood

Sampling:

- Random of known LD population with snowball onto professionals involved
- Convenience

Sample Size: 1.6 people 2. 17 people in three groups

Analysis:

1. content analysis to elicit themes
2. content analysis to elicit themes

Indication of Results:

- People with learning disabilities rely heavily on other people to arrange their access to health services
- A level of acquiescence continues to exist despite many years of policy and philosophy expecting increases in empowerment
- People with learning disability want more choice and control, to be empowered to consent to their own health care
- People with learning disability want health staff to be better able to communicate with them using augmented and alternative means so that information is more readily accessible

Presentation

- To outline the rationale of the research and the methodology used
- Provide a precis of current law on consent for adults who lack capacity
- To outline the key findings from the research
- To highlight the implications of the findings for nursing, midwifery and health visiting practice

Recommended reading:

Keywood, K. Forvargue, S & Flynn, M (1999) Best Practice? Health care decision making by with and for adults with learning disability ;Manchester; National Development Team

Hart, SL (1999) Meaningful Choices: Consent to Treatment in General Health care settings for people with Learning Disabilities; Journal of Learning Disabilities for Nursing, Health and Social Care 3 (1) pp 20-26

Lord Chanellors Department (2002) Making decisions:Helping people who have difficulty deciding for themselves; London; LCD

3.3 Older people

3.3.1 Developing smoking cessation initiatives in partnership with older smokers and health professionals

Susan Kerr, Senior Research Fellow, Glasgow Caledonian University, School of Nursing, Midwifery and Community Health, Glasgow, United Kingdom. Co author: Hazel Watson

Abstract:

Background: Adults aged 65 years and over constitute more than 15 percent of the total UK population, and this is set to rise to more than 19 percent by the year 2022. As approximately 16 percent of older adults are known to smoke, there are currently an estimated 1.5 million smokers, aged 65 and over, in the UK (Office for National Statistics 2002). This number could rise to 2 million by the year 2022, unless effective health promotion strategies are implemented.

Unfortunately, despite the fact that the Smoking Cessation Guidelines have identified older smokers as a priority group (HEBS/ASH 2000), and despite compelling evidence that intervening with older adults can be effective, there is evidence to suggest that health professionals are consistently failing to target this population (Maguire et al 2000). The reasons for this failure are unclear and require further study.

The Study: This paper will report findings from a study, funded by ASH Scotland, that aims to inform the development of initiatives to encourage members of the primary care team to provide older adults with information and advice that will help them to stop smoking.

The research approach is qualitative, gathering information from older smokers and members of the primary care team (ie. health visitors, district nurses, practice nurses and general practitioners). The sample of older smokers was drawn purposively from 5 General Practices in the Greater Glasgow Primary Care NHS Trust (n=20), with the sample of health professionals being drawn purposively from 21 General Practices (n=80). Data collection is currently underway (September 2003) and should be complete by February 2004. The data are being collected during a series of focus group interviews.

The audio-taped interviews will be transcribed and then analysed thematically using constant comparative procedures. The data analysis process will be subject to peer-review and member-checking.

Recommended reading:

Office for National Statistics (2002) Social Trends. London: The Stationery Office.

HEBS/ASH (2000) Smoking Cessation Guidelines for Scotland. Edinburgh: Health Education Board for Scotland.

Maguire CP, Ryan J, Kelly A, O'Neill D, Coakley D, Walsh B (2000) Do patient age and medical condition influence medical advice to stop smoking? Age and Ageing, 29: 264-266

3.3.2 Providing palliative care to older people in care home settings: the contribution of district nursing

Claire Goodman, Senior Lecturer, University College London, Primary Care and Population Sciences, London, United Kingdom. Co author: Rosemary Woolley

Abstract:

District nurses value their involvement in palliative care and consistently identify it as an area of specialist expertise (Goodman et al 1998). Despite an increasing interest in the palliative care needs of older people resident in care homes (Katz and Peace 2003) minimal empirical work examines the district nursing involvement even though they are often the most frequent health professional visiting care homes where there is no on site nursing provision.

A two-phase study undertaken in one county in England employed qualitative and survey research approaches to describe how district nurses and care home managers defined and negotiated their responsibilities when caring for residents who were dying. Data collection involved six focus groups involving 52 participants and a detailed survey of 89 district nurse team leaders and 96 care home managers. Findings revealed that only half of the district nursing teams had provided palliative care services to care homes and that there was considerable variation in the type of care provided.. Practitioners' priorities, the organisation of the service and care home managers' definitions of what constituted nursing and personal care influenced older peoples' access to district nurses, specialist palliative care support and the extent to which participants reported working together when an older person was dying. The presentation will examine how these findings complements research on the contribution of clinical nurse specialists in palliative care to care homes (Froggatt et al 2002) and focus on what this study reveals about how the organisation of primary health care services, the relationship between public and private providers of care and definitions of health and social care impact on older peoples' access to and experience of palliative care in care homes

Recommended reading:

Goodman C.,Knight D., Machen I. and B. Hunt (1998) Emphasizing terminal care as district nursing work: a helpful strategy in a purchasing setting?Journal of Advanced Nursing 28(3):491-8

Katz J. and S. Peace (eds) (2003) End of Life in care homes: a palliative care approach Oxford University Press

Froggatt K.A., Poole K. and L.Hoult (2002) The provision of palliative care in nursing and residential and nursing homes: the role of the clinical nurse specialist Palliative Medicine 16 (6) 481-487

3.4 Nurse education

3.4.1 The use of cluster analysis to determine student and new nurses perceptions of involvement in practice activities - A case study examining medicine administration.

Carol Hall, Senior Health Lecturer, University of Nottingham, School of Nursing, Nottingham, United Kingdom

Abstract:

This presentation will critically reflect over the use of 'cluster analysis' in determining the perceptions of 56 students and preceptorship staff nurses' involvement in 201 practice activities associated with administering medicine to children.

In the study, cluster analysis was used to determine whether students and newly qualified nurses could be grouped significantly according to the way that they perceived activities related to medicine administration.

Respondents biographical data was cross-tabulated with the cluster groupings and Chi square analysis was used to evaluate whether any significant characteristics emerged.

Reversal of the data matrix then allowed the 201 activities to be clustered according to the way respondents perceived them. Interpretation of these cluster groups using individual item analysis allowed new insights into student nurses practice development in medicine administration care to emerge.

Cluster analysis has not been extensively used within nursing and midwifery education but has potential for use in determining perceptions in practice with patients as well as students. It is envisaged that this paper can thus contribute to developing knowledge of existing application of research methodology in nursing.

This presentation will:

- Offer a background outline of the research study in which Cluster analysis was adopted.
- Demonstrate how Cluster analysis was used to determine students perceptions of involvement in activities associated with administering medicine to children.
- Critically reflect over the validity, benefits and challenges to using cluster analysis in evaluating nurse preparation for practice.

Recommended reading:

Everitt, B (1993) Cluster Analysis, London. Edward Arnold.

Kaufmann, L; Rousseeuw (1990) Finding Groups in Data - an introduction to cluster analysis

Youngman, M B; (1979) Analysing Social and Educational Research Data. London, McGraw Hill

3.4.2 Preceptorship: exploring adult branch diplomates experiences and views

Sarah Robinson and Trevor Murrells, King's College London, Nursing Research Unit, London, UK. Co author: Susanne Cox,

Abstract:

While preceptorship was heralded by the UKCC (1993) as an essential component of the transition from student to qualified nurse, research suggests that it is not always provided (e.g. Maben and Macleod Clark 1998). This project investigated the following aspects of preceptorship:

- Allocation of preceptors and receipt of preceptorship
- Extent to which diplomates felt that they had sufficient preceptorship for each of 12 separate aspects
- Association of preceptorship with feeling supported for key aspects of the newly qualified nurse's role.

Preceptorship was investigated during a longitudinal study of the careers of a nationally representative multi-stage sample of adult branch diplomates (n=2109). Questions on preceptorship, developed from a literature review and a three-stage pilot study, were included in the questionnaire sent at six months to those members of the cohort who had returned a questionnaire at qualification (1596); 83% (1331) of whom responded.

While most diplomates had a preceptor, not all had received preceptorship. There was considerable variation in the extent to which diplomates felt that they had had sufficient preceptorship for each of 12 aspects investigated. Receipt of sufficient preceptorship was most likely for aspects concerned with settling into the work environment, less likely for aspects concerned with developing clinical skills, and least likely for those focusing on reflective practice and career plans. Those receiving preceptorship were more likely to feel supported over key aspects of the nurses' role than those who did not.

The findings demonstrate the role of preceptorship in support and thus the importance of ensuring its receipt. Exploring preceptorship in terms of constituent aspects enabled differences to be revealed in the extent to which demand for each aspect was met. Consequently, it is suggested that preceptors ascertain the expectations of their preceptees in order to tailor their preceptorship programmes accordingly.

Recommended reading:

Maben J, Macleod Clark J (1998) Project 2000 diplomates' perceptions of their experiences of transition from student to staff nurse. Journal of Clinical Nursing 7(2): 145-153.

UKCC (1993) Registrar's letter. The Council's position concerning a period of support and preceptorship; implementation of the post-registration education and practice project proposals. United Kingdom Central Council for Nursing, Midwifery and Health Visiting, London.

3.5 High dependency/ critical care

3.5.1 An evaluation of non-invasive methods used to determine temperature in critically ill adults.

Sarah Farnell, Research Nurse Practitioner, St George's Hospital, Intensive Care Unit, Tooting, London, United Kingdom. Co authors: Lorraine Maxwell and Seok Tan

Abstract:

Introduction: Temperature is a routine observation, which provides valuable information about the patients' condition leading to important decisions regarding investigations and treatments. This study evaluates the accuracy and reliability of two non-invasive methods, the Chemical (Tempa.DOTTM) and Tympanic thermometer (GeniusTM First Temp M3000A), against the gold standard Pulmonary Artery Catheter (PAC), and aims to determine the clinical significance of any temperature discrepancy.

Method: In this prospective study temperatures were recorded with each of the three methods and an expert panel used to identify whether any temperature differences were clinically significant.

Results: 153 datasets were obtained from 25 patients. 75.2% (n=115) of Chemical and 50.9% (n=78) of Tympanic readings were within a +/- 0.0-0.40C range of the PAC. Both Chemical and Tympanic thermometers were significantly correlated with temperatures derived from the PAC ($r_2 = 0.81$, $p < 0.0001$ and $r_2 = 0.59$, $p < 0.0001$) and limits of agreement were 0.5-0.90C and 1.2-1.20C respectively. The Chemical thermometer was associated with a mean temperature difference of 0.20C, which increased 0.40C when used in conjunction with a warming blanket. Clinically significant temperature differences that might have resulted in delayed or unnecessary interventions were identified (Table 1).

Conclusion: The Chemical thermometer was more accurate, reliable and associated with fewer clinically significant temperature differences compared to the Tympanic thermometer. However, compared to the PAC both methods were associated with erroneous readings. Since Chemical and Tympanic thermometers are used in adults and children in a wide variety of settings, ranging from community to intensive care these findings have huge implications. Can we as professionals seeking to promote evidence-based practice justify the continued use of Tympanic thermometry?

Table 1: Clinical Significance of Temperature Discrepancy

Temperature Intervention Method	Unnecessary Intervention Required
Chemical 28.8% (n=44)	15.3% (n=26)
Tympanic 37.8% (n=58)	21.1% (n=35)

3.5.2 A quasi-experimental clinical trial to evaluate the effectiveness of family interventions in minimising sensory disturbances experienced by critically ill patients

Pauline Black, Lecturer in Nursing, University of Ulster, School of Nursing, Faculty of Life & Health science, Londonderry, United Kingdom. Co authors: JRP Boore and KA Sullivan

Abstract:

This research study was designed to contribute to the development of effective nursing by testing an intervention designed to reduce the effect of sensory disturbances experienced by patients in ICU. The Neuman system theory was chosen as the theoretical framework, and the results will contribute to existing theory-testing literature.

A quasi-experimental pre-test post-test time series design was utilised. Data was collected first from a treatment-as-usual group (n=83). There was no identifiable difference in the care normally provided to the critically ill, apart from the completion of data collection tools at days 1-7 and weeks 2, 4, 8 and 12 post-ICU admission. Data collection took place wherever the patient was being cared for at the time - either in hospital or at home.

Data was collected from the intervention group (n=87) on completion of the treatment-as-usual group, after the introduction of a nurse-facilitated family intervention designed to encourage the involvement of family members in providing effective patient-centred communication and information to promote orientation. The timings of the data collection and the tools used were the same as those used in the treatment-as-usual group:

- Therapeutic Intervention Scoring System (TISS-28)
- Intensive Care Delirium Screening Checklist
- Sickness Impact Profile
- Physiological and pharmacological data was collected during days 1-7 and at week 2
- Some qualitative data was also collected from notes taken during informal interviews with patients and families at 4, 8 12 weeks.

A total of 170 patients and their families participated in the study. Sampling was opportunistic. Each consecutive admission to the ICU was screened against inclusion criteria and families were then approached regarding consent to participate.

The focus of analysis is on comparison of the data and patient outcomes between the groups. Descriptive statistics, inferential statistical tests and thematic analysis will be used to interpret the resultant data. Data collection is in the final stages of completion, and it is suggested that analysis will demonstrate that structured, meaningful communication from a family member will result in a reduced incidence of sensory disturbances and a more positive outcome for both patient and family.

The presentation will include:

- rationale for the study
- outline of the methods
- exploration of the results - both expected and unexpected

- implications for nursing practice - for critical care, ward and community settings.

Recommended reading:

Black, P., Deeny, P. and McKenna, H. (1997b) Sensoristrain: an exploration of nursing interventions in the context of the Neuman system theory. *Intensive Care Nursing*, 13, 249-258.

Holden, J., Harrison, L. and Johnson, M. (2002) Families, nurses and intensive care patients: a review of the literature. *Journal of Clinical Nursing*, 11, 140-148.

Papathanassoglou, E. and Patiraki, E. (2003) Transformations of self: a phenomenological investigation into the lived experience of survivors of critical illness. *Nursing in Critical Care*, 8(1), 13-21.

3.6 Respiratory

3.6.1 The difficult asthma patient's perspective of taking corticosteroid therapy

Jacqueline Gamble, Sister, Belfast City Hospital Trust, Out Patients' Department, Belfast, United Kingdom.

Abstract:

Introduction: Recent evidence suggests that multidisciplinary evaluation and intervention, including specialist nursing, is important when treating patients with poorly controlled asthma. Systematic evaluation of patients with difficult asthma demonstrates many contributing factors and significant co-morbidity (Heaney et al 2003). In particular, treatment adherence to corticosteroid therapy, is poor and clinicians have been urged to develop management strategies, which address this problem. To do so, we first need to understand more about the factors which influence patients' behaviour and decision-making. A variety of issues such as education and psychiatric morbidity have been implicated but the evidence-base is weak. Certainly, compliance in these patients has not previously been investigated from a qualitative perspective.

Aim: To explore the experiences, perceptions and practices associated with corticosteroid therapy of patients with difficult asthma.

Method: Phenomenology was selected as the most appropriate method and Holloway's multi-step technique to data collection and analysis was applied (Holloway 1997). A purposive sample of ten patients were selected. In-depth interactive interviews were taped, transcribed verbatim and analysed thematically using narrative from the transcriptions as illustrations.

Findings: Five core themes emerged to describe this phenomena. These were: steroid phobia, knowledge, self-management, intrinsic attributes, and environmental factors. Each theme will be described in detail and links between themes will be developed.

Conclusion: Results confirm the importance of eliciting patient's fears, concerns and worries with regard to improving compliance. They also verify the variety of factors which contribute to non-compliance and may increase our understanding of how these issues inter-relate. Cognisance of this data may assist nurses and clinicians to develop more effective strategies for dealing with non-compliance in this group of patients. It may also

provide the first step on which to develop further research on this important clinical issue.

Recommended reading:

Heaney LG, Conway E, Johnston BT, et al. Predators of therapy resistant asthma: outcome of a systematic evaluation protocol. *Thorax* 2003;58:561-566

Holloway I, *Basic Concepts for Qualitative Research*. 1997; Blackwell Science: Oxford.

3.6.2 Partners' experience of the use of overnight continuous positive airway pressure (CPAP) by patients with obstructive sleep apnoea (OSA)

Renay Taylor, Senior Staff Nurse, Royal Brompton and Harefield NHS Trust, Respiratory Medicine, London, United Kingdom.

Abstract:

Background: In OSA, partial or complete upper airway collapse during sleep causes snoring, hypopnoeas and apnoeas, resulting in fragmented sleep. Features of OSA include excessive daytime sleepiness, impaired concentration and personality changes. Partners report a lack of sleep, anxiety and marital difficulties related to sufferers' symptoms and personality changes.

CPAP reduces sufferers' snoring and daytime sleepiness and is the treatment of choice. Little is known about the experience of partners and the impact of this treatment on their quality of life.

Method: Collaizi's phenomenological approach was utilized for data collection and analysis. Six partners participated in tape-recorded interviews.

Results: Ten themes were identified:

- 1) It can be frightening
- 2) In at the deep end
- 3) A period of adjustment and perseverance
- 4) The need for support, guidance and inclusion
- 5) The effect on intimacy and the use of humour
- 7) The effect on social life and routine
- 8) Getting my man back
- 9) The positives outweigh the negatives
- 10) A lifesaver and part of my life

Initially OSA sufferers' use of CPAP may be a daunting experience for partners. Partners persevere through a period of machine adjustments and personal adaptation to the presence of CPAP in their bedrooms and lives. The effects of CPAP are complete and immediate and outweigh the negative aspects of treatment. Ultimately partners are positive about the influence of CPAP on their quality of life. They come to view CPAP as a routine and integral part of their lives.

Implications: Partners' needs for education and support are inadequately addressed by healthcare professionals. There is a need for increased specialist nursing involvement in this area of practice.

Recommended reading:

Scottish Intecollegiate Guidelines Network (2003) *Management of Obstructive Sleep Apnoea /*

Hypopnoea Syndrome in adults: a national clinical guideline. Edinburgh: SIGN.

Collaizi P (1978) Psychological research as the phenomenologist views it. In: Valle S and King M (eds). *Existential-Phenomenological Alternatives for Psychology*. New York: Oxford University Press.

Kiely J and McNicholas W (1997) Bed partners' assessment of nasal continuous positive airway pressure in obstructive sleep apnea. *Chest* 111 (5): 1261 - 1265.

3.6.3 Adolescent cardiac and respiratory patients' views and experiences of hospital care

Linda Maynard, Children's Cardiac Liaison Nurse Manager, Royal Brompton and Harefield NHS Trust, Nursing Research, Dept. of Nursing and Quality, London, United Kingdom. Co authors: Virginia Attard and Jo Wray

Abstract:

Children born with cardiac or respiratory disease are living longer as treatments continue to become more successful. Their needs as adolescents and as they transfer to adult services require careful attention, with transition occurring at an age agreed with them and their parents and taking into account their level of cognitive, emotional and physical development.

This questionnaire study (data collection completed) aimed to increase awareness of the service needs and expectations of young people; identify good practice and areas where communication processes and facilities could be improved; and enhance understanding of transition between paediatric and adult services.

A semi-structured questionnaire was developed following a review of the literature and by asking the views of young people attending outpatient clinics. Structured questions ascertained information about communication and decision making, preferred and actual age of preparation and transfer to adult services. Open ended questions obtained views and experiences regarding facilities in different areas and patient perception of transition processes.

Ethical approval was obtained prior to compiling a list of patients (aged 17-20 years) who had received inpatient treatment during adolescence and who had ongoing health needs (n=195). A pilot sample (n=20) was surveyed prior to the main study. One reminder and additional copy of the questionnaire was sent to the whole sample as responses were anonymous.

Descriptive statistics will be used to summarise information about the characteristics of the sample. Standard non-parametric tests will be used to perform within and between group comparisons of cardiac and respiratory patients. A constant comparative method will be used to facilitate the identification of patterns, categories and constructs in qualitative data. The study's co-authors will ensure reliability by independently coding responses.

Recommendations for service delivery will be made and one model of cardiac liaison nursing facilitating transition from child to adult services will be presented.

Recommended reading:

Department of Health (2003) *Getting the right start: National Service Framework (NSF) for Children,*

Young people and maternity Services "Standard for Hospital Services.

Department of Health (2002) *Paediatric Congenital and Cardiac Services Review (PCCSR) Report* Chairperson: Prof. J Monro

British Cardiac Society Working Party (2002) *Grown-up congenital heart (GUCH) disease: current needs and provision of service for adolescents and adults with congenital heart disease in the UK.* *Heart, Sept; 88 Suppl 1:i1-14.*

3.7 Pain

3.7.1 The voice of experience: Living with cancer pain

Michelle Winslow, Research Associate, University of Sheffield, Trent Palliative Care Centre, Sheffield, United Kingdom. Co authors: David Clark and Jane Seymour

Abstract:

The second half of the twentieth century witnessed much progress in cancer pain research and major innovations in understanding and treatment were realised. Parallel to developments in clinical and public health, individuals with first hand experience of cancer pain were publishing their experiences. Indeed, the voice of the individual patient became central to new understandings of 'total pain'. This paper recognises the value of experiential accounts and discusses a selection of literature produced by people living with cancer, with the aim of shedding light on the changing nature of the cancer patient's voice from 1945 to the present day. The research is part of a wider ESRC project exploring interconnected themes in the development of innovative technologies in the relief cancer pain.

Using a case study approach, publications produced by people with experience of cancer have been surveyed, an approach that has allowed a longitudinal perspective of representations of experiences of cancer pain. Writing first hand accounts enables people with cancer to communicate their truth, and their understanding of their experiences. Motivations for writing are various and include the desire to support others, to expose poor quality care and to raise professional awareness of patient experience. Recounting stories can also be a means of attaching meaning to cancer and pain.

Published narratives have highlighted that during the second half of the twentieth century representations of the cancer patient shifted from views of the individual as an 'object' of medical care, to whom treatment is meted out, to a person who desires autonomy and wishes to have their voice heard in relation to treatment options. This paper reflects on these changes and considers the significance of publishing personal experiences of cancer pain.

3.7.2 Results of a randomized trial of the chronic pain self-management program in three Canadian provinces

Sandra LeFort, Associate Professor, Memorial University of Newfoundland, School of Nursing, St. John's, NF, Canada. Co authors: Judith Watt-Watson and Karen Webber

Abstract:

Aims: The overall aim was to evaluate the feasibility and effectiveness of the low-cost, community-based Chronic Pain Self-Management Program (CPSMP) (LeFort et al. 1998) delivered by trained nurse facilitators for those with chronic non-cancer pain. The primary aim was to compare outcomes for individuals who received the psychoeducation intervention with those randomized to a 3-month wait-list control group. The secondary aim was to evaluate whether changes in the treatment group at 3 months were sustained long-term by evaluating outcomes at 6 and 12 months.

Methods: Individuals with chronic pain in three Canadian provinces who met inclusion criteria were randomly allocated to participate in the 6-week CPSMP right away or to wait for three months. Twelve nurse facilitators and 3 rehabilitation specialist facilitators were recruited and trained in a 3-day intensive workshop to deliver the CPSMP at 7 sites. Participant data were collected at baseline, 3, 6 and 12 months for all study participants.

Results: Participants (80% female, mean age 47 yrs) were randomly allocated to either the treatment group (n=102) or to the wait-list control group (n=105). Comparisons between groups at 3 months on measures of self-efficacy, resourcefulness, disability, psychosocial adjustment to illness, life satisfaction, and health-related quality of life including pain will be presented. Data at 6 and 12 months will also be reported.

Conclusions: The feasibility and effectiveness of the CPSMP when delivered by community-based nurses and others as an adjunct for the management of chronic pain will be discussed.

Recommended reading:

Lefort, S.M., Gray-Donald, K., Rowat, K.M. And Jeans, M.E. (1998). Randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain. *Pain*, 74, 297-306.

3.7.3 Before and after the chronic pain self-management program: What chronic pain means to me?

Karen Webber, Associate Professor, Memorial University of Newfoundland, School of Nursing, St. John's, NF, Canada. Co authors: Sandra LeFort and Judith Watt-Watson

Abstract:

Aim of Investigation: To describe participant responses at two points in time of the 6-week community-based psychoeducational Chronic Pain Self-Management Program (CPSMPv) (LeFort et al. 1998) using qualitative analysis.

Methods: At the beginning and the end of a 6-week psychoeducational program for those with chronic non-cancer pain, participants in 27 programs from seven sites, three in Newfoundland, three in Ontario and one site in Saskatchewan were asked to describe 'What chronic pain means to me'. All program facilitators and participants agreed to have the sessions audio-taped and the sections pertaining to this information were transcribed and formed the basis of the analysis. A qualitative approach using content analysis was used to analyze the data from the transcribed portions of the education sessions. Major themes were identified at each time period and then compared to each other.

Findings: Session 1: When participants were asked to describe 'What chronic pain means to me', they described their feelings according to the following five categories, Isolation, constancy, limitation, loss and adversarial. At the end of the CPSMP at Session 6 when participants were again asked to describe 'What chronic pain means to me', their responses were categorized as: Getting out, learning from others/helping each other, validation, coming to terms, self-esteem and enjoyment, knowledge, self-knowledge, hope/direction, and learning to manage. Their responses indicated that while they still had pain, they reported more control over the pain, felt less alone, and took more responsibility for how they lived their lives. This change reflected the process components (enhancing self-efficacy and resourcefulness) of the CPSMP.

Conclusions: Short-term qualitative responses indicated that participants benefited from the community-based psychoeducational CPSMP.

Recommended reading:

Lefort, SM., Gray-Donald, K., Rowat, KM., Jeans, ME., 1998. Randomized controlled trial of a community-based psychoeducational program for the self-management of chronic pain. *Pain*, 74, 297-306.

3.8 Employment issues

3.8.1 Improving working lives

Jennifer Park, Research Fellow, School of Nursing, University of Nottingham, Nottingham, UK. Co author: Stephen Timmons and Jacqueline Randle

Abstract:

It is well known that student nurses require support in developing confidence and professional competence. National strategies have recommended the strengthening of partnerships between the NHS and universities in order to strengthen practice education (NHS Plan. DoH 2000, *Placements in Focus*, ENB DoH 2001). Two local initiatives introduced to address this are the introduction of clinical placement development facilitators roles and; the replacement of the traditional link lecturer role by the establishment of practice learning teams consisting of both NHS and university staff.

This presentation reports the findings of a large-scale, multi-method evaluation of these initiatives, involving a range of stakeholders from the NHS and education. The sample was purposive and involved over 100 participants. The findings show that a distinctively new model of collaborative working has been established. This study has important lessons in showing how NHS and education can work together successfully in providing a high-quality experience for students on placement. It further demonstrates the importance of organi-

sational culture in understanding how this can be achieved.

Recommended reading:

Department of Health, (2000), *the NHS Plan - A plan for investment. a plan for reform.* HMSO. London.

ENB & DoH (2001). *Placements in Focus: Guidance for education in practice for health care professionals.* ENB. London.

3.8.2 Registered nurses and midwives views of their assertive behaviour in the workplace

Fiona Timmins, Lecturer, Trinity College Dublin, School of Nursing and Midwifery, Dublin, Ireland. Co author: Catherine McCabe

Abstract:

As nurses move away from traditional subservient roles and perceived roles it is increasingly being recognised that a nurse needs to behave in an assertive manner. Assertiveness is necessary for effective patient communication, and it is suggested that its development may also aid the confidence of the profession as it develops. Although nurses have been suggested as a group that lack assertive skills, there is little empirical evidence to support this view. In addition, the evidence that exists on the topic reveals conflicting views. There is some evidence that assertive education can improve nurses assertive skills and that certain barriers exist to using assertive skills in practice. This large-scale study outlines the views of a random selection of 300 nurses and midwives registered in Ireland, of their assertive behaviour in their workplace. Quantitative data indicates that while many nurses are assertive, others are not. In addition, certain relationships within the health service challenge these skills. Qualitative data highlighted a range of issues which influence the ability to be assertive including hierarchy, culture and bullying. Identified barriers to using assertive skills are also outlined. It is recommended that locally based assertive training programmes may be useful incentives to increase assertive skills. In addition, assertiveness training should be included in all undergraduate and post-graduate nursing programmes.

Recommended reading:

Begley, C. (2002) 'Great fleas have little fleas': Irish student midwives' views of the hierarchy in midwifery' *Journal of Advanced Nursing*, 2002; 38 (3): 310-317

Castledine, G. (1997) Nurses must stop themselves being used by doctors. *British Journal of Nursing*, 6(4)234.

Farrell, G.A. (2001) From tall poppies to squashed weeds: why don't nurses pull together more? *Journal of Advanced Nursing* 35 (1) 26-33.

3.8.3 Quality work environments for nurses: Canadian perspectives

Linda McGillis Hall, Assistant Professor and CIHR New Investigator, University of Toronto, Faculty of Nursing, Toronto, Ontario, Canada. Co authors: Diane Doran and Souraya Didani

Abstract:

Changes to health care throughout the 1990's have resulted in a number of new challenges for health care leaders. These changes, coupled with an impending nursing shortage, prompted concern in the nursing community regarding the quality of the work life environment for nurses. The purpose of this presentation is to discuss a study designed to provide support and assistance to hospitals as they addressed work life issues for nurses in Ontario, Canada. Hospitals studied their local work environments using a quality improvement approach identified issues within their environments that were interfering with the achievement of the quality work initiatives identified, and designed changes in the work environment. A descriptive, repeated measures design was used to determine the association between the quality work life intervention and outcomes. Nurses and patients from 16 medical or surgical patient care units from within 8 randomly selected hospitals participated in the study. The nurse outcome variables examined included: McCloskey-Mueller Satisfaction Scale; Work Quality Index; Perceived Effectiveness of Care and Nursing Leadership; Role Tension and Job Stress. The patient outcome variables examined included: activities if daily living; therapeutic self-care; patient satisfaction; and patient judgment of hospital quality. The results of the study explore the interventions for improving the quality of nurses' work life in relation to nursing and patient outcomes, with comparisons from pre-intervention (Time 1) to post-intervention (Time 4). The study results provide important information on the influence of an intervention to improve nurses' work life on outcomes. The implications of these findings for nurses and the nursing profession will be discussed and suggestions for policy changes will be presented. The study of patient outcomes remains important to nursing and the health care sector, yet challenges with linking issues in the nurses work environment to specific outcomes of nursing care continue to confront the profession.

3.9 Methodological challenges

3.9.1 Improving user involvement in nursing research

Josephine Tetley, Research Fellow/Lecturer, University of Sheffield, School of Nursing and Midwifery, Sheffield, United Kingdom.

Abstract:

Policy makers and funders of research are increasingly asking for, and commissioning, studies that include consultation and involvement with service users. Indeed good research has been defined as research that is conducted with, rather than on people (Heron and Reason 2001). These changes and challenges have led to a situation where social researchers are less concerned with the qualitative/quantitative divide and more focussed on new and emerging approaches such as constructivist and

participatory research. It is however, important to acknowledge that these new approaches are not easy as the traditional roles of researchers and participants are challenged (Stoeker and Bonachic, 1992). Thus researchers engaged in participatory research have to understand ways of working that will enable those who were once the subjects of research to effectively participate in, contribute to and have control of research processes. This in turn requires researchers to engage in a wide range of new and different research activities.

This presentation will therefore give an overview of methodologies that nurses can use in order to achieve effective and meaningful service user involvement. I will give examples from my doctoral study, which has used a constructivist and participative methodology to work collaboratively with older people. These examples will demonstrate how effective involvement can be achieved by:

- Consulting with users about the best ways of working with different community groups.
- Providing training for participants so that they can comment effectively on the research activities.
- Taking account of practical considerations such as where meetings are held, transport requirements, carer support and the best ways of thanking people for their input to the study.
- Involving participants in conference presentations and research publications.
- Using participant observation and narrative summaries to engage research participants as fully as possible in the data collection, confirmation and checking out processes of the research.

Recommended reading:

Reason, P. Bradbury, H. (2001) *Handbook of Action Research: Participative Inquiry and Practice*. London. Sage.

Stoeker, R. and Bonachic, E. (1992) Why Participatory Research? Guest Editors' Introduction. *The American Sociologist*. 23, 5-14.

Nolan, M. Hanson, E. Magnusson, L. Andersson, B-A. (2003) Gauging quality in constructivist research. *The Aldre Vost Sjuhorad model revisited*. *Quality in Ageing: Policy, practice and research*. 4 (2) 22 - 27.

3.9.2 Lessons learnt in accessing hard to reach groups of people for research

Alison Torn, Project Officer, Bradford University, Nursing Research, Bradford, United Kingdom. Co authors: Tamara Seabrook and Rob Newell

Abstract:

This paper shall discuss the difficulties faced by nursing researchers when working with vulnerable groups of people. Using a research case study, we shall describe the process of gaining access to a sample of drug users under the age of 24. The paper shall describe the use of ethnography as a means of gaining access and building trust with the drug users and their workers, a method successfully used in other substance use research (Parker, Bakx and Newcombe 1988). The ethical context of conducting research with vulnerable young people shall be discussed, particularly in relation to interviewing participants under the age of sixteen. The process of constructing an appropriate interview method shall

also be described, with emphasis on how traditional semi-structured research interviews can often fail to get the data needed. Drawing on lessons learnt in the pilot interviews, we shall illustrate how young drug users responded better to more therapeutic techniques used by the researchers during the interview process (Newell 1994). The benefits of using a biographical, narrative approach when interviewing vulnerable research participants shall also be discussed (Mishler 1986). It is hoped that the experiences and lessons learnt from this research project can be applied to other vulnerable groups of people in health care settings, optimising the potential to undertake research in areas that have previously been inaccessible.

Recommended reading:

Mishler, E.G. (1986) *Research Interviewing: Context and Narrative*, Cambridge, Mass, London, Harvard University Press.

Newell, R.J. (1994) *Interviewing Skills For Nurses and Other Health Care Professionals*, London, Routledge.

Parker, H., Bakx, K. and Newcombe, R (1988) *Living With Heroin: The Impact of a Drugs Epidemic on an English Community*, Milton Keynes, The Open University Press

3.9.3 Recruiting carers to palliative care studies: Methodological challenges

Julie Skilbeck, Research Associate, University of Sheffield, Trent Palliative Care Centre, Sheffield, United Kingdom. Co authors: Sheila Payne and Christine Ingleton

Abstract:

Researching user views in order to improve the quality of services by making them more sensitive and/or responsive to the needs and preferences of those who use them, has become a central tenet of UK cancer and palliative care policy¹. Recent studies would suggest that carers of terminally ill patients are willing to participate in research and indeed benefit from participating in such studies². However, in our experience recruiting carers to end-of-life research is problematic. This paper aims to highlight the methodological complexities of recruiting carers of terminally ill patients, drawing on a current study.

Our qualitative interview study aims to explore family carers' experiences of inpatient respite services provided by one specialist palliative care unit. Over four months 67 patients and carers have been invited to participate in the study and return a reply slip indicating whether or not they would like to take part in the study. Fifteen (22%) patient/carer dyads and 3 (5%) patients have agreed to participate, 10 (15%) have declined to take part. Thirty nine (58%) patients and carers did not return the reply slip. These non-responding patients and carers have been followed up and the following reasons for non-participation given: respite cancelled, patient too ill to consent, patient died, patient admitted to other institution, patient unwilling to participate.

This paper will explore the constraints in recruiting carers to studies, in particular the LREC requirement for a patient to give approval for their family caregiver to be approached by a researcher. The tensions experienced in striking a balance between

the ethical responsibilities towards the patient and achieving the desired research outcomes in terms of accessing carer views will be critically analysed. We will contribute to the development of nursing research knowledge by offering possible solutions to these complex issues.

Recommended reading:

Small N. & Rhodes P. (2000) *Too Ill to Talk? User Involvement and Palliative Care*. Routledge, London.

Hudson P. (2003) *The experience of research participation for family caregivers of palliative care cancer patients*

15:30 – 17:00

Concurrent session 4

4.1 Quantitative

4.1.1 Methodological issues arising from a randomised controlled trial for malignant ascites in palliative care

Nancy Preston, Systematic Review Fellow, RCN Institute, Research, Oxford, United Kingdom. Co author: Liz Tutton

Abstract:

This paper focuses on an RCT to establish the effect of raising intraperitoneal pressure through wearing an abdominal binder and breathing exercises in delaying the re-accumulation of malignant ascites following drainage. Ascites is the build up of fluid in the abdomen caused by cancer, which is usually treated with repeated drainage. This paper will present a brief overview of the study and two key issues that arose from it. They were:

1. What are useful outcome measures in palliative care?
2. Is it possible to differentiate between the efficacy of the intervention and the therapeutic benefit of the nurse?

The research approach was quantitative and the method used to assess the intervention was an RCT comparing wearing an abdominal binder and carryout breathing exercises with a control group who received no intervention. The sample was sixteen women with cancer from a major cancer centre. The primary endpoint was time to re-accumulation of ascites and was going to be analysed by comparing the mean time to drainage. The study was stopped early due to a variety of problems, which will be discussed in this presentation.

Most patients entering were too unwell to complete the study, because the outcome measure was unrealistic. However many women welcomed the intervention and found wearing the abdominal binder made them more comfortable. A more patient centred outcome that enables patients to evaluate their care or the use of concepts such as comfort may be more useful.

The researcher was an expert nurse who also provided the intervention, making it difficult to evaluate the usefulness of the intervention over her therapeutic effect. Findings from the study help advance knowledge by highlighting the complexity of conducting an RCT in palliative care and suggest that qualitative research is needed before planning future evaluations of the intervention.

Recommended reading:

Preston, N. (1995) 'New strategies for the management of malignant ascites.' *European Journal of Cancer Care Engl.* 4, (4) 178-183.

Hudson, P. Aranda, S. McMurray N (2001) "Randomized controlled trials in palliative care: overcoming the obstacles" *International Journal of Palliative Nursing* 7 (9) 427-434

4.1.2 Methodological requirements in multicentre studies

Teresa Moreno-Casbas, Responsible for a National Research Unit, Instituto de Salud Carlos III, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investan-isciii), Madrid, Spain. Co authors: Ignacio Aguilar de Armas and Ana Barderas Manchado

Abstract:

The need to obtain a larger sample quickly improving the external validity of results, the new requirements for implementing networks of excellence introduced into the Sixth Framework Programme and the actual request to networked multidisciplinary expertise around a joint scientific projects, are the reasons that justify the increasing use of multicenter studies and scientific working groups. The management of those scientific activities call for additional logistic and methodological effort.

Published papers do not generally go far enough in providing the kind of detailed description required by quality control methodology, but it is a very important work to write down and describe all these concepts in order to ensure the scientific work quality. The experience acquired during the development of some multicenter projects and the development of the proposal for the Core Centre for Research on care of elderly allow us to establish four important questions to bear in mind:

1. In order to co-ordinate and manage those activities, it is high recommended to create a co-ordination unit. This unit should also include the co-ordination, consultancy and support team. A working group should be formed to evaluate the scientific quality and relevance of possible publications and scientific presentations (External Evaluation Scientific-Technical Committee).
2. Data handling and quality control procedures are matters of a great practical importance that should be borne in mind in all phases of the development of any project in order to ensure the reproducibility and validity of the information, and should be described a priori. The main structure of the process for ensuring a good data quality control is a preliminary phase and should include the design of epidemiological tools, training of data collectors, data computerisation and transmission, data cleaning and quality control audits.
3. For preserving an adequate data protection and confidentiality, it is high recommended to adopt as much measures as possible.
4. Usually authorship depends on the data origin, nevertheless this authorship should be established before data collection. Some editors determine that people that have made the study design, data collection and data analysis should have the data intellectual property. In the case of multicenter projects, publications policies must be written on the proposal and signed by all the researchers involved in order to avoid future problems.

Implications for practice: The multi-center research projects are more difficult to manage and it is important to establish some procedures before to start in order to accomplish the scientific objectives.

Recommended reading:

Huth EJ. Guidelines on authorship of medical papers. *Ann Intern Med* 1986; 104:269-274.

Veatch RM. Consent, confidentiality and research. *N Engl J Med* 1997; 336:869-870

Berglund CA. Australian standards for privacy and confidentiality of health records in research: implications of the Commonwealth Privacy Act. *Med J Aust* 1990; 152:664-669.

4.1.3 Trials and tribulations: how to engage practicing nurses in conducting clinical studies of nursing interventions in a NHS setting

Kathleen Ambler, Research Sister, Sheffield Teaching Hospitals NHS Trust, Northern General Hospital, Sheffield, United Kingdom. Co author: Angela Tod

Abstract:

This presentation focuses on the practicalities and challenges of designing and conducting a randomised controlled trial (RCT) to evaluate a nursing intervention in an orthopaedic unit of a NHS Teaching Hospital.

Randomised controlled trials conducted within a NHS setting are commonly those sponsored by large pharmaceutical and device companies. However, the study illustrated here evolved from a specialist clinical nurse highlighting a need to evaluate an existing nursing practice (Peter Davis et al, 2001). This led to the design and implementation of a RCT to evaluate the nursing management of pin sites in orthopaedic patients requiring external fixation.

Using the experience gained in constructing the pin site study as illustration, the paper will examine the feasibility of conducting a study involving a clinical team with little or no previous research experience. In addition, ways of breaking the barriers (O'Connell K, 2001) to investigating nursing interventions using a quantitative methodology will be outlined. Finally, detail of the benefits of designing a training programme to promote an understanding of engaging in primary research to ensure accuracy and consistency in data collection, will be presented.

This project illustrates ways in which to overcome the difficulties in designing a study to evaluate nursing care and practice in a practicable way. It highlights the importance of canvassing relevant opinion and expert advice at all levels and at an early stage of the design process. It also demonstrates that the framework exists to conduct nurse led studies.

This experience shows that research nurses can provide a vehicle to encourage practising nurses to engage actively in research and evaluation of their practice.

Recommended reading:

Davis P, Lee-Smith J, Booth J, Mann S, santy J, Kneale J. (2001) Pin site management. Towards a consensus: part 2, *Journal of Orthopaedic Nursing*, 5, 125-130

O'Connell, K. (2001) Barriers to Interdisciplinary Research, *Journal of Professional Nursing*, 17(4): 153-154

4.2 Decision making

4.2.1 Patient's decision-making and understanding of risk associated with taking non-steroidal anti-inflammatory drugs (NSAIDs) for rheumatoid arthritis and osteoarthritis.

Alison Metcalfe, Research Fellow, The University of Birmingham, School of Health Sciences, Birmingham, United Kingdom. Co authors: Collette Clifford and Paresih Jobanputra

Abstract:

An essential aspect of successful management in chronic diseases such as rheumatoid arthritis and osteoarthritis is effective communication with patients, in which nurses play an important role. Effective communication requires provision of support and information that includes a discussion of the benefits and risks of particular therapeutic and diagnostic choices. A key treatment for controlling pain and inflammation in patients with arthritis is NSAIDs, which have serious side effects especially if used long-term. However, there is little evidence that provides insight into patient's perception of risk and the factors that might influence their decision-making, about taking NSAIDs.

Forty-three in-depth, qualitative interviews were carried out with rheumatology patients that have been diagnosed within the last year or more than five years. Prior to interview, all participants were asked to complete a variety of physical and mental health assessment tools. Kelly's(1) repertory grid technique was used to assess individuals construct of risk. All interviews were audio recorded, transcribed and analysed using grounded theory(2).

Findings: 'Risk' is viewed overall in terms of level of choice and degree of control and is highly personalised. Three distinct approaches to dealing with risk information and making a decision to take a particular NSAID were identified. Those seeking information from a range of sources and describe feeling supported in their decision-making report lower levels of pain, anxiety and depression and were more likely to emphasize the mutual decision-making of the patient doctor relationship. Other key factors participants used in assessing risk were; balance in benefit of medication versus side effects, level of trust in health care professionals and quality rather than quantity of life gained. To enhance clinical practice via communication and meet patient's needs in long term disease management, nurses need to be aware of differing approaches individuals use to assimilate risk information about medication as it may significant implications for their patients mental and physical well-being.

Recommended reading:

Kelly, G (1955) in *Personal Construct Psychology in Clinical Practice*. Ed. D A Winter Routledge: London 1994.

Glaser, B & Strauss A L (1967) *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine

A full list of references will be supplied in extended abstract and following a presentation

4.2.2 Primary care nurses' use of information in making decisions about prescribing

Dorothy McCaughan, Research Fellow, University of York, Health Sciences, York, United Kingdom. Co authors: Nicky Cullum and Carl Thompson

Abstract:

Background: UK nurses with district nurse and health visitor qualifications have held limited prescribing powers since 1996 (Courtenay and Butler 2002). In line with government strategy to develop new roles for nurses (DoH 1999), nurse prescribing is being broadened to encompass more nurses and more medicines. Recent policy initiatives, such as the implementation of extended independent and supplementary nurse prescribing, bring new challenges for nurses in terms of diagnostic and treatment decision making, traditionally viewed as the province of doctors. Additionally, it is expected that nurses' prescribing decisions will be based on sound evidence.

Previous research with community nurse prescribers illustrates the anxieties associated with diagnostic uncertainty and reliance on personal experience to inform decision making (Luker 1998). The proposed paper will report findings from an MRC funded national study (data collected January 2001-November 2002) of primary care nurses' use of information in clinical decision making. Specifically, it will focus on primary care nurses' prescribing decisions, the sources of information they use, and their information seeking behaviour. The paper will explore:

- community nurses' (district nurses, health visitors, practice nurses and nurse practitioners) views on prescribing
- the prescribing decisions they actually make during patient/client consultations
- the sources of information used (including the role of pharmaceutical companies)

4. actual information seeking behaviour in relation to drug enquiry, as revealed through observation

Methods: Multiple case study (3 sites) design employing qualitative interviews (n=82); and observation (n=270 hours).

Results: Analysis of data suggests current levels of confidence with prescribing vary enormously; nurses use a wide range of resources to seek answers to drug related enquiries and are prepared to seek this information in the presence of patients; and that pharmaceutical representatives are highly proactive in targetting information at nurses.

Contribution: Increased understanding of community nurses' current prescribing practice.

Recommended reading:

Courtenay M, Butler M (2002) *Essential Nurse Prescribing*. London: Greenwich Medical Media

Department of Health (1999) *Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare*. London: DOH

Luker K, Hogg C, Austin L, Ferguson B, Smith K (1998) *Decision making: the context of nurse prescribing*. *Journal of Advanced Nursing* 27, 657-665

4.2.3 Informed consent prior to nursing care procedures. Report of a qualitative study

Helen Aveyard, Senior Lecturer, Oxford Brookes University, Oxford Brookes University, School of Health & Social Care, Oxford, United Kingdom.

Abstract:

Introduction: This abstract reports on a qualitative study which examined the way in which nurses in general medical units obtain informed consent prior to nursing care procedures. The main findings of the study will be presented.

Background: It is undisputed that nurses should obtain the consent of their patients prior to nursing care procedures, (Department of Health, 2001). However when the nursing literature was reviewed for this study, it became evident that discussion focused on the nurses' role in informed consent prior to non- nursing care procedures. Consent prior to nursing care was barely mentioned.

Design: Data were collected through six focus group interviews and the collection of one hundred critical incidents, through in-depth individual interviews, in order to explore the way in which nurses approach consent prior to nursing care procedures.

Setting and participants: Qualified nurses in two teaching hospitals in England.

Results: Data were analysed qualitatively using the constant comparison method. Three main themes were identified. Firstly, nurses described how patients were often given minimal information prior to nursing care procedures. They claimed that consent was implied. Further analysis however, revealed that this implied consent was generally assumed. Secondly, nurses were aware that they should not proceed with a procedure without the patient's consent, however they were also reluctant to withhold the intervention. In some instances, care was delivered without the consent of the patient. Thirdly, participants were often uncertain how to proceed with care when the patient was unable to consent. Inappropriate care was sometimes delivered. Conclusion: Consent prior to nursing care procedures is an undeveloped concept. While nurses were familiar with the basic principles, they were unable to apply them to the specific context of nursing. It is important that this is discussed and addressed in practice.

Recommended reading:

Aveyard H (2002) The requirement for consent prior to nursing care procedures. *Journal of Advanced Nursing* 37 (3) 243-249

Aveyard H (2002) Implied consent prior to nursing care procedures. *Journal of Advanced Nursing*. 39 (2) 201-207

Department of Health (2001) *Reference Guide to consent for examination or treatment*. Department of Health London.

4.3 Evidence based practice

4.3.1 An exploration of multi-professionals beliefs and understanding regarding the concept and utilisation of evidence based practice

Michelle Howarth, Lecturer in Adult Health, University of Salford, School of Nursing, Salford, United Kingdom.

Abstract:

The concept of evidence based practice (EBP) is now a key strategy within National Service Frameworks (NSF), (DoH,1997) and as such, is central to clinical effectiveness. EBP has attempted to move practitioners away from traditionalist approaches to care based on the use of the current 'best' evidence (Sackett et al, 1996). 'Best' evidence is considered to be empirically derived and has been placed into a positivist hierarchy, however, despite the growing acceptance of EBP in nursing some have suggested that empirical evidence is not the only knowledge which informs practice (Mitchell, 1999). Whilst it is argued that clinical experience and intuition play a crucial part in decision making and clinical effectiveness, these concepts appear to have been overlooked and have subsequently fuelled further debate about the relevance of 'best' evidence in different professionals' practice.

Funding has been gained from the University's Vice Chancellor Scholarship scheme for two years to:

- Explore multi-professionals understanding about the concept of EBP.
- Explore practitioners perceptions about what constitutes 'best' evidence.
- Identify diversity and/or similarity between professionals beliefs about EBP.

The study is being conducted within a local PCT with a range of disciplines and professionals. A mixed methodology has been used to elicit practitioners' perceptions of EBP. Data has been collected using a questionnaire survey (n=50) and indepth interviews with practitioners involved with NSF's (n=6). Whilst the questionnaire has elicited respondents' perceptions about EBP, semi-structured interviews have explored their beliefs about the concept of 'best' evidence and how evidence is used. The findings will provide the PCT with baseline data, insight into practitioners perceptions of EBP and help design a training and education programme to promote an evidence based culture.

This presentation will outline the study methods, main findings, and highlight any similarities or difference in practitioners perceptions about EBP.

Recommended reading:

Department of Health (1997) The New NHS: Modern, Dependable. London. HMSO

Mitchell GJ (1999) Evidence based practice: Critiques and alternative view. *Nursing Science Quarterly*, 12 (1) 30-35

Sackett DL, Rosenberg W, Muir-Gray J, Haynes J, Richardson W (1996) Evidence based medicine: what it is and what it isn't. *BMJ*, 312: 71-71

4.3.2 What if the 'gold standard' is not applicable or attainable? Methodological challenges in researching the evidence-base for best-practice

Catherine Powell, Lecturer, Award Lead Postgraduate Diploma Programmes /Honorary Child Protection Nurse Specialist, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom.

Abstract:

This paper discusses methodological aspects of a systematic review of the literature that was undertaken to provide an evidence base for practice that aims to help health professionals identify head injuries that may be associated with child maltreatment (rather than accident).

Whilst a traditional systematic review usually conforms to a 'hierarchy of evidence' (with randomised controlled trials accorded primacy over other studies), research into non-accidental head injuries (NAHI) in young children does not fit readily into such a hierarchy; it is self-evident that certain methodologies are out of the question! Thus the papers that were selected for inclusion in the review represented a somewhat eclectic mixture of studies that embrace comparative and descriptive case studies, reviews and professional opinion. Somewhat paradoxically, given the age-range under consideration, a useful framework on which to classify such literature was provided by the typology of supporting evidence identified by the National Service Framework for Older Persons (Department of Health, 2001). The application of this framework will be discussed.

In sharing the experiences and insights gleaned from undertaking the NAHI in young children study, the presenter hopes to help others who are seeking to discover ways in which diverse sources of evidence may be systematically used to underpin best practice.

Recommended reading:

Department of Health (2001) National Service Framework for Older People Typology of Supporting Evidence at www.doh.gov.uk/nsf/frameup/10.html

Macdonald G (1998) Promoting evidence-based practice in child protection *Clinical Child Psychology and Psychiatry* 3:1, 71-85

Reece RM, Sege R (2000) Childhood Head Injuries: Accidental or inflicted? *Archives of Pediatrics and Adolescent Medicine* 154:11-15

4.3.3 Analysis of the necessary scientific nursing situation for evidence based clinical practice in Spain

Blanca Egea, Fellow Researcher-Nurse, Instituto de Salud Carlos III, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investación en Enfermería), Madrid, Spain. Co authors: Cristina Jones and Alejandra Cano

Abstract:

Objective: To know and to analyse the necessary scientific nursing situation for evidence based clinical practice (EBCP) through the analysis of the nursing research proposals presented for public financing between 1996 and 2002.

Design: Descriptive study.

Material: Proposals of the nursing research projects presented for public financing between 1996 and 2002.

Inclusion Criteria: All projects in which the main researcher is a Nurse. and projects in which the Title and/or Key terms contain the words (in Spanish): Enfermería*, Autocuidado, Cuidado, Atención domiciliaria.

Analysis: Descriptive and correlations analysed, with SPSS 10.0

Preliminary Results: A total of 483 projects were identified: 354 were refused and 129 were financed. Main researcher's (MR) characteristics are: 72.05% women, average age 45 years old, 82.2% have a Degree in Nursing and 10.1% have a Graduate in Medicine. 19.2% nurses have a Master in other fields. MR's working areas are: Management 31.6% Teaching 17.2% Clinical setting 14.4% Both Research and Primary Health Care setting 12.95% re two years research projects.

The most frequent reasons for refusal are: 41% lack of experience of the researching group, 16.7% inadequate design, 13.6% bad definition on the hypothesis.

Among the accepted projects the designs are: 55% descriptive studies, 15.5% cohort studies, 5.4% qualitative methodology. The most frequent working areas are: 35.7% clinical practice, both professional development and health promotion 25.6% and 13.2% management.

Significance For Clinical Practice: It is important to know and to analyse the current situation of the scientific evidence in Spain in order to develop a nursing practice of quality in all working areas. To know which work areas are the less studied and which are the methodological mistakes in order to promote and strengthen these problematic areas.

To evaluate the adaptation of these studies to the priorities of nursing research and to the population health problems in Spain.

Future action: Once the current situation known we should improve and adequate the promotion and financing nursing strategies and activities in Spain.

Recommended reading:

Espinosa de los Monteros J., Diaz V, Toribio MA, Rodriguez Farre J, et al. Biomedical research in Spain (I). An evaluation of the Fondo de Investigación Sanitaria (FIS) through research projects financed in the 1988-1995 period in health-care institutions (hospitals). *Med Clin (Barc)* 1999; 112(5):182-97

Gomez de la Cãmara A, Gabriel R, Pozo F, Marin E, Ricoy JR. An analysis of research projects on primary care presented to the Fondo de Investigaci3n Sanitaria during 1991. *Aten Primaria* 1993; 11(1):8-15

4.4 Employment

4.4.1 Changing perception of the nursing role and its impact on retention

David Brodie, Professor, BCUC, Research Centre for Health Studies, Chalfont St Giles, United Kingdom. Co authors: Justin Andrews and Gavin Andrews

Abstract:

The purpose of this study was to explore how perceptions of nursing changed during a student's course. This will help inform marketing strategies.

A questionnaire survey of 593 current nursing students and 58 recently qualified nurses, combined with seven focus groups and 30 telephone interviews, provided both qualitative and quantitative data. The research was conducted at two Universities in north-west London.

Analysis of both qualitative and quantitative data supports the conclusion that commonly held prior perceptions of nursing are dramatically removed from the reality of the educational and professional requirements.

Student perceptions of nursing become modified and re-negotiated over time, gradually becoming ever more removed from the perceptions they held before starting their training. The responsibility, autonomy and stressfulness of the nursing profession emerged as realities of which the students were initially unaware.

Misguided perceptions regarding the profession have been identified as particularly common sources of student stress and subsequent attrition.

Educational providers need to provide better coordinated feedback opportunities with academic tutors, link tutors and mentors all combining effectively to give students the opportunity to articulate any concerns regarding their clinical experience. This may clarify any disparities between their preconceptions and actual experience.

Many students noted a lack of general awareness of the academic requirement of the training and the potential diversity of career opportunities open to them. As such it is recommended that marketing strategies highlight the educational and career-wide opportunities for clinical, academic and managerial advancement. Consequently, the marketing of courses should be aimed at these post-qualification employment opportunities as well as immediate educational ones.

This work contributes to the development of knowledge and practice within nursing by providing recommendations for both educational institutions and NHS trusts to improve recruitment and retention.

4.4.2 Clinical supervision: evaluating clinical supervision on its preformance rather than the applause

Graham Sloan, Nurse Specialist - Cognitive Psychotherapy, Glasgow Caledonian University, School of Nursing, Midwifery and Community Health, Glasgow, United Kingdom.

Abstract:

The majority of research studies reported in the nursing literature have focused on evaluating the benefits of clinical supervision. Previous research using quasi-experimental methodologies has overshadowed other legitimate sources of outcome data. Furthermore, in their quest to evidence outcomes from this practice, nurse researchers have overlooked fundamental process issues underpinning the supervisory experience. Limited empirical attention has been given to the reciprocal influence that occurs between clinical supervisor and supervisee and therefore, those aspects of the supervisory experience, which contribute to the outcome of clinical supervision, remain to be clarified.

Illuminative evaluation incorporating analysis of three case studies (community-based mental health teams) was used to provide an explanation and understanding of clinical supervision. Data derived from in-depth interviews, audio recordings of supervision sessions, clinical supervision session records and critical incident journals from a purposive sample of twenty-nine participants were analysed using thematic analysis. Secondary analysis of all interview data and audio recordings of supervision using Heron's Six Category Intervention Analysis Framework was undertaken. This presentation will provide findings relevant to one case study focusing on:

- What happens during individual clinical supervision
- What clinical supervisors do
- How this contributes to the content of the session
- What outcomes emerge from data derived from audio-recording supervision sessions and critical incident journals over 12-18 months.

An overview of the supervision literature pertaining to nursing in the UK and an explanation on Illuminative Evaluation will also be offered.

Findings from this study will add to the limited empirical knowledge on clinical supervision in nursing. Particularly the uses of clinical supervision by mental health nurses, in a specific context, will be illuminated. The relationship between supervisor interventions and the supervisee experience of clinical supervision will be clarified. These findings will have implications for nursing education, research and practice.

Recommended reading:

Burnard, P (1991) A method of analysing interview transcripts in qualitative research. *Nurse Education Today*. 11(4), 461-466.

Parlett, M and Hamilton, D (1976) Evaluation as illumination: a new approach to the study of innovatory programmes. Edinburgh, Centre for Research in the Educational Sciences, University of Edinburgh

Heron, J (1989) Six category Intervention Analysis. Guildford, Human Potential Resource Group, University of Surrey

4.4.3 What are the barriers to the extension of nurse prescribing in secondary care?

Jacqueline Pirmohamed, Senior Nurse/Honorary Research Associate, University of Liverpool, Pharmacology & Therapeutics, Liverpool, United Kingdom. Co author: Tom Walley

Abstract:

The development of nurse prescribing has been a longstanding professional aspiration. In July 2001 a government directive extended nurse prescribing to include an extended list of prescription only medications (DOH, 2001a). Many nurses are now prescribers Government targets wish to increase this number dramatically by 2004. These changes are intended to enhance patient care by;

- Provision of more efficient access to healthcare
- Make better use of nurses' skills
- Use doctors time more efficiently

Achieving these aims is important both in primary and secondary care. In hospital virtually all patients will be administered some form of medication (DOH, 2001b). However, there are concerns about how this initiative will work in practice and in particular in secondary care (Lipley, 2001). These concerns may constitute barriers which will limit the expansion of nurse prescribing or its benefits. There has been little research to identify the barriers to this extended nurse prescribing, in secondary care. This study began in January 2003 and currently views have been collected from over 60 participants.

The main aims of this research project are:

- To determine views of nurses, doctors, pharmacists and patients about nurse prescribing via focus groups; semistructured interviews and questionnaires.
- To identify and compare the barriers to nurse prescribing across 3 secondary care Trusts
- To evaluate the current status of nurse prescribing qualitatively and quantitatively in all 3 Trusts

Data collected has been analysed using Excel and qualitative research software Nvivo. Preliminary results from this study suggest interesting and diverse views from the study participants. Such views relate to actual and perceived barriers experienced to the extension of nurse prescribing in secondary care. **Results** from this timely and important study will inform policy on nurse prescribing in particular in relation to training requirements and implementation of the nurse prescribing agenda in the National Health Service.

Recommended reading:

Department of Health Web Site, www.doh.gov.uk/nurseprescribing/ (2001a)

Department of Health, A Spoonful of Sugar-An Audit Commission Report, HMSO (2001b) 1-77

Lipley n, Reluctant Prescribers: Why does the prescription pad still frighten many nurses? *Nursing Standard* 16 (8) (2001) 11-12

4.5 Pain

4.5.1 Pre-amputation factors associated with the development of phantom limb pain

Cliff Richardson, Senior Lecturer, Liverpool John Moores University, School of Nursing and Healthcare Studies, Liverpool, United Kingdom. Co authors: Sheila Glenn and Turo Nurmikko

Abstract:

Introduction: No definitive prevalence for phantom limb pain (PLP) is known because previous studies have used heterogenous samples of upper and lower limb amputees with differing times since amputation. Most recent studies show that it occurs in 50-80 percent of mixed amputees. Previous beliefs suggested that PLP was psychogenic, however brain imaging techniques now confirm cortical reorganisations which correlate to the perception of PLP. Interest has turned towards prevention as PLP has been refractory to treatment. Factors thought to be associated with PLP development include pain, cause and level of amputation.

Aim: To identify the prevalence of phantom phenomena including PLP and potential pre-amputation risk factors for PLP development, in an homogenous group of amputees.

Method: 60 patients were recruited before major amputation of a leg due to peripheral vascular disease. All completed questionnaires to assess pain, coping style and impact of the pain. Convenience sampling of prospective amputees from one hospital was utilised. All survivors (n = 52) were re-interviewed 6 months post-amputation using the same questionnaires and a newly devised phantom phenomena questionnaire.

Results: 78 percent had PLP at the 6 month interview. Although less debilitating than the ischaemic pain it still affected the lives of the amputee. Non-painful phantom sensations, exteroceptive, and super-added phantom phenomena occurred at varying rates within the sample. Risk factors for PLP development were pain intensity (p = 0.01), passive coping style (p = 0.00), and smoking (p = 0.04). Post-amputation risk factors were the ability to move the phantom (p = 0.01) and the presence of stump pain (p = 0.02).

Conclusions: Good pain management prior to amputation is essential to reduce the risk of PLP. Passive coping style should be identified by nurses and cognitive training utilised to minimise PLP development. Smokers may need foot monitoring similar to current diabetic care.

Recommended reading:

Dijkstra, P.U., Geertzen, J.H.B., Stewart, R. and van der Schans, C.P. (2002) Phantom pain and risk factors: a multivariate analysis. *Journal of pain and symptom management*. 24 (6) 578-85

Ehde, D.M., Czerniecki, J.M., Smith, D.G., Campbell, K.M., Edwards, W.T., Jensen, M.P., and Robinson, L.R. (2000) Chronic phantom sensations, phantom pain, residual limb pain and other regional pain after lower limb amputation. *Archives of physical medicine and rehabilitation*. 81 p 1039-44

Hill, A. (1993) The use of coping strategies by patients with phantom limb pain. *Pain*. 55 p 347-53

4.5.2 Postoperative pain management: organisational commitment and nursing care in hospitals with and without pain services

Emma Briggs, Lecturer in Nursing, King's College London, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom.

Abstract:

Since the publication of the Royal College of Surgeons of England and College of Anaesthetists (1990) report, postoperative pain management has been a major area of nursing research and practice development. The publication made several recommendations to improve practice and make pain an organisational concern, including the formation of acute pain services. Postoperative pain management has received considerable nationwide discussion; the Audit Commission (1997) and Clinical Standards Advisory Group (2000) also reviewed practice in England and Wales making further recommendations.

This paper presents the results of an investigation into organisational commitment to improving pain management through a regional questionnaire and exploration of nursing care provided in four English hospitals (two with and two without an acute pain service). One hundred and twenty patients (30 in each hospital) were randomly selected and stratified to include those receiving major, intermediate and minor surgical procedures. Nurse-patient interactions were observed on the patient's first postoperative day for up to seven hours, documentation examined and patient interviews conducted. The study gave rise to both quantitative and qualitative data, which illustrated that pain management differed significantly between hospitals and these differences were evident throughout the entire process of pain detection, assessment, analgesia administration and documented evaluations. However, the lowest pain scores, highest analgesic doses and greatest number of pain-related interactions did not occur in a hospital with a pain service.

The results of this study provides insight into current nursing practice across organisations and highlights areas for development to further enhance postoperative pain management.

Recommended reading:

Audit Commission (1997) *Anaesthesia Under Examination: The Efficiency and Effectiveness of Anaesthesia and Pain Relief Services in England and Wales*. Audit Commission, London.

Clinical Standards Advisory Group (2000) *Services for patients with pain*. Stationary Office, London.

Royal College of Surgeons of England & College of Anaesthetists (1990) *Commission on the Provision of Surgical Services: Report of the Working Party on Pain After Surgery*. Royal College of Surgeons of England; College of Anaesthetists, London.

4.5.3 A retrospective observational study to explore the impact of Acute Pain Teams on patient outcomes, using hospital episode statistics data

Ann McDonnell, Lecturer, University of Sheffield, Medical Care Research Unit, ScHARR, Sheffield, United Kingdom. Co authors: Jon Nicholl and Susan Read

Abstract:

The introduction of Acute Pain Teams (APTs) in every hospital performing surgery has been recommended in order to reduce postoperative pain. Nurses play pivotal roles in APTs, and since 1995, the numbers of hospitals with APTs has risen dramatically. However, some acute hospitals still have no APT and recent evidence suggests that many APTs are under-resourced. Systematic reviews indicate that there is little evidence confirming the effectiveness of APTs. This purpose of this research was to explore the impact of APTs on patient outcomes using nationally collected routine data.

The paper will give an overview of this retrospective observational study, which formed part of an MRC Training Fellowship in Health Services Research.

Extracts of Hospital Episode Statistics (HES) data were obtained covering the period 1991 - 2000. These include individual patient data by hospital including operation type, age, sex, diagnoses, length of postoperative stay and mortality. The dataset contained >1 million records. Multiple linear regression and Poisson regression techniques were used to model the impact of the APT on trends in two outcomes - length of postoperative stay and in-patient mortality. All models included adjustment for differences in casemix and allowed for clustering at the level of individual hospitals.

The rationale for the choice of statistical models will be presented along with the results of the analyses. Early findings suggest that data do not demonstrate that APTs had a significant benefit for length of stay or mortality.

The limitations of the study will also be discussed. These include constraints imposed by the size of the dataset, the quality of the data and methods used to adjust for casemix.

This study contributes to our understanding of the feasibility of using routine clinical datasets to answer questions about the effectiveness of services and highlights the need for timely evaluations of services

Recommended reading:

McDonnell A, Nicholl J, Read SM. (2003) Acute pain teams and the management of postoperative pain: a systematic review and meta-analysis. *Journal of Advanced Nursing* 41 (3), 261-273.

McDonnell A, Nicholl J, Read SM. (2003) Acute pain teams in England: current provision and their role in postoperative pain management. *Journal of Clinical Nursing* 12, 387-393.

Black N. (1996) Why do we need observational studies to evaluate the effectiveness of health care? *British Medical Journal* 312, 1215-1218.

4.6 Intensive/Critical care

4.6.1 The use of ritual to deal with ambiguity in an intensive therapy unit

Susan Philpin, Senior Lecturer, University of Wales, School of Health Science, Swansea, United Kingdom.

Abstract:

Background: Anthropological literature suggests that rituals are necessary to resolve anomaly when categories have become confused. For example, Douglas (1966) refers to the need for pollution avoidance rituals to manage 'matter out of place' and van Genneep's (1909) classic work on 'rites of passage' describes the need for protective rituals for people inhabiting a transitional state of liminality when categories are unclear and ambiguous. Lawton (1998) uses the concept of an 'unbounded' body to describe patients, who, because of their illness, are unable to maintain the boundaries of their bodies - such that normally contained matter would leak to the outside. I start my exploration by applying this concept to ITU patients, suggesting that their bodies were 'unbounded' in that their vital systems 'their major blood vessels and airways' were open and accessible to the outside. Following Lawton and van Genneep I suggest that this unboundedness situates these patients in a state of liminality.

Aim: Having identified various ambiguities inherent in ITU patients' conditions, I will describe and interpret the rituals used by the nurses to manage these anomalies as methods of dealing with their own anxieties and symbolising the importance of patient safety.

Method: This paper reports on a particular aspect of a larger ethnographic study of nursing culture. This ethnography was accomplished through participant observation over a twelve-month period in ITU, followed by interviews with fifteen nurses.

Conclusions: Notwithstanding the undoubted scientific reasons for particular nursing practices, I argue that there also ritual elements serving other more complex purposes. I demonstrate the role of ritual in both protecting patients and staff and symbolising the highly valued phenomenon of keeping patients safe. This study advances nursing knowledge by suggesting that rather than decrying their culture's rituals, nurses should seek to understand their underlying purposes.

Recommended reading:

Douglas, M. (1966) *Purity and Danger*. London: Routledge

Genneep, A. van (1909) *Les Rites de Passage*. Paris: Emile Nourry

Lawton, J. (1998) Contemporary Hospice Care: the sequestration of the unbounded body and 'dirty dying', *Sociology of Health and Illness*, 20, (2) 121-143

4.6.2 The 'lived experience' of the nurse when caring for the relatives of critically ill patients

Jayne Hardicre, Lecturer in Nursing, University of Salford, School of Nursing, Salford, United Kingdom.

Abstract:

The intensive care unit is a dynamic place and a potentially life saving environment but within it are patients and families experiencing psychological crisis. Patients maybe rendered unconscious either by illness, accident or sedative agents and be unaware of their fragile and critical state. The people who are aware however, are the patients' families (Hardicre 2003).

Caring for the families of critically ill patients is an essential component of the nurses' role (NMC 2002). Although the critical care nurse is the person cited as being responsible for meeting the needs of these families, little is known about how they view this role or indeed how undertaking this role affects the nurses themselves.

To date, there have been no qualitative studies looking solely at the experiences of nurses when caring for relatives of critically ill patients. This phenomenological study included three intensive care units in the North West of England. The nine participants were D grade and above with a minimum of three months intensive care experience. Each attended a tape recorded unstructured interview to discuss what caring for families meant to them.

Thematic analysis was performed and guided by Van Manen (1994). Despite the fact that the nurses understood the importance and benefits of performing the family caregiver role, some found this to be very stressful and felt inadequately prepared to undertake the role - either educationally or psychologically. Discrepancies were uncovered as to whether they felt supported by colleagues whilst undertaking this crucial role.

This illuminative paper gives a powerful insight into the nurses' world when performing the family care-giver role and highlights areas where nurses felt additional training and support should be available. This is applicable to all areas where close relationships are forged between the nurse and the family.

Recommended reading:

Hardicre, J (2003) Meeting the needs of families of patients in intensive care units. *Nursing Times*, 99(27): 26-26

NMC (2002) Code of Professional Conduct. Nursing and midwifery Council, England.

Van Manen, M (1994) *Researching Lived Experience: human science for an action sensitive pedagogy*. The Athlouse Press, Ontario, Canada.

4.6.3 Beliefs and attitudes of intensive care nurses on the effect of open visits on patients, family members and nurses

Maria Angeles Margall, Nurse Manager, Clinica Universitaria de Navarra, Intensive Care Unit, Pamplona (Navarra), Spain. Co authors: Nagore Garayalde, Carmen Asiain, Laura Marco, Iciar Bermejillo & Isabel Sarrate

Abstract:

Background: The policy of family visits to patients admitted into intensive care units has been liberalised in recent years. This change has been progressive in our unit from a restricted to an open visiting policy. We have carried out this study based on the Ajzen and Fishbein's reasoned action theory.

Objective: To analyse the relationship between nurses' beliefs and attitudes towards the effect of an open visiting policy on patients, family and nurses.

Method: A descriptive correlational design was used. The sample included 46 intensive care nurses from a teaching hospital in Spain, who completed two self-administered anonymous questionnaires. One of them, derived from empirical results of Kirchoff et al's 1993 and Simpson et al's 1996 studies, was a Likert type scale including 26 items divided in 3 subscales (patient, family and nurses). This scale was used to obtain the nurses' beliefs regarding the effects of open visiting. The second questionnaire was a differential semantic scale (used by the previous authors) which analysed nurses' attitudes towards visiting on the patient, family and nurses.

Results: Nurses' beliefs about the effect of visiting were positive, achieving a mean value of 3.001 (patient 3.04, family 3.23, nurses 2.78) on a scale with a maximum value of 4. The mean score obtained on the scale of attitudes toward an open visiting policy was 6.005 (patient 6.41, family 6.37, nurses 5.22), with a maximum of 7. The correlation between beliefs and attitudes was significant and positive ($r = 0.523$, $p < 0.0001$). Comparison of sociodemographic variables with beliefs and attitudes disclosed no statistically significant differences, except for the two following variables: attitude and having children ($t = -2.254$, $p = 0.03$) which obtained a higher score.

Conclusion: There is a correlation between nurses' beliefs and attitudes regarding the positive effects of open visiting on patients, family and nurses.

Recommended reading:

Ajzen, I. & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, New Jersey: Prentice Hall.

Kirchoff, K.T., Pugh, E., Calame, R.M. & Reynolds, N. (1993). Nurses' beliefs and attitudes toward visiting in adult critical care settings. *American Journal of Critical Care*, 2(3), 238-245

Giuliano, K.K., Giuliano, A.J., Bloniasz, E., Quirk, P.A. & Wood, J.A. (2000). A quality-improvement approach to meeting the needs of critically ill patients and their families. *Dimensions of Critical Care Nursing*, 19(1):30-34

4.7 Respiratory

4.7.1 The practice nurses' role in the review management of childhood asthma in primary care

Geraldine Lyte, Lecturer in Children's Nursing, University of Manchester, School of Nursing Midwifery and Health Visiting, Manchester, United Kingdom. Co author: Linda Milnes

Abstract:

The National Asthma Campaign (2001) states that one in eight children have asthma. The BTS/SIGN asthma guideline recommends that a nurse who is trained in asthma management should review patients in Primary Care. In General Practice this nurse would be a Practice Nurse. Practice Nurses are becoming more involved in chronic disease management and feel that their role is not justified by its task orientated portrayal in the literature (Atkin et al 1994). The true nature of the Practice Nurses role in this area of health care is not explicit.

This study aimed to explore the role of the Practice Nurse in the review management of childhood asthma from multiple perspectives.

A case study strategy (Yin 1994) was adopted and enabled exploration to take place in 14 General Practices in one Primary Care Trust. Data collection included:

- Semi-structured interviews with a Practice Nurse, a child with asthma, their main parent or carer and a GP from each of the General Practices.
- Observations of review management consultations with children

The 'Framework' approach was used to analyse qualitative data. Practice Nurses were found to be perceived as responsible for reviews and were making independent clinical decisions and judgements. Issues pertinent to the organisation of the service were also revealed.

The recommendations for practice were:

- 1) To formalise and make explicit the Practice Nurse role and responsibility for review consultations.
- 2) To strengthen family centred care in respect of:
 - Audit of children's and parents' views of the service.
 - Negotiation with families.
 - The opportunity for Practice Nurses to train in family centred care.
 - More child friendly environments and written information.
- 3) To improve informatics in terms of the consistency of use and the introduction of an intranet across Primary, Secondary and Community Care.

This paper aims to present the findings of this study.

Recommended reading:

National Asthma Campaign (2001) National Asthma Campaign Asthma Audit. Out in the Open. A true

picture of asthma in the United Kingdom Today. Asthma Journal. September 6 Special Supplement.

Atkin K., Hirst M., Lunt N., & Parker G. (1994) The role and self-perceived training needs of nurses employed in general practice: observations from a national consensus of practice nurses in England and Wales. *Journal of Advanced Nursing* 20 46-52.

Yin R.K. (1994) *Case Study Research. Design: and Methods.* [2nd Ed]. Sage Publications, London.

4.7.2 Why do respiratory patients continue to smoke? A qualitative study

Julie Kapur, Respiratory Research Nurse, Belfast City Hospital Trust, Respiratory Medicine, Belfast, United Kingdom Co authors: Donna Fitzsimons and J Stuart Elborn

Abstract:

Rationale: Smoking cessation is the primary intervention for COPD management. Despite numerous systematic reviews on cessation interventions, little of this evidence applies to smokers with COPD, where cessation rates are low. In order to develop more effective interventions, nurses require greater understanding of the factors that contribute to patients' behaviour.

Aim: To explore the decision process of patients with COPD who continue to smoke, despite receiving evidence-based support in accordance with national guidelines (BTS,1998).

Methods: A phenomenological approach was taken and indepth interviews were performed with a purposive sample (n = 6). All participants completed a RCT evaluating smoking cessation interventions (BTS,1998) but were unable to stop smoking. Interviews were recorded and transcribed verbatim and a line-by-line analysis was undertaken to allow themes and categories to emerge from the data.

Results: Giorgi's analytic procedures identified four core themes; anxiety, helplessness, pessimism and preconditions. They will be presented as barriers to behaviour change as they lower perceived self-efficacy. The self-efficacy theory will be used to gain an insight into the decisional process of this population.

Conclusion: This research identifies factors that impact upon self-efficacy, impeding the ability to change chronic behaviour. It provides an insight for nurses into smokers with COPD chronic behaviour. Further research is required to explore personal sense of control within this population.

Recommended reading:

British Thoracic Society (1998) Smoking Cessation Guidelines. *Thorax*, 53, 5.

Giorgi, A (1985) *Phenomenology and Psychological Research.* Pittsburgh; Duquesne University Press.

Bandura, A (1986) *Social Foundations of Thought and Action.* Englewood Cliffs; Prentice Hall.

4.7.3 Respiratory nurse specialist interventions for patients with COPD in the community: extended systematic review and extent of provision

Bridget Candy, Research Officer, Queen Mary, University of London, Centre for General Practice and Primary Care, London, United Kingdom. Co authors: Stephanie Taylor and Ros Bryar

Abstract:

Background: Specialist nurse led or delivered services for COPD patients living in the community are proliferating but their effectiveness (Hobbs and Murray, 1999).and extent remain unclear (Respiratory Alliance, 2003).

Aims and contribution to nursing: To systematically examine the evidence for the effectiveness and efficiency of the different service models and to determine the current provision of these services in England and Wales.

Methods: 1. Novel methodology involving systematic review and synthesis of published and unpublished studies and reports including quantitative, qualitative, descriptive studies and 'grey literature'. Material systematically appraised for quality and weighted for strength of evidence.

2. Two stage survey of all current respiratory nurse specialist interventions in England and Wales (E&W) with triangulation of responses.

Initial results: 1. We identified 49 published reports: 13 RCTs; 3 observational studies; 1 mixed methodology study; 3 qualitative studies and 29 descriptive studies. We divided RCTs into schemes for the management of acute exacerbations (6, all hospital at home/early discharge (HAH/ED) schemes) and those for the management of chronic COPD (7). No differences in outcome between usual hospital care and HAH/ED were seen in the RCTs, although none were formal equivalence studies. None were multi centre studies. There was less RCT evidence to support chronic COPD schemes.

2. 1,851 first stage questionnaires returned; 53% indicated the existence of a local specialist nurse service for COPD. From these we identified 208 individual specialist nurse services in E & W. 60% of services included pulmonary rehabilitation; 55% spirometry testing; 72% LTOT support. Groupings included: 26% home care only services (chronic care); 24% HAH/ED schemes; 23% combined acute/chronic care services. Several innovative schemes were identified.

Conclusions: Wide variation in the nature and provision of services, evidence to support current interventions is uneven.

Proposed presentation: Reviews and survey findings, including evidence from non-trial data.

Recommended reading:

Hobbs R and Murray E. Specialist liaison nurses. 1999. *BMJ* (Editorial). 318:683-684.

Bridging the Gap: Commissioning and delivering high quality integrated respiratory healthcare. A report by the Respiratory Alliance. 2003. Direct Publishing Solutions.

4.8 Older people

4.8.1 The assessment and prevention of falls in older people: NICE clinical guidelines

Elizabeth Gibbons, Research and Development Fellow, Royal College of Nursing Institute, National Collaborating Centre for Nursing and Supportive Care, Oxford, United Kingdom. Co authors: Elizabeth McInnes and Jaqueline Chandler-Oatts

Abstract:

Falls are a major cause of disability and leading cause of mortality resulting from injury in people aged over 75 in the UK (NSF 2001). Falling, therefore, has a considerable impact on health, quality of life and healthcare resources. The National Institute for Clinical Excellence (NICE) commissioned the National Collaborating Centre for Nursing and Supportive Care to develop a clinical guideline for use in England and Wales. This guideline will be published in August 2004 and will provide recommendations for good practice that is based on the best available evidence of clinical and cost effectiveness. Whilst the primary aim of the guideline is to identify interventions to prevent falling, an important area is concerned with how to identify those at risk of falling.

The development of guidelines is underpinned by a systematic review of the scientific literature. Systematic review methodology was developed to gain a better understanding of the effect of interventions as studied in randomised controlled trials. Rigorous methods and statistical techniques allow for the pooling of results from included studies to indicate the strength of evidence. However, the evidence of predictive risk factors does not fit into this methodology for several reasons, including the use of prospective cohort studies as the gold standard. The methods of conducting systematic reviews of such studies are less developed and many issues of bias affect results.

This presentation will provide a brief outline of the guideline development process and then illustrate some of the methodological issues that arose when conducting a systematic review of the empirical evidence on predictive risk factors for falling and how these challenges were met.

This will include:

- The approach taken to maintain rigor and transparency
- Synthesis of results
- Generation of recommendations and grading of evidence relating to risk factors.

Recommended reading:

NSF: National Service Framework for older People (2001). Department of Health

4.8.2 Involving older people in developing a valid and reliable method for identifying unmet needs in primary care consultations

Vari Drennan, Royal Free and UCL Medical School, University College London, Dept. of Primary Care & Pop. Sciences, London, United Kingdom. Co author: Sybil Myerson

Abstract:

Involving users and consumers in research is an important aspect of the national policy for NHS research governance in England (Department of Health 2000). However, there is a paucity of literature that addresses the process or impact of involving that older people in research (Standing Group on Consumers in Research 1999). This presentation reports on the experiences of involving older people in the identifying unmet needs research study. The study aimed to develop a valid and reliable tool for identifying unmet needs in older people as part of usual consultations in primary care which could be used to meet requirements within the National Service Framework for Older People (Department of Health 2001). Within the study, older people have informed the research design, been members of the research management group, undertaken research activities as well as been research subjects. This presentation will report on the internal evaluation of that involvement from the perspective of the academic researchers and the older people. It will

- Briefly describe the study
- Describe the involvement of older people in the research
- Identify the key issues from the different perspectives of older person and academic
- Critique the experience in this study against the existing literature

Recommended reading:

Department of Health. (2000) Research and Development for a First Class Service:

Department of Health (2001) National Service Framework for Older People. London Stationary Office

Standing Group on Consumers in NHS Research (1999) Involvement Works. London Department of Health

4.8.3 Recruitment of frail older people to research

Ruth Harris, Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom. Co author: Anne Jones

Abstract:

With the emphasis on the need for clinical governance and evidence-based practice in the healthcare industry there is increasing pressure on researchers to provide tangible research evidence of the effectiveness of new treatments, interventions and services. Recruiting an adequately sized sample is an important factor in the success or otherwise of a study to answer the research question. Difficulty in the recruitment of older people to research

including those who have had a stroke is widely acknowledged. However much can be achieved to maximise the success of this process. There is a need to continue to develop and refine recruitment skills and strategies to maximise the involvement of frail older people to research while protecting their right to refuse.

This presentation describes a reflective analysis of our experiences of the process of patient recruitment to contribute to the debate and discourse in this difficult but crucial part of research. It explores issues of quality in the process of research with particular reference to ethical practice. This is particularly pertinent in light of the recent national requirements for research governance (DOH 2001).

Four analytical stages of the recruitment process have been identified (Harris & Dyson 2001) and these will provide the framework for discussion. These stages are:

- initial approach to the patient
- explanation of the project
- assessment of understanding
- patient decision-making

Successful recruitment of participants in many research studies is key to success in achieving the study aims. For all researchers careful consideration of the issues involved in gaining genuine consent from their proposed sample is essential. This paper describes our reasoning, experiences, and the strategies we adopted to maximise recruitment during two particular studies involving older people and those having had a stroke.

Recommended reading:

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

Department of Health (2001) Research Governance Framework for Health and Social Care. Department of Health Publications, London.

Doyal L. & Tobias J.S. (eds.) (2001) Informed consent in medical research. *BMJ Books*, London.

4.9 Education

4.9.2 Exploring the use of sociodrama to develop caring as a concept and practice

May McCreaddie, Senior Lecturer (Research), University of Paisley, School of Nursing, Paisley, United Kingdom. Co authors: Angela Bonar and Debbie Fleeting

Abstract:

This paper explores the use of sociodrama as an educational medium to develop caring as a concept and practice.

Caring has been described as the heart and soul of nursing (Bryczanska, 1997). In the current political climate however, nursing and nurses, are under pressure to respond to the challenges of clinical governance, evidence-based practice and new technological/scientific advances. Nurses are expected to develop their roles, take on more 'medical' tasks

and as result tend to have less time for the human relations of caring. Nursing however, is an art as well as a science.

This paper reports on the ACE project: the Art of Caring Exists. This project seeks to review students' experience of caring, what they understood about caring and how they learned to care. The project also seeks to promote caring, thereby making it visible and valued (Benner and Wrubel, 1989)

A series of developmental workshops were undertaken with a volunteer sample of year 3 student nurses [n = 26] and lecturers [n=8] utilising sociodrama techniques (Sternberg and Garcia, 1989) to explore students' caring experiences. Professional actors were involved in this process. The workshops were taped and transcribed. Content analysis was undertaken and a script reflecting those caring experiences was developed.

The script was then rehearsed and performed by 14 students, 3 professional actors and 3 lecturers. 3 separate performances took place to an audience of the new September [2003] intake of student nurses and invited guests.

This paper will report on the process and outcomes of the ACE project which incorporated pre and post intervention questionnaires to students [n=26], 8 randomly selected semi-structured interviews of students, actors and lecturers, 1 independently facilitated focus group and a 3 month follow-up audience questionnaire [n= 400]. Content analysis and descriptive analysis [microsoft excel database] was undertaken. This paper will present the results of the ACE Project and discuss the potential for utilising sociodrama as an assessed part of the nursing curriculum.

Recommended reading:

Benner, P. Wrubel, J. (1989). *The primacy of Caring: stress and coping in health and illness*. Menlo Park Calif Workingham: Addison-Wesley

Brykczynska, G. (1997) *Caring: the compassion and wisdom of nursing*. London: Arnold

Sternberg, P. Garcia, A. (1989). *Sociodrama: who's in your shoes?* Praeger Publishers: New York

4.9.3 A descriptive survey investigating the nature and effects of paid part-time work on academic performance among general student nurses in one Irish teaching hospital

Brian Sharvin, Lecturer in Nursing, Waterford Institute of Technology, Department of Nursing and Health Sciences, Waterford, Ireland.

Abstract:

The aim of this study was to uncover the facts regarding the nature of part-time work and its perceived effects on academic performance among student nurses.

A descriptive survey approach was used utilising a self-administered questionnaire. The questionnaire was specifically designed for the purposes of this study and was administered to all students currently undertaking the Diploma in General Nursing in the study hospital (n=136). A total of 133 questionnaires were returned, representing a 97.8% response rate.

Data was collected relating to the nature of part-time work, the effects of part-time work and biographical information. The data was then analysed using the Statistical Product and Service Solution computer package, version 10.1 for windows. A combination of descriptive and inferential statistics was used to describe and explore relationships between the variables. The Chi-square test was used to calculate significance with $p < 0.05$.

The results show that the majority of student nurses are undertaking part-time work and that the predominant reason for doing so is related to financial hardship. The findings are consistent to those from other studies (Lindsay and Paton-Saltzberg, 1993; McKechnie et al, 1998 and Taylor and Newman, 1998). More compelling is the fact that the study shows a strong positive relationship between the number of hours worked and the negative effects of part-time work on academic performance. These effects include being late for class or missing class while on theoretical placement and being late for a shift or missing a shift while on clinical placement. Other negative effects identified included, 'tiredness/poor concentration in class', 'reduced study time' and 'reduced time to complete assignments'

The findings from the study have increased our understanding of the nature and effects of part-time work on academic performance among student nurses and have provided a sound pilot study for future investigation. Furthermore the study findings raise a number of challenges for those involved in the planning and development of nursing curricula.

Recommended reading:

Lindsay, R.O. and Paton-Saltzberg, R. (1993) The effects of paid employment on the academic performance of full-time students in a British 'new' university, report of a study commissioned by the Academic Standards Committee of Oxford Brookes University

McKechnie, J., Hobbs, S., and Lindsay, S. (1998) The nature and extent of student employment at the university of Paisley in Kelly, P. (1998) Working in two worlds: Students and part-time employment, Scottish Low Pay unit, Glasgow.

Taylor, P and Newman S (1998) The 'Student Worker': The Glasgow Evidence, in Kelly, P. (1998) Working in two worlds: Students and part-time employment, Scottish Low Pay unit, Glasgow.

4.10 Qualitative

4.10.1 Memoirs of a novice researcher - or making life easier for the uninitiated interviewer?

Lynne Paterson, Nurse Consultant Neonatal & Paediatric Critical Care, James Cook University Hospital, Neonatal Directorate, Middlesbrough, United Kingdom.

Abstract:

Having never undertaken my own research prior to my Masters dissertation work, I was sadly lacking in the interview skills required, thus a novice researcher. I assumed, like many others, that being in a senior nursing post and having been involved in interviewing parents of young babies for several years, this would prepare me for what was to come - how wrong I was. I had also reviewed the literature

and although several articles attempt to provide practical tips on interviewing in qualitative research, these in the main concentrate on the approach to be utilised when undertaking interviews with patients or clients. This could be viewed as the style required when the researchers position is seen as one of 'power'. Conversely, there is currently a dearth of literature aimed at those of us stupid enough to interview 'leading lights' or authorities on specific topics, whereby the researchers position is changed to that of subordinate or novice. During my research I interviewed several senior academic figures that are considered influential within their own field, many of whom were seasoned researchers. I used a semi-structured interview approach and taped my interviews as I progressed.

Before and after the experience I attempted to catalogue my thoughts and feelings of how this affected me in my role as investigator.

This presentation will aim to disseminate how my experience may help others in a similar situation and will also include some practical advice to aid others in their embarkation into the world of qualitative research. Culminating in a useful toolkit for researchers of the future who may otherwise be dissuaded from taking a similar approach.

Recommended reading:

Gray, M. (1994) Personal experience of conducting unstructured interviews. *Nurse Researcher*, 1 (3): 65-71.

Holloway, I. & Fulbrook, P. (2001) Revisiting qualitative enquiry: Interviewing in nursing and midwifery research. *NT Research*, 6 (1): 539-550.

Rose, K. (1994) Unstructured and semi-structured interviewing. *Nurse Researcher*, 1 (3): 23-32.

4.10.2 Nurse-led transport of critically-ill newborn infants: Understanding implementation using communities of practice and actor network theory

Andrew Leslie, Advanced Neonatal Nurse Practitioner/Neonatal Transport Coordinator, Nottingham City Hospital NHS Trust, Neonatal Intensive Care Unit, Nottingham, United Kingdom. Co author: David Middleton

Abstract:

The communities of practice (CoP) framework has been proposed as a tool for understanding and developing workplace teams (Wenger, 1998). CoPs come together around common interests and expertise to create, share and apply knowledge and so learning results from engagement in social practice. CoPs are proposed as a foundation for a "knowledge economy", and the theory adds value to notions of reflective practice and peripheral participation, which are widely used in nursing. New CoPs are formed by constructing infrastructures of mutuality, competence and continuity which support engagement in practice.

Advanced neonatal nurse practitioners (ANNPs) practice widely in neonatal care but until recently have not been used in a systematic way to transfer neonatal intensive care patients (Redshaw, 2002). This research has already indicated that ANNP-led transport is practical and safe (Leslie, 2003). This further work is concerned with the process of implementing new ways of working. Qualitative data

were collected from multiple sources over the period of implementation of ANNP led transport. Emerging issues and resources were scrutinised for evidence for the formation of a new CoP. Two perspectives were investigated:

1. Were all the elements of the formation of a new CoP attended to?
2. Did unpredicted issues or resources emerge?

The CoP framework is useful and robust as an implementation tool, but with limitations as an analytical tool due to difficulties dealing with differing levels of influence (local vs. global; proximal vs. distal). A patch for the CoP framework is proposed using the notion of circulating reference from Actor Network Theory (ANT). This addresses the problem of proximal and distal influences by focussing on the assembling of context as it is done in the setting and dispensing with the notion of scale.

Recommendations for the use of CoP and ANT in research and practice will be made.

Recommended reading:

Leslie A, Stephenson TJ. (2003) Neonatal transfers by advanced neonatal nurse practitioners and paediatric registrars. *Archives of Disease in Childhood (Fetal and Neonatal Edition)* (in press).

Redshaw M and Harvey M. (2002) Working together: neonatal nurse practitioners in practice. *Acta Paediatrica*. 91: 178-83

Wenger E. (1998) *Communities of practice - Learning, meaning and identity*, Cambridge, UK: Cambridge University Press.

4.10.3 The methodological challenges of evaluating communities of practice in health care

Judith Lathlean, Professor of Health Research, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom. Co author: Andree le May

Abstract:

A Community of Practice (CoP) is a group of people who may not normally work together but who are acting and learning together in order to achieve a common task whilst acquiring and negotiating appropriate knowledge(1). This paper describes and critiques two contrasting action research projects involving CoPs - one relating to primary care, the other to outpatient services for dermatology and ENT. (2) The design of both incorporated the study of the way in which 4 facilitated CoPs (2 per project), comprising various professionals (including nurses) and consumers, worked together over several months towards common service enhancement goals and how they drew upon different sources of knowledge in the process. Both projects included researchers who tracked the CoPs through a combination of observation of meetings and repeated interviews with participants.

The methodological challenges posed for such projects are considerable and relate to: the 'ownership' of the research, collaboration, the role of the researcher, the ethics of the process, the resourcing of the change and the tendency for a 'messy' and fluid design which may not fit well with participants' and policy makers' views of appropriate evaluation research. For example, action research supports collaboration between 'actors' and researchers, and the empowerment and eman-

ipation of the former. The design attempts both to create and at the same time evaluate change. This can, however, lead to tensions between the initiators of the change and those involved in the change process if they are not one and the same as was the case in these projects. This paper illustrates how such problems were addressed, both practically and theoretically, through the projects and will demonstrate the potential of action research designs for service development and evaluation in nursing and health care (3).

Recommended reading:

Wenger E (2000) *Communities of practice and social learning systems*. *Organization* 7 (2), 225-246

Lathlean J and le May A (2002) *Communities of practice: an opportunity for interagency working*. *Journal of Clinical Nursing*, 11, 394-398

Le May A and Lathlean J (2001) *Action research: A design with potential*. *NT Research*, 6, 1, 502-509

Tuesday 23rd March

09:00 – 10:30

Concurrent session 5

5.1 High dependency/critical care

5.1.1 Effective packaging- the role of the early warning score in detecting deterioration

Tom Andrews, Lecturer, University of Manchester, School of Nursing, Midwifery and Health Visiting, Manchester, United Kingdom. Co author: Heather Waterman

Abstract:

Background: mortality from shock of whatever aetiology remains depressingly high and avoidable components are contributing to physiological deterioration (McQuillan et al. 1998). There is some evidence that premonitory signs, such as changes in respiratory rate and blood pressure, are present for a period prior to deterioration but lack sensitivity and specificity. The function of an early warning scoring system is to provide a synthesis of evidence in its early detection (McArthur-Rouse 2001). How nurses use the scoring system in referring patients has not been investigated. The current study seeks to address this.

Method: a study was conducted to determine how nurses detect and report deterioration. Evaluation of the early warning score constituted one component of this. Using grounded theory as originated by (Glaser and Strauss 1967) a theory of 'making credible' emerged from the data through observations and interviews with 44 nurses, support workers and house officers from a medical and surgical ward.

Results: Nurses have problems in persuading doctors to come and review patients they suspect are deteriorating. Initially they rely on subtle physiological and psychological changes that are difficult to articulate. Given the geographical spread of doctors' work and their workload, they rely on objective evidence in prioritising what patient to attend to next. The early warning score provides a succinct, unambiguous way of communicating deterioration, increases confidence in the use of medical language and enables doctors to start thinking of a diagnosis and possible interventions before they see patients. In objectifying deterioration it gives nurses authority and confidence in referring patients. Instead of referring on the basis of changes in individual observations the scoring system packages them together, making for a more effective, convincing and credible referral. Finally it provides an agreed framework for nurses to assess patients.

Recommended reading:

Glaser, B. and Strauss, A. (1967). *The discovery of grounded theory: strategies for qualitative research*. Aldine De Gruyter, New York.

McArthur-Rouse, F. (2001) *Critical care outreach services and early warning scoring systems: a review of the literature*. *Journal of Advanced Nursing* 36(5), 696-704.

McQuillan, P., Pilkington, S., Allan, and Taylor, B. (1998) *Confidential inquiry into quality of care before*

admission to intensive care. *British Medical Journal* 316, 1853-1858.

5.1.2 A randomised cross over study to compare Ethyl Chloride spray and subcutaneous Lignocaine when used as local anaesthetic prior to cannulation of arteriovenous fistulas and grafts in adult haemodialysis patients

Catherine Vass, Assistant Director of Nursing, Nottingham City Hospital NHS Trust, Nottingham, United Kingdom. Co author: Jackie Brander

Abstract:

The cannulation of an arteriovenous fistula/graft is uncomfortable; subcutaneous Lignocaine, a commonly used local anaesthetic, carries risks including 'needle stick' injury to staff and patient. The study assessed the efficacy of Ethyl Chloride (EC) spray as compared to Lignocaine in terms of patient's perception of pain using a visual analogue scale. A cross over design was chosen to control for external variants that were not under examination.

70 haemodialysis (HD) patients who routinely used Lignocaine (95 percent power to detect SD difference between treatments) were randomly allocated to 2 groups; after baseline pain measurement each group received EC for 3 weeks either preceding or following 3 weeks of Lignocaine.

Both groups reported a non-significant rise in mean pain scores from baseline to EC (Gp 1 from 32/100 to 36/100; Gp 2 from 29/100 to 35/100). ANOVA revealed no significant difference between the groups during the intervention periods. Qualitative survey data revealed that 6 patients refused the spray during their first week's trial; however up to 50 percent of patients stated that they found the spray 'better' than Lignocaine; up to 30 percent "no difference" and up to 20 percent "worse". There were no reports of adverse events from EC use. A concurrent cost analysis demonstrated equivalence between EC and Lignocaine. It was evident that the data-reporting rate fell with time, the most complete data being collected within the first week of EC use in each group.

The results indicate that EC is a viable and acceptable choice for haemodialysis patients who have to endure cannulation 3 times a week. Patients now have increased options that renal Nurses can offer to individually manage the pain of HD cannulation. It is now possible to reduce the number of needles used during Haemodialysis - EC may provide a safer and more agreeable patient and staff experience.

5.1.3 An evaluation of the implementation of the NPSA alert on Potassium Chloride

Annette Lankshear, Senior Research Fellow, University of York, Health Sciences, York, United Kingdom. Co authors: Trevor Sheldon and Annette Lankshear

Abstract:

Deaths resulting from errors in the intravenous administration of concentrated potassium chloride have been reported internationally since the mid-70s (1). Typically an ampoule of the drug has been confused with water for injection, sodium chloride or frusemide (lasix).

Despite the increasing availability of commercially available solutions, the risk has remained high, with 31 adverse incidents and three deaths being reported in the pilot study carried out by the NPSA in 2001(2). As a result an alert was issued in July 2002 (3), requiring that the substance be treated as a controlled drug with effect from 31 October 2002. A team of researchers from the University of York designed a research study with the following objectives:

- To determine the degree of existing concern and consequent action taken in advance of the directive
- To carry out an audit of action taken in the wake of the directive
- To describe the variety of recording methods adopted for the supply, storage and administration of concentrated potassium chloride.
- To determine the effectiveness of the action taken to implement the directive
- To explore the difficulties created by compliance and identify successful strategies adopted
- To record changes (if any) to the out of hours service provided by pharmacies
- To identify possible unintended consequences to inform future monitoring
- To record Trust intent regarding ongoing monitoring and audit

The study was undertaken in 20 acute trusts between November 2002 and January 2003, and involved interviews with 70 senior managers and 217 ward staff, and a physical inspection of 207 wards and departments. The session will present the findings of this audit under the following headings:

- Context and Management of alert
- Compliance with the alert
- Unintended consequences
- Key recommendations for nurses

The session will alert nurses to the dangers of complacency in the handling of this substance.

Recommended reading:

Williams R. (1973) "Potassium overdose: a potential hazard of non-rigid fluid containers." *British Medical Journal*, 1: 714-715

BBC (2002) 'Lethal' treatment warning to hospitals. BBC news 18 June accessed at <http://news.bbc.co.uk/1/hi/health/2051673.stm>

National Patient Safety Agency (2002) "Patient safety alert 23 July." London: NPSA

5.2 Older people

5.2.1 Using an accident model at the margins of health and social care: The case of medication management for older people living at home

Caroline McGraw, Royal Free and University College Hospitals Medical School, Department of Primary Care And Population Science, London, United Kingdom.

Abstract:

Much attention has been paid to how the use of medicines by older people can be improved. The National Service Framework for Older People (DOH 2001) set out how NHS and social care providers can ensure older people gain maximum benefit from medication and prevent unnecessary illness caused by its inappropriate use.

Home carers are increasingly involved in medication related activities for older people living at home. Medication management for older people is a complex and potentially hazardous process. These risks are compounded by tensions at the health and social care boundary where district nurses and home carers struggle to determine responsibilities for medication related activities. Clinical governance encourages NHS providers to tackle adverse health care events and yet neither policy nor research has paid attention to the risks associated with the involvement of NHS and social care providers in medication management for older people.

This presentation will report on an empirical study that used an accident model (Vincent et al 1998) to investigate risk and safety when responsibility for the administration of medicine is transferred from district nurses to home care providers. Data was collected from an urban and a rural community health trust and their corresponding local authorities. Face to face interviews were conducted with over 60 district nurses, home care managers and home carers. Data was analysed using a thematic framework. The presentation will describe the working environment and organisational context within which medication errors for older people dependent on health and social care providers were found to occur.

The paper will contribute to participants understanding of how accident models can be successfully applied to investigate risk and safety in primary care and of the factors influencing risk and safety when NHS and social care providers are involved in medication related activities for older people living at home.

Recommended reading:

Department of Health (2001) National Service Framework: Medicines and Older People

Vincent, C. Taylor-Adams, S. Stanhope, N. (1998) Framework for analysing risk and safety in clinical medicine *BMJ* 316: 1154-7

5.2.2 Redressing the balance; applying the Health of England 2000 Survey to public health inequalities affecting the oldest care home population

Catherine Evans, DOH Research Fellow in Primary Care, King's College London, Primary Care Nursing Research Unit, London, United Kingdom. Co authors: Claire Goodman and Sally Redfern

Abstract:

Care of the older person has, for the first time, gained increasing emphasis within international and national public health policy. So-called 'active ageing' throughout the life span is now a major policy initiative of the WHO. In the UK, a key goal to increasing life expectancy, free of disability and disease, is to tackle inequalities in access to health and social care. The older care home population is a good (or bad) example of a group experiencing marked variation and inequity in their access to primary and specialist care. For older people using residential care facilities the majority (71%) enter with low levels of dependency and many (35%) with conditions amenable to rehabilitation (Challis et al, 2000). By 18 months most (57%) have become increasingly dependent and by 30 months few can be seen to have benefited from the admission (15%) (Bebbington et al, 2001).

There is now evident political will to find a way to counter these inequalities. The district nursing workforce is, potentially, in a position to provide a service that promotes active aging, spending as they do six to eight hours a week in care homes (Goodman et al 2003). But systems to monitor and identify health needs and evaluate effective interventions to inform practice are lacking. This paper reports on how the technique of secondary data analysis applied to the Health for England Survey 2000 can identify the priority public health needs of the older care home population and inform district nursing practice. The paper will contribute to the development of knowledge and practice by answering the questions:

1. What does the term 'public health' mean when applied to the older care home population?
2. What are the merits and pitfalls of secondary data analysis of a national survey to inform practice?

Recommended reading:

Bebbington A., Brown P., Darton R., Miles K. & Netten A. (1999). Longitudinal Study of Elderly People Admitted to Residential and Nursing Homes: 30 months on. Canterbury: PSSRU, University of Canterbury.

Challis D., Godlove Mozley C., Sutcliffe C., Bagley H., Price L., Burns A. & Cordingley L. (2000). Dependency in older people recently admitted to care homes. *Age and Ageing* 29: 255-260

Goodman C., Woolley R. & Knight D. (2003). District nurses' experiences of providing care in residential homes. *Journal of Clinical Nursing* 12 (1): 67-76

5.2.3 Toward specialist services for older people

Glenda Cook, Research Fellow, University of Northumbria at Newcastle, Nursing, Midwifery and Allied Health Professions Research and Development Unit, Newcastle upon Tyne, United Kingdom. Co authors: Jan Reed, Charlotte Clarke, Margaret Cook and Pamela Inglis

Abstract:

This paper reports on the first stage of a study (1) that is investigating the role and contribution of specialist services for older people, and specifically specialist nursing services.

Background: and aims: The NSF for older people (2001) built on previous health and social care policy that emphasised the need for specialist staff and specialist services to meet the complex needs of older people. Consequently, the development of staff and services for older people has taken place. This has been in response to local need and structures without national uniformity and in the context of uncertain understandings of the role and contribution of such services (Schofield and Ford, 2000; Ford, 2001). The central objective of the study is to map and explore these developments. Secondly, the contribution of specialist nursing in the context of multidisciplinary working practices will be investigated.

Methodology: The study involves two stages, drawing on socio-critical methodology. Firstly, a national survey mapping specialist service provision for older people, identifying the range of service models, agency and professional involvements, and nature of the case load. Statutory services (health and social care), independent and voluntary sector organisations participated in the survey. This survey has been used to inform the purposeful matrix sampling of six case study sites that form the second phase of the study. The case study sites have a specific focus on specialist nursing services. Data collection in stage two includes stakeholder and service user interviews and the tracking patient outcomes over 12 months.

Findings: Findings from stage one will be presented, indicating any ambiguity that may affect the nature, scope and contribution of specialist services for older people, resulting in the development of diverse service models and staffing arrangements. The paper will outline these models and discuss their potential impact on services and service users.

(1) The study is funded by Department of Health through the NSF Older Person R&D Programme.

Recommended reading:

Department of Health (2001) National Service Framework for Older People. London: Department of Health

Ford, P. (2001) Gerontological nurse specialists. *Nursing Standard*, 16(12), 39-42

Schofield, I. and Ford, P. (2000) The need for specialist nurses to work with older people. *British Journal of Nursing*, 9(20), 2148-2156

5.3 Maternity

5.3.1 Women's experiences of maternity services revisited

Annie Topping, Head of Nursing, University of Bradford, Division of Nursing, Bradford, United Kingdom. Co authors: Lesley Lockyer and Alison Lovatt

Abstract:

Much of recent government policy has emphasised the need for health care providers to engage with service users in order that NHS organisations can design, commission and deliver services that meet the needs of the communities they serve. Following a successful tendering exercise a North of England acute NHS Trust secured funding through the private finance initiative (PFI) to re-build existing maternity facilities. Prior to the building programme the majority of women booked and delivered under the care of a consultant whereas only a small proportion enjoyed hospital based midwife led care or home birth. The new facilities were designed to offer a modern built environment for women and were constructed to enable the delivery of all aspects of care - labour, delivery, recovery and post natal (LDRP) provision within the confines of a single room or bedspace.

In order to evaluate the effect of PFI coupled with the introduction of LDRP facilities a pre and post test survey of maternal satisfaction with care was undertaken. Prior to the opening of the PFI funded unit all women with live babies 12 weeks post delivery (n=596) over a three month period were invited by letter to complete the Survey of Women's Experience of Maternity Services (SWEMS-Short Form) instrument designed by Lamping and Rowe (1996). Following the unit opening the original survey was replicated using the same instrument and administration strategy (n=525). In Phase I 400 women participated and in Phase II 362 with respective response rates of 67nd 69

The results at both time points indicate women were largely satisfied with the maternity care they received. This paper will firstly present the Phase I and II results. Secondly a discussion of the findings relating to satisfaction and breast feeding will be presented within the context of contemporary policy drivers.

Recommended reading:

Department of Health (1993) Changing Childbirth: Report of the Expert Maternity Group HMSO: London

Lamping D L and Rowe P (1996) Users manual for purchasers and providers: Survey of Women's experience of Maternity Services (Short Form) London: London School of Hygiene and Tropical Medicine

Maternity and Neonatal Workforce Group [MNWG] (2003) Report to the Department of Health Children's Taskforce <http://www.doh.gov.uk/maternitywg/report-jano3>

5.3.2 The effects of the interior environmental design on patients and staff in maternity facilities

Andrew Symon, Lecturer, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom.
Co authors: Jeanette Paul and Maggie Butchart

Background

Pleasant ward environments may significantly improve patient outcomes (Ulrich 1984); equally, the working environment affects health service employees (Lundstrom et al 2002). To date no one has examined this specifically within maternity care, or compared different types of maternity facility. In relation to both the obstetric-led and midwife-led units in one Scottish hospital, this pilot study will assess the possible effects of design on clinical outcome, and compare the views of recently-delivered (8-10 days) women, their partners, and professional and ancillary staff working there.

Sample: Ethical approval was obtained. Women delivering in one calendar month (n=250) and their partners are being surveyed, together with forty staff members from various disciplines.

Methods / Instruments: Postal questionnaires seeking patient / partner / staff views about the built environment, and satisfaction levels. Data concerning clinical outcomes and staff absenteeism and retention will be obtained separately. The NHS **Design:** Evaluation Toolkit will formally evaluate the interior design.

Results: Initial site visits have been conducted. The first questionnaires are being distributed, and results will be available by December. Data concerning the possible association between the interior environment and patient and staff welfare will be presented.

Professional relevance: The patient viewpoint is central to the design process (DoH 2000). Data are pending, but we aim to describe the associations between unit design, patient / partner views about design and clinical care, and clinical outcomes. In particular we will compare views and outcomes associated with the midwife-led and obstetric units; interior design may have significant clinical consequences. Equally, it is important to establish whether staff variables (job satisfaction; morale; illness) are related to employee opinions about the working environment. If the unit design is seen to affect clinical outcomes adversely, or hinder staff performance, there are significant implications for future designs.

Recommended reading:

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

Lundstrom T, Pugliese G, Bartley JC et al (2002) Organizational and environmental factors that affect worker health and safety and patient outcomes. *American Journal of Infection Control*, 30(2): 93-106

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

5.3.3. The antenatal care of HIV positive pregnant women in public hospitals in South Africa

Candice Bodkin, Lecturer (Women's Health, HIV/AIDS & Alternative Therapies). Department of Nursing Education, University of the Witwatersrand, Johannesburg, South Africa, University of the Witwatersrand, Department of Nursing Education, Parktown, South Africa.

Abstract:

The high risk of HIV infection posed to women is demonstrated by the antenatal HIV statistics in South Africa that have increased from 7.6% to 24.8% over 7 years. HIV/AIDS infection in pregnancy places an added burden on the physical ability of the woman's body to cope with pregnancy and causes an exaggeration of the problems related to pregnancy.

Public hospitals in South Africa are not coping with the burden of HIV infection as nurses lack guidelines and skills to address the clinical and ethical aspects of HIV in pregnancy, contributing to the high maternal death rate due to HIV infection in pregnancy. The focus is therefore the identification of nursing care priorities for the provision of antenatal care rendered to HIV positive pregnant women. This starts with determining the clinical profile of HIV positive pregnant women in public hospitals in South Africa.

A prospective longitudinal study was conducted in order to determine the clinical profile of HIV positive women attending antenatal clinic at a public hospital in South Africa. Priorities for the provision of antenatal care at a public hospital in South Africa were identified from the clinical profile of HIV positive pregnant women. This purpose was achieved through a descriptive, comparative and contextual research design. A sample size of 209 HIV positive and 101 HIV negative pregnant women was obtained by means of stratified random sampling. Data were collected by means of a record review. Data were analysed by means of descriptive and inferential statistics (Two sample t-test and Fischer's Exact test at the 0.05 level of significance).

Identified priorities includes, HIV testing, anaemia, antenatal clinic attendance, maternal weight, syphilis infection and genitourinary tract infection, AIDS defining conditions, preterm delivery, poor progress in labour, prolonged rupture of membranes, intrauterine growth retardation and birthweight.

Recommended reading:

United Nations, 2001. Declaration of Commitment on HIV/AIDS: Global Crisis Global Action. International Association of Physicians in AIDS Care. Vol. 7(7): 209

Ellis, J; Williams, H. W; Graves, W. & Lindsay, M. K. 2002. Human immunodeficiency virus infection is a risk factor for adverse perinatal outcome. *American Journal of Obstetrics and Gynaecology*. Vol. 186(5):903-906

Ijumba, P. 2002. Voices of Primary Health Care Facility Workers. *South African Health Review: Chapter 10*. <http://www.hst.org.za/sahr/2002.chpt10.htm>.

5.4 Education

5.4.1 eLearning from the postgraduate students' perspective

Morag Gray, Head of Curriculum Development/Reader, Napier University, Faculty of Health & Life Sciences, Edinburgh, United Kingdom.

Abstract:

It is crucial that eLearning materials are underpinned by a sound pedagogy. For eLearning to succeed we need to listen to the student voice and respond to their expressed views and needs. Currently all modules within our MSc Nursing programme have a presence on WebCT. Prior to September 2003, the modules comprised of paper-based study materials, which were flexibly delivered, and students supported principally through email. The introduction of WebCT is a new venture for both academic staff and students.

Fox & MacKeogh (2003) stress that whilst there are numerous claims made about the pedagogical benefits of eLearning, there is very little empirical research conducted. Kenny (2002) highlights the need to evaluate factors that contribute to optimal learning with on-line learning. This paper will highlight the findings of an evaluative study, which will use a triangulated methodology. The aim is obtain current students' views and experiences of eLearning through WebCT compared to that of using paper-based materials. The sample will comprise all students currently enrolled on the programme (n=100). Students will receive a self-administered questionnaire prior to the commencement of their module to obtain their views and expectation of eLearning through WebCT. Subsequent questionnaires (focusing on issues relating to the quality of the students' educational experience) will be administered mid-way through the module and again completion of the module to capture their views and experiences as an 'on-line' learner. A stratified sample of students (n=20) will then be individually interviewed in order to explore issues arising from the results of the survey. The latter sample will be stratified in terms of urban, remote and rural and international. Data collected through triangulated techniques will be analysed using SPSS and content analysis. The findings of the study will be shared which it is hoped will reflect the pedagogical principles underlying effective eLearning.

Recommended reading:

Fox, S., MacKeogh, K. (2003) CaneLearning promote Higher-order learning Without Tutor Overload? *Open Learning* 18 (2) 121-134

Kenny, A. (2002) Online learning: enhancing nurse education? *Jornal of advanced Nursing* 38 (2) 127-135

5.4.2 Using a model to explore the development of newly qualified nurses

Timothy Clark, Senior Lecturer, Canterbury Christ Church University College, Adult Nursing Studies, Canterbury, United Kingdom.

Abstract:

Initial stages of this study enabled the development of the components of a model of competence for newly qualified staff nurses. The model was developed following a focus group study that identified a number of themes from practitioners. These were considered alongside an examination of the literature relating to nursing and some other professional groups to build a concept analysis of competence. The third stage of the study was the testing of the model of competence in practice in case wards (Yin, 1993). The case wards were observed in blocks of three-hour periods. Specific aspects of care selected from the clinical benchmarks (DoH, 2001) were witnessed using a focused observation schedule based on the clinical benchmarks. Field notes relating to care observed and critical incidents were recorded and later analysed. Semi-structured interviews were completed with the staff nurses and their identified preceptors and these were transcribed and analysed (Kvale, 1996).

The analysis identified a number of themes that broadly supported the components of the model developed. The major themes identified were Skills, Organisation, Attitudes, Pressures, and Support, Antecedents, Context and Knowledge (SOAP SACK).

A number of challenges to the model were identified and these included issues of safety in relation to infection control and nutrition, transferability, reflection and the influence of the context on the development of the nurse.

This presentation explores the implications of these issues both to the new nurses and to the clinical areas supporting these staff. The tension between the roles of developing the staff nurse and the responsibilities of professional practice resulting from such challenges will be discussed.

Recommended reading:

Yin R K (1993) *Applications of Case Study Research* Sage: London:

Department of Health (2001) *Essence of Care: Patient-focused benchmarking for health care practitioners*. DoH: London:

Kvale S (1996) *InterViews. An Introduction to Qualitative Research Interviewing*. Sage: London:

5.4.3 Service user involvement in postgraduate mental health education. Does it benefit practice?

Richard Khoo, School of Health Care Practice, APU, Chelmsford, Essex, David Brandon, School Of Community Health & Social Studies, APU, Cambridge and Andrew McVicar, Senior Lecturer/ Research facilitator, Anglia Polytechnic University, School of Health Care Practice, Chelmsford, United Kingdom.

Abstract:

Background and aims: The involvement in education of people who use health and social care services, and their carers, has been called for (Brandon 1991; Department of Health 1994). Their involvement to date has primarily occurred in undergraduate education (e.g. Wood & Wilson-Barnett 1999) yet the focus of postgraduate study on innovation, professional growth, and service development might more likely be anticipated to have a positive impact on practice. Few universities involve service users in the presentation of postgraduate mental health education. This retrospective study evaluates their impact on students within a university that has done so for several years.

Method: Questionnaires were sent to all students who had completed Masters-level modules that had substantial service user involvement. All students were experienced practitioners, and currently employed. The modules, and courses of which they are a component, were designed in 1993/94 by educationalists and senior representatives of user groups, and continue to be managed and monitored by personnel who include user representatives. 26/41 questionnaires were returned and 10 of these respondents were also later interviewed by telephone to elaborate on their responses.

Results: Respondents were enthused (21% of questionnaire returns) or very enthused (79%) by the user contributions; none considered their involvement was poor. Many felt challenged by the user contribution, and a majority (87%) felt that they had benefited personally and professionally from the involvement of service users in the programme. Most (64%) reported improved collaborative working as a consequence of the programmes and, significantly from the perspective of postgraduate study outcomes and practice development, reported that they had implemented user-focused initiatives in their practice as a consequence of undertaking their studies.

Conclusions: The findings suggest that a contribution by service users to postgraduate programmes can motivate practitioners to implement changes to their practice in innovative ways.

Recommended reading:

Brandon, D. (1991). *Innovation without change: Consumer power in psychiatric services*. London: Macmillan

Department of Health (1994). *Nurse, midwife and health visitor education: A statement of strategic intent*. London: HMSO.

Wood, J & Wilson-Barnett, J (1999). The influence of user involvement on the learning of mental health nursing students. *NT Research* 4(4), 257-270.

5.5 Vulnerable groups

5.5.1 Developing a vulnerability tool for health visitors

Fiona McCulloch, Lead Nurse, GSK, Strathkelvin LHCC, Glasgow, United Kingdom. Co author: Lorraine N Smith

Abstract:

Health visiting has been criticised over the years for lacking empirically based evidence to demonstrate that they target their resources effectively towards vulnerable families. Health visitors claim that they do prioritise families in their heads using their professional judgement. However, it was found that health visitors have difficulty in defining the concept of vulnerability. Also, the term 'vulnerability' was found to be an ambiguous term. Although a small number of vulnerability tools have been published, only one was empirically based and it focused on a vulnerable population rather than the vulnerability of individual families.

This paper will outline a study undertaken to develop a vulnerability tool to assist health visitors in prioritising vulnerable families within their caseload. A three round Delphi survey was employed and experts in the field of health visiting formed the Delphi panel. The Delphi study sought consensus on the priority factors relevant to vulnerable families in order to develop a scoring tool which was meaningful to health visiting practice and accurately reflected a family's vulnerability. These factors were collated and clustered before returning them to the panel who were asked to indicate on a Likert-type scale whether they considered the heading to be essential to the development of the tool. In the third and final round the panel were asked to rank the remaining headings using a magnitude ratio score to allow closure of the Delphi study. The Delphi study resulted in a 15 item vulnerability scoring tool. In the second stage of the study the developed Vulnerability Tool was tested to determine its validity. Data were collected from health visitors across Glasgow and analysed using Factor Analysis. This paper will present the developed valid measurement tool acceptable to health visitors for assisting in the prioritisation of vulnerable families in their caseload.

Recommended reading:

Mead D (1993) *The Development of Primary Nursing in NHS Care Giving Institutions in Wales* Unpublished PhD University of Swansea

Scottish Executive (2001) *Nursing for Health* Edinburgh The Stationary Office

McCulloch F.H. (2003) *Developing a Vulnerable Families Tool* Unpublished Thesis University of Glasgow

5.5.2 Oral health promotion 'Back to Basics' evidence from a socially excluded group

Una Lynch, Lecturer (Public Health), Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom. Co author: Anne Lazenbatt

Abstract:

Despite contemporary policy, there remains a group of individuals with severe mental illness who require prolonged care and treatment in long-

stay psychiatric hospitals. Multi factorial reasons including lifestyle and medication predispose psychiatric patients to oral health problems (Mirza et al 2001). Oral health promotion, in addition to traditional dental treatment, involves ensuring good oral health care. Nurses interact with patients every day and therefore are the psychiatric caregiver of choice to support these patients. Oral hygiene is recognised as one of the most basic nursing activities however it is argued that oral health is a low priority for nursing and that nurses require better education in oral health care.

The aim of the study was to assess the prevalence of oral disease in patients in long term psychiatric care residing in a psychiatric hospital in Northern Ireland.

A cross sectional survey: structured interview with patients and oral examination by a nurse using a revised version of the oral health assessment guide (OHAG) (Eilers et al 1988, Sjögren & Nordsström, 1999) was used. The study focused on 65 long stay patients resident on four wards in a psychiatric hospital (response rate 82%).

The mean hospital stay was 25.6 years: nine patients living in the hospital for between 40 and 65 years. The oral health status generally was very poor, 29% had neither their natural teeth nor dentures, only one person, had no evidence of calculus, fractures or decay. Severe discolouration and severe attrition present in 49% and 51% showed evidence of fractures and gross decay.

The study revealed a conspicuous absence of health promoting behaviours: a high prevalence of cigarette smoking and consumption of sugar/confectionary.

This study highlights, the benefits of the OHAG as a nursing tool to promote a holistic and multidisciplinary team approach to health promotion in residential psychiatric care.

Recommended reading:

Mirza, I; Day, R; Phelan, M; & Wullff-Cochrane, V. (2001) Oral health of psychiatric patients- a point prevalence survey of an inner city hospital. *Psychiatric Bulletin*, 25: 143-145.

Eilers, J Berger, A and Petersen, M (1988) Development, testing and application of the oral assessment guide ONF 15 (3) 325 - 330

Sjgren, R. & Nordsström, G. (2000) Oral health of psychiatric patients. *Journal of Clinical Nursing*, 9: 632-638.

5.5.3 Developing criteria for the primary health care provision for hard-to-reach groups

Michael Pfeil, Lecturer, University of East Anglia, Nursing and Midwifery Research Unit, Norwich, United Kingdom. Co authors: Amanda Howe

Abstract:

Travellers, homeless, sex workers, refugees and similar groups tend to suffer high levels of morbidity and premature death and frequently experience the least satisfactory access to primary health care. Improving access, improved prevention and early intervention in primary care are central to reducing inequalities in health for those in greatest need (DoH, 2002, p1).

Primary Care Trusts are expected to monitor the outcomes of their health care provision (NHSE, 1999, p5). Employing a participative approach this research established objectives for a primary care service for hard-to-reach groups in Norwich by combining government demands and local managerial requirements with the aspirations and approaches of the multidisciplinary team and the views of client representatives.

Method: While Government stipulations were taken from authoritative documents the local manager's requests were identified by semi-structured interviews. The views of the multidisciplinary team were established by interviews, questionnaires and filed notes taken during weekly team meetings. The intention to include clients themselves had to be abandoned due to the high levels of vulnerability evident in all groups. Instead, representatives of agencies working with clients were invited to express the needs and expectations of their clients towards health care provision.

Preliminary findings: The criteria were established by combining the data received from all groups. They focus on the provision of access to health care as well as the quality of the care provided. The re-integration of clients into mainstream NHS services was seen as the ultimate indication of success.

Throughout the process nurses were at the centre of this development. Although the overall clinical lead was a GP nurses were in charge most individual aspects of health provision. Key to the success of the project was a shared vision by nurses, doctors and managers focusing on achieving a common task rather than insisting on specific professional roles. More detailed findings will be presented at the conference.

Recommended reading:

DoH 2002 Addressing inequalities reaching the hard-to-reach groups. National Service Frameworks. A practical aid to implementation in primary care. Department of Health, London.

NHS Executive 1999 Primary Care Trusts. Establishing better services. NHS Executive, Leeds.

5.6 Employment

5.6.1 Experiences of racism among internationally recruited nurses in the UK: Colour or culture?

Helen Allan, Research Fellow, University of Surrey, European Institute of Health and Medical Sciences, Surrey, United Kingdom. Co authors: John Larsen and Karen Bryan

Abstract:

The Royal College of Nursing commissioned the European Institute of Health and Medical Sciences at the University of Surrey to undertake a study into the experiences of internationally recruited nurses (IRNs) in the UK. This paper discusses the findings from this study. Data on the experiences of IRNs was collected through focus group interviews and pre-focus group questionnaire data. Both researchers were present as either moderator or observer during each focus group interview. The study sample was selected from IRNs who are RCN members working in different sectors and geographical regions in the UK. Sixty-seven IRNs participated in eleven focus groups run on three sites: Leeds, Cardiff and London. 2,200 IRNs were contacted by letter from

the RCN and invited to telephone the researchers to discuss the research. 180 responded to this letter and were interviewed by the researchers and their data entered on an ACCESS database to assist with focus group selection.

One of the key findings to emerge was the extent to which IRNs experienced racism and exploitation from patients, colleagues and employers. This paper presents data on IRNs' experiences of racism. We suggest that the data provide insights into the experiences of IRNs in the UK in the context of increased overseas recruitment and explore the meaning of racism for IRNs as a group of immigrants workers in the UK. The findings provide empirical, qualitative data on discrimination in the healthcare workplace and attitudes towards IRNs among British health service staff which adds to the empirical, quantitative data in the literature (Shields & Wheatley Price 2002). We situate the findings within the literature on racism in healthcare and equal opportunities and suggest that the prevailing legalistic framework which addresses equal opportunities does not address changing attitudes and values among indigenous health care staff.

Recommended reading:

Royal College of Nursing (2003) "We need respect": experiences of internationally recruited nurses in the UK. www.rcn.org.uk

Shields M A & Wheatley Price S (2002) The determinants of racial harassment at the workplace: evidence from the British Nursing Profession, *British Journal of Industrial Relations*, 40(1), p.1-21

Anthias, F (1999) Institutional racism, power and accountability, *Sociological Research Online*, www.socresonline.org.uk

5.6.2 Overseas nurses' motives for working in the UK

John Larsen, Research Fellow, University of Surrey, European Institute of Health and Medical Sciences, Surrey, United Kingdom. Co authors: Helen T Allan and Karen Bryan

Abstract:

Increasing numbers of overseas nurses are providing cover for acute staff shortages in the UK healthcare sector. They are frequently described as economic migrants but little is known about these workers' actual motives for leaving their home countries to work abroad. A better understanding of the overseas nurses' perspectives and their actual motives for coming to work in the UK will provide a knowledge base to improve recruitment practices and meet the needs of overseas nurses in the workplaces. This paper presents overseas nurses' own perspectives based on focus group interviews in three regions of the UK with 67 nurses from 18 countries in Africa, South Asia, North America, Australia and Europe. The nurses explained that their British colleagues, their managers and their patients often think that they suffer in their home countries and that 'they are here for the money'. This mistaken understanding can lead to abuse and exploitation in the UK workplaces. The overseas nurses described how their real motives for coming to work in the UK are multifaceted and that personal, professional, financial and social motives are interrelated. A better understanding of the overseas nurses' global and transnational outlook on life might improve the reception of them while working in the UK.

Recommended reading:

Allan, H.T. and J.A. Larsen (2003) 'We Need Respect Experiences of Internationally Recruited Nurses in the UK. London: The Royal College of Nursing. <http://www.rcn.org.uk/downloads/international/irn-report-we-need-respect.pdf>

Buchan, J. and F. O'May (1999) 'Globalisation and Healthcare Labour Markets: A Case Study from the UK', *Human Resources for Health Developments Journal* 3(3): 199-209.

Bauman, Z. (1998) *Globalization: the Human Consequences*. Oxford: Polity.

5.6.3 The emigration of nurses from the Republic of South Africa - A survey of post basic nursing students

Anne-Mart Oosthuizen, Lecturer, University of South Africa, Department of Health Studies, Pretoria, South Africa. Co authors: Marthie Bezuidenhout and Lydia Monareng

Abstract:

The emigration of nurses from South Africa to work in overseas countries continues to increase despite efforts to curb this phenomenon. This exploratory descriptive survey attempted to identify nurses' perceptions of their colleagues who have emigrated as well as their own intentions to emigrate should the opportunity arise. Self-completion questionnaires were posted to all students registered for courses at the Department of Nursing at a distance education institution. The analysis of the data obtained from 453 completed questionnaires indicated that approximately 60% of the respondents would emigrate if the opportunity should arise. The major deterrent to their emigration was family ties which kept them in South Africa. The major reasons why they would emigrate related to better remuneration and to the ability to save money quickly for specific reasons. Both the employers and the South African government could play a role in keeping nurses in South Africa. Almost all respondents indicated that the government had no right to prevent South African nurses from emigrating to other countries.

Recommended reading:

Ka Mzolo B 2001. Global migration of nurses. *Nursing Update*. October 2001, 25(9):38.

Mattes R & Richmond W 2000. The brain drain. What do skilled South Africans think? *Africa Insight*, 30(3):140-147.

Nursing Update 2000. South African nurses banned from working in the United Kingdom. 24(2/3):13.

5.7 Research governance

5.7.1 An audit of the research process in three major Belfast teaching hospitals

Shaunagh Small, Staff Nurse, Queen's University of Belfast, REC, Belfast, United Kingdom.

Abstract:

The study had two objectives

- To establish the knowledge patients had of the research they were enrolled in.
- The compliance of researchers with the research protocol and Audit.

Following approval from the Local Research Ethics Committee (LREC) and the Medical Directors of 3 Major Belfast Teaching Hospitals, 200 patients enrolled in 71 research studies were approached by a trained interviewer and invited to participate in the audit. The studies encompassed a range of healthcare workers including, nurses/nurse educators, doctors, etc.

To optimise memory recall, patients were approached within 7-10 days of being recruited to the various studies (Miller et al, 1994). Fourteen patients declined to participate.

The results of the audit suggest that the majority of patients (79%) were aware participation was entirely voluntary, and 77% recalled signing a research consent form. A further 3.7% were relatives who granted permission.

Most participants (81%) remembered receiving a patient information leaflet of which 75% considered it easy to understand. Although 45% discussed participation with another party, and one-quarter would have welcomed more information before participating. Withdrawal of consent, was understood by 72% of participants or relatives, and 79% realised this would not effect their care.

While 223 studies were eligible to participate, a minority of researchers, volunteered research participants. It is disturbing that only 32% of researchers considered it important to comply with the request to participate, although from May 2004 it will be compulsory under Research Governance arrangements (Department of Health, 2001).

These participating researchers demonstrated high compliance with the research process approved by the LREC. Furthermore the results support the idea that 'informed patients' were willing to partake voluntarily in research projects (Ferguson, 2002). Perhaps more effort to inform patients by all disciplines not only nurses would increase recall of information and consent. Finally, as the audit progressed more researchers agreed to participate in the audit.

Recommended reading:

Department of Health (2001) Central Office for Research Ethics Committees. Governance arrangements for NHS research ethics committees. London: Stationary Office.

Ferguson, P.R. (2002) Patients' perceptions of information provided in clinical trials. *Journal of Medical Ethics*, 28(1), 45-48.

Miller C., Seawright H.R., Grable D, et al. Comprehension and recall of the informational content of the informed consent document: An evaluation of 168 patients in a controlled clinical

trial. *Journal of Clinical Research and Drug Development*, 8(4), 237-248

5.7.2 Smoothing the path: implementing the research governance framework in Lothian

Juliet MacArthur, Senior Nurse-Research, Lothian University Hospitals NHS Trust, PRDE Unit, Edinburgh, United Kingdom. Co authors: Morag Gray and Barbara Neades

Abstract:

The Research Governance Framework for Health (RGF) and Community Care (Scottish Executive 2001) has been identified as presenting both challenges and opportunities to nurse researchers, academic supervisors and NHS Research and Development Offices (Watson & Manthorpe 2002, Howarth and Kneafsey 2003). This session will present a collaborative approach by the three Higher Education Institutes in Lothian (Edinburgh University, Queen Margaret University College and Napier University) and two NHS Trusts (Lothian University Hospitals NHS Trust and West Lothian Healthcare NHS Trust) to produce clear guidance for prospective nurse researchers working at postgraduate and doctoral level or on commissioned research.

The outcome of this work is the production of a research governance pathway that outlines a consistent approach to implementing the requirements of RGF across Lothian. It has been prepared for researchers, students, supervisors, host organisations and sponsors and focuses on many of the operational issues associated with RGF. The aim of the initiative is to provide guidance to researchers in order to ensure that appropriate timescales for meeting the requirements are incorporated into their research planning process

The research governance pathway is based around a model that identifies the requirements of the RGF with respect to seven differing types of research, including staff surveys, patient interviews, participant observation and practitioner interventions in randomised controlled trials. The model outlines the requirements for ethical approval, supervision in clinical settings, honorary contracts and induction into Trust organisations for external nurse researchers.

The presentation will explore implementation of the RGF from the perspectives of higher education, a teaching Trust and a community/district general hospital Trust and will identify the issues raised when developing and agreeing the pathway.

Recommended reading:

Scottish Executive (2001) Research Governance Framework for Health and Community Care <http://www.show.scot.nhs.uk/cso/ResGov/ResGov.htm>:

Howarth M & Kneafsey R (2003) Research Governance What future for nursing research? *Nurse Education Today* 23 81-82

Watson R & Manthorpe J (2002) Research Governance: for whose benefit? *Journal of Advanced Nursing* 39(6) 515-516

5.7.3 Delivering research governance through a joint research and development strategy: An action research project

Ros Carnwell, Professor of Health and Community Research, North East Wales Institute, Centre for Health and Community Research, Wrexham, Wales, United Kingdom. Co author: Julie Jones

Abstract:

The Research Governance Framework (DoH 2001) requires health and social care organisations to promote a research culture in their organisation and ensure that staff are supported in, and held accountable for, the professional conduct of research. In Wales, recent policy documents also necessitate the building of research capacity in health and social care in order to develop a high quality workforce (NAFW 2002 p. 31) and deal with recruitment and retention problems by supporting initiatives and developments (NAFW 2001).

Research strategies must, therefore, comply with the Health and Social Care Research and Development Strategic Framework (NAFW 2002) in ensuring that:

- the development of the research workforce adopts a co-ordinated approach;
- existing data is used;
- new initiatives are evaluated;
- and that health organisations collaborate.

A literature search revealed that, although such strategies exist, none were reported to use an action research framework.

This paper, therefore, reports on the progress of an action research project to develop, implement and evaluate a Joint Health Research and Development Strategy between North East Wales NHS Trust and North East Wales Institute of Higher Education.

The action research framework used comprises three cycles (Burns 2000). The first action research cycle builds on existing strategies of both institutions in order to develop a joint strategy. The second action research cycle implements the joint strategy and evaluates its success by monitoring joint research activities. The third action research cycle amends the strategy in the light of findings of the second cycle and considers how the strategy can be further developed.

The paper reports on:

- the benefits of a joint research strategy and how these meet the Clinical Governance Agenda.
- the process of developing the strategy
- implementation and evaluation strategy for cycle two
- proposals for dissemination in cycle three.

Recommended reading:

Burns R B (2000) *Introduction to Research Methods*. Sage Publications.

Department of Health (2001) *Research Governance Framework for Health and Social Care*. DoH.

National Assembly for Wales (2001) *Improving Health in Wales: A Plan for the NHS and its Partners*. NAFW.

5.8 Patients/carer's views

5.8.1 Carers' concerns: Alzheimer's and diabetes

Anne Stimpson, Research Associate, University of Hull, Department of Nursing and Applied Health Studies, Hull, United Kingdom. Co authors: Roger Watson and Jill Manthorpe

Abstract:

The association between impaired cognitive function and lack of glycaemic control has been a subject much debated in recent years, and studies have indicated that diabetes may increase the risk of dementia in older people. For people with dementia and diabetes, lack of glycaemic control may exacerbate their problems.

A large amount of literature discusses the problems of weight loss and how to help older people with dementia to eat. There is less literature about hyperphagia in older people with dementia, which can lead to significant weight gain and the subsequent problems associated with obesity.

Changes in taste and a preference for sweet foods have been well documented in patients with dementia. These changes in taste and food preferences were underpinned in a study commissioned by the Alzheimer's Society involving people caring for relatives, staff working with and people with dementia. A content analysis of written comments in 2,000 questionnaires revealed a number of themes of which a significant increase in the preference for sweet foods was reported.

Carers expressed concern at the lack of dietary control in formal care settings and the complications arising from this lack of control caused. People with Alzheimer's disease who had diabetes had exacerbated complications resulting from the consumption of inappropriate diet and inadequate glycaemic control, and some patients who did not have diabetes developed the disease.

This paper will discuss the relationship between dementia and diabetes and carers concerns about glycaemic control in formal care settings.

Recommended reading:

Mungas D, Cooper JK, Weiler PG, Gietzen D, Franzi C, Bernick C (1990) Dietary preference for sweet foods in patients with dementia. *Journal of the American Geriatric Society* 38 999-1007

Bruce DG, Harrington N, Davis WA, Davis TME (2001) Dementia and its associations in type 2 diabetes mellitus: The Fremantle Diabetes Study *Diabetes Research and Clinical Practice* 53 165-172

Sewart R, Liolitsa D (1999) Type 2 diabetes mellitus, cognitive impairment and dementia *Diabetic Medicine* 16 93-112

5.8.2 Identifying carers and meeting their information needs in a general practice

Alison Jarvis, Lecturer/Practitioner, University of Edinburgh, Nursing Studies, Edinburgh, United Kingdom.

Abstract:

There is increasing political awareness about the need to support informal carers if the rhetoric of community care is to be a reality. Carers see the PHCT as

being pivotal to providing them with advice, support and information. Failure to meet the information needs of patients and carers has long been a source of dissatisfaction among health service users (Audit Commission 1993, Walters et al. 2001). This paper presents the findings of a study which identified carers in a General Practice and explored how they preferred to have their information needs met. A quantitative approach was used. Carers in a General Practice were systematically identified, independent of the care recipient, using a screening tool developed by the researcher. The screening questionnaire was sent to all patients over 16 years registered with a General Practice. The response rate was 45%. Six percent of the Practice population identified themselves as informal carers. They were asked if they wanted a pack of local information mailed to them or delivered by a Carer Support and Development Worker. Of the identified carers, 63% requested information, with 92% requesting that it be mailed. The results suggest that carers' need for information does not decrease during their caring 'career'.

Findings will be presented and implications for the Primary Health Care Team examined. If the goal of enabling more people to live at home is to be achieved then practical support for carers has to be made a high priority. The identification of carers needs to be recognised as the first step in working in partnership with them (Scottish Executive 2003) because without knowing who they are, carers cannot be offered support, so it is crucial that there are effective ways of identifying them. The data suggest that carers want an effective way of obtaining advice and information about access to services.

Recommended reading:

Audit Commission (1993) *What seems to be the Matter? Communication between Hospitals and Patients*, HMSO, London

Scottish Executive (2003) *Partnership for Care*, Stationery Office, Edinburgh

Walters K, Steve I and Orrell M (2001) An exploration of help-seeking behaviour in older people with unmet needs, *Family Practitioner*, 18 277-282

5.8.3 The impact of faecal incontinence: What can the sufferer teach the health care professional?

Mary Wilson, Continence Nurse Specialist, Hull and East Riding Community Health, Community Services Unit, Beverley, United Kingdom.

Abstract:

Incontinence is a taboo subject. Faecal incontinence (FI) can cause people embarrassment, humiliation and to feel socially outcast. Despite this, most research has centred around prevalence, aetiology, treatment and management of FI. There has been only limited coverage of how FI affects the lifestyle of people living with this condition, or how it impinges on their quality of life, or on the adaptations that they may make. Equally, there has been little attention to these issues during the interaction between health professionals and people with FI. Ultimately, recommendations will be made regarding consultation styles and management practices.

This presentation reports on the findings of a qualitative study of 21 community dwelling adults with FI. A biographical approach was used (Boeije et al., 2002) and data were collected using semi-structured interviews. Initially, sampling was multi-variational, from the population of people with FI receiving continence products from the Community Trust, and those who volunteered to join the study in response to local publicity. To refine the sample, theoretical sampling was utilised. Transcribed interviews were analysed using constant comparative methods, and major emergent themes were identified (Richie et al., 2003). This provided a conceptual framework of how people with FI re-construct self and illness, their strategies for living with FI, how they sought help and dealt with their interactions with health care professionals and others. The majority of people living with FI appear to be on a dynamic continuum from being initially overwhelmed by FI to advancing towards mastering their adaptation. Intermediate points on the continuum included those who exhibited a reliance on health care professionals for their management and those with a history of lifelong adaptation. Findings have been related to existing theory about adaptation to chronic illness (Livneh, 2001) and experiencing stigmatising conditions. Recommendations will be made for nurses working with people with FI regarding consultation styles and management practices.

Recommended reading:

Boeije, H.R., Duijnste, M.S.H., Grypdonck, M.H.F., Pool, A., 2002. Encountering the downward phase; biographical work in people with multiple sclerosis living at home. *Social Science and Medicine* 55 881-893.

Livneh, H., 2001. Psychological adaptation to chronic illness and disability: A conceptual framework. *Rehabilitation Counselling Bulletin* 44 (3), 151-160.

Richie, J., Spencer, L., O'Connor, W., 2003. Carrying out qualitative analysis. In: Richie, J., Lewis, J., (Eds.), *Qualitative Research Practice: A guide for social science students and researchers*. Sage Publications, London, pp. 219-262.

5.9 Transcultural nursing

5.9.1 'Nursing, higher education and The Race Relations (Amendment) Act 2000'

Joseph Cortis, Senior Lecturer, University of Leeds, School of Healthcare Studies, Leeds, United Kingdom.

Abstract:

The focus on institutional racism within the Higher Education sector and Nurse Education in the UK has so far been seriously lacking in investigation and scrutiny. The Race Relations (Amendment) Act (RRAA 2000) has pushed institutional racism to the forefront of debate in all public services. Through this legislation public authorities are required 'to promote racial harmony'. This has a particular significance to nursing because of the Nurses' Code of Practice Conduct, some of the pre-registration standards expected to be facilitated by nurse educators in partnership with students and service providers (UKCC 1999, QAA Nursing Benchmarks 2001) and the centrality of the patient in healthcare delivery (DoH 2000).

This paper will report on a Department for Education and Skills (DfES) funded project, which using a

University in the North of England as a case study, aimed to develop a toolkit for building an anti-racist university. Adopting both qualitative and quantitative approaches, this study used a number of data collection methods, which included review of departmental equal opportunity action-plans and pertinent documentation and procedures; focus group and face-to-face interviews with departmental heads, key central university staff and external stakeholders and a large survey seeking the views of students and staff.

As a result of the data analysis, a toolkit has been developed which offers Higher Education Institutions and departments such as nursing:

Conceptual tools (e.g. institutional racism, 'Eurocentrism', 'Whiteness' and related concepts)

Legal and organisational tools (e.g. ethnic monitoring, positive action, targets, staff training and reconstructing stereotypes)

Methodological tools -Anti-racist strategies to recognise and investigate racism in institutions / departments /units.

These methodological tools will assist nurse education and practice by considering equal opportunities action planning, employees /student recruitment, support and transition to employment, teaching and learning, research, contract and purchasing and external affairs.

Recommended reading:

Department of Health (2000) 'The NHS Plan -a plan for reform' HMSO: London

Quality Assurance Agency for Higher Education (2001) 'Benchmark Statement: Healthcare programmes (Nursing) Phase 1 QAA: Gloucester

United Kingdom Central Council for Nursing, Midwifery and Health Visiting UKCC (1999) 'Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education' UKCC: London.

5.9.2 The value of nurses' codes: a european account of nurses' views

Angela Clarke, Research Assistant and Llynos Lloyd, Vice Dean, University of Wales College of Medicine, Academic Dept Geriatric Medicine, Penarth, Cardiff, UK. Co author: Win Tadd

Abstract:

Introduction: Nurses are responsible for well-being and quality of life of many people, and therefore must meet high standards of technical and ethical competence. The most widespread form of ethical guidance is a code of ethics/professional practice. Although most European countries have produced nursing codes little research on how they are viewed or used in practice has been undertaken.

This 3 year study (funded by the European Commission) undertaken in the UK, Netherlands, Italy, Finland, Greece, Belgium and Poland, explored:

- nurses' opinions of the content and function of codes
- their use in nursing practice

Methodology: Following ethical approval, 60 focus groups involving 380 qualified nurses (in 7 European countries) were held. Purposive sampling was employed to ensure a mix of participants from a range of specialisms. Data was qualitatively analysed and following open coding, themes were identified. A comparative analysis of data from all the centres was then undertaken.

Results: The results of this study suggest that nurses

- have a poor understanding of their Codes
- are unfamiliar with their content
- are critical of the ways in which codes are developed
- believe they have little practical value as the barriers to their effective use are extensive.

Conclusions: In many countries nursing codes appear to be 'paper tigers' with little or no impact on their intended audience.

If Codes are to be meaningful then changes are needed in the way:

- codes are developed and written
- codes are introduced in nursing education
- how they are reinforced/implemented in clinical practice

In addition to presenting the research results, a the benefits and pitfalls of conducting comparative research across a number of countries will be discussed to assist in the development of nursing knowledge.

Recommended reading:

Edgar, Andrew (In Press) 'How Effective are Codes of Nursing Ethics?' in Tadd W, (Editor) *Ethical and Professional Issues in Nursing: Perspectives from Europe*, Palgrave Macmillan: Basingstoke, UK.

White, L & Gajos, M (1996) 'A Study of Nurses Knowledge of the UKCC Code of Conduct', *Nursing Standard* 47 (1): 35-39

Arend, A. van der, Gastmans, C. (2002): *Ethisch zorg verlenen (Ethics for Nurses)*. HB

5.9.3 Reviewing and refining models of transcultural care for bilingual healthcare settings

Llinos Spencer, Lecturer, University of Wales Bangor, School of Nursing And Midwifery Studies, Bangor, United Kingdom. Co authors: Gwerfyl Roberts, Fiona Irvine and Peter Jones

Abstract:

In a growing body of current research, authors such as Henley and Schott (1999) have highlighted both the significance of effective communication for quality care provision and the importance of overcoming language barriers in healthcare. This has particular significance in Wales, where a recent report (Misell, 2000) has highlighted fundamental deficiencies in the level of Welsh-medium provision in healthcare. The report noted that many Welsh speakers - of which there are over half a million, are denied opportunities to demonstrate their language preference whilst receiving care.

As yet, there is limited research-based literature directly related to Welsh language use in the health service upon which policy directives may be established. However, a systematic review of the literature on transcultural nursing identified several models of transcultural care, which provide valuable guidance and direction for promoting communicative competence in bilingual healthcare settings. The review demonstrates how these models reflect core concepts that underpin transcultural competence in healthcare, e.g.

- culture-specific knowledge
- awareness of one's own beliefs and attitudes
- acceptance and respect towards cultural differences
- a continuous process

The few transcultural care models (e.g., Johnson, Noble, Matthews, and Aguilar, 1999) that focus specifically on developing language and communicative competence in bilingual healthcare settings further reflect the above core concepts. However, extra dimensions of language sensitivity, fluency, and context of practitioner-client interaction have been incorporated to show how existing language skills and sensitivity of healthcare staff can be used more effectively.

The current paper will examine how the findings of a recent government-funded national survey on Welsh language awareness within healthcare provision in Wales confirm the complexity of language dimensions in bilingual healthcare settings. The paper will also examine how these dimensions can be incorporated into transcultural care models in order to enhance and extend practice developments.

These findings support the refinement of models that promote and facilitate language appropriate practice, both at an individual and organisational level.

Recommended reading:

Henley, A. and Schott, J. (1999). *Culture, Religion and Patient Care in a Multi-ethnic Society*. Age Concern England, London.

Johnson, M., Noble, C., Matthews, C. and Aguilar, N. (1999). *Bilingual Communicators within the Health Care Setting*. *Qualitative Health Research* 9, 3, 329-343.

Misell, A. (2000). *Welsh in the Health Service*. Welsh Consumer Council, Cardiff.

5.10 Diabetes

5.10.1 Documenting diabetes care

Vivien Coates, Senior Lecturer, University of Ulster, Nursing, Coleraine, United Kingdom. Co authors: Sandra Mc Connell and Mary Mc Menamin

Abstract:

Documenting patient care accurately and efficiently can be difficult to achieve in healthcare. There is an increasing demand for a 'seamless service' flowing between hospital and community care settings, between members of multi-disciplinary healthcare teams and patients. The aim of the project was to analyse the strengths and weaknesses in the existing (pre-computer based) record keeping system and to establish baseline data against which the impact of a computerised system could be evaluated after being in operation for a year.

Design: of project: The research was conducted using a cross-sectional, exploratory survey at a local district general hospital. Data were primarily collected from healthcare professionals using a structured questionnaire and supplementary data was collected from patient case notes to cross-check the content of the documented patient details. The sample included 33 health care professionals.

Conclusions: The majority reported some level of satisfaction with their record-keeping system even though only 42% considered their system to be efficient. Verbal and written communication accounts for a significant amount of clinical time. Clinical time that could be spent on direct patient care is sometimes wasted when trying to locate or relay patient information. While some health professionals welcome innovations in documentation, others expressed concern or reluctance to change.

5.10.2 Young people with diabetes at transition from paediatric to adult services

Alison While, Professor of Community Nursing, King's College London, Florence Nightingale School of Nursing & Midwifery, London, United Kingdom. Co author: Lucia Mathes

Abstract:

A study exploring outcomes of young people with diabetes at transition from paediatric to adult services will be outlined. Young people were recruited from four age cohorts across 4 treatment centres: 15-16 years (n=23); 17-19 years (n=26); 20-22 years (n=24); and 23-25 years (n=30). These cohorts provided a range of different transfer stages and consequently different experiences: still in the paediatric diabetes clinic and expecting the transfer to young adult/adult service in the future; transferred to either young adult or adult clinic; transferred to both successively; non-attenders. Data were collected using standardised questionnaires: Diabetes Quality of Life for youth (DQQL-Youth, Ingersoll 1998); Hospital Anxiety and Depression Scale (Snaith and Zigmond 1994); Rosenberg Self-Esteem Scale (Rosenberg 1989); Parental Bonding Instrument (Parker et al 1979); Client/Patient Satisfaction Questionnaire (CSQ-8,

Atkinson and Greenfield, 1994) and from clinical records (including treatment, last hospital visit; albumin-creatinine-ratio, HbA1cs). Cluster analysis technique was used to combine young people with diabetes into groups. There were no differences in young peoples' clinical, structured interview and questionnaire data across study hospitals, 3 different clinic types (paediatric, young person or adult), four age groups or gender. However, the DQQL-Youth data which comprised results from 3 sub-scales enabled the identification of five distinct clusters: Cluster I Under Siege (n=12); Cluster II Limited Parental Care (n=23); Cluster III Managing Adversity (n=18); Cluster VI Diabetes on the Mind (n=19); and Cluster V Doing Well (n=25). There were significant differences between the clusters regarding: satisfaction with diabetes treatment; impact of diabetes; future worries about life with diabetes; self-esteem; anxiety; depression; mother care; father care; father protection; patient satisfaction; number of sick days; locus of control; exercise frequency; hospitalisation; HbA1c; reported tightness of diabetes management; problems with prescriptions at pharmacy; desire for gradual transfer; and request for support groups. The implications will be briefly discussed.

5.10.3 An insulin transfer programme incorporating bio-medical and quality of life improvements using group learning strategy

Carole Dempsey and Kate Kelley, Diabetes Nurse Specialist, Worthing and Southlands NHS Trust, Research and Development, Worthing, West Sussex, United Kingdom.

Abstract:

Background: The provision of diabetes education is essential for patients as it enables them to develop a knowledge base from which to manage their own diabetes, make health decisions and take control of their life (Sumner et al 2001). The United Kingdom Prospective Diabetes Study (UKPDS) (1998), clearly illustrated that improved glycaemic control showed a reduction in Diabetic complications, this has led to an increase in referrals for insulin transfer. The NSF for Diabetes (2001) stated that 'structured education can improve knowledge, blood glucose control, weight and dietary management, physical activity and psychological well-being.'

The transfer from tablets to insulin is a crucial time, as these patients will have varying levels of understanding and anxieties regarding the change in their treatment. The growing numbers of referrals for insulin transfer led a local diabetes team to adopt new strategies to meet the NSF standard, this led to the development of group education from the previous one-to one approach.

Aims: The aim of this study was to determine the efficacy of the group sessions through the improvement of bio-medical status and understanding of diabetes.

Method: The study has a pre-post test design. Outcomes measured were: HbA1c, cholesterol and weight. Self-reported outcomes measured were: diabetes treatment satisfaction (DTSQ), group session satisfaction, quality of life (EQ-5D), diabetes knowledge. All the outcomes except satisfaction with the group sessions were measured prior to the group sessions (time 1) and then three months later at a routine outpatients appointment (time 2).

Preliminary results: Twenty-nine patients have been recruited into the study, at the three-month follow-up 69 (n=20) remained in the study. The mean age of the participants was 69.2 years and the mean length of time since an initial diabetes diagnosis was 96 months. There were significant changes at time 2 in HbA1c ($t(15)=2.73, p=.01$) and cholesterol counts ($t(12)=2.32, p=.03$). At time 2 satisfaction with the group sessions was high. Overall satisfaction with diabetes treatment had increased and overall knowledge of diabetes had increased significantly ($X^2(d.f.)=43.46, p<.000$).

Conclusion: Initial results indicate that group teaching sessions are an effective method of helping patients transfer to insulin. Patients demonstrated positive significant changes in biomedical measures, knowledge of diabetes and satisfaction.

Recommended reading:

Department of Health (2001) The National Framework For Diabetes. HMSO

Sumner, J., Gillet, M., and Harper, J. (2001) Journal Of Diabetes Nursing, 5.

UKPDS (1998) Intensive blood glucose control with sulphonyureas or insulin compared with conventional treatment and risk of complications with type 2 diabetes mellitus. *Lancet*, 352, 837-53

11:00 – 12:30

Concurrent session 6

6.1 Consultant nurses

6.1.1 Consultant nurses and midwives: Achievements and impact of the role

Sally Redfern, Research Fellow, King's College London, Nursing Research Unit, London, United Kingdom. Co author: Jenifer Wilson-Barnett

Abstract:

Establishment of the role of consultant nurse and midwife is part of the Government drive to improve practice, strengthen clinical leadership and expand careers.

This research is a follow-up study to preliminary work completed in 2001. The purpose of this second phase, funded by the DoH, is to continue the evaluation of the consultants' roles as they are emerging in practice. Aims are to:

- explain variations in consultants' behaviour, attitudes, motivation and performance
- explore job innovation and 'job crafting'
- examine change over time in attitudes to the role
- explore perceived impact of the role
- explore leadership and types of leadership activities engaged in.

The aspect of the study that will be presented relates to aims 1 and 4. The paper will analyze consultants' perceptions of their performance and impact on service provision. The work will contribute to the growing research literature on new roles in nursing and the challenge of measuring impact and outcome.

Methods include:

- A questionnaire to all consultants in England mailed on two occasions (n=419, time1, Nov 2002; n=800max, time2, Sep 2003) is collecting data on effectiveness and attitudinal and performance outcomes. Survey 2 contains additional questions on perceived impact. Data analysis includes factor analysis, correlations and modelling using multiple regression analysis.
- A subsample of 32 consultants interviewed monthly by telephone (6 per individual, 192 interviews) were selected across region, role category and tenure (→12 months) to assess their perceived achievements over time using critical incident analysis.
- Ten case studies of consultants in their role context are focusing on their leadership performance using data from interviews and incidents to illustrate achievements. Data are analyzed by theme using content analysis.

Data collection and analysis is in progress and the report of the study is due for completion in January 2004.

Recommended reading:

Guest D, Redfern S, Wilson-Barnett J, Dewe P, Peccei R, Rosenthal P, Evans A, Young C, Montgomery J, Oakley P (2001) A preliminary evaluation of the establishment of nurse, midwife and health visitor

consultants. Report to the Department of Health by a team from King's College London and Birkbeck College. Management Centre, King's College London

Redfern S, Guest D, Wilson-Barnett J, Peccei R, Rosenthal P, Dewe P, Evans A (2003) Role innovation in the NHS: a preliminary evaluation of the new role of nurse, midwife and health visitor consultant. In: Dopson S, Mark A (eds) *Leading Health Care Organizations*. Palgrave Macmillan, Basingstoke, Hampshire, p 153-172

6.1.2 The developing role of the nurse consultant: How nurse consultants are defining their role and contributing to the research agenda

Val Woodward, Senior Lecturer, University of Plymouth (UK), Institute of Health Studies, Plymouth, United Kingdom. Co authors: Christine Webb and Morag Prowse

Abstract:

Nurse consultant (NC) posts were set up by the current government from the late 1990s onwards (DoH 1999) to advance practice, research, leadership and education in nursing, and respond to changing NHS needs, following Manley's conceptual framework (1997).

This research, which is part of a wider PhD study investigating nursing research activity in the clinical setting, investigates how the role of the NC is being defined and developed by these practitioners, and provides valuable information on how NCs view their work and status, and their contribution to the research agenda. It will therefore contribute to existing knowledge and add to the current evaluative data of the role. The recent development of NC posts means that at present research into the concepts of the post, and the translation of these into practice by NCs, is limited; therefore this presentation will provide additional information about this important development of nursing practice.

For this study a qualitative design was used, and in-depth interviews were held with nine NCs working in five NHS trusts. Practitioners were working in a variety of settings such as acute areas; mental health; primary health care and cancer services. Content analysis was undertaken using Ritchie & Spencer's Framework technique (1994) to organise and handle the data.

Results show four major emerging themes: demands of the post, characteristics of the postholder, support systems and NHS influences on the role. These themes impact on the individual practitioners in a variety of ways and so influence the manner in which they are developing their role. **Results** will be presented in more depth and the presentation will also consider the contribution to nursing research that NCs are making.

Recommended reading:

DoH (1999) *Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare*. London: The Stationery Office

Manley K (1997) *A Conceptual Framework for Advanced Practice: An action research project putting into operation an advanced practitioner/*

consultant nurse role. *Journal of Clinical Nursing*. 6,3,179-180

Ritchie J & Spencer L (1994) Qualitative data analysis for applied policy research. In *Analysing Qualitative Data* (Bryman A & Burgess RG eds) Routledge: London pp 173-194

6.1.3 The clinical activities undertaken by a nurse consultant in an adult critical care unit: An exploratory study

Debra Fairley, Critical Care Nurse Consultant, The General Infirmary at Leeds, Critical Care, Leeds, United Kingdom.

Abstract:

Background: This was the first phase of a study exploring the nature of expert clinical practice, and how this might influence patient outcome, in adult critical care. Expert practice is a key role of nurse consultants (Department of Health, 1999) and although their patterns of activity have been reported (Kings College, 2001), care activities, the tasks performed and the nature of expert clinical practice within the context of their speciality - have not been evaluated.

The aim of this (pilot) study was to explore the clinical activities undertaken by a critical care nurse consultant in an adult critical care unit. A pilot study was necessary to identify the constituents of these clinical activities, identify patient outcomes associated with the effectiveness of nurse consultants and to develop the method for the main study.

Method: The study was undertaken in an eight-bedded surgical high dependency unit in a NHS Trust. A critical care nurse consultant's clinical activity was recorded using a diary (Morse and Field, 1996). This was completed at the end of each clinical session. Field notes were recorded to assist with diary entries. Clinical sessions were planned for 3.5 hours each morning over four days. Data were collected for four months.

Qualitative and quantitative methods were used to analyse the data. Variables, concepts and constructs were identified using an inductive approach. Clinical activities were categorised and analysed using SPSS 11.0.

Results: Key clinical activities emerged including clinical instruction, clinical decision-making, assessment, care interventions and preventing 'near-misses'. Clinical situations where interventions influenced the course of a patient's recovery were reported.

Summary: This study contributes to the debate on expert clinical practice. An outline of the next phase of the study will be presented.

Recommended reading:

Department of Health (1999) Health Service Circular 217, p.6

King's College London (2001) A Preliminary Evaluation of the Establishment of Nurse, Midwife and Health Visitor Consultants. Report to the Department of Health.

Morse, J.M., Field, P.A. (1996) *Nursing Research. The Application of Qualitative Approaches*. Second Edition. Stanley Thornes (Publishers) Ltd, Cheltenham. p.98

6.2 Papers withdrawn or moved

6.3 Miscellaneous

6.3.1 Developing a tool to evaluate patient satisfaction in an acute hospital setting

Donna Fitzsimons, Research Facilitator, Belfast City Hospital Trust, Cardiology, Belfast, United Kingdom. Co author: Martina McCaughey

Abstract:

Introduction: Governance initiatives have emphasised the importance of patient satisfaction and nurses often have a central role to play in its evaluation (Atree 2001). A plethora of tools are available in the literature by which patient satisfaction can be assessed. However, these are often specific to the setting or context in which they have been developed and it is difficult to determine validity in another setting (Sitzia 1999).

Aim: The aim of this study was to develop a tool by which to evaluate patient satisfaction and test its reliability and validity in an acute hospital setting.

Method: To generate the central components of patient satisfaction in this diverse patient group, focus groups were conducted with recently discharged patients in each clinical speciality. Group Discussions were taped, transcribed and analysed using a content analysis approach to derive central features of satisfaction from each group and develop consensus across groups.

Following this procedure a quantitative tool was developed and piloted with a convenience sample of 40 patients. The modified questionnaire was then posted to a randomly selected sample of 600 recently discharged patients. To assess reliability the test, re-test method was used with 200 returned questionnaires. Data were analysed using SPSS and standard tests.

Results: There was a 46% response rate to the questionnaire. We assessed the construct validity of the tool using principle component analysis to define two main components explaining 35% of variance. Test-retest reliability was acceptable ($r=0.800$, $p<0.001$). The performance of the scale will be described using descriptive statistics.

Conclusions: This paper discusses the development and testing of a questionnaire to evaluate patient satisfaction. We highlight the importance of user-involvement and explain some of the statistical procedures which may increase nurses' understanding of these issues, and enhance our contribution to this important element of governance.

Recommended reading:

Atree M 2001 Patients' and relatives' experiences and perspectives of 'good' and 'not so good' quality care *Journal of Advanced Nursing* 33;4, 456-466.

Sitzia J 1999 How valid and reliable are patient satisfaction data? An analysis of 195 studies. *International Journal of Quality in Health Care* 11;4, 319-328.

6.3.2 Work environment effects on telephone advice nursing

Anita Reinhardt, Doctoral student - full time, Oregon Health & Science University, School of Nursing, Portland, OR, United States.

Abstract:

Objectives: Telephone advice nursing (TAN) is intended to support prompt and efficient responses to callers' questions, enhance self-care ability, manage demand by directing callers to the appropriate level of care, assist in managing costs of care, and improve satisfaction with health plans (Greenberg 2000; Valanis et al. 2003). Work environments effect the practice of nursing (Aiken, Sloane, & Sochalski 1998). Because the relationship developed between the caller and the advice nurse is important to ensuring the caller receives and follow advice, the factors in the work environment that influence that interaction are important. This research posits that actions taken by advice nurses are a reflection of the work environment and ingenuity by an informed and astute nursing professional.

Methods: The study performed a secondary analysis of data from a multi-site study of advice nursing practice. The study included questionnaires from 101 nurses working in call centers and recordings and surveys from 1310 callers to 21 nurses. The questionnaires for nurses asked perceptions of the advice work environment and questionnaires to callers asked their perceptions and satisfaction with advice services.

Results: The analysis of the data is in process with completion expected before the conference. It is expected that the advice site will be a significant predictor of nurse perceptions of the work environment when controlling for nurse characteristics and that site will be a significant predictor for patient outcomes when controlling for patient characteristics. It is expected that work environment will be predictive of patient outcomes when controlling for the nested study design.

Conclusion: By identifying the influencing factors of the work environment in advice services, nurses in ambulatory settings can better organize advice practice to support advice services and utilize the comparable literature from inpatient settings to support practice improvements.

Recommended reading:

Aiken, L. H., Sloane, D. M., & Sochalski, J. 1998, "Hospital organizations and outcomes", *Quality in Health Care*, vol. 7, no. 4, pp. 222-226.

Greenberg, M. E. 2000, "Telephone nursing: Evidence of client and organizational benefits", *Nursing Economics*, vol. 18, no. 3, pp. 117-123.

Valanis, B. D., Moscato, S. E., Tanner, C. P., Shapiro, S. M., Izumi, S. M., David, M. P., & Mayo, A. D. 2003, "Making it Work: Organization and Processes of Telephone Nursing Advice Services", *Journal of Nursing Administration* April., vol. 33, no. 4, pp. 216-223.

6.3.3 Nursing for NHS Direct: An evaluation study of NHS Direct in Wales

Paul Wainwright, Reader, University of Wales Swansea, School of Health Science, Swansea, Wales, United Kingdom. Co authors: Sherrill Snelgrove and Anne Williams

Abstract:

NHS Direct (NHSD) is a nurse-led telephone help-line, launched in England in 1998 and in Wales in November 2000. The service in the UK takes 500,000 calls per month, predicted to rise to 1,000,000 per month by 2006, at a cost of £182m (BBC 2003).

This paper presents findings of one phase of an evaluation study of NHSD in Wales. The project was commissioned by the National Assembly for Wales and partly replicates the evaluation of NHSD in England (Morrell et al 2000). The evaluation examines several aspects of NHSD, including the appropriateness of advice, impact on other services, professional nursing issues and Welsh language issues. This paper reports the findings from the professional nursing element of the research.

Data was collected from a survey of all 111 nursing staff (n=92, response rate = 85%) in NHSD Wales, followed by focus groups with nurse advisors and with nurses from outside NHSD, and one-to-one interviews with nurse advisors.

Analysis suggests that the NHSD Wales workforce is mature, experienced, well educated and well qualified. Staff express satisfaction with their work and show commitment to the value of NHSD as a service. The study contribute to the development of nursing knowledge and practice by exploring questions about the nature of nursing practice, experienced through telephone contacts between nurse and patient. Respondents raised issues about trust and confidence between nurse and patient, the ability to make judgements and give advice when constrained to a single channel of communication, the relationship between computer algorithms and nursing judgement, and the emotional content of such work.

Recommended reading:

BBC (2003) NHS Direct to Double in Size. <http://news.bbc.co.uk/1/hi/health/2950071.stm>

Morrell J, Munro J, O’Cathain A, Warren K, Nicholl J (2000) Impact of NHS Direct on other services: the characteristics and origins of its nurses. University of Sheffield School of Health and Related Research

6.4 Public health/ community nursing

6.4.1 The ‘essence’ of community within community nursing: A district nursing perspective

Julie McGarry, Lecturer, The University of Nottingham, School of Nursing, Derby, United Kingdom.

Abstract:

Background: Over the last decade or so there has been a marked shift in the location and nature of nursing care from the hospital setting to the primary care setting in the United Kingdom (Department of Health 2000). Although notions of community have

been explored extensively within the literature from a number of perspectives, there is an absence of a clear definition from a nursing perspective (Hickey & Hardyman 2000). This lack of conceptual clarity is further compounded when notions of community and the place of nursing within the community are considered contemporaneously (Luker et al 2000). The present study seeks to address this deficit and explore how district nurses define the nature of their role, both in terms of providing nursing care within the community, and also in terms of defining community within the context of their work and the subsequent impact on care provision.

Method: A qualitative study undertaken involving semi-structured interviews with district nurses (n=10) working in both rural and city locations.

Results: Analysis of the data was undertaken using an iterative approach incorporating ongoing preliminary analysis of data. The results are presented under the following headings:

- Being a ‘guest’: the location of care within the home
- Caring for the ‘whole’: notions of holism
- Defining relationships: the nature of ‘friendship’ and professional boundaries
- Being part of the community: personal & professional perspectives

Conclusion: The study has highlighted the pivotal position of the home in defining the essence of community within community nursing. However it has also highlighted a number of paradoxes in terms of the ‘medicalisation’ of the home and complexities in negotiating professional boundaries in the absence of clear demarcation. This study illuminates tensions that exist for nurses trying to balance notions of community and community based care within the parameters of organisational and professional boundaries and challenges the taken-for-granted assumptions surrounding nursing discourse to date.

Recommended reading:

Department of Health (2000) The NHS Plan: A Plan for Investment, A Plan for Reform. HMSO, London

Hickey G & Hardyman R (2000) Using questionnaires to ask nurses about working in the community: problems of definition. *Health and Social Care in the Community* 8 (1) 70-78

Luker K, Austin L, Caress A, Hallett C. (2000) The importance of ‘knowing the patient’: community nurses’ constructions of quality in providing palliative care. *Journal of Advanced Nursing* 31(4) 775-782

6.4.2 Using theory to develop health visiting practice

Rhona Hogg, Health Visitor/ Community Nursing Research Facilitator, Lothian Primary Care NHS Trust, Community Nursing, Edinburgh, United Kingdom.

Abstract:

Elkan et al. (2000) advocate the use of theory to underpin health visiting research and development. This study interprets the processes involved in parenting young children and in health visiting interventions using a conceptual framework based on: Lazarus and Folkman’s theory of stress and coping, Bandura’s theories of social learning and self-

efficacy and family nursing theory. It also provides theory-based evidence to inform decisions about

- defining and measuring vulnerability in families
- assessing and developing tools used to measure vulnerability
- identifying families requiring increased health visiting support
- developing and evaluating parenting support and education

The study uses Heideggerian hermeneutic phenomenology, and involved semi-structured individual and small group interviews with 44 parents of young children. The findings suggest that

- parenthood is associated with an overwhelming sense of responsibility
- extended family provide very limited practical help and useful advice for many parents
- establishing new social networks is vital for many parents in coping with the challenges of childrearing
- the health visiting service provides many parents with the support and advice which traditionally might have come from parents’ own social network of family and friends

The presentation will give a brief overview of the study, an outline of the conceptual framework and selected findings focusing on the role of social support in childrearing, interpreted using the theories detailed above. Suggestions will be made for using this theory-based approach to define, measure and address vulnerability in families with young children. It will also highlight the dangers of relying on the check-lists currently used to measure vulnerability, and explain the findings of this and other studies which suggest that many parents not deemed to be vulnerable still need support with bringing up young children.

Recommended reading:

Elkan R, Robinson, Blair M, Williams D, Brummell K (2000) The effectiveness of health services: the case of health visiting. *Health and Social Care in the Community* 8 (1), 70-78.

6.4.3 An interpretive inquiry testing the relationship between extant health promotion theory and nursing practice

Stewart Piper, Senior Lecturer, Homerton College, School of Health Studies, Cambridge, United Kingdom.

Abstract:

This presentation derives from the findings of an ongoing theory testing qualitative PhD study based on the Theory-Research-Theory strategy of Meleis (1985). The aim of the research is to illuminate the meaning(s) nurses give to health promotion and to explore and contextualise their fit with extant theory. The purposive sample comprised 32 qualified nurses from across the clinical grading spectrum, the majority of whom were employed in one Acute NHS Trust.

The presentation will outline the research design, the fieldwork findings and the theoretical propositions for consideration by peers. This will include the rationale for the phenomenological and interpretive

methodology, the philosophical context and the choices made regarding the formal methods used to collect qualitative data. The core and the two major intersubjective themes, their categories and theoretical properties and the deviant/paradigm cases that emerged from the three phases of the fieldwork in a format based on Benner's (1984) phenomenological study will also be highlighted. The findings indicate varying degrees of fit between the practice of the participants and Beattie's (1991) health promotion framework, and this relationship will be contextualised through metatheoretical analysis of the findings in relation to the medical model and Functionalist paradigm.

The presentation will conclude with a summary of how the study has made an original contribution to nursing knowledge. This will include the process of internal theory testing of an extant system of health promotion classification, the qualitative theory testing between this and the fieldwork findings, theory derivation and how the meanings the participants give to health education and health promotion differ from mainstream interpretations. Options for further theoretical development will also be proposed.

Recommended reading:

Beattie a (1991) Knowledge and control in health promotion: a test case for social policy. In: GABE J, Calnan M, Bury M (eds) *The sociology of the health service*. London: Routledge, pages 162 – 202

Benner P (1984) *From novice to expert: excellence and power in clinical nursing practice*. California: Addison-Wesley

Meleis A I (1985) *Theoretical nursing: development and progress*. Philadelphia: Lippincott

6.5 Post natal issues

6.5.1 “Digging yourself out of a black hole” - a qualitative study that explores the positive ways in which women respond and adapt to their lives following a diagnosis of postnatal depression

Pam Sherlock, Lecturer in Nursing (Salford University), Salford University, School of Nursing, Manchester, United Kingdom.

Abstract:

The aim of the research was to explore the experiences of women with mild to moderate postnatal depression using a qualitative approach. To date, much research into the subject has tended to focus on women with moderate to severe postnatal depression and to be of a quantitative nature.

This research will be of interest to professionals who support women in the postnatal period because it identifies the value of people who give help - Health Visitors in particular. Of those interviewed, all reported the positive value of talking therapies and non-directional counseling.

Using a qualitative style of research, eight women participated using semi-structured interviews approximately 6 - 8 months following the birth of their child. The women interviewed were considered to be either borderline or mildly depressed according

to their results following the use of The Edinburgh Postnatal Depression Scale.

Recruitment to the study was made through their Health Visitors and the interviews were undertaken either in the home or at the local baby clinic. The first two interviews formed pilot studies. The remaining six interviews were adapted following pilot studies.

Following transcription, a thematic analysis grounded in a phenomenological perspective was used to scrutinise the information gained at the interviews. The data gained from analysis was presented in the form of summarised texts as well as in a grid format of key words and themes.

Four specific themes emerged from the analysis which included: (1) how the women felt whilst they were depressed, (2) their views on the use of the Edinburgh Postnatal Depression Scale, (3) their experiences of Health Visitor support and (4) the various strategies that they employed to regain positive mental health.

The conclusion of the research suggests that even mild postnatal depression can be a devastating experience affecting the woman, her partner and other family members.

Recommended reading:

Elliott, S.A., Henshaw, C.A., (2002) *The Emotional Effects of Childbirth* A Marce Society Reserource Pack. London. The Marce Society.

Littlewood, J., McHugh, N., (1997) *Maternal Distress and Postnatal Depression: The Myth of Madonna*. Great Britain. Macmillan Press Ltd.

Nicholson, P., (2001) *Postnatal Depression: facing the paradox of loss happiness and motherhood*. England. John Wiley and Sons Ltd.

6.5.2 Mothers', fathers' and health visitors' views of parental needs and services provided to 8 weeks post birth

Janice Christie, Health Visitor, University of Ulster, School of Nursing. Faculty of Life & Health Science, Jordanstown, United Kingdom. Co authors: Brenda Poulton and Brendan Bunting

Abstract:

Health visitors' work often concerns interventions to families with young children; however, there is limited knowledge concerning their effectiveness (Elkan et al, 2000). Defining service outcome measures is difficult since health visitor actions are purposed to be context/individual specific. Becoming a parent is a major life event, which can cause emotional distress (Williams, 1993; Plastow, 2000). There is little academic evidence regarding the holistic needs of parents; however, these studies hint that a complex mix of psychosocial processes may require postpartum support.

This paper will outline exploratory, qualitative research, which aimed to determine:

- Parents' needs, difficulties and experiences after the birth of their children, their use and views of health agencies and support resources.
- Health visitors' experiences and professional influences on their decisions regarding postpartum service provision.

Following research approval from two local ethical committees, a series of: mother or father interviews (n=2), focus groups with mothers or health visitors (n=4) and joint-parent interviews (n=4) were conducted. This sample was theoretically selected to determine: personal, professional and family perspectives. Data was collected using semi-structured techniques and subsequently: taped, transcribed and analysed using thematic analysis.

It was found that: parents described their needs in terms of adjustment to: new priorities, competing demands and feelings. Mothers tended to become 'family-interfacers' with health services while, fathers' expressed needs for practical childcare training to facilitate their involvement in the care of their infants. The service that health visitors offered was mediated by three main factors: 'perceived parental need', 'organisational/national service priorities', 'case/workload demands'.

These findings suggest there is a need to provide health care delivery that acknowledges and targets father involvement. A psycho-social, developmental approach was found to best describe parent's postpartum needs. This exploratory study also informed: outcome measures, research participants and study design decisions for a subsequent randomised trial of health visiting postpartum effectiveness.

Recommended reading:

Elkan, R; Kendrick, D; Hewitt, M; Robinson, JJA; Tolley, K; Blair, M; Dewey, M; Williams, D; Brummell, K (2000) The effectiveness of domiciliary health visiting a systematic review of international studies and a selective review of the British literature, *Health Technology Assessment*, Vol. 4, No. 13.

Plastow, E (2000) Comparing parents and health visitors' perceptions of need, *Community Practitioner*, Vol. 73, No.1, pp31-38.

Williams, LR (1993) Nurse managed postpartum home care, *Journal of Obstetrics and Gynaecological Neonatal Nursing*, Vol. 22, pp25-31.

6.5.3 Pelvic floor exercises: reported practice of the exercises after delivery and factors affecting motivation.

Heather Whitford, Lecturer, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom. Co author: Alder EM Jones

Abstract:

Background: Childbirth and obstetric factors have been linked to the subsequent development of urinary incontinence [1]. It has been suggested that the antenatal practice of pelvic floor exercises may reduce the prevalence of postpartum incontinence [2]. However little is known about how many women practise pelvic floor exercises during pregnancy and after delivery, or what motivates women to practise the exercises.

Objectives: To find out how many women report the practice of pelvic floor exercises after delivery. To explore the motivation of women to practise the exercises using the Theory of Planned Behaviour (TPB) as a framework.

Methods: An interview and postal questionnaire study.

Population, Sample, Setting: 289 women over the age of 16 interviewed during the last trimester

of pregnancy in antenatal clinics (in NE Scotland) between July 1999 and March 2000 on their attitudes and beliefs about pelvic floor exercises. A postal questionnaire was sent between 6 and 12 months after delivery

Findings: The postnatal postal survey achieved a 63.4% response rate. 77.6% of women reported the practice of pelvic floor exercises in the final month of pregnancy. 83.2% said they had done the exercises in the first month after delivery. 60% reported practising the exercises between 6 and 12 months. Women who had an operative delivery (forceps or ventouse) were significantly more likely to report the practice of pelvic floor exercises in the first month after delivery compared to women who had a normal delivery or a caesarean section ($p = 0.01$). 33.1% of respondents said they had suffered from stress incontinence at some time since they had the baby. Behaviour was predicted successfully by the TPB ($p < 0.0005$).

Conclusions: Reported practice of pelvic floor exercises increased in the immediate postnatal period, and then decreased subsequently. A third of women had some degree of incontinence at some time following delivery.

Implications for practice: Midwives need to be aware of the high rate of postnatal incontinence and make appropriate enquiries about the condition. The findings relating to factors that motivate women to practise the exercises will help to inform future interventions in order to encourage more women to practise pelvic floor exercises.

Recommended reading:

Wilson, P.D., R.M. Herbison, and G.P. Herbison, Obstetric practice and the prevalence of urinary incontinence three months after delivery. *British Journal of Obstetrics and Gynaecology*, 1996. 103: p. 154 - 161.

Sampsel, C., et al., Effect of Pelvic Muscle Exercise on Transient Incontinence During Pregnancy and After Birth. *Obstetrics and Gynecology*, 1998. 91: p. 406 - 412

6.6 Cancer

6.6.2 Accessing men: The challenges of getting to the real issues of male partners of women treated for breast cancer

Alison Harrow, Postgraduate Student, Dundee University, School of Nursing and Midwifery, Dundee, United Kingdom.
Co authors: Stuart Cable and Rosaline Barbour

Abstract:

The length of hospital stay for women following surgery for breast cancer is reducing. Consequently, they increasing reliance on informal support, usually from husbands and partners. However, previous studies have shown that men also experience a range of feelings including shock, disbelief, uncertainty, helplessness, fear, and isolation arising from their partner's diagnosis of breast cancer, throughout treatment, and beyond (Hilton 1993, Northouse and Swain 1987, Northouse 1989). Traditionally, women are the central focus of studies looking at the impact of breast cancer while men's accounts of their own experiences have not been investigated in any depth. This presentation will illustrate some of the challenges encountered when designing a

study which aims to explore the experience of men whose partners have been diagnosed and treated for breast cancer.

This ongoing study is being carried out in a large teaching hospital in Scotland. The complexities of undertaking a study with non-patients (the male partners of women who have been treated for breast cancer) will be illustrated. Gate keeping by professionals and patients was a restricting factor in gaining permission to approach potential participants via a third party. The various gatekeepers and their rationales will be explored. The process of ethical approval for this study concentrated exclusively on the women even though they were not the participants in the study. This further highlighted the minimal consideration given to male partners and their needs within this health care system. If these men's needs are not considered to be equally important this may be because they do not give voice to their needs. A variety of data collection methods- one-to-one interviews, questionnaires and focus groups were used in an effort to obtain data about men's experience from men themselves.

The challenges faced in undertaking this study will illustrate some of the complexities of conducting research with men.

Recommended reading:

Hilton, B. (1993). "Issues, problems, and challenges for families coping with breast cancer." *Seminars in Oncology Nursing* 9: 88-100.

Northouse, L. (1989). "A longitudinal study of the adjustment of patients and husbands to breast cancer." *Oncology Nursing Forum* 16: 511-515.

Northouse, L. and M. Swain (1987). "Adjustment of patients and husbands to the initial impact of breast cancer." *Nursing Research* 36: 221-225.

6.6.3 The benefits of physical exercise for breast cancer patients: a critical review

Marilyn Kirshbaum, Lecturer in Nursing, University of Sheffield, Acute and Critical Care, Sheffield, United Kingdom.

Abstract:

Background: Increasingly, more women are being diagnosed with breast cancer in the U.K. (Office of National Statistics 2000). Concurrently, as a result of treatment advances, mortality figures associated with the disease have steadily decreased (Peto et al. 2000). For survivors, quality of life issues such as fatigue, menopausal symptoms, depression, anxiety and social isolation are substantial concerns. A preliminary literature search has identified numerous benefits of regular physical exercise which directly address many of these same problems.

In this presentation key findings from empirical studies associated with exercise and breast cancer will be critically appraised and synthesised. Specific implications for safe nursing practice will be highlighted.

Methods: A systematic literature review was conducted. The search strategy included an electronic database search (Medline, Embase, CINAHL, Cochrane Library) of empirical papers on 'breast cancer and exercise', a hand search of cancer journals and citations from retrieved review articles. Methodological qualities of studies were assessed using a predetermined framework (Downs & Black 1997).

Results: The majority of studies relied on small sample sizes within pre-test/post-test designs without random allocation. Despite these methodological concerns, numerous benefits of aerobic exercise programmes were nevertheless indicated: increased functional capacity, strength and endurance; reduced subcutaneous fat, nausea, sleep disturbances and fatigue; and improved overall mood. Less vigorous forms of physical activities were associated with reductions in anxiety, depression and fatigue and improved well-being, self-esteem and body image.

Conclusions: This review has implications for nursing, research and patient education. It will be emphasised that high quality research is required to strengthen the case for the promotion of exercise for breast cancer patients and to maximise effectiveness for specific patient subgroups. In the meantime, nurses are encouraged to put the best available evidence into practice and promote physical activity for breast cancer patients.

Recommended reading:

Downs SH & Black N (1997) The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non-randomised studies of health care interventions *J Epidemiol Community Health* 52:377-384

Office of National Statistics (2000) Cancer survival in England and Wales 1991-1998. *Health Statistics Quarterly* 6:73-74

Peto R, Boreham J, Clark M, Davies C & Beral V (2000) UK and USA breast cancer deaths down 25% in year 2000 at ages 20-69 years *The Lancet* 355:1822

6.7 Education

6.7.1 Higher education for nursing and the holy grail of professional recognition

Eileen James, Principal Lecturer in Research (PHC), Canterbury Christ Church University College, Centre for Nursing Research and Practice Development, Canterbury, United Kingdom.

Abstract:

In 2002 the results of a presidential taskforce from the RCN called for across the board degree level status for all pre- and post registration programmes. By 2004 all diploma level courses in Wales will be re-cast as degree level programmes. This is against a background of an increasing lack of confidence in NHS management and a level of dissatisfaction, being expressed publicly, with the quality of care delivered. Though largely anecdotal, there is evidence of concern being expressed about the validity of the academic emphasis in nurse education and its success in meeting service needs. This paper will report on the result of a qualitative study into the validity of graduate status for nursing using District Nursing in England as a case study. A random sample of district nurses (40), district nurse managers (18) and nurse educationalists (8) were drawn from Trusts within each of the eight NHS

Regional Boards. Data collection used recorded telephone interviews guided by a semi-structured schedule. Analysis to date has demonstrated a growing picture of uncertainty about the necessity for graduate status, the subsequent difficulties in

meeting service expectations and the ability of practitioners to realise their full clinical potential. On completion, (April 2004) it is anticipated that this study will inform issues of professional legitimacy and graduate status, the nature of specialist practice and its role in manpower planning to meet service needs. The appropriateness of the current educational paradigm will be re-examined and its suitability for securing the future of professional nursing.

Recommended reading:

Warner, M; Longley, M; Gould, E; Picek, A (1998) 'Healthcare Futures 2010'. Welsh Institute for Health and Social Care

Department of Health (1999) Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and HealthcareJarvis

HealthcareJarvis P (2001) Universities and Corporate Universities: The Higher Learning Industry in Global Society. London: Kogan Page

6.7.2 Professional doctorates for nurses in the United Kingdom: Mapping provision and perceptions

Lorraine Ellis, Senior Lecturer, University of Sheffield, Acute and Critical Care, Sheffield, United Kingdom.

Abstract:

Background: The professional doctorate has been a feature of nursing education in the USA since the 1950's but it is only in the last decade that they have been introduced into the UK. However, despite almost 50 years experience of offering professional doctorates in the USA there is little conceptual clarity as to the purpose and benefits of such programmes (Edwardson 2001) that remain under-theorised and under-researched (Green 1997). This research is an attempt to begin to address this and explore the largely uncharted doctoral territory, and so inform policy and practice.

Aims: This study, funded by an RCN Trevor Clay Scholarship, aimed to: (i) map the range and on-going development of professional doctorates for nurses in the United Kingdom; (ii) gain the views of key stakeholders as to the role and value of the professional doctorate relative to the more traditional PhD.

Methodology: This study adopted a multi-method three-phase approach informed by modified illuminative evaluation (Ellis 2001,2003). This paper reports on phase II that involved a reconnaissance of current and planned professional doctorates for nurses in the UK. Data collection methods consisted of a content analysis of the programme curricula and other related documentation, and telephone interviews with the course leader and other key personnel concerned with the provision of doctoral education.

Findings: The number of current and planned professional doctorates in the UK will be presented and the characteristics and range of models of programmes located along a continuum. Key themes to emerge from the interviews with educators will be presented including the perceived strengths and limitations of doctoral education.

This paper should be of particular interest to the following: education researchers; education

developers; those interested in education policy; and those enrolled or at the crossroads of enrolling on the professional doctorate or PhD.

Recommended reading:

Ellis (2003) Illuminative Case Study **Design:** a new approach to the study of continuing professional education. *Nurse Researcher*. Vol 10. No.3. pp.48-59

6.7.3 Developing learning confidence for health and social care professionals learning at a distance: implications for learning support

Jane Morgan, Academic Lead, e-Learning, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom.

Abstract:

Distance learning approaches to learning and teaching have had a major impact on post-qualifying education of health and social care professionals in the last decade (Peters 2001). In the context of the National Health Service (NHS) and Continuing Professional Development (CPD) in particular, calls for the development of a 'culture of life-long learning' and pledges to explore the role of technology for learning (DOH 2001) are likely to make on-line communication and interaction between students and teachers the dominant means by which learning support is organised for Health and Social Care Professionals.

This paper will report on a research study carried out on the third year of a BSc (Hons) Health Studies programme for Health and Social Care Professionals at a university in London, concluded in 2002. The research question used to direct the study was: In what ways does on-line communication and interaction with teachers, influence the learning confidence of students studying at a distance? The study followed a qualitative methodology and used an illuminative case study approach (Parlett and Hamilton 1972), within which data were collected by semi-structured interviews, reflective accounts, questionnaire and documentary analysis. The communication media comprised predominantly one-to-one e-mail with an on-line chat room. All participants were women, aged between 22 and 26, studying part-time and working in a broad range of public and private health care contexts.

The findings suggest that all students gained, to varying degrees, increased confidence to learn. A number of key contributors to the development of learning confidence were identified. These were; an interdependent, partnership style relationship between teacher and student with a shift in the locus of control, shared realistic expectations of each other's roles and the development of a number of key study skills on the part of the student.

This research study concluded by emphasising that the traditional student/ teacher relationship needs to be re-conceptualised to incorporate changes to roles and that human interactions become more important when technically mediated communication systems are used by teachers to support students' learning.

Recommended reading:

Department of Health, (2001) The NHS Plan: A Plan for Investment, A Plan for Reform. London: DOH

Parlett, M., and Hamilton, D. (1972), Evaluation as Illumination: A New Approach to the Study of Innovatory Programmes. In *Beyond the Numbers Game: A Reader in Educational Innovation*. Hamilton, D., Jenkins, D., King, C., MacDonald, B., and Parlett, M. (eds), London: Macmillan.

Peters, O. (2001), Learning and Teaching in Distance Education: Analyses and Interpretations from an International Perspective. London: Kogan Page.

6.8 Qualitative

6.8.1 Representations of modes of rationality and the tensions of modernity in nursing documentation: a sociological analysis

Abbey Hyde, Senior Lecturer, University College Dublin, School of Nursing and Midwifery, Dublin, Ireland.

Abstract:

This paper presents a discourse analysis of the complete nursing records of 42 patients and explores the modes of rationality that underpin text-based material relating to patient care that nurses record. Drawing on the work of the critical theorist Jurgen Habermas, data suggest that purposive-rational action based on an instrumental logic dominated the content of nursing documentation, as evidenced by a particularly biocentric and modernist construction of the workings of the body within the texts. Representations of the autonomy of the reflexive subject were restrained, and elements of contemporary nursing discourses dominant within the educational realm, such as notions of partnership, autonomy, and self-determination that are facilitated using value-rational action, were notably sparse in data. We argue that there was little evidence of a clear or dominant 'voice of nursing' that might represent the mediation of the lifeworld (reflective, value-oriented realm) and system (the techno-scientific realm). There is no suggestion in the overall argument being presented here that nursing documentation is a valid representation of the social actions of the nurses involved. Rather, it is proposed that if they had actually engaged with patients by reflexive discourse where the rights of the autonomous subject were facilitated, and where consensus about care or treatment was arrived at through reasoned dialogue, then this was not rendered transparent in documentation. The manner in which conflicts or disagreements that surfaced between nurses and patients were recorded suggests that nursing practice is at the centre of a fundamental predicament of modernity - the hegemony of instrumental rationality based on 'scientific' evidence undermining the capacity of the social actor.

The paper concludes by problematising the notion of communicative action, and by suggesting that if it is actually a feature of nursing practice, it may continue to be elusive because of particular difficulties with its documentation

6.8.2 The real world of realistic evaluation

Karen Whittaker, Senior Lecturer, University of Central Lancashire, Department of Nursing, Preston, United Kingdom. Co author: Sarah Cowley

Abstract:

Aim: This paper will discuss the merits and complexity of using a realist design for the evaluation of a complex community initiative. An exemplar evaluation study of a 'Positive Parenting' service will be used to illustrate the different issues at stake.

Background: Sure Start and 'Positive Parenting' services are examples of New Labour's initiative to encourage local people to become active participants in the planning, design and on some occasions delivery of health services. These new services require that evaluation evidence not only reflects this dynamism, but also provides direction towards understanding of how outcomes have been achieved. Arguably traditional outcome and process focused evaluations are limited and fail to sufficiently accommodate the impact of context (Pawson and Tilley, 1997; Kazi, 2003). Similarly the traditional philosophies guiding nursing research act as nooses, choking researchers into cyclical debates about positivistic and constructivist approaches. Freedom, Wainwright (1997) argues, can come from the adoption of realism, a paradigm accepting the existence of a stratified ontology enabling questions about how something works to be addressed.

The Presentation: Using the exemplar study the discussion will centre on how Pawson and Tilley's (1997) realistic evaluation framework can be used as a means of applying the realist paradigm to the study of complex community nursing initiatives. By doing this there will be consideration of:

1. what it means in practice to begin answering the signature questions for realistic evaluation; what works best, for whom and in what circumstances?
2. the theory driven nature of realistic evaluation
3. the utility of this approach for service stakeholders

Finally it is anticipated that the presentation will stimulate debate about the application of realistic evaluation as a means of translating realist philosophy into practice, a much needed event in light of the current scarcity of published examples of realist evaluations (Kazi, 2003).

Recommended reading:

Kazi, M. (2003) *Realist Evaluation in Practice*. Health and Social Work. Sage, London.

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

Wainwright, S.P. (1997) A new paradigm for nursing: the potential of realism. *Journal of Advanced Nursing*. (26)6:1262-1271.

6.8.3 Biographic narrative interpretive method

Margaret Volante, Head of Academic and Practice Development, University of Surrey (UniS), EIHMS, Surrey, United Kingdom.

Abstract:

The purpose of the session is to introduce biographic narrative interpretive method to nurses as a research method that can develop understanding of life journeys (eg nurses, clients, carers) through analysis and interpretation of subjective meaning and the structuring influence of the social context. The method has its base in the theoretical perspectives of interpretive phenomenology and interactionism and pays particular attention to the gestalt or structuring principle in the telling of a life story (Rosenthal 1993, Breckner 1998).

I used biographic narrative interpretive method (Wengraf 2001) to capture nurses lived experience of learning and nursing practice to gain insight into knowledge generation structured by formal and non-formal learning processes. The individual case histories illuminated the need for processes of learning and nursing practice to move beyond the individual representation of reflective practice in the nursing literature to a more collective process for knowledge generation in nursing practice.

The paper will illustrate the analytic process of biographical narrative interpretive method through one of the case histories. It will start with the two elements of the life as lived and the story told about the experienced life history. The session will cover how the analysis of the biographical data reconstructed the chronology of life events and the biographical meaning of the experiences at the time they happened. The use of 'text sorts' will be addressed in the analysis of the told story to uncover the biographical construct or gestalt guiding the nurse's present day interpretation of her life in relation to learning and nursing practice. The session will end by looking at the reconstruction of individual subjective meaning through the interplay of the structural dimensions of the lived life and the told story.

Recommended reading:

Breckner R (1998) *The biographical-interpretive method - principles and procedures* Annexe in SOSTRIS working paper 2: case study materials on the early retired. London, University of East London, Centre for Biography in Social Policy

Rosenthal G (1993) *Reconstruction of Life Stories: principles of Selection in Generating Stories for Narrative Biographical Interviews* Chapter 4 in Josselson R and Lieblich A (eds) *The Narrative Study of Lives*. Volume 1, Newbury Park, Sage Publications

Wengraf T (2001) *Qualitative research interviewing*. London, Sage Publications

6.9 Older people

6.9.1 Falls and understanding risk: views of older people, carers, health and social care professionals

Fiona Ross, Director, Nursing Research Unit, King's College London, King's College London, Nursing Research Unit, London, United Kingdom. Co authors: Sheila Donovan and Christina Victor

Abstract:

Much of the existing literature on falls prevention is biomedical and reductionist. Explanatory studies that address the meaning of risk of falling from the older person's perspective are rare (Cwikel and Fried, 1992). The purpose of this study is to fill that gap and its specific aims are to: explore older peoples' expectations, priorities and needs for information in relation to risk of falls; compare the views of older people on risk factors and risk reduction with carers and practitioners working in health and social care. The study is being conducted with partners from a PCT, Local Authority and Consumer Organisation in South West London. The design combines qualitative methods (in-depth interviews with 38 older people, focus groups with 20 carers and interviews with 30 health/social care professionals) with an action research component comprising a consumer panel, working as co-researchers and supporting change in local falls prevention policy.

This paper will report on findings that are being presented for the first time. It will compare and contrast perspectives on the social meaning of falls and construction of risk in relation to themes of positive ageing, autonomy, choice, perceptions of loss of control, fear of falling, confidence and risk reduction.

The discussion will cover: 1) Reframing the risk of falls by integrating the consumer voice and clarifying the extent to which this meshes with professional expectations; 2) The implications of the findings for the development of falls prevention guidelines and professional practice in primary care; 3) The impact of the consumer panel in terms of its influence on the local implementation of Standard 6 - National Service Framework for Older People (Department of Health, 2001).

Recommended reading:

Cwikel J & Fried L. (1992) The social epidemiology of falls among community dwelling elderly: guidelines for prevention. *Disability and Rehabilitation*, 14, 113-21.

Department of Health (2001) *National Service Framework for Older People*. London: Department of Health.

6.9.2 Barriers to participation in falls programs - how findings from qualitative and observational studies influence recommendations for clinical practice

Elizabeth McInnes, Senior Research and Development Fellow, Royal College of Nursing Institute, National Collaborating Centre for Nursing and Supportive Care, Oxford, United Kingdom. Co authors: Elizabeth Gibbons and Lisa Askie

Abstract:

The presentation will report findings from a review of qualitative and observational studies on the barriers to participation in falls programs from the perspective of older people. How these findings influenced the development of clinical practice guidelines on falls prevention will also be presented.

This work was undertaken as part of the development process for a national guideline on 'assessment and prevention of falls in older people' (NICE, 2003). It was postulated that in addition to the clinical effectiveness systematic review (Gillespie, et al 2003), findings from studies investigating what changes older people are willing to consider in terms of falls prevention would enable the guideline development group to make pragmatic recommendations. Currently, most trials do not investigate the patient's perspective or do so superficially.

Information from qualitative and observational studies was appraised and summarized qualitatively and presented alongside the clinical effectiveness evidence. Discrepancies between the findings of the systematic review and the non-trial evidence were noted and considered by the guideline development group.

The resulting recommendations were compared with previous recommendations on falls prevention (Feder et al. 2001) which did not consider such 'patient-related' data. This comparison indicated that:

- trials of interventions should include research on the 'patient's perspective' particularly relating to compliance and sustainability in order for such trials to have practical application, and
- that guideline development groups need to consider a range of evidence when formulating practice recommendations.

Whether the additional time and resources involved in undertaking reviews additional to clinical effectiveness is worthwhile will be discussed.

This work demonstrates the value of a body of research generally conducted by nurses which is not routinely captured by systematic reviews. Evidence summaries of the patient perspective has the potential to contribute to the understanding of factors relating to the uptake of and compliance with interventions, thus rendering guideline recommendations more implementable.

Recommended reading:

Feder G, Cryer C, Donovan S et al. (2000) Guidelines for the prevention of falls in people over 65. The Guidelines' Development Group. *BMJ* 321:1007-1011.

Gillespie L, Gillespie W, Robertson M et al. (2003) Interventions for preventing falls in elderly people.

Cochrane Database Systematic Review 2003;3: CD000340.

National Institute for Clinical Excellence [NICE] (2003) Clinical practice guidelines for the assessment and prevention of falls in older people (Draft guidelines, not available for public comment until February 2004)

6.9.3 Calcium and vitamin D in primary care: adherence results from a randomised controlled trial

Suezann Puffer, Research Assistant, University of York, Health Sciences, York, United Kingdom.

Abstract:

Background: A Cochrane review has suggested that supplementation with calcium and vitamin D is effective at preventing fractures. However, the only identified study that had sufficient power to detect a reduction in hip fracture rates was undertaken among nursing home residents in France. Whether women at high risk of fracture living in the community will comply with calcium and vitamin D, which could lead to a fracture reduction, is currently unknown.

Method: To address this issue we are undertaking a multi-centre, pragmatic randomised controlled trial of practice nurses giving anti-fracture advice and if appropriate, high dose calcium and vitamin D supplements to women at increased risk of hip fracture living in the community. 1 369 and 2 084 women were randomised to be given high dose calcium and vitamin D supplementation or act as controls respectively. We report interim results of compliance with therapy after 12 months of follow-up.

Results: On a database of 363 participants, adherence with the calcium and vitamin D supplement was 60 percent 12 months. Of those adhering, 57 percent were taking the recommended dose of 2 tablets per day, and 8 percent were taking 1 tablet per day. The remaining participants had no set daily intake. Treatment compliance was not associated with increasing risk of fracture.

Conclusions: Although 60 percent compliance is not exceptionally high, we have shown that by using a nurse led intervention the number of women at high risk of fracture taking calcium and vitamin D can be substantially increased. This level of adherence may lead to a fracture reduction.

Recommended reading:

Gillespie WJ, Henry DA, Robertson J (1996) Vitamin D and vitamin D analogues for preventing fractures associated with involutional and postmenopausal osteoporosis. *Cochrane database*.

Chapuy MC, Arlot ME, Duboeuf F et al (1992) Vitamin D3 and calcium to prevent hip fractures in elderly women. *N Engl J Med*, 327:1637-42.

6.10 Child health

6.10.2 An examination, from a cross-cultural perspective, of parents' needs while a child is hospitalised

Linda Shields, Professor of Nursing, University of Limerick, Department of Nursing & Midwifery, Limerick, Ireland. Co authors: Inger Hallstrom and Judith Hunter

Abstract:

We examine parents' and hospital staff's perceptions of needs of parents of hospitalised children in Australia, Sweden and England using quantitative methods, a validated questionnaire with a convenience sample of parents and staff (nurses, doctors and allied health) with 102 of each category in each country to give a power of 80%. Data collection occurred in a tertiary referral paediatric hospital in each country in 2000-2001.

Perceptions of needs as expressed by parents are compared with staff's perceptions of parents' needs in each hospital; then each group compared between countries. Outcomes include differences causing breakdown in communication between parents and staff. The 'Needs of Parents' (Kristjansdottir 1995) questionnaire was modified for staff use and non-parametric techniques used to examine differences in responses and cross-country comparisons. The English and Swedish data analysis is complete and the Australian data is under analysis. Swedish data showed that of 51 statements, up to 96% elicited different responses from parents and staff. By March 2004, analyses will be completed.

In the Swedish and English samples, parents were more independent than staff realised, or were less aware of the help they could access. Most differences between parents and staff occurred in psychosocial needs categories, while there was little difference in perceptions of physical needs. Paediatric care always involves parents (primary care-givers) of a hospitalised child. If staff and parents disagree about needs required for a parent to cope with a child's admission then the family suffers. Knowledge about differences can be used for planning to ensure needs are met.

Recommended reading:

Kristjansdottir, G. (1995) Perceived importance for needs expressed by parents of hospitalized two-to-six-year-olds. *Scandinavian Journal of Caring Sciences* 9: 95-103.

6.10.3 Parental perceptions of neonatal care

Jan Gavey, Neonatal Research Nurse. James Cook University Hospital, Neonatal Directorate, Middlesbrough, United Kingdom.

Abstract:

Traditionally, care on Neonatal Units has been driven by the powerbase of medical and nursing staff, with parents being instructed rather than consulted about involvement with their sick and preterm infants. Although units profess to offer Family Centered Care, little data exists on whether parents become true partners in this arrangement. An assumption that parents are happy because their baby survives this, often critical period and is discharged home

'intact', is too simplistic an indicator of successful, collaborative partnerships.

Literature readily describes parents' feelings following neonatal admission and includes shock, anger, isolation and bewilderment, yet solutions to resolve these are sparse. This on-going qualitative study utilizes semi-structured interviews to explore parental experiences, 4-6 weeks post discharge from one, level three, intensive care unit in the North East of England. A total of 20 sets of parents were enrolled over a 9-month period, of which 17 went on to be interviewed. Only parents whose infants had required some intensive care treatment were recruited. Burnard's (1991) thematic analysis will be used to analyse the interview data. This presentation will consist of preliminary findings which will aim to generate new knowledge on areas of good family centred practices, whilst highlighting those areas where improvements in care could be made within this particular unit. It is envisaged that whilst not being specific to other geographical locations, evidence obtained may inform future studies with similar themes, where parents are thrust into extremely stressful situations and rely on nursing and medical staff for support and advice.

Parent's real involvement in the day to day care of their infant may be a daunting prospect, but it is a challenge which neonatal staff, especially nurses, must recognise if they are to be true advocates of family centred care and to move neonatal nursing forward in terms of clinical practices.

Recommended reading:

Smith L. (1999) Family-centred decision making: A model for parent participation. *Journal of Neonatal Nursing* 5 (6) pp31-33

Harrison H. (1993) The principles for Family Centered Neonatal Care. *Pediatrics*. Vol 92. No.5 pp643-6509

Department of Health and Social Security (1999) *Fit for the future: New approaches*. Belfast

15:30 – 17:00

Concurrent session 7

7.1 Methodology

7.1.1 The reliability of pressure ulcer classification

Jane Nixon, Deputy Head, CTRU, University of Leeds, Northern and Yorkshire Clinical Trials and Research Unit, Leeds, United Kingdom. Co authors: Helen Thorpe and Nicky Cullum

Abstract:

Introduction: The NHS Health Technology Assessment Programme has funded a multi-centre, randomised controlled trial to assess the clinical and cost effectiveness of alternating pressure mattress overlays compared to alternating pressure mattress replacements - the PRESSURE Trial. A design problem in this trial is the inability to blind the treatment allocations. To minimise the potential for bias qualified ward nurses record daily skin assessments and dedicated Clinical Research Nurses (CRNs) undertake assessments twice weekly in order to validate ward records.

In order to assess the reliability of the primary and secondary endpoints for the PRESSURE Trial a pre-study inter-rater reliability study was undertaken. The study examined the agreement for both the presence/absence of a pressure ulcer and grade of damage, between:

- the Clinical Research Nurse (CRN) team leader and CRNs working across 6 different hospital sites.
- CRNs and qualified ward based qualified nursing staff

Methods: Training was provided to the CRNs and qualified ward staff involved in skin assessment using the skin classification scale. Paired assessments were undertaken during planned ward visits on the research wards including elderly, orthopaedic and vascular in-patients. Skin inspection was performed simultaneously by both assessors, but recorded separately.

Results: 378 paired assessments were undertaken and the percent agreement and Kappa statistic were determined. There was very good agreement between the CRN team leader and CRNs, but the levels of disagreement between CRNs and ward staff raise important issues in relation to:

- the limitations of summary measures for inter-rater agreement
- problems associated with the diagnosis of early pressure ulcers (both Grade 1 and Grade 2) which impact upon trial design
- monitoring clinical performance and; professional accountability.

Summary: The presentation will provide an overview of the study, detailed results and a discussion of the important methodological and professional issues raised.

7.1.2 An examination of the methodology of constructing outcome measures for nursing interventions

Simon Palfreyman, Research Nurse, Sheffield Teaching Hospitals NHS Trust, Northern General Hospital, Sheffield, United Kingdom. Co authors: John Brazier and Jonathan Michaels

Abstract:

A recent Audit Commission report has pointed out the difficulty of relating levels of nurse staffing to improved patient outcomes (Audit Commission 2001). Part of the reason for this is the lack of appropriately validated tools that can be used by nurses to measure the benefits of nursing interventions. Further complexity is added by the difficulty in identifying specific improvement in outcomes that can be attributed to nursing interventions.

One area where, at first glance, measuring outcome should be relatively easy is venous leg ulcer services. A number of measures have been used in the past. These include generic measures, such as the SF-36 and the Nottingham Health Profile, and disease-specific measures such as the Charring Cross venous leg ulcer questionnaire (Smith et al. 2000), Freiburger Lebensqualitäts assessment questionnaire (FLQA) (Augustin et al. 1997). However, there are problems in terms of these existing measures sensitivity and validity.

This paper explores the methodological process of undertaking a study to develop and validate a disease-specific outcome measure for a nursing intervention with vascular services. The stages from identifying and weighting attributes, to validation of the final instrument will be presented.

Particular attention will be paid to conjoint analysis - a method of identifying and calculating the relative weights of the items within the tool. Conjoint analysis was originally developed in marketing but has been increasingly used in health economics. It can be used to deconstruct a service or intervention into its constituent attributes and allows the consideration of trade-offs between them. It is the patient that determines the weighting of the items, rather than the service providers, as has been common with the development of existing measures.

The paper will allow the exploration of the methodology and practicality of developing a tool to measure outcomes for nursing interventions.

Recommended reading:

Audit Commission 2001, *Ward Staffing*, Audit Commission, London.

Augustin, M., Dieterle, W., Zschocke, I., & et al 1997, "Development and validation of a disease-specific questionnaire on the quality of life of patients with chronic venous insufficiency.", *Journal of Vascular Disease*, vol. 26, pp. 291-301.

Smith, J. J., Guest, M. G., Greenhalgh, R. M., & Davies, A. H. 2000, "Measuring the quality of life in patients with venous ulcers.", *Journal of Vascular Surgery*, vol. 31, pp. 642-49.

7.2 Patient's views

7.2.1 Patient empowerment within a coronary care unit

David Lewin, Principal Lecturer Head of Research and Quality, Homerton College, School of Health Studies, Cambridge, United Kingdom.

Abstract:

The main aims of the study were to contribute to an improved understanding of patient empowerment within the NHS and to identify ways, with respect to coronary care patients' perceptions of their care, in which clinical evidence and information to empower patients might best be enhanced. The research was undertaken in partnership between academics in a School of Health Studies and coronary care nursing staff and patient representatives in one NHS Hospital Trust working towards the accreditation of their workplace as a Practice development Unit.

An analytic survey design was employed, using self-completion postal questionnaires to patients designed to elicit their views, aspirations and recollections about their stay on a coronary care unit in a District Hospital.

Following approval by the Local Research Ethics Committee, a random sample of 142 patients admitted consecutively to the coronary care unit formally consented to participate in the study of whom a total of 103 returned questionnaires, giving a response rate of 72.5%.

The presentation will include discussion of the concept of patient empowerment, analysis of the differences between the received NHS wisdom and rhetoric of patient empowerment and the reality of the patient experience. Both quantitative and qualitative findings will be presented giving insights to health care professionals about key elements of clinical practice and some possible strategies for strengthening patient choice. While the patient empowerment theorists emphasise the importance of two-way communication between professional and patient and the empirical data show that this happens very substantially in practice, the presentation will argue that the challenge still remains for a well informed patient population, well satisfied with their care and a group of committed health professionals to make the principles of patient empowerment a reality.

Recommended reading:

Fitzpatrick R (1993) Scope and measurement of patient satisfaction. In *Measurement of Patients' satisfaction with their Care* (Ed. Fitzpatrick R and Hopkins A) pp.7-11. Royal College of Physicians Publications, London

Gilbert T (1995) Nursing: empowerment and the problem of power. *Journal of Advanced Nursing* 21: pp85-871

Tones K (1986) Health education and the ideology of health promotion: a review of alternative approaches. *Health Education Research* 1 (1) pp. 3-12.

7.2.2 Patients' perspectives on statin therapy for treatment of hypercholesterolaemia: A qualitative study

Elizabeth Tolmie, Research Assistant, University of Glasgow, School of Nursing, Glasgow, United Kingdom. Co author: Grace M Lindsay

Abstract:

Background: Health Care Practitioners' attempts to implement secondary prevention targets for coronary heart disease (CHD) may be restricted by low rates of persistence with statin therapy. There is a need to understand why some patients, despite having established CHD and elevated cholesterol, do not comply with their prescribed statin regimen.

Aim: To explore patients' perspectives on compliance with statin therapy.

Setting: Primary care, West of Scotland.

Methods: The research approach was qualitative. Thirty-three patients prescribed statin therapy and identified as having different patterns of compliance (poor moderate and good) were interviewed on a one to one basis. Patients prescribed statin therapy for less than three months were excluded. Data were analysed thematically with the assistance of QSR Nudist.

Findings: Compliance with statin therapy appeared to be associated with patients' personal beliefs about current health status, cholesterol, and recommended cholesterol-lowering strategies. In addition, inadequate information, lack of feedback, and 'misreading of information' during patient-health care practitioner (HCP) consultations appeared to be associated with patients' perceptions of the risks associated with hyperlipidaemia and the need for continued drug therapy.

Conclusions: Patients' beliefs and understanding about cholesterol, and the role of cholesterol modifying strategies should be determined prior to the initiation of therapy and at appropriate intervals thereafter.

Recommended reading:

Benner JS, Glynn RJ, Mogun H, Neumann PJ, Weinstein MC. (2002) Long-term persistence in use of statin therapy in elderly patients *JAMA* 288, pp. 455-461.

Barry CA. (2000) Patients' unvoiced agendas in general practice consultations; a qualitative study *BMJ* 320, pp1246-1250.

Scottish Intercollegiate Guideline Network (2000) Secondary prevention of coronary heart disease following myocardial infarction. SIGN publication; No. 41, Edinburgh.

7.2.3 An exploration of the experiences and perceived needs of partners of heart failure sufferers over a 6 month period from hospital discharge

Evelyn Watson, Post-Graduate Research Student., Dundee University, School of Nursing and Midwifery, Dundee, United Kingdom. Co authors: Rose Barbour and Charles Hendry

Abstract:

This paper will focus on the exploration of partner's accounts of their experiences and perceived needs over a 6-month period, integrating gender related issues of being a partner caring for a HF sufferer.

Heart failure (HF) is a growing global health problem characterised by impaired quality of life, high mortality within 6 months following hospitalisation and numerous hospital admissions (Stewart et al 1989). The chronic nature of this condition alongside current trends to reduce hospital stay and a move to care in the community has resulted in greater responsibility being placed upon partners and family members. They are expected to assist HF sufferers to comply and adhere to prescribed medication and adopt lifestyle changes (Stromberg et al 1999), but are not always specifically targeted for involvement within education and support programmes (Dracup et al 1994).

Within the existing literature relating to other chronic illnesses e.g. stroke and dementia, caregiving has been identified as a largely negative experience with detrimental psychological and physical consequences for the carer with associated socio-economic effects. There is a paucity of research specifically examining the experiences of partners of HF sufferers and identification of their perceived needs during the trajectory of this chronic illness.

Purposive sampling was implemented to obtain a diverse socio-economic representation of the population. The use of semi-structured interviews allowed partners' experiences and needs to be explored. The computer package N-Vivo was utilised to provide in-depth analysis in an attempt to identify emergent themes from these interviews.

The exploratory information from this piece of research will contribute to the limited existing literature focussing on this specific population as well as complementing the larger caregiving knowledge base of other chronic illnesses. The research findings can be integrated into future development of services targeted at this population.

Recommended reading:

Dracup K, Baker D W, Dunbar S B, Dacey R A, Brooks N H, Johnsson J C. 1994. Management of heart failure. Counselling, education and lifestyle modifications. *J Am Med Association*; 272:1442-1446.

Stewart A L, Greenfield S, Hays R D. 1989. Functional status and well being of patients with chronic conditions. *JAMA*; 1989: 262:907-13.

Stromberg A, Brostrom A, Dahlstrom U, Fridlund B. 1999. Factors influencing patients' compliance with therapeutic regimens in chronic heart failure: a critical incident technique. *Heart and Lung*; 1999: 28:334-341.

7.3 Research governance

7.3.1 The effect of NHS research governance on undergraduate nurse research at an NHS Trust

Phillip Smith, Research and Development Coordinator, Mid Essex Hospital Services NHS Trust, R&D, Chelmsford, United Kingdom. Co authors: Sandip Pal and Sally Gooch

Abstract:

This contribution describes the effect of research governance on research carried out by undergraduate nurses and suggests practical ways in which quality-assurance can be maintained without a drastic reduction in research.

Research Governance (Department of Health, 2001) has been introduced to ensure that all R&D within NHS organisations complies with legal, ethical and scientific standards. This means that an undergraduate research project which takes place in an NHS Trust has to be subject to three reviews a) the educational organisation b) research ethics committee (COREC, 2001) and c) the NHS Trust. This requirement produces a challenge to those providing education and training to nurses because the time requirements do not easily fit into the academic year.

The experience at our NHS Trust has been that the number of research projects completed by nurses has decreased by about 90% since the introduction of Research Governance. Research projects have tended to be replaced by literature reviews. Such a reduction in small-scale research has decreased the potential to examine a wide range of local issues and reduced the proportion of newly-qualified nurses with practical experience of research.

The main barrier to undergraduate research seems to be the time-scale for approval. From a review of applications for Trust approval, this appears to arise from a poor understanding of legal obligations, practical ethical measures and NHS guidance.

There are a number of possible ways to increase the number of nurses that undertake research at an undergraduate level. These would comprise a) lengthening the period during which the research is to take place b) provide appropriate training to academic supervisors as well as student c) obtain clear guidance from NHS research ethics committees on acceptable projects and d) ensure good links are made between NHS Trusts and academic organisations.

Recommended reading:

Department of Health. (2001) Research Governance Framework for Health and Social Care. Department of Health Publications.

COREC. (2001). Governance arrangements for Research Ethics Committees. <http://www.doh.gov.uk/research/documents/gafrec.doc>

7.3.2 Research governance and postgraduate nurse education: The tensions and some solutions

Sue Peckover, Lecturer, University of Sheffield, Community, Ageing, Rehabilitation, Education and Research, Sheffield, United Kingdom. Co author: Lorraine Ellis

Abstract:

The introduction of the Framework for Research Governance in Health and Social Care (Department of Health 2001) has changed the landscape for all researchers undertaking studies within NHS settings with patients, clients or staff groups. **Design:**ed to promote and ensure adequate standards for research in health and social care, the Research Governance framework has introduced a number of bureaucratic processes. Whilst these have proved challenging for even the most experienced researchers, they have posed particular difficulties for students undertaking small scale research projects as part of a learning process and course requirement.

This paper focuses specifically upon the issues arising when supervising students undertaking nursing research at postgraduate or Masters level. It will explore the tensions between addressing the educational aspects of supervising novice researchers, whilst also ensuring that the research meets the requirements of the local structures established as a result of the Research Governance Framework. Meeting the requirements of these two related but very different agendas has practical, educational, and methodological implications for students and their supervisors (Ellis and Peckover 2003).

These issues will be discussed in this paper, which will conclude by suggesting a model of closer collaboration between education and practice (Ellis 2001) to ensure that postgraduate nursing students are undertaking clinically relevant and scientifically sound research projects, whilst also ensuring they develop positive and enjoyable experiences of research.

This paper will be of interest to those responsible for programmes of continuing professional education that contain an assessed empirical component; supervisors' of postgraduate students undertaking empirical research as part of a programme of study; and, those enrolled or about to enrol on a programme of postgraduate research.

Recommended reading:

Department of Health (2001) Framework for Research Governance in Health and Social Care. London, Department of Health.:

Ellis L.B, Peckover S. (2003) Research Governance and Postgraduate Nurse Education: the tensions and some solutions. *Nurse Researcher*. Vol.11. No.1 pp.32-45

Ellis L.B. (2001) Continuing Professional Education for Nurses: An Illuminative Case Study. Unpublished PhD thesis. Faculty of Medicine, University of Sheffield

7.3.3 Developing a unified approach to the furtherance of nursing research. Clinical and academic perspectives on how to develop and enhance the nursing research agenda

Annette Jinks, Professor of Nursing, Staffordshire University, Centre for Health Policy and Practice, Stafford, United Kingdom. Co author: Helen Green

Abstract:

The subject of this abstract is identification of clinical and academic perspectives on how to develop and enhance nursing research. Many authors give models that may be deployed to integrate research, development and practice. For example, Kitson et al (1996) describe a framework used to integrate research development and practice and identifies that a variety of partnership arrangements are needed in order to achieve goals of integrating research into practice. However, other authors identify barriers that exist when developing such partnership arrangements. For example, Lindsay (1999) describes the cultural divide seen to exist between researchers, practitioners and educators. Upton (1999) relates that some practitioners see research as esoteric and irrelevant to everyday practice and there are many practical difficulties in accessing research literature, due pressure of work and perceived lack of support from colleagues. In the present initiative examination of the Trust's and University's nursing research strategy was undertaken as it was thought that similar goals and aspirations could provide the basis for future collaborations. A number of shared themes were found. These related to development of a nursing research infrastructure and resource issues. Differences in emphasis, however, related to patient-orientated research priorities, differing staff development needs and funding issues. There were also different influences related to the operationalisation of the two research strategies. For example, an important influence from the Trust's perspective was the Trust's research agenda - as dominated by medical research priorities, made the nursing research strategy more difficult to implement. From the University's perspective getting research into practice was seen as philosophically important but obtaining funding for research was of even more importance. It is thought this initial exploration of nursing research priorities from an academic and clinical perspective was important in order to develop a unified approach to the development and furtherance of nursing research.

Recommended reading:

Kitson A, Ahmed LB, Harvey G, Seers K, Thompson DR (1996) From research to practice: one organisational model for promoting research-based practice *Journal of Advanced Nursing*, 23 (3) 430-440

Lindsay S (1999) Theory;Practice Divide. *Journal of Clinical Nursing*, 3, (10) 344-366

Upton D (1999) Barriers to utilise of research in practice. *Journal of Advanced Nursing* 20, (6) 1178-1192

7.4 Employment

7.4.1 Comparing careers of qualifiers from three-year degree and diploma programmes

Sarah Robinson, Senior Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom. Co author: Trevor Murrells

Abstract:

This project compared careers of qualifiers from three-year degree and diploma courses and was undertaken in the context of debates about the future shape of pre-registration nurse education (Royal College of Nursing 1995) and government policies on widening participation in nurse education, developing and extending nursing roles, and improving staff satisfaction and retention (Department of Health 1999).

A longitudinal cohort of adult branch diplomates was compared with four cross-sectional graduate cohorts in relation to: diversity; career plans; careers followed; continuing professional development; satisfaction with quality of working life, and retention. The diplomate cohort comprised a nationally representative multi-stage sample (n=2109). Data were obtained by postal questionnaire at qualification (1596), six months (1339), 18 months (1117) and three years later (900). Four cross-sectional cohorts of graduates, each a census, were recruited to match these four time-points and sent questionnaires comparable to those for diplomates: qualification (99); six months (111), 18 months (53) and three years (57).

Analyses focused on comparisons at each time-point and took account of comparing longitudinal with cross-sectional data and size of graduate cohorts. Diplomates were a more heterogeneous group than graduates. The two groups differed little in employment history and continuing professional development profiles during the first three years after qualification. There were differences in aspirations, job satisfaction and plans, with graduates being more ambitious than diplomates, having lower levels of job satisfaction at three years after qualification, and being less likely to signal intentions to remain in nursing.

The findings are discussed in relation to increasing the proportion of three-year degree qualifiers in the nursing workforce and draw on person-environment-fit theory (Holland 1959) in considering how adjustments might be made to career structures and opportunities offered by the NHS on the one hand and to nurses' aspirations on the other

Recommended reading:

Department of Health (1999) Making a Difference: strengthening the nursing, midwifery and health visiting contribution to healthcare. Department of Health, London

Holland JL (1959) A theory of vocational choice. *Journal of Counseling Psychology* 6:35-45

Royal College of Nursing (1995) A principled approach to nurse education. Royal College of Nursing, London

7.4.2 Factors influencing nursing students' choices of first destination employment

David Brodie, Professor, BCUC, Research Centre for Health Studies, Chalfont St Giles, United Kingdom. Co authors: Justin Andrews and Gavin Andrews

Abstract:

The purpose of this study was to examine the factors contributing to the location career choices of nurses. A questionnaire survey of 593 current nursing students and 58 recently qualified nurses, combined with seven focus groups and 30 telephone interviews, provided both qualitative and quantitative data. The research was conducted at two Universities in north-west London.

The data analysis made it possible to identify the most prominent themes and factors to exert an influence on choice of locality. From the ranking of 'important factors' it was observed that the most significant ones in student decision making are modifiable institutional factors such as feeling valued, quality of patient care, educational and career opportunities and team morale. These findings reinforce the importance of positive placement experiences and equity in student treatment. The important unmodifiable factors, which relate specifically to locality, include cost of living, location of long-term residence and accessibility to rural green areas. The provision of quality patient care emerged as a central theme throughout the investigation. Overall 89 percent of students, who indicated a preference for first destination locality, specified that they intended to seek employment within the local region once they qualify. The location of the trust being close to long-term residence was ranked as one of the less important factors in student first destination decisions. Secondary factors in decision-making include: ease of travel, adequate car parking, perceived safety, environmental conditions and entertainment. Career progression and professional integration were both key factors associated with job satisfaction. This work contributes to the development of knowledge and practice within nursing by providing recommendations for both educational institutions and NHS trusts to improve recruitment and retention.

7.4.3 An investigation of newly qualified staff nurses' perceptions of their own skills at three and six months qualified

Margaret McCunnis, Lecturer, University of Paisley, School of Nursing, Midwifery and Health, Ayr, United Kingdom. Co authors: Eileen Cunningham and Jean Fletcher

Abstract:

Following implementation of new diploma courses in 1992, several studies sought to provide information on the skills of newly qualified nurses (Gray 1998, Runciman et al 1998 and Runciman et al 2000). These, and other studies, specifically indicate that nurses manifest deficits in skills expected of newly qualified practitioners. Although Gray's (1998) and Runciman et al's (2000) primarily qualitative studies sought the views of some diplomates, the

views reported were largely those of preceptors and employers.

The quantitative study reported here sought to develop information obtained in these previous studies by seeking the views of newly qualified nurses on their own skills. Information was gathered in four specific categories: management of care, interpersonal skills, teaching and learning and direct care giving skills.

A quantitative approach was adopted using a likert scale postal questionnaire. The questionnaire was piloted. The sample consisted of all newly qualified nurses from two different cohorts. Group A, 6 months qualified (n=93) and Group B 3 months qualified (n=87).

Ethics approval was granted by the University of Paisley's Ethics Committee. Data were analysed using Minitab and descriptive statistics produced. Examples of the tests applied included two sample t-tests, chi square analysis, one way ANOVA and Kruskal-Wallis tests.

Results showed there was very little difference in confidence levels between the two groups. Both groups were less confident in management of care than in any other category. Surprisingly, given the Nursing and Midwifery Council's recommendations on mentorship, in each of the four categories there is little or no evidence that mentoring has any impact on the level of confidence of newly qualified nurses. This study will contribute to, and develop, the debate regarding skills acquisition and the role of mentorship for newly qualified nurses.

Recommended reading:

Gray M. 1998 A longitudinal investigation into the first year experiences of being a staff nurse: The transition from diplomate to staff nurse, Final Report, Edinburgh, Napier University Faculty of Health Studies.

Runciman P. Dewar B. Goulbourne A. 1998 Project 2000 in Scotland, Employers' needs and the skills of newly qualified Project 2000 staff nurses, Final Report Edinburgh, Queen Margaret College.

Runciman P. Dewar B. Goulbourne A, Knani K. 2000 The work of newly qualified staff nurses. Perceptions of core skills, Full Report, Edinburgh, Queen Margaret University College.

7.5 Cancer

7.5.1 An exploration of the meaning of weight loss for people with advanced cancer

Jane Hopkinson, Senior Research Fellow, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom. Co author: Jessica Corner

Abstract:

Background: The prevalence of weight loss in people with advanced cancer is reported to be between 39-81%. Yet the extent to which the symptom is considered problematic by patients and their carers, is unknown.

Aim: To report meanings of weight loss for people with advanced cancer and their lay carers.

Methods: The paper is based on an exploratory study of the manifestations, management and meaning of weight loss and eating difficulties in

people with advanced cancer. A sample of 274 people, under the care of two community palliative care teams, were screened for self-reported weight loss, of whom thirty were selected using theoretically sampling techniques and interviewed. Their lay carer and community Palliative Clinical Nurse Specialist (PCNS) were also interviewed. One purpose of the semi-structured interviews and their analysis was to explore the significance of weight loss for the people studied.

Findings: Eighty percent of the people screened reported weight loss, but only half considered it to be of concern. The interview data supported the finding that only some people with advanced cancer consider weight loss to be problematic. Weight loss could be seen in a positive light by those previously overweight, or its extent and likely irreversibility denied. The participants PCNS's believed weight loss of greater concern to lay carers. Indeed, lay carers were found to use weight loss as a measure of disease progression and prognosis. They felt an instinctive need to encourage eating, typically believing that weight loss might be arrested by increased food intake. Lay carer understanding of and response to weight loss had a significant impact on the quality of life of the cancer patients.

Conclusion: This study provides evidence that PCNS's may promote the quality of life of cancer patients by working with their lay carers on issues relating to weight loss.

Recommended reading:

1. Poole K. and Froggatt K. (2002) Loss of weight and loss of appetite in advanced cancer: a problem for the patient, the carer, or the health professional? *Palliative Medicine* 16: 499-506

7.5.3 'It's a wonderful place' Understanding how a hospice day care unit can help people with advanced cancer

Jane Hopkinson, Senior Research Fellow, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom.

Abstract:

Background: Hospice day care is assumed to help people with advanced cancer. Yet, there is little evidence-based literature looking at outcomes of hospice day care services (Spencer and Daniels, 1998; Lee 2002).

Aim: This study aims to develop an understanding of how hospice day care services can be supportive from the perspective of people with advanced cancer.

Methods: This paper is based on an exploratory study underpinned by phenomenological philosophy. In-depth interviews were conducted with 12 people with advanced cancer attending a hospice day care unit in 1996. The interview transcripts were interpreted using an approach informed by Paterson and Zderad's Humanistic Nursing Theory (1976). The focus of the interpretation was on what was important about the day care service from a user-perspective.

Findings: This paper presents the commonalities found to underlie the study participants' perceptions of their day care experiences. The twelve participants all knew that they were terminally ill. Yet they were found to be living with cancer in different ways.

Day care either helped them to adapt to life with cancer, by assisting in the development of goal directed activities, or, it helped them to tolerate life with cancer by supporting their decision to make to most their situation by using distractions to minimise thoughts of cancer and its consequences. The service offered was highly valued by the users because it responded to individual understandings of health and well-being, by giving people time and making them feel that their concerns matter. In this way, it was flexible enough to support different ways of living with cancer.

Conclusion: The hidden strength of the day care service studied, was in its ability to provide flexible care that enabled people with advanced cancer to manage their illness using their own preferred style.

Recommended reading:

Spencer D.J. and Daniels L.E. (1998) Day hospice care - a review of the literature. *Palliative Medicine* 12(4) 219-229

Lee L. (2002) Interprofessional working in hospice day care and the patients' experience of the service. *International Journal of Palliative Nursing*. 8(8) p389-400

7.6 Stroke

7.6.1 An action research approach to continence risk assessment and management in stroke patients

Denise Shanahan, Stroke Care Coordinator, Bro Morgannwg NHS Trust, Integrated Medicine, Bridgend, United Kingdom. Co author: Belinda Smith

Abstract:

Studies have found that between 32 and 79% of stroke patients has some degree of urinary incontinence with the incidence of faecal incontinence ranging from 30 - 44%. Post stroke incontinence is also associated with poor outcomes and high rates of mortality and disability and the detrimental effect that incontinence has on the individuals' quality of life is evident.

The nursing assessment of clinical risk is a key component of clinical governance. Early identification of risk factors can encourage nurses to anticipate problems arising and intervene with preventative strategies. Best practice guidelines for continence and stroke care suggest that an initial assessment is undertaken and a care plan agreed, which must also inform discharge planning. Care pathways and protocols for urinary and faecal incontinence and constipation are strongly advocated.

The success of risk assessment as an approach to nursing care has been clearly demonstrated in the prevention and treatment of pressure damage. The development of risk assessment tools relating to continence problems has been limited to constipation and postnatal urinary leakage. There is no published evidence to suggest that a continence risk assessment 'toolkit' has yet been developed and evaluated in nursing practice.

The aim of this nurse-led study is to develop and evaluate the use of a continence risk assessment tool with accompanying care protocols, for patients presenting with stroke. This study is being undertaken within the conceptual framework of evidence-based practice using action research methods.

A baseline retrospective audit has revealed that in over 80% of the case notes, continence care is not meeting required standards. Early analysis of structured questionnaires and a semi-structured group interview has uncovered a positive attitude to change with the staff identifying the need to move towards a more preventative role.

The findings and conclusions of this study will be available Spring 2004.

Recommended reading:

WAG (2003) Fundamentals of care. Welsh Assembly Government, Cardiff, Wales,

DoH (2000) Good practice in continence services. Department of Health, London, UK.

Intercollegiate Working Party for Stroke (2002) National Clinical Guidelines for Stroke. Royal College of Physicians, London, UK.

7.6.2 Informal carers' experience of learning to care for stroke survivors

Lorraine Smith, Professor of Nursing, University of Glasgow, School of Nursing, Glasgow, United Kingdom. Co authors: Maggie Lawrence, SM Kerr, P Langhorne and KR Lees

Abstract:

Background: Stroke is the third most common cause of death in industrialised countries and a major cause of adult disability. However the burden of caring for stroke survivors usually rests with family members who have neither chosen nor volunteered for the role of 'carer'.

Aims: To describe the experience of caring for a stroke survivor at one year post stroke.

Study Design: Semi-structured, taped interviews were conducted with 90 carers of stroke survivors one year post-stroke and the data analysed using NUD.IST. The interviews were part of a larger study, which included the administration of a range of valid and reliable multidimensional instruments to both carers and stroke survivors. The interview prompt schedule had been developed and tested in a previous study.

Findings: Although a medical emergency, stroke was not always diagnosed or treated as such by either the public or General Practitioners. Initially most carers found they lacked the knowledge and skills to care for the stroke survivor at home and so they had to learn how to obtain the information and assistance required. Carers had to adapt to the changes that stroke effected in the stroke survivor and seek alternative ways of securing the resources they needed for managing their lives. Carers thought they had not been prepared adequately for the caring role or assessed satisfactorily in terms of whether they could manage given their skill level, age and/or health status.

Conclusions: A public health campaign to educate and inform that stroke is a medical emergency is required if stroke disability is to be minimised. The use of new technologies should be considered in facilitating carers' learning how to care. There is a need to test alternative models of stroke follow-up in multi-centre studies that are holistic and place the carer-stroke survivor at the centre of care.

Recommended reading:

The Intercollegiate Working Party for Stroke (2000) National Clinical Guidelines for Stroke. Royal College of Physicians, London.

Kerr S. M. & Smith L. N. (2001) Stroke: an exploration of the experience of informal caregiving. *Clinical Rehabilitation* 15, 428-36.

7.6.3 A stroke at the age of thirty-nine? The experience of having a stroke at a younger age

Ursula Immenschuh, Lecturer, PhD Student, University of Edinburgh, Medical Physics Department, Edinburgh, United Kingdom.

Abstract:

Problem statement: Stroke has been recognised as one of the major illnesses leading to disability and death in Europe and world-wide. However, since 15% (Teasell et al., 2000) of all people in rehabilitation suffering a stroke are under 55 years old, the importance of stroke for younger people has been, and is still underestimated. The aim of this qualitative study is to investigate the experience of having a stroke and to draw conclusions for nursing care for this specific group of patients.

Methods: An interview guide for semi-structured interviews was developed from a focus group meeting. Eleven people younger than 55 years were interviewed three times during the first year after their strokes. This data, field notes and a reflective diary were analysed using an interpretative approach involving the steps description- analysis- interpretation (Wolcott, 1994). The study is underpinned by Gadamer's hermeneutic philosophy.

Results: The study findings suggest that a stroke can be seen as a disruption of two main areas: lifetime and normality. It leads individuals to become conscious of the unpredictability of life, of their vulnerability and mortality. This changes their values, view on relationships and perspectives on future lifetime. Socially, suffering from an old person's disease at an unusual age violates norms of being young and healthy and can lead to stigma. The work environment provides a place of particular importance to appraise the post-stroke self and abilities and to define the post-stroke self and identity.

Conclusions: As simple as it sounds, accounts suggest that it is most helpful if people are treated as normal and as the younger people they see themselves and not as people who have had a stroke. Nursing can best assist people to deal with the stroke (Anderson, 1992) and care clearly influences the people's self-perception and attitude towards their illness.

Recommended reading:

Anderson, R. (1992) *The Aftermath of Stroke*, Cambridge University Press, Cambridge, New York.

Teasell, R. W., McRae, M. P. and Finestone, H. M. (2000) Social issues in the Rehabilitation of Younger Stroke Patients, *Arch Phys Med Rehabil*, 81, 205-209.

Wolcott, H. F. (1994) *Transforming qualitative data-description, analysis and interpretation*, Sage, Thousand Oaks California, London.

7.7 Education

7.7.1 A process evaluation of the work of a practice education team in one acute hospital NHS trust

Maggie Mallik, Associate Director of Nursing - Clinical Education & AHPE, IHCS, Bournemouth University, Salisbury District Hospital, Nursing Directorate, Salisbury, United Kingdom. Co author: Jane Hunt

Abstract:

The key to successful practice based learning is that health care learners are provided with a 'scaffolding' of structured support (Quality Assurance Agency, 2001). New models for practice learning support are being developed in the UK with the premise that the Practice Educator (PE) role should make a significant contribution (ENB & DoH 2001). In 2002, The Bournemouth Model of Collaborative Development established teams of PEs, led by a senior manager, in their partnership NHS Trusts. This paper presents findings from a process evaluation study commissioned one year after the establishment of the model in one acute hospital NHS Trust.

Data were collected in two stages from three stakeholder groups: students, mentors and managers. A first quantitative stage comprised questionnaires distributed to students (n=13) and mentors (n=77). The second phase comprised semi-structured telephone interviews with managers (n=18) of varying grades and experiences of working with PEs. The purposive sample included all Directorate Senior Nurses (DSNs) (N=4), the Acting Director of Nursing Services and a sample of Clinical Managers (CMs) (n=13). Data were transcribed, coded and a thematic framework for qualitative methodologies devised (Miles & Huberman 1993).

Survey findings, though not statistically conclusive, suggested that PEs: support students to meet their learning needs; up-date mentors; and give specific help with the needs of poorly performing students. Key themes from the interviews include: being a successful P; a link with the university; plugging a hole; the burden of students; the plight of students; visibility and presence of practice educators; student attrition; and the future of PE roles. Findings from both stages suggest that although stakeholders are generally positive about the role, there are issues in managing the expectations of stakeholders and in the quality of the implementation of the role.

Recommended reading:

English National Board & Department of Health (2001) *Preparation of Mentors and Teachers: A new framework of guidance*. London, ENB&DoH

Miles MB, Huberman AM (1993) *Qualitative Data Analysis (2nd Edition)*. London, Sage.

Quality Assurance Agency for Higher Education (2001) *Code of Practice for the Assurance of Academic Quality and Standards in H.E.: Placement Learning*.

7.7.2 Does immediate life support training influence nurses' skill deployment during cardiac arrest

Mary Murphy, Resuscitation Officer, Belfast City Hospital Trust, Cardiology, Belfast, United Kingdom. Co author: Donna Fitzsimons

Abstract:

Introduction: Early defibrillation is the main determinant of survival in cardiac arrest. Recently the Resuscitation Council have piloted the development of the Immediate Life Support (ILS) Course in this large teaching hospital. ILS aims to expedite resuscitation by training hospital staff to defibrillate the patient and insert a laryngeal mask (LMA), before the crash team arrive (Resuscitation Council 2001).

Aim and Method: The aim of this study was to explore the relationship between ILS training and nurses' use of these skills in a cardiac arrest situation. Our first objective was to use a pre-test post-test design to compare the rate of skill deployment by appropriately trained nurses in two consecutive 12 month periods before and after the introduction of ILS training. Data were entered onto SPSS and analysed using standard parametric statistics. Secondly, we used qualitative interviews with a purposive sample of 12 ILS trained nurses who had subsequently attended a cardiac arrest, to explore the main factors associated with skill deployment. Interviews were taped, transcribed and analysed using Colaizzi's 1978 approach.

Results: In this two-year period 668 nurses received ILS training. Data from 352 cardiac arrests were analysed. After the implementation of ILS training 103 patients were defibrillated and 99 LMAs were inserted. No statistical difference ($p=0.05$) was found in the deployment of ILS skills by nurses before and after training.

Qualitative interviews generated four main themes:

- ILS training increases competence
- Skills are a 'stop-gap'
- Crash team take control
- Experience breeds confidence

Each theme will be described to develop an understanding of the complex range of factors influencing why nurses in this study tended not to use ILS skills in a subsequent arrest situation.

Conclusion: This study suggests that an ILS course alone may be insufficient to increase general nurses' use of ILS skills. We propose further research on this topic.

Recommended reading:

Colaizzi P (1978) Psychological research as the phenomenologist views it. In Valle RS, King M (Editors).

Resuscitation Council UK (2001) *Advanced Life Support Course provider manual*. 4th Edition

7.7.3 Exploring teaching and learning for safe moving and handling

Rosie Kneafsey, Lecturer, University of Salford, School of Nursing, Salford, United Kingdom.

Abstract:

Despite nurses' daily role in assisting patients with movement, 'moving and handling' activities continue to lead to musculo-skeletal injury in nurses (Hollingdale (1997)). While the high incidence of back pain and injury is attributed to many factors such as organisational failures and poor working environments, inadequacies in nurses' patient handling practices exist, with the 'drag lift' still common-place despite condemnation (Jones et al 1999). In this context, student nurses are vulnerable to injury, despite education for moving and handling provided within the University and practice setting.

Concerns both nationally and locally about educational provision to support safe moving and handling practice (Kneafsey et al 2003) led to a successful application for internal University research funds to undertake work in this area. In 2002, a study was begun to; evaluate assessors' confidence and self perceived competence to teach and assess student nurses in relation to safe moving and handling; evaluate students' perceptions of the relevance of moving and handling education; and suggest possible ways of improving education for safe moving and handling in collaboration with practice settings. Focus group discussions with ward based assessors were used to explore; approaches to teaching about moving and handling; difficulties assessing this practice component; preparation for role; and knowledge of University curriculum. Student perceptions were investigated using a questionnaire survey (n=300) alongside a series of focus group discussions. Quantitative data have been analysed using SPSS for windows and statistical methods where appropriate whilst qualitative data have been analysed thematically.

This presentation will provide an overview of the overall study and main findings relating to ward based nurse assessors. Whilst it is recognised that education alone will not improve nurses' moving and handling practices, attention will be drawn to the particular implications of the results for Higher Education Providers.

Recommended reading:

Hollingdale, R 1997 Back pain in nursing and associated factors. *Nursing Standard* 11(39)35-38

Jones, J.A., Cockroft, A. & Richardson, B. (1999) The ability of non-ergonomists in the health care setting to make manual handling risk assessments and implement changes. *Applied Ergonomics*, April, 30 (2) 159-166.

Kneafsey, R., Baker, C. & Robinson J. (2003) Ten years on from the 1992 'Manual handling operations regulations': a perspective from higher education, *Nurse Education in Practice*, 3, 1-2

7.8 Education

7.8.1 The evaluation of research-based teaching programme in infection control measures in Intensive Care Units in Egypt using Action Research

Hala Abdelrahman, PhD Student, Bradford University, Nursing Research, Bradford, United Kingdom. Co author: Uduak Archibong

Abstract:

Hospital-acquired infection or nosocomial infection NCI is common in intensive care units ICUs and remains a worldwide problem (Richards, Edwards, Culver, & Gaynes, 1999). In Egypt, nosocomial infections occur most frequently in the Intensive Care Unit (ICU) and remain a significant problem for the health care system. Unfortunately, estimates of the number of nosocomial infections related morbidity and mortality vary widely, because there is inappropriate reporting system, or analysis concerning the problem and Egypt has no universal programme or approach to control such infections (Raslan & Abdel Sabour, 1996). In Egypt, like other developing countries, infection control is constrained by various factors such as inadequate national policies, insufficient resources, less established infection control programme, limited practical guidelines on infection control, insufficient training leading to poor understanding of universal precautions, and improper sterilization procedures (Bodenschatz et al. 2001). Intensive care patient are seriously ill, and may need respiratory ventilators, arterial and venous lines, and surgery. Most infections are spread when nurses fail to perform proper hand hygiene and glove use when caring for clients in such high dependency environment.

The study sought to investigate the effectiveness of a research based teaching programme on ICU nurses' knowledge and practice and to what extent any improvements are sustained over time. Action research and experimental approaches were adopted to examine knowledge and practice before, immediately, and three months after the teaching programme. The collaborative process included partnership with clinicians to obtain views and suggestions on how ICU nurses would like knowledge and practice based on research recommendations in the appropriateness of hand hygiene and glove use to be introduced for the first time, in Egypt. A combination of observation and questionnaire were utilised for data collection. The findings show significant discrepancies between theory and practice.

The nurses who received the research-based teaching programme demonstrated a significantly higher level of knowledge and practice. These improvements were generally sustained 3 months later. Recommendations and implications for nursing practice are made.

Recommended reading:

Bodenschatz, Eloun, S, Talaat, M, Khan, A, Mohaney, FJ. (2001) APIC. 28th Annual Education conference and international meeting.

Rasslan, O & Abdel Sabour, M. (1996). Infection in intensive care in Egypt, problems and control. *Post graduate Doctor, Middle East*, 19 (4), 108-111.

Richards, M., Edwards, J., Culver, D., & Gaynes, R. (1999). Nosocomial infections in intensive care

units in the United States. *Critical Care Medicine*, 27, 887-892.

7.8.2 Evaluation of educationla preparation for cancer and palliative care nursing for children and adolescents

Tony Long, Senior Lecturer, University of Salford, Salford Centre for Nursing, Midwifery and Collaborative Research, Greater Manchester, United Kingdom. Co authors: Claire Hale and Linda Sanderson

Abstract:

The methods and results of a 2-year, funded, evaluative study will be presented. The first stage of the study applied documentary analysis to curriculum materials from 9 paediatric cancer nursing programmes and 3 paediatric palliative care nursing programmes in England. This was done to evaluate prescribed programme outcomes, to catalogue prescribed processes of assessment of clinical practice, and to identify intended opportunities for shared learning. The second stage used semi-structured interviews with clinical assessors and former students to ascertain the actual processes of clinical assessment together with the impact of shared learning as perceived by the former students. The final stage involved videotaped episodes of care and interviews with users of services and the nurses providing the services. Members of an expert panel reviewed edited video footage and extracts of interview transcripts to identify key features for inclusion in future programmes.

A number of gaps were identified in the current programme outcomes. There was little explicit, formal prescription for including the needs of adolescents in most programmes, and the emphasis in the programme documentation was clearly on hospital treatment rather than care at home or by the primary health care team. Anomalies were identified in expectations of what should be assessed in clinical practice, with considerable ambiguity about what was actually assessed. Shared learning was in fact governed largely by resourcing problems rather than by any perceived student benefit, and the perceived impact on students' clinical ability was reported not to be significant. The expert panel members expressed little difference in expectations between cancer and palliative care nursing, while there was great difficulty in expressing attributes of expert practice. Despite this essential skills, attributes and approaches were identified for consideration in future programmes of preparation.

Recommended reading:

European Oncology Nursing Society (1999) A core curriculum for a post-registration course in cancer nursing (2nd Ed). London: EONS.

7.8.3 Evaluation of an educational course to prepare family health nurses

Colin Macduff, Research Fellow, The Robert Gordon University, CeNPRaD, School of Nursing, Aberdeen, United Kingdom. Co author: Bernice West

Abstract:

In 1998 the World Health Organisation (WHO) Europe proposed a 'new type of nurse' called the Family Health Nurse (FHN). The envisaged role of

the FHN was multifaceted and included helping individuals, families and communities to cope with illness and to improve their health. The Scottish Executive Health Department saw this as a potential solution to some of the problems of providing health care in Scotland's remote and rural regions. Early in 2001 a 2 year 'pilot' project began. Three regions in northern Scotland were involved initially, with a fourth joining the project in 2002.

A Scottish University was commissioned to provide the educational programme. This 40 week degree level course was designed to be compatible with a curriculum suggested by WHO Europe, and with the UKCC (now NMC) framework for nursing specialist practice qualifications.

This paper will present a summary of findings from an independent research evaluation which studied 2 years of the educational course. The evaluation used mixed methods including systematic collection of evidence pertaining to comparative educational processes (eg. review of other relevant curricula), participant experiences (eg. interview and questionnaire data from students, supervisors and teachers), and performance (eg. observation of teaching and assessment; review of course work).

Within Europe, Scotland has been the first country to enact the new Family Health Nurse concept. As such this evaluation represents the first systematic study of educational preparation for this new role. Accordingly discussion of findings will include consideration of possible implications for the education of community nurses within the UK and beyond.

Recommended reading:

World Health Organisation (1998) EUR/ICP/DLVR040101 The WHO framework for development of general practice/family medicine In Europe Copenhagen: WHO Regional Office for Europe

World Health Organisation (1999) HEALTH 21: the health for all policy framework for the WHO European Region Copenhagen: WHO Regional Office for Europe 1999 (European Health for All Series No. 6)

World Health Organisation (2000) EUR/OO/5019309/1300074 The Family Health Nurse: context, conceptual framework and curriculum Copenhagen: WHO Regional Office for Europe

7.9 Qualitative

7.9.1 Multiple methods and the study of patient participation in healthcare consultations

Carol Bugge, Senior Lecturer, University of Stirling, United Kingdom. Co authors: Aled Jones and participants of the ESRC seminar series group on patient participation

Abstract:

Background: Complex concepts, such as patient participation in healthcare consultations, are increasingly the focus of healthcare research. Consequently there has been increasing interest in the use of multi-method research as a means of capturing something of this complexity.

Aims of paper: This paper aims to address some methodological questions based on discussions from an ESRC methodology seminar series with a focus on patient participation in health care, and which involved researchers, health professionals

and patients from a range of backgrounds and from different countries (UK, Finland and the USA).

Specifically this paper will aim to address

- the strengths and weaknesses that individual methods may offer to the study of patient participation;
- the potential benefits and drawbacks of combining these methods in an attempt to produce more comprehensive answers to research questions regarding patient participation;

The methods: The potential for, and issues arising from combining the following data collection/analysis methods in the study of patient participation will be discussed:

- Thematic analysis of semi-structured interviews with nurses and patients
- Think aloud data collection and analytic techniques
- Conversation analysis of nurse-patient consultations
- Content analysis of field notes of non participant observation of nurse-patient consultations.

Findings: Diverse data extracts and examples will be used to discuss the following findings:

- Triangulation may occur at different levels, within and across studies.
- Some methodological combinations may be fruitful for the study of complex concepts (e.g. combining conversation analysis and think aloud methods).
- The illumination of the concept of patient participation derived from interprofessional group working and a mixed method approach is more complete than from individual studies.
- It seems important to rigorously debate, and remain aware of, the strengths and weaknesses of individual methods that are to be combined.

7.9.2 Phenomenological issues: Children and families with critical illness

Sally Dampier, Lecturer, The University of Nottingham, Master of Nursing Science Programme, Nottingham, United Kingdom. Co authors: Steve Campbell and Don Watson

Abstract:

Introduction: This paper explores the experiences of children and families admitted to the Paediatric Intensive Care unit (PICU). The methodological issues in the use of Heideggerian interpretative phenomenology will be addressed. The research is concerned with the analysis of the experiences of children and families nursed in PICU. The literature reveals that PICU nursing is a relatively unexplored phenomenon (Broome 1998, Noyes 1998). The majority of studies have been conducted in North America and attempt to quantify parents' feelings and experiences from a positivist perspective. Further studies exploring the PICU experience of the child and family will add to a more integrated comprehensive knowledge in this area.

The Research Process: By exploring the nature of the experience of critical illness on the child and

family in PICU, it is intended that the study will provide new approaches to caring for critically ill children and their families while being nursed in PICU and the period following discharge back into the community.

Sample: Fifteen children and families were interviewed in the home one to two months following discharge from hospital, using semi-structured interviews.

Findings: The experience of PICU frequently resulted in disempowerment for the children involved and also for their families who frequently felt unable to cope. A series of themes emerged from the data which related to the continuum of the journey through a child's critical illness and which highlighted the differing pathways experienced by the families. (Dampier 2002)

The findings are discussed in the contextual framework of increasing disempowerment of families related to the uncertainty of the pathways encountered and finally what makes the experience in a PICU unique. Once started, the journey can not be stopped, but the interventions by nurses and other healthcare professionals are central to improving the outcomes for families.

Recommended reading:

Broome M (1998) Researching the world of children. *Nursing Research* 47:6, 305-306

Dampier S (2002) An investigation of the hospital experiences of parents with a child in paediatric intensive care. *Nursing Times Research* 6;3,179-185

Noyes J (1998) A Critique of studies exploring the experiences and needs of parents of children admitted to paediatric intensive care units. *Journal of Advanced Nursing* 28;1,134-141

7.9.3 Exploring the influences and use of the literature during a grounded theory study

Helen Heath, Senior Lecturer, Homerton College, School of Health Studies, Cambridge, United Kingdom.

Abstract:

In a grounded theory study the literature review is delayed until the theory begins to emerge from the data, it is then used as data. This paper will utilise my own research, a grounded theory study of transition to staff nurse as a process of disrupted continuity, to examine some of the issues stemming from this maxim. It will start by exploring the problem of potential forcing of data (Glaser 1992) to fit preconceived ideas that stem from the unavoidable familiarity with the existing literature in the field of interest. The need for ongoing vigilance to prevent this will be related to finding a focus relevant to participants and difficulties encountered in relation to discovering the core category. In relation to use of the literature as data I have coined the terms deductive and inductive theoretical sensitivity which will be illustrated by examples. I will explain how I addressed Lander's (1993) criticism that grounded theory produces small, isolated, substantive theories rather than contribute to the body of knowledge and conclude by reversing the first issue to discuss how knowledge of emergent findings can both legitimately shape and unavoidably bias the literature review reported.

Recommended reading:

Glaser B (1992) *Emerging versus Forcing: basics of Grounded theory Analysis*. Sociology Press. Mill Vally, California

Lander B (1993) *New Strategies in Social Research*. Polity Press. Cambridge

7.10 Child health

7.10.1 Anaesthesia information for parents: Does timing affect knowledge, anxiety or satisfaction?

Caroline Spencer, Assistant Head of Nursing Children's Services, Guy's & St Thomas' NHS Trust, Children's Services, London, United Kingdom.

Abstract:

This study is underpinned by the ethics of informed consent which is one of the most important doctrines governing professional conduct (Lashley 2000). Providing information about anaesthesia enables parents to become more autonomous thereby enabling them to make decisions regarding their child's care. Following recent health service scandals, information giving has become a major NHS priority (DOH 2001a and DOH 2001b)

The aims of this study are to compare the level of general anaesthesia knowledge, level of pre operative anxiety and satisfaction with information given to parents of children attending for day case surgery who were sent a general anaesthesia information leaflet by post, prior to their child's surgery, with that of parents who received the leaflet at the pre assessment clinic. To examine the effects of timing of receipt of the general anaesthetic information leaflet on the outcomes of knowledge, anxiety and satisfaction and to explore pre and post intervention influencing variables.

With a sample size of forty parents of children undergoing day case surgery, a between groups randomised, blinded, experimental design was used wherein time of receipt of distribution of general anaesthesia information leaflet was manipulated.

The findings showed that there were no differences in the outcomes between the group who received the information by post and those who received it at the pre assessment clinic. However there was a significantly higher level of knowledge in those who received the information closer to the day of surgery. There were no differences in level of anxiety or satisfaction between the groups.

This study has shown that parents benefit equally from receiving information by post as they do receiving it at the pre assessment clinic, however the length of time between receipt of information and day of surgery is of great importance.

Recommended reading:

Lashley M (et al) (2000) Informed proxy consent: communication between pediatric surgeons and surrogates about surgery *Pediatrics* 105 (3) 591-597

Department of Health (2001a) *The Alder Hey Inquiry Report / The Retained Organs Commission* London: Department of Health

Department of Health (2001b) *The report of the public inquiry into children's heart surgery at the*

Bristol Royal Infirmary 1984-1995 learning from Bristol London: Department of Health

7.10.2 Involving children in identifying their pre-operative needs: an innovative approach

Lucy Smith, Research Practitioner, Edge Hill College of Higher Education, Centre For Health Research And Evaluation, Ormskirk, United Kingdom.

Abstract:

Background: It is argued that in order to identify the needs of children pre-operatively it is appropriate to ask the children themselves (Coyne 1998), and it can be demonstrated that children are competent and reliable sources of information (Alderson 1993). There is persuasive evidence that the pre-admission education of children reduces anxiety and leads to faster recovery and less psychological trauma post-discharge (Lynch 1994, Strachan 1993, Ellerton & Merriam 1994). Present education comprises pre-admission clinics, tours, videos and written literature designed by health care professionals. Unfortunately this information may not be developmentally appropriate. It is also of concern to acknowledge that many children not able to attend clinics often rely on parental knowledge or outdated written literature (Manworren and Wooding 1998).

Objectives: To establish the information needs of children prior to being admitted for planned surgery.

To enable children to participate in, and contribute to, establishing child-focussed pre-admission information

Pilot Sample: Fifteen children seven to eleven years old of both sexes chosen through purposive sampling, to be admitted to a regional childrens hospital for planned surgery on their first inpatient stay.

Method: Sessions occur in the child's home several weeks prior to admission. The child is asked to write or draw "anything you would like to know about before going into hospital". The child is asked to discuss the drawings or text to allow clarification of meanings, thus ensuring the 'true' opinions of the child are not misinterpreted by the researcher.

Analysis: Analysis is by the use of framework analysis (ritchie & Lewis 2003). The drawing and text is taken at face value and not analysed projectively (Bradding & Horstman 1999).

Preliminary Results: Themes identified for further exploration include:-

A genuine need for increased information pre-operatively.

Concern that health care professionals will withhold information from them.

Children are able to clearly identify their own concerns and questions, which do not necessarily mirror those of health care professionals.

Information from the pilot study will be used to create child-friendly leaflets to distribute pre-operatively.

Recommended reading:

Bradding & Horstman (1997) 'Using the Write and Draw Technique with Children' In: *European Journal of Oncology Nursing*. 3 (3). 170-75

Ellerton & Merriam (1994) 'Preparing Children and Families Psychologically for day Surgery: An Evaluation' In: *Journal of Advanced Nursing*. 19. 1057-62

Coyne (1998) 'Researching Children: Some Methodological & Ethical Considerations' In: *Journal of Clinical Nursing*. 7 (5). 409-15

7.10.3 A randomised controlled trial to evaluate the benefit of a new information leaflet for parents of children hospitalised with benign febrile convulsion

Fiona Paul, ICU Specialist Liaison Nurse, University of Dundee, School of Nursing and Midwifery, Dundee, United Kingdom. Co authors: Martyn Jones and Charles Hendry

Abstract:

Although leaflets are recommended to enhance communication between healthcare professionals and patients, there is inconsistent evidence regarding their effectiveness. Furthermore, the quality of these materials is rarely evaluated. Quality information has been defined as being clearly communicated, relevant and accurate. In Tayside, an evidence-based leaflet was developed that incorporated these principles.

A study was conducted to identify if this new leaflet provided clearer and more useful information than the current information provided. A sample of 120 participants was proposed to detect an effect size of .5.

120/170 (70%) parents agreed to participate at follow-up. Parents were randomised to one of two groups: current leaflet (control) or new leaflet (intervention). Demographic data was obtained on admission. Prior to receiving the leaflet at hospital discharge, parents completed the State Trait Anxiety Inventory. Two weeks later, parents were interviewed by telephone using the State Anxiety Inventory and a behaviour and emotion questionnaire designed to measure various factors, including, management of another convulsion and satisfaction with information.

Results indicate that the intervention group (n =53) found the leaflet more reassuring (M =1.40, sd.72, t =2.195, df 118, P <.03) compared to the control group (N =67) (M =1.72, sd.85). The intervention group also found the leaflet easier to understand (M =1.09, sd.40, t =2.258, df 118, P <.026) compared to the control group (M = 1.30, sd.55). There were no significant differences between groups regarding outcomes such as increased knowledge and satisfaction, or reduced anxiety.

The results support recommendations for using best practice guidelines for developing information. However these did not influence other outcomes. Parents are likely to say they are satisfied with written information, regardless of the quality. This presentation will examine the process of evaluating the leaflets and will consider the outcomes and their relevance to practice.

Recommended reading:

Duman, M (2003) *Producing patient information. How to research, develop and produce effective information resources*. London: King's Fund.

Mayberry, J. F., Mayberry, M. K (1996) Effective instructions for patients. *Journal of the Royal College of Physicians of London*. 30, 205 - 208.

Speilberger, C. D (1983) State -Trait Anxiety Inventory For Adults. California, Mind Garden: Palo Alto.

Wednesday 24th March

09.30– 10.30

Concurrent session 8

8.1 Child health

8.1.1 Towards a critical ethnography of children in hospital

Joan Livesley, Lecturer, University of Salford, Salford Centre for Nursing, Midwifery and Collaborative Research, Greater Manchester, United Kingdom.

Abstract:

It is acknowledged that 'unintended harm' for those admitted to hospital is grossly underestimated and woefully under-researched (Department of Health 2001). For children, the risk of harm is increased as hospitalisation may adversely affect their long term mental health and physical well being. Four decades of U.K. Department of Health policy has resolutely adopted the strategy of accommodating parents with children and providing guidance on the ideal number of appropriately qualified nursing staff necessary to minimise the risk of harm (Department of Health 2003). Both strategies are problematic and hospitals continue to emerge as childcare institutions that pose significant risk of unintended harm to children (National Commission Inquiry into the Prevention of Child Abuse 1996)

As both human and organisational systems are implicated in the risk of unintended harm to children, this presentation considers the plausibility of undertaking a critical ethnography of children in hospital in order to identify and expose the power structures that exist in the micro-social world of a children's hospital ward.

Influenced by critical theory, it is argued that while ethnography and ethnographic methods may be sufficient to expose power relations as they are experienced by children in hospital, ethnography would not alone enable a critique of social and organisational structures that reify cultural patterns and individual behaviours (Willis 1977). The challenge of ethical approval and access to children in hospital within the context of critical ethnography is also considered.

This presentation will contribute to the contemporary protection versus participation of children in research debate; the development of methods enabling children to participate in the development, organisation and delivery of health and social services and add to the growing body of knowledge around new approaches to researching with children in health and social care contexts.

Recommended reading:

Department of Health (2001) Building a safer NHS for patients. Department of Health London available at www.doh.org.uk/buildingsafenhs

Department of Health (2003) Getting the right start: National Service Framework for Children Standard for Hospital Services Available at www.doh.gov.uk/research

Willis P., (1977) Learning to Labour Gower Hampshire

8.1.2 Children and their families as a research sample: theory and reality in grounded theory methodology

Sarah Neill, Senior Lecturer in Children's Nursing, University College Northampton, Centre for Healthcare Education, Kettering, United Kingdom.

Abstract:

This paper will compare and contrast the theory and reality of sampling in grounded theory through a reflective analysis of the experiences of accessing a sample of children and their families for a doctoral research project. The aim of the research is to investigate, from the perspective of the child and family, how the management of acute (common) childhood illness at home can be enhanced, capturing both the expertise used and the difficulties faced by children and their families at these times. Despite the universality of the experience of such childhood illness in families, existing research does not extend much beyond the mother's experiences (Neill 2000). Family relationships are likely to have an influence on the actions of individuals, both children and adults, within each family unit. Consequently this project uses a 'whole' family approach.

In grounded theory initial sampling is purposive focussing on the setting in which the phenomenon of interest is most likely to occur (Coyne 1997) in this case the family home. The sampling which follows is driven by the analysis of data collected termed 'theoretical sampling' (Glaser 1992). Three approaches have been used, to date, to access a sample for this project: primary health care teams - the initial sample, followed by schools and Sure Start Centres the beginning of theoretical sampling.

Gaining access to 'whole' families in the home is far from simple. For example not all family members involved may live together or normally be present in the home at the same time or want to take part in the research. This paper will explore the ethical and practical dilemmas encountered and solutions identified when seeking to select an appropriate sample of 'whole' families guided by Glaserian grounded theory methodology (Glaser 1992) in a contemporary society which is wary of research involving children.

Recommended reading:

Coyne, I. T. (1997) Sampling in qualitative research. Purposeful and theoretical sampling: merging or clear boundaries. *Journal of Advanced Nursing*. 26. 623-30.

Glaser, B. G. (1992). *Emergence vs Forcing. Basics of Grounded Theory Analysis*. Mill Valley, California, Sociology Press.

Neill, S. J. (2000). Acute childhood illness at home: the parent's perspective. *Journal of Advanced Nursing*. 31(4): 821-832.

8.2 Older people

8.2.2 A client satisfaction survey to assess value placed upon health promotion/screening and nursing interventions in three senior centers

Carolyn Achata, Public Health Nurse 3, Coordinator: Project TEACH, Tennessee Dept. of Health, Southeast Region, Chattanooga, Tenne, United States.

Abstract:

Background: The project reported in this study is based upon findings reported by Laveille, et. al. (1998) that health promotion/ intervention with chronic illness can be cost effectively accomplished in senior centers. Health, functional capacity, coping mechanisms all seem to be enhanced by social support (Sarvimaki & Stenbock-Hult, 2000). Activities including health promotion, disease prevention, and screening supplement social activities, preventing social isolation (Clark, 2003).

The above activities, were performed in three senior centers by baccalaureate nursing students as a Community Health Nursing clinical assignment in which foot care was offered.

Method: A Client Satisfaction Survey was administered to 136 clients voluntarily consenting.

Objectives: The objectives were to 1.) determine which activities were valued most, and 2.) evaluate perceived effectiveness of tea tree oil for onychomycosis (toenail fungus) symptoms, determined needed due to a paucity of available data in natural remedies literature on its effectiveness.

Research questions: Health education activities evaluated were topics presented over the previous year and referrals for any problems identified. Those who had problems with toenail fungus and were advised to apply tea tree oil were questioned re: frequency of use, months used and if improvement was noted.

Findings and discussion: Items rated highest were those with personal contact, foot care and nurse listening to concerns. Health promotion topics/screenings rated next. 91% of N=44 clients with fungus symptoms reported significant improvement. (Statistical data/tables included in paper).

Recommended reading:

Leveille, S.G., Wagnr,E.H., Davis, C., Grothaus, L., Wallace, J., LoGerfo, M. and Kent, D. (1998), Preventing disability and managing chronic illness in frail older adults: a randomized trial of a community-based partnership with primary care, *Journal of American Geriatric Society*, 46:1191-1198.

Sarvimaki, A. (2000), Quality of life in old age described as a sense of well-being, meaning and value, *Journal of Advanced Nursing*, 2000, 32(4), 1025-1033.

Clark, M.J. (2003), *Nursing in the Community*, 4th edition, Appleton and Lange Press, Stamford, Connecticut.

8.3 Cancer

8.3.1 The information needs of lung cancer patients who may be operable - are they being met?

Heather Kelly, Research Nurse, Bradford Hospitals NHS Trust, Thoracic Department, Bradford, United Kingdom.

Abstract:

Background: This paper describes a pilot study examining the information needs of lung cancer patients who are undergoing surgery (mediastinoscopy and mediastinotomy) to assess operability and obtain histological diagnosis. The study arose in response to concerns expressed by health professionals as to whether the patients were adequately prepared for the surgical diagnostic and staging procedure and its implications for future treatment.

Research Questions: What are the perceptions of patients with diagnosed or suspected lung cancer of the pre-operative information given to them prior to undergoing the surgical procedure of mediastinoscopy or mediastinotomy?

- Are the information needs of these patients being met?

Design: Qualitative semi-structured interviews

Method: Up to 20 patients with suspected or diagnosed lung cancer who have undergone mediastinoscopy or mediastinotomy are being recruited into the study. **Participants** will be interviewed three to ten days after the surgical procedure has taken place and before the histological results are known. Interview questions will include: participants' perceptions of the adequacy and understanding of the information received, the process of information giving, expectations about the procedure. Content analysis will be used to analyse the data.

Practice Implications: The most common complaint by cancer patients is that they are given too little information. However there is little research specifically relating to the views of lung cancer patients. The study provides an opportunity to present the perspectives of these service users about the adequacy of information provision in this area of care. It is an important attempt to provide a voice for people undergoing these procedures. The researcher will share the findings of the study and discuss the implications for enabling a more patient centred approach to information needs with this particularly vulnerable group of users.

Recommended reading:

Department of Health (1998) *Guidance on Commissioning Cancer Services - Improving Outcomes in Lung Cancer - The Manual* (Chairman: Haward R) London Department of Health

British Thoracic Society and Society of Cardiothoracic Surgeons of Great Britain and Ireland Working Party (2001) *Guidelines on the Selection of Patients with Lung Cancer for Surgery Thorax* 2001 56

NHS Centre for Reviews and Dissemination (1998) *Management of Lung Cancer Effective Healthcare Bulletin Volume 4 Number 3*

8.3.2 A profile of lung cancer nurse specialists and their views towards visiting patients at home following a diagnosis of lung cancer

J. Stanley and Kate Kelley, Lung Cancer Nurse Specialist, Worthing and Southlands NHS Trust, Research and Development, Worthing, West Sussex, United Kingdom.

Abstract:

Background: The increasing numbers of patients diagnosed with lung cancer and the specialized care they require has been recognized in government documents. In particular, the NHS executive manual, 'Improving Outcomes in Lung Cancer' (1998) emphasised the benefits that nurses with specialist knowledge in lung disease and cancer have in improving patient satisfaction and symptom management. The NHS executive manual, 'Improving Outcomes in Lung Cancer' (1998) further recommended that all cancer units should have a trained nurse who provides patients with continuing support. In response, nursing posts were set up in acute hospital trusts to specialise in the care of patients with lung cancer. However these posts have been criticised for a lack of planning and evaluation (Moore et al 2003). To date the feasibility of these posts to provide continuing support for the patient outside of the acute setting has not been established.

Aims: This study had three main aims: 1) to profile the job of the lung cancer nurse specialist (LCNS), determining the consistency of the characteristics and role of the posts across the U.K, 2) to establish the views of the LCNS towards home visiting and 3) to assess how many LCNS offered a home visiting service.

Method: All members (n=210) on the Lung Cancer Nurse Forum membership list were sent a postal questionnaire. One hundred and fifty-two questionnaires were returned, a response rate of 72%.

Results: The majority (52) of the posts had been in place for less than four years and the respondents were generally the initial post holders. Job titles, grading, caseload and qualifications varied across the posts. Nearly 75% of the LCNS's are present when diagnosis was given, this and continuing support was considered important parts of their role. Home visits were considered an important part of providing continuing support in 72% of the respondents, however only 35% would offer home visits and then only to a limited number of patients. The main barriers were resources (e.g. time) and organisational factors (e.g. not part of job description).

Conclusion: These are young posts with many differences in practice across the U.K. Continuing support and home visits are considered an important part of the LCNS role but few practitioners are able to provide this service.

Recommended reading:

NHS Executive (1998) *Guidance on commissioning cancer services. Improving outcomes in lung cancer.* Department of Health, London.

Moore, S Halliday, D Plant, H I (2003) Evidence based service for patients with lung cancer. *Cancer Nursing Practice* Vol 2, No 2.

British Thoracic Society (1998) *Organising the care of patients with lung cancer Thorax* 53, S1-8.

8.4 Inter-professional education

8.4.1 Introducing interprofessional learning into undergraduate health care curricula: a case study of communication skills education

Amelia Sawyer, Researcher, Keele University, Department of Nursing and Midwifery, Stoke on Trent, United Kingdom. Co authors: Helena Priest and Paula Roberts

Abstract:

The need to identify opportunities for interprofessional education within health care curricula is well

established, not least because health care education presents opportunities to forge close interprofessional relationships between educators and clinicians for the consequent development of interprofessional care (Finch, 2000). However, poorly planned shared learning can reinforce professional differences, so it is imperative that the introduction of such strategies is based upon sound evidence relating to local need, opportunity, and resources.

A project was designed to identify opportunities for, and best practice in, interprofessional learning of communication skills amongst undergraduate health care practitioners within one NHS Workforce Development Confederation (WDC) in England. The project was commissioned and funded by the WDC in question. The topic of communication skills was selected as an area for early implementation into a developing interprofessional education strategy. This was mediated by The NHS Plan (Department of Health, 2000) requirement for joint training across professions in this area and also because communication skills are frequently identified as an area in which health care practitioners fail to meet the needs of their patients and clients. Furthermore, there is a lack of research into the effectiveness of communication skills training in nursing and other healthcare disciplines (Chant et al., 2002).

Methodology included a comprehensive literature review that examined articles covering relevant courses from across the UK, followed by nationwide interviews conducted using telephone and e-mail. Qualitative data generated were analysed with the aid of QSR-NUD*IST computer software. Finally a SWOT analysis was undertaken which provides a framework for education providers to analyse and implement new programmes by understanding both the external and internal factors involved. On completion of the project, a strategy for implementing common learning in communication skills amongst health care professionals within one WDC was produced, together with recommendations for its evaluation.

Recommended reading:

Chant, S., Jenkinson, T., Randle, J., Russell, G., & Webb, C. (2002). Communication skills training in health care: a review of the literature. *Nurse Education Today*, 22, 189-202.

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

Finch, J. (2000). Interprofessional education and teamworking: A view from the education providers. *British Journal of Medicine*, 321, 1138-1140.

8.4.2 Interprofessional education: More than a nice idea?

Claire Dickinson, Research Associate, University of Newcastle, School of Medical Education Development, Newcastle upon Tyne, United Kingdom. Co authors: Pauline Pearson and Alison Steven

Abstract:

Introduction: Interprofessional education is purported to have many positive outcomes and is increasingly favoured as a way of training health and social care professionals (Cable, 2002). However, initiatives to introduce interprofessional education are often short-lived due to the difficulties in bringing professional groups together. This paper discusses barriers to interprofessional education for pre-registration health and social care students and explores how one initiative in north east England has dealt with these challenges. The Common Learning Project began in January 2003 and to date seven groups of students have taken part.

Method: A case-study approach (Yin, 1994) was adopted with multiple methods of data collection. Diaries were kept by educators (n=8), mentors (n=9) and students (n=11) during the 6 week project placements. The diaries were used to report learning outcomes and record difficulties and successes encountered during the project. Additionally, focus group interviews were held at the end of the project with students and mentors. These data, along with other documentary information, including minutes of project group meetings and letters, were analysed using thematic analysis.

Results: Challenges encountered during the Project have included the differences in timetabling placements on professional programmes and the lengths of placements. However, students from a range of disciplines, including nursing, have been recruited to the Project and report positive learning outcomes in terms of uniprofessional and interprofessional development. Educators and mentors also highlighted benefits such as increasing student confidence in their ability to contribute to client care from a broader perspective, and direct experience in working towards a common goal. The real-life patient focus was perceived to result in high motivation and commitment.

Discussion: The implementation of interprofessional education can be positive for students, mentors and educators. However, successful implementation of such interprofessional initiatives is time-consuming and involves the commitment of a dedicated inter-professional team and students who are positive about interprofessional learning.

Recommended reading:

Cable, S. (2002). The Context - Why the current Interest? In *Multi-professional Learning for Nurses*, Glen, S. & Leiba, T. (eds). Palgrave: Basingstoke.

Yin, R.K. (1994). *Case Study Research: Design and Methods*. Sage: California.

8.5 Research governance

8.5.1 No such word as Kant? A discussion of the ethical principles regarding the use of computer derived patient data in education and research

Eloise Monger, Lecturer in Critical Care, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom.

Abstract:

This paper will address the ethical issues underpinning the use of computerised clinical data in research and education. Within the field of Health Informatics, the advent of computerised information systems and the developments towards the creation of the Electronic Health Record (EHR) provide health services research and education with opportunities not previously available. The use of real clinical digital data e.g. demographic data, blood results, x-rays, ECGs, ultrasounds, MRI/CT scans, stills, sound and video etc. can be used in a variety of ways to enhance education, audit and research (DoH, 2002). There are, however, a number of challenges in the collection, storage and use of digital data which require knowledge and application of a number of ethical principles, as well as the more familiar legal ones (Foster, 1997).

The experience of using real digital data for a pilot research project has informed the analysis of this novel and complex area.

The processes undertaken to set up an ethically obtained and maintained repository of digital data will be discussed. A distinction between identifiable and anonymised data will be made, as different ethical principles are applicable. The necessity for consent and the controversies surrounding informed consent will be considered, as will the issues around the practicalities of consent withdrawal. The legal guardianship of data and the imposition of usage restrictions may be useful tools for public protection and examples of existing data repositories set useful ethical precedents.

Legal and ethical consideration must also be paid to technical constraints such as security, and this paper will briefly outline pragmatic and purposely cautious recommendations for the protection of this type of data, bearing in mind that some data may be sensitive of explicit in nature, or involving children, or incompetent or vulnerable adults (Medical Research council, 2000).

Recommended reading:

Department of Health. 2002. The health service (Control of Patient Information) Regulations 2002. Statutory Instrument 2002 No. 1438. London. HMSO.:

Foster C. (Ed.) 1997. *Manual for research Ethics Committees*. 5th Edition. London. The Centre for Medical Law and ethics, King's College.

Medical Research Council. 2000. *Personal Information in Medical Research*. MRC Ethics Series. London. MRC.

8.6 Leadership

8.6.1 Evaluating a clinical leadership initiative in mental health and gerontology care settings

Bernice West, Research Director, Centre for Nurse Practice Research and Development, The Robert Gordon University, CeNPRaD, School of Nursing, Aberdeen, United Kingdom. Co authors: Nancy Reid and John Mitchell

Abstract:

Throughout the NHS in Scotland there have been initiatives to introduce leadership programmes at clinical levels as part of the current 'modernisation of the health service'. This research study evaluated a clinical leadership initiative which spanned acute mental health services and gerontological services across five hospital sites in one large NHS Trust in the West of Scotland.

The investigation combined internal and external evaluation strategies. The design is built upon a constructivist approach to evaluation research (Guba and Lincoln 1989) and has modified and utilised psychometric measurements of occupational stress; predictors of professional burnout (Maslach and Jackson 1981) and assessments of job satisfaction (Wade 1993) alongside perceived judgements about individual competence and direct care improvements. Data has been collected and analysed from various sources including:

- The senior nurses who were selected for the clinical leadership initiative (N=15)
- Their mentors (N =4)
- The appropriate clinical nurse manager (N=6)
- Members of the multi-disciplinary team with whom they work (N= 45)
- A comparative group of senior nurses and clinical nurse managers (N=15)

The findings have shown that the leadership initiative has improved:

- Direct care management
- Decision making
- Communication processes
- Clinical nursing care
- Reporting and evaluation processes
- Support strategies and processes

There is some evidence however that these improvements have incurred personal costs for the nurses directly involved; their mentors and their managers. Recommendations are made for the extension and development of the initiative and for ways of managing occupational stress and professional burnout.

Recommended reading:

Guba, Y and Lincoln, E (1989) Fourth generation evaluation London: Sage

Maslach, C and Jackson, S (1981) The measurement of experienced burnout *Journal of Occupational Behaviour* 2 99-113

Wade, B (1993) The job satisfaction of Health Visitors, District Nurses and Practice Nurses working in areas served by four Trusts: Year 1 *Journal of Advanced Nursing* 18 992-1004

8.6.2 Supporting the professional development of lead research and development nurses

Julienne Meyer, Professor of Nursing: Care for Older People, City University, Adult Nursing, London, United Kingdom. Co authors: Barbara Johnson and Ros Bryar

Abstract:

This paper reports on the lessons learnt from a three year action research project concerned with the development and evaluation of seven Lead Research and Development Nurses in Care for Older People, appointed to take forward aspects of the National Service Framework for Older People. The project began in January 2000 and was funded by the Central and East London Education Consortium (CELEC). It was a collaborative initiative between the education consortium, City University and seven London NHS Trusts (acute, primary care and mental health). Under the academic guidance of the Research and Teaching Team: Care for Older People at City University, the Lead R&D Nurses used action research to work collaboratively with their trusts to explore ways of improving evidence based nursing care for older people. The Lead R&D Nurses were based in the Trusts and acted as change agents, working to the agenda of the trusts. The paper focuses on the professional development and support needs of the Lead R&D Nurses, trying to implement evidence based practice. The findings are likely to be of interest to all those concerned with research capacity building in Nursing.

Recommended reading:

Department of Health (2001) The National Service Framework for Older People. London: Department of Health.

8.7 Transcultural nursing

8.7.1 The experience of informal carers within a Bangladeshi community in South Wales UK

Fiona Murphy, Senior Lecturer, University of Wales Swansea, School of Health Science, Swansea, United Kingdom. Co authors: Susan Philpin and Joy Merrell

Abstract:

There is a lack of information regarding the extent and nature of informal caring within ethnic minority communities in the UK (Ahmad 1996). This study aimed to identify the health and social care needs of informal carers caring for an adult dependant within a Bangladeshi community in South Wales.

This qualitative study used focused interviews of a sample of 20 Bangladeshi informal carers, who were caring for an adult dependant. A combination of purposive and snowball sampling was utilised. Interviews were conducted in the carers' preferred language, audiotaped, transcribed and translated into English. Verification of the translated transcripts was conducted. Thematic analysis was used to analyse the data.

The following key themes were identified: informal carers' perceptions and experiences of their role; the influence of cultural factors on their needs and their experiences of health and social care provision.

This submission reports on the first theme of informal carer's experiences. There were important similarities between these carers and those reported in the ethnic majority population. These included the incessant demands of caring alongside other responsibilities with some reporting effects on health and social isolation. However, there were significant differences and these were influenced by cultural identity, language barriers and family patterns. Caring was considered as an 'honour and a privilege' but there appeared to be limited access to and use of formal statutory services with language problems being a major barrier.

There has been a lack of information regarding the experience of caring for ethnic minority informal carers. This study identifies that like other informal carers there are significant needs but these are hidden and appear to be unmet. Additionally, the experience is influenced by specific cultural factors, which practitioners working with these groups need to be aware of in order to identify and deliver appropriate interventions.

Recommended reading:

Ahmad WIU (1996) Family Obligations and Social Change among Asian Communities. In: Ahmad WIU & Atkin K (Eds) 'Race' and Community Care. Open University Press, Buckingham.

8.7.2 The meaning and consequences of hypertension for individuals of African Caribbean origin: perceptions of Primary Health Care services

Gina Awoko Higginbottom, Lecturer/ National Primary Care Research Fellow, University of Sheffield, SCHARR, Sheffield, United Kingdom.

Abstract:

This research presents an ethnographic study of hypertension in people of African Caribbean origin, residing in England. Hypertension remains a major health issue amongst migrant and U.K. born African Caribbean people. The research investigates the meaning and consequences of hypertension from the participants' perspectives exploring both personal and societal influences on the development and management of hypertension, health beliefs, risk perception and decision-making processes. Perceptions of Primary Health Care (PHC) services are evidenced. The research design includes a consumer research advisory group.

The research draws heavily upon the ethnographic tradition (adjectival), utilising qualitative methods to elicit data from 38 participants. Data was collected using focus group interviews, semi-structured interviews and vignette interviews. The participants were accessed via GP practices and community groups and associations in two English cities. Data was analysed with the aid of Atlas/ti and informed by the principles of ethnographic data analysis (Hammersley & Atkinson 1995, Roper & Shapira 2000).

Findings are organised in to four themes 1) Early diagnosis, 2) The meaning of high blood pressure, 3) Consequences and management of high blood pressure, and 4) The participant's experience of PHC. Hypertension was articulated by almost all participants as high blood pressure. High blood pressure and the bio-medically defined condition of hypertension were not viewed synonymously.

Stress was regarded as major precursor of high blood pressure, arising from both personal and structural influences. Diagnosis was accompanied by shock and attempts to normalise this experience. Participants' explanatory models of hypertension are presented and considered in the light of existing theoretical frameworks. Non-concordance and traditional herbal remedies are employed by participants, as strategies of empowerment in attempt to obtain a measure of control over their condition. Perceptions of PHC are presented. The implications for PHC services are postulated and the provision of culturally sensitive care.

Acknowledgement: This study is funded by the NHS Executive

Recommended reading:

Hammersley M & Atkinson P. (1995) *Ethnography Principles & Practice*. Routledge, London.

Karlsen S & Nazroo Y. (2002) Agency and structure: the impact of ethnic identity and racism on the health of ethnic minority people. *Sociology of Health and Illness* 24:1-20.

Morgan M. (1995) The significance of ethnicity for health promotion: patients use of anti-hypertensive drugs in inner London. *International Journal of Epidemiology* 24:579-584

8.8 Policy imperatives

8.8.1 Bringing back matron: a study of policy implementation

Jan Savage, Senior Research Fellow, Royal College of Nursing, RCN Institute, London, United Kingdom. Co author: Cheryl Scott

Abstract:

The NHS Plan (Secretary of State 2000) introduced the new role of 'modern matron', a senior nurse with clinical credibility charged with ensuring high standards of clinical care, hygiene and food, who would also support the ward leader and be readily accessible to patients. The nursing literature suggests an initially favourable response to the initiative with, for example, the modern matron seen as a welcome reversal of the trend for senior nurses to focus on operational rather than nursing priorities. However, there has also been some concern that modern matrons may have difficulty in fulfilling their objectives due, for example, to lack of authority, insufficient resources or too broad a remit.

This paper describes findings from the second phase of a one-year Department of Health funded study, which used a multiple case study design to evaluate the implementation of the modern matron guidance (Department of Health 2001). The first phase of the study ascertained the different ways in which the role was being implemented across English Trusts by a questionnaire to all Directors of Nursing. Findings from the survey then helped to inform Phase Two, in which ten Trusts were selected for in-depth study (Yin 1994). In each case study Trust we surveyed all modern matrons in post, took a purposive sub-sample of three matrons for in-depth interview, and interviewed each of these matrons' key work contacts to round out our perspective of the modern matron role. We also assessed the visibility and accessibility of the selected modern matrons through a questionnaire to patients within their clinical areas.

The study will be completed in early 2004. The paper will discuss the main findings to emerge from the case studies, focusing on the key issues that facilitate or impede the effectiveness of the modern matron.

Recommended reading:

Secretary of State (2000) *The NHS Plan: A plan for investment, a plan for reform*. (Cm 4818-1); London: The Stationery Office.

Department of Health (2001) *Health Circular HSC 2001/010. Implementing the NHP Plan: modern matrons*. London: Department of Health.

Yin R (1994) (2nd ed.) *Case study research: Design and methods*. Newbury Park, Calif: Sage (Applied social research methods series Volume 5).

8.8.2 Innovation in service delivery - against the odds?

Ann McMahon, RCN Research and Development Adviser, Royal College of Nursing, Research & Development Co-ordinating Centre, Manchester, United Kingdom.

Abstract:

Innovation is deemed to be the pre-requisite to economic survival, and globally a great deal of intellectual energy and finance is continually invested in trying to understand, encourage or enable innovation. In England the Government has established a 'Modernisation Agency' to 'help local staff across the service make radical and sustainable changes' to improve the experiences of patients. In Scotland, a similar initiative, the Centre for Change and Innovation (CIC), has more recently been established. Despite this level of investment and support it is my contention that innovations in the delivery of health services in the UK, take place against this odds (Senge 1999).

In order to explore innovation in service delivery I inductively examined two cases (Stake 1995) which endeavoured to address the health care needs of individuals and groups who do not, as a rule, access mainstream services. Adopting a critical management perspective I have challenged all hegemonies by questioning underlying assumptions such as 'established social orders, dominating practices, ideologies, discourses and institutions' (Alvesson & Deetz 2000) from multiple perspectives.

My first case is an action research project which aimed to improve the health of two farming communities through a nurse practitioner led outreach service.

Through analysis of pertinent grey and published literature and face to face interviews with key stakeholders, I identified eighteen 'critical incidents' where decisions taken shaped future events. Each of these critical incidents raises key questions which when explored in detail help to illuminate the complexity of and resistance to innovations in service delivery. In this presentation I will discuss three of the questions which have emerged

- What impact do centralised modernisation programmes have on innovations in service delivery?
- Do research governance arrangements stifle innovations in service delivery?

- What impact can unforeseen circumstances (and crisis) have on innovations in service delivery?

Recommended reading:

Alvesson, M. & Deetz, S. 2000, *Doing critical management research* Sage, London.

Senge, P. 1999, *The Dance of Change*, Nicholas Brealey Publishing Ltd.

Stake, R. E. 1995, *The art of case study research* Sage, London.

8.9 Advanced nursing roles

8.9.1 Exploring the development of nurse consultant roles: findings of the preliminary stage of an ethnographic study

Maxine Simmons, Head of Education and Workforce Development, Chesterfield and N. Derbyshire Royal Hospital, Education and Workforce Development, Derbyshire, United Kingdom.

Abstract:

Introduction: This ethnographic study aims to explore the development and implementation of the Nurse Consultant role within a particular acute hospital setting. The eighteen-month study has two stages: preliminary and main. This paper will concentrate on the preliminary findings, providing an insight into the complex context in which the Nurse Consultant role is being developed.

Background: The Nurse Consultant role was introduced in 1998 influenced by Manley's (1997) seminal work. Other than the national preliminary evaluation of the role (Evans et al 2001) there is minimal understanding of the role's enactment in practice, or preparation and support needs of postholders.

Ethnographic methodology will enable description of the reality of the Nurse Consultant role and will contribute to increased understanding. To comprehend factors influencing role enactment requires contextual and environmental understanding. The preliminary stage of the study aims to describe the Nurse Consultants' organisational context.

Method: Analysis of both internal and external documents (eg annual reports and national strategy) provided an awareness of the local and national policy context for role development.

Following ethical clearance, in-depth interviews (N=15) were undertaken over a six-month period with key stakeholders, who were purposively selected on the basis that they were influential at a strategic level in the development of the Nurse Consultant posts across the Trust e.g. executive directors, senior nurse managers. All interviews were tape-recorded and analysed using thematic analysis.

Findings: The presentation will discuss findings in relation to emerging issues relating to power and changing dynamics of traditional health care culture, role theory and dissonance experienced by key stakeholders in understanding the role and organisational theory and the distribution of labour. New knowledge about role development is vital for today's NHS professionals in various disciplines.

Recommended reading:

Manley K (1997) A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/Nurse Consultant role *Journal of Clinical Nursing* 6 (3) 179-190

Evans A., Redfern S., Dewe P. (2001) A preliminary evaluation of the establishment of Nurse, Midwife and Health Visitor Consultants Nursing Research Unit, Kings College, London

8.9.2 The role of specialist and other nurses caring for people with MS

Alison While, Professor of Community Nursing, King's College London, Florence Nightingale School of Nursing & Midwifery, London, United Kingdom. Co authors: Roz Ullman and Angus Forbes

Abstract:

Most ongoing care for people with MS is delivered by non-specialist nurses and non-professional carers with specialist nursing support where available. In this context it is important to identify the roles of different nurses across the dimensions of practice. A multi-method study will be briefly described which comprised: a postal survey of a range of health care professionals [n=480; including nurses working in a range of settings (care homes, hospitals, community, HEIs), therapists and doctors most of whom were recruited via the MSTRust database plus n=73 from 2 hospitals] and people with MS [n=65] yielding a response rate of 59%; unstructured interviews with nurses across the competency range [n=20]; 4 focus groups with nurses; and 5 telephone interviews with people with MS. The comparative data from the different data sources will be presented to demonstrate a consensus about what care needs are most appropriately met by specialist nurses, namely: health education/information about MS; psychological care; and resource management; while the role of non-specialist nurses has a wider focus depending on place of practice and focuses more on practical care; ongoing emotional support and working within the multi-disciplinary team. The findings will be briefly discussed in the light of increasing skill mix in health and social care delivery for people with MS.

8.10 Mental health

8.10.1 Mental health nurses' records: Overview of an analysis

Marian Hanrahan, Post-doctoral researcher, Dublin City University, School of Nursing, Dublin, Ireland. Co authors: Anne Scott and Pdraig MacNeela

Abstract:

Background: A Nursing Minimum Dataset for Irish Nursing (INMDS) is being developed in an integrated programme of nursing research, funded by the Health Research Board. Researchers from DCU/UCD are investigating the way nurses articulate and document their contribution to patient care.

Aim of paper is to

- Critically examine nurses' practices related to recording their contribution to patient care.

- Discuss the process of analysing nursing documentation
- Contribute to effective documentation of nursing assessment and interventions.

The Irish NMDS development research will provide information for practice, education, research, and policy purposes and a basis for supporting an evidence-based approach to clinical nursing practice. The aim of the documentation study was to investigate the manner in which nurses articulate and document their care. The research questions were centred on how and what nurses are documenting, and to gain insights into the written language used by nurses.

Methods Data from 43 randomly selected patient records was collected from acute mental health hospital and community settings. Content analysis and Grounded Theory were used in the analysis process, aided by a qualitative analysis computer package (NVivo).

Results show examples of the ways nurses document their contribution to patient care. A Set of categories and items were identified, providing building blocks for the development of the Irish NMDS. Each of the participating hospitals used a different model to guide the documentation of nursing practice: Roper, Logan & Tierney's 'Activities of Living' [1], Roy's adaptation model [2], Orem's Self-care deficits model [3], and Peplau's psychodynamic model [4]. The data recorded on assessment were extensive, but several aspects of the care process appear to be underrepresented. Findings show that aspects of co-ordination are documented at length, such as organising meetings, appointments and reviews.

Recommended reading:

Roper, L.T., *The Elements of Nursing: a model for nursing based on a model of living.* 3 ed. 1996, Edinburgh: Churchill Livingstone.

Roy, C., Andrews, H.A., *The Roy adaptation model.* 2nd ed. 1999, Stamford, CT: Appleton & Lange.

Orem, D., *Nursing: concepts of practice.* 3 ed. 1985, New York: McGraw-Hill.

8.10.2 Young people and self-harm: a framework for promoting change

Tom Clarke, Clinical Nurse Research Specialist, Springfield University Hospital, South West London and St. George's Mental Health NHS Trust, Rehabilitation and Continuing Care Directorate, London, United Kingdom. Co authors: Chris Watts and Lorraine Sherr

Abstract:

Deliberate self-harm (DSH) can coexist with a range of psychosocial problems and in younger people may be an indicator of such problems (RCP, 1998). DSH is one of the main reasons for emergency hospital admissions yet only a minority of young people who self-harm present to hospital (Hawton et al, 2002). We developed a collaborative methodology to facilitate the identification and translation of best practices in the management of DSH into the usual systems of care. The resultant methodology is a research process in itself, incorporating a framework for identifying how change is best diffused (Rogers, 1995).

Project Aims

Describe:

- the socio-demographic characteristics of young people aged 16 years who attended general hospital following DSH
- the pathways into and through care for the sample

Objectives:

Identify:

- issues related to the management of DSH
- organisational responses to those issues informed by best practice

Elements:

- retrospective audit of medical, CAMHS and Social Services files (n=164) from 01/04/98 - 31/07/00
- prospective audit as above (n=117) from 01/03/01 - 28/02/02
- multi-disciplinary, multi-agency Working Party
- action research design
- framework for evaluating change

Findings:

- age range 10 - 15 years; modal age 15 years
- female:male 1.7:1
- 22% child protection issues
- 49% school related problems
- 26% self-harmed prior to index episode
- 21% experienced domestic violence

Outcomes:

- information leaflet on DSH & services
- shared-access electronic register of young people who self-harm funded by DoH
- Education Department/CAMHS self-harm group
- school-based survey of DSH funded locally

The presentation will relate what is known about DSH and younger people, detail the project methodology, introduce Roger's theory of the Diffusion of Innovation, summarise key findings, issues and outcomes and consider future directions for research and development in this field.

Recommended reading:

Royal College of Psychiatrists, 1998. Managing deliberate self-harm in young people. Council Report CR64.

Hawton, K., Rodham, K., Evans, E., Weatherall, R., 2002. Deliberate self harm in adolescents: self report survey in England. *BMJ*, 325, 1207-11.

Rogers, E.M., (1995) *Diffusion of Innovations.* Fourth Edition. New York: Free Press.

12.10 – 13.10

Concurrent session 9

9.1 Public health/
community nursing9.1.1 Promoting equality within
district nursing practice: an
exploratory study

Sue Peckover, Lecturer, University of Sheffield, Community, Ageing, Rehabilitation, Education and Research, Sheffield, United Kingdom. Co author: Robert Chidlaw

Abstract:

United Kingdom (UK) society is increasingly diverse and evidence indicates that individuals from minority groups experience inequalities in health status and discrimination in health care provision. Even though nurses work with a range of different clients from all sectors of society, they often struggle to practice in an anti-discriminatory and anti-oppressive manner when working with disadvantaged and minority groups. This may be because health care professionals operate with a focus upon 'individualised care', and give less recognition to structural inequalities facing their clients. This situation can be contrasted with other areas of welfare provision, notably social work, where anti-discriminatory practice and the promotion of equality is a central tenet in practice, research and scholarship (Thompson 1998).

This paper draws upon findings of a study which explored the issues facing district nurses in relation to addressing discrimination and promoting equality.

District nursing was chosen as the focus of this study because of the nature of their work, which takes place largely in peoples' homes, and brings them into contact with a wide range of clients. District nurses have responsibility for the assessment, delivery and evaluation of nursing care, and often act as advocates for their clients enabling them to access other aspects of health and social care provision (Audit Commission 1999).

The research was undertaken in two city based primary care trusts serving contrasting populations. All G-grade district nurses were invited to participate in semi-structured interviews. The data was analysed using an inductive approach in order to identify emergent themes and develop interpretations about the ways in which district nurses construct meanings within their narrative accounts (Coffey and Atkinson 1996).

The paper will discuss district nurses' understandings of anti-discriminatory practice and the promotion of equality in their everyday work with clients, exploring their knowledge and practice of these issues at both a conceptual and organisational level.

Recommended reading:

Audit Commission (1999). First assessment: a review of district nursing services in England and Wales. London, Audit Commission for Local authorities and the National Health services in England and Wales.

Coffey, A. and Atkinson, P. (1996). Making Sense of Qualitative Data: Complementary Research Strategies. London, Sage Publications.

Thompson, N. (1999). Promoting Equality: Challenging Discrimination and oppression in the Human Services. Basingstoke, Palgrave.

9.1.2 Public health nursing roles:
Foucault and the power to
change

Jill Turner, Lecturer in Sociology and Social Policy in Nursing and Midwifery, Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom. Co author: Anne Lazenbatt

Abstract:

This paper takes its starting point from research completed in 2002/3 on community nurses in Northern Ireland and their role in promoting public health. The research was commissioned largely in response to national government reports which advocate improving population health and assessing equitable health needs. (1)

It draws solely upon the qualitative data collected within the context of the larger collaborative project. The sample for the qualitative study included three pilot focus groups followed by eighteen focus groups drawn from two contrasting geographical locations and nine different community nursing disciplines including midwives. In addition, ten face to face interviews were conducted towards the end of the study with relevant actors identified during the course of the research. The data was originally analysed for emergent themes and fed into both shaping the quantitative survey and into a final report.

The data suggested, for example, a frustration at many levels which included an over emphasis on surveillance of both themselves via cumbersome systems of statistic gathering related to number and types of client visits and of their clients.

Here the same data is used but Michael Foucault's influential theorisation of power is drawn upon. (2) It functions as a lens to interpret the community nurses explanations of their current professional practice in relation to policy expectations that their role will include an increased engagement with public health. Foucault understands power as working through institutionalised and accustomed discourses which function to delimit types of action. By exploring nurses narratives of their everyday experience and how they operate within the social structure of the community nursing system, that is, Foucault's 'bottom up' model of power, the authors suggest how new forms of behaviour and resistance to regimes which disempower or thwart public health nursing innovation can begin to be overcome.

Recommended reading:

DHSSPS. 2002 Investing for Health. Belfast, Northern Ireland

Foucault, M. 1978) The History of Sexuality, Vol.1. An introduction. (trans. Robert Hurley) New York: Pantheon.

9.2 Older people

9.2.1 The nursing assessment of
older adults: a process analysis

Helen Taylor, Full time PhD student, University College Worcester, The Graduate School, Worcester, United Kingdom.

Abstract:

It is generally agreed that effective assessment is essential for quality, individualised patient care. Indeed, recent Department of Health publications have emphasised the significance of effective nursing assessment specifically in the planning of care for the older adult. Reasons for this includes the need for quality assurance and consistency in care provision (Department of Health 2001), and the requirement to 'cost' the registered nursing care of older adults in care homes, for example.

Unfortunately, an accurate, reliable and valid assessment is not always accomplished (Fries et al 1997), even if a reliable and valid assessment tool is used. A need for further insight into how nurses use assessment tools with older adults is therefore indicated. With around 2/3 of patient on NHS hospital wards over the age of 65 (Department of Health 2000), this is something that the majority of nurses will need to consider.

The research findings presented in this paper therefore addresses two critical questions:

1. Where do nurses obtain the information upon which they base their decisions during the assessment process?
2. Does the use of nursing assessment tools facilitate a true understanding of a patient's nursing needs, or are they simply used as a format for the expression of the assessing nurse's pre-made conclusions or 'intuitions'?

A total sample of 35 registered nurses working in care homes; acute NHS trusts and a community hospital were asked to use the RCN Assessment Tool for Older People (1997), as the basis of an hypothetical assessment of an older patient known to them. They were asked to rationalise their decisions. Data collection is complete and analysis is in process. This is principally quantitative (e.g. comparison of the levels of patient re-appraisal and information seeking engendered across assessment domains) though qualitative data (e.g. analysis of interview transcripts and emerging themes) is being used to provide further insight into how nurses made their assessment decisions.

Preliminary analysis indicates that much is based on 'gut instinct' rather than empirical measures.

Recommended reading:

Department of Health (2001) National Service Framework For Older People. London. Department of Health.

Fries, B. E., Hawes, C., Morris, J. N., Phillips, C. D., Mor, V., and Park, P., (1997) 'Effect of the National Resident Assessment Instrument on Selected Health Conditions and Problems.' Journal of the American Geriatrics Society, 45, 8, 994-1001.

Department of Health (2000) The NHS Plan: A Plan for Investment, A Plan for Reform. London. The Stationery Office.

9.2.2 A qualitative research study that explored the informal practice theories of nurses working in the care of older people

Christine Smith, Director of Primary Care/Community Nursing, Cardiff University, School of Nursing and Midwifery, Cardiff, United Kingdom.

Abstract:

This paper presented will be based on a qualitative research study that showed the inadequacy of the traditional biomedical approach and demonstrated clinical benefits of using a more holistic, bio-psychosocial approach to older peoples care.

Method: An ethnographic inductive approach was taken. An analytical inductive method was used by the researcher comparing each episode of practice with theoretical literature on that topic.

Sample: Non participant observations was performed on forty respondents who were staff nurses observing complete episodes of nursing practice followed by semi-structured interviews to explore and ratify theories in use.

Analysis: Phase one of the data analysis used a qualitative inductive approach to generate the main categories and themes. Phase two was a process of factor isolation which identified the factors of practice theory and use. The themes identified were nursing therapeutics, preventative nursing, communication, nurse patient relationships, collaborative nursing, nursing assessment, decision making and management of patient care. Further analysis identified that important and theoretical factors including encouraging, responding, comforting, explaining, maintaining ability, judgement in action and collaborating.

Findings: This knowledge develops our theoretical understanding of practice theory which is embedded in the work of practitioners. This study has shown that by exploring and critiquing nursing practice it has developed our understanding of the complex nature of nursing practice as it relates to the care of older people.

Recommended reading:

User R, Bryant I and Johnston R (1997) *Adult Education and the Post Modern Challenge: Learning Beyond the Limits*. London: Routledge

Eraut M (1996) *Developing Professional Knowledge and Competence*. London: Falmer Press

Elliott J (1991) *Action Research for Educational Change*. Milton Keynes: Open University Press

9.3 Qualitative

9.3.1 When themes won't do! Searching for congruence with methodology in qualitative analysis

Joan Livesley, Lecturer, University of Salford, Salford Centre for Nursing, Midwifery and Collaborative Research, Manchester, United Kingdom.

Abstract:

“Correct methodology is the decisive factor in any science. A false method cannot lead to correct conclusions” (Propp 184 p 153)

Folklore, narrative, text and talk have a distinguished history that is continually re-interpreted to meet the needs of contemporary researchers (Propp 1984). While laudable, these approaches leave the researcher with the formidable task of developing reproducible accounts that are persuasive, plausible, coherent and pragmatic. The stories told to me in a recent research study did not represent the repeat performances of every-day life (Berger 1997) rather, they communicated the conflicts, problems and complications that arise from work with children in hospital.

Faced with multiple stories, I needed to find a method of analysis that was consistent with the research aim of giving precedence to the participants' voices. Qualitative researchers often turn to thematic analysis in order to reduce transcribed texts to manageable accounts, but the described methods such as frequency counts and searching for a single constitutive pattern, or exploring if the participants meanings emerge in different contexts had quantitative leanings that were incongruous with the qualitative approach guiding the study. My search an appropriate and consistent method led me to Labov's (1982) six categories for fully formed narrative.

While not without problems, this presentation will consider how the application of Labov's codes enabled me to give precedence to the participants' interpretations and meanings without the need for data manipulation or de-contextualisation.

The presentation will contribute to the ongoing contemporary debate around validity and reliability in qualitative analysis and will challenge current canons around thematic analysis. It will call for shift from away from the traditional scientific leanings that drive much qualitative analysis towards the arts in order to promote methods that are congruent with qualitative methodologies and thus move qualitative research findings towards better conclusions.

Recommended reading:

Propp V., (1984) *Theory and History of Folklore* translated by Martin A and Martin P. Manchester University Press Manchester

Berger A., (1997) *Narratives in popular culture, media and everyday life* Sage Publications London

Labov W., (1982) *Speech Actions and Reactions in Personal Narrative* IN Tannen d., (1982) *Analyzing Discourse: Text and Talk* Georgetown University Georgetown

9.3.2 Replication: An important methodological approach in nursing research

Ruth Harris, Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom.

Abstract:

Webb (2002) recently wrote ‘In nursing and midwifery research, we are particularly poor at replication’. In countless research papers and reports further replication research is advocated in the discussion yet this is rarely attempted or published. The academics who do write about replication research in nursing describe it as an essential element to develop a robust, empirically based body of knowledge as a foundation to nursing and that its neglect has seriously impeded the implementation of research findings in practice (e.g. Connelly 1986). Moreover, a large proportion of the literature available consists of journal editorials emphasising the need to do more replication studies in nursing (e.g. Martin 1995). Even with the increasing emphasis on evidence based practice and clinical governance this position is not improving.

There are a number of reasons for the lack of use of replication methods and techniques in nursing. It is proposed in this presentation that there is a misunderstanding of what replication research is and how it can be implemented. Literature dealing with replication research methodology is absent in nursing and scarce in other disciplines with few researchers attempting to expand the theoretical basis and application of replication techniques. There are a small number of classifications or typologies of approaches to replication of psychosocial research. These classifications, although developed primarily within psychology and behavioural science, are considered important to understanding replication research in other disciplines.

This presentation will explore what replication research is and why it is rarely conducted in nursing. Typologies of replication approaches will be discussed with a view to identifying important aspects to consider in the design and conduct of replication research. Throughout the presentation a replication study to evaluate the effectiveness of a nursing-led in-patient unit will be discussed to illustrate the theoretical points made.

Recommended reading:

Webb C. (2002) Editorial: Tool boxes. *Journal of Advanced Nursing*. 38(3): 211.

Connelly C.E. (1986) Replication research in nursing. *International Journal of Nursing Studies* 23(1): 71-77.

Martin P.A. (1995) More replication studies needed. *Applied Nursing Research* 8(2): 102-103.

9.4 Education

9.4.1 NHS cadet schemes: student experience, commitment, job satisfaction and job stress

Jan Draper, Course Director, Royal College of Nursing Institute, Distance Learning Unit, London, United Kingdom. Co authors: Debbie Halliday and Ian Norman

Abstract:

In the context of various policy initiatives concerning widening access to and strengthening recruitment and retention in the health services (see for example Department of Health 1999, 2000a and 2000b), cadet schemes - predominantly in nursing - have proliferated over the last few years. As part of a larger national evaluation of National Health Service (NHS) cadet schemes, this paper reports on a survey of senior cadet students across 62 cadet schemes in England and examines their experience of being a cadet on such a scheme. Cadets forming the most senior cohort from each of the 62 schemes (n=596) were surveyed using a questionnaire. The questionnaire explored cadets' experiences of the cadet scheme and, using previously validated instruments, included self-rated measures of job satisfaction, job stress and commitment. A sample of these cadets participated in follow-up telephone interviews. This paper reports findings from both questionnaire and interview surveys. Cadets reported high satisfaction with their courses. One of the most positive aspects of the schemes was the first hand experience of working in the NHS they provided, whilst also giving cadets the opportunity to gain recognisable skills and qualifications. Cadets scored highly on the job satisfaction scale and, on the job stress scale, showed low stress overall. A significant positive correlation was found between satisfaction and stress, indicating that the cadets who are most satisfied are also more highly stressed. A negative correlation was found between stress and the dimensions of commitment indicating that those cadets who are stressed are less committed to the NHS. A negative correlation was also found between satisfaction and the dimensions of commitment, suggesting that commitment to the NHS is not contingent on high satisfaction. The implications for the findings of the survey for nursing and allied health professions will be discussed.

Recommended reading:

Department of Health (1999) Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and health care. Department of Health, London.:

Department of Health (2000a) The NHS Plan. Department of Health, London.

Department of Health (2000b) Recruiting and Retaining Nurses, Midwives and Health Visitors in the NHS: A progress report. Department of Health, London.

9.4.2 NHS cadet schemes: Do they widen access to healthcare study?

Roger Watson, Professor of Nursing, University of Hull, Department of Nursing and Applied Health Studies, Hull, United Kingdom. Co authors: Ian Norman and Jan Draper

Abstract:

The objective of this study was to investigate the extent to which NHS cadet schemes widen access to healthcare study. Using a survey design and questionnaires a national survey of all cadet schemes (n = 62) in England at the time of the study was carried out and the respondents were cadet scheme leaders (n = 62) cadet students (n = 411). The questionnaires to cadet scheme leaders enquired about when the schemes were established, what the schemes were preparing cadets for, modes of delivery and entry qualifications. The questionnaires to cadets enquired about age, gender, family circumstances, prior experience and ethnic background. The majority of schemes had been established since the health service reforms of 1999 and most were preparing cadets to enter nursing. Very few provided part-time delivery and some continued to ask for entry qualifications. Cadets were younger than a national comparator group of adult branch student nurses, fewer were married and fewer had previous employment but there were no other significant differences on the basis of demographic data. It is concluded that, while cadet schemes have the potential to widen access to healthcare study, at the moment they are not doing so on the basis of a number of demographic variables, ethnic background among them.

Recommended reading:

Draper J. & Watson R. (2002) Cadets and nursing students: same destination - different route. *Journal of Advanced Nursing* 40, 449-456.:

Culley L. & Genders N. (2003) Nurse cadet schemes in the British NHS - challenges and opportunities. *Journal of Advanced Nursing* 41, 607-614.

Taylor J. Fell C. & Day N. (2002) Teenage hang-ups. *Health Service Journal* 112(5791), 28-29.

9.5 Child health

9.5.1 Does Sure Start truly adopt a partnership approach in defining and meeting local need or is it a series of professionally led projects fitting into nationally defined targets?

Brenda Poulton, Professor of Community Health Nursing, University of Ulster, School of Nursing, Co. Antrim, United Kingdom. Co author: George Kernohan

Abstract:

Sure Start is a government led initiative aimed at working in partnership with parents and children to promote the physical, intellectual and social development of pre-school children - particularly those who are disadvantaged - to ensure they flourish when they get to school.

Studies have found that disadvantage and ill health in childhood are powerful predictors of disadvantage and ill health in adulthood (Berney

et al 2000). However, although there is a body of research showing the benefits of focusing on young families to reduce inequalities, there is no direct evidence as to whether Sure Start will actually work (Cowley 1999.) The only comparable programme is Headstart, in the USA, which yielded disappointing evaluations (Paulsell et al. 2000).

A small-scale local evaluation in Northern Ireland involved interviews with all members of the Sure Start management board (n=7); Sure Start workers (n=10) and a small consumer survey (n=55). Results suggest limited engagement with the local community. Several projects have been initiated (e.g. breast feeding support) but, due to the small numbers and short timescales, evaluation of effectiveness is difficult. Furthermore, it is unclear as to whether these priorities are community or professionally identified.

This paper will explore the extent to which national Sure Start targets are informed by the professional agenda; the community engagement in Sure Start; and how Sure Start differs from mainstream health and social care provision.

Sure Start is an ambitious, expensive initiative, which does not necessarily meet the needs of local communities and may not be any more effective than existing services. However, it may be used to improve community engagement; enhance interagency partnerships; and, make health services more responsive to need.

Recommended reading:

Berney, L., Blane, D., Davey-Smith, G., Holland, P. (2000) Lifecourse influences on health in early old age. In Graham, H. (ed.) Understanding health inequalities. Buckingham: Open University Press.

Berney, L., Blane, D., Davey-Smith, G., Holland, P. (2000) Lifecourse influences on health in early old age. In Graham, H. (ed.) Understanding health inequalities. Buckingham: Open University Press.

Paulsell, D., Kisker, E., Love, J. (2000) Leading the way: characteristics and early experiences of Early Headstart programs. Washington DC: US Department of Health and Human Services

9.5.2 Evaluating partnership working in primary and community care: the case of sure start and children and youth partnership programmes in Caerphilly, Wales

Anne Williams, Professor, University of Wales Swansea, School of Health Science, Swansea, Wales, United Kingdom. Co authors: Joy Merrell and Marie Bodycome James

Abstract:

The concept of partnership is considered essential to Welsh government plans to improve health and social welfare (NAFW 2001a and b) and is critical to improving services for children (NAFW 2000). Two initiatives - Sure Start and the Children and Youth programmes (NAFW 2000) aim to promote and improve the lives of parents, children and young people and are committed to partnership working between statutory and voluntary sectors. A case study, stakeholder evaluation was undertaken in Caerphilly between 2000 and 2002 to assess the effectiveness of partnership working in respect of the two initiatives.

Quantitative and qualitative data were collected using telephone interviews (12), focus groups (18), individual interview (1), observation and documentary analysis. Stakeholders included: programme co-ordinators (2), project leaders and workers (31), users (71) and non-users (6) of both programmes. A strategic, judgement sampling framework was used. Microsoft Excel was used to analyse the quantitative data and Atlas.ti to code and categorise the qualitative data.

Four themes were identified: effective communication; ensuring equal representation; managing tensions and conflicts; leadership styles and the concept of synergy, which demonstrates the added value dimension of collaborative programmes. The findings support the view that partnership working is critical to improved outcomes in health and social care and adds value to the provision of services. Partnership working allows users to draw on various sources of expertise to meet multifaceted needs. However, effective partnership working incurs financial costs and resources.

The paper discusses the themes, highlighting implications for primary care providers and for educationalists preparing health and social care practitioners to work effectively in partnership in the community. Findings are considered within the context of theoretical and empirical studies of partnership drawn from an international field. The paper will contribute to the growing body of knowledge on nursing's contribution to effective, integrated health and social care.

Recommended reading:

National Assembly for Wales (2000) Children and Young People, A Framework for Partnership - Consultation Document. NAFW, Cardiff.

National Assembly for Wales (2001a) Guidance on Children and Young People's Frameworks - Consultation Document. NAFW, Cardiff

National Assembly for Wales (2001b) Improving Health in Wales - A Plan for the NHS with its Partners. NAFW, Cardiff.

9.6 Inter-professional education

9.6.1 An evaluation of interprofessional education for health and social care professionals: the teachers' views

Siobhan Ni Mhaolrunaigh, Senior Lecturer, Dublin City University, School of Nursing, Dublin, Ireland.

Abstract:

The role of the teacher in facilitating interprofessional education (IPE) has been largely overlooked. The purpose of my research was to address this imbalance. The study adopted the illuminative evaluation paradigm to investigate the teachers' perceptions of IPE and shared learning milieu. It took the form of three surveys. The central research question underlying the study was how do teachers view and implement IPE? Multiple methods were used to collect the data and both quantitative and qualitative methods were used in analysis. Non parametric statistics were applied to quantitative data. Computer assisted analysis was used for the qualitative data through a purpose built database

using ACCESS software. The role of teachers is pivotal to developments in IPE. Nonetheless, the results showed that teachers or students did not have preparation for IPE while the majority of teachers felt that they required it. The evidence suggested a lack of commitment at strategic level, and a lack of structuring and planning of resources to accommodate this type of education. Teachers were aware of the benefits interprofessional education could offer, but were sceptical as to the motives underlying it. In reality, interprofessional education was less than the proposed principles behind it. This paper will use the data from the final survey, which was a postal questionnaire to teachers in higher education in the United Kingdom (UK). The sample included 246 teachers from health and social care. Teachers are the ambassadors of change and development of their role must be a priority. Implications for policy, professions, teaching and learning and research methodology will be discussed. This discussion will contribute to the development of knowledge and practice of teaching and learning for nurses, midwives and other health and social care professions.

Recommended reading:

Barr, H (2000) Working together to learn together: learning together to work together *Journal of Interprofessional Care* 14 (2) 177-179

Gilbert, J et al (2000) Preparing students for inter-professional teamwork in health care *Journal of Interprofessional Care* 14 (3) 223-235

Mhaolr naigh, S (2001) An evaluation of interprofessional education for health and social care professionals: the teachers' views. PhD Thesis Coventry, University of Warwick

9.6.2 Evaluating inter-professional education

Poorna Gunasekera, Evaluation Researcher, Thames Valley University, Faculty of Health and Human Sciences, SLOUGH, United Kingdom. Co authors: Brodie D, Brown E, Gallagher M, Gunasekera P, McBride C, Mitchell F, Tsolova S, Young G.

Abstract:

Inter-Professional Education (IPE) is a vital component of the NHS Plan 'to give the people of Britain a health service fit for the 21st Century: a health service designed around the patient' (DoH 2000). Joint Universities Multi-professional Programme (JUMP2) is an ambitious initiative, commissioned and facilitated by the North West London Workforce Development Confederation, to introduce IPE at the practice-learning environment, targeting nursing and other healthcare students undertaking attachments/placements at trusts in West London, thereby improving inter-professional practice.

JUMP2 is perhaps unique in being the only IPE initiative that counts on active participation of a NHS confederation, multi-professional practitioners in the health sector (nine trusts) and academia of four universities (Buckinghamshire Chilterns, Brunel, Imperial and Thames Valley). It follows the pilot JUMP1, which involved approximately 600 students and 60 clinical facilitators over 1998 -2001.

The paper will describe the evaluation of JUMP2, which is based on an adaptation of the Realistic Evaluation Cycle (Pawson and Tilley 1997) seeking to identify what works for whom, in what circumstances and at what cost. It will discuss the:

- Methodology adopted to meet specified Terms of Reference.
- **Design:** of quantitative and qualitative tools specifically suited for the programme.
- Findings of pilot and full-scale studies, with particular emphasis on how qualitative methods helped unearth the cycles of cause and effect underlying the trends in attitude detected quantitatively.
- Contribution of findings to JUMP2 protocol directly, and its wider relevance to IPE in healthcare.
- Value of formative evaluations.

The presentation will highlight the problems encountered in managing a complex programme, and how methodical, evidence-based processes can help in identifying and overcoming them. The knowledge thus gained is immediately relevant to NHS development, as it seeks to build a workforce suited to meet the challenges of the 21st Century.

Recommended reading:

Department of Health. 2000. The NHS Plan. A Plan for Investment, A Plan for Reform. Norwich: The Stationary Office

Pawson, R, and Tilley, N. 1997. Realistic Evaluation. London: Sage Publications - Adapted by Gill Young. 2002.

9.7 Leadership

9.7.1 An evaluation of the role of associate clinical dean

Carole Swindells, Associate Clinical Dean, Salford Royal Hospitals NHS Trust, Academic Affairs, Salford, United Kingdom.

Abstract:

In February 2001 a new joint post of Associate Clinical Dean for the Non-Medical professions was introduced at Salford Royal Hospitals NHS Trust and the University of Salford. This post was one of the first such posts in the North West and probably nationally. Its origin was first proposed in a Council of Deans paper in July 1999 entitled 'Developing a Clinical Academic Career for Nurses and Midwives'. Salford Trust and the University adopted the concept of the post (Pawson and Tilley (1997) and together with the then North West NHS Executive Education and Training Directorate funded the post with the intention of bringing education and research together for the non-medical professions within the Trust as well as fostering greater partnerships with the University.

As a new strategic role with a number of stakeholders an evaluation of its effectiveness was undertaken in conjunction with the Health Care Practice R&D Unit (HCPREDU) at the University of Salford. This paper will present the outcomes, key findings and recommendations of the qualitative evaluation study of the role of Associate Clinical Dean. The study addressed 3 main questions:

1. What are the characteristics of the role of Associate Clinical Dean
2. How has the Associate Clinical Dean's role been implemented at Salford Royal Hospitals NHS Trust

3. What are the stakeholders/ fund-holders perceptions of the activities that the post-holder has been involved in and could be involved in?

Two forms of data collection were utilised to inform the study a self-review of the implementation of the post and qualitative interviews from 13 stakeholders.

The study through the evaluation will provide insight into the need for strategic joint posts between universities and Trusts to ensure education and development is championed within the Trusts.

Recommended reading:

Council of Deans and Heads of UK University Faculties of Nursing, Midwifery and Health Visiting (1999) *Developing a clinical academic career for Nurses and Midwives: A Consultation Paper*

Pawson. R & Tilley. N (1997) *Realistic Evaluation* Sage Publications Ltd.

9.7.2 Span of control, leadership and performance

Amy McCutcheon, Director, University of Toronto, Faculty of Nursing, Toronto, Ontario, Canada. Co author: Diane Doran

Abstract:

Purpose: To examine the influence of the manager's span of control and leadership style on performance, as measured by nurses' job satisfaction, unit turnover, and patient satisfaction.

Conceptual Framework: The study conceptual model linked concepts from three theories: Span of Control theory, Transformational Leadership, and Contingency.

Methods: The study used a descriptive correlational design. The sample consisted of nurse managers (41), nurses (717) and patients (681), drawn from several hospitals and from four types of units (medical, surgical, obstetrics, and day surgery). Measures used included: Multifactor Leadership Questionnaire Form 5X; a section from the Patient Judgments of Hospital Quality Questionnaire; and McCloskey-Mueller Satisfaction Scale. Hierarchical linear modelling was used to analyze the data.

Findings: The two items rated consistently as excellent or very good by the 682 patients were: "Courtesy and caring by nurses" and "overall quality of nursing care". The strongest predictor of job satisfaction was transformational leadership style, however, span of control moderated this relationship. Under smaller spans of control, transformational leadership was more highly related to nurses' job satisfaction than under larger spans of control. In addition, span of control was the most significant predictor of unit turnover.

Implications for Research, Practice and Policy

Increasing our knowledge of how differing levels of span of control affect staff and managers has implications for policy development regarding the number of staff a nurse manager can effectively manage. In addition, empirical evidence identifying the particular leadership style that produces optimal performance in differing levels of span of control would help nurse leaders perform effectively, and positively influence staff and the provision of quality patient care.

9.8 Measurement

9.8.1 Mind the gap: The use of difference scores in measurement research

Paula Roberts, Associate Dean, Keele University, Keele University, Nursing and Midwifery, Staffs, United Kingdom. Co author: Bill Watson

Abstract:

This paper describes the use of difference scores in measurement research. Most often measurement is carried out and analysed in a direct way. That is, a phenomenon or characteristic is measured and the scores are analysed with reference to other key characteristics or with reference to time. In certain cases however it may be more appropriate, and indeed more powerful, to analyse not the measures themselves but the difference between certain measures. These derivative variables, calculated by subtracting one variable from another, are referred to as difference scores and they can be used in three principle ways.

Difference scores can be used to calculate a variable that describes a discrete concept. An example of this is quality of life, which can be defined as the difference between one's expectations and one's reality. Secondly they can be used to investigate change over time, for example within clinical trials, as an adjunct to monitoring the change of aggregate scores of central tendency. Thirdly difference scores provide a way of establishing agreement between medical devices that is more accurate and valid than the frequently used method of correlation analysis. This paper will describe the use of difference scores in these three areas and discuss the key debates around this type of analysis.

Whilst widely used, there is much debate and controversy surrounding the use of difference scores. Several authors have questioned the use of difference scores in multivariate analyses, particularly in relation to problems of low reliability and validity (Peter et al., 1993). Brown et al. (1993) argued that there are three psychometric problems with the use of difference scores to measure service quality, namely, reliability, discriminant validity, and variance restriction problems. However, other studies have demonstrated the benefits of using difference scores for their diagnostic utility. For example, Parasuraman et al (1993) asserted that the use of difference scores gives potentially richer, more accurate diagnostic information. Parasuraman et al. (1994) performed a comparative analysis of the difference versus non-difference score approaches. They concluded that the difference score approach is, on the whole as 'sound' as the non-difference score approach except for predictive power. The authors will discuss the use of difference scores with illustrative exemplars from their own research.

Recommended reading:

Peter, J.P., Churchill, G.A. Jr., & Brown, T.J. (1993). Caution in the use of difference scores in consumer research. *Journal of Consumer Research*, 19(March), 655-662.

Brown, T.J., Churchill, G.A. Jr., & Peter, J.P. (1993). Improving the measurement of service quality. *Journal of Retailing*, 69(1), 127-139.

Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1994c). Alternative scales for measuring service quality: A comparative assessment based on psychometric and diagnostic criteria. *Journal of Retailing*, 70(3), 210-230.

9.8.2 Factor analysis: outlining and clarifying the principals, techniques and language

Bill Watson, Senior Lecturer, University of Northumbria at Newcastle, Nursing, Midwifery and Allied Health Professions Research and Development Unit, Newcastle upon Tyne, United Kingdom. Co author: Paula Roberts

Abstract:

Factor analysis refers to a range of statistical methods useful for examining interrelationships between large numbers of variables, disentangling them and identifying clusters of variables that closely correlate (Burns and Grove 1997). It has wide application within healthcare research. Many clinical assessment tools and rating scales are developed with the use of factor analysis as it is one of the main methods of reducing data and deriving the most important dimensions in measurement research. It also has an application in clinical research and has been used by Fuchs-Climent (2001) to establish change in factors underlining quality of life, dyspnea, and physiologic variables in patients with chronic obstructive pulmonary disease before and after rehabilitation.

Yet the methods, techniques and use of factor analysis are seldom reported in the nursing literature. A search using 'factor analysis' as a keyword term in the CINAHL database returns only 17 papers published in nursing journals in the last 10 years. This suggests that many researchers and practitioners may be unfamiliar or uncomfortable with this form of analysis.

During this presentation the authors will draw on their own empirical data and published studies (for example Parshall 2002) to discuss the role of factor analysis in scale development research and applied clinical research. The authors will outline and clarify the principals, techniques and language of factor analysis.

The presentation will discuss both exploratory and confirmatory factor analysis and explain when each should be used. The two techniques for factor extraction (principal axis factoring and principal components analysis) within exploratory factor analysis will be explained, as will thresholds for extraction based on Kaiser's criterion for eigenvalues and scree plot interpretation. Confirmatory factor analysis, used to assess the extent to which postulated relationships between factors fit the data, will be outlined and explained by drawing on published examples.

Recommended reading:

Burns N & Grove SK (1997) *The practice of nursing research: conduct, critique & utilization* (3rd ed.). Philadelphia: W.B. Saunders.

Fuchs-Climent D, Le Gallais D, Varray A, Desplan J, Cadopi M, Prefaut CG (2001) Factor analysis of quality of life, dyspnea, and physiologic variables in patients with chronic obstructive pulmonary disease before and after rehabilitation. *American journal of physical medicine & rehabilitation*; 80(2): 113-20

Parshall MB (2002) Psychometric Characteristics of Dyspnea Descriptor Ratings in Emergency Department Patients with Exacerbated Chronic Obstructive Pulmonary Disease Research in Nursing & Health; 25: 331-344

9.9 Policy imperatives

9.9.1 Working together? The impact of implementing the single assessment process

Angela Dickinson, Research Fellow, University of Hertfordshire, Centre for Research in Primary and Community Care, Hatfield, United Kingdom.

Abstract:

The National Service Framework for Older People (NSF OP) (Department of Health 2001), a UK government policy directive, demands the implementation of a Single Assessment Process (SAP) in order to improve and standardise the assessment of older people and lead to more effective and equitable delivery of statutory services to older people. The successful implementation of this policy requires professionals to work more closely together as well as to share information across both professional and organisational barriers. However, the divide that exists between health and social care and the problems this creates for both practitioners and service-users have been widely documented (e.g. Lewis and Glennister, 1996; Lewis 2001). Thus, little is known about how the SAP will impact on practice, practitioners or service-users and carers.

This paper will present findings from an evaluation of a local implementation of the SAP, based on data from observed and recorded assessments with a range of health and social care professionals, interviews with service users and carers, health and social care professionals and key people involved in the implementation.

Sample: Theoretical sampling leading to 26 interviews with health and social care professionals (including district nurses, social workers and therapists) and managers, interviews with 9 service-users and carers and tape recordings of 16 contact (n=9) and overview (n=7) assessments.

Analysis: Interviews were fully transcribed and analysed following an inductive grounded theory approach with the assistance of N5©.

Findings: This pilot study demonstrated that implementing SAP is not in itself sufficient to overcome the health/social care divide and achieve joint working in day-to-day practice. The study has highlighted the need for further development work to specifically focus on joint working in primary and community care.

Recommended reading:

Department of Health (2001) The National Service Framework for Older People. London: TSO.

Lewis J. (2001) Older People and the Health-Social Care Boundary in the UK: Half a Century of Hidden Policy Conflict Social Policy and Administration 35 (4); 343-359.

Lewis J and Glennerster H (1996) Implementing the New Community Care. Buckingham: Open University Press.

9.9.2 What has happened to named nursing?

Ann Humphreys, Academic Lead - Professional Studies, University of Plymouth, Faculty of Health and Social Work, Plymouth, United Kingdom.

Abstract:

The introduction of the Named Nurse Standard (DOH 1991) was potentially one of the most significant changes to the nurses' role in contemporary times. It was sponsored by government and supported by nurse leaders; it was patient centred; it empowered nurses and it acknowledged the value of nursing. Finally, and most importantly, it focused on the nurse-patient relationship to improve patient outcome. However, within a decade of its launch the Named Nurse Standard, as such, was no longer part of the government's strategic intention (DOH 2001).

The findings from a study that examined the effect of the Standard on nursing work and patient experience will be presented. A case study approach in surgical wards in two NHS trusts enabled comparison of clinical settings with a high adherence to the Standard's criteria and wards with low adherence. The areas selected for comparison were the methods of organising nursing work, nurses' perceptions of the Named Nurse Standard and the patient's experience of the named nurse role. The methods used included non-participant observation of nurse interactions with seven patients on two consecutive days, and semi-structured interviews with twelve nurses and ward managers. Patient perceptions were identified using the Newcastle Satisfaction with Nursing Scales (Thomas et al 1996).

The results show that, although levels of patient satisfaction were high, this was not associated with care from a named nurse. There was no significant difference between the methods of organising nursing work on the wards in the two adherence categories. Finally, the Named Nurse Standard was not fully implemented on any of the wards sampled. These results support the argument for innovations in nursing practice to be evaluated in a pilot study before being introduced nationally.

Recommended reading:

Department of Health (1991) The Patient's Charter. NHSME, HMSO, London

Department of Health (2001) Your Guide to the NHS. DOH, London.

Thomas L., Bond S., McColl E. and Milne E. (1996) The Newcastle Satisfaction with Nursing Scales (NSNS) Centre for Health Services Research, University of Newcastle Upon Tyne, Newcastle Upon Tyne.

9.10 Advanced nursing practice

9.10.1 Devising and establishing the face and content validity of explicit criteria of consultation competence for UK nurses

Sarah Redsell, Senior Lecturer (Nursing), University of Leicester, General Practice and Primary Health Care, Leicester, United Kingdom. Co authors: Mariane Lennon, Adrian Hastings and Robin Fraser

Abstract:

Background: Over the past decade many new nursing roles have emerged such as nurse specialist, practitioner and consultant. However, there is evidence that many nurses lack the appropriate skills and preparation for these new roles (Read et al. 1998). Furthermore, most of the current methods used to define or measure clinical competence in nursing have not been developed systematically and insufficient attention has been paid to their reliability and validity (Watson et al 2002). The first step to improving nurses' competence in the consultation setting is to determine the criteria against which their performance can be judged.

Aim: The aims of this study were a) to devise a set of prioritised criteria of consultation competence for nurses working in UK hospitals and b) to determine their face and content validity.

Method: The criteria of consultation competence as contained in the Consultation Assessment and Improvement Instrument (CAIIN) for primary care nurses (Redsell et al 2003) were adapted as a result of focus group discussions and observation of videotaped consultations between hospital nurses and patients. The amended criteria were sent to a national sample of nurse consultants, specialist nurses and nurse practitioners (n=738) to determine their face and content validity.

Results: The response rate was 53% (n=394). Support for the seven categories of consultation competence varied from 96-99% and for the 37 component competences from 94-99%. There was no consensus for alternative or additional categories or components. 87% of respondents strongly agreed or agreed that the categories of consultation competence should be prioritised and 63% strongly agreed or agreed with the suggested weightings.

Conclusion: We have devised prioritised criteria of consultation competence for UK secondary care nurses and established their face and content validity. These can now be used, in conjunction with the briefing pack, for assessing and improving the consultation skills of hospital nurses.

Recommended reading:

Read S, Lloyd-Jones M, Collins K, McDonnell A, Jones R, Doyal L, Cameron A, Masterson A, Dowling A, Vaughan B, Furlong S, Scholes J. (1998) Exploring New Roles in Practice: Implications of developments within the clinical team (ENRiP) Sheffield University (<http://www.snm.shef.ac.uk/research/enrip/enrip.pdf>)

Watson R; Stimpson A. Stimpson A.; Topping A.; Porock D. (2002) Clinical competence assessment in nursing: a systematic review of the literature Journal of Advanced Nursing 39, 5, 421-431

Redsell SA, Hastings A, Cheater FM, Fraser RC. (2003) Devising and establishing the face and content validity of explicit criteria of consultation competence in UK primary care nurses (CAIN) Nurse Education Today 23, 4, 299-306

Case Surgery, Report for the NHS Executive South East Project Grant Scheme, February.

9.10.2 Nurse led assessment: the challenges of undertaken a randomised controlled trial in advanced nursing practice research

Helen Rushforth, Lecturer in Child Health Nursing and Head of Child Health Division, University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom.

Abstract:

The rapid expansion in nurse led roles in care delivery has led to a growing evidence base in this field. Such studies aim to demonstrating comparability or superiority in the safety and quality of nurse led care delivery compared with other practitioners whom they replace. The RCT approach is central to many of the most rigorous studies in this field, and continues to be widely viewed as the optimal approach to data collection in studies where patient safety is the primary outcome measure.

This paper explores the methodological challenges of undertaking an RCT in this context. It does this by presenting the authors recently completed 595 subject (Rushforth et al 2003), which demonstrated 'equivalence' (non-inferiority) between nurses and senior house officers in the pre-operative assessment of children prior to day surgery. Reflection upon the experience of conducting the trial leads the author to debate a number of methodological issues, including

- The pros and cons of the 'pragmatic trial' - the laboratory vs the 'real' world of clinical practice, and the difficulty of 'blinding' in pragmatic research.
- Threats to external validity typicality of single case study settings
- Fixed vs random effect models of care delivery the importance of the practitioner numbers in care delivery in human intervention studies
- The challenges of measuring performance similarity and the use of the 'equivalence methodology'
- Fiscal challenges and the limits of the best achievable evidence base for nurse led care

The paper will conclude by recognising both the strengths and limitations of the RCT approach, and by placing the findings of the single RCT in a wider context (Black 1996, Jadad 1998) in order to work towards optimising the evidence base for nurse led care delivery.

Recommended reading:

Black, N (1996) Why We Need Observational Studies to Evaluate the Effectiveness of Health Care? British Medical Journal, 312, 1215-1218.

Jadad, A (1998) Randomised Controlled Trials, British Medical Journal Books, London.

Rushforth, H., Burge, D., Gaspard, E.A., et al (2003) Paediatric Pre-Operative Assessment: A Randomised Controlled Trial to Compare the Competence of Nurses and SHO's Assessing Children Prior to Day

Symposia and workshop abstracts

Monday 22 March

9.00 – 10.30 Symposium 1:

Pursuing excellence in asthma care

Lead: Samantha Walker, Director of Research, National Respiratory Training Centre, Warwick, United Kingdom

Paper 1: The outcome of occupational asthma in laboratory animal workers

J Cannon, Respiratory Nurse Specialist, P Cullinan, C Zekveld, A J Newman Taylor, Department of Occupational & Environmental Medicine, Royal Brompton & Harefield NHS Trust, London United Kingdom

Paper 2: Assessment of key influences on asthma inhaler device selection in trained asthma nurses

A. Hardy, Research Assistant, M. Fletcher, S. Connell, S. Walker, National Respiratory Training Centre, Warwick United Kingdom and B. Karbal, K. Morrison, Astra Zeneca UK Ltd, Bedfordshire, United Kingdom

Paper 3: Implementing asthma guideline recommendations - are the necessary provisions in place to achieve this?

G. Hoskins, Research Fellow, C. McCowan, RG Neville, University of Dundee, Dundee, United Kingdom and M. O'Donnell, National Asthma Campaign Scotland, United Kingdom

Paper 4: Corticosteroid induced osteoporosis in respiratory disease. Recognition, prevention and prophylaxis: a real life review.

J E Scullion Respiratory Nurse Consultant and A C Murphy, Respiratory Unit, University Hospital Leicester, United Kingdom

Abstract:

Outline: Asthma is a chronic condition characterised by intermittent or chronic airway inflammation and bronchoconstriction. Although severe exacerbations are a common cause of hospital admissions, the majority of patients are able to control their symptoms with regular prophylactic treatment. Asthma management guidelines (BTS/SIGN 2003) recommend early and accurate diagnosis, drug treatment based on symptom severity, selection of appropriate inhalers, encouragement of patient self-management and regular structured review. Early diagnosis and identification of avoidable triggers is vital to prevent long term lung damage and to ensure appropriate treatment, whilst recognition of the side effects associated with long term steroid use allows identification of patients at risk of adverse effects of treatment.

Interpretation and appropriate implementation of the guidelines requires specialist training in asthma diagnosis and management. Asthma-trained nurses commonly provide this care, and consultation with a trained asthma nurse can reduce GP and practice nurse consultations for acute asthma episodes (Levy et al. 2000). This paper describes four studies that focus on different, but equally important, aspects of asthma care. The studies illustrate the importance

of high quality asthma training as well as comprehensive dissemination of new information to ensure continuous improvement of standards.

Paper 1:

Introduction: Allergy to laboratory animals is a significant cause of occupational asthma and rhinitis in the UK. This study examines the prognosis and socio-economic outcomes of laboratory animal/insect workers.

Methods: 118 patients diagnosed with occupational asthma to laboratory animals or insects by a specialist occupational lung disease clinic over a 15 year period (1982-1997) were sent a questionnaire. 71 (68%) subjects responded.

Results: Preliminary results show that the diagnosis had harmed career progression in 57% of cases, with 45% complaining of fall in income. 69% had recovered from their asthmatic symptoms, but 31% had not fully recovered.

Conclusions: Occupational asthma is a preventable disease and if diagnosed early can lead to a full recovery. This study provided important information to allow appropriate advice following a diagnosis of occupational asthma to be given to patients.

Paper 2:

Background: Individual attributes of asthma inhaler devices are known to affect adherence to treatment. We sought to identify influences on nurses' device selection and to investigate the rationale behind them.

Methods: A postal questionnaire was administered to 1500 randomly selected, asthma trained nurses. Mean importance scores were calculated for each of 44 influences.

Results: 573 (38%) questionnaires were returned. Mean scores ranged from 2.0-4.6; 14 statements scored ≤ 3, 15 scored 3-3.9 and 14 scored > 3.9. Of those that scored the majority (n=12) were influences which appear to relate to adherence, including ease of use (mean 4.6; SD 0.72), patient preference (4.5; 0.58), patients' lifestyle (4.4; 0.72) and cost (4.1; 0.65).

Discussion: Of the 44 influences identified, 26 appeared to relate to promoting adherence, 21 to evidence based decision-making and 4 to both, although adherence-related influences were given consistently higher scores. Device selection appeared to be more influenced by factors which nurses think will affect patients' adherence.

Paper 3:

Background: Much is known about managing asthma but there continues to be a failure in transferring this knowledge into practice. A recent survey in Scotland was designed to ascertain provision of care for patients with asthma.

Method: Stratified by health authority and size, a health professional from a 1:4 random sample of general practices completed a telephone or faxed questionnaire.

Results: 251 general practices participated. 233 (95%) practices had a 'register' of patients with asthma and 228 (93%) ran an asthma review service. This was provided in a set time clinic by 96 (39%) practices. 218 [90%] practices based their consultation on a structured review tool, a computer template was used in 97 (39%) practices. 166 (74%) practices employed a specially trained asthma nurse; 106 (39%) practices had a written policy for providing self-management plans.

Conclusion: Advances have been made in asthma care but this survey highlighted the variation in resource and service provision which still exists. To drive up standards health professionals require training, and there is a need for an increase in proactive procedures and provision of self management materials to patients.

Paper 4:

Introduction: It is estimated that up to 50% of patients on chronic steroid therapy sustain osteoporotic fractures and/or develop osteonecrosis. As the majority of patients with respiratory disease take high dose inhaled and/or oral corticosteroids, it is likely that many are at risk of osteoporosis. This review measured corticosteroid use in inpatients and outpatients and looked for evidence of prophylactic measures to prevent osteoporosis.

Methods: A real life review of practice was undertaken between June and September 2002 consisting of reviewing patients currently on the respiratory wards (122 patients with 42 exclusions N=66) and patients attending outpatients clinics (N=62).

Results: Data was collected on 60 inpatients (age range 17-92) and 62 outpatients (age range 18-88). 48% of inpatients and 53% of outpatients were identified as at risk of osteoporosis. 25% and 31% of in- and outpatients respectively were being treated but there was little correlation between those at risk and those being treated.

Conclusions: Whilst the dangers of continuous oral corticosteroids are reasonably well documented the problems of high dose inhaled corticosteroids are still under debate. There are also problems with repeated short course oral corticosteroids for exacerbations. There appears to be limited cohesive documentation or recognition of the problem and the authors recommend dissemination and adherence to guidelines to prevent unnecessary complications in our respiratory patients.

Recommended reading:

BTS/SIGN 2003, "British Guideline on the management of asthma", Thorax, vol. 51 (Suppl 1).

Levy, M. L., Robb, M., Allen, J., Doherty, C., Bland, J. M., & Winter, R. J. A randomised controlled evaluation of specialist nurse education following accident and emergency department attendance for acute asthma. Respiratory Medicine 94[9], 900-908. 2000.

09.00 – 10.30 Symposium 2

Developing a patient-centred, evidence-based culture: a trust-wide action research study

Lead: Kim Manley, Royal College of Nursing Institute, Practice Development, London, United Kingdom.

Paper 1: Integrating Emancipatory action research and Fourth Generation Evaluation - new insights into methodology and its use

Kim Manley, Head of Practice Development RCN Institute & Visiting Professor Bournemouth University, United Kingdom

Paper 2: Evaluating evidence based practice across an organisation

Angela Thompson, Lead Nurse -Clinical Governance, Neonatal Services; Addenbrooke's NHS Trust & Associate Fellow, Royal College of Nursing Institute Practice Development Function, United Kingdom

Paper 3: An organisational approach to evaluating and researching the patient's experience

Jill Down, Lead Practice Development Nurse Medical Services, Addenbrooke's NHS Trust Cambridge & Associate Fellow Royal College of Nursing Practice Development Function, United Kingdom

Paper 4: The first stage to developing an effective culture: using staff stories

Mel Keane, Practice Development Nurse Surgical Services, Addenbrooke's NHS Trust Cambridge & Associate Fellow Royal College of Nursing Practice Development Function, United Kingdom

Abstract:

An emancipatory action research approach (Grundy 1982) integrated with Fourth Generation Evaluation (Guba & Lincoln 1989) are the research approaches guiding a project which aims to develop, implement and evaluate an NHS trust-wide practice development strategy. Action research aims to contribute to the body of knowledge about the phenomena being studied - in this case how to develop a patient-centred, evidence-based and effective culture - as well as simultaneously developing practice and practitioners (Manley 2001).

Fourth Generation Evaluation enables evaluation to focus on stakeholders concerns, claims and issues and the impact of the practice development strategy on patients; the culture of care; the evidence used in practice and personal/professional effectiveness.

This symposium presents three elements of the work and also a methodological consideration of the approaches used. The first presentation focuses on the methodology - emancipatory action research integrated with Fourth Generation Evaluation. It will propose that integration of the two approaches is novel and has led to the emergence of a practical evaluation tool, namely Concerns, Claims and Issues which contributes to systematic scholarly and rigorous practice development (PD). The presentation will also share the realities of using

action research and fourth generation evaluation to develop, implement and evaluate a corporate PD strategy

The remaining presentations focus on three components of the evaluation framework derived from the trust's PD vision. It explores the impact of the PD strategy on patients, workplace culture, and the quality of the evidence used in practice.

The second presentation relates to the corporate objective: 'To improve the quality of patient care by developing, implementing and evaluating evidence based practice.' To date evaluation has focussed on what staff understand by evidence through a locally developed, semi-structure questionnaire, and, the use of two tools. The first is the AGREE tool an internationally developed tool for the appraisal of guidelines aimed at policy makers, guideline developers, and users. The second tool - Research in Child Health (RICH) Evidence Based Benchmark enables clinical areas to benchmark their culture in terms of research - its utilisation, critique and development

The third presentation focuses an organisational approach to evaluating and researching the patient's experience not dissimilar to the modernisation agency's discovery interviews (2002). As part of the action research study, staff have developed an inductive protocol for patient stories, skills in undertaking patient stories, thematic analysis of patient stories across wards, units, directorates and the organisation. The lessons learnt from this approach will be shared.

The final presentation focuses on the first stages of achieving an effective culture. A culture of effectiveness is defined as a transformational culture and this is synonymous with a culture that is patient centred, evidence based and striving for continuous improvement (Manley 2001). Within action research, methods for assessing culture are inter-related with cultural change itself. To date staff stories using an inductively developed protocol has guided unstructured interviews with a range of staff from different staff groups. Observation of care has further contributed to understanding workplace culture within different units and teams across the trust. Practical and ethical issues experienced with this work will be shared.

Although separate aspects of the action research project are presented, their inter-relatedness can not be understated. The challenges which have to be overcome if healthcare services are to be truly based on effective practice, collaborative working and transparent decision-making is what emancipatory action research seeks to achieve - practitioners researching their own practice, developing that practice and contributing to the body of knowledge all at the same time. One of the unique features of this symposium is the trust-wide focus to implementing and evaluating an interdisciplinary practice development strategy.

Recommended reading:

Grundy S (1982) Three modes of action research Curriculum Perspectives 2(3), 23 - 24

The AGREE Collaboration (2001) Appraisal of Guidelines for Research and Evaluation (AGREE). Available at www.agreecollaboration.org (accessed Aug 2003).

11.00 – 12.30 Symposium 3

Protocol-based care: Reflections on theory and practice

Lead: Rebecca L. Jones, Research Fellow (Nursing), School of Health and Social Welfare, The Open University, Milton Keynes, United Kingdom

Other authors: Pam Shakespeare, Director of Pre-registration Nursing, School of Health and Social Welfare, The Open University, Milton Keynes, United Kingdom

Basiro Davey, Senior Lecturer in Health Sciences, The Open University, Milton Keynes, United Kingdom

Julie Smith, Associate Lecturer, The Open University and Independent Lecturer and Nurse Researcher, United Kingdom

Abstract:

Protocol-based care is central to contemporary health policy; the NHS Plan states that by 2004 the majority of NHS staff will be working under agreed protocols (p.83). Protocol-based care is the latest in a line of toolkits and guidance with which the nursing profession is familiar. A range of claims has been made for the benefits of protocol-based care. It is said, for example, to be a mechanism whereby the latest evidence-based procedures can be implemented, the skills of staff can be maximised and cost effectiveness can be assured (NHS Modernisation Agency / NICE, 2002). At the same time, sceptics argue that it has an overly managerial bias, devalues information that cannot be quantified, and de-skills staff. This Symposium argues neither for nor against the use of protocols in nursing. Rather, it takes the position that protocols are a reality-creating tool (Berg, 1997) which have different effects depending on their particular construction and context of use. Two papers based on empirical fieldwork (Davey and Smith) and two employing documentary analysis (Shakespeare and Jones) examine the extent to which protocols simultaneously shape and reflect contemporary nursing practice.

Jones (Dr Rebecca L. Jones, Research Fellow (Nursing), The Open University) will chair and introduce the Symposium. Her paper focuses particularly on the rhetoric of protocol-based care using analytic techniques from critical discursive psychology. This paper explores in detail the rhetorical construction of a number of documents, such as Protocol-based care: Underpinning improvement (NHS Modernisation Agency / NICE, 2002), which aim to educate and persuade a range of stakeholders of the benefits of protocol-based care. Some of the regular features examined include; moral framing, the use of bulleted lists, what is counted as relevant evidence, the use (or absence) of different voices, and the relative positioning of patients, nurses and other health professionals. Such analysis takes as a starting point the necessarily rhetorical nature of documents such as these. Devices such as those analysed are understood to be a regular feature of everyday talk and texts. The aim of such analysis is to provide nurses with a set of widely applicable tools which enable them to understand the construction of such texts.

Shakespeare (Dr Pam Shakespeare, Director of Pre-Registration Nursing Programme, The Open University) provides an ethnomethodological

analysis of some nursing protocols. Berg (1997:1081) points out that protocols can be read as a set of instructions telling medical personnel to do A in situation B. Based on a small sample of publicly available nursing protocols, this qualitative research paper examines exactly what it is that instructions make relevant and accountable from an infinite possible number of descriptions of patient trajectories. The paper uses primarily ethnomethodological approaches with some reference to theories of relevance. The problem is: how are the instructions (or algorithms) in protocols constructed to anticipate and delineate a variety of situations, personnel and resources while at the same time establishing a relevant pathway of action? The paper analyses how the identities of service users are constructed, how the work of practitioners is articulated through instructions and how the idea of variance from the norm is managed. The focus of the paper is on devices which construct orderly sequences of activity which involve patients and practitioners and on the practical reasoning (Garfinkel: 1967) that underlies the writing and indeed reading of such documents.

Davey (Dr Basiro Davey, Senior Lecturer in Health Sciences, The Open University) focuses on the everyday use of 'Do not attempt resuscitation' (DNAR) protocols. Decisions are taken routinely in the wards of UK hospitals to instruct medical and nursing staff not to attempt cardiopulmonary resuscitation (CPR) on certain patients if they arrest. A Department of Health directive states that DNAR decision-making should comply with a locally-developed protocol, based on guidelines issued jointly by the RCN, the BMA and the Resuscitation Council. This paper briefly summarises the current DNAR guidelines (2001) and reflects on two influential cases that prompted their first publication (1993) and subsequent updating, before presenting some results from an ethnographic and interview study of DNAR decisions in two acute surgical wards in an English district general hospital. Extracts from interviews with 11 nurses and 10 doctors illustrate the findings that the existence of a protocol did not prevent DNAR decisions from being taken by junior doctors, patients were almost never involved in the decision-making, and nursing staff were sometimes unaware that a decision had been made. Moreover, the need to consider a patient's resuscitation status was often overlooked by medical staff on these wards unless prompted to do so by nurses, and DNAR decisions were sometimes taken only after resuscitation had commenced.

Smith (Julie Smith, Associate Lecturer, The Open University and Independent Lecturer and Nurse Researcher) asks whether there is a tension between protocols and patient empowerment. A patient empowerment approach to education is a central principle in diabetes care. The National Service Framework for Diabetes sets out twelve standards for the provision of diabetes care, one of which relates to empowering people with diabetes. Protocols are specifically referred to in relation to management of emergencies and long-term complications. Performance indicators and NICE guidelines have been developed relating to the NSF, and outcome measures relating to empowerment consist of death rates and years of life lost and are closely related to glycaemic control. However, data from a triangulated study of 23 mid life women's experiences of living with diabetes, suggests that glycaemic control is not necessarily the priority in the day to day management of their lives, and report hypoglycaemia (a potential outcome of tight glycaemic control) as being problematic. Managing their psychosocial roles takes precedence, with diabetes related roles taking second place. Having

diabetes necessitates contact with health care professionals, working to NSF standards and protocols. Consultations with health care professionals are viewed as potentially stressful, which in itself could have a deleterious effect on glycaemic control. A variety of strategies are discussed which are employed to manage the tension between protocol based care and patient empowerment.

Recommended reading:

Berg, M. (1997) Problems and promises of the protocol. *Social Science and Medicine*. 44 (8) 1081-1088.

Garfinkel, H. (1967) *Studies in Ethnomethodology*. Cambridge, Oxford: Polity Press in association with Blackwell Publishers Ltd.

NHS Modernisation Agency / NICE. (2002). Protocol-based care: Underpinning improvement.

11.00 – 12.30 Symposium 4 -

Questionnaire design and development in practice: key theoretical issues

Lead: Roger Watson; Professor of Nursing; School of Nursing, Social Work and Applied Health Studies; University of Hull; Hull; UK

Co presenters:

Martyn C Jones; Senior Lecturer; School of Nursing and Midwifery; University of Dundee; Dundee; UK

Janice Rattray; Lecturer; School of Nursing and Midwifery; University of Dundee; Dundee; UK

Graeme Smith; Lecturer; School of Nursing; University of Edinburgh; Edinburgh; UK

Sabdra Tricas; Postgraduate Student; School of Nursing; University of Edinburgh; Edinburgh; UK

Abstract:

This symposium will contain 4 papers all of which consider some practical aspects of questionnaire development and related theoretical issues related to questionnaire design. The presenters are all experienced and well published in the fields of questionnaire design, psychometrics and multivariate statistical analysis and the questionnaires presented all have either clinical relevance as instruments to measure clinical phenomena or educational relevance to measure stress and experience in student nurses.

Paper 1: will be concerned with the development of a questionnaire from item to factor analysis and the aim will be to raise awareness of the issues in questionnaire development and subsequent psychometric evaluation. The presentation will elaborate a series of heuristic decision making strategies at each stage of questionnaire development, from item construction to psychometric evaluation thus exploring the process by which a reliable and valid questionnaire can be developed.

We will clarify how to generate items, describe commonly used scales, and discuss strategies to decide whether item or factor analysis is appropriate to a data set. We will emphasise the need to state "a priori" the number of domains expected in a questionnaire, and the importance of planning the subsequent analyses.

The presentation will extend from item analysis to examine the use of exploratory factor analysis. It will explore the relevance of developing a pre-planned analytic sequence at each stage of the exploratory factor analysis process. The strategies to ensure robust psychometric evaluation of an emerging questionnaire will be detailed. Given the increase in the development of questionnaires by nurses in recent years, this presentation is a timely one and one which is likely to be of interest to nurse researchers.

Paper2: will trace the natural history of the Edinburgh Feeding Evaluation in Dementia (EdFED) Scale which assessed difficulty with feeding in older people with dementia. The purpose of this paper will be to trace the development of the EdFED Scale from the phenomenological aspects of feeding difficult in older people with dementia through item development, Mokken scaling, exploratory and confirmatory factor analysis, reliability and validity studies. The use of a wide range of statistical methods will be covered.

Paper 3: will consider the development of the Intensive Care Experience Questionnaire (ICEQ). Patients' memories of intensive care are very variable, with very little or indeed nothing at all being remembered (Jones et al., 1998). For some the memories consist of 'nightmares' and 'hallucinations' that are usually unpleasant or disturbing in nature. The paper aims to describe a) the development of a questionnaire that measures patients' perceptions of the intensive care experience, b) to discuss the reliability and construct validity of this a measure

Participants were patients recruited from an intensive care unit in a Scottish teaching hospital. Inclusion criteria:- non-elective patients with a stay → 24 hours and 18 years of age or above. Study One (n=34) allowed piloting and amendments of the questionnaire, and Study Two (n=109) subsequent exploratory factor analysis. Concurrent validity was assessed using the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983).

Study One involved interviews with patients 6-12 months following discharge from intensive care, and subsequent amendment of the initial 38 item questionnaire using item analysis and related strategies. In Study Two the amended 31-item questionnaire was administered at time of hospital discharge. A principal components analysis with varimax rotation resulted in a final solution of 24 items loading onto 4 components: a) 'awareness of surroundings' (9 items, $\bar{r}, \mu = .93$), b) 'frightening experiences' (6 items, $\bar{r}, \mu = .78$), c) 'recall of experience' (5 items, $\bar{r}, \mu = .73$), and d) 'satisfaction with care' (4 items, $\bar{r}, \mu = .71$). Reliable correlations were seen with two ICEQ components (b, c), and the anxiety and depression subscales (0.28-0.48). Further analysis is necessary to confirm the presence of these 4 components on an independent data set, and this work is currently being undertaken.

Paper 4: will relate to measurement of disease severity and psychological morbidity in the irritable bowel syndrome (IBS). IBS is a functional disorder characterised by abdominal pain and altered bowel function. Psychological symptoms are common in this patient group: these include anxiety and depression. Although not life threatening, for many patients IBS can have a serious impact upon their daily activities and health related quality of life. To standardise diagnosis of IBS, symptom-based criteria have been developed, known as Rome II criteria. The aim of this presentation is to examine the relationship of symptom-based criteria in IBS to validated health related quality of life measures. These measures include Short-form 36 (SF-36), hospital anxiety and depression score (HAD) and

the EQ-5D questionnaire. A research nurse screened one hundred patients attending a specific IBS clinic. This presentation aims to examine the relevance of measuring symptom-based criteria in IBS and to further define the role of quality of life measurement scales in the clinical setting.

Recommended reading:

Ferguson, E., & Cox, T. (1993). Exploratory Factor Analysis: A User's Guide. *International Journal of Selection and Assessment*, 1(2), 84-94.

Ferketich, S. (1991). Focus on Psychometrics: Aspects of Item Analysis. *Research in Nursing and Health*, 14, 165-168.

15.30 – 17.00 Symposium 5

Advocacy, empowerment and practice

Lead: Ruth Northway, Professor of Learning Disability Nursing, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, United Kingdom

Co authors: Penny Llewellyn, Research Student and Anne Marie Coll, Research Fellow, and Ian Mansell, Senior Lecturer, School of Care Sciences, University of Glamorgan, Prontypridd, Wales, UK

Abstract:

Advocacy is often viewed as a key element of nursing practice which aims to support the empowerment of patients / clients. This is particularly important where patients/ clients may be particularly vulnerable due to the fact that they have mental health problems, have learning disabilities or are elderly. However, whilst there is much debate as to whether nurses can act as effective advocates, research concerning advocacy is limited. In particular a key area which has not been researched is the perspective of those on whose behalf nurses and other professionals might advocate. Since advocacy is concerned with ensuring that the views and wishes of patients/ clients are represented this would appear to be a significant gap. Furthermore this lack of a voice for vulnerable groups in such research would appear to be the antithesis of advocacy. This has implications for practice since it could result in research which does not address the self-identified needs of patients / clients and advocacy which does not meet such needs. This symposium will present three studies which seek to address this gap in research.

Advocacy and the learning disability nurse

Penny Llewellyn, PhD student

Many learning disability nurses claim that advocating for clients is an important aspect of their work (for example Pennington, 2000). Others (for example Goble, 2002) argue that although nurses may act as advocates within service systems, true advocacy demands that they challenge the power structures fundamental to those systems; a task made difficult, if not impossible, by their employment within them. In this on going debate, people who have learning difficulties, who may require the services of an advocate, are seldom asked for their opinion. To address this focus groups were held with people who have learning difficulties from three different settings, to explore what advocacy means to them, and to enquire whether they need professionals, including learning disability nurses, to advocate for

them or to support them in self-advocacy. Twenty five different definitions of advocacy resulted, some dependent on the circumstances of the activity and others relying on the opportunities available to participants either to advocate for themselves or to enlist the help of another person to advocate for them. Many of the activities defined as advocacy relied on professionals either for facilitation or for support.

It is concluded that people with learning difficulties do require advocacy support. Before offering this, discussions should be held between professional and client to reach a shared understanding of the meaning of advocacy and of the advocacy requirements of the client in that particular situation. This approach could enable learning disability nurses either to advocate for their clients, to obtain independent advocacy assistance for them, or to support and facilitate their efforts to self-advocate.

Advocacy for older people living in residential care

Dr Anne Marie Coll, Research Fellow

Whilst many older people are able to represent their own views and wishes they can face key life changes which impair this ability on either a temporary or permanent basis. The move to live in a residential care home can be one such life event and in such circumstances they may require information, advice and the support of others to represent their own interests or someone to act on their behalf. Advocacy thus has an important role to play although there is debate as to who is best placed to provide such assistance.

In this exploratory study 102 older people living in 7 residential care homes were interviewed using a structured interview format. Their views were sought concerning who they felt should provide them with information, advice and support and who they felt currently provided these forms of assistance. They were also asked what the term advocacy meant to them and whether they had used the services of an independent advocate.

Whilst only a minority (n=22) of those interviewed were able to offer a definition of advocacy participants were able to express their views concerning sources of information, advice and support. An analysis of their comments also revealed factors they deemed important to the provision of such assistance. Key themes which emerged include the accessibility and knowledge of those providing assistance as well as the nature of the relationship they have with the individual requiring support.

From the researched to the researchers

Ian Mansell, Senior Lecturer

People with intellectual disabilities have traditionally been assigned a very passive role within research. Even where research was concerned with their lives their views and opinions have often not been sought. Instead it is suggested that they have been tested, counted, observed, analysed, described and frequently pathologised (Walmsley, 2001). Their views and wishes have thus not informed the research agenda, the conduct of research, or research findings.

Over the past decade participatory approaches to research have emerged and people with intellectual disabilities have started to take a more active role. In some instances they have worked as co-researchers and have been actively involved in all stages of the research process. Such an approach challenges the traditional power relations within the

research process and recognises the experience and expertise of people with intellectual disabilities.

This presentation has been prepared by one group of participatory researchers, comprising three self-advocates, one clinically based nurse, and two university lecturers. It will share their experiences of working together on a study that examines the perceptions which people with intellectual disabilities have concerning their health. The paper will explore the group's preparation for an ethics committee and process of data collection (focus group interviews) and will discuss how this process has enabled the voice of people with learning disabilities to shape and conduct a research study.

Recommended reading:

Goble, C. (2002) Professional consciousness and conflict in advocacy. In Gray, B., Jackson, R. (eds) *Advocacy and Learning Disability*, London: Jessica Kingsley. 72

Pennington, S. (2000) The learning curve, *Nursing Times*, 96 (50) 47 – 49

Walmsley, J. (2001) Normalisation, emancipatory research and inclusive research in learning disability, *Disability and Society*, 16 (2) 187 - 205

15.30 – 17.00 Symposium 5a

Current research on nursing workforce issues

Chair: Angela Coulter, Chief Executive, Picker Institute, Oxford

Lead: Elizabeth West, Lecturer and Post Doctorate Fellow, London School of Health and Tropical Medicine

Co authors: Rachel Reeves, Senior Research Officer, Picker Institute, Oxford, P Gough, Senior Fellow, Kings Fund, London, Belinda Finalyson, Research Fellow, Kings Fund, London, Professor J Buchan, Queen Margaret College University, Edinburgh, Anne Marie Rafferty, Reader, London School of Health and Tropical Medicine and Sophie Staniszewska, Senior Research Fellow, RCN Institute, Oxford

Abstract:

It is now recognised that shortage of staff, particularly of nurses, is one of the major impediments to improving the quality of patient care in the NHS (NHS Plan 2000). Recent government policy has been directed towards improving the quality of nurses work life in order to retain experienced staff and attract new recruits into the health care workforce (HR in the NHS Plan 2003). There is some evidence that changes in the management of human resources in the NHS is having a positive effect on the size of the current nursing workforce. However, efforts to recruit and retain staff must continue if we are to meet the challenge of an ageing workforce and the gradual decrease in the number of nurse that can be 'imported' from poorer third world countries such as Spain or the Phillipines. At the same time, the demand for more and better care will most likely increase as the population ages and services are re-organised around the needs of the patient. Research on the quality of nurses work life, on international recruitment, and on the needs of the future patient is vitally important to meeting this challenge. The purpose of this symposium is to bring to the attention of the nursing research community some diverse but related recent research in this area. The symposium will be chaired by Professor Angela

Coulter of Picker Europe. This organisation, which has been instrumental in gathering information about patients experiences, and has recently turned its attention to how information about quality of care from nurses and other health care workers can inform quality improvement programmes both locally and nationally.

This symposium will begin with two papers based on a survey of London nurses conducted in 2002. The first by Reeves (Picker Europe), West (RCN Institute and London School of Hygiene and Tropical Medicine) and Barron (Said Business School, Oxford University) investigates, for a number of acute London trusts, whether or not there is a correspondence between the way that nurses and patients evaluate care in specific areas such as comfort, emotional support, communication and privacy and dignity. We examine data from patient surveys and surveys of nurses in 12 hospitals to see whether the two groups identify the same problem areas and agree on the acceptability of current standards of care.

The second by West, Reeves and Barron explores how bullying, harassment, abuse and alienation is related to nurses intention to leave their current job and their intention to leave the profession. Estimates of the impact of negative work experiences are obtained using logistic regression. We find strong evidence to support the hypothesis that nurses' career decisions are heavily influenced by negative experiences at work. The models of intention to leave the job differ in some interesting ways from the models of intention to leave the profession, suggesting that there might be different messages for local managers and national strategists.

The third paper will present new work from a team of researchers based at the Kings Fund (Gough, Buchan and Finlayson). In the past nursing shortages in the UK have often been alleviated by recruiting nurses from abroad. However ethical issues have been raised about the ability of richer countries to exploit the third world. This traditional 'quick fix' may be time limited. This paper will present new results from a study of international recruitment and will show that nursing exists in an intensely competitive global market. The market is also dynamic with 'sending' and 'receiving' countries changing over time, affected by changing economic relationships and immigration laws.

The fourth paper will present some recent results from a study of nurses in five countries conducted by an international team, led by Anne Marie Rafferty at the London School of Hygiene and Tropical Medicine in England and Scotland. This paper examines the relationship between nurses' autonomy, teamwork and the quality of patient care. While it might be thought that autonomy and teamwork are incompatible, this paper shows that they tend to occur together and further, that high scores on both these variables is associated with higher quality patient care in hospitals.

The fifth paper by Staniszewska (RCN Institute) and West (RCNI and LSHTM) reviews two areas of health policy on patient partnership in health services and the management of human resources in the NHS. We argue that there are some clear indications in the literature that the needs of the future patient will differ in important ways from the traditional image of the passive recipient of care. At the same time, the nursing workforce will undergo dramatic changes with the introduction of new career pathways, more unqualified staff and a new organisational infrastructure for workforce planning. The rapid and radical changes that have occurred in the nature of the employment of health care workers

means that there are both supply and demand side imperatives for relationships between patients and staff to undergo fundamental changes. We bring these two strands of health policy together for the first time to ask 'can nurses rise to the challenge?'

Papers:

Reeves, R. West E., and Barron D.N. 'Patients and Nurses Assess the Quality of Care: To what extent do they agree?'

West E, Reeves R., and Barron D.N. 'Results from a Survey of London Nurses: How Bullying, Harassment, Abuse and Alienation Shape Nurses' Intentions to Leave.'

Gough P., Buchan J. and Finlayson B. 'The Future of International Recruitment in the NHS: First Results from a New Study.'

Rafferty A M. 'Further Results from the International Five Nations Study: The Impact of Autonomy and Teamwork on the Quality of Patient Care.'

Staniszewska S., and West E. The Patient Partnership Agenda: Can Nurses Rise to the Challenge?'

Recommended reading:

Department of Health. 2000. The NHS Plan. London: HMSO.

Department of Health. 2002. HR in the The NHS Plan. London: HMSO

Tuesday 23rd March

9.00 – 10.30: Symposium 6

WRAP (Woundcare Research for Appropriate Products): "Real World" Evaluation

Lead: Professor Sarah Cowley, Chair of Community Practice Development, Florence Nightingale School of Nursing and Midwifery, King's College London, United Kingdom

Authors:

Sarah Cowley, Chair of Community Practice Development, Florence Nightingale School of Nursing and Midwifery, King's College London, United Kingdom

Patricia Grocott, Research Fellow, Florence Nightingale School of Nursing and Midwifery, King's College London, United Kingdom

Natasha Browne, Research Associate, Florence Nightingale School of Nursing and Midwifery, King's College London, United Kingdom

Abstract:

The focus of this symposium is a clinical note-making system (the TELERÂ© system -Treatment Evaluation by Le Roux's method), which was validated for evaluating chronic wound exudate management within the WRAP project (Grocott & Cowley 2001; Le Roux 1993). Three papers will be presented that capture the methodological challenges in complex wound care, validation of the clinical note-making system and data analysis using indices of effectiveness.

WRAP is a novel collaboration between industry, clinicians and academics, funded by the Engineering and Physical Research Sciences Council (EPSRC), to develop patient-focused wound dressings for the management of exuding chronic wounds. The EPSRC invests in research that leads to improvements in health, personal well being and lifestyle, and forms the basis for future economic development in the UK.

Purpose and Background

The aims of WRAP reflected the major themes of the EPSRC. WRAP addressed the theory underpinning wound exudate management, modelling of the mechanisms of exudate production including industrial test method development and validation. The clinical note-making system was validated as a method of collecting observational data of dressing performance in the context of total patient care, thereby involving the users of dressing products. The system is proposed as a clinical and research tool for real life settings.

Methodology

Chronic wounds arise from dynamic diseases and conditions; therefore WRAP involved an evaluation of complex interventions for the management of patients with chronic wounds, which includes medical devices in the form of wound dressings. The WRAP methodology will be described using the Medical Research Councils framework for the design of complex evaluations. The framework comprises five phases from theory development to longitudinal studies, which assess the wider implementation of interventions and effectiveness in clinical practice (MRC 2000).

In the theory development and phase 1 modelling sections of the framework, the WRAP collaboration mapped the components of exudate and underlying mechanisms in an iterative dialogue between the clinical, academic and industrial partners. The aim was to achieve an understanding, reasoned from multiple sources of evidence, between the groups of the interrelationship between the mechanisms of exudate and the performance of a device. The process involved:

- Delineating the functions of a range of devices for exudate management in clinical scenarios e.g. topical methods of reducing bacterial overload in the wound and materials to evaporate high quantity exudate
- The development of clinically comparable in vitro test methods
- 3D modelling for in vivo device fit and fixation

In phase 2, characterised by the MRC framework as an exploratory trial, the iteration between theory, modelling, industrial data and clinical data was synthesised and used to define clinical indicators within the note-making system to determine the following:

- The accuracy of the theory of exudate management underpinning the clinical indicators
- Clinical knowledge and skills, including record keeping

The system was validated during phase 2 with a sample of 86 participants. Sampling was inclusive of patients with chronically exuding wounds of any aetiology, predicated on written informed consent. The key issues addressed through the validation process were value, error and bias. The data were analysed descriptively and numerically, the latter culminating in the calculation of indices of effectiveness at the individual and group level.

Phase 3 of the framework, a randomised controlled trial, was not appropriate because of the developmental nature of the WRAP study. The clinical-note-making system can however be used as a research tool within an appropriately designed study.

Phase 4 of the framework is characterised as long-term implementation in real life settings. A proposal will be made that the clinical note-making system can be used for prospective observational evaluation where care and treatment are evaluated in the context of clinical practice. The 'user' perspectives, patients and professionals, are fundamental to the process. The proposed philosophical and methodological framework for such studies include the following:

- Ontologically the investigator acknowledges complexity and uncertainty and formulates, from multiple data sources, a series of explanations of clinical outcomes
- Epistemologically the investigator is engaged with the 'users' in making sense of the clinical outcomes
- Methodologically an interpretive process is adopted

Symposium Plan

Paper 1 will explore methodological issues in complex evaluations.

Paper 2 will outline the validation process undertaken using a consensus method, which engaged users in the process. User involvement through this method raised a number of sensitive

and challenging issues, which will be explored. These included the development of partnerships between clinicians and patients and the longitudinal collection of data for chronic problems for which there were no immediate solutions.

Paper 3 will describe the process of data analysis, which is descriptive and quantitative. It generates four indices of effectiveness at the individual level i.e. these are not comparable. The fifth index provides a standardised measure of effectiveness at the group level and therefore is comparable.

The Contribution to the Advancement of Knowledge within Nursing, Midwifery and Health Visiting

It is suggested here that this generic model of prospective observational evaluation comprises a clinical governance tool which, if used in a process of research governance, has the potential to deliver the following:

- Stimulation of constructive critical thinking
- Evaluation of clinical skills and identifies needs in relation to training and supervision
- 'Natural' patient samples to inform needs
- A system that can be monitored by clinical and research governance groups
- A system that puts theory in to practice and is the source of evidence

Recommended reading:

Grocott, P. & Cowley, S (2001). "The palliative management of fungating malignant wounds - generalising from multiple-case study data using a system of reasoning." *International Journal of Nursing Studies* 3 (85) pp. 533-546.

Le Roux, A. A. (1993). "TELER: The Concept." *Physiotherapy* 79(1) pp. 755-758.

MRC Health Services and Public Health Research Board (2000). *A Framework for Development and Evaluation of RCTs for Complex Interventions to Improve Health*. London, Medical Research Council: 18.

09.00 – 10.30: Symposium 7 'Through the looking glass' - Challenges in eliciting views in participatory research

Lead: Jane Coad, The University of Birmingham, School of Health Sciences, Birmingham, United Kingdom.

Presenters:

Jane Coad; Lecturer/Senior Researcher, The University of Birmingham, United Kingdom

Fran Badger, Research Fellow, The University of Birmingham, United Kingdom

Joy Grech & Kim Taitt; Research Sisters, Birmingham Children's Hospital, United Kingdom

Patric Devitt; Senior Lecturer, The University of Salford, United Kingdom

Abstract:

User involvement in health and social care settings has been at the centre at the most recent government documents. With respect to children, it is therefore imperative that researchers gain insight into children perspectives in order to provide them with services and facilities that meet their needs (Kirby 1999).

This raises particular challenges in research with children, but the success of this process will depend upon the development of strategies, which both engage and facilitate meaningful input from this group. However, the field of researching children and eliciting their views is still underdeveloped. Thus, new ways for research collection and analysis must be considered, but in so doing, creates as many new challenges in the process (Lewis and Lindsay 2002). Thus, researchers must carefully consider ways in which such innovative methods are developed and used with children so as to gain understanding to children's perspectives of the worlds in which they live.

This symposium brings together a group of experienced researchers from across the United Kingdom (U.K.) who have undertaken child-centred research and have developed strategies to overcome boundaries of participatory research with children. It will aim to address such issues highlighting a range of research challenges and boundaries that may affect the researcher-child participant relationship. It will draw on the researcher experiences and offer insights into how challenges may be overcome.

The challenges identified in each of the papers has wider, more general application related to the field of participatory research, but will take a sequential approach specifically addressing the principles of participatory research with children. At the end of the symposium participants will have the opportunity to discuss their own concerns of involving and eliciting the views of children.

When eliciting the views of children serious consideration must be given to the philosophical approaches, which underpin participatory research with children. In the first paper, Dr. Jane Coad will share with delegates the findings of a commissioned literature review that she has undertaken with Professor Ann Lewis, who has written extensively in this field (National Evaluation of the Children's Fund; U.K. 2003), which extensively reviewed this issue. It will draw on the literature reviewed and researcher experience in order to introduce delegates to the challenges faced when recruiting children and the different ways in which children can participate in research (Lewis & Lindsay 2002).

In the second paper, Joy Grech and Kim Taitt, will continue this theme highlighting their experiences of undertaking clinical research in a diverse multicultural city. They will share the multiplicity of issues that arise when eliciting the views of children from diverse cultural backgrounds, an issue, which is more complex than that of overcoming language barriers (Willow 2002). Consequently, in their paper, they will draw on methods and strategies that they have successfully used in clinical research in order to engage children and their families so that cultural boundaries may be overcome.

Fran Badger has much experience in participatory research and has written on the subject of promoting collaboration and partnership. In the fourth paper, she will share methods that she has used to involve children in focus group methodology. More specifically, she will explore issues pertaining to the power relationships that exist between researcher and child participant, and how she has developed practical strategies to overcome such challenges of field research (Morrow 1999).

Once data has been collected, numerous writers identify that in participatory research, one of the greatest challenges is the discourse analysis of 'narrative' accounts. One reason for this is because children will respond as per the environment where the creation of an 'ideal speech' may manifest.

Consequently, analysing such data collected brings its own contentions. In the final paper, Patric Devitt, will draw on literature and experience, in order to highlight the many contextual challenges of discourse analysis using narrative accounts collected from children.

To conclude, the themes identified in the presentations will be pulled together during an open discussion at the end. The team feels that research with children is both fascinating and rewarding, but brings with it considerable challenges. It is therefore important that researchers share such challenges in order for children to be fully listened to and heard.

Intending learning outcomes:

By the end of the symposium participants will be able to:

1. Understand some of the philosophical issues of eliciting the views of children in research studies
2. Discuss some of the cultural challenges when eliciting the views of children and their families in clinical research.
3. Discuss some of the challenges when eliciting the views of disabled children
4. Discuss the issues pertaining to power-relationships that may exist between the researcher and the child participant.
5. Explore the challenges of discourse analysis when using narrative accounts from children

Recommended reading:

Kirby, P (1999) *Involving young researchers. How to enable young people to design and conduct research.* Joseph Rowntree Foundation. York.

Lewis, A & Lindsay, G (2002) *Researching children's perspectives.* Open University Press. Buckingham. Philadelphia.

Patric Devitt; Senior Lecturer, The University of Salford

11.00 – 12.30 Symposium 8:

Understanding the total symptom experience: Different approaches to measurement

Lead: Linda Franck, Professor of Children's Nursing Research, Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust, London.

Authors: Jacqueline Edwards, Research Fellow Childrens Cancer Nursing, Great Ormond Street Hospital for Children NHS Trust, London

Faith Gibson, Lecturer in Childrens Nursing Research, Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust, London.

Alison Allen, Childrens Nursing Research Coordinator, Great Ormond Street Hospital for Children NHS Trust, London.

Judy Peters, Research Nurse, Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust, London.

Abstract:

Introduction: Symptoms are multidimensional complex phenomena that are difficult to measure. Most symptom research relies on measures of intensity alone and neglects the equally important domains of quality and meaning. Symptom measurement is further complicated with patients who do not have the physical or cognitive capability for self-report. This symposium will consist of three related papers using research data from our paediatric symptom research programme. The first paper focuses on measurement of symptom intensity and quality dimensions. The second paper describes methods for measurement of symptom meaning. The third paper discusses the use of behaviour and physiological responses as proxy measures of symptom intensity when self-report is not possible. Time will be provided for symposium participants to discuss and debate the issues raised in the presentations.

Measuring a symptom using a diary

Jacqueline Edwards

Symptoms are inherently subjective and self-report measures are argued to be the gold standard of symptom assessment (Collins 2000). This paper will draw on the experiences of researchers who have explored fatigue in young people with a cancer diagnosis. Self-report in the form of a paper or electronic diary was used to explore dimensions of the symptom. Using both open-ended questions and a visual analogue scale, levels of energy and functional ability were analysed. Participants completed the diary daily for one week. Data gained in this way suggested that fatigue can be a considerable problem for young people during and after treatment that may not necessarily abate quickly. Rather, some individuals perceived that their quality of life remained compromised many years following treatment. Analysis of the data suggested that fatigue might play an important part in this. This method facilitated our understanding of the effect on functional ability that this symptom had on the lives of young people by mapping changes over time. The strengths and challenges in using a diary will be presented and issues encountered discussed. The fact that they were time consuming and relied on the motivation of the participants

to complete were barriers in the quality of data obtained. When exploring a symptom, such as fatigue that is troublesome and effects concentration, self-reporting using the diary method requires careful consideration for use in future studies.

Meaning before measurement

Faith Gibson

The meaning of the symptom experience has not been fully explored and yet it can influence symptom occurrence and perceived distress. Understanding the meaning symptoms have for children of different ages is crucial for appropriate interventions to be developed and implemented. Oral mucositis is the principle aetiology for pain in patients undergoing cancer therapy. Yet oral pain in children with cancer and mucositis has not been objectively described. This paper will discuss an approach to assist children in telling their story about what it is like to have oral pain. Children aged 4-13 years were asked direct questions regarding oral pain. Visual prompts and role-play were used with the younger children. In addition older children were given a list of 43 pain words and asked to circle all the words that described oral pain. The meaning of symptoms, such as pain, can only be assessed by qualitative analysis of children's narratives (Woodgate and McClement 1998). The challenge in using methods to engage children during the symptom experience, when there will be different levels of distress, will be discussed and methods to encourage active participation will be explored.

Proxy measures where self-report is not possible

Alison Allen and Judy Peters

Extensive research in healthy or mildly ill infants has demonstrated that brief acute pain can be accurately and reliably detected using behavioural and physiological measures. In contrast, there is little research on the measurement of the more complex ongoing postoperative and intermittent procedural pain of critically ill infants after surgery, and we lack accurate and reliable measures of pain to guide pain management in these vulnerable infants (Franck et al. 2000). As part of an ongoing programme of research to investigate post-operative pain, we report preliminary data on changes in observational pain measures following painful and stressful procedures in critically ill infants in the first 48 hours after cardiac surgery. Observational pain scores (COMFORT, CRIES, PIPP, CHIPP) and heart rate variability (HRV) were recorded immediately prior to, and 3 minutes after, a painful procedure (chest drain removal), and a stressful caregiving procedure in 22 infants within 48 hours after major cardiac surgery (37 - 42 weeks gestational age; mean postnatal age 12 days). There were significant increases in all pain scores for infants after the painful procedures and no change in pain scores after the stressful procedures. There were no differences in HRV following painful or stressful procedures. These preliminary findings indicate that pain scores discriminate between painful and stressful stimuli in critically ill infants following cardiac surgery. A larger sample is required to determine if HRV can be used to detect differences between painful and stressful stimuli.

Recommended reading:

Collins, J. J. Brynes, M.M., Dunkel, I.J., Lapin, J., Nadel, T., Thaler, H.T., Polyak, T., Rapkin, B., & Portney, R.K. (2000) The measurement of symptoms in children with cancer *Journal of Pain and Symptom Management* 19(5): 363-373.

Woodgate R and McClement S (1998) Symptom distress in children with cancer: the need to adopt a meaning-centred approach. *Journal of Pediatric Oncology Nursing* 15(1): 3-12.

Franck, L. S., Boyce, W. T., Gregory, G. A., Jemerin, J., Levine, J., & Miaskowski, C. Plasma Norepinephrine levels, vagal tone index and flexor reflex threshold in premature neonates receiving intravenous morphine during the postoperative period: A pilot study. *The Clinical Journal of Pain* 16[95], 104. 2000.

11.00 – 12.30 Symposium 9

The ethics of observation in nursing research

Lead: Ann Gallagher, Lecturer in Mental Health, The Open University, Milton Keynes United Kingdom

Authors: Ann Gallagher, Lecturer in Mental Health, The Open University, Milton Keynes United Kingdom,

Alan Baillie, Senior Lecturer in Mental Health Nursing, University of Luton, Luton, United Kingdom & Lesley Baillie, Senior Lecturer in Adult Nursing, The Open University, Milton Keynes, United Kingdom

Abstract:

This symposium brings together three nurse educators who have experience of observation as a research method. Two of the speakers have utilised observation in separate research studies exploring dignity in practice and the third speaker used observation in a study examining mental health service user involvement in the Care Programme Approach. The speakers are particularly interested in, and concerned about, the ethical issues which arise in relation to this most challenging of research methods and are keen to engage colleagues in debate about these issues.

Observation is now a well-established research method. It gained respectability in ethology, anthropology and psychology (Swanwick 1994). One of the major advantages of observation as a research method is that it can help to overcome the discrepancy between what people do and what they say they do (Mays and Pope, 1995). As Bowling (1997 p.316) points out:

Observation of behaviours, actions, activities and interactions is a tool for understanding more than what people say about (complex) situations, and can help us understand these complex situations more fully.

The first speaker provides an overview of the role of observation in nursing research. This will set the scene for a discussion of the ethical issues. The different forms of observation will be considered with reference to the continuum from non-participant observation to passive, moderate, active, or complete participant observation (Spradley, 1980). The tensions between being a nurse and a researcher in relation to these levels of participation are addressed. While the type of observation and level of participation chosen by the researcher should be driven by the research question(s) in reality this can be influenced by the environment, client group and the views of research ethics committees. The first speaker will go on to give a general introduction to the role of ethics in research, including the responsibility to prevent

and remove harm and to promote welfare (Merrell and Williams 1995).

The second speaker will then focus on one ethical rule or duty in relation to observation: consent. Questions are raised regarding: who consent is obtained from; when and how this consent is gained; and what information should be supplied. Consent, like levels of participation in observation, can be viewed on a continuum from fully informed consent to where varying amounts of information are given to an extreme situation where no consent is gained, as in covert research. Covert research is fraught with ethical difficulties. Nevertheless there are examples to be found in the nursing literature. Lawler (1991), for example, used covert research in her observation about the body. However, although she was a nurse tutor, her observational data was collected while visiting a friend in hospital and while she herself was an in-patient.

Behi (1995) identifies that it is very difficult to deny research participants' rights to informed consent but that defining exactly what informed consent is, and knowing whether it has really been achieved, is far from straightforward. Researchers may claim that they have obtained informed consent but does the rhetoric around informed consent live up to its ideals? In relation to information giving, how much detail do, and should, researchers give research participants about what will actually be observed and what will happen to that data? Should, for example, researchers share their observation schedules with subjects in advance of the research? Researchers may, however, feel that such openness will compromise the quality of the data collected. In qualitative research data collection may be dynamic, on-going and perhaps unstructured in nature. Consent may therefore be thought of as a process rather than a one-off event (Munhall, 1991) but the practicalities of such an approach may be challenging.

In relation to whom consent is gained from, nurse researchers observing in an acute ward are faced with a population which is in constant flux. Consent might be gained from patients in a bay one day, only to find an entirely different set of patients on the day when observation is taking place. How do researchers deal with situations where a relative or health professional from whom they have not obtained consent unexpectedly visits during a period of observation? Even more problematic is the issue of gaining consent to observe vulnerable clients. A researcher may desire to observe practice in an intensive care unit. How can consent be obtained from unconscious, ventilated patients? Can observation without consent be justified on the grounds that otherwise this client group will become, from a research perspective, a neglected group and practice will not develop? However gaining consent does not necessarily remove feelings of discomfort or moral unease about observation.

By way of resolution the symposium concludes with a presentation about the 'good researcher'. The third speaker will provide an overview of ethical perspectives and suggest a way forward. Ethics has primarily focused on what people do or don't do - an action-based ethics. This has been the case also in research ethics. It is proposed here that research ethics should focus as much on the character or virtues of the researcher as agent-based ethics. Virtues have been defined as morally valuable character traits (Beauchamp and Childress 2001 p.27). It will be argued that the following virtues are necessary, but not sufficient, to counter the potentially unethical aspects of observation in nursing research: prudence or practical wisdom; courage; honesty; and respectfulness. In addition

then to a requirement that nurses engaging in observation be research competent, they need also to be ethically competent. This requires that, as researchers, we pay as much attention to who we are as to what we do.

Recommended reading:

Beauchamp T.L. and Childress J.F. (2001) *Principles of Biomedical Ethics* Fifth Edition Oxford University Press

Behi, R. (1995) The individual's right to informed consent. *Nurse Researcher*. 3(1), pp14-23

Bowling A. (1997) *Research Methods in Health: Investigating Health and Health Services* Open University Press, Milton Keynes

Lawler, J. (1991) *Behind the screens: Nursing, Somology and the problem of the Body*. Melbourne: Churchill Livingstone.

Mays, N. and Pope, C. (1995) Qualitative research. *British Medical Journal*. 311, pp182-84.

Merrill, J. and Williams, A. (1995) Beneficence, respect for autonomy, and justice: principles in practice. *Nurse Researcher*. 3(1), pp24-34.

Munhall, P.L. (1991) Institutional review of qualitative research proposals: a task of no small consequence. In Morse, J.M. (Ed.) *Qualitative Nursing Research: A contemporary dialogue revisited* (Revised edition). Newbury Park CA: Sage.

Spradley, J.P. (1980) *Participant observation* Fort Worth: Harcourt Brace Jovanovich College Publishers.

15.30 – 17.00 Workshop

Five questions to ask about Likert Scales

Chair: Paula Roberts, Keele University and Editor, *Nurse Researcher*

Presenters: Laurence Moseley, Professor of Health Research, University of Glamorgan, Glamorgan, UK, Professor Donna Mead, University of Glamorgan, Glamorgan, UK and Chris Brunson, Professor of Medical Statistics, University of Glamorgan, Glamorgan, UK

Abstract:

Likert scales are widely used, although they are usually called 'Likert-type' scales, and are usually not proper Likert scales. They are often based on a series of fallacious assumptions (apart from the usual one of unidimensionality), which, are rarely discussed, reported, or corrected.

The main problem arises because the scales look simple to design and use, although they are actually open to all the usual dangers of researcher bias, conscious and unconscious. We wish to discuss 5 aspects in which the common use of such scales is unsafe, and to suggest some remedies.

A typical layout of such a scale consists of questions or stems down the left-hand side of the page, and a series of labels for the pre-coded answer points across the top. We shall deal with the questions first.

1. The choice of question wording or stems

We are frequently given the wording of the questions posed, but rarely are we told how (or even whether) those questions were developed or tested. One has

the impression that they are usually thought up by a researcher, perhaps discussed informally with colleagues or a supervisor, and then used. To be safe, they actually require much more development effort.

In particular, it requires the reporting of evidence that each question has been understood by the respondents in the way that the researcher intended. If that is not provided, then all that the question represents is a vague, unchecked, good idea of the researcher.

A rigorous and repeatable approach even to the wording of the questions is needed. In particular, details of how many items were discarded need to be given. We shall discuss our experience of using the Thurstone method, and the Magnitude Ratio Scaling method (with panels of external respondents) and of the potential for formal content analysis, even in selecting items to be included. Our evidence is that to achieve agreement on the wording of any one question, researchers need to throw away over 90% of the original statements devised. This inevitable attrition makes even simple research time-consuming and expensive, but it does mean that the questions are meaningful.

2. Labelling of the scale points

We shall argue that common labels such as Strongly Agree, Agree, Disagree, etc, are often meaningless, and can usefully be replaced by empirically meaningful labels. What does Strongly Disagree mean? Does it mean that the respondent would resign over the issue, oppose it on a committee, write to their MP, grumble over coffee, or sit and seethe in silence. If there are empirical referents such as the ones suggested above, why not use them, rather than a bland statement of opinion?

On a scale with a maximum range of 1 to 5, the neutral point is usually set at 3. During analysis, that will suggest that a score of 3/5 (60%) is neutral. That is psychologically perverse. Why should a respondent with no opinion or knowledge have any score at all? Frequently, a scale running from negative to positive values, with 0 being the neutral point, would be preferable, permitting uninformed or negative views to be distinguished from neutral ones.

3. Labelling the mid-point

The mid point needs to be discussed. One cannot score a mid-point meaningfully unless one knows what respondents meant when they selected it as an answer. We shall look at meanings such as "Did not understand the question, My view is half way along the spectrum, My answer would vary in different circumstances, I do not care", among others, and how one might handle them.

4. How many points should the scale contain?.

Typically, 3- or 5-point scales are used, with no discussion of why that length was chosen. It appears to assume that the number of points to be used in the analysis determines the number of point to be printed on the instrument used. That, too, is a false assumption.

We argue that a 7-point scale is desirable. This number fits with Miller's magical number (7 ± 2) which gives the limits on the capacity of active short-term memory. It also provides flexibility in analysis, once one separates the number of points presented to respondents and the number of points used for reporting. One can collapse answers but not expand them. Thus, one can use a 7-point offered scale, but a 3-point reporting scale, with end labels such as 1 & 7, 1-2 & 6-5, 1-3 & 5-7. One can even handle

bizarre response patterns with classifications such as 1, 2, 3-7. We shall show how in policy relevant research, the end-aversion bias is often replaced by an end-acquiescent bias.

5. The same answer means different things from different people

Analysis normally involves merely either a frequency count or percentage distributions, or, at most, a measure of central tendency such as the arithmetic mean or median of the actual scores given. This is based on the assumption that the same answer from different respondents means the same thing, and that one can therefore safely average the scores (our working paper is entitled 'What does 5 mean?'). We shall argue that such an approach is dangerous, because individual respondents show varying levels and spreads of scores (some high, some low, some discriminating, some undiscriminating). It is often useful to normalise the data as part of the analysis. We shall give examples of using normalisation in our own research.

Conclusion: Overall, we wish to argue that the development work is a major part of the justification of using a given scale, and should form a major investment of the research team. Then, and only then, can the results be treated seriously. We shall argue that this view should be adopted not only by researchers, but also by funding bodies and by journal editors, in the hope that such a step would make much nursing research more reliable and informative for policy makers.

Recommended reading:

Moseley LG, Mead DM, & Cook RM (1998), Experience of, Knowledge of, and Opinions about, Computerised Decision Support Systems among Health Care Clinicians in Wales, Report to the Wales Office of Research & Development for Health & Social Care.

Moseley LG, Mead DM, Dance P, & Northway R (2002), Getting it Right.. a research study into the support needs of young children with autism and their families. Report to the Rhondda Cynon Taff Multi-Agency Working Group for Children with Autism

Moseley LG & Mead D M (2001), Considerations in using the Delphi approach: design, questions and answers, *Nurse Researcher*, 8, 4, 2001: pp 24-37

15.30 – 17.00 Symposium 10

Looking to learn: the use of video in researching professional/patient interactions

Lead: Veronica Swallow, Senior Lecturer, School of Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, United Kingdom

Co-authors/presenters: John Newton, Principal Lecturer, Sociology, Northumbria University, Newcastle upon Tyne, United Kingdom

Joanna Reynolds, Research Psychologist, School of Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, United Kingdom

Julie Gillson, Paediatric Emergency Nurse Practitioner/Honorary Research Associate, Newcastle upon Tyne Hospitals/Northumbria University, United Kingdom

Abstract:

Background: An increasing emphasis on the importance of effective communication between professionals and patients has determined a need for greater insight into the processes of interaction in health care settings. For those interested in analysing the activities that occur in face-to-face interaction a video camera is an efficient tool for collecting meaningful data. Interactions between professionals and patients can be regarded as story telling sessions during which the patient narrates what has happened and the professional makes narrative sense of the patient's story. The use of video-recordings allows for an analysis of linguistic cues as well as gestures, facial expression, body language and transfer of information. In the process of analysis the researcher conceptualises the interaction as two separate interviews: the professional interviewing the patient and the patient interviewing the professional. Thus the interview is a mutual enterprise in which turns are taken, emotions may be shared and mutual decisions may be made.

In this symposium we will explore and discuss the way in which video enabled a multi-professional research team to analyse interactions between Emergency Nurse Practitioners (x3) and Drs (x3) and their respective patients who presented with a minor injury to a large, A&E department. A major question was to look for similarities and differences between nurses' and doctors' interactions with patients and subsequently to inform practice and the future training of professionals. This formed one aspect of a larger study which aimed to evaluate the developing role of emergency nurse practitioners.

Using excerpts from our study to illustrate key points, the symposium comprises three linked papers each lasting 15 minutes and focusing on one aspect of the use of video in researching professional/patient interactions:

Paper 1 - Making sense of videotape recordings of nurse, doctor and patient interactions: some theoretical considerations

Dr John Newton, Principal Lecturer -Sociology, Northumbria University

Videotaped consultations have been used to analyse doctor/patient communication in a variety of healthcare settings and for a variety of research purposes. The advantages of video recordings are that they enable all modalities (i.e. verbal and non-verbal) of interaction in natural settings to be concurrently analysed and they can be subjected to repeated scrutiny for the analysis of fine detail (Heath & Hindmarsh, 2002). It is the analysis of video materials, however, that presents researchers with some difficult problems, and which are discussed in this paper. The research team explored a number of analytical strategies which this paper addresses in terms of: Ethnography; Conversation analysis and Discourse analysis.

Each approach rests on the detailed observation and analysis of interaction in natural settings but there are some fundamental differences which make it difficult to combine them in any particular study. The paper identifies tensions between the approaches in terms of the kind of knowledge they seek to produce; the assumptions they make about the object(s) of study; and the way they locate the researcher(s) in the process of producing 'findings'.

Paper 2 - Using video to collect data in acute health care settings: some ethical and practical considerations

Veronica Swallow, Senior Lecturer/Nursing Research (Symposium lead) & Julie Gillson, Emergency Nurse Practitioner, Newcastle upon Tyne Hospitals NHS Trust

Being video recorded while taking part in a consultation may seem intrusive but as modern cameras are so discrete and easily operated using remote control they do not need to intrude unnecessarily on the clinical consultation (Coleman, 2000). This paper firstly identifies the factors to consider when submitting a proposal to use video to a research ethics committee for approval. The ethical issues such as confidentiality, anonymity and data protection will be raised and discussed. Next, drawing upon experience gained while collecting data for this study as well as those reported by other researchers, real world problems, solutions and 'practical tips' will be identified and discussed. These include the question of optimum positioning and number of cameras, lighting and minimising background noise. In summary the authors stress the value of having access to skilled technical support and up to date equipment to facilitate data collection.

Paper 3 - A coding framework for analysis of verbal and non-verbal interactions between professionals/patient

Joanna Reynolds, Research Psychologist, Northumbria University

Having considered the limitations associated with the analytical strategies discussed in paper 1, the research team decided to devise a coding framework based on the author's on-going doctoral research in non-verbal social interaction involving children with autism and severe learning disabilities and using video (Reynolds, forthcoming). This was created by unpacking the target variable and operationalising

the concept under investigation, thus enabling the researcher(s) to capture the behaviours of interest from the passing stream of behaviours held within visual data.

The key components of non-verbal social interaction have been described as: eye gaze direction; facial affect; gestures and vocalisations. For the purposes of the current study which focuses on verbal and non-verbal interactions between two adults, additional components were identified including positioning of the social partners and the level of questioning and explanation which occurred during the consultation. These components then formed the key categories of social interaction, with each category containing several codes for more specific behaviours. For example, within the category 'eye gaze direction', three key 'eye gaze' behaviours were identified as significant for this research: eye contact; eye gaze directed towards the injured limb and eye gaze directed towards the clinical notes/x-rays.

This paper uses examples from the video data obtained in the study and excerpts from the coding framework used in analysis to help illustrate some of the methodological and practical considerations associated with this analytical tool.

Conclusion: At the end of the three presentations a 15 minute discussion session, facilitated by the symposium lead will take place. In this session delegates will be invited to raise questions and share in discussion with the symposium team. Discussion is likely to include such issues as the strengths and limitations of video as a research tool in nursing, ethical considerations and questions of methodological rigour associated with the method.

Recommended reading:

Coleman T (2000) Using video-recorded consultations for research in primary care: advantages and limitations. *Family Practice*, 17(5) 422-427

Heath, C & Hindmarsh, J (2002) 'Analyzing interaction: video, ethnography and situated conduct' In: T May (ed.) *Qualitative Research in Action*. London, Sage.

Wednesday 24th March

09.30 – 10.30 Workshop

21st. century nurses: Genomics and you

Jill Turner, Lecturer in Sociology and Social Policy in Nursing and Midwifery, Queen's University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom.

Abstract:

The aim of the workshop is to facilitate a professional dialogue on the new genetics and healthcare. 'Researchers predict that the new genetics will mean fundamental changes in healthcare. Genetics will not be merely another medical speciality - it will underlie all modern biology and embrace the entire spectrum of health and disease' (1) Nurses have been positioned to play a key role in this transformative paradigm (2) and yet few nurses are currently 'genetically literate' (notwithstanding the, as yet under determined, nature of what this may eventually mean.) (3). It is rather assumed that nurses, given the correct training and education, will step into their predicted new role.

This workshop encourages participants to discuss the ethical, social, legal and professional implications related to several novel areas of genomics, including the proposed extension of antenatal screening as identified in the June 2003 White Paper. It offers participants an opportunity to identify any issues or anticipated problems pertinent to their individual and specialist practice.

Recommended reading

Radford, T, Kirkness, B (Ed.) (2001) *Evolution and Revolution: How genomics will change health care*. The Association of the British Pharmaceutical Industry. London

The UKCC Commission for Nursing and Midwifery Education. (1999) *Fitness for Practice*. London. UKCC

Turney, J. & Turner, J. (April 2000) *Predictive Medicine, Genetics and Schizophrenia*. *New Genetics and Society*. Vol.19, No. 1, P.5-22.

Delegate list as at 19 February 2004

Abdehalman	Hala	PHD Student	School Health Studies Bradford University	UK
Achota	Carolyn	Public Health Nurses Co-ordinator	Tennessee Dept of Health	USA
Akinsanya	Justus Akinbayo	Retired		UK
Allan	H T	Research Fellow	European Inst Health Medical Sciences (Guildford)	UK
Allen	Alison Jane	Research Nurse Co-ordinator	Great Ormond Street Hospital London	UK
Ambler	Kathleen	Research Sister	Sheffield Teaching Hospitals Trust	UK
Anderson	Nicola	Jnr Research Sister	University Hospital, Birmingham	UK
Andrews	Thomas Anthony	Lecturer	University of Manchester	UK
Appleton	Jane Victoria	Research Fellow	Cripacc University of Hertfordshire	UK
Armstrong	Nicola Catherine	Programme Manager	R&D Office	UK
Ashman	Michael	Nursing Lecturer	University of Sheffield	UK
Asiain Erro	Maria Carmen	Nurse Manager	Universidad Denavarra Pamplona (Spain)	SPAIN
Austin	Jacqueline Dorothy	Project Lead Nurse Cariology	Gwent Healthcare Trust	UK
Austridge	Stephanie Nicola		Addensbrookes NHS Trust, Cambridge	UK
Aveyard	Helen	Senior Lecturer	Oxford Brookes University	UK
Badger	Frances	Research Fellow	University of Birmingham	UK
Baillie	Alan	Lecturer In Mental Hlth	University of Luton	UK
Barberia	Ana Maria	Lecturer Assistant	School of Nursing - University of Navarra (Pamplona)	SPAIN
Barnes	Rhian	Lecturer in Nursing	School of Nursing & Midwifery UWCM Cardiff	UK
Bassett	Linda	Nursing Student	Suffolk College Ipswich	UK
Bebb	Hilary Mary	Associate Dean	Anglia Polytechnic University Chelmsford	UK
Bedkin	Candice	Lecturer	University of Witwaterstand, Johannesburg, South Africa	SOUTH AFRICA
Benbow	Judith Anne	Lecturer	School of Nursing & Midwifery UWCM Cardiff	UK
Bennett	Glynis Ivy Jean	Senior Lecturer	University of Glamorgan Pontypridd	UK
Black	Pauline Janet Gillan	Lecturer In Nursing	University of Ulster	UK
Bonar	Angela	Lecturer Nursing	University of Paisley	UK
Boore	Jennifer Ruth Pryse	Co-ordinator of Academic Affairs	University of Ulster	UK
Brady	Marian	Programme Leader	Allied Health Professions Research Unit	UK
Bredin	Francesca Mary	IBD Support Nurse	Addenbrookes NHS Trust Cambridge	UK
Briggs	Emma Victoria	Lecturer in Nursing	Kings College, London	UK
Brodie	David	Professor	Buckinghamshire Chilterns University College	UK
Brown	Jean	Lecturer	University of Paisley	UK
Browne	Natasha Clare	Research Associate	Kings College, London	UK
Brunsdon	Chris	Professor	University of Glamorgan	UK
Bugge	Carol	Senior Lecturer	University of Stirling	UK
Burton	Christopher Richard	Lecturer	University of Sheffield	UK
Caan	Woody	Professor of Public Health	A P U Chelmsford Campus	UK
Candy	Bridget	Research Officer	Queen Mary's School of Medicine and Dentistry, London	UK
Cassidy	Irene	Lecturer	University of Limerick	IRELAND
Castle	Karen Thelma	Sister	East Kent Hospitals NHS Trust Canterbury	UK
Chan	Christine Mei Sheung	lecturer in family Health	The Hong Kong Institute of Education	HONG KONG
Chandler	Jackie	Research Assistant	RCN Institute, Oxford	UK
Chaplin	Dawn Alison	Bereavement Care Manager	U H B NHS Trust Edgbaston Birmingham	UK
Chen	Hsioo-Yu	Lecturer in Nursing	University of Ulster	UK
Christie	Janice	Health Visitor	Homefirst Community Trust Ballymena	UK
Clark	Timothy John	Senior Lecturer	Canterbury Christ Church University College	UK
Clarke	Judith Mary	Clinical Nurse Specialist	University Hospitals Coventry & Warwickshire NHS Trust	UK
Clarke	Kathryn Ann	Lecturer Practitioner	School Nursing Midwifery & Health Studies Wrexham	UK
Clifford	Collette Marie	Professor of Nursing	University of Birmingham	UK
Closs	Susan Jose	Chair of Nursing Research	University of Leeds	UK
Coad	Jane Elizabeth	Lecturer in Nursing	School of Health Sciences University of Birmingham	UK
Coates	Vivien Elizabeth	Senior Lecturer	University Ulster (coleraine)	UK
Colbourne	Linda Claire	Cancer Research UK Nurse	University of Southampton	UK
Coll	Anne Marie	Research Fellow	University of Glamorgan Pontypridd	UK
Condell	Sarah	Research Development Officer	National Council for Professional Development of Nursing & Midwifery	IRELAND
Coombes	Elwyn	Research Fellow	Oxford Brookes University	UK
Copeland	Margaret Daphne	Research Associate	University of Ulster Coleraine	UK
Corbally	Melissa Ann	Lecturer in Nursing	Dublin City University	IRELAND
Cortis	Joseph Dominic	Senior Lecturer	University of Leeds	UK

Coulling	Sarah Louise	Clinical Nurse Specialist	East Kent Hosp NHS Trust	UK
Courtney	Eileen M			IRELAND
Courtney	Mary	Director of Research	Queensland University of Technology	AUSTRALIA
Cowie	Linda	Research Assistant	William Harvey Hospital, Ashford	UK
Cowley	Sarah Ann	Professor	Kings College, London	UK
Craig	Stephen Alexander	Lecturer/Practitioner	Sunderland Eye Infirmary	UK
Crocker	Cheryl Gail	Nurse Consultant	Nottingham City NHS Trust Hospital	UK
Cunningham	Eileen Mary	Senior Lecturer	University of Paisley	UK
Curzio	Joan Lillian	Director of Practice Development	London South Bank University	UK
Dampier	Sally Elizabeth	Lecturer	University of Nottingham	UK
Davey	G C Basiro	Senior Lecturer in Health Studies	The Open University Milton Keynes	UK
Davidson	Katy Elizabeth	Research Nurse	Nuffield Dept of Anaesthetics Oxford University	UK
Debell	Diane	Director	Anglia Polytechnic University	UK
Dennis	Ann Louise	Clinical Research Nurse	Oxford Centre Diabetes	UK
Devitt	Patric Nigel	Senior Lecturer	University of Sheffield	UK
Dewey	Ann	Reseach Fellow	Portsmouth Institute of Medicine, Health and Social Care	UK
Dickinson	Claire	Research Associate	University of Newcastle Upon Tyne	UK
Dobrzanska	Linda	Research Facilitator	North Bradford PCT	UK
Donovan	Sheila	Research Associate	Nursing Research Unit London	UK
Douglas	Mary Rose	Professional Development	Salford Royal Hospital NHS Trust	UK
Down	Jill Rosemary	Trust Lead for Practice Development	Addenbrookes NHS Trust, Cambridge	UK
Draper	Jan	Programme Director	RCN Institute (London)	UK
Duffy	Brigid	Resaerch Assistant	University Dundee	UK
Duffy	Sean			IRELAND
Edwards	Carol	Research Fellow	RCN Institute (Oxford)	UK
Edwards	Jacqueline Louise	Research Fellow Childrens Cancer Nursing	Great Ormond Street Hospital London	UK
Ellis	Lorraine Betty	Senior Lecturer	University of Sheffield	UK
Evans	Catherine	Research Fellow	Primary Care Nursing Research Unit London	UK
Fairley	Debra	Nurse Consultant	Leeds Teaching Hospitals NHS Trust	UK
Farley	Alistair Hamilton	Lecturer in Nursing	University Dundee	UK
Farmer	Alison Heather	Practice Development Advisor	Chesterfield & N Derbyshire NHS Trust	UK
Farnell	Sarah Jane	Research Nurse Practitioner	St Georges NHS Trust London	UK
Farquhar	Morag Catriona	Research Associate	University of Cambridge	UK
Fitzsimons	Donna	Research Facilitator	University of Ulster & Belfast City Hospital	UK
Fleeting	Deborah Anne	Nurse Lecturer	University of Paisley	UK
Flint	Kathryn			UK
Forbes	Angus Scott	Research Fellow	Kings College, London	UK
Fountain	Julie Ann		Addenbrookes NHS Trust, Cambridge	UK
Franck	Linda	Professor of Childrens Nursing Research	Institute of Child Health London	UK
Franklin	Victoria	Deputy Director of Nursing	Bro Morgannwg NHS Trust Bridgend	UK
Frei	Irena Anna		University of Edinburgh	UK
Frost	Susan Elizabeth	CNS - Bowel Care	University of Birmingham	UK
Froyd	Helen Esther	Breast Care Nurse Practitioner	St Mary's Hospital London	UK
Galdas	Paul	PhD Student	School of Healthare Studies, University of Leeds	UK
Gall	Patricia Ann	Academic Team Leader	University Dundee	UK
Gall	Sheena			UK
Gamble	Jacqueline	Sister	Belfast City Hospital Trust	UK
Garayalde Fernandez De Pinedo	Nagore	Staff Nurse	Universidad de Navarra Pamplona Spain	SPAIN
Gass	John Peter	Senior Lecturer	Robert Gordon University Aberdeen	UK
Gavey	Janet	Sister Research Nurse	South Tees Acute Hosp NHS Trust (Middlesbrough)	UK
Gibbons	Elizabeth	Research & Development Fellow	National Collaborating Centre Nursing & Supportive Centre	UK
Gibson	Faith	Lecturer in Childrens Nursing Research	Institute of Child Health London	UK
Gonzalez Perez	Leocadia	Rheumatology Research Nurse	Royal Free Hampstead NHS Trust	UK
Gopee	Luxmi Narainsingh	Senior Lecturer	Coventry University	UK
Gough	Carol Elizabeth	Acting Research Nurse Manager	Wellcome Trust Clinical Research Facility Southampton	UK
Grainger	Angela Carol	Assistant Director of Nursing	Kings College Hospital NHS Trust	UK

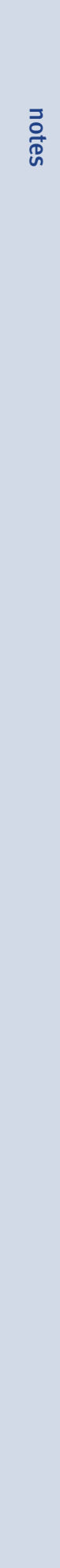
Gray	Morag Anne	Head of Curriculum Development	Napier University Edinburgh	UK
Greaney	Brendan Gerard	Lecturer In Critical Care	Coventry University	UK
Green	Helen Elise	Assistant Director Nursing	University Hospital North Staffs	UK
Griffiths	Pauline	Senior Lecturer	University of Wales, Swansea	UK
Grocott	Patricia Rosalind	Research Fellow	Kings College, London	UK
Haigh	Carol	Lecturer	University Salford	UK
Halkett	Ann	Nursing Lecturer	University Dundee	UK
Halligan	Philomena	Lecturer	Royal College of Surgeon's	IRELAND
Hammond	Julia Frances	Senior Research Nurse	Southampton General Hospital	UK
Hardy	Ainsley	Research Assistant	National Respiratory Training Centre Warwick	UK
Harries	Cathy	Research Staff Nurse	Royal Brompton and Harefield NHS Trust London	UK
Harris	Ruth Gillian	Research Fellow	Kings College, London	UK
Harvey	Laura	Ward Manager	Ayrshire & Arran Acute Hospitals Trust	UK
Hek	Gillian Anne	Reader in Nursing Research	University of the West of England, Bristol	UK
Hennessy	Louise	Staff Nurse	Intensive Care Unit Kent & Canterbury Hospital	UK
Hepworth	Karina Louise	Senior Nurse Specialist	South West Yorkshire Mental Health NHS Trust	UK
Herron-Marx	Sandy	Lecturer in Nursing	University of Birmingham	UK
Higginbottom	Gina	Lecturer	University of Sheffield	UK
Hill	Christopher James		Addenbrookes NHS Trust, Cambridge	UK
Hillier	Dawn	Dean of School	Anglia Polytechnic University Chelmsford	UK
Hollis	Jane Louise	Research Sister	Addenbrookes NHS Trust (Cambridge)	UK
Hope	Claire Margaret	Lecturer	University of Sheffield	UK
Hopkinson	Jane	Senior Research Fellow	University of Southampton	UK
Horsfield	Gillian Elisabeth	Associate Research Nurse	Wellcome Trust Clinical Research Facility Southampton	UK
Hoskins	Gaylor	Research fellow	University of Dundee	UK
Hourahane	Pauline Georgina	Lecturer	School of Nursing & Midwifery UWCM Cardiff	UK
Houston	Linda	Lecturer	School of Nursing & Midwifery UWCM Cardiff	UK
Howard	Alan	Consultant Nurse	Dorset Healthcare NHS Trust	UK
Howarth	Michelle Louise	Lecturer	University of Salford Manchester	UK
Howlett	Kathleen Denise	Research/Practice Nurse	St Andrews Group Practice Hull	UK
Humphreys	Ann Josephine	Dep Head School Of Nursing & Acute Care	University of Plymouth	UK
Hunt	Anne Clare	Modern Matron	West Herts Hospitals NHS Trust Watford	UK
Hunt	Anne Margaret	Research Fellow	RCN Institute (Oxford)	UK
Hunt	Jane Alison	Research Consultant	J H Nursing Consultant Agency	UK
Hyde	Abbey	Senior Lecturer	University College, Dublin	SP
Iggulden	Helen Mary	Lecturer In Nursing	University Salford	UK
Immenschuh	Ursula	Lecturer		
Irvine	Fiona Elizabeth	Lecturer	University of Wales Bangor	UK
James	Eileen Frances	Principal Lecturer in Research	Christchurch University College Canterbury	UK
James	Marie Elizabeth	Lecturer	University of Wales, Swansea	UK
Jarvis	Alison	Lecturer/Practitioner	Lothian PCT	UK
Jaycock	Susan Margaret	Research Nurse	Nottingham Healthcare NHS Trust	UK
Jinks	Annette Mary	Professor Nursing	Stafford University	UK
Jones	Aled	Lecturer	University of Wales, Swansea	UK
Jones	Anna	Lecturer	School of Nursing & Midwifery Studies UWCM Cardiff	UK
Jones	Catherine Anne Baxter	Lecturer in Nursing	Kings College, London	UK
Jones	Martyn Christopher	Senior Lecturer	University of Dundee	UK
Jones	Peter Reece	Lecturer	University of Wales Bangor	UK
Jones	Rebecca	Research fellow	The Open University Milton Keynes	UK
Jurado	Jeronimo	Registered Nurse	Institut Catala de la Salut	SPAIN
Kaplan	Ruth	Director of Nursing	Assaf Harofe School of Nursing	ISRAEL
Kapur	Julie	Research Nurse	Belfast City Hospital	IRELAND
Kelley	Kate	Research Fellow	Worthing & Southlands Hospitals NHS Trust Worthing	UK
Kelly	Heather Elisabeth	Research Nurse	Bradford Teaching Hosp NHS Trust	UK
Kenkre	Joyce Elizabeth	Professor of Primary Care	University of Glamorgan	UK
Kernohan	George	Professor	University of Ulster	UK
Kerr	Susan	Senior Research Fellow	Glasgow Caledonian University	UK
Khoo	Richard	Lead Research & development PFH	Anglia Polytechnic	UK
King	Nicola Ann	Ward Sister	UCLH NHS Trust	UK

Kirk	Kathryn	Associate Head of School/Research	University of Glamorgan Pontypool	UK
Kirshbaum	Marilyn Nancy	Lecturer	University of Sheffield	UK
Lane	Kathleen	Research Associate	University of East Anglia	UK
Lankshear	Annette	Senior Research Fellow	University Of York	UK
Larsen	John	Research Fellow	EIHMS University Surrey (Guildford)	UK
Lathlean	Judith	Director of Nursing	University of Southampton	UK
Lau-Walker	Margaret	Lecturer	University Surrey	UK
Lefort	Sandra M	Director of Associate Professor	Memorial University of Newfoundland	CANADA
Livesley	Joan	Lecturer	University of Salford Manchester	UK
Llewellyn	Penny	School of Care Sciences	Sciences University of Glamorgan Pontypridd	UK
Lloyd	Dave	Lecturer	University of Wales Bangor	UK
Lloyd	Hilary	Senior Lecturer	University of Sunderland	UK
Lockhart	Karen Anne	Nursing Officer	Scottish Executive Edinburgh	UK
Lockyer	Lesley Josephine	Senior Lecturer	University of the West of England, Bristol	UK
Longworth	Geraldine		Addensbrookes NHS Trust, Cambridge	UK
Lynch	Una	Lecturer (Public Health) Nursing	Queens University Belfast	UK
Macarthur	Juliet Claire	Senior Nurse/Research	NHS Lothian University Hospital Division	UK
Macintosh	Graham Macdougall	Lecturer	University of Glasgow	UK
Mallik	Marguerite Ann	Clinical Education (ADN)	Salisbury Health Care NHS Trust	UK
Manley	Kim	Head of Practice Development	RCNI	UK
Mansell	David Anthony Ian	Senior Lecturer	School of Care Sciences University of Glamorgan	UK
Margall				
Coscojuela	Ma Angeles	Nurse Manager	Universidad de Navarra Spain	SPAIN
Marr	Heather Chisholm	Director Quality Staff Development	University Dundee (SON)	UK
Massey	Marie Therese	Nursing Lecturer	Sheffield University	UK
Mathes	Lucia	Research Fellow	Kings College, London	UK
Maynard	Linda Carole	Practice Professional Development	East Anglia Childrens Hospices (Cambridge)	UK
McCabe	Catherine	Lecturer	Trinity College Dublin	IRELAND
McCann	Margaret	Lecturer	Royal College of Surgeon's Dublin	IRELAND
McCaughan	Dorothy May	Research Fellow	University of York	UK
McConnell	Casandra Joan	Diabetes Specialist Nurse	Altnagelvin H & SS Trust Londonderry	UK
McCreaddie	May Arnott	Senior Lecturer	University of Paisley School of Nursing	UK
McCulloch	Fiona Helen	Lead Nurse	Strathkelvin LHCC Kirkintoloch	UK
McCunnis	Margaret Kerr Nicol Jardine	Lecturer	University of Paisley	UK
McCutcheon	Amy	Director, Clinical Programs	St. Michaels Hospital, Canada	CANADA
McDonnell	Ann	Lecturer	University of Sheffield	UK
McDowell	Joan Rachel Somerville	Head of Division	University of Glasgow	UK
McGarry	Julie	Lecturer	Nottingham University	UK
McInnes	Elizabeth	Senior R & D Fellow	National Collaborating Centre for Nursing & Supportive Care	UK
McLafferty	Isabella Helen Ruth	Senior Lecturer	University Of Dundee	UK
McMenamin	Mary	Research Associate	University of Ulster	UK
McNicholl	Mary Patricia	Research Nurse	Altnagelvin HH & SST Derry	UK
McVicar	Andrew	Principal Lecturer/Reader	Anglia Polytechnic University, Chelmsford	UK
Mead	Donna May	Head of School, School of Care Sciences	University of Glamorgan Pontypridd	UK
Merrell	Joy Anita	Professor of Nursing	University of Wales, Swansea	UK
Metcalfe	Alison Mary	Research Fellow	School of Health Sciences University of Birmingham	UK
Miers	Margaret Elizabeth	Reader	University of the West of England, Bristol	UK
Monger	Eloise Jane	Lecturer Critical Care	University of Southampton	UK
Morgan	Christine Elizabeth	Practice Development Nurse	West Hampshire Hosp NHS Trust	UK
Morgan	Jane		University of Southampton School of Nursing & Midwifery	UK
Morris	David Keith	Senior Lecturer	Anglia Polytechnic University Chelmsford	UK
Morris-Bacon	Lisa		Addenbrookes NHS Trust, Cambridge	UK
Moseley	Laurence	Professor of Health Services - Research	University of Glamorgan Pontypridd	UK
Moules	Christina Margaret Maude	Director of Research	A P U Chelmsford	UK
Murphy	Fiona Anne	Senior Lecturer	University of Wales, Swansea	UK
Murphy	Mary	Resuscitation Officer	Belfat City Hospital	UK
Murrells	Trevor	Statistician	Nursing Research Unit Kings College London	UK

Navarro	Maria	Lecturer	University of Malta	MALTA
Neades	Barbara Louise	Senior Lecturer	Napier University	UK
Neill	Sarah Jane	Senior Lecturer	University College Northampton	UK
Neville	Lillian	Lecturer	University of Salford	UK
Newell	Robert John	Professor Nursing Research	University Bradford	UK
Ni Mhaolrunaigh	Siobhan	Senior Lecturer	Dublin City University	IRELAND
Nielsen	Inger Lise	Assistant Program Manager	Peterborough NHS Trust	UK
Nixon	Jane	Deputy Head	Clinical Trails Unit University of Leeds	UK
Norman	Ian James	Professor of Nursing	Kings College, London	UK
Norman	Rachel	Post Doctoral Research Fellow	University of the West of England, Bristol	UK
Norrie	Peter	Lecturer	De Montfort University Leicester	UK
Northway	Ruth	Professor of Learning Disability Nursing	University of Glamorgan Pontypridd	UK
O'Donnell	Alison Jane	Lecturer In Nursing	University Dundee	UK
Orri	Yukiko	Assistant Professor	Miyagi University	JAPAN
Ostlund	Milly	Registered Nurse/University Lecturer	Karlstad University	SWEDEN
Palfreyman	Simon John	Research Nurse	Sheffield Teaching Hospitals NHS Trust	UK
Papadopoulos	Irena	Professor of Transcultural Health & Nrsng	Middlesex University London	UK
Parahoo	Abdul Kader	Director of Centre for Nursing Research		UK
Park	Jennifer	Research Fellow	Univ Nottingham	UK
Paterson	Lynne	Nurse Consultant	South Tees Hospital NHS Trust	UK
Pearson	Pauline Hilary	Senior Lecturer & PCT	University of Newcastle	UK
Peckover	Sue	Lecturer	University of Sheffield	UK
Perkins-Porras	Linda		Royal Free & University College of Medical School, London	UK
Peter	Maria Rita	Nurse Consultant	Royal Brompton & Harefield NHS Trust	UK
Peters	Judith	Research Nurse	Gt Ormond St Hospital London	UK
Pfeil	Michael	Lecturer	University of East Anglia	UK
Philpin	Susan Mary	Senior Lecturer	University of Wales, Swansea	UK
Philpott	Samantha	Senior Staff Nurse	UCLH NHS Trust	UK
Pittam	Gail	Research Assistant	A P U Chelmsford Essex	UK
Plumb	Joanne Patricia	Clinical Manager	University Hospital Birmingham	UK
Po	Yin Chun	Senior Nurse Manager	Kwong Wah Hospital Hong Kong	HONK KONG
Portillo	Maria Carmen	Lecturer	School of Nursing, University of Navarra	SPAIN
Poulton	Brenda Christine	Prof of Community Health Nursing	University of Ulster	UK
Pounds	Sheila	Staff Nurse	Dorset Healthcare Trust Bournemouth	UK
Powell	Catherine	Lecturer	University of Southampton	UK
Preston	Nancy	Systematic Review Fellow	RCN Institute (Oxford)	UK
Priest	Helena Mary	Senior Lecturer	keele University Staffordshire	UK
Puffer	Suezann	Research Assistant	York Trials Unit University of York	UK
Ratray	Janice Elizabeth			UK
Read	Susan Margaret	Professor of Nursing Research	University of Sheffield	UK
Redfern	Sally Jane	Professor	Kings College London	UK
Redsell	Sarah A	Senior Lecturer	University of Leicester	UK
Reinhardt	Anita C	Doctoral Student	Oregon Health and Science University USA	USA
Richards	Christine Anne	ROSG Co-ordinator	Cambridge City PCT	UK
Richmond	Janice Patricia	Oncology Nurse Specialist	Letterkenny General Hospital, County Donegal	IRELAND
Roberts	Gwerfyl Wyn	Lecturer	University of Wales Bangor	UK
Robinson	Joan Allison	District Nurse	East Hampshire Primary Care Trust, Waterlooville, Hants	UK
Robinson	Kathleen Stuart Montgomery	Deputy Vice Chancellor (Academic)	University of Luton	UK
Robinson	Sarah	Senior Research Fellow	Kings College University of London	UK
Ross	Fiona Mary	Director of Nursing Research	Kings College London	UK
Rungreangkulkij	Somporn	Assistant Professor	Khonkaen University Thailand	THAILAND
Rushforth	Helen Elizabeth	Lecturer/Head of Child Health Division	University of Southampton	UK
Russell	Mary	Research Associate	Queens University Belfast	UK
Rycroft-Malone	Jo	Senior Research Fellow	RCN Institute (Oxford)	UK
Salmon	Debra	Principal Lecturer in Primary Care	University of the West of England, Bristol	UK
Sammut	Roberta	Assistant Lecturer	University of Malta	MALTA
Sanderson	Linda	Sister	Airedale General Hospital, Keyhley, West Yorkshire	UK
Saunders	Caroline	Clinical Manager	Addenbrookes NHS Trust	UK

Savage	Jan	Senior Research Fellow	RCN Institute (London)	UK
Sawyer	Amelia	Researcher	Kelle University	UK
Scheving				
Thorsteinnsson	Hrund	Nursing Director	Landspítali University Hospital Reykjavík	ICELAND
Scott	Cherill Andrea	Research Fellow	RCN Institute (London)	UK
Scott	Julie	R & D Project Officer	Mid Essex Hospital Services NHS Trust	UK
Seers	Kate	Head of Research	RCN Institute (Oxford)	UK
Serrant-Green	Laura	Lecturer	University of Nottingham	UK
Seymour	Jane Elizabeth	Senior Lecturer	University of Sheffield	UK
Shanahan	Denise	Stroke Care Co-ordinator	Bromsgrove NHS Trust Bridgend	UK
Shields	Linda	Professor Nursing	University Limerick	UK
Simmons	Maxine	Head of Education+Workforce Development	Chesterfield & N Derbyshire NHS Trust	UK
Simons	Lucy	Research Fellow	University of Southampton	UK
Siu	Carroll King Ling	Senior Lecturer	University of Brighton	UK
Skilbeck	Julie Kathryn	Lecturer in Nursing	School of Nursing & Midwifery University of Sheffield	UK
Sloan	Graham Cummerford			
	Murray	Cognitive Psychotherapist	Consulting & Clinical Psychology Services (Ayr)	UK
Smith	Belinda Jane	Continence Advisor	Bro Morgannwg NHS Trust	UK
Smith	Miriam Anne	Lecturer In Midwifery	University of Ulster Jordanstown County Antrim	UK
Smith	Pamela Ann	Director CRNME	University Surrey	UK
Smith	Phillip	R & D Co-ordinator	Mid Essex Hospital Services NHS Trust	UK
Snelgrove	Sherrill Ray	Lecturer	University of Wales, Swansea	UK
Snowden	Lynette Dolores	Head of Professional Preparation	University of Surrey	UK
Sorley	Alison Meikle			UK
South	Gail	Nurse Consultant Respiratory	Chesterfield & N Derbyshire NHS Trust	UK
Sparrow	Shelagh Margaret	Associate Lecturer	Open University	UK
Spencer	Caroline Elizabeth	Asst Head Childrens Nursing Services	Guys St Thomas NHS Trust	UK
Spencer	Llinos	Research Officer	University of Wales Bangor	UK
Staniszewska	Sophie	Senior Research Fellow	RCN Institute (Oxford)	UK
Steel	Senga Caron	Lead Research Nurse	Whittington Hospital London	UK
Stimpson	Irene Anne	Research Associate	University of Hull	UK
Symon	Andrew	Senior Lecturer	University Dundee	UK
Taylor	Gillian Claire	Macmillan Nurse	North West London NHS Hospitals	UK
Taylor	Helen	Fulltime Research Student	UCW	UK
Taylor	Julie Sharon	Director Postgraduate Studies	University Dundee	UK
Taylor	Renay Jestell Germaine	Research Nurse	Imperial College, London	UK
Tetley	Josephine Wendy	Lecturer	University of Sheffield	UK
Thom	Dinah	Associate Editor	Elsevier Ltd Edinburgh	UK
Thomas	Susan Jane	Senior Lecturer In Primary Health Care	University of Glamorgan Pontypridd	UK
Thompson	Angela	Lead Nurse	Addenbrookes NHS Trust, Cambridge	UK
Thompson-Cree	Margaret	Research Fellow	Queens University Belfast	UK
Timmins	Fiona	Lecturer	Trinity College Dublin	IRELAND
Tolmie	Elizabeth Paton	Research Nurse	University Glasgow	UK
Tonkin	Alison	Radiographer/Lecturer	Mount Vernon Hospital & Stanmore College	UK
Topping	Anne Elizabeth	Head Of Nursing	University Of Bradford	UK
Torn	Alison	Project Officer	University of Bradford	UK
Traynor	Michael George	Senior Lecturer	London School of hygiene & Tropical Medicine/Health Foundation	UK
Turnbull	Patricia Ann	Senior Lecturer	Anglia Polytechnic University Chelmsford	UK
Turner	Jill	Lecturer	Queens University Belfast	UK
Tutton	Liz	Research Fellow	RCN Institute (Oxford)	UK
Vass	Catherine Demetra	Assistant Director of Nursing	Nottingham City Hospital NHS Trust	UK
Vincent	Emma Eirene	Pulmonary Rehab Research Nurse	Univ Hosp Leicester NHS Trust	UK
Volante	Margaret Ann	Head Academic Prof Development	EIHMS University Surrey	UK
Waight	Mary	Occupational Therapist	Thames Valley University London	UK
Wainwright	Paul James	Reader	University of Wales, Swansea	UK
Wakefield	Ann Bridget	Lecturer In Nursing	University of Manchester	UK
Walker	Samantha Mary	Director of Nursing	National Respiratory Training Centre Warwick	UK
Wallin	Clare Elizabeth			UK
Walsh	Dympria	PHD Student	Univ Ulster	UK
Walsh	Frances	Research Facilitator	Witham Braintree and Halstead Care Trust	UK

Ward	Julie	Registered Nurse	Royal Brompton Hospital Chelsea (London)	UK
Warring	Joanne	District Nursing Sister	Bro-Morgannwg NHS Trust	UK
Watson	Evelyn	Post Graduate Student	School Nursing Midwifery Dundee	UK
Watson	Hazel Elizabeth	Professor of Nursing	Glasgow Caledonian University	UK
Watson	Roger	Professor of Nursing	University of Hull	UK
Webb	Christine	Executive Editor, Prof of Health Studies	Journal of Advanced Nursing/University of Plymouth	UK
Webber	Karen	Associate Professor	Memorial University of Newfoundland Canada	CANADA
Werrett	Julie	Research Assoc	University of Birmingham	UK
White	Alison Elizabeth	Professor	Kings College, London	UK
White	Jean Christine	Professional Advisor	Health Professions Wales, Cardiff	UK
Whitehead	Elizabeth	Reader	University College Chester	UK
Whitford	Heather M	Lecturer In Midwifery	University Dundee	UK
Whittaker	Karen	Senior Lecturer	University of Central Lancashire Preston	UK
Williams	Amanda	Midwifery Researcher	Birmingham Heartlands Solihull NHS Trust	UK
Williams	Anne Melita	Professor	University of Wales, Swansea	UK
Williams	Heather Diane	Research Nurse	Northwest London Hospitls NHS Trust Harrow	UK
Williams	Lynne	Lecturer Practitioner	University of Wales Bangor	UK
Wilson	Mary Christine Reeve	Continance Nurse Specialist	Hull & East Riding Community Health NHS Trust	UK
Wilson	Patricia	Senior Lecturer	University of Hertfordshire Hatfield	UK
Winslow	Michelle	Research Associate	University of Sheffield	UK
Wray	Jane	Research Associate	University of Hull	UK
Wright	Marian Elizabeth	Senior Lecturer	University of Ulster Coleraine	UK
Yanni	Julie Ann	Phd Student	Christchurch University College	UK



notes



Royal College
of Nursing

20 Cavendish Square
London
W1G 0RN
UK