An anxious wait: a combined qualitative and quantitative study of anxiety on the waiting list for coronary artery bypass surgery

Fitzsimons, D. (2003). An anxious wait: a combined qualitative and quantitative study of anxiety on the waiting list for coronary artery bypass surgery. 73-74. Abstract from Royal College of Nursing Annual International Nursing Research Conference , Manchester, United Kingdom.

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

RCN EVENTS

Royal College of Nursing of the United Kingdom

Annual International Nursing Research Conference

Thursday 10 to Saturday 12 April 2003

UMIST, Manchester, England, UK

http: www.man.ac.uk/rcn/research2003

Programme

Royal College of Nursing

NURSE**RESEARCHER** online

Royal College
of Nursing

April 2003

Dear Colleague,

It is a pleasure to welcome you to this year's RCN International Nursing Research Conference. The conference programme aims to present knowledge from the leading edge of nursing research. As well as plenary presentations and symposia, you can choose from over 200 concurrent presentations. Alongside these presentations, there will be on display over 70 poster presentations.

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

We are most grateful for the support provided by Manchester Metropolitan University, The University of Manchester and The University of Salford.

The School of Nursing, University of Salford is hosting a reception at the Museum of Science and Industry within the Air and Space Gallery on Thursday evening. To mark it's 30th anniversary, the University of Manchester School of Nursing, Midwifery and Health Visiting are hosting a drinks reception on Friday evening at Manchester Art Gallery. This will be followed by a light buffet, sponsored by the Department of Healthcare Studies, Manchester Metropolitan University.

We have an impressive exhibition which we hope you will take time to visit and you have the opportunity to network with colleagues from far and wide.

Professor Claire Hale
Chair, RCN Research Society

Dr Charles Hendry
Chair, Scientific Committee

Janet Marsden
Chair, Organising Committee

Committees

RCN Research Society Steering Committee

Janet Ball, Research Co-ordinator for Cancer Genetics, Guy's Hospital, London, England

Leslie Gelling, Nurse Researcher, Department of Academic Neurosurgery, University of Cambridge, Cambridge, England

Professor Kate Gerrish, Chair in Evidence Based Practice, School of Nursing & Midwifery, University of Sheffield, Sheffield, England

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

Dr Charles Hendry, Lecturer in Nursing & Midwifery, University of Dundee, Dundee, Scotland

Professor Martin Johnson, Professor of Nursing, Salford Centre for Nursing, Midwifery and Collaborative Research,University of Salford, Salford, England

Dr Tony Long, (Newsletter Editor), Lecturer, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Salford, England

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

Conference Organising Committee

Dr Ann Caress, Lecturer, School of Nursing, Midwifery & Health Visiting, University of Manchester, Manchester, England

Janet Marsden, Senior Lecturer, Department of Health Care Studies, Manchester Metropolitan University, Manchester, England

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

Kathryn Clark, Assistant Conference & Events Manager, RCN Events, London, England

Ann McMahon, Director, RCN R&D Co-ordinating Centre, Manchester, England

Conference Scientific Committee

Dr Ann Caress, Lecturer, School of Nursing, Midwifery & Health Visiting, University of Manchester, Manchester, England

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Professor George Evers, Catholic University of Leuven, Centre for Health Services and Nursing Research, Leuven, Belguim

Leslie Gelling, Nurse Researcher, Department of Academic Neurosurgery, University of Cambridge, Cambridge, England

Jackie Griffith, Lecturer, Institute of Health Studies, University of Plymouth, Redruth, England

Dr Charles Hendry, Lecturer in Nursing & Midwifery, University of Dundee, Dundee, Scotland

Ann McMahon, Director, RCN R&D Co-ordinating Centre, Manchester, England

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

Dr Caroline Shuldham, Director of Nursing & Quality, Royal Brompton & Harefield NHS Trust, London, England

International Scientific Advisory Panel

Janet Ball, Research Co-ordinator for Cancer Genetics, Imperial Cancer Research Fund London, England

Professor Sabine Bartholomeyczik, Professor, University of Witten Herdecke, Witten, Germany

Professor Veronica Bishop, Professor, De Montfort University, Leicester, England

Dr Jane Coad, Lecturer, School of Health Sciences, Birmingham, England

Professor Jessica Corner, Professor of Cancer and Palliative Care, University of Southampton, Southampton, England

Professor Jackie Crisp, Professor of Child & Adolescent Nursing, Sydney Children's Hospital, Randwick, Australia

Professor Joan Curzio, Professor of Practice Development, Faculty of Health, Romford, England

Dr Dawn Dowding, Senior Research Fellow, University of Stirling, Stirling, Scotland

Professor Kate Galvin, Head of Research, Bournemouth University, Bournemouth, England

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

Professor Kathryn Getliffe, Professor of Nursing, University of Southampton, Southampton, England

Gill Hek, Director of Research, University of the West of England, Bristol, England

Professor Martha Hill, Professor, John Hopkins University, Baltimore, USA

Professor Jennifer Hunt, Professor, Welwyn Garden City England

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

Dr Martyn Jones, Senior Lecturer, University of Dundee, Dundee, Scotland

Professor Joyce Kenkre, Professor of Primary Care, University of Glamorgan, Pontypridd, Wales

Professor Hesook Suzie Kim, Professor, University of Rhode Island, Kingston, USA

Raija Kokko, Senior Lecturer, School of Health Care, Tampere, Finland

Janet Marsden, Senior Lecturer, Manchester Metropolitan University, Manchester, England

Professor Gene Marsh, Professor in Acute and Critical Care Nursing, University of Colorado, Boulder, USA

Professor Hugh McKenna, Head, University of Ulster, Jordanstown, Newtownabbey, Northern Ireland

Teresa Moreno-Casbas, Head of Centre, Instituto de Salud Carlos III, Madrid, Spain

Paula Roberts, Editor Nurse Researcher, Department of Nursing & Midwifery, Keele, England

Jeanette Robertson, Nurse Researcher, King Edward Princess Margaret Hospitals, Subiaco, Australia

Dr Kate Seers, Head of Research, Royal College of Nursing Institute, Oxford, England

Dr Linda Shields, NH&MRC Public Health Research Fellow, Mater Children's Hospital, Brisbane, Australia

Dr Marlene Sinclair, Senior Lecturer in Midwifery, University of Ulster at Jordanstown, Newtownabbey, Northern Ireland

Professor David Thompson, Director, The Nethersole School of Nursing, Chinese University of Hong Kong, Shatin, Hong Kong

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

Professor Christine Webb, Professor, Health Studies & Director of Research, University of Plymouth, Exeter, England

Professor Edward White, Professor of Mental Health Nursing, University of Technology, Sydney, Lindfield, Australia

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

Dr Julie Winstanley, Senior Research Fellow / Medical Statistician, University of Sydney, Sydney, Australia

RCN Staff

Jenifer Caveney, Departmental Administrator, RCN R&D Co-ordinating Centre, Manchester, England

Kathryn Clark, Assistant Conference & Events Manager, RCN Events, London, England

Ann McMahon, Director, RCN R&D Co-ordinating Centre, Manchester, England

Dave O'Carroll, Information Manager, RCN R&D Co-ordinating Centre, Manchester, England

Contents

General information

Venue

The conference is being held in UMIST, (University of Manchester Institute of Science and Technology), Manchester, England. RCN staff can be contacted on : 0161 200 4060 during registration times only.

Conference registration & enquiries

Registration

Registration will be open as follows:

Wednesday:	18.00 – 19.45
Thursday:	08.30 – 17.30
Friday:	08.15 – 17.40
Saturday:	08.50 – 15.30

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 telephones and pagers

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

Plenary sessions

Plenary sessions will take place in Room C16

All concurrent, symposia and workshop sessions will take place within the Renauld building and are sign posted.

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

Symposia

When attending a symposia, participants are expected to stay for the duration of the session.

Posters

Posters will be displayed in level C of the Renauld Building.

Opening times:

Thursday:	08.30 – 17.30
Friday:	08.15 – 17.40
Saturday:	08.50 – 13.30

Exhibition

The exhibition will be displayed in Level C of the Renauld Building. Details of the Exhibition can be found on pages 143-144

Opening times:

Thursday:	08.30 – 16.15
Friday:	08.15 – 18.00
Saturday:	08.50 – 13.45

Catering

Lunches will be served within the Barnes Wallis Building. If a fringe event is taking place during a lunch period, lunch will also be served outside that particular room.

All refreshments will be served within Level C of the Renauld Building.

A coffee shop located on Level C will be open through the duration of the conference to enable delegates to purchase additional refreshments.

Social events

Wednesday 9 April 2003　　　　18.30 – 19.30
Barnes Wallis Building

Welcome reception: For those delegates arriving early and especially for international delegates, this reception is an ideal opportunity to met the RCN Research Society Steering Committee and the local organising committee. All delegates are invited to attend.

Thursday 10 April 2003　　　　19.30 – 21.00
Museum of Science & Industry

This event, sponsored by the School of Nursing, University of Salford, will be held in the Museum of Science & Industry within the Air and Space Gallery. The Gallery is on the opposite side of Lower Byrom Street to the main museum entrance.

From aviation history to space science, marvel at the fabulous flying machines and learn about the mysteries of outer space. Within the gallery you can see many aircraft, with the pride of place going to planes built in 1928 and 1930. Experience The 'Super X Simulator'.

University of Salford School of Nursing looks forward to welcoming you to this reception. Wine and canapes will be served.

Friday 11 April 2003　　　　17.30 – 18.00

A drinks reception to launch Nurse Researcher Online will take place at the Nurse Researcher Exhibition Stand on level C.

Friday 11 April 2003　　　　19.30 – 22.00
Manchester Art Gallery

This reception is hosted by the University of Manchester School of Nursing, Midwifery and Health Visiting to celebrate its 30th Anniversary, followed by a light buffet, sponsored by Manchester Metropolitan University.

Manchester Art Gallery houses one of the UK's finest art collections in spectacular surroundings. On each floor of the venue, there is an innovative special interest gallery which introduces particular aspects of the city's collection. All these unique galleries have been designed by top British exhibition designers.

University of Manchester and Manchester Metropolitan University looks forward to welcoming you to Manchester Art Gallery. Wine and a light buffet will be served.

Fringe event

Please see pages 7-9 for details of fringe events. For those delegates attending fringe events during the lunch period, lunch will be served outside the particular room.

Message board

A message board is located in the registration area.

RCN Research and Development Co-ordinating Centre Cybercafe

The RCN R&D Co-ordinating Centre provides advice & information, research & consultancy services on anything and everything to do with research and development (R&D) in nursing.

www.man.ac.uk/rcn/

Find out about funding and job opportunities, research networks, policy documents and research governance arrangements, study days, courses and conferences. It's a one-stop-shop for all your nursing R&D needs, so if you can't find what you're looking for, let us know, and we'll see what we can do.

Visit the centre's website and meet the team at the cybercafe

Disabled access

Please contact the registration/enquiries desk.

Lost and found

Please contact the registration/enquiries desk.

First aid facilities

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

Cloakroom

Cloakroom facilities are located on Level B of the Renaulds Building.

Toilets

Toilets are located on Level B of the Renaulds Building.

No smoking policy

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

The RCN does not accept any liability for loss of 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 material printed within this programme. Any queries relating to any of the papers should be addressed to the presenter.

Fringe events

Thursday

12.45 - 14.00
Room D5

International networking event

Roswyn Hakesley-Brown

As immediate past President of the RCN Roswyn Hakesley-Brown continues with her enthusiastic commitment to the provision of this international networking event. She is sure that the vibrancy of this forum will be maintained at this year's conference as our international colleagues reach across national boundaries in their shared understanding of the research endeavour. Following her recent visit to Brussels on behalf of the RCN for the 6th Framework meeting Roswyn is convinced that we need to utilise opportunities such as the RCN's International Research Conference to provide a conduit to facilitate the development of international research programmes in an environment of challenge and trust.

Room E1

Novice Researchers

Barbara Jack & Charles Hendry

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.

Room G1

Understanding Internationalism in nursing research

Hugh McKenna & Kader Parahoo

The UK Higher Education Funding Council's assessment of research quality identifies internationalism in nursing research as a gold standard forresearch. Anyone who is not clear about what is meant by "internationalism" within the context of the Research Assessment Exercise should attend this fringe event.

The fringe will be run by Professor Hugh McKenna a member of the 2001 RAE Nursing panel. This session will examine what is meant by Internationalism in nursing research. It will explore

- The differences between international as opposed to national collaborations
- The differences between international publications as opposed to local and national
- How to write papers which provide an international dimension,
- Strategies to build up recognisable international research collaborations.
- Tips on how not to waste time and effort
- Criteria for who to link with how and when.
- The barriers to international linkages including for example language and culture
- Funding for international collaborations

Room E2

Primary Care Nursing Research Network

Vari Drennan

The idea of this network is to try and put nurses, midwives and health visitors in touch with each other to assist in building 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 has a UK focus but it is not exclusive. 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 will offer the opportunity to network with others while addressing two topical issues :

- Sharing experiences on research governance and primary care
- Issues in the English Ministerial Review on the role of primary care trusts in relation to learning and research in the new NHS and information on any similar activities in Scotland, Wales, N.Ireland.

PrimaryCareNursingResearchNetwork@yahoogroups.com

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

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

Room G2

Informed Consent for Research

Joyce Kenkre & Leslie Gelling

The purpose of research is to gain knowledge and understanding through original investigation (HEFCE/RAE 2001). This frequently involves people within the process. For this to occur informed consent should be obtained if possible prior to the investigation, though it is acknowledges that this is not always possible. Informed consent is the agreement by a person to contribute to research as a subject participant or respondent, after the nature of the research and their part in it, has been adequately explained. Three main prerequisites need to be established prior to consent been taken from the individual that they have the mental ability to do so, sufficient information has been given and that consent is freely given. This workshop is to launch the RCN Guidance on the consent process and to discuss the role of the nurse and other health care professionals.

Friday

13.15 - 14.30

Room G1

Ethics guidance

Martin Johnson and Tony Long

The meeting will introduce, as part of wider consultation, significantly revised and updated guidance from the RCN for nurses and others commissioning, conducting, or otherwise affected by health care research. The aim is to provide easily accessible information and a clear pathway through the 'minefield' which is how current mechanisms can seem.

The guidance will seek to develop the resources available to researchers in an increasingly challenging field of ethical approval and research governance.

Participants in the meeting will be invited to comment on draft paper and web-based material both at the meeting and subsequently.

Room G2

RCN London Regional Research Society

Gian Gargaro and Loretta Bellman

LoRRS aims to provide a meeting place for nurses who are interested in all aspects of nursing research. At each meeting there is at least one guest speaker and opportunities for sharing knowledge, networking and exploring the ever-growing field of nursing research. The group meets 4 times a year at various locations around London.

This is an opportunity to come to meet some of the LoRRS members and committee, and to put forward ideas on how you would like your group to continue in the future.

Room H2

Meet the editors

Roswyn Hakesley-Brown

As immediate past President of the RCN it gives Roswyn Hakesley-Brown great pleasure to invite conference delegates to meet Editors who can play a significant role in facilitating the dissemination of both ongoing and completed research work. The attending editors represent a rich portfolio of publications and they will be pleased to discuss publication ideas with potential authors.

Room H1

Research in Child Health Network

Alison Twycross

Are you a researcher in paediatric or child health nursing? Would you like to meet others working in this area? Are you a paediatric nursing thinking of undertaking some research? This fringe event is hosted by the RCN's Research in Child Health (RiCH) group and will provide an opportunity to hear about the latest activity of RiCH and how the children and young people's field of practice is moving research in children's nursing forward but is predominately a chance to meet and network with other researchers in this area. We invite all paediatric nurses attending the conference, whether practitioners or researchers, 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.

Room E2

Promoting excellence in R&D - working towards standards and guidelines for NHS Trusts

Ann Caress and Ann McMahon

The clinical and research governance agendas require that all nurses are able to identify, critically appraise and appropriately utilise research evidence. However, to date there is patchy provision in NHS Trusts of support for nursing research and development (R&D) activity. An RCN working group, representing a wide-range of stakeholders, has been established to explore the development of standards and guidelines for NHS Trusts' support of nursing R&D, and the feasibility such activities being accredited. The aims of the fringe will be to:

- To inform delegates of the progress made to date
- To seek delegates' views on the standards of support and infrastructure that Trusts should offer for nursing R&D
- To seek delegates views on accreditation of such activity

This fringe will be of relevance to:

- Nurses in clinical practice, at all levels
- Trust nurse executives
- R&D and practice development facilitators
- Nurse academics

Room E1

Consumer involvement in research

Dr Richard Harvey and colleagues from the Alzheimer's Society

Quality Research in Dementia (QRD) is the Alzheimer's Society's award winning consumer-led research programme. Launched in July 1999, over the past 4 years we have we provided more than £5 million in grants to support research into cause, cure and care in the field of dementia. QRD operates a totally committed consumer-led programme that has been highly effective in raising money for dementia research.

An advisory network of 150 carers and people with dementia are responsible for setting the research strategy, reviewing grant applications, making funding decisions, monitoring ongoing projects and disseminating the results of research. Consumers joining our network are offered empowerment training, providing them with the key generic skills needed to take part. A parallel network of experts is available to provide scientific and technical advice, together with peer-review.

Consumer involvement from strategy setting, through commissioning of research to dissemination and practice change represents a powerful way of improving quality of life and quality of care for people with dementia. The presentation by the Alzheimer's Society's research director and consumer members of the QRD advisory network will provide an overview of the methods of consumer involvement with a case study focusing on the ways QRD was influential in the UK government's decision to fund the prescription of anti-dementia drugs.

Consumer involvement is now a key theme for the NHS, learning from the Alzheimer's Society's experience can show how beneficial consumer involvement can be, and how it can be embraced within an organisation.

Saturday

12.15 - 13.45

Room H2

Informed consent in children and young people Eastern Regional Network

Margaret Rogers, Debbie White, Kingsley Simmons

In recent years there has been growing emphasis on the need to ensure that informed consent for research participation is based on the highest ethical standards for all patient groups and healthy volunteers. Despite this, research involving children has received considerable bad press with recent events in North Staffordshire and at Alder Hey thrusting the issue of informed consent onto the national agenda.

Informed consent to research involving children is undoubtedly problematic and the debate continues about when a child should or should not provide their own consent to participate in research. If a child is deemed incapable of providing consent, is it ethical for another individual to provide informed assent? If research cannot be performed without the child's consent, does this discriminate against children because knowledge and understanding of conditions affecting children will receive little attention from researchers?

The aim of this fringe event is to explore some of these issues by stimulating lively debate.

Room H11

PhD student network (incorporating excellence in doctoral studies)

Jackie Griffith

The RCN PhD support Network are hosting a fringe event looking at issues of quality in doctoral work. Jacky Griffith, facilitator of the Network will chair a discussion led by a panel of experts: Professor Martin Johnson, Dr Pat Schofield and Professor Hugh McKenna. All PhD students, potential students, supervisors, examiners and employers are welcome to come and discuss how to produce good quality work, what factors impinge on quality, how students can best be supported.

Room E1

RCN North West Research Society

Sheila Dunbar and Barbara Jack

The RCN Research Society (North West Region) exists as a local subgroup of the national RCN Research Society. The overriding objective of the North West group is to advance the cause of nursing research and to be a forum for nurses in the North West.

This fringe event aims to:

• Promote the work of the North West group and highlight the objects of the group in providing nurses with the opportunity for:

• networking

• collaboration

• dissemination

• and importantly SUPPORT

The North West group welcomes all nurses who have an interest in research to come along to this lunchtime event to see what the RCN can offer you to help you along the research road.

Room E2

ESCR Health Technology Programme

Andrew Webster, ESCR Health Technology Programme

Developments in genetics, imaging technologies, cloning and stem cell research are examples of innovative health technologies (IHTs) which are currently being widely covered in the media. These developments are clearly going to have an impact upon all our lives and have given rise to many new and diverse questions for social science.

The Innovative Health Technologies Programme will seek to address some of these questions. Funded by the Economic and Social Research Council and the Medical Research Council, this Programme will examine the role that these and other new technologies now play - and will increasingly play in future - in redefining the way we manage and experience health and medicine.

This session will provide delegates with the opportunity to learn about the IHT Programme. The Programme Director will describe the range of research being undertaken with a discussion of the theoretical and methodological dimensions of this work and their value to medical sociology.

The overall aim of this Programme is to advance our understanding of the interaction between IHTs and wider changes in society.

Room G1

The Way Forward: Would the implementation of more clinical/research posts increase research capacity and capability in nursing?

Lesley Lowes and Sue Taylor

Developing a culture that fosters and facilitates research continues to create a challenge for nursing. Strategies for developing nursing research focus on creating and maintaining research utilisation and increasing capacity and capability building. Joint clinical/research posts provide a career pathway that, by forging closer links between practice and academia, can ultimately increase research capacity and enhance the delivery of optimal patient care (Department of Health, 2001; McMahon et al, 2000). However, collaboration between Trust R&D management and academic institutions is essential for such posts to be successfully implemented. In this fringe, Dr Lesley Lowes and Sue Taylor will share with delegates their experience of joint working between Cardiff and Vale NHS Trust and the University of Wales College of Medicine to help develop strong links between practice and research. This fringe will offer brilliant networking opportunities for nurses seeking to foster a research culture in their own NHS Trust.

Department of Health (2001) Towards a strategy for nursing research and development, proposals for action, London: DoH

McMahon A., Bishop, V. and Shaw,T. (2000) Nurse executive directors making a difference. (Report of Royal College of Nursing Annual Research Conference workshop on their role in changing organisational culture and developing research strategy) NT research 2000 Nov,Dec. 5(6). P470-2

Outline programme

Wednesday 9 April 2003

18.00 – 19.45   **Registration**

18.30 – 19.30   **Welcome reception for those delegates arriving early (Harwood Room, Barnes Wallis Building)**
An opportunity to meet the RCN Research Society Steering Committee and local organising committee and to familiarise yourself with Manchester

Thursday 10 April 2003

11.15 – 12.45 Concurrent sessions 1

	Room: D1 Chair: Charles Hendry	Room: D2 Chair: Martin Johnson	Room: H1 Chair: Carol Dealey	Room: E7 Chair: Kate Gerrish	Room: H11 Chair: Tony Long
11.15	**1.1.1** **"Something just clicks and you just know": How nurses detect and report physiological deterioration** *Tom Andrews, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK. Co authors: Heather Waterman*	**1.2.1** **Amendment and further validation of the Student Nurse Stress Index** *Martyn Jones, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co author: Derek Johnston*	**1.3.1** **Prediction and classification of pressure ulcers** *Jane Nixon, Northern and Yorkshire Clinical Trials and Research Unit, University of Leeds, Leeds, UK*	**1.4.1** **Exploring the relevance of emotional labour in the context of the new NHS and the role of modern matrons** *Helen Allan, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK. Co author: Pam Smith*	**1.5.1** **Insider out: selecting a methodology for ethnicity and sexual health based research** *Laura Serrant-Green, School of Nursing, The University of Nottingham, Nottingham, UK*
12.00	**1.1.2** **Does a pressure measurement device assist nurses to achieve target pressures in compression bandaging?** *Monica Johnston, Out Patients' Department, Belfast City Hospital Trust, Belfast, UK. Co author: Vanessa Jones*	**1.2.2** **Stress, educational attainment and attrition in nursing students** *Roger Watson, Department of Nursing and Applied Health Studies, University of Hull, Hull, UK. Co authors: Ian Deary and Richard Hogston*	**1.3.2** **The use of an Artificial Neural Network to predict healing times and risk factors to healing of venous leg ulcers** *Adrienne Taylor, Teaching and Learning Directorate, Salford Primary Care NHS Trust, Manchester, UK. Co authors: Robert Taylor and Vincent Smyth*	**1.4.2** **Emotion work in an NHS Direct call centre** *Kathryn Waddington, Applied Psychosocial Sciences, City University, London, UK. Co author: Hanna Weir*	**1.5.2** **Promoting the sexual health and wellbeing of young males** *Aisling McElearney, School of Nursing & Midwifery, Queen's Univerity, Belfast, Belfast, UK. Co author: Dorothy Whittington*
12.45	**1.1.3** **Competence; challenges when testing a model by observing nursing practice.** *Timothy Clark, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK*	**1.2.3** **The taming of the student: oppression, power and control in clinical placement.** *Margaret Perry, School of Health Science, University of Wales Swansea, Swansea, Wales, UK*	**1.3.3** **Systematic reviews in the identification and treatment of infected diabetic foot ulcers** *Andrea Nelson, Health Sciences (Research), University of York, York, UK. Co author: Susan O'Meara*	**1.4.3** **The continuing pervasive power differential between the healthcare system and the patients it serves** *Carol Edwards, RCN Institute, Royal College of Nursing, Oxford, UK*	**1.5.3** **An adolescent sexual health needs assessment** *Margaret Cunnion, School of Health, Staffordshire University, Stafford, UK. Co author: Ruth Chambers*

11.15 – 12.45 Symposium 1

Room: C16 (Main Hall)

Using evidence from the past to help understand the present: Examples from the history of nursing leadership
Led by: Elizabeth J C Scott
Co presenters: Duncan Mitchell, University of Salford, Salford, UK and Stephanie Kirby, Department of Health and Human Sciences, University of Essex, Colchester, UK

12.45   **Lunch, fringe, exhibition and poster viewing**

Thursday 10 April 2003

08.30   **Registration, exhibition and poster viewing**

10.10   **Welcome to Manchester**
Ian Hargreaves, Regional Director, North West Region, Royal College of Nursing

10.20   **Chair's opening remarks**
Professor Claire Hale, Chair, RCN Research Society

10.25   **Keynote presentation**
Dr Beverly Malone, General Secretary, Royal College of Nursing

11.00   **Presentation of the RCN Research Society Marjorie Simpson New Researcher's Award**
Sponsored by Journal of Advanced Nursing/Blackwell Publishing
Presented by: Professor Alison Tierney, Editor in Chief, Journal of Advanced Nursing

Room: H2 Chair: Janet Marsden	Room: F1 Chair: Roswyn Hakesley-Brown	Room: F14 Chair: Rob Garbett	Room: E7 Chair: Caroline Shuldham	Room: D7 Chair: Sue Read
1.6.1 **Hope in the intensive care unit: a qualitative study exploring the experiences of nurses at the Royal Adelaide Hospital (South Australia)** *Leslie Gelling, Academic Neurosurgery Unit, University of Cambridge, Cambridge, UK. Co author: Mary Fitzgerald and Ian Blight*	**1.7.1** **The effectiveness of problem based learning for continuing nursing education: results from a randomized field trial** *Mark Newman, School of Health & Social Sciences, Middlesex University, London, UK*	**1.8.1** **The art of understanding - Gadamer's hermeneutic philosophy in research with younger people after stroke** *Ursula Immenschuh, Medical Physics Department, University of Edinburgh, Edinburgh, UK*	**1.9.1** **'Courtesy call' notifying a 'Myocardial Infarction' team may help reduce treatment delays** *Roger Gamon, Education and Research, Salford Royal Hospitals NHS Trust, Salford, UK. Co author: Fiona Lecky*	**1.10.1** **Beyond closing the gap: an evaluation of the lecturer-practitioner role** *Sabi Redwood, IHCS, Bournemouth University, Bournemouth, UK*
1.6.2 **The use of humour to manage relationships in an intensive therapy unit** *Susan Philpin, School of Health Science, University of Wales, Swansea, UK*	**1.7.2** **Degree education adds value to practice** *Carole Swindells, Academic Affairs, Salford Royal Hospitals NHS Trust, Salford, UK*	**1.8.2** **Parents' experiences of day surgery: Using diaries with an inductive approach** *Jane Hughes, The Tree House Children's Centre, Stockport NHS Trust, Stockport, UK*	**1.9.2** **Why people experiencing acute myocardial infarction (AMI) delay seeking medical assistance.** *Rosa Carney, Cardiology Department, Belfast City Hospital Trust, Belfast, UK. Co authors: Donna Fitzsimons and Martin Dempster*	**1.10.2** **Clinical Specialist nursing outside the NHS** *Marie Roberts-Davis, States of Guernsey Board of Health, Institute of Health Studies, St Andrew's, Guernsey, C.I. Co author: Sue Fleming*
1.6.3 **What is the effect of prokinetic drugs on enteral feeding tolerance in severely brain-injured patients? Planning a randomised controlled trial** *Debra Fairley, Critical Care, The General Infirmary at Leeds, Leeds, UK*	**1.7.3** **Systematic reviews in the identification and treatment of infected diabetic foot ulcers** *Andrea Nelson, Health Sciences (Research), University of York, York, UK. Co author: Susan O'Meara*	**1.8.3** **A lived experience - but can I live with it?** *Kathryn Waddington, Applied Psychosocial Sciences, City University, London, UK*	**1.9.3** **The extent to which the environment, triage event, documentation, components of the assessment and training & development affect departmental accuracy when using the Manchester triage system.** *Jill Windle, Department of Nursing, University of Salford, Manchester, UK*	**1.10.3** **Career paths beyond nursing and the contribution of nursing experience and skills in attaining these positions** *Helen Franks, Department of Health Care Studies, Manchester Metropolitan University, Manchester, UK*

11.15 – 12.45   Symposium 2

Room: C2

Crossing boundaries: Opportunities and challenges of NHS and academic partnerships in developing nursing research
Led by: Anne Lacey, University of Sheffield, Sheffield, UK
Co presenters: Angela Tod, Rotherham Primary Care Trust, Rotherham, June Musgrave, Barnsley Primary Care Trust, Barnsley, Mike Macintosh, School of Nursing and Midwifery, Sheffield University, Sheffield and Jo Cooke, Trent Focus, University of Sheffield, Sheffield UK

14.15 – 15.45 Concurrent session 2

Room: D1 Chair: Edward White	Room: D2 Chair: Sue Read	Room: D7 Chair: Kate Gerrish	Room: E7 Chair: Marlene Sinclair	Room: F1 Chair: Elizabeth Scott
11.15				
2.1.1 **Research governance in health, social care and higher education - an exploratory study** *Michelle Howarth, School of Nursing, University of Salford, Salford, UK. Co author: Rosie Kneafsey*	**2.2.1** **Crisis in nursing? A study concerning the professional self-image of nurses in Belgian hospitals and its importance for the future of the profession** *Kaat Siebens, Centre for Health Services and Nursing Research, Catholic University of Leuven, Leuven, Belgium. Co authors: B. Dierckx de Casterlé, S Leonard, Y Dubois, E Darras and K Milisen*	**2.3.1** **Primary care nurses' use of research information in clinical decision making** *Carl Thompson, Health Sciences, Centre for Evidence Based Nursing, York, UK. Co authors: Nicky Cullum and Dorothy McCaughan*	**2.4.1** **Parental commitment to the early attachment process when their infants are preterm with a very low birth weight: A review of the literature using an ecological framework** *Gillian Watson, School of Nursing and Midwifery, University of Dundee, Dundee, UK*	**2.5.1** **Informed consent to research: an historical overview** *Leslie Gelling, Academic Neurosurgery Unit, University of Cambridge, Cambridge, UK.*
12.00				
2.1.2 **Where we are at, where we are going - Nursing and midwifery research in Ireland** *Sarah Condell, Research Division, National Council for the Professional Development of Nursing and Midwifery, Dublin, Ireland*	**2.2.2** **Emotional work and care of older people** *Liz Tutton, RCN Institute, Royal College of Nursing, Oxford, UK*	**2.3.2** **Nurse practitioner and practice nurses' use of research information in clinical decision making: findings from a national study.** *Dorothy McCaughan, Health Sciences, University of York, York, UK. Co author: Carl Thompson*	**2.4.2** **Listening to women's stories: lessons for midwives and childbirth educators** *Mari Phillips, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK. Co author: Ruth Deery*	**2.5.2** **Strengthening clinical leadership at ward level: the relevance of historical research to the understanding of recent policy initiatives** *Cherill Scott,, RCN Institute, London, UK. Co author: Jan Savage*
12.45				
2.1.3 **Research governance: the implications for nursing research** *Vicky McLelland, Research and Development Directorate, Royal Wolverhampton Hospitals NHS Trust, Wolverhampton, UK*		**2.3.3** **Recognising, acquiring and integrating knowledge: Proposing a 'feed or not to feed' decision making model for stroke care utilising a grounded theory based in relationships** *Jane Williams, Department of Medicine for Elderly People, East Hampshire Primary Care Trust, Portsmouth, UK*	**2.4.3** **Accessing smoking cessation services in pregnancy** *Angela Tod, Department of Public Health, Rotherham Primary Care Trust, Rotherham, UK*	**2.5.3** **Using the photo novella technique to explore nursing history: an evaluation** *Eileen Clark, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia*

14.15 – 15.45 Symposium 3

Room: C16 (Main Room)

Developing emancipatory practice development theory: A critique
Led by: Angie Titchen, RCN Institute, London, UK
Co presenters: Robert Garbett, University of Ulster, Brendan McCormack, University of Ulster and Kim Manley, RCN Institute, London, UK

12.45   **Refreshments, poster and exhibition viewing**

16.15   **Debate: 'That Scientific Method is the only credible way forward for Nursing Research'**
Room: C16 (Main Room)
Organised by: Salford Centre for Nursing, Midwifery and Collaborative Research
Chair: Professor Martin Johnson, University of Salford

This conference comes at a time when in many eyes much nursing research remains low in prestige and generalisability. The debate will follow recent argument in nursing journals between those who hold that scientific rigour and the building of certain forms of evidence are the only sustainable way to improve nursing practice and the credibility of nursing research and those who argue that by virtue of the nature of nursing, there is much to be gained from the use of ideas and strategies allied to the arts.

This debate will provide a lively examination of key issues and seek to develop critical, but constructive, examination of important ideas.

Room: F2 Chair: Ann McMahon	Room: F14 Chair: Jacky Griffith	Room: C2 Chair: George Evers	Room: H2 Chair: Roswyn Hakesley-Brown	Room: H11 Chair: Caroline Shuldham
2.6.1 **The complexities of assessing family health need – health visiting assessment processes under scrutiny** *Jane Appleton, Department of Professional Studies, School of Health Care, Oxford Brookes University, Oxford, UK*	**2.7.1** **Professional aggrandisement or natural progression - graduate level status of district nursing** *Eileen James, Centre for Nursing Research and Practice Development, Canterbury Christ Church University College, Canterbury, UK*	**2.8.1** **The use of an analytical technique to indicate what happens between rounds in a Delphi study** *Fiona Irvine, School of Nursing and Midwifery Studies, University of Wales Bangor, Bangor, UK*	**2.9.1** **A new approach to patient evaluation of care** *Sophie Staniszewska, RCN Institute, Oxford, UK. Co author: Carol Edwards*	**2.10.1** **An anxious wait: a combined qualitative and quantitative study of anxiety on the waiting list for coronary artery bypass surgery** *Donna Fitzsimons, Cardiology, Belfast City Hospital Trust, Belfast, UK. Co author: Kader Parahoo*
2.6.2 **Shared care in the management of genital chlamydia trachomatis infection in primary care** *Sue Kinn, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, UK. Co authors: Bruce Armstrong, Anne Scoular and Phil Wilson*	**2.7.2** **Action research and work based learning - modelling future practice** *Julie O'Callaghan, Adult Nursing, City University, London, UK*	**2.8.2** **Using a Delphi approach to gain key features of a career pathway in nursing and midwifery** *Gill Hek, Faculty of Health & Social Care, University of the West of England, Bristol, UK. Co authors: Angela Beattie and Kate Galvin*	**2.9.2** **The meaning of the risk of falling among older people: implications for practice** *Khim Horton, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK*	**2.10.2** **Information needs of Myocardial Infarction patients** *Fiona Timmins, School of Nursing and Midwifery, Trinity College Dublin, Ireland. Co author: Michael Kaliszer*
2.6.3 **At home with clients: health visiting know-how in action** *Alison Bryans, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, UK*	**2.7.3** **Learning, research or praxis? Reflections on the use of action learning** *Nancy-Jane Lee, School of Nursing, University of Salford, Salford, UK*	**2.8.3** **Identifying cancer nursing research priorites using the Delphi technique** *Sonja Mcilfatrick, University of Ulster, Newtownabbey, Northern Ireland. Co author: S. Keeney*	**2.9.3** **Evaluating the effects of a rebound therapy based intervention programme for clients with severe and profound learning disabilities** *Martyn Jones, School of Nursing and Midwifery, University of Dundee, Dundee, UK*	**2.10.3** **Patients' information needs before investigations** *Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co author: Pauline Taylor*

14.15 – 15.45 Workshop 1
Room: H2

Research governance: A bureaucratic nightmare or a driver for democratic change?
Susan Procter, Gwent Healthcare NHS Trust, Joyce Kenkre, University of Glamorgan, Charlotte Clarke, Northumbria University, Maggie Bolger, University of Glamorgan, Ben Hannigan, University of Wales College of Medicine, Wendy Cochrane, Northumbria Healthcare NHS Trust and Northumbria University, UK

For the motion:
Roger Watson, Professor of Nursing Studies, University of Hull and Editor, Journal of Clinical Nursing
Seconder: Joan Livesley, Senior Lecturer in Nursing, University of Salford

Against the motion:
Karen Holland, Editor, Nurse Education in Practice
Dr Gary Rolfe, Reader in Practice Development, University of Portsmouth

19.30   **Museum of Science and Technology, Air and Space Gallery**
Reception and canapes, sponsored by School of Nursing, University of Salford

Friday 11 April 2003

08.15   **Registration**

08.45   **Chairs opening remarks**
Dr Charles Hendry, Lecturer in Nursing and Midwifery, University of Dundee, Dundee, UK

08.50   **Launch of Nurse Researcher Online**
Dr Paula Roberts, Editor, Nurse Researcher

08.55   **Plenary 1:**
Room: C16 (Main Room)
The evidence based healthcare movement: History, theory and politics
Professor Steve Harrison, Professor of Health Policy, University of Manchester, Department of Applied Social Science, Manchester, UK

09.45 – 11.15 Concurrent session 3

	Room: D1 Chair: Ann McMahon	Room: D2 Chair: Andrea Nelson	Room: F1 Chair: Marlene Sinclair	Room: D7 Chair: Janet Marsden	Room: F2 Chair: Roswyn Hakesley Brown
11.15	**3.1.1** **Pereived needs of children with life-limiting conditions and their families** *Jane Nixon, Northern and Yorkshire Clinical Trials and Research Unit, University of Leeds, Leeds, UK. Co authors: Alison Timlin*	**3.2.1** **A survey regarding the procedures for catheter removal in stroke care, throughout the UK and Northern Ireland** *Stephen Cross, Salford Royal Hospitals NHS Trust, Manchester, UK. Co authors: Paula Beech and Rachel Giorgiou*	**3.3.1** **Involving male facilitators and fathers-to-be in antenatal education** *Andrew Symon, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co author: John Lee*	**3.4.1** **Focused or unfocused - the trials and tribulations of utilising focus groups as a data collection tool** *Ann Foley, Nursing, University of Salford, Manchester, UK*	**3.5.1** **Evaluating the impact of accredited work based learning on nurse practitioner role development** *Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co authors: Julie Gillson and Chris Piercy*
12.00	**3.1.2** **Fulfilling a dream or living a nightmare?** *Irene McTaggart, School of Nursing and Midwifery, University of Dundee, Dundee, UK*	**3.2.2** **Do vascular surgeons need to see patients with intermittent claudication? A before and after study of a nurse-led claudication clinic** *Simon Palfreyman, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK. Co authors: Hazel Trender and Jonathan Beard*	**3.3.2** **Quality of care after birth - what matters to mothers and their families?** *Julie Wray, Nursing, University of Salford, Manchester, UK*	**3.4.2** **Agnostic focus groups: does methodological awareness matter?** *Margaret Perry, School of Health Science, University of Wales Swansea, Swansea, Wales, UK.*	**3.5.2** **The transformation from a teaching to a learning culture: An ethnographic study into qualified nurses' experiences of enquiry based learning** *Anne Corrin, School of Health Studies, Homerton College, Cambridge, UK*
12.45	**3.1.3** **Telling it like it is: An evaluation of 'Honesty is the Best Policy'. North Somerset Drugs and Young People Communications Project** *Debra Salmon, School of Maternal and Child Health, University of the West of England, Bristol, UK. Co author: Mathew Jones*	**3.2.3** **The effect of walking exercise on patients following lower limb arterial bypass surgery for ischaemia** *Kathy McGuigan, Vascular Surgery, Belfast City Hospital Trust, Belfast, UK*	**3.3.3** **Biological nurturing increases duration of exclusive breastfeeding** *Suzanne Colson, Centre for Nursing Research and Practice Development, Canterbury Christ Church University College, Canterbury, UK*	**3.4.3** **Approaches to undertaking research and consultation 'with' rather than 'on' people with disabilities** *Jane Wray, Department of Nursing and Applied Health Studies, University of Hull, Hull, UK. Co author: Bob Gates*	**3.5.3** **'Paradigm shift or new ways of working' An exploration of the role of the problem-based learning facilitator. An ethnographic study of role transition** *Moira McLoughlin, School of Nursing, University of Salford, Salford, UK*

09.45 – 11.15 Symposium 4

Room: C16 (Main Room)

Self-management in childhood chronic respiratory illness
Led by: Peter Callery, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK
Co presenters: M E Cuffwright, A F Long, Salford Primary Care NHS Trust and Health Care Practice R&D Unit, University of Salford; G Lyte and L Milnes, School of Nursing, Midwifery and Health Visiting, University of Manchester; E Savage, Department of Nursing Studies, University College, Cork

11.15   **Refreshments, poster and exhibition viewing**

Room: H1 Chair: Joyce Kenkre	Room: H2 Chair: Edward White	Room: F14 Chair: Leslie Gelling	Room: H11 Chair: George Evers	Room: E7 Chair: Kate Gerrish
3.6.1 **The effect of dobutamine on diaphragm fatigue** *Nan Smith-Blair, Eleanor Mann School of Nursing, University of Arkansas, Fayetteville, Arkans, USA. Co author: Janet D. Pierce*	**3.7.1** **An evaluation of self-efficacy and minimal interventions for potential problem drinkers in a general hospital setting** *Aisha Holloway, School of Nursing, University of Nottingham, Nottingham, UK. Co author: Hazel Watson*	**3.8.1** **Planning and gaining access for your research study** *Paula Roberts, Nursing and Midwifery, Keele University, Staffs, UK. Co author: Leslie Woods*	**3.9.1** **Psychosocial predictors of outcome in patients with chronic low back pain** *Philip Keeley, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK. Co authors: Chris Dickens and Karen Waters*	**3.10.1** **Ethnographic fieldwork in hospital wards: practical and ethical issues** *John Costello, School of Nursing, Midwifery and Health Visiting, The University of Manchester, Manchester, UK*
3.6.2 **Achieving teamwork: a grounded theory investigation in selected stroke units in the North of England** *David Clarke, School of Healthcare Studies, University of Leeds, Leeds, UK*	**3.7.2** **An audit of a community and in-patient alcohol detoxification programme: implications for nursing practice** *Elwyn Coombes, Oxford Centre for Health Care Research and Development, Oxford Brookes University, Oxford, UK. Co authors: Lindsey Coombes and Debby Allen*	**3.8.2** **The ethics of researching your own students** *Eileen Clark, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia. Co author: Terence McCann*	**3.9.2** **Dilemmas and decisions in evaluation research: the project co-ordinator's tale** *Lin Perry, Faculty of Health and Social Care Sciences, Kingston University and St George's Hospital Medical School, Kingston upon Thames, UK*	**3.10.2** **Witnessing death and other everyday activities: ethical challenges when observing nursing practice** *Timothy Clark, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK*
	3.7.3 **An evaluation of the development of health and social care provision in mental health** *Catherine Gibb, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co authors: Charlotte Clarke, Maureen Morrow, Glenda Cook and Pauline Gertig*	**3.8.3** **Using a longitudinal research design to explore nurses experiences of caring for patients in pain** *Carolyn Mackintosh, Division of Nursing, University of Bradford, Bradford, UK*	**3.9.3** **Cues used by formal and informal carers to identify pain in nursing home residents with cognitive impairment** *Jose Closs, School of Healthcare Studies, University of Leeds, Leeds, UK. Co author: Bridget Barr*	**3.10.3** **Analysing the impact of a multidisciplinary forensic health service in police custody units** *Patricia Bond, School of Health, University of Wolverhampton, Walsall, UK. Co authors: Paul Kingston and David Sellah*

09.45 – 11.15 Symposium 5
Room: C2

Managing the practitioner/researcher interface in nursing research
Led by: Davina Allen, University of Wales College of Medicine, Cardiff, UK
Co presenters: Lesley Lowes and Ben Hannigan, University of Wales College of Medicine, Cardiff, UK

11.45 – 13.15 Concurrent session 4

Room: D1 Chair: Andrea Nelson	Room: D2 Chair: George Evers	Room: D7 Chair: Sue Read	Room: F1 Chair: Alison Twycross	Room: C2 Chair: Ann Caress

11.15

4.1.1
Cochrane systematic reviews on behavioural treatments for urinary incontinence: Context, methods, outcomes and implications
Brenda Roe, Department of Geriatric Medicine, Keele University, Keele, UK. Co author: Joan Ostaszkiewicz

4.2.1
Substance misuse: Enabling and empowering young people
Mary Chambers, University of Ulster, Coleraine, UK. Co author: Sandra McElhinney and Pauline Hunter

4.3.1
Evaluating the effectiveness of nursing-led in-patient units: data aggregation of a programme of three studies
Ruth Harris, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK.

4.4.1
Insulin Dependent Diabetes Mellitus (Type 1) - Adolescent's perceptions
Kathryn King, School of Health, Natural and Social Sciences, University of Sunderland, Sunderland, UK

4.5.1
Validation of a postnatal quality of life assessment tool
Andrew Symon, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co author: Jacqui McGreavey

12.00

4.1.2
How long should adults fast preoperatively? A systematic review of the evidence
Marian Brady, Glasgow Caledonian University, Nursing Research Initiative for Scotland, Glasgow, UK. Co authors: Sue Kinn and Pauline Stuart

4.2.2
Early adolescent diabetics - are we listening to them?
Louise Dyer, Faculty of Health and Social Care, University of the West of England, Bristol, UK

4.3.2
Linking nurse staffing models to clinical outcomes and the nursing work environment
Linda McGillis Hall, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada.

4.4.2
More than just another test? The experience of parents of children referred to a geneticist
Owen Barr, School of Nursing, University of Ulster, County Londonderry, UK

4.5.2
Grieving for myself: Women's lived experience of postnatal depression
Denise Lawler, Nursing, University of Ulster, Co. Antrim, Ireland. Co authors Marlene Sinclair

12.45

4.1.3
If the 'Kappa' fits, use it!
Pauline Raynor, Health Sciences, University of York, York, UK. Co author: Carl Thompson

4.2.3
Getting it right: Using the Delphi approach to identify policies to support children with Autistic Spectrum Disorder and their families
Donna Mead, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK. Co authors: Laurence Moseley and Ruth Northway

4.3.3
Evidence-based nursing management: The influence of feedback about absenteeism on nurses' sick days
Alice Gaudine, School of Nursing, Memorial University of Newfoundland, St. John's, NF, Canada. Co authors: Marilyn Beaton, Alan Saks and Doreen Dawe

4.5.3
Factors influencing experienced obstetrical nurses perceptions of fetal risk
Lois Haggerty, Maternal Child Health Nursing, Boston College, Chestnut Hill, MA, USA. Co author: Ronald Nuttall

11.45 – 13.15 Symposium 6

Room: C16 (Main Room)

Researching the psycho-social health of nurses with particular reference to bullying in the workplace and suspension from the workplace
Led by: Dr William West, Lecturer in Counselling Studies, University of Manchester, UK
Co presenters: Barry McInness, Karen Doherty, Rachel Murray, RCN Counselling, London, UK

13.15   **Lunch, fringe, poster and exhibition viewing**

Room: F14 Chair: Janet Marsden	Room: H1 Chair: Tony Long	Room: H2 Chair: Jacky Griffith	Room: H11 Chair: Charles Hendry	Room: E7 Chair: Caroline Shuldham
4.6.1 **Learning organisations - facilitating deep or superficial change** *Susan Carr, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co author: Charlotte Clarke*	**4.7.1** **Parent or nurse: Caring for a technology-dependent child** *Susan Kirk, National Primary Care Research and Development Centre, University of Manchester, Manchester, UK. Co authors: Peter Callery and Caroline Glendinning*	**4.8.1** **Reflections from the field on the application of the grounded theory concepts of theoretical sampling and theoretical saturation** *Moira Attree, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK*	**4.9.1** **Building substantive theory using qualitative methods** *Roberta Durham, School of Nursing, Academic Medical Center, Oakland CA, USA*	**4.10.1** **Investigating the management of interfaces across multiple care settings: Applying Complex Adaptive Systems (CAS) theory to re-conceptualise the healthcare service delivery framework for enhanced research design** *Mandy Lee, School of Business Studies, Trinity College Dublin, Dublin, Ireland*
4.6.2 **How to get practising nurses involved in research: Experiences in trauma** *Deborah Langstaff, Trauma Unit, Oxford Radcliffe Hospitals, Oxford, UK*	**4.7.2** **Research involving vulnerable young people: methodological and ethical issues** *Deborah Allen, Family and Lifespan, Oxford Brookes University, Oxford, UK*	**4.8.2** **Breaking bad news...'letting the bomb go'; the power of theoretical comparisons** *Mike Farrell, Cumbria and Lancashire Workforce Development Confederation, UK. Co author: Caroline Carlisle*	**4.9.2** **Combining qualitative data analysis methods: pros and cons for health services research** *Angela Tod, Public Health, Rotherham Primary Care Trust, Rotherham, UK*	**4.10.2** **Determining length of stay for surgical patients** *Jacqui Howe, Anaesthetics (SSSU), Stockport NHS Trust, Stockport, UK. Co authors: Judith Berry and Heather Waterman*
4.6.3 **Action research as an approach to introduce clinical supervision to nurses in Kenya** *Rosemary Okova, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK. Co author: Heather Waterman*	**4.7.3** **An action research study into caseload management in the context of community children's nursing** *David Pontin, School of Maternal and Child Health, University of the West of England, Bristol, UK. Co author: Mary Lewis*	**4.8.3** **Chinese women's perceptions of the risk of developing cervical cancer: a secondary analysis of qualitative data** *Sheila Twinn, Department of Nursing, The Chinese University of Hong Kong, Shatin, Hong Kong.*	**4.9.3** **Using a longitudinal qualitative approach for researching newly qualified nurses preparedness for practice** *Gill Hek, Faculty of Health & Social Care, University of the West of England, Bristo, Bristol, UK. Co authors: Alison Shaw*	**4.10.3** **The role of the nurse in acute hospital settings in promoting the health of patients with heart failure** *Rosalind McNama, Faculty of Health Studies, Buckinghamshire Chilterns University College, Chalfont St Giles, UK*

11.45 – 13.15 Workshop 2
Room: F2

Why won't they talk to us? An interactive workshop for researchers interested in conducting research with African Caribbean communities in England
Led by: Gina Marie Awoko Higginbottom, University of Sheffield, Sheffield, UK and Laura Serrant-Green, The University of Nottingham, Nottingham, UK

14.45 – 16.15 Concurrent session 5

Room: D1 Chair: Edward White	Room: D2 Chair: Tony Long	Room: D7 Chair: Alison Twycross	Room: F1 Chair: Stephen Cross	Room: F2 Chair: Gill Hek
11.15 **5.1.1** Creating evidence-based guidelines: Can you have evidence-based guidelines if there isn't any evidence? *Louise Nelstrop, National Collaborating Centre for Nursing and Supportive Care, Royal College of Nursing Institute, Oxford, UK*	**5.2.1** Tailoring parent education to need *Felicity Hasson, Department of Nursing, University of Ulster, Northern Ireland. Co authors: Miriam Smith and George Kernohan*	**5.3.1** A parent-led exploration of parents' views of the child health surveillance/health promotion progrrammes offered to them during their child's first year of life *Sarah Cowley, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK. Co author: Mary Malone*	**5.4.1** The effect of recommended positioning on stroke outcome at 6 months: a randomised controlled trial. *Anne Jones, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK*	**5.5.1** Developing new ways of working - a health action zone experience *Susan Carr, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co author: Charlotte Clarke*
12.00 **5.1.2** Evidence-based patient choice - do we need to rethink the hierarchy of evidence? *Josephine Gibson, Department of Surgery, Southport and Ormskirk Hospital NHS Trust, Southport, UK. Co author: Caroline Watkins*	**5.2.2** A randomised controlled pilot study to compare a community care nursing strategy with conventional care for children with congenital heart disease and their families *Linda Maynard, Nursing Research, Dept. of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, UK. Co author: Jo Wray*	**5.3.2** A process evaluation of a Sure Start initiative based in Central Scotland: Camelon, Larbert and Grangemouth Support for Parents (CLASP) *Gillian Watson, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co author: Julie Taylor*	**5.4.2** Clinical nurses´ perceptions, knowledge and experience about social rehabilitation for stroke patients and caregivers in a neurological unit: an action research study *Maria Carmen Portillo, School of Nursing, University of Navarra, Pamplona, Spain. Co authors: Olga Prat and Maria Cruz Martinez*	**5.5.2** Developing primary care services: A study of nurses working in PMS pilots *Brenda Roe, Department of Geriatric Medicine, Keele University, Keele, UK. Co authors: Nicola Walsh and June Huntington*
12.45 **5.1.3** An exploration of the factors that mediate the implementation of evidence into practice *Jo Rycroft-Malone, RCN Institute, Royal College of Nursing, Oxford, UK. Co authors: Gill Harvey, Alison Kitson, Brendan McCormack, Kate Seers and Angie Titchen*	**5.2.3** Informing practitioner knowledge in child health by investigating the growth of competence in families coping with chronic illness *Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK.*	**5.3.3** What influences parental decision making about the MMR vaccine? *Francine Cheater, School of Healthcare Studies, University of Leeds, Leeds, UK. Co authors: Robert McMurray and Anna Weighall*	**5.4.3** It's a bloody awful illness - the experience of having a stroke at younger age *Ursula Immenschuh, Medical Physics Department, University of Edinburgh, Edinburgh, UK*	**5.5.3** A case study to explore the nature, practice and supervision of health care assistant work *Karen Spilsbury, Adult Nursing, City University, London, UK. Co authors: Julienne Meyer*

14.45 – 16.15 Symposium 7

Room: C16 (Main Room)

Using research to improve services for people with substance misuse problems
Lead by: Hazel Watson, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University
Co presenters: Susan Kerr, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Alison Munro, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University/Ayrshire and Arran Primary Care Trust, Andrew Nolan and Audrey McGhee, Forth Valley Primary Care Trust

16.15 **Refreshments, poster and exhibition viewing**

16.45 **Room: C16 (Main Hall)**
Chair's opening remarks
Dr Ann-Louise Caress, Lecturer in Nursing, School of Nursing, Midwifery and Health Visiting, University of Manchester, UK

16.50 **Plenary 2:**
Patient/carer information needs and participation preferences
Professor Karen Luker, Dean, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK

17.15 **Close of day**
A drinks reception to launch Nurse Researcher Online will take place at the Nurse Researcher Exhibition Stand on level C

Room: F14 Chair: Andrea Nelson	Room: H11 Chair: George Evers	Room: E7 Chair: Ann McMahon
5.6.1 **Examining patients' accounts of their pathway to the diagnosis of lung cancer: Searching for new approaches to early detection** *Jane Hopkinson, School of Nursing and Midwifery, University of Southampton, Southampton, UK. Co authors: Meinir Krishnasamy, Deborah Fitzsimmons and Jessica Corner*	**5.7.1** **Monitoring the quality of the informed consent procedure within cancer clinical trials: A pilot study** *Jane Darmanin, Clinical Trials Unit, Velindre NHS Trust, Cardiff, UK. Co author: Katie Featherstone*	**5.8.1** **The professional doctorate for nurses and midwives: An illuminative evaluation** *Lorraine Ellis, Acute and Critical Care, University of Sheffield, Sheffield, UK*
5.6.2 **Psychotherapeutic interventions for adults with asthma. A systematic review** *Sharon Fleming, Nursing Research, Dept. of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, UK. Co author: Caroline Shuldham*	**5.7.2** **The benefits of exercise for breast cancer patients: Disseminating the research evidence to breast care nurses** *Marilyn Kirshbaum, University of Manchester, Manchester, UK. Co authors: Kinta Beaver and Karen Luker*	**5.8.2** **An investigation of the preparation and assessment for midwifery practice within a range of settings: Findings from a three year study** *Gina Finnerty, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK. Co authors: Lesley Graham, Rosemary Pope and Carin Magnusson*
5.6.3 **Patient preferences, COPD exacerbations and accident and emergency attendance** *Sue Kinn, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, UK. Co authors: Valerie Ness*	**5.7.3** **Exploring patients', relatives' and nurses' experience of a day hospital chemotherapy service** *Sonja Mcilfatrick, Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co author: Kate Sullivan*	**5.8.3** **Identifying research priorities for nursing and midwifery service delivery and organisation** *Fiona Ross, King's College, University of London, Ann Mackenzie, Faculty of Health and Social Care Sciences, St. George's Hospital Medical School and Kingston University, Elizabeth Smith, Faculty of Health and Social Care Sciences, St. George's Hospital Medical School and Kingston University, Abigail Masterson, Abi Masterson Consulting Ltd and Carol Wood, Consultant in Health Services Research*

14.45 – 16.15 Workshop 3
Room: UMIST Library

Bringing researchers to learners: A workshop on innovative use of information technology in education
Peter Callery, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK

17.35   **Close of day**

19.30 – 20.30   **Manchester Art Gallery**
Reception hosted by University of Manchester School of Nursing Midwifery and Health Visiting to celebrate its 30th Anniversary, followed by a buffet, sponsored by Manchester Metropolitan University

Saturday 12 April 2003

08.50	**Registration**
09.20	**Room: C16 (Main Hall)** **Chairs opening remarks** Professor Alison Tierney, FRCN, Editor in Chief, Journal of Advanced Nursing
09.25	**Presentation of the poster awards** Dr Charles Hendry, Lecturer in Nursing and Midwifery, University of Dundee, Dundee UK
09.30	**Plenary 3:** **Constructing nursing through participatory action** Dr Debbie Kralik, Royal District Nursing Service (SA Inc), Glenside, South Australia
10.15	**Refreshments, poster and exhibition viewing**

10.45 – 12.15 Concurrent session 6

	Room: D7 Chair: Janet Marsden	Room: D1 Chair: Andrea Nelson	Room: D2 Chair: Martin Johnson	Room: E7 Chair: Roswyn Hakesley Brown
11.15	**6.1.1** **The RCN Annual Research Conference: a proxy indicator of the contemporary circumstance of nursing research in the UK** *Edward White, Faculty of Nursing, Midwifery and Health, University of Technology Sydney, Sydney, Australia. Co author: Julie Winstanley*	**6.2.1** **Methods for incorporating patient-related data into effectiveness reviews: an example from a guideline on falls prevention** *Elizabeth McInnes, National Collaborating Centre for Nursing and Supportive Care, Royal College of Nursing Institute, Oxford, UK*	**6.3.1** **Student nurses: Interaction skills in practice: a qualitative study** *Aled Jones, School of Health Science, University of Wales, Swansea, UK*	**6.4.1** **The impact of the care in the community policy in enabling older people with complex needs to remain in their own home** *Assumpta Ryan, Nursing, University of Ulster, Coleraine, UK. Co authors: Siobhan McCann and Hugh McKenna*
12.00	**6.1.2** **Trends in the role of ophthalmic nurses and services provided - 3rd national survey** *Wladyslawa Czuber-Dochan, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK. Co authors: Heather Waterman and Christine Waterman*	**6.2.2** **Experiments, experience and exorcism! Overcoming the practical difficulties involved in RCTS within nursing** *Julie Kapur, Respiratory Medicine, Belfast City Hospital Trust, Belfast, Northern Ireland. Co author: Donna Fitzsimons*	**6.3.2** **Evaluation of the role of the simulated learning environment in the promotion of nursing competence** *Anna O'Neill, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, UK. Co authors: Margaret Alexander and Angus McFadyen*	**6.4.2** **User and carer perspectives on the impact and value of services received from a community rehabilitation team** *Bernadette Ryan-Woolley, School of Nursing, Midwifery and Health Visiting, The University of Manchester, Manchester, UK. Co author: Kate Wilson*
12.45	**6.1.3** **Exploring the effects of strategies used to reduce nursing costs during restructuring** *Linda McGillis Hall, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada*	**6.2.3** **Practicalities and pitfalls of using a national database to assess the effectiveness of a health care intervention - reflections from an observational study** *Ann McDonnell, Medical Care Research Unit, ScHARR, University of Sheffield, Sheffield, UK. Co authors: Jon Nicholl and Susan Read*		**6.4.3** **Aged patients' perceptions of outcomes after critical illness** *Diane Mick, School of Nursing, University of Rochester, Rochester, New York, USA*

10.45 – 12.15 Symposium 8

Room: C2

Do u wnt 2B in a study: Engaging teenagers in research
Led by: Alison Twycross, Glasgow Calendonian University and Yorkhill NHS Trust, Glasgow, UK
Co presenters: Phil White, Bernie Carter, Martin Anderson and Faith Gibson

10.45 – 12.15 Symposium 9

Room: C16 (Main Hall)

Shifting the balance of power through communities, cultures and leadership: Evidence from a three year multi-professional research programme
Lead by: Tony Ghaye, The Institute of Reflective Practice, UK
Co presenters: Karen Deeny, Worcestershire NHS Trust and Gill Weale, UK

12.15	**Lunch, poster and exhibition viewing**

Room: F2 Chair: Claire Hale	Room: F14 Chair: Ann Caress	Room: H1 Chair: Sydney Salmon	Room: H2 Chair: Jacky Griffith	Room: H11 Chair: Caroline Shuldham
6.6.1 **Nurses over 50: Options, decisions and outcomes** *Roger Watson, Department of Nursing and Applied Health Studies, University of Hull, Hull, UK. Co authors: JoyAnn Andrews and Jill Manthorpe*	**6.7.1** **Black and ethnic minority patients with cancer: Meeting their information needs** *Anne Lanceley, Adult Nursing, City University, London, UK. Co author: Carol Cox*	**6.8.1** **Nurses and psychiatrists judgements about suicide risk and decisions on observation levels in acute psychiatric in-patients: A pilot study** *Dawn Dowding, Nursing Research Initiative for Scotland, University of Stirling, Stirling, UK. Co authors: Brodie Paterson and Clare Cassells*	**6.9.1** **Measuring quality of life and hope in patients attending a Cerebrospinal Fluid Clinic** *Leslie Gelling, Academic Neurosurgery Unit, University of Cambridge, Cambridge, UK. Co authors: Jo Iddon and John Pickard*	**6.10.1** **Life support preferences and advanced directives for care** *Robin Froman, School of Nursing, University of Texas Medical Branch, Galveston, Texas, USA. Co author: Steven Owen*
6.6.2 **Case study on how role-models influence palliative care nurses in their choice of career** *Kay de Vries, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK*	**6.7.2** **How far registered nurses think they meet the needs of minority ethnic patients** *Joseph Cortis, School of Healthcare Studies, University of Leeds, Leeds, UK*	**6.8.2** **The role of practice nurses in the identification and management of depressed patients in primary care: Knowledge, attitudes, current practice and educational needs** *Jennifer Gibb, Health Services Research Unit, University of Aberdeen, Aberdeen, UK*	**6.9.2** **Life after the diagnosis of breast cancer: The experience of waiting** *Alice Gaudine, School of Nursing, Memorial University of Newfoundland, St. John's, Newfoundland, Canada. Co authors: Marilyn Jacobs and Mary Kennedy*	**6.10.2** **'Living Choice' the commitment to tissue donation in palliative care** *Joanne Wells, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK*
6.6.3 **Patient participation in nurse-patient interactions about medication** *Jo Rycroft-Malone, RCN Institute, Royal College of Nursing, Oxford, UK*	**6.7.3** **Health information on the internet: Its effect on consultations in primary care from the health professionals' perspective** *Ruth Harris, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK. Co author: Mary Malone*	**6.8.3** **An exploration of mental health service users' views of nurse prescribing** *Anthony Harrison, Hillview Lodge, Avon and Wiltshire Mental Health Care Partnership NHS Trust, Bath, UK. Co authors: Rachael Aitchison and Kathryn Perks*	**6.9.3** **Liver transplantation patients: their experience in the intensive care unit. A phenomenological study** *Maria Angeles Margall, Intensive Care Unit, Clínica Universitaria de Navarra, Pamplona (Navarra), Spain. Co authors: Miriam del Barrio, Maria Carmen Asiain, Mary Mar Lacunza and Ana Carmen Armendariz*	**6.10.3** **An exploratory study to examine aspects of decision-making in patients with gastro-intestinal cancers who have been offered the opportunity to participate in a clinical trial** *Audrey Griffiths, Day Ward, Christie Hospital NHS Trust, Manchester, UK. Co authors: Bernadette Ryan-Woolley and Juan Valle*

10.45 – 12.15 Workshop 4
Room: E2

How to develop evidence based clinical guidelines: Theory and reality
Led by: Carol M Pellowe, Thames Valley University, UK
Co presenters: Heather Loveday and Peter Harper

13.45 – 15.15 Concurrent session 7

Room: D1	Room: D7	Room: D2	Room: E7	Room: F1
Chair: Jacky Griffith	Chair: Janet Marsden	Chair: George Evers	Chair: Ann Caress	Chair: Leslie Gelling

11.15

7.1.1
Developing evidence-based practice - using the creative arts in an action research project
Alison Ferguson, Weston Park Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK. Co authors: Penny Hilton and Catherine Marshall

7.2.1
Formative evaluation of the RCN Clinical Leadership Programme
Shirley Large, Clinical Leadership Programme, Royal College of Nursing Institute, London, UK. Co author: Geraldine Cunningham

7.3.1
Patients' perspectives on the nursing care received during internal radiotherapy for gynaecological cancer
Clare Warnock, Weston Park Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK

7.4.1
Deskilling or empowerment? An evaluation of the impact of hospital palliative care clinical nurse specialists on doctors and nurses
Barbara Jack, School of Health Studies, Edge Hill College of Higher Education, Liverpool, UK. Co authors: Jackie Oldham and Anne Williams

7.5.1
The tyranny of niceness
Annie Topping, Division of Nursing, University of Bradford, Bradford, UK. Co author: Davina Porock

12.00

7.1.2
Rising to the challenge: ward based nurses becoming practitioner researchers through action research in an acute hopsital setting
Nicola Easton, Adult Nursing, City University, London, UK. Co authors: Margaret Howat and Isobel Cooper

7.2.2
Leadership skills development among nurse practitioners
Sharon Judkins, School of Nursing, The University of Texas at Arlington, Arlington, USA

7.3.2
Living with cancer: A qualitative study of patients' experiences.
Edel Aughey, oncology directorate, Belfast City Hospital Trust, Belfast, UK. Co author: David Field

7.4.2
Palliative care needs in chronic heart failure. A Qualitative study
Hazel Aldred, Research and Development Dept, Barnsley District General Hospital NHS Trust, South Yorkshire, UK. Co author: Merryn Gott

7.5.2
Transformation through humility in the experience of washing patients feet: An empirical study using Martha Rogers conceptual framework
Kay de Vries, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK

12.45

7.1.3
How many hats should I wear today? Complex research relationships in a participatory action research study
Sam Young, Community, Ageing, Rehabilitation, Education and Research Unit, University of Sheffield, Rotherham, UK

7.2.3
Public health leadership roles for nurses: evaluating one English NHS region's distinctive part in a national development programme 1999-2002
Susan Read, Acute and Critical Care, University of Sheffield, Sheffield, UK. Co author: Diane Roffe

7.3.3
A randomised controlled trial of the use of self-assessed quality of life data in improving patient care outcomes of patients with advanced cancer
John Wardle, Research Directorate, Royal Preston Hospital, Lancashire Teaching Hospitals NHS Trust, Preston, UK

7.4.3
Advanced practice nursing role delineation in acute and critical care: Application of the strong model of advanced practice
Diane Mick, School of Nursing, University of Rochester, Rochester, New York, USA

7.5.3
Behind closed doors: The role of gossip in the expression and management of emotion in nursing
Kathryn Waddington, Applied Psychosocial Sciences, City University, London, UK

13.45 – 15.15 Symposium 10

Room: C16 (Main Hall)

Challenging the 'givens': Shaping ethnography in nursing and midwifery research
Led by: Anne Williams, University of Wales, Swansea, UK
Co presenters: Sue Philpin, Billie Hunter, Tessa Watts and Pauline Griffiths, School of Health Science, University of Wales, Swansea, UK

15.15   **Refreshments and close of conference**

Room: F2
Chair: Charles Hendry

Room: F14
Chair: Claire Hale

Room: H1
Chair: Ann McMahon

7.6.1
Developing communities of practice to facilitate the implementation of advanced clinical skills in the management of breathlessness: evaluation of a masters module
Katherine Froggatt, School of Nursing and Midwifery, University of Southampton, Southampton, UK. Co author: Carole Walford

7.7.1
Retaining nurses in the workplace: the role of the "exit interview".
Margaret O'Hagan, Quality and Complaints, Belfast City Hospital Trust, Belfast, UK. Co author: Colm Quinn

7.8.1
The reality of critical incident technique in small scale research
Ann Price, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK

7.6.2
Nursing students' knowledge of, and attitudes about, smoking: An example of cognitive dissonance
Eileen Clark, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia. Co authors: Terence McCann and Kathy Rowe

7.7.2
Factors influencing registered nurses' decisions to raise concerns about standards of nursing practice
Moira Attree, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK

7.8.2
Methodology and process: Exploring some complexities and realities of research
Mari Phillips, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK

7.6.3
Provision of genetics education for nurses, midwives and health visitors in university based post registration and postgraduate courses in the UK
Alison Metcalfe, School of Health Sciences, The University of Birmingham, Birmingham, UK

7.7.3
Identifying education staff development needs in the South West of England using a collaborative survey approach
Elizabeth Rosser, Faculty of Health & Social Care, University of the West of England, Bristol, UK. Co authors: Eliabeth Girot, Benny Goodman, Dawn Jackson and Sue Latter

7.8.3
Case study research: an example in primary care
Linda Milnes, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK. Co author: Geraldine Lyte

13.45 – 15.15 Symposium 11
Room: C2

New researcher findings for a modern mental health service
Led by: David Richards, University of Manchester, Manchester, UK
Co presenters: Karina Lovell, John Baker, Helen Pusey and Neil Harris
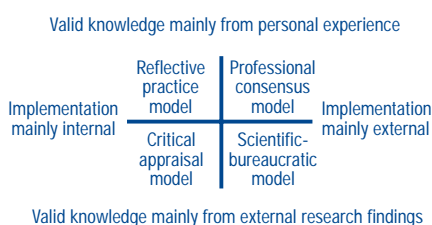
Plenary abstracts

Friday 11 April

The evidence-based health care movement: theory, history and politics

Professor Stephen Harrison, Professor of Social Policy, University of Manchester, Department of Applied Social Science, Manchester, UK

Abstract

Evidence-based health care is the doctrine that clinical health professionals ought to base their daily practice on 'sound' research evidence about the effectiveness of the interventions that they use. Beneath this apparently common sense notion are important disputes both about what is to be regarded as constituting such sound evidence, and about what, if any organisational implications flow from the above doctrine. For simplicity, each of these disputes can be represented in terms of two polar positions, as illustrated in Figure 1. Its vertical axis represents the source of valid knowledge about the effectiveness of clinical interventions. The upper section depicts knowledge as internalised and largely personal to the individual clinician, albeit influenced by his or her own experience and perhaps that of close colleagues. In contrast, the lower section depicts the conventional scientific notion of a 'body of knowledge', to which individual clinicians may contribute as researchers but which nevertheless stands external to them. This latter view is perhaps seen at its starkest in the so-called 'hierarchy of evidence', according to which randomised experimental methods are privileged above all others. The horizontal axis represents the motivation by which knowledge is put into practice. The left-hand section depicts such motivation as internalised; the doctor uses a particular piece of knowledge because he or she sees it as the right thing to do in the circumstances. In contrast, the right-hand section depicts knowledge as implemented through institutional means, such as authority and rules, in practice involving protocols or guidelines. The matrix therefore defines four 'ideal type' models of professional practice, approximations to which can be found in the literature and in practice.

Figure 1
Four models of medical care practice

Valid knowledge mainly from personal experience

	Reflective practice model	Professional consensus model	
Implementation mainly internal			Implementation mainly external
	Critical appraisal model	Scientific-bureaucratic model	

Valid knowledge mainly from external research findings

Reflective practice centres on the notions that a clinician should be constantly self-critical of their own practice, that this can be facilitated by regular audit of outcomes, and that both audit itself and remedial action based on it are best facilitated by an open and non-defensive collegiate approach involving other professionals. Professional consensus brings together professional elites to 'consensus conferences' to discuss published evidence and personal experience of a particular clinical topic, with the aim of producing a 'consensus statement' to guide the behaviour of the professional rank and file. The key feature is precisely the generation of consensus and the participants and content may be carefully selected to this end. Scientific-bureaucratic practice differs from the previous two models in rejecting the assumption that personal experience, however critically examined, is the primary source of valid knowledge. Instead, it asserts that valid and reliable knowledge is mainly to be obtained from the accumulation of research conducted by experts according to strict scientific criteria, the dominant interpretation of which is that randomisation maximises the internal validity of research. The model assumes that clinicians are likely to be too busy and insufficiently skilled to interpret and apply such knowledge for themselves, so that practice should be influenced through the expert distillation of findings into protocols or guidelines which may then be communicated to practitioners with the expectation that practice will be influenced accordingly. Critical appraisal shares with scientific-bureaucratic practice the notion that valid and reliable scientific evidence derives mainly from aggregation of the findings of experimental studies, but differs in being less sanguine about the utility of clinical guidelines as their main vehicle for implementation. Rather, it holds that clinicians themselves must assess its validity and applicability.

The last decade has seen the UK progressively adopting the scientific-bureaucratic model. Between 1991 and 1997, the then Conservative government created new institutions based on the belief that valid evidence of the effectiveness of clinical interventions should be sought primarily through randomised controlled trials, and that the appropriate body of evidence should largely take the form of meta-analyses or other systematic reviews of their findings. A national research and development strategy focused primarily on health technology assessment, and a range of specialist institutions was publicly funded to review, collate and disseminate the findings of effectiveness research to the NHS. Since 1997, Labour governments have been vigorously pursuing the implementation of this scientific model through new systems of rules and new institutions of surveillance and control of health professionals. These include the National Institute for Clinical Excellence, whose functions include the assessment of aggregated research evidence (including micro-economic appraisals) and its translation into recommendations to the government about what interventions should be provided at public expense. The Commission for

Health Improvement routinely inspects and reports on all NHS providers. National Service Frameworks are specifications for local services for a range of client groups and medical conditions, and inspection reports rely on the assumption that formal procedures are a key aspect of the management of service quality. Taken together, these elements represent a new form of bureaucracy characterised by formal, written rules and policies that reduce the autonomy of front-line professional and managerial labour processes, and which have become the subject of surveillance and/ or incentives and sanctions aimed at securing compliance.

Scientific-bureaucratic practice is a locus of many different politics. From a macro perspective, it aids the commodification and corporatisation of health care yet (as illustrated by contemporary experiences with MMR vaccine and Interferon Beta) risks being out of step with a public opinion which is mesmerised neither by science, narrow instrumentalism, nor by the utilitarianism implicit in applying population probabilities to individuals. At the level of professional politics, it has a part in the 'restratification' of medicine into knowledge and administrative elites that control the rank and file. Yet, paradoxically, it may help to loosen medical dominance over other professions. Finally, as an element in managerial politics, it turns the individualistic 'biomedical model' back against the professions as a new means of surveillance and control. Yet there are limits and much of this control may transpire to be illusory or perverse. Not all clinical interventions and procedures can be reduced to algorithmic rules (tacit knowledge is real) and the low-trust implications of bureaucracy have negative consequences in terms of reciprocal trust organisational flexibility and the moral engagement of clinicians.

Saturday 12 April

09.30 – 10.15 Plenary 3

Constructing nursing through participation

Dr Debbie Kralik, Senior Research Fellow, Research Unit, Royal District Nursing Service, and University of South Australia

Abstract:

The questions; what is participation and why is participatory approach central to nursing, will frame this presentation. Working with people either individually or globally means confirming their experiences, recognising the influence of their social, emotional, cultural and physical contexts of their lives and walking alongside them toward change. In describing the findings from our chronic illness research program, people identify themselves as healthy, more by a sense of well being within the context of their whole lives than only the presence or absence of disease.

Guided by the theoretical understanding of Reason's (1998) deconstruction of participation and utilising Stringer's (2000) principles of participatory action (operationalized as 'look, think and act'), I have found an entwining of my research approach and life skills. I contend that participatory action (PA) is an approach to living, working and thriving with and within our communities.

Stringer's participatory action principles are operationalized as 'look, think and act'.

Looking means gathering information, defining and describing the situation. The first phase involves constructing a preliminary understanding of the context.

Thinking refers to exploring, analysing, interpreting and explaining.

Acting is the development, implementation and evaluation of plans of action devised by participants.

Principles of participation imbue every aspect of the research process. I am a team member, where researchers, clinicians, research participants and consumers of the health system collaborate to take action to address issues that are important to them. However, participatory action is not always a neat, orderly activity that proceeds step by step through a process because the dynamics of working 'with' people intervene.

I argue that the PA process can frame nursing practice. PA seeks to bring together theory and practice in participation with others. On larger scale, social and political transformation can be the outcome of participation but equally valued is action initiated by individuals in changing their everyday lives. Nurses can be central in the facilitation of change. Using participatory approaches in nursing encourages a heightened sense of engagement to individuals and communities, in contrast to a practice of avoidance, distancing and ultimately detachment.

Participatory nursing creates and facilitates people towards possibilities for choice and control. The structure and process identified here offers nursing an alternative approach, relevant to all its practice dimensions.

Posters

1

The nurse consultant research & development: progress one year on

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

Abstract:

Until recently nurse consultant posts exclusively have a clinical specialism as their focus with a relatively small aspect of the job role, usually around 20%, pertaining to Research & Development (R&D) activity. To meet national and Trust objectives for developing R&D activity and capability and to ensure practice based on sound evidence, the first Nurse Consultant Research & Development has been appointed.

High quality nursing care demands practice based on the best available evidence and delivered by a professional nursing workforce that is equipped educationally and experientially fit for this purpose. The Nurse Consultant R&D has specifically focused attention within the priority area of Intermediate Care, working alongside colleagues to appraise practices, roles, systems and services in order to identify areas of good practice, areas requiring research and/or development, and opportunities for quality improvement. For example, one objective realised has been to identify nurse's education needs with regard to evidence based practice and collectively devise an action plan for a year-long development programme to develop R&D capacity. This presentation outlines the elements of this unique role, examines its value and potential to promote and sustain R&D capacity and reflects on the post-holder's journey through these first 12 months of appointment. Additionally, activity data drawn from continuous role evaluation is shared to illuminate the nature of activities undertaken by the Nurse Consultant R&D. Finally planned future development of the post is discussed in the light of these insights with personal recommendations for the further development of R&D capability in nursing.

Intended learning outcomes:

- Appreciate the role of the Nurse Consultant R&D
- Understand the key challenges faced in delivering the role during the first 12 months of appointment
- Appreciate the presenter's view of the way forward in further developing R&D capacity in nursing

Recommended reading:

Department of Health (2000). Towards a Strategy for Nursing Research and Development. London. HMSO.

Foundation of Nursing Studies (2001). Taking Action: Moving Towards Evidence Based Practice. FoNS.

Royle, J & Blythe, J (1998). Promoting research utilisation in nursing: the role of the individual, organisation, and environment. Evidence-Based Nursing. Volume 3, Number 1.

2

Developing doctoral education

Susan Carr, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. Co author: Jane Harden

Abstract:

The NHS modernisation agenda, clinical governance and the drive to develop research capacity in nursing, bring a number of challenges (Department of Health 1999, 2000). The response requires leadership and practice improvement through research and development. The government has identified education as a key component to achieving its aims. Developments in doctoral level education is one response strategy.

This paper explores the debates engaged with by the course management team in the development of a professional doctorate in nursing at Northumbria University.

Internationally doctoral level education has been provided in different ways, broadly categorized into a thesis only approach and a taught and thesis combination approach. The traditional PhD approach has been criticized for serving the development of academic scholars rather than visionary practice leaders (Pearson 1997). Professional doctorates which take the format of taught and research elements focused on profession specific issues are therefore becoming increasingly available .

The course developed at Northumbria therefore aims to provide doctoral levels education that facilitates the development of leading edge understanding and knowledge of the nursing profession and the articulation of that knowledge for practice.

The course has been developed to provide a framework for practitioners to develop and reconceptualise practice and translate that vision into action. Details of the educational and curriculum philosophies will be explored in this paper, together with a review of the curriculum structure.

Intended learning outcomes:

- be aware of the distinction between traditional research doctorate and professional
- be cognizant of the philosophical and theoretical debates inherent in this type of educational

Recommended reading:

Department of Health 1999 Making a difference:strengthening the nursing, midwifery and health visiting contribution to healthcare. DoH, London

Department of Health 2000 Towards a strategy for nursing research and development DoH, London

Pearson A et al 1997 Doctoral education in nursing for practitioner knowledge and for academic knowledge: the university of Adelaide. Image: Journal of Nursing Scholarship 29 (4) 365-368

3

Expectations and experiences of ward based Internet access: IMPACT on evidence based practice

Angela Tod, Public Health, Rotherham Primary Care Trust, Rotherham, United Kingdom. Co authors: J M Harrison and R Black

Abstract:

Aims: "IMPACT" aimed to evaluate how open access to the Internet in an acute ward setting impacts upon the evidence-based practice of nurses and allied health professionals (AHPs).

Background: This UK study was funded by the Department of Health to derive evidence to support current Information Technology (IT) and clinical health policy targets.

Rationale: Clinicians have high expectations regarding the contribution the Internet can make to evidence-based practice. IT can facilitate accessing research related to clinical practice. Nurses and AHPs have concerns regarding IT confidence and skills.

Intervention: Dedicated computers on four wards, networked to the Internet via the University.

Sample and setting: Nurses and AHPs (n=198 - 223) working in the cardiology and renal units of a large UK teaching hospital.

Design and instruments: A before and after trial employing qualitative and quantitative methodologies. A survey of staff collected information on research and Internet awareness and use, literature searching and appraisal skills. Semi-structured interviews used concept maps to explore changes in attitudes to the Internet over the study period. The survey and interviews were conducted at baseline, 3 and 12 months. Monitoring of the study intervention was undertaken.

Results: The multiple strands of data-collection reveals a complex picture regarding use of the Internet in the clinical area and its value for staff as a facilitator of evidence-based practice. This paper integrates the different data to illustrate participant's expectations and use of the intervention, factors which facilitate and prevent use of the Internet in the clinical area. Recommendations are made regarding minimising the barriers to Internet use, developing skills, the provision of clinically informative research via the Internet and enhancing practice through electronic communication.

Conclusion: The study the complex range of factors preventing and promoting clinicians engaging in the Internet-driven information age.

Intended learning outcomes:

- To understand the current policy requirements of nurses regarding evidence based practice and the Internet.
- To gain insight into the factors influencing access and use of the Internet and clinically relevant evidence.

- To identify factors which can help nurses engage with electronic tools to access evidence for practice.

Recommended reading:

Department of Health (1998a) A First Class Service HMSO, London

Department of Health (1998b) Information for Health 1998-2005. An Information Strategy for the Modern NHS. HMSO. London

Department of Health (2001) Building the Information Core – Implementing the NHS Plan Department of Health. London

4

Thats a nurse specialist's job; Final year student nurses views of the impact and role of the hospital clinical nurse specialist (CNS)

Barbara Jack, School of Health Studies, Edge Hill Collehe of Higher Education, Liverpool, United Kingdom. Co authors: Charles Hendry and Annie Topping

Abstract:

Background: There has been a rapid increase in the number, range of specialities, and responsibilities undertaken by CNS's in the UK. There exists wide disparity in terms of qualification, experience and remuneration and little rigorous evidence of the effectiveness of these roles (Castledine 1997; 2000). There is some evidence to suggest patient benefits whereas other work suggests that CNS deskill nurses generalist; nurses (Jack et al 2002). There is an urgent need to establish the added value of the CNS.

Method: This paper will present data from Phase I of a multi-centre study examining the impact of the CNS on generalist nurses. A survey was administered to soon to be qualified adult branch students nurses from three UK higher education institutions. The specially designed questionnaire explored the student's perceptions of CNS involvement in care, reasons for referral and advantages and disadvantages of the role(s).

Results and Discussion: The results indicated that CNS are routinely involved in the care of patients across a range of diagnoses and needs. Generally CNS's were seen as bringing benefit to patients, although problems associated with delays following referral were noted. The participants identified education and support as beneficial but this was contrasted against the negative impact of growing conflict between nurses and CNS post holders. The students identified the potential for generalist nurses to be undervalued and de-skilled. This paper will discuss the results and explore the potential reasons underlying these findings including confusion surrounding the role of the CNS.

Intended learning outcomes:

- Have an awareness of the expansion of CNS
- Be aware of the need to evaluate the impact of the CNS
- Appreciate the potential benefits and disadvantages that CNS can have

Recommended reading:

Castledine G. (1997) The abuse of specialist nursing titles must stop. British Journal of Nursing, 6, 19: 1137

Castledine G. (2000) Are specialist nurses deskilling general nurses?. British Journal of Nursing 9, 11: 737.

Jack B, Oldham J, Williams A (2002) Do hospital-based palliative care clinical nurse specialists de-skill general staff?. International Journal of Palliative Nursing,8,7:336-340

5

Non-practising nurses in Wales: Who are they and what might bring them back to the NHS

Andrew Evered, School of Health Science, University of Wales Swansea, Swansea, Wales, UK. Co authors: S Drayton, H Snooks J Williams and Anne Williams

Abstract:

Background: There is currently a shortage of nurses and midwives in Wales, as elsewhere in the UK1. Although some research has been undertaken to understand reasons for nurses leaving the NHS, little is known about those who have ceased to practise and let their UKCC registration lapse.

Objectives

To:

- identify the number of nurses and midwives who have let their UKCC registration lapse in Wales
- identify reasons given by these ex-nurses and midwives for leaving the NHS and factors that might bring them back

Participants: Nurses and midwives who have let their UKCC registration lapse in Wales, and in particular in Iechyd Morgannwg Health Authority.

Study Design: Analysis of routine UKCC data. Postal survey of ex-nurses in IMH HA, with questionnaire design informed by literature review and focus group.

Results: There are currently 30,521 practitioners in Wales holding effective UKCC registration. In addition, 8,087 nurses across Wales have let their registration lapse in the last 15 years, 55% of these aged less than 55.

Of 1,397 ex-nurses who were sent questionnaires, 573 returned them. Females were more likely to respond (42% vs 31%, p =.02) as were those aged over 50 (46% vs 30%, p $\Leftarrow$ .01).

The main reasons given for leaving were: ill health (n = 254); retirement (n = 150); child care (n = 81); stressful environment (n = 80) and career opportunities (n = 44). Overall 16.2% (n = 93) stated that they intended to return to practice, although this was higher in the younger age group ($\Leftarrow$ 55: 40.0%; p $\Leftarrow$ .001). The factors most often cited as likely to make a big difference to their returning to work were: reduction in staff shortage (83.5%); better advice (82.5%); more patient contact (79.5%); better choice of day/night shift (78.8%); more hands-on practice (76.8%); more support during 'return to work ' (75.0%); shorter shifts (70.9%); and later start (68.4%). If issues raised were resolved, 87.1% of those stating that they intended to return to work said that nothing else would stop them from returning.

Conclusions: A high proportion of nurses appear to be leaving the NHS due to ill health. However, there is also a pool of trained nurses and midwives who have stopped practising for reasons which may be resolvable, with increased flexibility on the part of employers. This may be more cost-effective than some of the more radical measures recently taken by some Trusts.

Intended learning outcomes:

- To set the context for the nursing shortage in the UK, with a review of previous research in this area
- To describe the population of qualified nurses and midwives who have left nursing in Wales, reasons they give for having left and what might tempt them back to nursing
- To draw out implications of findings for policy in the UK

Recommended reading:

Bradshaw PL. (1999) A service in crisis? Reflections in the shortage of nurses in the British National Health Service. Journal of Nursing Management. 7:129-32

Cavanagh SJ, Coffin DA. (1992) Staff turnover among hospital nurses. Journal of Advanced Nursing. 17:1369-72

Nurse retention and recruitment. Report on the factors affecting the retention and recruitment of nurses, midwives and health visitors in the NHS. London Price Waterhouse (1988)

6

Understanding the patient's perception of risk and the factors that influence it for patient's taking non-steroidal anti-inflammatory drugs (NSAID's) for rheumatoid arthritis and osteoarthritis

Alison Metcalfe, School oh Health Sciences, The University of Birmingham, Birmingham, United Kingdom. Co authors: Collette Clifford, P Jobanputra & V Arthur

Abstract:

Non-steroidal anti-inflammatory drugs (NSAID's) are widely used to treat pain due to rheumatoid arthritis (RA) and osteoarthritis (OA). These agents are effective in relieving joint pain, stiffness and contribute to an improved quality of life for many patients. Use of NSAID's however, is limited by adverse reactions, the most serious being gastric erosions and impairment of kidney function. An essential aspect of successful chronic disease management is effective communication with patients that includes a discussion of the benefits and risks of particular therapeutic and diagnostic choices. However, there is limited evidence available that provides information on patient's understanding and perception of risk and factors that may affect it.

This study uses qualitative and quantitative techniques including validated psychological assessment tools, to gain an insight into patient's perception of risk in life generally. A semi

structured interview is used as a follow up to determine attitudes and beliefs about risk with particular reference to patient's taking NSAID's. Participants are also asked to complete quality of life questionnaires and pain assessment.

The sample is a group of patients from a rheumatology department identified using a purposive sampling technique. It is anticipated that a total of sixty patients will be recruited to the study, which will be completed by March 2003.

An interim analysis of the data collated so far indicates that there are important messages for nurses and healthcare professionals on the provision of patient education and risk information to promote informed decision making by patients.

Intended learning outcomes:

• Gain an insight into how patients perceive risk

• Be aware of the factors that influence patient's decision making

• Gained an insight into the issues related to patient education about drug therapies and treatments to inform their decision making

Recommended reading:

Arthur, V & Clifford C (1998) Evaluation of information to rheumatology patients using NSAID's Journal of Clinial Nursing; 7:175-181

Weinstein N D (1999) What does it mean to understand risk? Evaluating risk comprehension. Journal of the National Cancer Institute Monograph 25:15-20

Henry D, Lim L, Garcia Rodriguez, L A et al., (1996) Varaibility of risk of GI complications with individual NSAID's: results of a collaborative meta-analysis. BMJ; 312:1563-66

7

Exploring perceptions of education types : Practice-based and classroom-based clinical skills modules for Nurse Practitioners

Alison Steven, Department of Primary Health Care, University of Newcastle, Newcastle, United Kingdom. Co authors: Pauline Pearson

Abstract:

In many countries the nurse practitioner is becoming the 'new partner' in health care (Chambers 1998). Fundamental to this advanced nursing role is the adept use of 'medical' clinical skills. This study explores and compares the perceptions of those involved in practice-based and classroom-based clinical skills modules run concurrently as part of a BSc course for Nurse Practitioners.

Aims: The aim of the study was to examine the perceptions of those involved regarding: their experiences within the education type and their views of the education type.

Methods: A qualitative case study approach was employed (Stake 1995) focusing on the narrative structures used by participants. Data collection consisted of single semi-structured interviews with educators (n=23) and multiple interviews

with students (n=13). Thematic analysis was undertaken and main areas identified.

Results: The participants perceptions often included comparisons of the modules and arguments in favour of 'their' education type. An 'us and them' feeling also emerged. The practice-based group valued contact with 'reality', while 'togetherness' was emphasised by classroom-based participants. Skills taught were viewed either as relating to survival and reality, or perfection and passing exams. This paper will present the results of this study and suggest that the perceptions expressed reflect ideas and theories common in current health care literature and culture

Discussion: The perceptions expressed may be viewed as common cultural stories or narrative frameworks used to defend particular education types. It is also suggested that such common cultural stories illustrates the existence of two distinct discourses within health care: the practitioner discourse and the academic discourse. While motivation theory offers a possible explanation for the participants defence of 'their' education type. This study raises questions regarding educational evaluation and research, nursing knowledge, and the theory – practice gap. It is hoped that the paper will add to these debates and stimulate further discussion.

Intended learning outcomes:

• Be aware of innovations in Nurse Practitioner education.

• Be aware of alternative ways of viewing data concerning perceptions of education types.

• Be aware of the notions of discourse and cultural stories.

Recommended reading:

Stake R.E. (1995) The Art of Case Study. Sage, Thousand Oaks

Chambers N. (1998) Nurse Practitioners in Primary Care. Radcliffe Medical Press, Oxon.

8

Return to sender? Reconsidering respondent validation

Patric Devitt, Nursing, University of Salford, Manchester, United Kingdom.

Abstract:

The idea of respondent validation i.e. that researchers should return data to the participants is recurrent in qualitative nursing research. It has been variously suggested that either transcripts or indeed analysis should be shown to research participants. However, it often seems to be merely accepted practice with little or no justification.

The arguments in favour can be broken down into three main groups. Firstly "theoretical arguments", those ideas linked into the ontology of different research. These arguments are linked in particular to phenomenological and ethnographic approaches. Secondly "ethical arguments," which draw upon claims about duties the researcher owes to the participants. Finally, there are a group of arguments that can be classified as practical or pragmatic arguments.

All of these arguments are open to challenge and merit further examination. In particular they fail to address the power balance between the

researcher and the researched. Each argument may be criticised within the framework in which it is based.

This paper will address both the arguments within the three categories outlined above for respondent validation and those against it. I will argue that far from being an uncomplicated issue the decision whether data is returned to participants is one fraught with difficulties and uncertainties. Certainly, in deserves far more consideration than it is at present given within nursing literature.

Intended learning outcomes:

• Be able to identify the arguements supporting the use of respondent validation

• Be able to understand the difficulties with the use of respondent validation

Be able to explore the appropriateness of respondent validation

Recommended reading:

Bickman and Rog (1998) Handbook of Applied Social research Methods Thousand Oaks Sage Publications

McBeth S. (1993) Myths of Objectivity and the Collaborative Process in Life History Research in Brettell CB. (Ed) When They Read What We Write Bergin & Garvey Connecticut

Miles MB. & Huberman A. (1994) Qualitative data analysis : an expanded sourcebook (2nd ed.) Sage Thousand Oaks

9

Peer review of clinical education assessment - A two year project

Hifsa Iqbal, School of Health, Staffordshire University, Stafford, United Kingdom. Co author: Annette Jinks

Abstract:

The Peer Review of Clinical Education Assessments project was a two year project which aimed to develop, implement and evaluate a system for peer reviewing clinical education assessments. The target population was mental health and community nurses, the focus being to improve the processes and outcomes of clinical education assessments in nursing practice.

The project encompassed a review of the relevant literature that provided a critical assessment on clinical assessments and competency; followed by an assessment review survey to determine how mentors rate their current assessment proficiency, future educational and training needs.

The next stage of the study involved the establishment of quality circles to implement peer observation. This process involves participant 'A' observing participant 'B' doing an assessment, who then observes 'C' and so forth. Aimed at developing reliable and valid assessment procedures in clinical nursing practice, the importance of effective and reliable clinical assessment practices is also promoted. Clinical staff are encouraged to reflect on the reliability and effectiveness of their clinical assessment practices and to identify future areas for the development of best practice in teaching and assessing in clinical practice.

Whilst participants initially expressed concern about being observed in an assessment situation, general feelings after the event were more positive. Participants felt that the exercise was a valuable experience that worked well and would implement standardisation of the assessment process across the board. This presentation will focus on the evaluation of participant interviews and their perception of peer observation as a workable process.

Intended learning outcomes:

- Provided with an evidence base for peer review in clinical education assessments.
- Be able to identify the strengths and weaknesses of the peer review process
- Be able to outline the methodologies for studying peer review

Recommended reading:

Haroon-Iqbal H. Jinks A. (2002) Peer review of clinical education assessment: results of the clinical mentors survey. Singapore Nursing Journal ,29 (02): 8-12

Roper KA. Russell G. (1997) The effect of peer review on professionalism, autonomy, and accountability. Journal of Nursing Staff Development, 13 (4):198-206

Hogston R. (1995) Evaluating quality nursing care through peer review and reflection; the findings of a qualitative study. International Journal of Nursing Studies

10

Evaluating BTS smoking cessation guidelines with COPD patients: Baseline data

Julie Kapur, Respiratory Medicine, Belfast City Hospital Trust, Belfast, Northern Ireland, UK. Co authors: Miss Julie Kapur and Dr Donna Fitzsimons

Abstract:

Over 29 months 91 smokers attending secondary care with a clinical diagnosis of COPD participated in a study to evaluate the BTS smoking cessation guidelines (1998). 44 males mean age 61.5y (sd 8.13) and 47 females mean age 60.5y (sd 8.68) were randomised to 3 treatment groups; brief doctors advice, individual support and group support. In this abstract we describe the smoking characteristics of this group. Subjects were long-term smokers with males having a mean pack year history of 43.1y (sd 20.4) and females mean pack year 39.8 (sd 19.5). 14% of subjects had never made a serious attempt ($\cdots$24 hrs) to stop smoking. On the Stages of Change Model 8.8% were contented smokers, 64.9% were preparing to stop within the next 30 days and 26.4% within the next 6 months. The higher Stage of Change significantly correlated with the Chronic Respiratory Disease Questionnaire (CRDQ) (Guyatt, 1987) dysnoea (rho =.207) and mastery (rho =. 244) components (p = 0.05, 2-tailed). The majority of subjects (91%) rated their dyspnoea as mild to moderate (1-4) on the MRC Dyspnoea Scale (1966). The MRC Dyspnoea scale significantly correlated with other subjective health ratings, EuroQol State (rho =.387) and negatively correlated with the EuroQol Thermometer (rho =.-.288) and CRDQ Dyspnoea component (rho =-.286) (p =0.01, 2-tailed). On the Heaviness to Smoking Index 43.9% scored very low to low, 38.5% moderate and 17.6% scored high to very high nicotine addiction. These data indicate that patients with COPD attending secondary care are long-term, heavy smokers who continue to smoke despite their disease. As symptoms increase patients appear more receptive to cessation support. As smoking cessation can modify their disease, the most clinically and cost effective intervention must be evaluated for this population.

Intended learning outcomes:

- Increase understanding of the smoking characteristics of this population.
- Become aware of the national smoking cessation guidelines.
- Appreciate the impact smoking has on quality of life with this population

Recommended reading:

Prochaska, J.O. et al (1988) Measuring Processes of Change. Journal of Consulting Clinical Psychology. 56(4) 520-528.

The EuroQol Group (1990) Euroqol a facility for measurement of health related quality of life. Health Policy. 16, 199-208.

Heatherton, T.F. et al (1991) The Fagerstrom test for nicotine addiction. A revision of the Fagerstrom tolerance questionnaire. British Journal of Addiction. 86, 1119-1127.

11

Discovering the smoking related needs of hospitalised cancer patients

Helen Jones, Huddersfield Royal Infirmary, Calderdale and Huddersfield NHS Trust, Huddersfield, United Kingdom.

Abstract:

The aims of the study are: To explore the responses of cancer patients who smoke to smoking policies and to identify the ethical influences at work. Increased understanding of the social and psychological processes within this context could influence policy making and implementation.

Lung cancer patients are often persistent smokers at diagnosis. There are questions about whether they should be encouraged to stop smoking. When patients are admitted to hospital for treatment they find that smoking is severely restricted. In these circumstances patients can become distressed and create management problems for staff. One case study suggested that highly nicotine dependent oncology patients are at high risk for psychiatric morbidity and exacerbation of cancer related symptoms from withdrawal (Moadel, Ledergerg and Ostroff 1999). The smoking policy presents ethical issues and can cause dilemmas for staff required to implement it.

Current smokers with a diagnosis of cancer are being interviewed in their own homes within 4 weeks of discharge from a medical setting. Each narrative is being analysed and compared with the previous transcriptions. Field notes are incorporated into the data. Sampling is guided by the data, maximising variation and including comparative groups. Members of staff will also be interviewed as it is emerging that patients ' behaviour and feelings are linked to their attitudes and responses. The findings of this ongoing study will be presented. Initial results suggest that: Patients agree with the smoking policy but seek permission to break the rules. They feel that smoking is a moral issue and when adequate facilities are not provided this reflects discrimination and prejudice. Smoking serves a purpose but is also a strong addiction. Doing without tobacco is something you have to manage. When independence is reduced people are beholden to others to facilitate their smoking. There are associated feelings of guilt.

Intended learning outcomes:

- An appreciation of the smoking related needs of hospitalised cancer patients.
- An understanding of the method used in the study.
- An awareness of the ethical issues raised by the study.

Recommended reading:

Moadel, A., Ledergerg, M.S. and Ostroff, J.S (1999) Nicotine dependence and withdrawal in an oncology setting: risk factor for psychiatric comorbidity and treatment non-adherence. Psycho-oncology . 8. pp264-267

Health Education Authority (1999) Been There Done That: Revisiting Tobacco Control Policies in the NHS. London:HEA

Brandt, A.M and Rozin, P.(eds) (1997).Morality and health. New York:Routledge

12

What's the point of ST elevation?

Roger Gamon, Education and Research, Salford Royal Hospitals NHS Trust, Salford, United Kingdom. Co author: Simon Carley

Abstract:

Background: The magnitude of ST elevation is a key piece of information in the decision to thrombolyse in acute myocardial infarction. There is no consensus as to which point of reference should be used in order to measure ST elevation (Tandberg et al 1999). This study (Carley 2002) determined the ability and variability in assessment of ST elevation in a group of doctors who commonly prescribe thrombolysis.

Methods: 63 Senior House Officers and Specialist Registrars in emergency and general medicine from 3 large teaching hospitals in Manchester were asked to identify and quantify the degree of ST elevation in 3 sample ECG complexes.

Results: ST segment elevation was measured at the J point in only 61 (32%) of the ECG complexes. A further 61 (32%) were measured up to 1mm past the J point. A variety of other points of reference were used including, in some cases, the tip of the T wave. Overall ST elevation was not identified in 23 (12%) of cases and the observed magnitude of ST elevation was wide (range 0-7mm).

Conclusion: This study has shown there is a wide variety of practice in identifying and quantifying ST elevation. Consequently there is a potential for the inappropriate prescription of thrombolysis or

the failure to prescribe it. With an increasing number nurses involved in the assessment and prescription of thrombolysis (Potts 2002) we believe these findings have much relevance for cardiac nurses.Clear guidance is required in the identification and measurement of ST segment elevation.

Intended learning outcomes:

- ST measurement is crucial when deciding whether to give patients with myocardial infarction clot-busting drugs.
- Doctors use different points of reference when measuring ST elevation and perceived magnitude can vary.
- These findings are relevant to cardiac nurses and their practice.

Recommended reading:

Tandberg D, Kastendieck KD, Meskin S. (1999) Observer variation in measured ST segment elevation. Ann Emerg Med ;34(4):448-52

Carley S, Gamon R, Driscoll P, Brown G, Wallman P. (2002) What's the point of ST elevation? J Emerg Med; 19:126-128

Potts K. (2002) Nurse-led thrombolysis: theory, philosophy and knowledge. Nursing in Critical Care;7(1):41-47

13

Can Emergency Department-initiated thrombolysis supported by a Thrombolysis Co-ordinator reduce treatment times

Roger Gamon, Education and Research, Salford Royal Hospitals NHS Trust, Salford, United Kingdom. Co authors: Mr Roger Gamon and Mr Peter Driscoll

Abstract:

Background: Nurse-led thrombolysis has proven to be of considerable value (Potts 2002) in expediting time-critical 'clot-busters ' to eligible patients with myocardial infarction. However, 24-hour cover may be required in order to prevent disparity of care. We observed the effect of a single Thrombolysis Coordinator whose role involved the enhancement of Hope Hospital 's Emergency Department staff 's skills both doctors and nurses. The aim was to reduce treatment delays irrespective of whether the Coordinator was 'on duty ' or not.

Methods & Results: All thrombolysed cases were recorded as part of a national auditing project. The complete data (February 1999 to November 2001) is described elsewhere (Gamon 2002). By mid 2001, following significant service re-designs, stringent national targets were being met. For example, the median (inter-quartile range) 'Door to Needle' (DTN) for those patients who were immediately eligible for thrombolysis on the point of admission, in the period June November 2001 had fallen to 20 (17,30) minutes with 25/33 (76%) treated within 30 minutes. Nine (27%) were seen by the Coordinator. The median DTN for those patients was 20 (18,29) minutes with 7/9 (78%) being treated within 30 minutes. Twenty-four such admissions occurred when the Coordinator was not on duty. The median DTN for these patients was 21 (16,31) minutes and 18 of

these (75%) received thrombolysis within 30 minutes. The difference between the 2 groups was not significant (P=0.953) though this will reflect the sample size.

Conclusion: Routine Emergency Department thrombolysis supported by a single Thrombolysis Coordinator has resulted in national targets (DOH 2000) being met at this hospital. DTN times did not increase when the Coordinator was 'off duty '. Hospitals differ and so, in terms of thrombolysis provision, one size does not fit all! However, the approach described has only modest cost implications and may be applicable to other hospitals.

Intended learning outcomes:

- Nurses are playing an important part in ensuring that eligible patients with myocardial infarction get clot-busting drugs without delay.
- Nurse-led thrombolysis may often necessitate 24 hour cover if disparity of care is to be avoided.
- An alternative model using a single Thrombolysis Coordinator may be applicable at some hospitals, though this will depend entirely on local circumstances.

Recommended reading:

Potts K. (2002) Nurse-led thrombolysis:theory, philosophy and knowledge. Nursing in critical care;7(1):41-47

Gamon R, Driscoll P, Cooper A, Barnes P, Parr B. (2002) Can Emergency Department-initiated thrombolysis supported by a Thrombolysis Coordinator reduce treatment times? Care of the Critically Ill 18(4):104-106

Department of Health. (2000) National Service Framework for Coronary Heart Disease. Chapter 3 - Heart attacks & other acute coronary syndromes. HMSO.

14

An exploratory study to identify attitudes and needs of nurses and midwives employing evidence based care

Hora Soltani, Maternity Research, Derby City General Hospital, Derby, United Kingdom. Co authors: Lesely Legg and Sheila McFarlane

Abstract:

Evidence based practice (EPB) is the key component of the NHS Plan (DOH 2000) and fully supported in national nursing and midwifery policy (DOH 1999). The importance of EBP in promotion of quality care is widely recognised, to make it happen, one of the crucial steps, is to explore practitioners' attitude and knowledge of EBP.

Anecdotally nurses and midwives, are interested in doing research as well as the promotion and implementation of evidence based practice. Evidence from studies by Brown 1995 and Chapman 1996 indicates that attitudes to research and EBP amongst nurses and midwives varies. The extent to which they are interested or feel it is necessary to apply research into practice has not been systematically investigated.

The aim of this study was to explore nurses' and midwives' understanding of evidence based practice and also to establish what they feel are the barriers to implementing evidence based care.

Methodology and Design: A combination of qualitative and quantitative approaches were used in this cross sectional study:

A one page questionnaire based on tool designed and validated by Van Veeramah (1995)

(appendix one)

An open question asking participant's understanding of evidence based health care

Study population

All nurses, midwives and health visitors employed by Southern Derbyshire acute hospitals NHS Trust, Community and mental health Trust including Derbyshire Dales & S Derbyshire PCG in January 2002 (N=2771)

Results: Response rate was 39% (N=1083/2771) after one call.

Key findings

1. Over 80% of respondents believe that the nursing and midwifery profession should be research based and consider it essential for practice.

2. A small but significant group n=37, 3.4% disagree that practice should be research based.

3. Over 80% expressed an interest in being involved in research activities if time was provided.

4. At least 50% of respondents require training on EBP and dimensions involved

5. Of the 886 responded to the open question over 51% had little or no understanding of EBP, some had a partial understanding, few if any had a full understanding based on Sackett and McKibbons best practice definitions.

6. Results are probably skewed as research 'interested' staff were more likely to respond.

Conclusion: The key components of an evidence based service include the capability of the organisation to facilitate access and flexibility of incorporating evidence as well as the ability of individuals and teams to find, appraise and use evidence. This study is a primary step in promotion of such a culture by systematically evaluating the needs and identifying areas which can be improved further. It is early days for Nursing and Midwifery Evidence Based Health Care and this is to "get the right things right from the start", as Gandhi says: "No system can make a bad man good but bad system can frustrate the efforts of good man."

Recommended reading:

Brown G (1995) Understanding barriers to basic nursing practice upon research: a communication model approach Journal of advanced Nursing 21 154-157

Chapman H (1996) Why do nurses not make use of a solid research base? Nursing Times 92 38-996

DOH 1999 Making a difference' Midwifery action plan

15

A pilot study of the effects of a specialised nurse led cognitive behavioural therapy service on coping, respiratory function and quality of life for patients with bronchiectasis.

Claire Parkin, Nursing Research, Dept. of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, United Kingdom. Co authors: Carl Margereson and Brendan McLoughlin

Abstract:

Aim: This quasi-experimental pilot study aimed to determine the effectiveness of a course of nurse-led cognitive behavioural therapy (CBT) on coping, respiratory function and quality of life in patients with bronchiectasis.

Methods: Patients were recruited into an intervention group (n=15) and control group (n=19). The Psychosocial Adjustment to Illness Scale (PAIS); Hospital Anxiety and Depression Scale (HADS) and St. George 's Respiratory Questionnaire, plus a Shuttle Walking Exercise Test, were used to measure coping, anxiety and depression, adjustment to chronic illness, functional capacity and quality of life. Measures were taken pre/post the intervention (a course of CBT) or pre/post normal treatment for the control group.

Results: The results indicate that CBT may decrease the impact of bronchiectasis on overall health and improve patients ' psychosocial adjustment to their illness when compared to a control not receiving CBT. The group receiving CBT did have decreased anxiety, depression, total overall health when compared to the control group, however, this was not statistically significant. The statistical significance of the difference between the two groups for total overall health and psychosocial adjustment may have occurred by chance due to the small numbers in the groups.

Conclusions: There are indications that this therapy could improve quality of life for patients with bronchiectasis but further research is required to evaluate this intervention. However the problems of recruiting patients with a chronic debilitating illness into research of this type needs to be considered.

This pilot study has led to the development of a university module at academic level 3: Developing self-management strategies in chronic respiratory illness. An RCT evaluation of the impact of teaching self-management skills to patients with respiratory disease is planned for the near future and nurses involved in delivering self-management programmes on the study will have completed this module.

The results of the pilot study, plus methodological issues and plans for the RCT, will be presented.

Intended learning outcomes:

- Understand how cognitive behavioural therapy (CBT), particularly the problem solving aspects, can help patients cope with depression and quality of life issues.

- Identify the principles involved in choosing outcome measures to evaluate interventions for patients with chronic illness.

- Understand the methodology and results of this study and make conclusions on CBT as an effective treatment for patients with bronchiectasis.

Recommended reading:

Lisansky DP & Clough DH. (1996) A cognitive behavioural self-help educational program for patients with COPD a pilot study. Psychotherapy & Psychosomatics. 65 (2) 97-101.

Blenkiron P. (1999) Who is suitable for cognitive behavioural therapy? Journal of the Royal Society of Medicine. 92 (5) 222-29.

Guthrie E. (1996) Emotional disorder in chronic illness: Psychotherapeutic Interventions. The British Journal of Psychiatry. 168 (3) 265-285.

16

Raising the profile of nursing & allied health professionals' (N&AHP) research

Louise Rigg, Research and Development, Sheffield Children's NHS Trust, Sheffield, United Kingdom.

Abstract:

Sheffield Children's Hospital NHS Trust (SCT) now has responsibility for acute services and child and adolescent community and mental health services. This provided the impetus for an evolving city-wide research strategy for primary, secondary and tertiary services in line with local, regional and national Needs and Priorities (http://www.doh.gov.uk/research/rd1/strategicresearch/strategyindex.htm) and the National Service Framework for Children and Young People (http://www.doh.gov.uk/childrenstaskforce).

Our goal was to develop an integrated N&AHPs' Research Strategy. The essence of our service provision is in partnership working, multi-professional and by necessity inter-agency with links to organisations providing services for health- and social-care related children 's services.

Short-term goals were to identify, describe and develop thematic priorities for research, which focus on the child and family, the health profession and the organisation 's needs. The presentation will describe the Trust-wide research infra-structure with reporting mechanisms and accountability to Board Level. This infrastructure including increase in IT facilities access to web-based resources and an increase in investment in staff education all supports the evolving strategy and fostering of research projects. Research themes recognise the strengths of our biomedical research activity: cancer care; genetics; growth, nutrition and metabolism; infection and immunity. These themes - traditionally medically dominated - are now targets for new research developments. We are actively engaged in dialogue with medical colleagues and collaborative research projects with N&AHPs are emerging aimed at maximising the benefits to patients, carers and staff. However we seek to further enhance our approach by aligning with current national directives and have identified emerging areas for development: integrated child

health and social care; and service delivery and organisation (including consumer involvement).

Progress has been slow, but positive, goal orientated, incremental and sustainable. The Research Unit is now managed centrally within the newly formed Clinical Governance and Research Unit, thus making research, development, audit, quality, risk management and clinical governance all part of the same management, delivery and evaluation process.

The recent CHI report (2002) for the Trust recognised the organisation and systems for research as a notable area of practice. The joint hospital/university appointment of Research Fellow and the Hospital's Clinical Research Group, were examples of practice that the rest of the NHS can learn from, in encouraging and raising of confidence in nurses and AHPs to undertake research. The report makes interesting reading and key areas for action will be of concern to staff involved with education, research and practice relating to children and young people's services, especially the need to improve consumer involvement in service developments and review, identify and implement good practice in adolescent care.

(http://www.chi.nhs.uk/eng/organisations/trent/sheffield_child/2002/sheffield_child.pdf).

Intended learning outcomes:

- To understand the membership and activities of the clinical research group

- To know and understand how a clinical research strategy has evolved

- To reflect how this might be applied in other healthcare systems

Recommended reading:

(http://www.doh.gov.uk/research/rd1/strategicresearch/strategyindex.htm)

(http://www.doh.gov.uk/childrenstaskforce).

17

Healthcare experiences of children and carers: a delphi survey to determine research priorities

Louise Rigg, Research and Development, Sheffield Children's NHS Trust, Sheffield, United Kingdom. Co author: Jane Saunders

Abstract:

Nursing and Allied Health Professionals' (AHPs) knowledge derived from rigorous research within children's healthcare is limited and where it does exist, it is isolated within clinical teams and fragmentation reduces the suitability of results for generalised application. The connection between research and practice is fragile. Whilst pioneering clinical developments have and do result from isolated research projects, the intelligence gained is not always utilised within organisations. The purpose was to focus on the healthcare experiences of children and parents, with the goal of responsive service development, showing evidence of consumer involvement. The project will provide valuable information, which should lead to further discreet research projects and inform the development of an evolving R&D strategy for nursing, AHPs and collaborative projects.

The guiding research question was, What research do children, carers, nurses and AHPs want to have conducted in the Trust? The project adopts the Delphi survey approach to establish, through consensus methodology, a valid and reliable method of identifying research priorities focused on the experiences of healthcare using the perspective of children, carers and clinical staff. The stages of the Delphi Process will be described in detail. Over 500 nurses and AHPs were sent questionnaires and responses have provided a rich data source which was surprising to the researchers for it 's insight into the experiences of children, parents and carers. The child-parent-carer questionnaires are currently being returned.

Results will be presented in a way that can be used by different individuals, groups, clinical teams and management to identify priorities for research and to establish a thematic approach to funding and promoting research and development using a local perspective. Results demonstrate the development of a consumer focused research strategy and identify future areas of enquiry. Thus we feel we are ready to become more responsive in service and practice developments. The project was an exploratory listening exercise, providing valuable information, which should lead to further discreet research projects and inform the development of an evolving R&D strategy for nursing, AHPs and the multidisciplinary groups.

Please note: External academic advisors to the project have indicated we are developing a new approach to using Delphi consensus methods, which should be published. The presenters will, if the scientific committee allow, present a methodological discussion concurrent paper to enhance this presentation.

Intended learning outcomes:

- To understand the context of the study from a practice and policy perspective

- To understand the research development, funding & gaining ethical approval

- To be informed on the priorities identified by children & their parents or carers

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Completing the picture: towards partnerships in care child and parental perceptions of children's day surgery

Louise Rigg, Research and Development, Sheffield Children's NHS Trust, Sheffield, United Kingdom. Co authors: Jackie Sanderson and Val Bateman

Abstract:

The Day Care Surgical Unit (DCSU) at Sheffield Children's Hospital Trusts (SCHT) has a positive profile, has been successful in meeting objectives and has undergone many service developments, however these have not been evaluated systematically. A number of inter-related projects have been conducted in the DCSU over the last few years, taking the perspective of: direct observation of the structures, processes and outcomes of care; interviewing staff and a survey of medical staff through questionnaires.

Professionally perceived,limitations to the current services include: duplication of labour; an apparent "rushed" nature of the admission procedure; extensive time consuming paperwork and perceptions of the low value of the admission procedures in terms of job satisfaction.

The Day Care User Group the multi-disciplinary team who use the DCSU had a strong consensus that there was a need for changes in both structure and processes of care, however we felt we need to explore this further before deciding on the priorities for service delivery and organisation of care. From a health professional point of view, an option of choice might be to create a single data recording system, however a problem exists that, from a risk management perspective, to simply reduce the administration processes to a singe "once-only" data collection process relies heavily on the quality of information provided by parents. Eliminating the current systems of "double-checking" of information by a number of different professionals for safety reasons potentially exposes each professional group to weaknesses or errors in the system.

We decided that, before making further changes we will seek to "complete the picture" and determine through qualitative enquiry whether the perceptions of health professionals is matched, or not, by child, parent or child perceptions. We have commenced an incremental approach to contributing to the research theme of Consumer Involvement in Health Services established in the Trust. A study interviewing children has commenced and results will be discussed (Gill Turner). A further research proposal exploring the needs of parents and carers has been developed and results will be available at conference (Louise Rigg). This study is further enhanced by a completed Delphi survey of children, carers and staff on determining research priorities across the Trust (Louise Rigg and Jane Saunders). Results of empirical study will be triangulated with the results of the NHS patient survey and a review of complaints. Through exploring the potential for parents to be "partners-in-care" to the further benefit of the children, parents and service providers we will be able to determine priorities for research and service developments required to meet both professional and lay needs.

In addition we are collaboratively exploring the practice development and educational needs of staff and with the Consultant in Post-graduate Medical Education at the Trust we are commencing a educative action research programme which seeks train Nurse Practitioners to levels of excellence. We will follow the development of nurses through this course to identify generic and specialist competencies and produce a teaching package for Nurse Practitioners in the full range of assessment, diagnostic and therapy skills. This is line with meeting organisational objectives to reduce junior doctors hours and meet the European Working Time Directive.

Intended learning outcomes:

- To understand the context of the research programme from a policy & practice perspective

- To know and understand how true collaboration can be effective for change

- To reflect how this might be applied in other healthcare systems

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Medics, midwives and nurses knowledge of domestic violence

Jane Morgan, School of Health Studies, Edge Hill College of Higher Education, Liverpool, United Kingdom.

Abstract:

Domestic violence is any form of physical, sexual or emotional abuse which occurs within a close relationship. The majority of such violence, the most severe and chronic, is perpetrated by men against women and children (Department of Health 2000). The DOH acknowledge that virtually every woman uses the healthcare system in Britain at some point in her life, which offers opportunities to access help and support. Good practice guidelines developed by professional bodies advocate training and education for healthcare staff as a way forward in addressing this issue.

The aim of the study was to identify health professionals ' knowledge and experience of domestic abuse in the Obstetric and Gynaecology Directorate.

A survey strategy was used to collect information in a standardised form from the sample population. The data collected was by means of a self-administered questionnaire and of the 260 questionnaires sent out to all Medical, Nursing and Midwifery staff in the Unit over a two-week period, 147 (56.54%) were returned.

Results highlighted health professionals limited knowledge of domestic violence and its impact on women 's health and fetal health. 59.9% of staff felt it appropriate to ask women about domestic violence in the Maternity & Gynaecology Unit, but just over one third of the respondents (34.0%) disagreed.

The research highlighted the prevalence rate amongst the staff to be 22%, which is almost the same as the one in four national statistic. The staff identified the need for a referral pathway for women and a need for further training.

Whilst it is recommended to provide training for staff in order to ask women about domestic abuse, and what to do should disclosure follow, it is recommended that a referral strategy be in place which incorporates a multi-agency approach in the community with those agencies who have the specialist expertise in this area.

Intended learning outcomes:

- be able to identify medical, midwifery and nursing staff knowledge of domestic abuse in the maternity and gynaecology services

- identify prevalence of domestic abuse amongst the medical, midwifery and nursing staff

- identify training needs of the medical,midwifery and nursing staff

Recommended reading:

Department of Health (2000) Domestic Violence: A Resource Manual for Health Care Professionals. London:DOH

20

International exchanges and student nurses: an exploratory study

Nancy-Jane Lee, School of Nursing, Allerton Building, University of Salford, Salford, United Kingdom

Abstract:

The session will focus on student nurses' international experiences and their perceptions of personal and professional development. The international experience comprised part of a new module, International Nursing and Health Care. The background to module development will be briefly outlined in the session. Eighteen student nurses and four module facilitators gave qualitative accounts of their expectations and subsequent learning from international experiences. Data was collected in three stages and analysed using phenomenological principles. Some of the key themes were in keeping with other research relating to international experience (Scholes and Moore 2000, Thompson, Boore and Deeny 2000). However, there were interesting and debatable differences. Insight into nursing and health care practices in other countries and personal indpendence were common elements of learning. However the depth of the students' experiences, in particular the way notions of culture and individual differences were challenged, were fascinating themes. Culture reality shock had similarities with the Interculture Project (HEFCE 2002). These issues warrant further debate given the contemporary societal, if not global need for cultural learning and tolerance. Student perceptions of their learning raise further questions concerning experiential learning and the kind of support students really need in practice. The case study has parallel implications, not only for the provision of international experience, but for the acquisition of cultural learning and the use of experiential learning. In conclusion, was it the international experience per se that challenged student learning or was it the facilitation underpinning that experience? To what extent did the personality traits of students and/or facilitators contribute to learning and coping mechanisms? These questions require development to inform further use of experiential learning and other strategies that encourage active learning.

Intended learning outcomes:

- To examine the impact of international exchanges, on student nurses' personal and professional development.
- To debate cultural concepts and strategies which could/should be used to maximise student learning
- To explore wider themes relating to experiential learning and the factors helping/hindering personal development.

Recommended reading:

HEFCE (2002) The Interculture Project@http://www.lancs.ac.uk/users/intercult ure accessed on 14.9.02

Scholes J, Moore D, (2000) Clinical Exchange: One Model to Achieve Culturally Sensitive Care, Nursing Inquiry 7 P61-71

Thompson K, Boore J, Deeny P, (2000) A Comparison of International Experience for Nursing Students in Developed and Developing Countries, International Journal of Nursing Studies, 37 P481-492

21

Utility of the theory of planned behaviour in predicting the use of coronary heart disease guidelines by practice nurses

Suezann Puffer, Health Sciences, University of York, York, United Kingdom. Co author: Arash Rashidian

Abstract:

Objectives. The primary aim of this study was to examine the utility of the theory of planned behaviour (TPB) in explaining variations in the use of coronary heart disease (CHD) guidelines by practice nurses. In particular, the main objective was to find out which components of the theory were able to explain the greatest amount of variance in practice nurse guideline adherence.

Design. Cross-sectional survey using a postal questionnaire to test hypotheses derived from the TPB.

Method: A 52-item questionnaire was distributed to all current members of the York and District Practice Nurse Group (N = 88). The questionnaire was designed to assess the components of the TPB and included measures of self-reported behaviour, behavioural intention, attitude, behavioural beliefs and evaluations, subjective norms, normative beliefs and motivation to comply, control beliefs and evaluations, and perceived behavioural control.

Results. Fifty-four percent of the practice nurses returned questionnaires (N = 48). The variables specified in the TPB predicted 31.2% of the variance in intention. Attitude and perceived behavioural control made significant contributions to the variance explained, whilst subjective norm did not. The amount of variance explained in self-reported behaviour was not significant.

Conclusions. Future interventions to increase practice nurses' adherence could attempt to address the negative attitudes towards guidelines and the perceived barriers to their implementation.

Intended learning outcomes:

- be aware of the difficulties imposed by the NSF for CHD
- identify ways of improving practice nurse guideline adherence in relation to the CHD NSF

consider the theory of planned behaviour as a possible method with which to evaluate the behaviour of nurses

22

An investigation into adult nursing students' experience of the releveance and application of behavioural sciences (biology, psychology and sociology) across two different curricula.

Judy Harrison, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom. Co authors: Gillian Mowforth and Marianne Morris

Abstract:

Nurse education curricula have been thoroughly overhauled and debated since 1990 and more recently have been heavily influenced by the then UKCC (UKCC 1999) and the Department of Health (DoH 1999) which have emphasised a competency based programme. This has implications for nurses' underpinning knowledge base. This paper is an evaluation to date of a research project exploring and comparing experiences of pre-registration Adult Nursing students. This is in relation to the relevance and application of behavioural sciences to their nursing care.

Students who are participating in this study have either undertaken a curriculum that had discrete biology, sociology and psychology modules or one that has adopted an integrated approach.

The study is qualitative, using focus groups with data undergoing thematic analysis. The project is divided into 3 stages. Stage 1 explored students' educational experience after a year on the two different Adult Nursing Programmes. This work was completed in December 2001 and will be reported in this paper. 60 students participated and there were 15 focus groups.

The findings that have emerged to date would suggest that students on the integrated curriculum are less willing to discuss and debate issues in relation to definitions of health and how the sciences help them make sense of health and illness. In addition they appear less articulate about the value and relevance of the sciences to nursing and their role as a nurse. Nevertheless, at present it is not possible to state with any confidence or certainty that there are obvious differences between the curricula. Analysis of the data from Stage 2 will give a better indication of this.

However the initial findings do have implications for staff development, curriculum planning and learning, teaching and assessment strategies. In addition the notion of integration is complex and requires closer examination.

Intended learning outcomes:

- Explore the context of the study and the methodological approach undertaken
- Examine the results of the study with particular focus upon the relevance and application to nursing practice
- Identify the implications to date for staff development, curriculum planning and learning, teaching and assessment strategies

Recommended reading:

DoH(1999) Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health Care. London. DoH

UKCC (1999) Fitness for Practice- the UKCC Commission for Nursing and Midwifery Education. London UKCC

23

An exploration of the teenage parenting experiences of young people of Bangladeshi, African Caribbean, Pakistani and dual ethnic origin in England.

Gina Awoko Higginbottom, ScHARR, University of Sheffield, Sheffield, United Kingdom. Co authors: Ruby Chau, Nigel Mathers, Peter Marsh, Mavis Kirkham, Jenny Owen and Peggy Newton

Abstract:

Aim: The overall am of the study is to provide a in-depth exploration of the range of teenage parenting experiences in Bangladeshi, African Caribbean, Pakistani and dual ethnic origin young people in England

Objectives:

a) To identify the existence of motivational factors, decision making processes, culturally specific beliefs and attitudes towards teenage parenthood in the study population

b) To elicit the meaning and consequences of teenage parenthood for both young men and women in the study populations

c) To establish the wider community and extended family perspectives on teenage parenthood

d) To elicit views on current service provision and configuration of future preventative services (health education and social care) in relation to teenage parenthood.

Method: An indepth qualitative approach will be adopted drawing on the ethnographic tradition to depict the lived experience of the young parents before and after becoming parents (including contraception and abortion decision making), their viewpoints by reference to their dual attachment to their ethnic community and mainstream society. Non-probability sampling techniques of purposive, quota and snowball are used with five study cohorts; key stakeholders, young people, teenage mothers and fathers, parents of teenage parents. The data collection tools; semi-structured depth interviews (informed by a modified version of the Theory of Planned Behaviour though not exclusively), focus groups, a telephone survey and audio-taped diaries. Our design proposes the active involvement of teenage parents. The design will facilitate a unique perspective into the teenage parenting experiences of young people of Bangladeshi, African Caribbean, Pakistani, and dual ethnic origin.

Setting: Sheffield, Bradford and London (Lewisham, Lambeth & Southwark)Participants: 30 young people from the ethnic minority populations identified above who have experienced teenage parenthood), 15 parents of teenage parents, 150 young people (100 mothers/50 fathers) who are currently teenage mothers and fathers, key stake holders e.g. Teenage Pregnancy Co-ordinators and representatives of ethnic minority community members.

Analysis: The framework method of analysis will be used, developed by the National Centre for Social Research, facilitating a transparent, systematic and consistent approach to the storage, retrieval and analysis of the qualitative data.

This proposal is supported by the Community Practitioners'and Health Visitors'Association (CPHVA) and in addition a co-applicant (MK) is president of the Royal College of Midwives (RCM). These professional organisations represent the key professionals both in the antenatal and postnatal period involved in the support of teenage parents.

24

The meaning and consequences of hypertension for individuals of African Caribbean origin: perceptions of primary health care services

Gina Awoko Higginbottom, ScHARR,, University of Sheffield, Sheffield, United Kingdom.

Abstract:

Hypertension is a major health problem for individuals of African-Caribbean origin in the U.K. Early diagnosis and treatment of hypertension is a national priority. Policy documents (D.O.H. 1999) identify the reduction of coronary heart disease and stroke as a national imperative. This research (in progress) is therefore extremely pertinent and relevant to the contemporary policy agenda. Collaboration and partnership are key principles: a lay research consumer advisory group is established.

Research Aims: To understand the meaning and consequences of hypertension for individuals of African Caribbean origin.

To elicit knowledge and understanding of African-Caribbean individuals ' decision-making processes, risk perception, culturally specific health beliefs that mitigate against or enhance the early diagnosis and effective management of hypertension in PHC.

To identify and map out African-Caribbean individuals perceptions of prevention, diagnosis and management of hypertension in PHC.

This study draws upon the ethnographic (adjectival) tradition to elicit and describe the meaning and consequences of hypertension for individuals of African-Caribbean origin in England. Additionally, perceptions of PHC services are elicited. The sample is purposive. Data collection tools of focus groups, semi-structured interviews and structured vignettes (Greenhalgh 1998) are utilised. Participants are accessed via GP records, community groups and associations.

Data are systematically analysed with the aid of Atlas/ti qualitative data analysis software using Roper & Shapira 's (2000) framework for analysis of ethnographic data. Knowledge generated will contribute to the PHC evidence base, assisting the development and configuration of culturally congruent services, contributing to the reduction of inequalities, early treatment and diagnosis of hypertension in PHC.

The term African-Caribbean origin is used to describe individuals and communities who have an ancestral link to the continent of Africa via the Caribbean. Self-assignation of ethnicity is an important dimension to the formation of identity and participants in the study are given the opportunity to self-assign ethnicity.

Recommended reading:

Department of Health (1999) Saving Lives Our Healthier Nation (Cm4386), The Stationery Office, London

Greenhalgh T, Helman C, Chowdhury, A M (1998) Health beliefs and folk models of diabetes in British Bangladeshis: A qualitative study BMJ 316:978-83

Roper J & Shaipra, J (2000)Ethnography in Nursing Research, Sage, Thousand Oaks, Ca.

25

Foreign culture and nursing as observed by Finnish student nurses on exhange.

Raija Kokko, nursing, School of Health Care, Tampere, Finland.

Abstract:

This study is part of a more extensive project intended to develop nursing education, curriculum and student exhange from the perspective of transcultural nursing. Transcultural nursing refers to nursing which takes account of the patient 's cultural backround. The research is based on the seven factors of Leininger 's Sunrise model, namely cultural values and habits, regious factors, kinship and social factors, political and legal factors and economic factors. The research task was to describe the nursing student 's observations of nursing of the foreign culture and nursing while engaging in student exhange. The target countries were UK (England), Spain, Greece, Germany and Norway.

The research approach is ethnographic. The data, which were collected in spring 1999 and spring 2000, consist of essays written by 50 students participating in student exhange and theme interviews made after the exhange period. The secondary data consist of diaries kept by the students during the exhange period and my notes of the interviews. The essays were thematised according to the seven factors of Leininger 's model. The diaries were kept in the student 's own words and the thematic framework for the interviews was also constracted on the seven factors of the model. The data were analysed by data centred qualitative content analysis.

The findings show that values and appreciation and the themes of sameness and difference were uppermost in confronting the new culture. Cultural diversity emerged as the pervading theme. Different living habits and nursing practices sometimes bewildered the students in the beginning, likewise adaptation problems and even fear. Towards the end of the exhange period the students adapted. In some countries educational and economic inequality appeared, as money could be used to buy a better education or health care services. Religion and family continued to be of great significance in

many countries in people 's lives and also in nursing. The operation of the judicial system stressed issues of equality. The technological development was very advanced in many countries, but sometimes attitudes to it were negative. According to the present study technological development was not connected to the interaction between nurse and patient. There still existed presence and comfort in spite of high technology. The students ' descriptions suggest that the values emphasised in nursing in the target countries were tolerance, courtecy and familycentredness. Tolerance was manifest particularly in the consideration given to patients ' religious needs. On the other hand family-centredness was not always realised in nursing, rather relatives were required to participate in the care of the patient. In some countries patient ' cultural backrounds were well catered for and the nursing was culture-sensitive.

The findings permit the conclusion that the students derived a wide range of knowledge of different cultures and were keen to apply this in their own nursing practice.

The results of the study can be utilised in the development of nursing education and the students exhanges and in the formulation of subject for further research. Further study could address the effect of student exhange in the form of evaluation research and longitudinal research by studying how students who have participated in exhanges have been able to utilise their experience in their nursing.

Intended learning outcomes:

• to be aware (more than before) of cultural issues in nursing

• to be more culture-sensitive

• to be keen of learning more about transcultural nursing

Recommended reading:

Leininger M. (1991) Culture Care Diversity and Universality : A Theory of Nursing. National League for Nursing Press, New York

LeVar R. (1998) Improving educational preparation for transcultural health care. Nurse Education Today, 18, 519-533.

Price K.& Cortis J. (2000) The way forward for transcultural nursing. Nurse Education Today 20, 233-243.

Involving nurses in health policy formulation in Bangladesh - catalysing the process

Helen Quinn, School of Healthcare Studies, University of Leeds, Leeds, United Kingdom. Co author: Angie Roques

Abstract:

The United Kingdom Department for International Development (UKDFID) has funded a large project (SHAPLA) in Bangladesh. The aim of this project is to improve the health status of the people of Bangladesh by helping the Bangladeshis develop their health and welfare services. SHAPLA has a number of comoponents, one of which is devoted solely to nursing. This component, Strengthening the Role of Nursing (SRN), is managed by a Technical Adviser (TA) who works closely with the

Director of Nursing Services (DDNS). The DDNS has to lead and manage a public nursing service which has about 13,000 registered nurses for a population estimated to be between 123-139 million. Traditionally the social, economic and cultural value placed on nurses and nursing is not high. Against this background an opportunity arose in 2000 for nurses to identify their contribution to future health policy. The DDNS decided to grasp this opportunity and with the TA commissioned an international consultant to help the nurses undertake this work. This paper reports the development of this nursing contribution to health policy and its outcomes. Qualitative data collected during a three day national workshop was subjected to content analysis to identify themes and issues. These results were then supplemented by interviews and a secondary analysis of published documents. Finally the first national paper on the nursing contribution to health policy was produced in 2002. Whilst the effects of this national paper are still uncertain, it has already served to advance the knowledge of policy development within nursing in Bangladesh and the UK. It has done so by exposing nurses from a range of settings and positions to experiences, ideas and issues which are normally outside their knowledge and understanding. This paper is expected to form a baseline from which future health and nursing policy can be developed.

Intended learning outcomes:

• to understand the context of nursing in a less developed country

• to develop a practical process through which nurses' can contribute to the formulation of effective health policies

• to highlight issues relating to effective donor support for health policy development

Recommended reading:

Quinn, H.R. & Roques, A. (2002) Nursing Contribution to Health Policy in Bangladesh. Dhaka; Director of Nursing Services and DFID.

Colebatch, H. K. (2002) Policy. Buckingham:Open University press

Motivational interviewing: The role of the nurse in promoting physical activity in elderly heart failure patients.

David Brodie, Research Centre for Health Studies, BCUC, Chalfont St Giles, United Kingdom. Co author: Alison Inoue

Abstract:

The purpose of this study was to evaluate the effectiveness of three different interventions in promoting change in physical activity patterns among elderly heart failure patients. One intervention (lifestyle) involved 'motivational interviewing' which is a form of client-centred counselling based on cognitive-behavioural therapy. The other intervention (standard care) was the more traditional process of multi-disciplinary intervention based on education and prescribed exercise. The third intervention (both) combined the other two.

Ninety-two patients with heart failure were recruited to the study and 60 completed the intervention randomly allocated to one of the three groups. The mean (standard deviation) of the group was 79 (± 6.9) years. There was a non-significant difference between either of the groups on the basis of age, gender, coronary risk factors, previous cardiovascular history, severity of heart failure, medication or initial physical activity. Following the treatment, energy expenditure increased significantly ($p < 0.01$) in the lifestyle and both groups. All groups showed a significant increase in the six minute walk time ($p < 0.0001$) but there were no group differences. Re-admission rates were also similar between the three groups. This study has demonstrated that motivational interviewing alone is an effective method of increasing physical activity levels in chronic heart failure patients. This increase brought almost half of the patients to a level (2 kcal.kg-1.d-1) recommended by the US Department of Health. This may result in increased physiological benefits, improved feelings of satisfaction and a reduced dependency on hospital resources and support from social services. Heart failure specialist nurses now have evidence that motivational interviewing is an effective strategy for rehabilitation.

Intended learning outcomes:

• Recognise that motivational interviewing is an effective way to increase physical activity in heart failure patients.

• Appreciate that heart failure specialist nurses can be trained to increase activity in patients to a level which will improve other aspects of life.

• Will learn that without specialist intervention, heart failure patients will remain inactive.

Listening to parents: health professionals' response to parental concerns of atypical speech and language development

Anne Rannard, Dept Primary Care, University of Liverpool, Liverpool, United Kingdom. Co authors: Sheila Glenn and Christina Lyons

Abstract:

Background: A substantial minority of children are delayed in language acquisition in the early years, with almost a fifth of parents in Britain reported to be concerned about their children 's speech and language development at any one time (Hall 1996). Parents of children with specific language impairment are an important source of information for clinicians in the early years. An examination of the experiences of parents in voicing their concerns to primary health care professionals regarding their children 's speech and language difficulties is presented.

Method: A series of qualitative interviews was conducted with parents of forty children in two Local Education Authorities (LEAs) in the Northwest of England, whose children had been diagnosed with specific language impairment.

Results: Securing a diagnosis of SLI for their children was often a lengthy process for parents.

Health professionals ' (GP, Health Visitor) responses to parental concerns of atypical speech and language development were often unsatisfactory. They appeared to underestimate speech and language problems, and failed to investigate parents ' worries. Parents reported difficulties in getting health professionals to agree to further investigation of their concerns. In addition, parents found that attending a specialist unit or hospital clinic meant that medical staff there apparently did not see beyond the initial reason for attendance, and did not respond to parent concerns regarding the SLI.

Conclusion: These experiences would seem to indicate that even those with direct and continuing experience of childhood speech and language development, including hospital based paediatricians, are not in the best position to respond to parents ' worries in this area. Parents and professionals share a common goal in terms of treatment outcomes for children with speech and language difficulties. There is a need for health professionals to review and improve their practice in this area of child development.

Intended learning outcomes:

- participants will be familiar with the characteristics displayed by children with specific language impairment

- participants will know what constitutes the nature of parental concerns in this area

- participants will review and if necessary improve their professional practice in this area of child development in order to respond to parental concerns more effectively

Recommended reading:

Hall DMB. (1996) Health for all children. Report of the third joint working party on child health surveillance. Oxford: Oxford University Press.

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interventions compared to standard care to ensure oral hygiene for people after a stroke, was conducted. Online databases (Medline, Cinahl) and unpublished literature databases were searched using a strategy developed in conjunction with the Cochrane Stroke and Oral Health groups. From an initial 3205 identified articles, 32 studies were identified which addressed oral care interventions (oral assessment, equipment and/or agent use management of oral secretions, specialist intervention and training). Of these, four randomised controlled trials were considered for inclusion in the review. Comparability issues were highlighted regarding the variety of outcomes and measurements used to measure oral health. This review highlights the need for quality research to provide evidence on which to base oral care practice.

Intended learning outcomes:

- Understand oral hygiene is a particular concern for people with stroke.

- Be aware there are few quality studies avaliable with which to base oral hygiene practice.

- Be aware there are difficulties in evaluating studies due to differences in interventions and outcome measures used in studies.

Recommended reading:

Holmes, S. (1996) Nursing management of oral care in older patients. Nursing Times 92, 37-9.

Kamen, S. (1997) Oral health care for the stroke survivor. Journal of the California Dental Association 25, 297-303.

Wardh, I., Andersson, L. and Sorensen, S. (1997) Staff attitudes to oral health care. A comparative study of registered nurses, nursing assistants and home care aides. Gerodontology 14, 28-32.

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was developed to obtain additional relevant information from the patient or their medical/nursing notes, not collected in the routine health check. There were no differences between people who had fallen and those who had not for a range of physical, emotional and environmental factors. The only risk factors for falling, identified in the study population, were a history of polypharmacy and living in sheltered housing.

A larger study is required to look at the identification of risk factors for falling, at the routine over 75 health check, and appropriate referrals that can be put into place to deal with any problems uncovered. Education of health professionals, on the risk factors for falls, is also required.

Intended learning outcomes:

- Be aware of the need for risk assessment for falls in community dwelling older people

- Understand the need for good referral systems to be put in place to back up any risk assessment for falling

- Understand the need for more education of health professionals on risk factors for falling

Recommended reading:

Department of Health (2001) www.doh.gov.uk/nsf/olderpeople.htm (accessed 26 June 2002)

Feder G., Cryer C., Donovan S. and Carter Y. (2000). Guidelines for the prevention of falls in people over 65. British Medical Journal 321: 1007-1011

Swift CG. (2001) Falls in late life and their consequences - implementing effective services. British Medical Journal 322: 855-857

Improving nursing intervention in oral care for patients following stroke: a systematic review.

Vikki Milne, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, United Kingdom. Co author: Marian Brady

Abstract:

Experts in dental care argue that effective oral care intervention requires a multi-task approach whereby an individual must perform regular, effective oral hygiene using a range of appropriate equipment, access regular check ups and recognise and respond to acute problems. Implementing effective oral hygiene may become a greater challenge for individuals post stroke and may require the need for nursing assistance. Many studies have highlighted the poor state of oral health of people within supported health care. Recent surveys of practice report a lack of nursing knowledge of oral health and disease, equipment and techniques for cleaning and the importance of oral care. Much of the literature points to a lack of evidence based practice with oral care often based on individual or anecdotal experience.

A systematic review, which evaluated the effectiveness of staff assisted oral care

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An exploratory study to develop health visitor risk assessment for the prevention of falls in community dwelling people over 75 years old

Sue Kinn, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, United Kingdom. Co author: Denise Clawson

Abstract:

Guidelines for the prevention of falls in people over 65 recommend that medical and environmental home assessment of older people, with referral to relevant healthcare professionals, should be established (Feder et al 2000). The national service framework has set out clear standards of care for older people (Department of Health 2001). It has been suggested that there is a need for prospective screening in primary care, to identify and target those at risk and that one way to do this would be to modify the over 75 annual health check (Swift 2001).

This study was undertaken to look at the feasibility of a Health Visitor risk assessment for falls, at the time of the routine health check for people aged 75 and above. The standard over 75 assessment check was carried out either in the GP surgery or the person's home. A questionnaire

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Client and staff views on facilities and services before and after the convergence of sexual, reproductive and women's services

Sue Kinn, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, United Kingdom. Co authors: Rak Nandwani, Rosie Ilett, Susan Carr, Alison Bigrigg and Noreen Shields

Abstract:

There is a move towards integrating sexual health services, to provide a one stop co-ordinated sexual health service for clients (Kane and Wellings 1999; WHO 1999). This study was undertaken to evaluate client and staff views on existing facilities and services before and after the convergence of sexual, reproductive and women's services (family planning, genito-urinary medicine and the Centre for Women's health) into the Sandyford Initiative in Glasgow.

The study involved

1) questionnaire surveys of all clients and staff (medical, nursing, counselling and administrative) attending/working in the three services

2) one-to-one interviews with all staff

3) a review or routinely collected clinical activity data, for both six months prior to and six

months following the reconfiguration of the services.

The results, from all three methods used, showed that integration of the three services led to a reduction in stigma associated with attending sexual health services. Despite some staff concerns the number of men attending the services did not decrease. There was increased satisfaction with the new service, especially the quality of the facilities. There were increased numbers of referrals between clinical services in the Sandyford Initiative and an increase in the numbers and types of services offered within the Sandyford Initiative.

Prior to the move staff were optimistic about the level and speed of changes in clinical services. However it was apparent from the second set of interviews, after the move, that there had not been enough time for systems to be put in place to enable the services to become integrated and that the evaluation should be repeated at a future date. The results of this work indicate that sexual, reproductive and women's services can be integrated to provide improved facilities for clients and that service integration takes longer than originally anticipated.

Intended learning outcomes:

• Be aware of the issues surrounding the integration of sexual and reproductive health services

• Understand some of the difficulties of using multi-method research techniques

• Understand some of the difficulties of researching over-researched subjects

Recommended reading:

Kane R, Wellings K. (1999) Integrated sexual health services: the views of medical professionals. Culture, health and sexuality; 1:131-145

World Health Organisation (1999). Integrating STI management into family planning services: what are the benefits? Geneva: WHO

32

A voluntary patient support service in general practice: experiences of patients and providers

Mark Faulkner, Community, Ageing, Rehabilitation, Education and Research, University of Sheffield, Rotherham, United Kingdom.

Abstract:

In order to utilise voluntary sector services more effectively in the primary care of patients with psychosocial problems, a Doncaster based surgery introduced a team of voluntary referral co-ordinators called the Patient Support Service (PSS). The PSS accepted patient referrals from GPs and nurses within the practice and would re-refer patients to appropriate voluntary sector services based on a thorough needs assessment. Consequently, it was thought that a patient's psychosocial state would be prevented from deteriorating by attending to, and resolving, the root cause(s) of their problems (i.e. relationship problems, financial difficulties, housing problems). This report aimed to describe and analyse the key features of the PSS, its perceived

effectiveness, and any barriers to effective service provision.

Data was collected using a purposeful sample of 19 participants (8 volunteers; 11 patients) who undertook a semi-structured taped interview. These interviews were analysed using a qualitative method of applied policy research called 'Framework' (Ritchie & Spencer 1994).

Data yielded four key features of the Patient Support Service as follows: a/ giving patients time to talk; b/ assisting patients to explore their problems; c/ providing information and advice; and d/ making referrals. Provision of this service yielded three perceived outcomes as follows: a/ support and advice for socially isolated patients; b/ alleviation of patient distress through the provision of appropriate support for their psychosocial problems; and c/ reduced patient attendance at surgery. A number of barriers to service provision also emerged from the data leading to a raft of service policy changes.

The Patient Support Service was shown to be an important adjunct to traditional approaches of referral in general practice, acting as a linchpin between the professional world of medicine and the voluntary world of psychosocial support. Through this bio-psychosocial approach, the needs of patients may be managed more holistically.

Intended learning outcomes:

• To raise awareness of the value of voluntary sector services within primary care.

• To raise awareness of a scheme aiming to utilise voluntary sector services more fully in the care of community based patients.

Recommended reading:

Ritchie, J., and Spencer, L. (1994) Qualitative data analysis for applied policy research. In Bryman, B, and Burgess, R. (eds) Analysing Qualitative Data. London. Routledge.

33

Using multiple research methods to inform the future development of community infection control nursing (CICN) roles

Heather Loveday, Richard Wells Research Centre, Thames Valley University, London, United Kingdom

Abstract:

Background: Informing the Future1 was commissioned by the Department of Health (England) to evaluate the role and responsibilities of CICN and provide an analysis of the changes needed to ensure that services at local, regional and national level make the best use of expert nursing resources to deliver a modern agenda for public health and prevention of infection. The findings and conclusions of the two-year project are currently informing the development of nursing roles within the new Health Protection Agency.2

Study Methods: The research team used a multi-method design to capture the context and complexity of CICN roles and explore the future preparation and professional development needs of practitioners. Four research methods were included in the study design:

- documentary review;
- case study;
- survey;
- and focus groups.

Presentation: The authors will present an outline of the integration of quantitative and qualitative approaches used in the study and summarise the key outcomes of the project. Using examples from the study, they will illustrate how the use of multiple-methods enhanced the research process and discuss some of the practical issues associated with conducting a large-scale, multi-method project.

Intended learning outcomes:

• Insight into the complex roles and responsibilities of community infection control nurses.

• Understanding of the issues associated with designing a multi-method research study.

Recommended reading:

Loveday HP, Harper PJ, Mulhall A, Pellowe CM, Howard J, McRae E, Pratt RJ. (2002) Informing the Future: A Review of the Roles and Responsibilities of Community Infection Control and Communicable Disease Control Nurses in England. A Report to the Department of Health (England) London: Thames Valley University.

Department of Health. (2002) Getting Ahead of the Curve. London: Department of Health.

Tashakkori A, Teddlie C. (1998)

34

Residual gastric volumes in patients undergoing routine gastroscopy

Lesley Miller, Gastroenterology, Blackburn Royal Infirmary, Blackburn, United Kingdom. Co author: Hugh Mc Murtry

Abstract:

Introduction: Patients have traditionally been asked to follow a six-hour food and fluid fast before undergoing upper gastrointestinal endoscopy in order to reduce the risk of pulmonary aspiration, even though 95% of ingested clear fluid leaves the stomach within two hours (Miniami, 1984). A prolonged fast may increase patient thirst and discomfort. Residual gastric volumes (RGV) $\dashrightarrow$25 mls and gastric pH $\dashleftarrow$ 2.5 are considered to increase the risk of aspiration (Roberts 1974). One trial in endoscopy patients found that a shortened fast produced similar gastric volumes to a standard fast (Greenfield 1996). A survey of endoscopy units in the North West of England showed that only 19% allow a shortened fluid fast. We are planning a randomised controlled trial (RCT) to determine the effect of a shortened fluid fast.

Aims and Methods: We performed a pilot study to determine mean RGV and gastric pH in our patient population. The gastric contents of outpatients undergoing routine nurse endoscopy after a standard fast were aspirated into a sterile container and the volume and pH measured. The rest of the procedure was performed in the normal way.

Results: 71 patients (41M) recruited (M41). Mean age 46.8 years (SD12.8). Mean RGV 29.2 mls (SD

17.7) and mean pH 2.25 (SD1.54). 53.5 % of patients had a RGV ⟶ 25 mls and a pH ⟵ 2.5. RGV was significantly lower in older patients (p=0.001). Gender, time of endoscopy, smoking history or endoscopist did not significantly affect RGV.

Conclusion: We found a higher mean RGV than in previous studies. The results have enabled us to calculate a sample size and prepare a randomisation schedule for the RCT, demonstrating the importance of pilot studies. The standard fast does not protect patients from the theoretical risk of aspiration. Our RCT will enable the production of evidence based pre-endoscopy guidelines.

Intended learning outcomes:

• importance of pilot studies

• gastric volumes obtained at endoscopy

• research as a tool in production of guidelines

Recommended reading:

Green field, S., (1996), Assessment of residual gastric volumes and thirst in patients who drink before gastrosocopy, Gut, 39; pp360-362.

Minami, H, Mc Callum (1984), The physiology and pathophysiology of gastric emptying in humans, Gaastroenterology, 86; pp1592-610.

Roberts, R, B, Shirley, M, A, (1974), Reducing the risk of aspiration during Caesarian Section, Anaesthesia Analgesia, 53; pp859-868.

35

Accredited work based learning (AWBL) in learning disability nursing: mapping its impact on role and practice development

Helen Thompson, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. Co author: Veronica Swallow

Abstract:

A work based educational climate where universities and Trusts work together in partnership can enable nurses to engage in theoretical analysis of practice which will increase professional and personal growth and promote the development of reflective personal evaluation. (Swallow, Chalmers and Miller 2000)

An academic programme based on the principles of accreditation of work based learning (AWBL)was developed by Northumbria University and a learning disability Trust as part of the ongoing education of learning disability nurses (Kay, Rose and Turnbull, 1995) The AWBL cohort comprised of 14 nurse candidates who were supported to develop and achieve their own learning outcomes relating to three themes identified by the Trust and pertaining to service developments:

• care provision and improvement

• staff support and supervision

• contemporary professional issues

Successful completion led to sixty level 2/3 academic credits accumulated over an eighteen month period.

Methods: Using a qualitative methodology we:

• Explored the experiences of candidates and mentors involved in the AWBL programme

• Determined the impact of candidates work based learning on the clinical areas from the perspective of ward managers, non - participating nurses and service managers.

Participants experiences were explored through a series of focus groups and semi - structured interviews conducted at key stages during the AWBL programme. Data collection was informed by a topic guide covering issues such as: prior learning experience, writing personal learning outcomes and the perceived impact of education on practice. Data were analysed using the Framework Technique (Ritchie and spencer, 1994) and the three main emergent themes were:

• service and organisational development

• practice development

• practitioner development

In this paper we will explore and discuss these findings in more detail and place them in context with the impact of AWBL on nurses roles and practice development.

Intended learning outcomes:

• To identify the benefits of AWBL as a means of facilitating professional and personal development

• Gain an awareness of an innovative approach to educational development within the field of learning disability nursing

• Understand the issues involved in participating in an AWBL scheme

Recommended reading:

Kay, B. Rose, S. Turnbull, J. (1995) Continuing the commitment: the report of the Learning Disability Nursing Project. DoH. London.

Ritchie, J. Spencer, S. (1994) Qualitative data analysis for applied policy research. In: analysing Qualitative Data eds Bryman, A. Burgess, R.G. Routledge. London.

Swallow, V. Chalmers, H. Miller, J. Evaluating the development of an accredited work based learning (AWBL) scheme. Emergency Nurse. 8, 7, 33-39.

36

Nurses experiences of working with people who self harm within a male forensic learning disability service

Helen Thompson, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. Co author: Veronica Swallow

Abstract:

The phenomena of self harm is extremely complex and presents professionals with a most challenging aspect of clinical practice. According to Smith (1998) it is one of the most misunderstood and heartlessly represented areas of British health care.

Traditionally psychiatric responses are to see it as being attention seeking, or of suicidal intent. It is well documented that nurses play a key role in the treatment of people who self harm and that the attitudes and perceptions of health care professionals are likely to determine the enthusiasm shown in providing care for such patients, therefore influencing the effectiveness of the treatment. (Hawton, Marsack and Fagg, 1981) Many studies have utilised a primarily quantitative approach to study perspectives among differing professionals involved in caring for such people.

As nurses perceptions were the focus of this study a qualitative design using semi – structured interviews was used. (Kelly and Sime, 1990) A convenience sample of eight registered nurses was selected for interview from all of the registered nurses within the forensic division of a large learning disability Trust. An interview guide was used covering such issues as:

• What the nurses perceived to constitute self harm

• Prior experiences of working with such people

• Feelings / emotions invoked

• Treatment interventions

• Training issues

Data were analysed using a qualitative content analysis approach. Several themes emerged with two core themes being:

• Patient issues

• Staff issues

Across all of the themes to emerge it was evident that the nurses in this study find this an extremely difficult and challenging aspect of their practice for which they feel inadequately prepared to handle effectively.

This paper will describe the findings from this study and relate how they have been used to inform the basis of further study that is ongoing at present.

Intended learning outcomes:

• Gain an awareness of the influenc the attitudes of professionals have on the effectiveness of treatment.

• Identify the key issues involved in working with people who self harm

• Understand the importance of training for staff who work with this group of people

Recommended reading:

Kelly, A.W. Sime, A.M. (1990) Language as research data:application of computer content analysis in nursing research. Advances in Nursing Science. 12(3)32-40.

Attitudes of psychiatrists to deliberate self poisoning: comparison with physicians and nurses. British Journal of Medical Psychology. 54, 341- 348

Smith, M. (1998) Working with Self Harm: Victim to Victor. Handsell Publishing.

37

'Valuing people' - shaping learning disability service redesign by listening to service user experiences.

Christopher Minto, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. Co authors: Monique Lhussier, Charlotte Clarke and Catherine Gibb

Abstract:

The development of services for people with learning disabilities that are socially inclusive, person-centred, and that minimise the use of hospital based care, are the focus of current policy (Department of Health 1998, 2001; NHS Executive 1998).

A research project commissioned by a specialist NHS Learning Disability Trust in the North East of England set out to establish the patterns of need and service utilisation of people with learning disabilities. The study aimed to describe the needs of carers, and to appraise the care of adults with a learning disability living in Northumberland. The project was in 3 phases: phase 1 looked at appraising current service provision and need; phase 2 would investigate models of service provision; and phase 3 would evaluate the redesigned service provision.

This paper describes phase one of the research. Three strands of data were considered: service user and carer interviews, critical case analyses and a questionnaire to professionals.

Central to the findings of the study are a series of paradoxes that surround living with a learning disability. People described a multi-dimensional profile of location that underpins their search for and attainment of: social coherence, notions of social inclusion and exclusion become a self-limiting debate, perpetuated as the binary division of 'in' and 'out'; of 'us' and 'them'.

- Paradox of caring – the love-hate nature of family relationships. Exacerbated by service focus on the individual, not the family unit.
- Paradox of receiving services – the benefits / burdens of receiving services: reliability, continuity, administrative, financial.
- Paradox of defining 'normal' – framing of 'normal' for social integration, but 'not normal' for access to benefits and services.
- Paradox of meeting needs – services and families were unaware of how each frame need. 'One service fits all' approach leads to inflexibility and unresponsiveness.
- Paradox of knowledge – unique person knowledge not shared with service providers. Exacerbated by discontinuity of professional carer.

Intended learning outcomes:

- Should have a better understanding of the policy relating to service delivery for people with a learning disability.
- Should have a better understanding of some service user and carer experiences of services unique to them.
- Be aware of the tensions between policy development and implementation, and the lived experiences of service users and carers.

Recommended reading:

Department of Health (2001) Valuing People: A New Strategy for Learning Disability for the 21st Century, CM5086 The Stationery Ofice London

Department of Health (2002) Planning with People: Towards Person-Centred Approaches. London, Department of Health

38

Researching the mental health needs of gypsies and travellers

Julie Repper, School of Nursing and Midwifery, University of Sheffield, Sheffield, United Kingdom.

Abstract:

The aim of this study was to facilitate access to appropriate health and social care for Gypsies and Travellers in Sheffield. This cannot be achieved by one style of data collection or by focussing on the concerns of an exclusive set of stakeholders . This paper will describe how mixed methods were used to gain meaningful data from this complex group.

The available literature suggests that the health status of Gypsies and Travellers is well below the national average . However evidence describing their health is minimal and frequently anecdotal, particularly in relation to mental health. Therefore the first goal of this research was to describe their mental health status. 60 structured interviews incorporating validated instruments (HADS, SFS) were completed. Preliminary analysis confirms that the Gypsy and Traveller community in Sheffield suffer significantly higher and more severe levels of anxiety and depression than their counterparts in the UK general population.

Qualitative interviews with 17 members of this community suggest that they experience severe stress from a cumulative range of stressors such as; ill health, poverty, and their living environments. These challenge their family relationships. Some selected primary care services (GP 's and Health Visitors), known to the community are approached for help, usually when the problems have become very severe. Medication is often the only form of help received as other services such as psychological help pose problems of accessibility for this community.

Focus groups with a range of health and social care staff (practitioners and managers) from the statutory and voluntary sector suggest that there is a lack of understanding between this community and services, whereby distrust and under usage flourish.

Utilising a range of research designs and involving service users and providers allows a thorough understanding of the problems and therefore leads to useful recommendations to inform practice.

Intended learning outcomes:

- Understand the benefits of using mixed methods to provide evidence to develop services.
- Be aware of the levels of mental health and mental health needs in the Gypsy and Traveller community.

Recommended reading:

Pawson R, Tilley N. Realistic Evaluation Sage Publications, London 1997

Van Cleemput P,.Parry G. Health Status of Gypsy Travellers. Journal of Public Health Medicine 2001; 23: 129-134.

39

Promoting healthy bowel awareness in the workplace - a survey of occuparional health nurses

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

Abstract:

This paper will deliver the results of stage one of a four stage project. The overall project will support Occupational Health Nurses in designing and implementing their own campaign in their workplace, with a questionnaire to the workforce pre and post campaign.

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 & Donahue, 1997). In a telephone survey only 31% of the public could name a symptom of bowel cancer (Yardley et al, 2000). By increasing public knowledge more people may be diagnosed at an earlier time.

To enable baseline knowledge, practice and perception of risk regarding healthy bowel awareness, stage one will be a questionnaire to a group of occuptional health nurses held on a database at the Institute of occupational health, University of Birmingham. The questionnaire will be predominantly quantitative and will be self reported, postal and pre paid.

This study will be the first time occupational health nurses have been questioned 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 occuptional health nurses and others interested in health promotion.

Intended learning outcomes:

- Be aware of the occupational health nurses current role in healthy bowel awareness
- Be able to identify that although bowel cancer is the second biggest cnacer killer, early diagnosis can lead to cure.

Recommended reading:

Mulcahey, H.E. and O'Donahue, 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. Eng, 82, 205-209

An exploration of patient group directions and drugs supplied from NHS walk-in centres

Toity Deave, Primary Care Nursing Research Unit, King's College, London, United Kingdom.

Abstract:

Introduction: Nurses play an important role in ensuring that patients receive maximum benefit from medicines prescribed(1). Following developments extending the range of health care professionals able to supply prescription-only medicines, nurses in Walk-in Centres (WiCs) now supply and administer drugs in accordance with a Patient Group Direction (PGD)(2). PGDs are locally derived and signed by a local multi-disciplinary group. Hence, in terms of the information required or provided, differences are anticipated between WiCs' PGDs. WiCs therefore provide a unique opportunity to examine the comprehensiveness of PGDs used, and to assess the level of compliance to PGD requirements when supplying medicines. Until recently antibiotics were only available on prescription, therefore antibiotics are used in this paper as a working example.

Aim: To investigate the integrity of antibiotics supplied from NHS Walk-in Centres.

Method: Antibiotic PGDs from 10 WiCs were selected for their diversity of format and examined for their compliance with PGD requirements(3). The medical notes of 50 patients who received an antibiotic at these WiCs were also examined to determine their compliance with PGD specifications.

Results: The format and content of PGDs was inconsistent. Six WiCs' PGDs complied with 15/20 or fewer PGD requirements. Individual WiCs' PGD requirements regarding extra contraceptive precautions were inconsistent.

Discussion: PGDs allow correct instigated of treatment by the right professional at the right time, but variation of PGDs and low compliance levels with PGD requirements was striking. Legality of PGDs derived by WiCs, the equity in service provision and advice offered, the compliance of medical notes with PGD requirements, patient safety and safeguards for the WiC nurses are discussed.

Conclusions: PGD formats vary greatly across the WiCs investigated and the level of non-compliance with PGDs requirements was high. Poor documentation makes comparisons across and within WiCs extremely difficult, but suggests inequities in service provision and questions patient safety and nurses' accountability.

Intended learning outcomes:

- Be aware of the disparity of Walk-in Centres' Patient Group Directions;
- Understand the importance of documentation in relation to research studies;
- Recognise the importance of complying with Patient Group Directions.

Recommended reading:

1. Cook, R. (2002) Nurse prescribing: a policy overview Nursing Times; 98: 17, 34-35.

2. Medicines Control Agency. Sale, supply and administration of medicines by health professionals under patient group directions. 13 March 2000. Ref MLX 260.

3. NHS Executive. Patient Group Directions (England Only). Health Service Circular 2000/026.

An analysis of conceptualisations of reflective practice and its associated tenets by a sample of nurse teachers and clinicians

Yusuf Ben-Ali, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom. Co authors: Brenda Clarke

Abstract:

Since the development of diploma level education for nurses in the United Kingdom (UKCC 1987) an assumption that nursing practice could benefit from the application of reflective modes of practice has permeated nurse education curricula. The perspectives of Schon (1983) and Boud et al (1985) were the main influences during the earlier developmental stages but various interpretations and application of reflective practice and associated main tenets have emerged within both nurse education and practice. This study aimed to examine how nurse teachers and clinicians conceptualised reflective practice and the main tenets associated with it.

Methods

The study is in three main stages including:

1. Open-ended questionnaires to explore the views of a population of practising nurses and their lecturers.

2. Interviews followed by observations of therapeutic conversations between community psychiatric nurses and their clients.

3. Follow-up interviews of the participants in two

This paper focuses on the open-ended questionnaire aspect of the investigation. An extensive literature review on reflective practice provided the focus of questionnaire development. The choice of data collection method facilitated:

- Focus on relevant themes related to the investigation
- Encouraged respondents to express their views
- Ensured consistency thus increasing the rigour of the study (Holliday 2002)

Sampling: The sample scope included the main stakeholders in reflective practice in nursing. Telephone listings of a faculty were used to target faculty members and records used to subscribe participants from the Mental Health Teams within the Trust.

Analysis: Non-numerical Unstructured Data Indexing Storage and Theorising (NUD*IST) software was used for thematic analysis of the responses.

Findings: The findings indicated a degree of variability in the conceptualisations of both teachers and clinicians. In addition tentative theories have emerged which could inform both the education and practice of nurses.

Intended learning outcomes:

- To identify with the use of open-questionnares to gain insight on how nurses conceptualise reflcetive practice.
- How NUD*IST was used to analyse open-questionnaire qualitative data.
- Engage in discussing the implications of the findings to the wider nursing community.

Recommended reading:

Boud D et al 1985 Eds Reflection: Turning into learning. Kogan Page. London

Holliday A 2002 Doing and Writing Qualitative Research. Sage London

Schon D A 1983 The reflective practitioner. Basic Books, London

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People with experience: exploring patient involvement in interprofessional education

Pauline Pearson, Department of Primary Health Care, University of Newcastle, Newcastle, United Kingdom. Co authors: Pam Dawson and Anna Jones

Abstract:

Background and aim: The NHS Plan (1) aims to develop more seamless services, new ways of working, break down professional barriers, and enhance patient care. To achieve this agenda there is a need to develop common learning. Students need to learn about each others' roles and responsibilities, and to understand how each can contribute to the overall care of patients and communities. DoH funded four sites to examine ways in which inter-professional education (2) might develop. This paper explores the process and outcomes of patient involvement in the intervention at one site.

Method: Pilot placements of 4–8 weeks duration were planned to promote collaborative practice between students from six professions (nursing, medicine, OT, physiotherapy, SALT and social work), focusing on 'chronic disease' (a key arena for inter-professional care). As part of the development process, flyers were sent out to GP practices and community groups in the district concerned, asking for volunteers to join a patient reference group. Those people who responded were invited to a series of meetings

- to reflect on what professionals could do to work better together and

- to comment on developing curricula.

Each meeting was facilitated by one member of the project team using appreciative inquiry (3), and observed by another. Analysis was thematic.

Findings: 19 patients volunteered and 10 were able to attend meetings. Issues raised included

- Interface between being 'a patient' and everyday life
- Being listened to and recognised as team members
- Looking at patients' needs, and providing explanations.
- Professionals agreeing common goals and individual contributions to these.

Comments were made on successive drafts of the pilot curriculum.

Discussion: Patients were keen to be involved, and participated actively in discussion. Appreciative inquiry formed a positive framework for this. Most issues highlighted were integrated into the pilot curriculum.

Intended learning outcomes:

- To identify strengths and weaknesses of strategies for patient involvement in educational initiatives
- To understand some patients' ideas on what professionals could do to work better together
- To be familiar with the use of appreciative inquiry

Recommended reading:

DoH (2002) The NHS Plan: Next steps on investment, next steps on reform, The Stationery Office, London

Barr H (2002) Interprofessional Education Today, Yesterday and Tomorrow, LTSN for Health Sciences and Practice

Cooperrider D, Srivastva S (1987) (eds) Appreciative Inquiry in Organisational Life: Research in Organisational Change and Development, Vol. 1, Jossey-Bass, San Francisco

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43

Who is the most appropriate person to provide a medical/healthcare input to children in special schools?

David Marshall, School of Nursing and Midwifery, Queen's University Belfast, Northern Ireland, United Kingdom. Co author: Roy McConkey and Ida Foster

Abstract:

The aim of the paper is to explore who is the most appropriate person to undertake the delivery of medical/healthcare in special schools in Northern Ireland. A one-year pilot study was set up. A comprehensive needs assessment was undertaken to identify the medical/healthcare needs of the children in the school. A paediatric staff nurse was employed to undertake the delivery of these needs for the duration of the study. Four in-depth focus group interviews were completed with 8-10 interviewees in each group, which comprised of teachers, classroom assistants, healthcare personnel and parents thus providing more in-depth data on the perceptions of this significant group of people.

Analysis of the data highlighted three essential components in undertaking the delivery of a healthcare input to the children in the school, these were (1) meeting practical needs of the children, (II) acting as a liaison, and (III) acting as an advisor to professional staff and significant others.

There were many positive changes highlighted within the study by the introduction of a 'singular person' dedicated to meeting the medical/healthcare needs of the children.

The qualified nurse was the role of choice selected by all of the interviewees in the focus groups. However, recommendations are made to

the contrary based on substantial research evidence gathered outside the interview groups.

Intended learning outcomes:

- assist in identifying a suitable assessment tool for medical healthcare input to children with special needs.
- highlight specific competencies required by the identified person to deliver such a service.
- understand the changing role of the learning disability nurse.

Recommended reading:

Bradley.M, Gaston.C, Griffith.M, Hilman.J, Kelly.M, McConkey.R, O'Hagan.J, O'Loane.M, Piggot.M, Rankin.R, Waddell.M, (1999) Review of the Provision of Nursing Services to Children in Special Schools

Department of Education and Employment (1996) Supporting pupils with Medical Needs, HMSO, London.

Glaser.B Strauss.A, (1967) The Discovery of grounded theory:Strategies for qualitative research Aldine Chicago.

44

The prevalence of women enduring postnatal perineal morbidity and its relationship to birth risk factors: a retrospective analysis.

Amanda Williams, Practice & Professional Development, Birmingham Heartlands & Solihull NHS Trust (Teaching), Birmingham, United Kingdom. Co authors: Sandy Herron-Marx and Susan Dennett

Abstract:

During childbirth the pelvic floor and perineal body (a group of muscles and ligaments between the vagina and anus) can be traumatized by a spontaneously occurring tear or a surgical incision (episiotomy). Spontaneous tears are graded according to the anatomical structures involved; first-degree involving the skin, second-degree involving the perineal muscles and vaginal wall, third-degree involving the anal sphincter and forth-degree involving the anal mucosa (Royal College of Obstetrics and Gynaecology, 2000).

Within the literature it is well documented that women endure postnatal perineal morbidity following childbirth (e.g. incontinence, perineal pain, dyspareunia and prolapse) (Gjessing, 1998). There is an assumption within the literature that women with the most severe of tears (third and forth degree tears) are at a higher risk of postnatal morbidity compared with women with less severe tears and women with an intact perineum. However, there is very little evidence to support this, indeed studies have identified postnatal morbidity with all grades of perineal trauma, (Brown and Lumley, 2000).

Two thousand and eighty women within the Birmingham Heartlands and Solihull NHS Trust catchment area are presently being sent a postnatal perineal morbidity questionnaire (August-November 2002) at twelve months postnatal to measure the prevalence of postnatal perineal morbidity. The results will be then analysed in relation with identified birth risk

factors. Descriptive statistics and chi square will be used to test relationships between each birth risk factor and indices of morbidity, (statistical significance will be taken at p=<0.05 with 95% confidence interval).

The results of the Postnatal Perineal Morbidity study intends to identify the prevalence of women with postnatal perineal morbidity and its relationship to perineal trauma and birth risk factors. With the overall aim to develop recommendations for postnatal service/care provision based on evidence of local need.

Intended learning outcomes:

- Be aware of the prevalence and types of perineal morbidity women can endure following childbirth
- Be able to understand the process of a quantitative research study
- Be able to understand the importance of research in informing practice

Recommended reading:

Brown, S and Lumley, J. (2000) Physical health problems after childbirth and maternal depression at six to seven months postpartum. British Journal of Obstetrics and Gynaecology. Vol.107:1194-1201

Gjessing, H; Backe, B and Sahlin, Y. (1998) Third degree obstetric tears; outcome after primary repair. Acta Obstetricia et Gynecologica ScandinavicaVol. 77 (7) P736-740.

Royal College of Obstetrics and Gynaecology (2000). http://www.rcog.org.uk/guidelines.asp?pageid=106.

45

Health visitor and consumer views of the acceptability and effectiveness of a structured health needs assessment tool

Sarah Cowley, Florence Nightingale School of Nursing and Midwifery, King's College London, United Kingdom. Co author: Anna Houston

Abstract:

Background: There is, nominally at least, a universal health visiting service in Great Britain, although the frequency of contacts may be severely restricted. Debates about whether home visiting should be universal or selective, therefore, focus on whether health visitors should use professional judgement or structured assessment tools to target attention within their caseload. This study took place in a large city where the NHS Trust had developed a structured health needs assessment tool (HNAT) that health visitors were required to use to inform prioritising of their services. Many Trusts prefer similar guidelines to the development and use of professional judgement by health visitors but, as here, they are often neither valid nor reliable (Appleton 1997).

Methods: A two-phase qualitative study examined the acceptability and effectiveness of a structured health needs assessment tool (HNAT) implemented in London. Views about the tool were elicited from 30 health visitors through

telephone interview, then 21 assessments were observed and tape-recorded; 19 clients were interviewed after the event. Data were analysed using Ritchie and Spencer's (1994) 'Framework' approach to data anlaysis.

Results: A range of views were expressed, but the HNAT caused anxiety and distress to, particularly, the most vulnerable clients. It did not help to identify all the needs and intruded into normal practice in an insensitive and unhelpful way.

Conclusions: Given the problems in use and potential for harm, this form of structured assessment tool is unsuitable for routine use to determine the intensity of health visiting contacts. Results will be presented, along with a discussion about the ethical implications of requiring practitioners to use invalid assessment tools as a means of selecting clients who will receive minimum or additional health visiting services.

Intended learning outcomes:
- Understand the meaning of 'universal or selective' in connection with health visiting
- Be aware of the ethical implications of intrusion and insensitivity in practice
- Understand the implications for practice of organisational targets

Recommended reading:

Appleton J (1997) Establishing the validity and reliability of clinical practice guidelines used to identify families requiring increased health visitor support Public Health 111: 107-113

Ritchie J & Spencer L (1994) Qualitative data analysis for applied policy research In Analysing Qualitative Data (eds. Bryman A & Burgess R) Routledge, London 173-194

46

Evaluation of a pain course

Margaret Dunham, Acute and Critical Care, University of Sheffield, Sheffield, United Kingdom.

Abstract:

This evaluative retrospective study considered the effects of introducing a problem based learning approach in to the post registration pain course Principles of Effective Pain Management at the University of Sheffield.

In 1990 The Royal College of Surgeons and the College of Anaesthetists, 'Working Party on Pain Management' recommendations included the education of all staff involved in the treatment of postoperative pain. The course has developed in line with IASP recommendations (Fields 1995). It became recognised by the ENB in 1994 and was the first UK nursing course on pain management to be thus recognised.

The course has subsequently evolved from a taught one to using a problem based learning model designed to enhance the integration of theory and practice (Alavi 1997). Meta-analysis of evaluative research in this area (Vernon & Blake 1993) found that problem based learning was superior for both affective outcomes and academic performance it is hoped to demonstrate similar findings.

This paper considers the effects of curriculum change and the 'problem-based' approach using numbers of students, pass rates demonstrating any correlational effects. Selection was made from over 5 years of available student data (1995-2001) to ensure that all variables in the parent population had equal chance of appearing. The data was analysed using SPSS analysis using ANOVA, correlation and descriptive statistics were used to determine the variance in the mean scores of students over time. ANOVA revealed a moderate trend in improving pass rates

($F = 2.281$, $P \leftarrow .05$). However it is not demonstrably directly due to the introduction of PBL.

Conclusive quantitative data is not established but a trend of improving qualitative feedback in the form of course evaluation from students has been noted. Further longitudinal study into the effects on patient care and staff development after education in pain management is indicated.

Intended learning outcomes:
- Gain an awareness of the learning needs of post registration students
- Eill develop an understanding of the factors that influence course development and assessment strategies.
- To identify of some of the methods of evaluating the development of problem based learning in a post registration curriculum

Recommended reading:

Alavi C Cooke M Crowe M (1997) Becoming a Registered Nurse. Nurse Education Today 17(6):473-80

Fields HL Editor (1995) Core Curriculum for Professional Education in Pain 2nd Edition. Seattle,IASP Press

Vernon DTA Blake RL (1993) Does problem-Based Learning Really Work? A Meta-Analysis of Evaluative Research. Academic Medicine 68(7):550-63

47

Gaining user perspective of new service developments using qualitative techniques

Helen Goodman, Surgical Unit, Royal Brompton and Harefield NHS Trust, Chelsea, United Kingdom.

Abstract:

After setting up practice developments it is important that they are evaluated to ensure they are meeting the needs of the intended recipients but also that those who are providing the service are consulted to ensure they are able to express their feelings and review what changes are necessary to improve the service.

This presentation illustrates the use of qualitative techniques to gain the user perspective of both patients and nurses involved in a new programme of support and education for patients waiting for cardiac surgery.

The programme involved a new patient and monthly visits from a cardiac specialist nurse to address questions and concerns assess risk factors and prepare for the operation.

It was started as a three month pilot study and evaluated using both quantitative and qualitative methods but this presentation focuses on the qualitative data collected from telephone interviews with the patients, focus groups with the nurses and thematic analysis of the concerns and questions raised at each consultation.

The programme and manual met the patients' need for more contact and information while they waited for surgery. Their questions and concerns fell into three categories-

Medical concerns, Practical issues regarding hospital admission, stay and discharge and also their risk factors. Their general comments about the overall programme included comments on the usefulness/ helpfulness of personal contact, the encouragement/comfort of seeing nurse and/or getting their questions answered.

For the nurses there were many practical frustrations which they were able to voice in the focus groups and work through to action planning future developments. The Focus Groups helped to trouble shoot and plan for future and these changes have begun to be put in place.

Intended learning outcomes:
- Gain an incite into the use of focus groups in evaluating practice
- Understand the benefit of qualitative methodologies in gaining the user perspective of practice developments
- Understand how qualitative research can help to bridge the research/practice gap

Recommended reading:

Goodman H (In press) A Pilot Study Using A Newly Devised Manual In A Programme of Education And Support For Patients Waiting For Coronary Artery Bypass Surgery; European Journal of Cardiovascular Nursing

Krueger R, Casey MA (2000) 3rd Ed. Focus Groups: A Practical Guide to Applied Research; Sage: London

Glaser and Strauss (1967) The Discovery Of Grounded Theory: Strategies For Qualitative Research; Aldine: Chicago

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48

Sexual health and psychosocial morbidity following treatment for cervical cancer: the emotional cost of survival

Meriel Burns, Clinical Development & Trials Support Unit, Christie Hospital NHS Trust, Manchester, United Kingdom. Co authors: John Costello and Susan Davidson

Abstract:

Introduction: The adverse effects of cancer and its' treatment can influence patients' physical and psychosocial well being. In particular, multi-modality treatment for gynaecological cancers can have a major impact on women's' sexual health and quality of life. Research evidence demonstrates that more than 50% of patients treated for cervical cancer experience sexual morbidity [1]. This view is supported by the Department of Health guidelines, which emphasise the importance of research in this

area to improve outcomes for this client group [2].

Research aim: This study explores patients' sexual health following treatment for cervical cancer.

Sample: A purposive sample of 13 patients was recruited from a primary group of 28. Inclusion criteria included those with cervical cancer who received radical radiotherapy 2-3 years previously and were free of disease.

Data Collection: A phenomenological research design was used to investigate the lived experience of women following treatment for cervical cancer. Qualitative interviews were conducted to explore experiences following treatment with an emphasis on psychosexual issues, particularly those related to the patients' sexual health.

Analysis: Data analysis was carried out following Colaizzi's framework [3] with descriptive and interpretive codes being used to generate a series of themes from the data. Inter-rater reliability was obtained with a high degree of correlation between independent researchers.

Findings: The study highlighted the high degree of women's' adaptability to their changed life style following radiotherapy. A major feature of their lived experience was the dysfunctional changes in sexual health particularly in relation to physical difficulties, notably bowel and bladder problems.

Conclusion: The study raises issues associated with the emotional costs of cancer treatment in particular sexual morbidity experienced as a result of medical interventions.

Intended learning outcomes:

• Identify the late effects of cancer treatment following cervical cancer.

• Understand the impact of cancer treatment on patients' sexual health following treatment for cervical cancer.

• Discuss the effects of radiation morbidity on patients quality of life.

Recommended reading:

Cull, A., Cowie, V. J., Farquharson, D. I. M., Livingstone, J. R. B., Smart, G. E., & Elton, R. A. (1993). Early stage cervical cancer: psychosocial and sexual outcomes of treatment. British Journal of Cancer 68: 1216-1220.

Department of Health (1999). Guidance on Commissioning Cancer Services, - Improving Outcomes in Gynaecological Cancers. NHS Executive, London

Webb, C. (1999). Information Point: Colaizzi's framework for analysing qualitative data. Journal of Clinical Nursing 8 (5) 576.

49

Practitioner development through accredited work based learning (AWBL) in an acute and a learning disability trust: an integrative research study

Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. Co authors: Charlotte Clarke, Chris Piercy and Paul Thornton

Abstract:

Collaborative working between Trusts and Universities is a key feature in the drive to modernise health care and enhance Professional and Organisational Learning (DoH 2000). The move towards more flexible education for staff undertaking new roles has been the catalyst for two parallel research projects lasting one year and exploring the impact of accreditation of work based learning on practice/service development in an acute Trust and a learning disability (LD) Trust. Each project has provided an opportunity for an experienced senior nurse from each Trust to work as an Honorary Research Associate on the parallel project. An integrative steering group, comprising staff from the university and both Trusts was established and became the focus of an action research project which will be discussed in this paper and which aims to:

• explore the nature of professional and organisational learning within the Steering Group during the life of the two projects.

• identify ways in which increased mutual understanding can be facilitated between staff in an acute Trust and a LD Trust

The sample comprises the nine members of the Steering Group (a Professor of Nursing and a senior lecturer from the University, the Head of Nursing and the Educational Development Manager from each Trust, the Honorary Research Associate from each project)

Steering Group meetings are facilitated and run as collaborative learning groups (CLGs) thus ensuring members are engaged in the iterative process of data collection (Clarke 1999). The agenda for the first CLG was established at a preliminary focus group and an iterative process of data collection and identification of emergent themes is continuing to inform subsequent CLGs. Data is being analysed using the Framework technique (Ritchie & Spencer 1994). Preliminary findings indicate a significant shift in mutual understanding between the partners as a result of involvement in this action research project.

Intended learning outcomes:

• Be able to understand the concept of collaborative learning groups

• Be able to undertand the factors affecting collaborative working between organisations

• Be able to acknowledge the scope for professional and organisational learning

Recommended reading:

Clarke C, Cook G, Gertig P, Gibb C, Morrow M (2000) Integration of a health and social work team in mental health-an evaluation UNN

Department of Health (2000) A health Service of all the talents: Developing the NHS workforce.

Ritchie J, Spenser L (1994) Qualitative data analysis for applied policy research. In: Analysing Qualitative Data. (Eds) Bryman A and Burgess RG.London: Routledge pp 173-194

50

Uncovering intuition in perioperative nursing practice

Eileen Clark, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia. Co author: Elizabeth Whitehead

Abstract:

This poster will present the outcomes of a phenomenological study that aimed to promote the image of perioperative nurses by uncovering the role and use of intuition in expert perioperative nursing practice. The research question was: How do expert perioperative nurses use intuition to enhance their practice? An expert perioperative nurse was defined as a Registered Nurse with a post-basic qualification in perioperative nursing, and/or a minimum of 12 months' work in perioperative nursing. The researcher (EW) conducted in-depth interviews with a purposeful sample of six expert perioperative nurses, from four sites in New South Wales, Australia, who provided thick data descriptions of their practice. The Colaizzi method was used for data analysis to produce an exhaustive description of the phenomenon that was validated by participants. Four main themes emerged: Self, Work Presence, Work Aspects and Importance. The findings show that intuition is a multidimensional experience that is central to expert perioperative practice. They support the work of Benner on the transition from novice to expert nursing practice, and the Dreyfus Model of Skill Acquisition. These findings advance nursing knowledge by demonstrating the unique role of perioperative nurses, and the place of intuition in their repertoire of nursing skills. Intuition is developed and maintained through regular engagement with all areas of perioperative nursing practice. This study makes perioperative nurses visible from behind the closed doors of the operating suite and it demonstrates the importance of their intuitions, work, role and presence in patient care.

Intended learning outcomes:

• describe how expert perioperative nurses use intuition in their practice

• use the findings to illustrate Benner's theory of expert practice

• demonstrate enhanced understanding of perioperative nursing practice

Recommended reading:

Benner, P. (1982) From Novice to Expert: clinical excellence and power in nursing (Commemorative Edition), Prentice Hall, Upper Saddle River

Dreyfus, H. & Dreyfus, S. (1986) Mind over machine: the power of human intuition and expertise in the era of the computer, The Free Press, New York

King, L. & Appleton, J. (1997) Intuition: a critical review of the research and rhetoric, Journal of Advanced Nursing, 26, 194-202.

51

Information on the preparation and the informed consent previous to the intravenous urography: effectiveness of the complementary verbal information to the written one

Meneses Teresa, Nurse Department, Nuestra Senora de Sonsoles Hospital, Avila, Spain. Co authors: Meneses Jimenez, MT; Sanchez Hernandez MR and Loza Garcia, M

Abstract:

Problem statement: Professionals and users have undergone a radical change, happening of the paternalism to a participation model(1). In Spain, Law 14/1986, General of Health, establish the obligatory nature to obtain the informed consent for the therapeutic and diagnostic procedures(2), and specify what information must receive the patient to grant this consent. The infirmary is important in the informed consent. Nurses work on procedures preparation, collaborate in techniques of diagnosis and treatment, assuming an important paper in the patient's control, the well-being and the comfort of the patient(7). Detecting necessities no covered, that the facultative personnel escape to.

The informed consent contributes to diminish the anxiety of the patient before any intervention. This anxiety is an indicator of the welfare quality understood from the patient's optics.

Objectives: To improve the quality of information, to increase the patient's satisfaction , degree of understanding of the procedure and to diminish the anxiety before the exploration.

Method: Quasi-experimental study. RX Service (Hospital Nuestra Señora de Sonsoles, Avila, Spain). Sample: people undergoing intravenous urography. Instrument: informative intervention. Analys: Satisfaction, Understanding degree, Anxiety degree.

Results: 50 people participated in the study. Satisfaction area: GE score of 10.17 points, GC reaches 2,62. Knowledge area: GE score of 8.00 points, GC 4.92. Anxiety Area: GE score of 25.63 points, GC 23.77. Averages comparison reveals significant differences between GE and GC in the satisfaction and knowledge areas, not in anxiety area

Intended learning outcomes:

- Be able to understand the important place of nursing on information of procedures
- Be able to understand the important place of communicaction between patients and nurses
- Be able to identify the diminish of anxiety like an patient quality indicator

Recommended reading:

Tejedor Torres JC, Crespo Hervás D, Consentimiento y confidencialidad en medicina del niño y adolescente. Med Clin (Barc) 1998; 111: 105-111

Jacoby LH, Maloy B, Cirenza E, Shelton W, Goggins T, Balint J. The basis of informes consent for BMT patients. Bone Marrow Trasplant, 1999; 23(7): 711-717

Moratilla M, Nuez A, Cantero Gonzalez L,Hernádez Moratilla R,Molino Contreras J.L.La enfermería y el consentimiento informado. Cuadernos de Bioética, 1998; 1ª: 64-66

52

Can an educational intervention decrease the anxiety post-operative of recently laryngectomy patient following a larynx cancer?

Meneses Jimenez, M T, Hernandez Vian, O; Saenz dr Ormijana A; Reguera Alonso AI. Co authors: Sanchez Hernandez, M R, Loza Garcia M, Varas Reviejo Y, Nieto Pajares JF, Jimenez Jimenez, VE Nurse Department, Nuestra Senora de Sonsoles Hospital, Avila, Spain.

Abstract:

Problem statement: The total laryngectomy is considered as the most traumatic surgery of all those practised at the persons suffering from cancer (Dropkin, 1989).

The auteurs of the present study observed the difficulties which feel the laryngectomy persons after the surgery. Rare studies treat specifically with the laryngectomy persons and their close relations informed the high level of anxiety felt with this group.

Preparation for the procedures of treatment is a shape of substitution being a part of the practice nurse (McHugh, Christman, y Johnson, 1982). Sensory information is a shape of preoperative preparation recognized to help the persons to face various procedures and surgeries in the field of the health (Johnson, 1996).

Method: Randomised study, before - later, without equivalent group

Unity of ORL in Avila's hospital, Spain.

Progress: 1st Control Group(CG) (T1,T2,T3&T4).2nd Experimental Group (EG) (T1,X,T2,T3,T4).

Analysis: descriptive statistics (social demographic data), not parametric statistics to test hypotheses(test of Wilcoxon for mated data and test of Mann Whitney).

Sample: Laryngectomy Persons following a cancer of the larynx. EG:10 persons, this group will receive educational program. CG:10 laryngectomy will receive usual care.

Instruments: Educational program

Results: EG will have levels of anxiety significantly lower than those of the CG at three moments: 2nd and 15th postop.day, 2-nd day after the return at the house.

The EG will have a degree of independence in the satisfaction of their need to learn to breathe, superior to that of the GC.

The EG will have a degree of independence in the satisfaction superior to CG.

EG will have a degree of independence in the satisfaction of their need to learn to drink and to eat, superior to that of the CG.

Intended learning outcomes:

The present project aims to estimate the effects of an educational intervention in post-op. anxiety of recently laryngectomy persons following a laryngeal cancer.

This research will also aim to estimate the effects of this intervention in the satisfaction of the need to learn. It will show that a structured, evidence based support strategy improves patient satisfaction.

This project will focus on laryngectomy persons following a laryngeal cancer, but this framework will be able applied to many other groups of cancer patient

Recommended reading:

Dropkin, M. J. (1997). Coping with disfigurement/dysfunction and length of hospital stay after head and neck Cancer surgery. ORL Head and neck nursing, 15, 1 (22 - 26).

Johnson, E . J. (1996) Coping with Radiation Therapy : Optimism and the Effect of Preparatory Interventions. Research in Nursing & Health, 19, 3 12.

McHugh, N., Christman, N. & Jonhson, E . J., 1982. Preparatory Information : What Helps and Why. American journal of Nursing, May (780 782).

53

Prevalence and patterns of anxiety in patients undergoing gynaecological surgery

Sandra Allen, IHCS, Bournemouth University, Bournemouth, United Kingdom. Co author: Katrina Brockbank

Abstract:

Background: This paper reports the findings of a study which investigated the prevalence and patterns of anxiety in surgical patients, and factors affecting these experiences. It is well documented that hospitalisation for surgery is associated with increased anxiety (Johnston 1980). Raised anxiety levels have important clinical significance since they adversely impact upon intra and post-operative outcomes such as pain (Munafo and Stevenson 2001). Despite various advances and initiatives, local research (Carr 2000) indicates that surgical anxiety and post-operative pain continues to be problematic for patients.

Methodology: The study utilised a non-experimental across-methods framework with a purposive sample of 80 patients. Anxiety was assessed at six time points. Pain was measured post-operatively. After discharge semi-structured taped telephone interviews were conducted with the patients. The quantitative data was analysed using a combination of parametric and non-parametric statistics. The qualitative data was analysed for themes.

Findings: Trait anxiety ($p < 0.0001$), major surgery (p=0.002) and pain prior to admission (p=0.006) were associated with state anxiety. Elevated levels of pre-operative anxiety were associated with increased levels of post-operative pain (p=0.011). In the qualitative analysis causes of anxiety included, 'Organisation and Delivery of Care' and 'Becoming a Patient'. Themes identified under the alleviation of anxiety included, 'People' and 'Being Prepared'.

Conclusions

- Anxiety levels may be raised well before admission to hospital. This has important clinical, ethical and research implications.
- Patients at particular risk of high levels of anxiety may be able to be identified and interventions targeted to this vulnerable group.
- The delivery and service of care needs to consider patient experiences and views and be redesigned to better meet their needs.
- Nursing care needs to be 'engaged'. This is a key ingredient in the provision of psychological support for patients.

Intended learning outcomes:

- Understand the adverse effects of anxiety on intra and post-operative outcomes
- Gain a greater understanding of the patients experience of hospitalisation and surgery
- Identify changes in clincial practice which may aid the reduction of anxiety in surgical patients

Recommended reading:

Carr, E.C.J. 2000. Exploring the effect of postopertaive pain on patient outcomes following surgery. Acute Pain, 3 (4), 183-193.

Johnston, M. 1980. Anxiety in surgical patients. Psychological Medicine, 10, 145-152.

Munafo, M.R. and Stevenson J. 2001. Anxiety and surgical recovery - reinterpreting the literature. Journal of Psychosomatic Research, 51, 589-596.

54

Life review following critical illness in young men

Colin Jones, School of Nursing and Healthcare Studies, Liverpool John Moores University, Liverpool, United Kingdom. Co authors: Christina Lyons and Cliff Cunningham

Abstract:

Psychological recovery following critical illness has recently attracted a considerable degree of attention, as we discover that many plong term problems may exist. This study examined the use of a life review/reminiscent intervention with young men who had been critically ill in the Intensive Care Unit, to explore if there were transferable benefits as has been found in the elderly.

The study utilised a case study approach within an interpretevist paradigm to investigate the important process issues that individuals may experience after being close to death. The study concluded that the Life review intervention is beneficial in providing a structure for psychological recovery and may help to prevent the formation of negative dysfunctional thinking after being critically ill.

Intended learning outcomes:

- Be aware of the psychological problems that may follow critical illness
- Will appreciate the uses of life review and reminiscent interventions with a wider client group
- Appreciate the difficulties of researching the process of critical illness from a methodological standpoint

55

What do we have, what do we need and what do we do? Meeting the National Service Framework for Older People stroke milestones

Laura Morgan, Centre for Health Policy and Practice, Staffordshire University, Stafford, United Kingdom. Co author: Zafar Iqbal

Abstract:

This two stage ongoing project is running until March 2003: Stage one involved undertaking a baseline assessment of current stroke service provision across primary, acute and community care within South Staffordshire. Stage two involves supporting the development of local stroke services, in line with the NSF for Older People and the Royal College of Physicians (RCP) guidelines. This poster reports on the methods and results of stage one and puts forward the plan for stage two of the project,including methodological approaches. The methodology used was threefold including: qualitative analysis of semi structured key informant interviews; clinical audit questionnaires: one for acute trusts; one for GP practices and one for community rehabilitation therapists, nurses and health visitors; and regular locality meetings and consultation workshops to provide continual involvement of stakeholders and the opportunity for feedback.

The importance of presenting this poster is to highlight the need to answer three questions: 'What do we have?' - the need to understand current service provision is an essential primary stage in the development of stroke services. 'What do we need?' - comparing what services are currently available with what the NSF and RCP Guidelines recommend and 'What do we do?' - deciding how local services should be developed and implemented in line with the guidelines. The information presented on stage two of the project - 'What do we do?' is hoped to encourage discussion with other delegates on the development of future services and their implementation.

Intended learning outcomes:

- Be able to identify 3 key stages in service development
- Be able to identify key questions for understanding current service provision
- Be able to identify key stakeholders in service development

Recommended reading:

Department of Health (March 2001)National Service Framework for Older People

Royal College of Physicians (2000) National Clinical Guidelines for Stroke. London: Royal College of Physicians

56

The effectiveness of structured-allergy training on symptoms and quality of life in patients with perennial rhinitis: cluster randomised controlled trial in primary care

Sally Connell, Research Department, National Respiratory Training Centre, Warwick, United Kingdom. Co authors: Aziz Sheikh and Samantha Walker

Abstract:

Background: Rhinitis is a common and increasing problem affecting 5-10% of the UK population. It is responsible for 3% of GP consultations in the UK and for considerable morbidity, impairment in quality of life and costs to the health services. Typical symptoms include itching, sneezing and rhinorrhoea. Educational interventions for healthcare professionals could represent one strategy for improving patient outcomes in people with perennial rhinitis, but the effectiveness of such training is yet unknown. This study aims to compare the effectiveness of the National Respiratory Training Centre (NRTC) allergy training course for primary care professionals with standardised guidelines.

Methods: A pragmatic cluster randomised controlled trial conducted from primary care will be used. Our primary outcome measure of interest is the change in patient's diesease specific quality of life scores. Power calculations indicate that we need to recruit a total of 960 patients from 40 practices in order to have 80% power at the 95% level of detecting a clinically meaningful improvement in quality of life. Central randomisation, use of validated outcome measures and an intention-to-treat multi-level analysis will all be performed in order to ensure methodological rigour.

Discussion: Educational interventions are seldom eluated using robust methods.

This paper will discuss the steps involved in the development of the educational intervention, explore key statistical considerations in planning and analysing cluster trial data and summarise progress to date towards trial execution.

Intended learning outcomes:

- Be able to recognise the difficulties of assessing the effects of educatiional interventions.
- Be able to appreciate the relevance of cluster trial methodology to measuring the effects of this type of intervention.

57

An evaluation of the role of clinical education facilitator in a Northern Ireland hospital trust

Paul Slater, School of Nursing. Faculty of Life & Health science, University of Ulster, Jordanstown, Northern Ireland, United Kingdom. Co author: Brendan McCormack

Abstract:

Continuous professional development for nurses is essential for to guarantee the best quality care for patients. The role of the Clinical Education Facilitator (CEF) was to develop, manage and coordinate programmes of clinical education for nurses. This incorporated the development of a strategic relationship between education, training and service provision. Given the uniqueness and potential of the CEF role, an effective evaluation was essential so that results could be generalised to the wider nursing population.

This study aimed to establish the effectiveness of the role of the Clinical Education Facilitator in promoting the continuous professional development of nurses.

Methodological and Data source triangulation, a survey (n=172), on-the-spot interviews (n=105), three focus groups and semi-structured interviews (n = 7), were used to assess randomly selected nursing staffs' opinions to the usefulness of the CEF's role. Organisational traits that promote effective learning environment were surveyed using the Nurses Work Index – Revised (Aikens et al 2000). Interview data were recorded, transcribed and analysed. Reoccurring themes were identified across the differing groups.

The role of CEF helped establish, facilitate and promote continuous practice development throughout the Trust. Nurses felt that the role was beneficial in improving educational and practice standards; through the provision of continuous developmental support particularly to new nurses; the centralised coordination of education and training; all according to the strategic framework for nursing development within the Trust. The potential impact of the Clinical Education Facilitator role was reduced through the absence of organisation traits conducive to creating a learning culture. These findings have implications to the provision of continuous education in all hospital settings.

Intended learning outcomes:

- Be aware of the potential of establishing the role of Clinical Education Facilitators in a Trust.

- Understand that this role has to the continuous professional development of nurses

- Understand that the role of CEF is facilitated by organsiation traits conductive to learning.

Recommended reading:

Aiken L.H and Patrician P. (2000). Measuring the organizational traits of hospitals: the Revised Nursing Work Index. Nursing Research, 49, 146, 53 - 62

58

Patients and nurses sharing leg ulcer care

Andrea Nelson, Health Sciences (Research), University of York, York, United Kingdom. Co authors: Dr Andrea Nelson and

Abstract:

Background: Leg ulcers cost the NHS around £600 million pa; most of this is nurses time. Leg ulceration is managed almost exclusively in primary care by community nurses, with occasional referral for diagnostic tests or surgery. In many chronic health problems, e.g. arthritis, asthma, diabetes, heart failure, lay-led self-care, for example the UK Expert Patient Programme, is becoming an essential element of health care. Evaluations of self-care programmes demonstrate greater patient satisfaction, better patient centred outcomes and reduced resource use.

It is proposed that enhancing self-care skills in people with leg ulcers, will lead to improved quality of life. It is unclear, however, what 'self-management' would look like in leg ulcer management, for example, would it include reapplying dressings and bandages. It is also unclear what the potential barriers to self-management are. They may include lack of knowledge about the cause and treatment of leg ulcers, under-confidence in reporting symptoms to health professionals, or an inability to reach the foot in order to apply or remove bandages.

Aims and objectives: The project proposes to assess the barriers and drivers, as well as potential benefits for shared management in the treatment of venous ulceration. It sets out to answer these questions:

1. What models of practice encourage shared-management?

2. What do nurses and patients see as the barriers and drivers for greater self-management in the treatment and prevention of venous ulcers?

3. What patient, professional and organisational preparation is needed to facilitate shared-management of chronic venous insufficiency?

Plan of investigation

1. Examine models of shared-management in leg ulceration in 3 countries

2. Interview and surveys of nurses and patients to assess attitudes to shared-care by patients

3. Develop and pilot a shared-care programme for patients and professionals.

This presentation will present the emerging data on the impact of leg ulcers on patients and describe emerging findings on challenges in undertaking international research.

Intended learning outcomes:

- Be aware of the emergence of self-care as a strategy for managing chronic health problems

- Describe the theoretical barriers and drivers to increasing self-care

- Be aware of the challenges of obtaining ethical clearance and recruiting research respondents remotely

59

Can a psychoeducational leaflet alter maladaptive beliefs about medications?

Anne McDermott, Transplant Unit, Royal Brompton and Harefield NHS Trust, Harefield, United Kingdom.

Abstract:

Cardiac transplantation has become the therapy of choice for the treatment of end-stage heart failure. One of the major complications post transplant is acute cellular rejection. To help prevent rejection immunosuppressant medications must be taken for life. Evidence suggests that up to 50% of patients who suffer with chronic diseases do not take their medications in fully therapeutic doses. It has been suggested that the most significant influences on medication taking is the beliefs that people hold about their medications and their beliefs about medicines in general. These beliefs are often at variance with best evidence, yet are firmly rooted in personal, family and cultural experiences of all individuals. Results are currently being analysed however, there does not appear to be a change in beliefs between the 2 groups.

This study was a small RCT to evaluate perceptions of health, illness and belefs about medications in patients up to 2 years post cardiac transplant. 32 patients agreed to participate, through computerised randomisation 16 received ususal care and 16 recieved a psycho-educational intervention leaflet. Baseline questionnaires were completed by all participants, the leaflet was sent after 1 month and at 2 months questionnaires were resent to both groups.

Intended learning outcomes:

- Non-adherence is a widespread probem however the reasons for non-adherence are complex

- Small deviations to the immunosuppressant regimen can have long term effects

- if medication beliefs are related to adherence then there is a need to identify some of the salient factors that determine these beliefs

Recommended reading:

Royal Pharmaceutical Society (1997) From compliance to concordance: Achieving shared goals in medicine taking. The Royal Pharmaceutical Society of Great Britain

Horne R (1998) Adeherence to medication: A review of exisiting literature. In: Myers LB 7 Midence K (Eds) Adherence to treatment in medical conditions. Harwood Academic, London.

Donovan JL & Blake DR (1992) Patient non-compliance: Deviance or reasoned decision making? Social science and medicine 34: 507-513

60

Health information needs of minority ethnic groups: a critical review of the literature

Joy Merrell, School of Health Science, University of Wales Swansea, Swansea, Wales, United Kingdom. Co authors: Tessa Watts

Abstract:

A review of the literature relating to the health information needs of minority ethnic groups was conducted between December 2001 and April 2002. The purpose of the review was to strengthen the evidence base for improving access to health information for these groups.

Health information was defined as information that enables individuals to make informed decisions regarding their personal and their families' health. Minority ethnic groups were defined according to the categories adopted by the 1991 Census and additionally included Vietnamese, Yemeni, Somali, Iranian, Arabic and Iraqi groups to reflect the main minority ethnic groups in Wales.

A comprehensive search of the published research and grey literature dating from 1996 was conducted. Electronic databases were searched and search terms used included: `race` or `ethnicity` or `ethnic group' and `health information`; `health behaviour`; `health education`;` health concerns`; `patient information`, `health promotion` and `health information seeking`. Studies reviewed fulfilled at least one of the inclusion criteria:

• health information needs of minority ethnic groups were identified

• implications of shortfalls in health information were addressed

• strategies for effectively disseminating health information were considered

Limited information about the specific health information needs from the perspective of minority ethnic groups has been published. Priorities for health information have been led by health professionals rather than developed through partnership and dialogue with these groups (Douglas 1998; Kwan and Williams 1998).

A lack of a strategic approach to the development and dissemination of health information for these groups has resulted in gaps in provision (Dundas et al. 2001) and ineffective use of available resources. The use of participatory research approaches to identify the health information priorities of these groups is proposed and examples of good practice will be presented.

Intended learning outcomes:

• Identify the health information priorities of minority ethnic groups using participatory approaches.

• Undertstand the importance of a strategic and co-ordinated approach to the development and dissemination of health information for minority ethnic groups.

• Be aware of strategies for effectively disseminating health information to minority ethnic groups.

Recommended reading:

Dundas R.; Morgan M.; Redfern J., Lemic-Stoijcevic N. and Wolfe C. (2002) Ethnic differences in behavioural risk factors for stroke: implications for health promotion. Ethnicity and Health 6 (2): 95-103

Douglas J. (1998) Health promotion - the Sandwell experience. In: Raival S and Bahl V. (eds) Assessing Health Needs of People from Minority Ethnic Groups. Royal College of Physicians, Faculty of Public Health Medicine, London.

Kwan S.Y.L.; Williams S.A. (1998) Meeting oral health information needs of the Chinese community in the UK. International Journal of Health Education 36 (1): 15-20

61

Screening for symptoms of eating disorders: reliability of the SCOFF screening tool with written compared to oral delivery

Lin Perry, Faculty of |Health and Social Care Sciences, Kingston University and St George's Hospital Medical School, Kingston upon Thames, United Kingdom. Co author: John Morgan

Abstract:

Eating disorders predominantly affect women aged 18 - 40 years, affect substantial proportions of specific female sub-groups and have recently been flagged as a policy priority (Dept of Health 1999). They confer significant morbidity and mortality; early diagnosis may be difficult but is associated with improved prognosis.

The SCOFF was the first brief, user-friendly screening tool for eating disorders, developed and validated for oral delivery (Morgan et al 1999; Luck et al in press). However screening also occurs via written format, eg in occupational health settings. This study explored responses to the SCOFF between verbal and written administration with students.

Method: In a volunteer group of nursing and midwifery students at a South London University SCOFF was delivered orally at interview and via written questionnaire. Order was allocated randomly with repeat administration interrupted by distraction questions.

Results: 185 students participated, providing 178 complete responses. 20 subjects were male. There was overall agreement in the scores of 157 subjects (88.2%; kappa coefficient 0.811), with agreement in prediction of eating disorder for 167 (93.8%; kappa = 0.824; both p<0.001).

For 82 subjects administered the SCOFF verbally first followed by the written version, the kappa statistic was 0.752 (p<0.001). For 96 subjects with SCOFF administered in reverse order (written form first), kappa was 0.862 (p<0.001).

Discussion: Results demonstrated overall good replicability of the SCOFF administered as a written questionnaire compared to oral interview. Two trends were noted. The first was towards higher scores with written versus oral delivery irrespective of order, possibly indicating enhanced disclosure via written format. The second was of less consistency where verbal preceded written responses.

Altogether findings support use of the SCOFF where a concise, valid and reliable screening for eating disorders is required in written form.

Intended learning outcomes:

• Be aware of the importance of screening for eating disorders in various settings

• Should have an appreciation of the key criteria for screening tools.

• Be familiar with the use and performance of the SCOFF screening tool for eating disorders via oral and written delivery.

Recommended reading:

Dept of Health 1999. National Service Framework for Mental Health. At http://www.doh.gov.uk/nsf/mentalhealth.htm, accessed 26 Sept 2002.

Morgan J, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. British Medical Journal 1999: 319:1467-8.

Luck AJ, Morgan JF, Reid F, O'Brien A, Brunton J, Price C, Perry L, Lacey JH. Validation of the SCOFF questionnaire for eating disorders in a general practice population. In press British Medical Journal.

62

Stress management through autogenic training: A randomised controlled trial

Nasim Kanji, Health Studies, BCUC, Chalfont St Giles, Buckinghamshire, United Kingdom.

Abstract:

Objective: To investigate the value of Autogenic Training in the reduction of stress in nursing students.

Methods: 93 participants from various courses, age range 19 - 49 years were randomised into three groups. The experimental group received 8 weekly sessions of Autogenic Training, those in the attention control group received 8 weekly sessions of Laughter Therapy and those in the non-intervention control group received no treatment. The primary outcome measure was State-Trait Anxiety Inventory. Secondary outcome measures were Maslach Burnout Inventroy, blood pressure and pulse rate.

Results: State anxiety reduced from 35.7 (SD 10.8)to 29.6 (SD 7.6) in the treatment group, from 39.1 (SD 10.1) to 38.8 (SD10.5) in the attention control group and increased from 40.3 (SD 9.5) to 42.8 (SD 7.4)in the no treatment control group. Trait anxiety reduced from 40.2 (SD 10.4)to 34.2 (SD 8.4) in the treatment group, from 42.2 (SD 7.9) to 40.8 (SD11.9) in the attention control group and increased from 39.9 (SD 7.7) to 42.8 (SD 6.9) in the no treatment control group. The difference between the Autogenic Training group and the two control groups was significant both for state (p<0.001) and trait (p<0.001) anxiety.

The Autogenic Training group also showed significantly better improvement in systolic (p<0.01) and diastolic (p<0.05) blood pressure and pulse rate (p<0.002) immediately after treatment, but no in the Maslach Burnout

Inventory. For all outcome measures, the differences were less marked during a year follow-up, but there were many dropouts. The frequency of Autogenic Training practice among experimental group declined steadily during the year.

Discussion: The value of Autogenic Training in alleviating personal stress for nurses will be discussed.

Intended learning outcomes:

- Be able to: undertand the nature of Autogenic Training
- Recognise how Autogenic Training may be used in alleviating stress

Recommended reading:

Kanji N (1997) Autogenic Training Complementary Therapies in Medicine, Vol 5, 162 - 167

63

From patient group directions to independent nurse prescribing using a case study approach with child health nurses.

David Pontin, School of Maternal and Child Health, University of the West of England, Bristol, United Kingdom. Co author: Sue Jones

Abstract:

Nurse prescribing in the UK has entered a critical phase. After 15 years of political lobbying and debate, legislation has changed. Nurses can prescribe and practice boundaries are changing through Independent Nurse prescribing for minor injuries, minor ailments, palliative care and health promotion. Consultation is taking place on supplementary prescribing for nurses who work in a complimentary way with medical colleagues and other professionals, such as pharmacists, in chronic disease management.

This paper considers the merits of using a case study approach to identify the opportunities, training and development needs and barriers for child health nurses who wish to prescribe. An intrinsic case was studied of all nurses working in a children 's hospital. The aim was to develop a better understanding of the particular case rather than refining theory or collecting cases to inquire into phenomena in a particular population (Yin 1994). The case consisted of 500 nurses whose opinions were obtained by questionnaire, developed following a focus group with District Nurses and Health Visitors who were already prescribing.

Research into nurse prescribing is evolving. Early work created an argument for prescribing, while current studies focus more on practicalities, refining training and development. Nurse prescribing features in the 10 key roles for nursing mentioned in the NHS plan (DOH 2000). While it is a government priority there is appears to be resistance by nurses to embracing it wholeheartedly. The messages from this study were used to influence policy at the Trust involved, and add to the continuing debate on the development of nurse prescribing.

Intended learning outcomes:

- Participants will be able to identify issues in prescribing training children's nurses

Recommended reading:

Yin R 1994 Case Study Research: Design & Methods. Applied Social Research Methods 5. London. Sage

Department of Health 2000 The NHS Plan. The Stationery Office. London

64

The role of the specialist nurse in a community stroke rehabilitation team

Pamela Dawson, Nursing, Midwifery and Allied Health Professions Research and Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. Co author: Charlotte Clarke

Abstract:

A collaborative action research approach was used to evaluate the role of a specialist nurse newly appointed to an established Community Stroke Rehabilitation Team.

Research objectives

1. To investigate the perspectives of patients, carers, team members and hospital staff on the specialist nurse role.

2. To evaluate the impact of a specialist nurse on an established interdisciplinary therapy team.

3. To explore the specialist nurse perspective on her own role and function.

4. To conduct a retrospective analysis of the activities of the specialist nurse.

Multiple perspectives from patients, carers, practitioners and the nurse herself were explored in order to provide a variety of meanings and generate local contextual evidence. This paper will focus on the retrospective analysis of the nurse's activities and will draw on data from records of activity she had been keeping prior to the action research study. 30 weeks of activity data were analysed.

65% of her total time was spent in visits to patients and the remaining 35% in team meetings, liaison with other agencies and developing protocols of care. 310 patient visits were made over 30 weeks (average 10 visits per week). A mean of 49 minutes was spent per visit, with an extra 26 minutes on liaison with other professionals regarding the individual patient's care. The face-to-face nursing activities were categorised into 4 themes and the total time spent on each is shown as a proportion:

- Physical and technical interventions (58%)
- Health promotion (31%)
- Advice on resuming previous lifestyle (7%)
- Psychosocial interventions (4%)

Studies exploring the role of the nurse in stroke rehabilitation are focused on hospital-based services, leaving a gap in the literature regarding the role of the specialist nurse in an interdisciplinary community team. This action research study has helped develop practice

locally and provides a basis for debate and future research.

Intended learning outcomes:

- Be introduced to the potential for intregrating the specialist nurse role into established community based stroke rehabilitation teams
- Be aware of the use of collaborative action resaerch as a tool for local service evaluation

65

The role of databases and bibliographic search in a quality systematic review.

Mireia Subirana, Epidemiology and Public Health, St. Pau Hospital, Barcelona, Spain. Co authors: Ivan Solà and Josep M Garcia

Abstract:

Background: The amount of scientific literature and number of databases (DB) available has increased considerably in recent years, and the question of which DB should be consulted to make a quality bibliographic search frequently arises.

Aim: To analyze the number and the relevance of references retrieved for CINAHL, MEDLINE and EMBASE, so as to carry out a systematic review of the instruments that measure the nursing activity and their impact on health outcomes.

Method: A search strategy was designed for each DB according to their thesaurus terms. Diverse aspects were assessed: a)the retrieved references with abstract, b)the overlap between DB, c) the relevance (1,relevant; 2,moderately relevant; 3,slightly relevant; and 4,irrelevant) of each reference to the research topic, and, d)the agreement between experts.

Results: The search retrieved a total of 229 articles, 37(15.9%) in CINAHL, 157(67.7%) in MEDLINE and 38(16.4%) in EMBASE. There was an overlap in 5 (2.1%) references. Of all the references, 74.1%(172) included abstract: for CINAHL 67.6%(95% CI;50.2-82), 74.5% (95% CI;67.7-81.3) for MEDLINE and 78.9% (95% CI;62.7-90.4) for EMBASE (NS). Regarding the agreement between experts, a maximum kappa index of 0.56 was observed ($p < 0.005$). A total of 43 relevant articles were considered (19.2% of the total of references retrieved), 12 (27.9%) in CINAHL, 31 (72.1%) in MEDLINE and none in EMBASE (chi square=19.1; gl=2; $p < 0.005$).

Conclusions: For the topic of our systematic review, we suggest that CINAHL, MEDLINE and EMBASE should be searched. Our results support the importance of the abstract in assessing the relevance to the research topic of any reference.

To start a quality systematic review is necessary to compile the largest possible amount of relevant references.To do it so, we recommend consulting all three of these DB to improve the accuracy of the search.

Intended learning outcomes:

- to be aware of the importance of an accurate bibliograpfic search to carry out a quality systematic review
- to understand the role of databases in the research process

Recommended reading:

Brazier H, Begley CM. Selecting a database for literature searches in nursing: MEDLINE or CINAHL? Journal of Advanced Nursing. 1996; 24:868-875

Burnham J, Shearer B. Comparison of CINAHL, EMBASE and MEDLINE databases for the nurse researcher. Medical Reference Services Quarterly. 1993; 12(3):45-57

McKibbon K, Marks S. Searching for the best evidence: searching CINAHL and MEDLINE. Evidence Based Nursing 1998; 1(4):105-107

66

Measuring nurse staffing: a systematic review.

Mireia Subirana, Epidemiology and Public Health, St. Pau Hospital, Barcelona, Spain. Co authors: Ivan Solà and Anna Guillamet

Abstract:

Background: Nurse staffing can be analysed from different angles but the best methods to measure it remains uncertain. Furthermore, research on the relation between nurse staffing and patients outcomes is inconclusive.

Aim: To identify the instruments that measure the adequacy of nurse staffing and to establish the relationship between patients outcomes and nurse staffing.

Methods

Design: Systematic Review: a) systematic and exhaustive search of controlled and descriptive studies that evaluate nurse staffing and its repercussion on patients ' outcomes, identified from electronic databases: MEDLINE, CINAHL, EMBASE, COCHRANE LIBRARY. b) Independent critical appraisal of all the identified studies and extraction of the relevant information for the review. Setting: Hospital de la Santa Creu i Sant Pau - Iberoamerican Cochrane Center. Subjects: Descriptive and controlled studies about instruments and indicators that measure nurse staffing and their role on patients outcomes.

Results: From the selected articles we identified five indicators (nurse per patient ratio, patient per nurse ratio, hours per patient day, full time equivalents per patient day, skillmix) and fifteen instruments for nurse staffing measurement (PRN, GRASP, TOSS, SIGNOII, Exchaquet Method, Montesinos Method, OMEGA, Medicus, TISS, NEMS, NAS, DNS, PINI, IPSI*, SIIPS*). This review be completed by Dec. 2002. Meantime we can state that here are only few studies reporting the role of nurse staffing on patient outcomes and the majority involve structural measures of care rather than process measures.

Conclusions: The validity and reliability of this instruments are some times inconsistent (*) and only four of them can be compared with each other.

A higher proportion of nurse staffing are associated with better care for hospitalised patients.

Intended learning outcomes:

- To distinguish between the instruments that measure the adequacy of nurse staffing

- To verify whether these instruments are valid measures of nursing activity

- To be aware of the role of the instruments on patient outcomes3

Recommended reading:

Currel R, Wainwright P, Urquhart C. Nursing record systems: effects on nursing practice and health care outcomes (Cochrane Review). In: The Cochrane Library, Issue 1, 2002. Oxford: Update Software.

Seago JA. Nurse staffing, models of care delivery, and interventions. In: Watchter RM (Ed.) Making health care safer. A critical analysis of patient safety practices. AHRQ: Evidence report/Technology Assessment, No. 43. Available online at: http://www.ahcpr.gov/clinic/ptsafety/index.html.toc

67

Brief interventions in alcohol in accident and emergency

Neil King, Research and Development, Hull and East Riding Community Health, Beverley, United Kingdom.

Abstract:

The presentation will look at the problem of Alcohol consumption in A&E attendees, and will differentiate between the issue of alcohol related attendance and A&E attendees who consume alcohol in an unhealthy manner. The project design was developed from the Fast Alcohol Screening Test (Hodgson et al, 2002), and with reference to the report - Alcohol:Can the NHS Afford It? (2001).

This project ran from February to July 2002 initially as a prevalence study to identify the number of A&E attendees who consumed alcohol in a hazardous manner. The A&E nurses utilised the Fast Alcohol Screening Test at point of triage, and if the patient indicated a positive result, were offered the opportunity to consult with an identified Alcohol Worker on the A&E department itself. A compiled dataset allowed for review of all patients who attended and were screended with the FAST. Of 47,766 attendees, 29.1% were assessed using FAST. Of these 12.3% demonstrated with the FAST that they consumed alcohol in an unhealthy manner, and 9.4% accepted the opportunity of further work. This was in line with Royal College of Physicians figures (2001). The A&E Alcohol Worker saw 57.8% of these patients, of which 44% went on to engage with further work.

The presentation will demonstrate the process of assessment and findings. Also the difficulties encountered in developing a service which is opportunistic in nature, and extends the role of the A&E practitioner will be described.

Intended learning outcomes:

- Be aware of the process used for alcohol screening on Accident and Emergency

- Be aware of the difficulties arising for A&E nurses when using Substance Misuse Screening tools

- Be aware of the success rate of the project and its' continuation of effect

Recommended reading:

Hodgson, R., Alwyn, T., et al; 2002; The Fast Alcohol Screening Test, Alcohol and Alcoholism, vol.37, no.1, England.

Green, M., Setchell, J., et al; 1993; Management of alcohol abusing patients in Accident and Emergency departments, Journal of the Royal Society of Medicine, vol.86, England

Royal College of Physicians, 2001, Alcohol:Can the NHS Afford It?; Royal College of Physicians, London

68

Do care pathways improve patient outcomes?

Samantha Debbage, Royal Hallamshire Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, United Kingdom.

Abstract:

A re-organisation in February 2001 resulted in the delivery of gynaecological services in Sheffield (two unit's) merge into one unit on a new hospital site. Prior to the move the existing units offered similar treatments and were managed collectively. One site used care pathways and the other site used traditional methods. Minimal empirical research exists to date on the effect of care pathways on patient outcomes. The aim of the research is to demonstrate the effect of care pathways (independent variable) on patient outcomes (dependent variables) in order to plan future, evidence-based patient care delivery.

Care pathways are multidisciplinary documents for planning and delivering patient care. The plan of care is outlined in a sequential manner including all interventions with expected patient outcomes, highlighting the use of appropriate resources. Care pathways help to facilitate the multidisciplinary partnerships in planning of patient care.

The first research question is stated as a directional hypothesis.

Patients undergoing major abdominal (non-malignant, gynaecological) surgery will experience improved outcomes of care when care pathways are in use compared to traditional methods. The second and third hypothesis focuses on two specific patient outcomes: Patient length of hospital admission and complications will be reduced when care pathways are in use compared to traditional methods. A quasi-experimental design is appropriate, as the control of assignment of patients to either of the two sites is not possible due to ethical and resource limitations.

The significance level of $p \leq 0.05$ has been set a-priori. A statistical power of .79 has been achieved using a medium effect size. The results demonstrate a positive effect on patient outcomes and there was a shorter length of stay (site 1 = 5.29days, site 2 = 6.16days, p=0.008, t= -2.694). Care pathways should be considered for use for other procedures, treatments and conditions within the directorate of gynaecology.

Intended learning outcomes:

- Understand what care pathways are and how to implement them

- Gain an understanding of quantitative research

• Appreciate the use of patient outcomes in nursing research

69

Women's experience of maternity services: results of a survey

Annie Topping, Division of Nursing, University of Bradford, Bradford, United Kingdom. Co author: Lesley Lockyer

Abstract:

In the United Kingdom the provision and experience of maternity services has been heavily influenced by successive government policy and professional recommendations. Arguably this has led to the growing trend of hospital based deliveries, increased rate of caesarean sections and greater use of technology and consequential interventions. Changing Childbirth (Department of Health 1993) was heralded as putting women and their choice of how they wished to experience maternity care centre stage.

This paper reports on the data generated from the first phase (pre-test) of a study designed to evaluate the effect on a maternity service of a private finance initiative (PFI) funded refurbishment of hospital maternity facilities on consumer satisfaction. All women (n=596) who delivered live babies over a three month period in a North of England NHS Trust were invited to participate and were sent an information sheet, a copy of the Survey of Women's Experience of Maternity Services [SWEMS- Short Form] (Lamping and Rowe 1996) and a stamped address envelope. After two follow up postings 400 questionnaires were returned giving a response rate of 67%. Data was analysed using SPSS 9.0.

The findings showed that overall the women were very satisfied or somewhat satisfied (94.5%, n=368) with the maternity care they received. Women who delivered before 36 and after 40 weeks were least satisfied. There was a strong relationship between maternal and paternal occupational class and satisfaction with maternity services, with women from poorer socio-economic backgrounds expressing greater satisfaction. 25% of women discharged within 24 hours of birth felt they had been discharged too soon. 60% of women solely breast fed in hospital falling to 30% at three months. This paper will discuss these results within the context of policy, consumer satisfaction, and breast-feeding initiatives.

Intended learning outcomes:

• Judge the potential impact of the physical environment on maternity care delivery

• Understand the strategies employed to elicit user's views of maternity provision

• Appreciate user perception's of policy driven maternity care

Recommended reading:

Department of Health (1993) Changing Childbirth Part : Report of the Expert Maternity Group London :HMSO

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

70

Bringing to the surface challenges in practice through action research: caring for confused older adults

Kirsty Noad, Nursing & Quality, Univeristy College London Hospitals NHS Trust, London, United Kingdom. Co authors: Nicola Easton

Abstract:

One of the milestones in the National Service Framework for Older people (DoH 2001) is that skills required and educational needs to meet these skills have to be addressed by every general hospital. Clinical nurses may be aware of areas of concern in their everyday practice, but lack the time, ability or power to investigate that concern. Through using action research an area of concern, care for the confused older adult in acute neurological settings, has been uncovered. This concern was raised by two staff nurses, and through the iterative process of action research, staff have been enabled to explore this everyday practical issue. This presentation will be an overview of the evaluation of this action cycle of the CELEC Action Research Project: Care for Older People.

Four neuroscience wards took part in initial discussions, focus groups and a questionnaire survey. The extent of the issues was evident from the survey results. A key theme was the previous lack of education around confusion. The study interventions included discussions with the education providers around developing work-focused modules to address this evident need. Local workshops were arranged and aimed at increasing understanding of confusion and seeing the 'person' behind the behaviour. Staff support sessions were also offered as a way of de-briefing after critical incidents. The main focus of this presentation will be the evaluation of these interventions and whether they did meet the need of supporting staff in their everyday practice.

Intended learning outcomes:

• Gain an awareness of how a common practical concern can be rvealed

• Understand the challenges of adopting a collaborative research approach and going beyond making recommendations

• Gain a greater understanding of the dealing with challenging behaviour

Recommended reading:

Stokes, G. 2000 Challenging Behaviour in Dementia A Person-Centred Approach Speechmark, Bicester

Woodrow, P. 1998 Interventions for confusion and dementia 5: changing cultures British Journal of Nursing 7 (21) 1329-1331

Hughes, A. 2001 Recognising causes of delirium in older people Nursing Times 97 (33) 32-33

71

'Few things evade our attention so consistently as those things we take for granted'. Lessons learned from a study of the development of competence in newly qualified nurses.

Timothy Clark, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, United Kingdom.

Abstract:

The study seeks to explore;

The range of competencies required of a newly qualified staff nurse.

The factors which influence the development of competence.

The influence of the context of care on the development of competence.

Which competencies are unique/critical to specific settings.

Where might specific competencies best be achieved or demonstrated in practice settings?

The research is in three stages;

The first stage used a focus group study to gain the views of newly qualified staff in rotation posts and in substantive posts within two healthcare Trusts and the qualified staff acting as their supporters.

Stage 2 involved the development of a concept analysis and the definitions of competence. The analysis considered the disciplines of nursing, medicine, teaching, the police, and architecture and was based on a comprehensive review of the literature. This enabled the development of a model identifying the important factors of competence in nurses.

Stage 3 involved testing of this model within an observational study. This stage used a multiple case study approach in seven wards within one Trust. Aspects of care drawn from the DoH paper 'The Essence of Care ' were used to develop a focus for observation. Interviews with newly qualified staff nurses, and their preceptors provided further data.

The poster will examine the development of the three stages and will consider the methodological approaches used. A number of key points have been important in the progression of the study and these will be identified. The third stage has led to specific challenges and major themes emerging from the data will be presented, although this work is on going.

Intended learning outcomes:

• Be able to identify the key stages of the study.

• Be able to be aware of the main themes emerging from the study.

• Be able to identify some of the major aspects of the model of competence.

Recommended reading:

Yin RK (1994)Case Sttudy Research: Design and Methods. London. Sage

Department of Health (2001) The Essence of Care. Patient -focused benchmarking for health care practitioners. London. Department of Health

Rogers BL and Knafl KA (1993) Concept Development in Nursing. Philadelphia. WB Saunders

72

Oral history: Nurses in the Spanish Civil War

Azucena Pedraz, Escuela de Enfermeria Comunidad de Madrid, Universidad Autonoma de Madrid, Leganés, Spain. Co author: Margarita Ramirez

Abstract:

The aim of this research project is to know the participation of nurses during the Spanish Civil War, through the testimony of the women that worked as nurses during the conflict.

Specific Objectives:

- To describe the activity of professional nurses and volunteer ones.

- To identify the nursing tasks in both factions.

- To know the human trajectory of these women.

The scarcity of works in this field joined to the opportunity of interview some of these women still alive, whose life we intend to approach to, has become the main reason to choose the oral history as methodological tool. The investigations results have been complemented with the historical archives resources.

We have made 20 interviews with women that had been nurses during the war in both factions. The sample has been selected structurally, attending to following criteria: professional/volunteer, republican faction/fascist faction, educational level, geographical diversity.

Results:

-The participation of these women as nurses during the war is included in a general movement to help people suffering.

-These women felt themselves useful and happy to be freedom of housing tasks and censure of their family, through their job as nurses.

-Some of them learnt a profession and after the war followed working as nurses.

Conclusion: History building through people testimony is an useful way to understand how nursing profession developed in this critical moment in Spain.

Intended learning outcomes:

- Identify the role of nurses in both factions in the Spanish Civil War

- Recognize the differences between professional nurses and volunteer ones

- Understand the decision of these women to participate as nurses during the armed conflict

Recommended reading:

Amescua, M. (1996) Enfermeras en la Guerra Civil española. Impresiones y testimonios, Index de Enfermería. V, 15, 9-14.

Folguera, P. (1997) Las mujeres durante la Guerra Civil. In E. Garrido (Ed.) Historia de las mujeres en España (pp. 515-525). Madrid: Síntesis.

Preston, P. (2001) Palomas de guerra: cinco mujeres marcadas por el enfrentamiento bélico. Barcelona: Plaza & Janés.

73

A pilot study to evaluate the effect of introducing a fast-track targeted educational programme for junior nurses in one acute teaching Trust in the UK

Jacqueline Leigh, Nursing, University of Salford, Manchester, United Kingdom. Co author: Mary Douglas

Abstract:

Three recent reports in particular have reviewed the current education and training available to new and existing health professional staff and make significant practical recommendations for improvement.

A Health Service of all the talents: Developing the NHS workforce (DOH 2000) recommends that there should be a major review of workforce planning in the NHS. The Government accepts this recommendation and has set out a number of key principles, which should govern the review. For example, it is essential that qualified nurses have the knowledge and skills to meet the changing needs of the patient and service, whilst at the same time having a range of career paths to follow (Making a Difference DOH 1999: UKCC 2001). Like other modern professions, there must be opportunities for people who have both the ability and the commitment to make rapid progress. As part of our strategy to meet these objectives, Salford Royal Hospitals NHS Trust (SRHT) has developed a fast track staff nurse development programme. The aim of the programme is to retain the best nurses, to maximize their contribution to the delivery of quality patient care and to provide them with a clear career progression route.

Aim of the study: To evaluate the effectiveness of introducing a fast-track targeted educational programme for junior nurses in one acute teaching trust.

Strategy: The pilot study has applied both a quantitative and qualitative approach. This included:

- Establishing the baseline

- Exploring staff and managers perceptions pre-pilot through focus groups /interviews

- Audit of existing recruitment and retention figures for D and E grade staff nurses and time to promotion

- Comparing training and educational developments of current E grades against D grades undergoing the development programme

- Implementing the development programme

- Evaluation of the outcomes from the first cohort.

Findings: Findings from this study will inform future developments locally to successfully retain and develop existing staff and will provide evidence to inform national nursing policy. This presentation will discuss the background to the implementation of the staff nurse development programme. It will provide an overview of research methodology used and present and discuss findings from our pilot study, which commenced February 2002.

Intended learning outcomes:

- To explore how the effective education and training of nurses is essential in achieving the governments plans to modernise the National Health Service

- To introduce the study, including overview of methodology and results

- Discuss impact and dissemination of results of the study both locally and nationally

Recommended reading:

Department of Health (1999) Making a Difference. Strengthening the Nursing, Midwifery and Health Visiting contribution to health and healthcare. London. The Stationary Office

Department of Health (2000) A health Service of all the Talents: Developing the NHS Workforce. Consultation Document on the Review of Workforce Planning, London, Department of Health

United Kingdom Central Council (2001) Supporting Nurses and Midwives through Lifelong Learning, London, United Kingdom Central Council

74

Developing evidence based documentation through action research

Mary Braine, Neurosciences, Salford Royal Hospitals NHS Trust, Salford, United Kingdom.

Abstract:

Introduction: This study outlines how through action research nursing documentation within a Regional Neuroscience Unit was developed. Preliminary work within the Unit, which included a Unit profile and a small audit of the nursing documentation, coupled with concerns raised by management, highlighted that there was a problem with documentation. An action research approach was chosen due to its collaborative, active nature and the inherent desire to bring about a change in practice.

Methodology: The process involved a number of key stages: firstly an action research group was established, and subsequently developed (meeting for eight half days in total) which drew from key stakeholders across the unit; secondly a base line assessment, via a questionnaire (n=113) assessed the understanding and use of documentation within the unit; thirdly a focus group interview engaged the action research group to explore their perceptions and issues surrounding documentation.

Results: The action research group were instrumental in developing evidence-based documentation. The base line questionnaire identified the significant barriers and attitudes, which impaired evidence, based documentation. These included time (53%); care plans not valued or used, lack of informative care plans (25%) alternative note taking (100%) and lack of patient involvement in planning care (50%). The focus group interview confirmed these barriers and revealed attitudes and behaviours, which impede evidence based documentation.

Conclusion: Whilst the research was successful in developing evidence based documentation the key learning and contribution to practice is:

• Action research is an ongoing cyclical process, which encourages participation and critical thinking.

• Action research provided a journey that is fraught with complexity to an insider researcher.

It is possible to develop evidence based documentation through this approach but it is emotionally engaging and takes time.

Intended learning outcomes:

• Understand how through action research, practice can be developed and changed recognising its complexity

• Understand and gain an insight into the nursing practice of documentation within a Regional Neuroscience Unit, following centralisation

Recommended reading:

Mc Taggart, R. (1994), Participatory action research: issues in theory and practice. Educational Action Research 2 (3) 313-337.

Titchen, A. and Binnie, A. (1993) Changing Nursing Practice through Action Research. National Institute for Nursing Centre for Practice Development and Research. Report No.6. London, Royal College of Nursing

Concurrent sessions

Thursday 10 April

11.15 – 12.45
Concurrent sessions 1

1.1.1 "Something just clicks and you just know": How nurses detect and report physiological deterioration

Tom Andrews, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK. Co-authors: 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). Commonly monitored variables correlate poorly with deterioration and there is evidence that premonitory signs are present some time prior to deterioration. Their nature is beginning to be investigated Cioffi (2000).

Method: A study was conducted to determine how nurses detect and report deterioration. Using grounded theory Glaser & Strauss (1967) a theory of credibility was constructed from data collected by participant observation and semi-structured interviews of 44 nurses, support workers and house officers from a surgical and medical ward.

Results: The findings indicate that when evidence of deterioration is presented in a credible way then getting patients assessed by doctors is relatively unproblematic. How quickly is a matter of workload and the urgency of the referral, since doctors rely on objective evidence as a means of prioritising their work. Additionally credibility is determined by the seniority, knowledge and experience of the nurse making the referral. Difficulties arise when nurses present subtle changes in patients as evidence of deterioration, such as the way patients "look", and "failure to progress". Often changes are so subtle that they are difficult to articulate resulting in nurses having to engage in convincing strategies to make their claims of deterioration more credible. They do so by presenting all the evidence they can in a way that will "grab attention". Mutual trust forms the basis of good working relations and when present, doctors will respond positively to referrals based on very little evidence. Observation of vital signs and if in use, an early warning scoring system, provide a framework for a nursing assessment. Detection of deterioration is more complex than changes in vital signs and will be further explored in this paper.

Intended learning outcomes:

• Understand the complexities surrounding the detection and reporting of physiological deterioration.

• Identify and evaluate the usefulness of subtle and objective signs as evidence of deterioration.

• Discuss the utility of using grounded theory as a method.

Recommended reading:

Cioffi, J. (2000), "Recognition of patients who require emergency assistance: a descriptive study", Heart and Lung, vol. 29, no. 4, pp. 262-268.

Glaser, B. & Strauss, A. (1967), The discovery of grounded theory: strategies for qualitative research Aldine De Gruyter, New York.

McQuillan, P., Pilkington, S., Allan, & Taylor, B. (1998), "Confidential inquiry into quality of care before admission to intensive care", British Medical Journal, vol. 316, pp. 1853-1858.

1.1.2 Does a pressure measurement device assist nurses to achieve target pressures in compression bandaging?

Monica Johnston, Out Patients' Department, Belfast City Hospital Trust, Belfast, UK. Co-author: Vanessa Jones

Abstract:

Venous leg ulceration is a common clinical problem, debilitating 1% of the adult population in the UK (RCN 1996). Treatment is costly and substantial nursing resources are deployed in caring for these patients (Duby et al 1993). Compression therapy is the cornerstone of treatment, reversing the underlying problem of venous hypertension. To be effective a negative bandage pressure gradient from the ankle to the knee is required (Logan et al 1991), but evidence suggests that this is not always achieved. The aim of this study was to determine the efficiency of a pressure measuring instrument in the accurate assessment of sub-bandage pressure SBP.

A quantitative study was undertaken to examine the effectiveness of a pressure measuring instrument in recording SBP beneath short stretch compression bandages applied by a specialist nurse. A convenience sample of 22 patients consented to take part. Data were collected using a pressure measuring instrument to assess SBP with the leg in various positions.

The pressure monitor failed to record pressures on 41%, 5% and 10% of subjects in the three adopted positions. Recordings from the remaining subjects did not comply with compression guidelines. SBP measurements following completion of a standardised exercise programme failed to show a consistent increase in pressure profiles. Neither did these pressures demonstrate statistically significant change when compared with baseline SBP measurements.

This study has shown inconsistent sub-bandage pressures in a specialist leg ulcer clinic, which has a high success rate in treating venous leg ulcers. This casts doubt on the accuracy of the pressure measuring instrument and on the application of guidelines for sub bandage pressures, especially when translated to a non-specialist setting. Therefore nurses in variety of clinical settings may be well advised to focus on more patient-centred goals rather than this potentially inconclusive parametre in relation to compression bandaging.

Intended learning outcomes:

• Evaluate the importance of achieving reccommended sub bandage pressure in venous leg ulcer management.

• Critically appraise the role of measurement devices in assessing sub bandage pressure.

• Discuss the importance of achieving patient-centred goals in achieving effective outcomes in leg ulcer management.

Recommended reading:

Royal College of Nursing (1996) Venous leg ulcers. Nursing Standard. 10;25, 48 - 52.

Duby T, Hoffman D, Cameron J et al (1993) A randomised trial of the treatment of venous leg ulcers comparing short stretch bandages , 4 layer bandage system and a long strtch paste bandage system. Wounds 5;6,276-279.

Logan RA, Thomas S, Harding EF and Collier GJ (1992) A comparison of sub bandage pressure produced by experienced and inexperienced bandagers. Journal of Wound Care 1;3,23-26.

1.1.3 Competence; challenges when testing a model by observing nursing practice

Timothy Clark, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK

Abstract:

Competence; challenges when testing a model by observing nursing practice.

The initial stages of this study have enabled the development of the components of a model of competence for newly qualified staff nurses. The model was developed following an initial focus 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 study wards (Yin, 1994). The case study wards were observed in blocks of three-hour periods. The staff nurses participating were asked to identify specific aspects of their usual activity that related to the key areas selected from the clinical benchmarks (DoH, 2001). Specific aspects of care were witnessed using a focused observation schedule based on the clinical benchmarks. Issues or questions arising from the care observed that the researcher needed clarification about were addressed as soon as feasible following the episode. Field notes relating to care observed and those related to clarifications were recorded and later analysed. Pressures within the clinical area prevented all planned observations and an additional strategy of simulation was added.

Aspects of the Essence of Care document were also used as a basis for the development of an assessment schedule and patient scenarios were constructed as a simulation of key aspects of clinical benchmarks. This presentation will report on a number of themes that emerged in the third stage of the study which have provided support and challenge for aspects of the model of competence.

Intended learning outcomes:

- Be able to understand the rationale for the method used.
- Should be aware of the emergent themes.
- Should be able to identify the value of clinical benchmarks in providing a basis for an observational study.

Recommended reading:

Yin R K (1994) Case Study Research. Design and Methods. London. Sage

Yin R K (1993) Applications of Case Study Research. London. Sage

Department of Health (2001) The essence of Care. Patient-focused benchmarking for health care professionals.London. Department of Health

1.2.1 Amendment and further validation of the Student Nurse Stress Index

Martyn Jones, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co-author: Derek Johnston

Abstract:

High levels of attrition and sickness absence in student nurses reveal the need to identify personal and organisational determinants of student distress (Author ref, 2000). The aim of this study was to further develop the 22 item Student Nurse Stress Index (SNSI) (Author ref, 1999) due to a lack of data regarding the prediction of sickness absence and attrition.

Data was collected from 4 sequential cohorts of student nurses in a School of Nursing and Midwifery in North-East of Scotland at weeks 50 and 75 of training (N=322 longitudinal data sets, 72% response rate). 22 SNSI items and 50 new items were subjected to Exploratory Factor Analysis using Principal Components Analysis/Oblimin rotation. Concurrent, predictive and discriminative validity was explored using cross-sectional and longitudinal measures of GHQ 30 (Goldberg, 1978), HADS (Zigmond & Snaith, 1983), Direct coping (Parkes, 1984), Somatic complaints (Derogatis, 1994), self-report/archival reports of illness.

A reliable 49 variable solution with a simple oblique structure was found including 4 factors of Personal clinical competence (20 items, µ=.93), Interface worries (16 items, µ=.88) Professional relationships (6 items, µ=.85) and Academic concerns (7 items, µ=.83), each contributing 80.4%, 16.2%, .017% and .017% respectively to Adjusted SNSI total.

Concurrent/predictive validity of the measure was shown with positive correlations of ASNSI subscales with HADS Anxiety and Depression at 12/18 months (r⟶.33,p⟵.0005). Students scoring 5+ on GHQ30 scored significantly higher on all ASNSI subscales (t⟶3.2,df=312,p.001). The "interface worries" subscale of ASNSI at week 50 correlated with cross-sectional self-reports of illness (r=.20,p=.004) and predicted those students who were discontinued or missing at 18 months into the programme (Odds ratio 1.04, 95%,CI=1.01-1.07).

Further work is needed to explore the construct validity of ASNSI in this and other UK settings. This measure provides an organisational focus to manage student distress and prevent/reduce student attrition.

Intended learning outcomes:

- To appreciate the need to further develop the Student Nurse Stress Index
- To explain the use of factor analysis in questionnaire development
- To discuss the procedures required to demonstrate the reliability and validity of a newly amended questionnaire

Recommended reading:

Jones MC, Johnston DW. (1999) Derivation of a brief Student Nurse Stress Index. Work and Stress 13, 2, 162-181.

Jones, M., & Johnston, D. (2000). Reducing Distress in First Level and Student Nurses: A Review of the Applied Stress Management Literature. Journal of Advanced Nursing, 32(1), 66-74.

Jones MC, Johnston DW. (2000) Evaluating the impact of a worksite stress management programme for distressed student nurses: A randomised controlled trial. Psychology and Health. 15, (5), 689-706.

1.2.2 Stress, educational attainment and attrition in nursing students

Roger Watson, Department of Nursing and Applied Health Studies, University of Hull, Hull, UK. Co-authors: Ian Deary and Richard Hogston

Abstract:

The aim of this study was to investigate, using a longitudinal study the relationships between, stress, burnout and attrition and determinants of these in nursing students. In order to address a national shortage of nurses the United Kingdom (UK) Department of Health is increasing the numbers of nursing students. However, attrition from nursing educational programmes is of international concern and UK academic nursing departments are under pressure to contain attrition. Stress in nursing students is well-established and stress, burnout and individual differences between nursing student are likely to contribute to attrition. This study therefore addresses a major issue in current UK health policy which has consequences for those who provide nursing education.

A complete cohort of nursing students (n=168) from a department of nursing was recruited to a longitudinal study and they participated in the completion of a battery of instruments to measure personality, intelligence, psychological morbidity, stress and coping and burnout. Data were gathered on educational attainment during the programme and clinical assessments in addition to data on completing the programme. Data were analysed using a range of bivariate and multivariate statistical tests in addition to Receiver Operating Characteristics.

As the programme progressed psychological morbidity among students increased and they experienced increasing levels of stress and negative coping mechanisms. Personality was a more important indicator of attrition than cognitive ability and positive aspects of personality were more likely to lead to aspects of burnout. There may not be a link between stress, burnout and attrition. However, dimensions of personality of students at entry to the course contributed to the prediction of burnout and programme completion. These relationships were not strong enough to be practically useful. There was no relationship between attrition and educational attainment on the nursing programme although there were some relationships between personality, age and educational attainment.

Intended learning outcomes:

- Recognise the existence of stress and burnout among nursing students.
- Appreciate the advantages and problems of longitudinal studies.
- Understand Receiver Operating Characteristics.

Recommended reading:

Jones M.C. & Johnson D.W. (2000b) Reducing stress in first level and student nurses: a review of the applied stress management literature. Journal of Advanced Nursing 32, 66-74.

Watson R. (1998) Longitudinal quantitative research designs. Nurse Researcher 5:4, 1-5.

Watson R., Deary I.J. & Lea A. (1999) A longitudinal study into the perceptions of caring among student nurses using multivariate analysis of the Caring Dimensions Inventory. Journal of Advanced Nursing 30, 1080-1089.

Room D2

12.15

1.2.3 The taming of the student: oppression, power and control in clinical placement

Margaret Perry, School of Health Science, University of Wales Swansea, Wales, UK

Abstract:

Current drives to retain and recruit nursing staff are frequently accompanied by criticism of existing strategies and occasionally by condemnation of the provision and content of professional education programmes for future nurses. Surprisingly perhaps, less attention appears to be paid to the experiences of these potential nurses attempting to learn in a clinical environment characterised by pressure, uncertainty and change.

In the study presented in part here, I attempt a critical hermeneutic approach to relationships between present and future members of the nursing profession. These relationships were explored during individual and focus group discussions with groups of final-year nursing students and with registered nurses employed in practice placement areas. Discussion therefore centred on contacts, dealings and interactions in the clinical setting.

Amongst a range of topics brought up by both student and registered nurses, was the power and dominance of expectations. The energy necessary to identify and meet such expectations was equally fundamental and essential to successful clinical placement outcomes.

Both groups also discussed self-esteem and assertiveness in professional relations - each group linking questions of power and control to those they see as hierarchically superior. Students in particular are aware of seeking acknowledgement and reward from their practice placement colleagues. In order to acquire this recognition at the time of clinical assessment, students describe accommodating behaviour in practices of 'doing as I am told' of 'keeping my head down' and of 'biding my time.' Their reserve and apprehension appear linked to their experience of implicitly oppressive behaviours designed to protect the status quo. This drive for normalisation and conformity seems at odds with contemporary calls for professional enlightenment and empowerment. Awareness of such issues may be a step on the road to change.

Ignorance of such issues will undoubtedly maintain the status quo.

Intended learning outcomes:

- Be aware of the impact of intra-professional relations between registered nurses and nursing students during their clinical placement.

- Develop new insights into professional culture in nursing.

- Identify the contribution of power, politics and empowerment to intra-professional relations between non-peer groups in nursing.

Recommended reading:

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

Roberts, S.J. (1983) Oppressed group behaviour: implications for nursing, Advances in Nursing Science, 5(3), 21-30

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1999) Fitness for Practice: the UKCC Commission for Nursing and Midwifery Education, London: UKCC

Room H1

11.15

1.3.1 Prediction and classification of pressure ulcers

Jane Nixon, Northern and Yorkshire Clinical Trials and Research Unit, University of Leeds, Leeds, UK

Abstract:

There is much debate in the literature in relation to risk assessment and the definition and classification of Grade 1 pressure ulcers. Observations of erythema are included in classification systems and considered clinically to be important. However, such clinical observations have not been validated against physiological measures of skin perfusion or in relation to subsequent skin loss. Of particular importance is whether there are physiological differences between blanching or non blanching hyperaemia and the role of skin assessment in the assessment of patient risk.

Research Questions

a) What are the physiological differences between normal skin, blanching erythema and non-blanching erythema?

b) Which clinical signs and symptoms of the skin response are predictive of skin loss?

c) Which variables are independently predictive of pressure ulcer development?

Research Design: A prospective cohort study and exploratory laser Doppler imaging of the skin was undertaken. General, vascular and orthopaedic surgical patients aged 55 years or over, with an expected length of stay of 5 or more days were included.

Results: A sample of 111 patients were recruited to the study and an overall pressure sore incidence of 18.8% (19/101). Stepwise logistic regression identified non-blanching hyperaemia as the most important variable in predicting pressure sore development (skin break). A sample of 50 laser Doppler imaging scans were obtained. Discriminate analysis identified three general patterns of skin blood flow, and classification of scans into normal, blanching and non-blanching erythema. There was 82% agreement between clinical and scan classifications.

Implications: The research findings provide some evidence to support the classification of Grade 1 pressure ulcers and identifies the importance of non-blanching erythema as a predictor of subsequent skin loss. The research challenges the basis and variables included in pressure ulcer risk assessment scales and the need for further risk factor studies to underpin and inform practice.

Intended learning outcomes:

- Understand the limitations of current pressure ulcer risk assessment scales

- Understand the relationship between the pathophysiology of pressure ulcer development and clinical assessment of the skin

- Understand the importance of skin assessment and identification of non-blanching erythema in the assessment of pressure ulcer risk

Recommended reading:

Nixon, J. (2001) The pathopysiology and aetiology of pressure ulcers. In Morison, M.J. (Ed) The prevention and treatment of pressure ulcers. Mosby, Edinburgh. Chapter 2

Nixon, J. (2001) Principles of patient assessment: screening for pressure ulcers and potential risk In Morison, M.J. (Ed) The prevention and treatment of pressure ulcers. Mosby, Edinburgh. Chapter 6

Nixon, J.E. (2001) Predicting and preventing pressure ulcers in surgical patients. Unpublished PhD Thesis, University of Newcastle-upon-Tyne

Room H1

11.45

1.3.2 The use of an Artificial Neural Network to predict healing times and risk factors to healing of venous leg ulcers

Adrienne Taylor, Teaching and Learning Directorate, Salford Primary Care NHS Trust, Manchester, UK. Co-authors: Robert Taylor and Vincent Smyth

Abstract:

The purpose of this study was to identify the risk factors most important to the healing process of venous leg ulcers treated with compression bandaging, with a view to predicting the time taken to accomplish healing. A retrospective cohort study was performed on data collected prospectively on 325 consecutive patients presenting with 345 venous leg ulcers at a community based leg ulcer clinic between January 1997 and December 1999. Applying an artificial neural network (ANN, the technique accurately predicted the healing times for 68% of

the patients. The ANN further showed that healing was significantly related to a history of previous leg ulceration, a "quite wet" ulcer exudate, high body mass index, large initial total ulcer area, old age and male gender. Identification, at presentation of those ulcers that might be resistant to standard therapy, would allow their early consideration for more aggressive management such as hospitalisation, wound debridement or venous surgery. The presentation will focus on the findings from the study and the implications for clinical practise.

Intended learning outcomes:

- Identify the importance of data collection.
- Be aware of the value of computer technology and how it can be used to improve clinical outcomes for patients.
- Be aware of the value of being able to predict risk factors and its relevance to clinical research trials.

Recommended reading:

Taylor A.D. Taylor R J Marcuson RW. 1998 Prospective comparison of healing rates and therapy costs for conventional and four-layer high compression bandaging treatments of venous leg ulcers. Phlebology 13: 20-4

Taylor RJ Taylor AD Marcuson RW. 1999 A computerised leg ulcer database with facilities for reporting and auditing J. Wound Care 8 34-8

Margolis DJ Berlin JA, Strom BL 1999 Risk factors associated with the failure of a venous leg ulcer to heal. Arch Dermatol 135: 920-6

Room H1

12.15

1.3.3 Systematic reviews in the identification and treatment of infected diabetic foot ulcers

Andrea Nelson, Health Sciences (Research), University of York, York, UK. Co-author: Susan O'Meara

Abstract:

Background: Diabetic foot ulcers are common, costly, and affect morbidity and mortality. They are susceptible to infection which may spread rapidly, causing irreversible damage and amputation. Detection of infection may increase healing and reduce amputation rates. Over-diagnosis of infection and treatment with inappropriate antibiotics, however, may lead to more resistant strains of bacteria.

We are undertaking systematic reviews to determine:

1. Which ulcers foot ulcers should be sampled?

2. How best to take a microbiological sample?

3. How should microbiological samples be processed?

4. What impact do treatments make on infected ulcers?

Methods: We will identify, summarise and synthesise the results from primary studies if

they meet minimum methodological criteria for both diagnostic and therapy questions, AND report clinical or microbiological outcomes. Studies will be identified through extensive electronic searches, hand searches of relevant conferences, contact with experts and searches of all relevant bibliographies. Two reviewers acting independently will decide on inclusion or exclusion and extract data from eligible studies. The method of synthesis will depend upon the quality, design and heterogeneity of studies identified. In the absence of clinical heterogeneity and in the presence of statistical heterogeneity, a random effects model will be used for pooling. In the absence of any heterogeneity a fixed effects model will be applied. Otherwise a narrative approach will be taken.

Decision analytic model

The results from the individual systematic review will be integrated into a decision analysis. Modelling will be used to identify the robustness of the outcomes (cost, amputation rates, healing times) to variations in the methods of sampling, analysis and treatment regimens. In this way, the area of greatest uncertainty can be identified and this can be used to prioritise future research. This presentation will describe the development of the decision model and the results of the reviews thus far.

Intended learning outcomes:

- Identify the pros and cons of early treatment of infection for diabetic foot ulcers
- List three techniques used to sample the microbiological flora from a wound
- Understand the structure of a decision analytic model

Room E7

11.15

1.4.1 Exploring the relevance of emotional labour in the context of the new NHS and the role of modern matrons

Helen Allan, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK. Co-author: Pam Smith

Abstract:

This paper will discuss data from an exploratory study into the introduction of modern matrons and the relevance of emotional labour to understanding recent changes in health service delivery and organisation. The study has evaluated the introduction of modern matrons into a local District General Hospital using ethnographic methods to elicit qualitative data. The data has been collected and early themes are explored in this paper.

The theoretical focus of this study has been the link between systems of health care delivery, clinical leadership, change management and the emotional effects on individuals delivering care within those systems (Revens 1964; Menzies 1970 Smith 1992; Allan 2000; Smith & Gray 2000, 2001a, 2001b). This body of work has used the

concept of emotional labour to define and understand the relationship of emotional labour and clinical leadership to quality patient care.

Smith (2000) development of these themes suggests that the presence in the clinical area of a recognised clinically active and competent leader enhances practice. This approach to clinical leadership is underpinned by research from Magnet hospitals (Aiken et al 2000; Coile 2001) and recognised within the NHS Plan (NHS National Nursing Leadership project 2001).

Theoretical developments in the role of emotions in the functioning of organisations, specifically in the field of emotional learning and emotional intelligence (Allan 2002; 2001; Huy 1999; Goleman 1998; Obholzer & Zagier Roberts 2000), have been used to inform this study into the role of the modern matron. The modern matron has been introduced to rectify the absence of clinical nursing management with direct responsibility for standards of patient care at a Trust level. This study has focused on the NHS Modernisation Agenda in relation to nursing leadership and nursing management. And in particular, how clinical leadership and emotional labour can inform caring processes at the clinical level.

Intended learning outcomes:

- Understand the relevance of emotional labour to clinical leadership and the role of modern matrons
- Identify the local factors in this study which have impacted on the introduction of Modern Matrons and the role of clinical leadership
- Be able to critically discuss these findings.

Recommended reading:

Menzies, I. E. P. (1970) The functioning of social systems as a defence against anxiety: a report on a study of a nursing service of a general hospital. London: Tavistock.

Revens, R.W (1964) Standards for morale: cause and effect in hospitals. Oxford: Nuffield Hospital Trust.

Smith, P. and Gray, B. (2001a) Reassessing the concept of emotional labour in student nurse education: role of link lecturers and mentors in a time of change. Nurse Education Today, 21, pp230-237.

Room E7

11.45

1.4.2 Emotion work in an NHS Direct call centre

Kathryn Waddington, Applied Psychosocial Sciences, City University, London, UK. Co-author: Hanna Weir

Abstract:

The NHS White Paper "The New NHS: Modern, Dependable" (DoH 1997) gave a commitment to the establishment of a new 24 hour telephone advice line staffed by nurses. Evaluation studies of NHS Direct and similar telephone health services have focused on the safety, efficacy and the cost of such services (e.g. Munro et al 1998). However, few studies have explored the nature of

the work from the point of view of the nurses employed within them. With regard to the professional context of this investigation, the research is, in part, an exploration of the emotional experience and expression of nurses working in a range of diverse and changing health care settings. The conceptual and theoretical implications of undertaking research in this area requires that the elements of emotion, self, and structure are intertwined in a framework which is sensitive to multiple subjectivities and the dynamics of different work place cultures (Bone and Oleson, 1998). This paper will present selected findings of a one-year pilot study exploring emotion work, recruitment and retention in an NHS Direct call centre in outer London. A case study approach was adopted, using qualitative and quantitative methods of data collection and analysis. These included non-participant observation at the call centre for a period of six months and in-depth interviews with a total of 30 nurse advisors, information officers and call handlers, as well as interviews with 10 participants who had left the call centre. Findings will be presented which illustrate the ways in which nurses experience the emotion work involved in 'nursing across a distance'. These findings will then be discussed with regard to their contribution to the development of practice and service provision in this area.

Intended learning outcomes:

- To be able to outline the theoretical and professional backgrounds to the research

- To gain an understanding of the emotion work involved in nursing across a distance

- To discuss the ways in which the research findings presented contribute towards developments in practice and service delivery

Recommended reading:

Department of Health (1997) The New NHS, Modern, Dependable. London; The Stationary Office.

Munro, J., Nicholl, J., O'Cathain, A. & Knowles, E. (1998) Evaluation of NHS Direct First Wave Sites: First Interim Report to Department of Health. Medical Care Research Unit; University of Sheffield.

Oleson, V. & Bone, D. (1998). Emotions in rationalizing organizations: conceptual notes from nursing in the USA. pp 313- 29 in G. Bendelow & S. J. Williams (eds). Emotions in Social Life: Critical Themes and Contemporary Issues. London: Routledge.

1.4.3 **The continuing pervasive power differential between the healthcare system and the patients it serves**

Carol Edwards, RCN Institute, Royal College of Nursing, Oxford, UK

Abstract:

Something of the patient's perspective is now fed into healthcare planning, monitoring, and evaluation, by having patient representation on forums, panels, advisory groups, and other platforms. It would be easy, therefore, to assume that patients now feel they have significant influence within the healthcare system. However, changes at a structural level can be easier to implement than changes at an individual level. This paper examines evidence that a pervasive imbalance of power is still implicit within healthcare provision, and continues to influence patients' own individual healthcare experiences for the worse.

The analysis is taken from the author's wider doctoral study, which investigated the patient's process of reflection following a healthcare experience. Forty five unstructured interviews were conducted with 19 adult orthopaedic patients, covering the period from just before, to three months after elective surgery. Interviews were tape-recorded and transcribed and analysed within the theoretical framework of Schutzian phenomenological sociology.

A strong finding was the seemingly ingrained power of the healthcare system and those working within it, set against the vulnerability and dependence of the patients. This tended to make patients reluctant to pester, ask questions, ask for assistance, or be critical of their care. Yet in no instance did the power appear to have been imposed intentionally, and healthcare staff may be unaware of its pervasiveness and strength.

This paper presents examples of the range of ways in which this imbalance of power was found to be operating. While nurses alone can not negate its effect, it is suggested that their extended contact with patients, relative to that of most other healthcare professionals, means they are well-placed to dissipate its effect, and to provide support to help individual patients play a more interactive and procative role in their own care.

Intended learning outcomes:

- Be more sensitive to the ways in which implicit imbalance of power between healthcare system and patient pervades procedures, and interactions within healthcare

- Be motivated to consider the significant differences between partient input and influence at a macro level via committees, compared with the personal, individual level.

- Be aware of the differential perceptions of power, risk, threat and so on between healthcare professionls and the patients they look after.

1.5.1 **Insider out: selecting a methodology for ethnicity and sexual health based research**

Laura Serrant-Green, School of Nursing, The University of Nottingham, Nottingham, UK

Abstract:

In a research project there are often many possible methodological approaches that could be taken. The approach taken by a researcher in any study is determined by a wide range of issues relating to the nature of the subject area, the views of the researcher conducting the study as to the nature of research, and the type of information the research aims to generate (Yarbro-Bejarano 1999; Seibold 2000). This paper outlines the decision pathway undertaken by the author to identify the most appropriate methodological approach for studying the sexual health behaviour of Black caribbean men. The paper outlines the challemges faced by qualitative researchers in attempting to locate their studies in one methodological approach and encourages researchers to determine 'best fit' rather than 'must fit'in relation to methodological choices. It discusses the tensions inherent in researching sensitive subjects qualitatively and the strategies used by the author to overcome them in her doctoral research.

Intended learning outcomes:

- Identify the need to determine methodological approaches proior to data collection

- Aware of the challenges involved in determining methodological 'best fit'

- Will have been made aware of some of the strategies that may be empoyed to assist in overcoming methodological pitfalls in research

Recommended reading:

Yarbro-Bejarano, Y. (1999);sexuality and Chocana/o Studies: Toward a Theroretical Paradigm for the Twenty-first Century; Cultural Studies 13(2): 335-345.

Seibold, C. (2000). Qualitative Research from a Feminist Perspective in the Postmodern Era: Methodological, Ethical and Reflexive Concerns. Nursing Inquiry 7: 147-155.

11.45

1.5.2 Promoting the sexual health and wellbeing of young males

Aisling McElearney, School of Nursing & Midwifery, Queen's Univerity, Belfast, Belfast, UK. Co-author: Dorothy Whittington

Abstract:

This paper presents a study of the young male's experience of developing a sexual identity during his approach to adulthood and fatherhood, in Co. Monaghan, in the Republic of Ireland.

The study had two phases and employed qualitative and quantitative methodology. Phase 1 used purposive sampling, involved a series of eight focus groups with adolescent males [16-18 years] and qualitative interviews with eight young fathers [18-24 years]. The data was analysed using Nud*ist qualitative data management package and the following issues emerged as salient to the young males' relationship and sexual behaviour and their experience of developing a sexual identity: preoccupation with the physical act of sex, propensity to engage in sexual risk taking behaviour, impact of traditional masculine norms, need for comprehensive education and a lack of appropriate services to support young men.

These findings informed the development of a questionnaire [N=504] used in phase 2. This phase aimed to identify the determinants of the young males' relationship and sexual behaviour and employed the conceptual framework provided by Ajzen and Fishbein's Theory of Planned Behaviour (1980) towards this end. LISREL 8.51 structural equation modeling package, used to analyse the data, confirmed the efficacy of this conceptual framework in understanding and predicting the young males' behaviour. Their perception of control over environmental barriers, their attitudes and the attitudes of their peers were identified as significant behavioural determinants, along with their perception of risk of AIDS, STI and pregnancy, socio-demographic and masculinity variables.

The study findings have important implications for developing nursing practice concerned with promoting the sexual health and wellbeing of young males.

Intended learning outcomes:

- To understand the contextual factors relevant to young males' sexual health and wellbeing
- To identify the key determinants of young males' relationship and sexual behaviour
- To understand the young males' need for support and the role of the nursing in providing appropriate support

Recommended reading:

Ajzen, I. and Fishbein, M. (1980) Understanding attitudes and predicting social behaviour. New Jersey: Prentice Hall

Aggleton, P. and Campbell, C. (2000) Working with young people - towards an agenda for sexual health. Sexual and Relationship Therapy. 15, 3, 283-296

Forrest, S. (2000) Big and tough: boys learning about sexuality and manhood. Sexual and Relationship Therapy. 15, 3, 247-261

12.15

1.5.3 An adolescent sexual health needs assessment

Margaret Cunnion, School of Health, Staffordshire University, Stafford, UK. Co-author: Ruth Chambers

Abstract:

The Sexual Health Strategy (DOH, 2001) contends that the commissioning of sexual health services around patients' needs will reduce the transmission of sexually transmitted infections (STIs) and unintended pregnancies (PHLS, 2002 SEU, 1999). Each local health authority has been tasked to carryout a Sexual Health Needs Assessment (SHNA) to identify the gaps in services provision. This paper will describe the methodology, findings and recommendations of a local SHNA Project suggesting how nurses in Genito-urinary Medicine Departments, Family Planning, GP Practices, School Nurses and other professional staff might proceed to help address the high rate of STIs and teenage pregnancies and support the commission of appropriate sexual health services to meet the needs of young people within a locality.

The underpinning philosophy of this Sexual Health Needs Assessment is innovative in that it is being informed by the adolescents (Service users and non-users) who need to access local services and multi-agency professionals working in the field. By encouraging patients and the general public to educate interdisciplinary professionals and commissioners to their specific needs, new approaches can be developed to identify the gaps in services.

A Steering Group of young people has directed the project. Five focus groups of multi-agency professionals working in the field and five focus groups of young people provided qualitative data to develop interview schedules for one-to-one interviews with ten professionals and ten young people. From all of the qualitative data, obtained from a geographical spread across the county, a measure was developed. 2000 questionnaires were distributed across the county, using quota sampling from all the vulnerable groups identified as being at risk from teenage pregnancy and STIs. Preliminary findings include; a gap in sexual health service provision for young men, no culturally appropriate services, lack of knowledge of services, lack of services for under-16s. The main issues for young people is privacy, confidentiality and anonymity.

Intended learning outcomes:

- Recognise the value of a Sexual Health Needs Assessment in reducing the number of unwanted conceptions and incidence of sexually transmitted infections amongst adolescents
- Be aware of the barriers for young people accessing sexual health services and address them accordingly.
- Will be aware of the characteristcs of an ideal sexual health service for young people and be able to tailor their service delivery accordingly.

Recommended reading:

Department of Health (2001) National Strategy for Sexual Health and HIV. London. DOH.

PHLS (2002) STI Epidemiology Overview Diagnoses of selected sexually transmitted infections (STIs) in GUM clinics: England, Wales and Northern Ireland 1996-2001 (provisional data for 2001) * data for 2000 and 2001 are currently unavailable for Scotland www.phls.co.uk

Social Exclusion Unit. (SEU) (1999) Teenage Pregnancy. London. HMSO

11.15

1.6.1 Hope in the intensive care unit: a qualitative study exploring the experiences of nurses at the Royal Adelaide Hospital (South Australia)

Leslie Gelling, Academic Neurosurgery Unit, University of Cambridge, Cambridge, UK. Co-author: Mary Fitzgerald and Ian Blight

Abstract:

Background: Hope is an important concept during health and periods of ill-health. In the intensive care unit great emphasis is placed on technology and the ability to sustain life. In such an environment too little emphasis is placed on hope and how it contribute to holistic care. This presentation will present the findings of research undertaken during a study tour to the Royal Adelaide Hospital and the University of Adelaide.

Objective: To explore the nurses' perceptions and experiences of hope in the intensive care environment.

Method: This study was undertaken using a Grounded Theory approach. 17 nurses were interviewed. The interviews were analysed using the constant comparative method and facilitated by QSR NVIVO 1.2. Data analysis involved returning to the respondents to ensure that the emergent theory remained an accurate reflection of their perceptions of hope in this clinical setting.

Results: The interviews generated a mass of data, which will be explored by considering five themes: (a) nurses, (b) relatives, (c) information, (d) death and (e) spirituality. The nurses' perceptions of hope and the role that hope might play in this clinical setting is influenced by a wide variety of factors. Many of these will be presented.

Conclusion: Hope is an essential ingredient when caring for critically ill patients and their relatives.

Realistic and meaningful hope can help relatives cope during and after their ICU experience.

Recommendation: More attention should be paid to the importance of hope in this clinical setting.

Intended learning outcomes:

• Will have a greater understanding of the importance of hope in the critical care setting.

Recommended reading:

Tracy J, Fowler S, Magarelli K. (1999) Hope and anxiety of individual family members of critically ill adults. Applied Nursing Research. 12(3), 121-127.

Gelling L. (1999) The experience of hope for the relatives of head injured patients admitted to a Neurosciences Critical Care Unit: a phenomenological study. Nursing in Critical Care. 4(5), 214-221.

Gelling L. (1999) The role of hope for relatives of critically ill patients: a review of the literature. Nursing Standard. 22(14), 33-38.

Room H2

11.45

1.6.2 The use of humour to manage relationships in an intensive therapy unit

Susan Philpin, School of Health Science, University of Wales, Swansea, UK

Abstract:

Background: The use of humour to manage social situations in health care settings appears to serve a number of purposes. For example, Griffiths (1998) looks at humour as a strategy of resistance to more powerful groups, Astedt-Kurki and Liukkonen (1994) see humour as improving nurse-patient interaction, whilst Thornton and White (1999) specifically explore the use of humour in a critical care environment, noting inter alia its use in stress relief.

Aim: To examine the ways in which humour is used to manage relationships between nurses and other health care professionals, between nurses themselves and also between nurses and patients in a critical care environment.

Method: This paper draws on early findings from doctoral research into nursing culture, which took the form of a participant observation study of nursing work in an intensive therapy unit (ITU).

Findings: The data suggest that the intensive care unit staff's use of humour to manage the inherent tensions of their work is complex and multi-faceted; three broad emerging themes concerning use of humour will be explored. First, the way humour is used to prevent conflict and mark boundaries between professional groups; second, the use of humour to defuse tensions between nurses; and third, the ways in which nurses skilfully deploy humour in a therapeutic relationship with patients who are extremely dependant.

Conclusion: This paper argues that certain features of an ITU environment, such as the impact of nurses' increased knowledge on power relationships, the stressful nature of their work, and also the need to form therapeutic

relationships with critically ill patients, influence the ways in which humour is used.

Intended learning outcomes:

• Understand the ways in which humour is used to manage relationships between professional groups

• Appreciate the use of humour in defusing tension between nurses

• Be aware of the ways in which humour is used in therapeutic relationships with critically ill patients

Recommended reading:

Astedt-Kurki, P &Liukkonen, A. (1994) Humour in Nursing Care, Journal of Advanced Nursing, 20, 183-88

Griffiths, L. (1998) Humour as resistance to professional dominance in community health teams, Sociology of Health and Illness, 20, 6, 874-895

Thornton, J. & White, A. (1999) A Heideggerian investigation into the lived experience of humour by nurses in an intensive care unit, Intensive & Critical care Nursing, 15, 266-278.

Room H2

12.15

1.6.3 What is the effect of prokinetic drugs on enteral feeding tolerance in severely brain-injured patients? Planning a randomised controlled trial

Debra Fairley, Critical Care, The General Infirmary at Leeds, Leeds, UK

Abstract:

Background: Severely brain-injured patients do not often tolerate enteral nutrition due to altered gastrointestinal function and increased gastric residual aspirates (Norton et al., 1988; Ott et al., 1991; Taylor et al., 1999). Two prokinetic drugs used to treat gastric emptying are erythromycin or, more commonly, metoclopramide. However, their efficacy on the tolerance of enteral feeding in these patients is not yet known.

This pilot study explored the feasibility of undertaking a randomised controlled trial to evaluate the efficacy of erythromycin compared with metoclopramide on the tolerance of nasogastric enteral feeding in severely brain-injured patients. The main objective was to determine a clinically important effect size in order to calculate the sample size for such a trial.

Method: Twenty consecutive severely brain-injured patients were observed over their entire stay in a neurosurgical intensive care unit (NICU). Metoclopramide and erythromycin (if required) were given once enteral feeding started according to a protocol. Increased gastric residual aspirates of more than 200 ml, measured four-hourly, defined intolerance.

The primary endpoint for tolerance was the proportion of hours of feeding that was at optimum rate throughout each patient's stay. Optimum rate was the hourly delivered volume of

feed advised by a dietitian to meet each patient's daily nutritional requirements. Optimum rate is achieved and maintained when gastric residual aspirates are below the intolerance threshold.

Results: The tolerance of enteral feeding in severely brain-injured patients receiving prokinetics was statistically analysed. From this, a clinically worthwhile effect size was determined to estimate sample size for a pragmatic, randomised controlled trial.

Summary: This study contributes to nurses' knowledge of enteral feeding techniques and prokinetic drugs. An outline of a proposed trial and ethical issues raised will be presented.

Intended learning outcomes:

• Identify some of the realities of planning a randomised controlled trial.

• Identify the necessary information needed to calculate the sample size for a randomised controlled trial.

• Be aware of some of the ethical difficulties when planning a randomised controlled trial involving unconscious patients.

Recommended reading:

Norton, J.A., Ott, L.G., McClain, C., Adams, L., Dempsey, R.J., Haack, D., Tibbs, P.A., Young, B. (1988) Intolerance to enteral feeding in the brain-injured patient. Journal of Neurosurgery 68, 62-66.

Ott, L., Young, B., Phillips, R., McClain, C., Adams, L., Dempsey, R., Tibbs, P., Yun, Ryo, U. (1991) Altered gastric emptying in the head-injured patient: relationship to feeding intolerance. Journal of Neurosurgery 74, 738-742.

Taylor, S.J., Fettes, S.B., Jewkes, C., Nelson, R.J., (1999) Prospective randomised, controlled trial to determine the effect of early enhanced enteral nutrition on clinical outcome in mechanically ventilated patients suffering head injury. Critical Care Medicine 27, 2525-2531.

Room F1

11.15

1.7.1 The effectiveness of problem based learning for continuing nursing education: results from a randomized field trial

Mark Newman, School of Health & Social Sciences, Middlesex University, London, UK. Co. authors: Kate Ambrose and Lesley Vernon

Abstract:

Problem Based learning (PBL) has been adopted around the world as a philosophy and method of teaching and learning in professional and nursing education (Tompkins 2001). There is however evidence of substantial variation in the implementation of PBL and little robust evidence to support the effectiveness claims made for it (Colliver 2000). This presentation will discuss the methodology and results of a 3 year field trial of

the effectiveness of PBL in a continuing education programme for nurses.

Design: Randomized field trial comparing the effectiveness of a PBL curriculum with a standard 'current practice' curriculum

Sample: Qualified nurses from 6 London Hospitals undertaking advanced diplomas in Medical and Surgical Nursing at one North London University. These are one year part time programmesat level 3 (degree) level. The intervention PBL curriculum is based on the principles of 'authentic PBL' (Barrows 2000). The control, Small Group Learning (SGL) curriculum is delivered (if not deisgned) at the 'Instructor Centred' end of the teaching styles continuum.

Data Collection: Multi-method approach to assessment of both process and outcome measures emphasizing validity and reliability. Student measures include student attainment, managers rating of performance, student rating of performance, satisfaction, learning styles, and workload. data on teacher workload, satisfaction, perceptions and experiences was also collected. Process measures include data from non- participant observation of teaching sessions.

Intended learning outcomes:

- Be aware of the proinciples of Problem Based Learning
- Be aware of the limitations of current evidence on the effectiveness of PBL
- Understand the results from the reported study

Recommended reading:

Colliver, J. Effectiveness of Problem-based learning curricula: Research & Theory. Academic medicine 75,3 (2000) pp 259-266

Barrows H (2000) Problem based learning applied to medical education. (Springfield, Southern Illinois School of Medicine, 2000)d

Tompkins, C. Nursing education for the 21st Century . In Transforming Nursing Education Through problem-based learning. Ed. Rideout E. (Sudbury, Jones & bartlett, 2001) pp1-21

1.7.2 Degree education adds value to practice

Carole Swindells, Academic Affairs, Salford Royal Hospitals NHS Trust, Salford, UK

Abstract:

Graduate education for nursing and midwifery has been a continual debate for some years with the pendulum currently swinging in favour of at least an increase in degree provision (UKCC 1999). The professions as well consumers and purchasers of Nursing and Midwifery education need to be sure however that they are getting added value; with the graduate practitioner.

Educationalists identify critical thinking; as the level that distinguishes diploma from graduate preparation. This paper intends to clarify whether the academic achievements are restricted to the theoretical aspects of the award or whether a

degree adds value to practice. It reports on the results of a North West Regional survey in which Nursing and Midwifery practitioners were invited to assess the cognitive, reflective and professional practice skills of Nursing and Midwifery graduates and diplomats in their team.

The study design was a case control cross sectional survey carried out on samples of nursing and midwifery graduates and diplomats. The graduates were grouped as cases while the diplomats were grouped as controls. A measurement tool of 42 items covering a range of attributes and skills was employed in the study to provide a rating score for individual samples. Statistical analysis was carried out showing that the scores from graduates were significantly different from the diplomats indicating that there are genuine differences between the graduates and diplomats. Furthermore, from discriminant analysis of item scores, it appeared that the graduates overall item scores were higher than the diplomats as indicated by the centroid of the functions being positive for the graduates and negative for the diplomats. The evidence from this study seems to support current thinking that a degree adds value to practice.

Intended learning outcomes:

- To disseminate and discuss the research methodology of the study
- To debate the value to practice of degree education
- To discuss implications of this in relation to education provision

Recommended reading:

Bartlett H.P. et al (2000) A comparison of the nursing competence of graduates and diplomats from UK nursing programs. Journal of Clinical Nursing 2000; 9:369-381

Bethune E. (1997) Critical thinking skills: the role of prior experience. Journal of Advanced Nursing 1997,26,1005-1012

Girot E. (2000b) Assessment of graduates and diplomats in practice in the UK- are we measuring the same level of competence. Journal of Clinical Nursing 2000; 9:330-337.

1.8.1 The art of understanding - Gadamer's hermeneutic philosophy in research with younger people after stroke

Ursula Immenschuh, Medical Physics Department, University of Edinburgh, Edinburgh, UK

Abstract:

An increasing number of interpretive approaches in nursing research are underpinned by hermeneutic philosophy, particularly Gadamer or Riceur. However, studies have been criticised for not reflecting the obligations inherent in the work of these philosophers. A thorough discussion of the obligations of such approaches and their implications for research is needed to ensure the

trustworthiness of such endeavours in nursing research.

This presentation will contribute to the discussion by describing the implications of Gadamer's hermeneutic philosophy for a qualitative study of the experience of having a stroke for younger people (18-51 years). It will give a brief overview of the main characteristics of Gadamer's "practical philosophy". Furthermore, the ways in which background and tradition of both the researcher and the informants (south-west Germany) are considered to influence the research will be described. Other important points include explaining how issues such as the pre-suppositions of the researcher, viewing the participants as dialogue partners and thoughts about the research process as "Spiel" have been translated into this research. The benefits and limitations of Gadamer's hermeneutic philosophy as background for this study will be clarified and summarised. The presentation will show that Gadamer's hermeneutic philosophy is much more than fashion - it is a fruitful basis for a person-centred approach to nursing research.

Intended learning outcomes:

- Will be given an overview of those characteristics of Gadamer's hermeneutic philosophy relevant for nursing research
- Understand how these characteristics can be translated into the research process
- To recognise both the benefits and limitations of Gadamer's hermeneutic philosophy for further nursing research

Recommended reading:

Rene Geanellos (1998) Hermeneuic philosophy. Part I: implications of its use as methodology in interpretive nursing research

Hans-Georg Gadamer (1990) Wahrheit und Methode, J.C.B.Mohr (Paul Siebeck), Tübingen, Band 1, 6th edition

1.8.2 Parent's experiences of day surgery: Using diaries with an inductive approach

Jane Hughes, The Tree House Children's Centre, Stockport NHS Trust, Stockport, UK

Abstract:

This study was undertaken with an underlying aim of getting a greater insight of parent's experiences of caring for their child following day surgery. The backround of the study evolved around the implied benefits of day surgery in reduced hospitalisation and financial cost contrasting with a the perceived lack of real awareness of the wider impact of day surgery on the child and family.

The principle aim of the study was "To explore the experiences of parents caring for their child following day surgery",a particular objective of the study was to allow parents to highlight the concerns and issues that were pertinent to

themselves. The design of the study reflected the principle aim and the ontological perspective of the author, see Ribbens (1998) who suggests that the approach should be supportive and mimimise the cost to the participant and may also be reciprocal. Diaries were used as the main data collection method, parents and children were invited to record experiences, feelings and observations for up to 14 days following surgery.Participants were encouraged to write freely, at whatever time suited them and as much and as little as they wished.

Resionses to this method of data collection were positive, 11 out of the 12 daries taken were completed, this was conclusive with Burman's study (1995). It was felt that a high degree of personnal interest in the subject areas contributed to this response as in Zimmerman and Wider (1977).

Data Analysis reflected an inductive approach and used a meticulous approach to coding, recoding and producing a conceptual map of the evolving themes. Through this, 5 key themes were identified, which illustrated areas which would not necessarily have been anticipated by health care professionals and were particular to each family.

The use of diaries in this study proved effective in illiciting lived-in experiences of parents caring for their children following day surgery. The contributions of children to the diaries indicate that diaries have potential as a research tool for use with children.

Reports from additional studies which have used a diary method would help to identify practical and theoretical issues around the use of this research tool in gaining the views of clients. The information gained in this study was valuable in reviewing the service offered and evaluating the need for changes to better serve the families for which it was designed.

Intended learning outcomes:

- Understand the practical and theorecical aspects of using diaries with parent's and children

- Be aware of inductive approaches to research design

- Be aware of aspects of data analysis within qualitative research methods

Recommended reading:

Ribbens J (1998), Hearing My Feeling Voice-Chapter 2 In Feminist Dilemmas In Qualitative Research, Sage, London.

Burman M E (1995), Health Diaries In Nursing Research And Practice, Image-The Journal Of Nursing Scholarship, 27(2):147-152.

Zimmerman D H And Wieder D L (1977) , The Diary /Diary-Interview Method, Urban Life,5(4):470-498.

Room F14

12.15

1.8.3 A lived experience - but can I live with it?

Kathryn Waddington, Applied Psychosocial Sciences, City University, London, UK

Abstract:

This is not a patient's story about adaptation to chronic illness, pain or loss. Nor is it an account of student nurses' survival or attrition in an increasingly complex world of education and practice. And no, it is not a narrative about the challenges and conflicts of contemporary interprofessional practice. It is a researcher's reflection upon being reflexive, which involves thinking about myself and my research, thinking back and thinking around (Parker, 2000). The paper will outline practical ways of approaching reflexivity and reflective writing, and will include extracts from my reflective journal. As I finish my PhD research into the role of gossip in nursing and health care organisations I find myself asking what does it mean and where does it fit in relation to nursing research? The research adopted a postmodern, interdisciplinary stance, drawing upon multiple theoretical perspectives from work and organisational psychology, anthropology, sociology and nursing. When analysing data from in-depth interviews with 10 Clinical Nurse Specialists, exploring the role of gossip in sensemaking and the expression and management of emotion, I had a sense of academic voyeurism. I questioned whether my research was, for me, a sophisticated form of the defence mechanism of intellectualisation, and whether for nursing, the research process has become 'the new' social defence against anxiety (Menzies, 1959/1988). I felt uncomfortable, and still do. If reflexivity is a conscientious effort to "tell the truth" (Gergen and Gergen, 2000) I have to question the burgeoning growth of research reporting upon 'the lived experience of…', and find myself irritated by the gratuitously complex style of writing and debate in some nursing and social science research. And yes, I do question to what extent this paper might simply add to this, and would value the opportunity to discuss my reflections with other researchers and practitioners.

Intended learning outcomes:

- To discuss the role of reflexivity in the research process

- To identify practical ways of approaching reflexivity and reflective writing

- To debate the role of the research process as a social defence against anxiety

Recommended reading:

Gergen, M. M. & Gergen, K. J. (2000). Qualitative inquiry: tools and transformations. pp1025-46 in N. K. Denzin & Y. S. Lincoln (eds). Handbook of Qualitative Research (2nd ed). Thousand Oaks CA: Sage.

Menzies, I. E. P. (1959/1988). The functioning of social systems as a defence against anxiety: a report on a study on the nursing service of a general hospital. Reprinted in I. E. P. Menzies Lyth. Containing Anxiety in Institutions: Selected Essays. pp 43-85, London: Free Association Books.

Parker, I. (2000) Four story-theories about and against postmodernism in psychology. pp 29 -48 in L.Holzman & J. Morss, J. (eds). Postmodern Psychologies, Societal Practice and Political Life. New York: Routledge

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Room E7

11.15

1.9.1 'Courtesy call' notifying a 'Myocardial Infarction' team may help reduce treatment delays

Roger Gamon, Education and Research, Salford Royal Hospitals NHS Trust, Salford, UK. Co-author: Fiona Lecky

Abstract:

Background: Clot-busting drugs must be given without delay to eligible patients with myocardial infarction (Rawles 1997; DOH 2000). However, pre-alert to the Emergency Department from the ambulance for these patients is not routine practice (Brown & Warwick 2001). In late March 2001 a campaign encouraged paramedics to send such pre-alerts or 'courtesy calls' (CC) to Hope Emergency Department. Concurrently, a pre-arranged MI' team (A+E nurse/doctor/ECG technician) were to assemble to meet the patient. Respective Door to Needle (DTN) times were compared to see whether they had been influenced by either a CC or the 'MI team', neither or both.

Results: When patients who received the input of the MI team but no CC (n=39) were compared with patients who received neither (n=34) the RR of patients achieving a DTN ⇐20minutes, ⇐30 & ⇐45 minutes respectively was 1.42 (95% CI 0.67 - 3.00), 1.10 (0.75-1.62) & 1.31 (0.99-1.73).

When those who received a CC but no MI team (n=7) were compared with those who had no CC nor input from an MI team (n=34) the RR of these patients achieving a DTN ⇐20, ⇐30 & ⇐45 minutes respectively was 3.03 (1.41-6.53), 1.53 (1.00-2.34) & 1.32 (0.9-1.96).

Finally, when comparing those patients who received both a CC and input from an MI team (n=14) to those who received neither (n=34) the RR of achieving DTNs ⇐20, 30 & 45 minutes respectively were 2.12 (0.95 - 4.73), 1.53 (1.06-2.21) & 1.44 (1.08-1.91).

Conclusion: The CC may help increase the number of patients who are treated within 20 minutes of arrival to hospital whilst an 'MI team' may help 'mop up' others by ensuring that they are at least treated within 45 minutes. Used in conjunction, these actions may help hospitals in their efforts to meet the stringent national thrombolysis targets.

Intended learning outcomes:

- Clot-busting drugs (thrombolysis) must be given without delay to eligible patients with acute myocardial infarction.

- Fore-warning of the Emergency Department by ambulance personnel does not routinely occur for these patients.
- Such fore-warning, when combined with an cardiac reception team (nurse/doctor/ECG technician) may help reduce treatment delays.

Recommended reading:

Rawles J. (1997) Quantification of the benefit of early thromboytic therapy: Five year results of the Grampian Region Early Alteplase Trial (GREAT). J Am Coll Cardiol;30 (5):1181-1186

Department of Health. (2000) National Service Framework for Coronary Heart Disease. Chapter 3 - Heart attack and other acute coronary syndromes.HMSO.

Brown R & Warwick J. (2001) Blue Calls ' time for a change? Emerg Med J ;18(4):289-92

Room E7

11.45

1.9.2 Why people experiencing acute myocardial infarction (AMI) delay seeking medical assistance.

Rosa Carney, Cardiology Department, Belfast City Hospital Trust, Belfast, UK. Co-authors: Donna Fitzsimons and Martin Dempster

Abstract:

AMI is a major cause of death and disability. Recently thrombolysis has emerged as an effective treatment for the condition, saving lives and improving prognosis. A major factor in the success of this treatment is how quickly thrombolysis is administered. Thus delay time from onset of symptoms of myocardial infarction to seeking medical assistance can have life-threatening consequences. This has been termed;decision-delay;. A number of factors have been associated with decision-delay, but there is little evidence regarding the predictive value of these indices.

The aim of this study was to explore potential predictors of patient delay from onset of symptoms to time medical assistance was sought. A quantitative methodology was employed, to survey a consecutive sample of 62 patients admitted to CCU with acute myocardial infarction. A combination of three questionnaires were used to gather data:

- The Cardiac Denial of Impact Scale (Fowers 1992)
- Health Locus of Control Scale (Wallston et al 1976)
- Health Value Scale (Lau et al 1986)

Data were analysed using SPSS, standard descriptive statistics and logistic regression analysis.

Most patients in this study, irrespective of previous cardiac history, initially attributed their symptoms to indigestion. The median delay between onset of symptoms and seeking help was 135 minutes. Attribution of symptoms to heart disease and health locus of control had a significant predictive effect (p=$\leftarrow$-0.05) on patients seeking help within 60 minutes, while previous experience of heart disease did not.

Nurses in a wide variety of settings have the potential to educate patients on symptoms of AMI. Assisting individuals to recognise the potential for symptoms to have a cardiac origin is an important objective in terms of both primary and secondary prevention. Nursing interventions should take into account the variety of cognitive and behavioural factors involved in patients; decision making processes.

Intended learning outcomes:

- Identify potential factors which may predict decision delay in patients experiencing an AMI.
- Understand the importance of reducing decision delay in this group of patients.
- Discuss a variety of potential nursing interventions to effectively reduce decision delay

Recommended reading:

Fowers BJ (1992) The Cardiac Denial of Impact Scale: A brief, self-report research measure. Journal of Psychosomatic Research 36;5, 469 - 475.

Wallston B S, Wallston K A, Kaplan G D, and Maides S A (1976) Journal of Consulting and Clinical Psychology 44;4, 580-585.

Lau R R, Hartman K A, and Ware J E (1986) Health as a value: Methodological and theoretical considerations. Health Psychology 5;1, 25-43.

Room E7

12.15

1.9.3 The extent to which the environment, triage event, documentation, components of the assessment and training & development affect departmental accuracy when using the Manchester triage system.

Jill Windle, Department of Nursing, University of Salford, Manchester, UK

Abstract:

Background: The Manchester Triage System (MTS) has been widely adopted in UK emergency departments as the gold standard, although no published studies have addressed the accuracy or reliability of the complete system. A regional audit, involving twenty hospitals, was conducted to test accuracy and reproducibility of MTS. 1803 patient records were re-triaged by external trieurs and the two decisions compared. Results demonstrated a spread of accuracy from 95% to 68% and raised questions as to why units, all using MTS, differed in accuracy and whether certain triage practices influenced nurses decision making when assigning clinical priority.

Objectives: To establish the extent to which the; environment, triage event, documentation, components of the assessment and training & development effect departmental accuracy when using MTS.

Methods: A non-experimental, descriptive survey was designed to examine the variances between units in terms of their percentage audit accuracy, compared with variances in four pre-determined aspects of triage practice. An individual profile of each unit was obtained, using a self-administered postal questionnaire and subjected to statistical analysis.

Results: 17 (85%) of the 20 units returned questionnaires for analysis. The triage event and environment did not effect accuracy. Nurse first triage as opposed to reception first revealed a p value of 0.74 (95% CI −10.4 to 7.6), and no relationship was established between accuracy and the number of triage post in operation, either one or two nurses, p = 0.53 (95% CI −8.17 to 18.1). Components of the assessment were remarkably similar for all the units and were not subject to further analysis. Evidence of audit and training activity appeared to be greater in units with lower accuracy rates but again not significant. However, the use of computerized decision support software (CDSS) was statistically significant p = 0.01 (95% CI 2.1 to 16.2).

Conclusions; The triage environment, components of the assessment, evidence of audit and training activity do not appear to effect MTS accuracy. However, units with CDSS were more likely to achieve higher accuracy rates than units with manual systems.

The drive for more sophsiticated CDSS coupled with the agenda for clinical govenrnance challenges traditional decision making process. Nurses should be more empowered to develop their own clinical support data to maximise effectiveness and ensure adherence to this new way of working. This paper intends to outline the processes involved and provide practical guidelines for developing these systems.

Intended learning outcomes:

- Establish the benefits of computer decision support software in clinical practice
- Identify the decision making processes and factors which influence those decisions

Recommended reading:

Mackway-Jones K (ed.) (1997) Emergency Triage. London. BMJ Publishing Group.

Gilboy N, Travers D, Wuerz R,. (1999). Emergency Nurses at the Millennium. Re-evaluating in the new millennium: A comprehensive look at the need for standardization and quality. Journal of Emergency Nursing, 25(6): 468-473

Cioffi J. (1998) Decision making by emergency nurses in triage assessments. Accident and Emergency Nursing, 6:184-191

Room D7

11.15

1.10.1 Beyond closing the gap: an evaluation of the lecturer-practitioner role

Sabi Redwood, IHCS, Bournemouth University, Bournemouth, UK

Abstract:

The aim of this study was to illuminate the impact of the lecturer-practitioner role in the practice institution and the university. The study sought to explicitly address issues of responsibilities in relation to lecturing and practising. The aim of this paper is to articulate the value of the role in terms of the practice environment, professional education and the profession of nursing in light of the findings of this study. Using a case-study approach, focusing on one university and one of its partner practice institutions, the study attended the personal experience of lecturer-practitioners (n=10) and managers linked to both organisations (n=17) with a view to draw out common features of the role. Open and survey interviews were conducted. Content analysis led to the identification of important dynamics of the lecturer-practitioner role, from the perspective of the post holders and their managers. The post holders identified concerns that resulted from the dual demands of their roles within broader considerations of preparation for the role, role performance and personal support. Managers identified four areas in which lecturer-practitioners had made major contributions: creating and sustaining a learning environment; improving recruitment and retention; facilitating practice and service development within their practice area and throughout the organisation; and improving patient care. The theory-practice gap in nursing was the major theme emerging from the study. The lecturer-practitioner role was often quoted as an initiative to bridge it. Indeed this;bridging function; that participants described in their contribution to this study served to refine our understanding of the theory-practice gap to include: the connection that is created through the medium of the lecturer-practitioner role in terms of professional education and professional practice; the organisational link between the practice institution and the university; and the challenge of bringing research evidence into practice.

Intended learning outcomes:

- To gain insight into the lecturer-practioner role from the post holder and manager perspective
- To gain an understanding of the aspects of the lecturer-practitioners' 'bridging function' between the practice institutions and the university
- To be able to identify the value lecturer-practitioners add to their practice institution, university and profession

Recommended reading:

Harvey G., Loftus-Hills A., Rycroft-Malone J., Titchen A., Kitson A., Mccormack B. And Seers K., 2002. Getting Evidence Into Practice: The Role And Function Of Facilitation. Journal Of Advanced Nursing, 37(6), 577-588.

Newman N., Hayes N., Sugden M., 2001. Evidence-Based Practice: A Framework For The Role Of Lecturer-Practitioner. Clinical Effectiveness In Nursing, 5, 26-29.

Thompson C., Mcmaughan D., Cullum N., Sheldon A.S., Mulhall A., Thompson, D.R., 2001. Research Information In Nurses; Clinical Decision-Making: What Is Useful? Journal Of Advanced Nursing, 36(3), 376-388.

Room D7

11.45

1.10.2 Clinical specialist nursing outside the NHS

Marie Roberts-Davis, States of Guernsey Board of Health, Institute of Health Studies, St Andrew's, Guernsey, C.I. Co-author: Sue Flemming

Abstract:

The research gives an interesting insight into the development of clinical specialist nursing in a context where nursing has not been particularly promoted politically as it has been within the NHS recently and where a basic element of health care delivery is 'private' medical services.

This eight-month pluralistic evaluation was designed to meet the multiple objectives of the Health Studies and Nursing Services Directorate of the Board of Health and to guide their current and future policy relating to the development of specialist nursing services. Purposive and convenience sampling techniques were used to elicit data from post holders (N=20), managers (N=15), other health care practitioners (N=119) and patients/clients (N=120). Due to the limitations of time, the study comprised concurrent data collection - questionnaires, direct observation, completion of a work diary by post holders and document review. Questionnaires used were based, with the permission of the grant holder, on the ENPiP study (Read et al, 2001). The instrument used in the direct observation and the work diary were based on the HLP Standard (UKCC, 1999).

The good response rates to all questionnaires, ranging between 65% for the questionnaire to other health care professionals, through 73% for patient/client questionnaires and eventually 100% for post holders and managers, was most encouraging and enabled the views of all stakeholders to be represented.

Analysis of qualitative data from questionnaires, during the observation visits and from the work diaries was undertaken using a framework method of analysis with respondent validation of some findings.

Overall the study demonstrated a high degree of correlation across the findings of all instruments and served to identify the considerable strengths of the specialist nursing services and a few areas where development was needed. The latter included the need to move policy forward and develop a collaborative model of care.

Intended learning outcomes:

- Be able to appreciate the challenges of developing CNS roles outside the NHS
- Identify the impact of the CNS on care in the specific context.
- Identify the areas of policy development necessary for the continuing development of the CNS role in the context described.

Recommended reading:

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (2002) Report of the higher level of practice pilot and project. London. UKCC

Roberts-Davis M, Read S (2001) Clinical role clarification: using the Delphi method to establish similarities and differences between Nurse Practitioners and Clinical Nurse Specialists. Journal of Clinical Nursing. 10 (1) p.p. 33-43

Read S, Doyal L, Vaughan B et al (2001) Exploring New Roles in Practice
http://www.snm.shef.ac.uk/research/enrip/enrip.htm

Room D7

12.15

1.10.3 Career paths beyond nursing and the contribution of nursing experience and skills in attaining these positions

Helen Franks, Department of Health Care Studies, Manchester Metropolitan University, Manchester, UK

Abstract:

Whilst the reasons that registered nurses (RNs) leave traditional nursing positions are well documented, what is not clear is what they go on to do when they leave.

Anecdotal evidence suggests that RNs frequently move on and flourish in non-nursing jobs or careers which, whilst not directly requiring a RN qualification, nevertheless, utilise the skills and experience gained from being a nurse.

This paper reports on an exploratory study undertaken in New South Wales, Australia which sought to identify the positions RNs go on to after leaving nursing and the skills and experience they gained from nursing which they believe enabled them to obtain employment outside the profession. In addition, the reasons why they left nursing were also ascertained. A network sampling technique was used to recruit 17 participants and a tape-recorded semi-structured interview of approximately one hour was conducted with each participant. Interviews were conducted until no new information emerged (n=14) and the three other interviews were used for validation. While many participants were employed in health-related fields, others were in diverse areas such as business, landscape coordination and market research. All participants reported positively on the range of skills they had acquired as a nurse. Reasons provided for leaving the nursing workforce included reaching a ceiling in nursing or wishing

to develop themselves in another direction. Respondents had also undertaken a range of additional qualifications. The purpose of this study was not to advocate for or encourage nurses to leave the profession but rather, to provide an awareness of the different and positive reasons for both nurses and the profession as to why some might choose to do so. More importantly, the study ascertained the skills and experiences gained by nurses which facilitated these career changes with a view to informing future nursing education and skills attainment.

Intended learning outcomes:

- To identify some general reasons why nurses move out of 'tradtitional' nursing positions
- To have a baseline in understanding how the skills and experiences gained from nursing are valued in the wider employment arena
- To appreciate the positive benefits of nurses moving out of the nursing workforce into other work place forums

Recommended reading:

Duffield C., Franks H. (In Press) Career Paths beyond Nursing and the Contribution of Nursing Experience and Skills in Attaining These Positions. Accepted by the International Journal of Nursing Studies 2001.

14.15 – 15.45
Concurrent session 2

Room D1

14.15

2.1.1 Research governance in health, social care and higher education - an exploratory study

Michelle Howarth, School of Nursing, University of Salford, Salford, UK. Co-author: Rosie Kneafsey

Abstract:

The Research Governance Framework for health and social care settings was published in 2001 (DOH 2001). This Framework provided a timely response to research controversies that highlighted the lack of accountability for research practice (Smith 2000). The Research Governance Framework is geared primarily towards improving the standards and practice of research through increased transparency, public scrutiny and partnership working. However, there are also dangers that the increased control of research and related bureaucracy could stifle research innovation and activity (Squires 2001).

A one-year action research study has been funded to explore:

1) The process of RG implementation within the northwest area.

2) The impact of RG on those individuals undertaking research and their host organizations.

The study is being conducted within two hospitals, a PCT, a social services department and a local University. Data is being collected using a questionnaire survey of a random sample of 25% of the research active staff within each organization. Additionally, a purposive sample (n=20) of R&D managers, university and clinical staff undertaking research, will be identified and in–depth interviews undertaken. The questionnaire will elicit information on respondents' knowledge of Research Governance and local R&D structures. Semi-structured interviews will explore how RG has been implemented, and identify associated problems or successes and suggestions for improving current RG arrangements. Questionnaires are being analysed using SPSS and descriptive statistics. Thematic content analysis is being used to explore interview data.

This presentation will outline the study methods and main findings. It will focus on how problems associated with Research Governance have been overcome through good practice and problem solving. Early indicators suggest that Research Governance is a complex endeavour and many perceived barriers exist. The potential implications for future nursing research must be considered.

Intended learning outcomes:

- To be able to describe the nature of the Research Governance Framework
- To be able to describe the implications of the Framework for organisations and those involved in health and social care research.
- To be able to describe examples of best practice in relation to the implementation of Research Governance.

Recommended reading:

Department of Health (2001) Research Governance Framework for Health and Social Care, Department of Health,

Smith R (2000) Babies and consent: yet another NHS scandal, BMJ, 320:1285 – 1286

Squires S (2001) Building a culture of evidence based care, Professional Nurse Supplement, 16 (6), S2

Room D1

14.45

2.1.2 Where we are at, where we are going - Nursing and midwifery research in Ireland

Sarah Condell, Research Division, National Council for the Professional Development of Nursing and Midwifery, Dublin, Ireland

Abstract:

This paper is a discursive account of the situation of nursing and midwifery research in the Republic of Ireland. An outline of current research capacity will be delivered. The contemporary context leading to the joint appointment of a nurse between a national professional body and a national health research funding council will be given. The publication of "A Research Strategy for Nursing and Midwifery in Ireland" (Department of Health and Children, awaiting publication) gives the strategic direction to the role. The inherent challenges to the implmentation of this strategy and the role itself will be explored.

Intended learning outcomes:

- Be aware of the current research climate for nursing and midwifery in Ireland
- Be able to identify how research policy is generated
- Be able to recount the challenges of research strategy implementation in the Irish context

Room D1

15.15

2.1.3 Research governance: the implications for nursing research

Vicky McLelland, Research and Development Directorate, Royal Wolverhampton Hospitals NHS Trust, Wolverhampton, UK

Abstract:

In 2001, the Department of Health (DoH) introduced the Research Governance Framework for Health and Social Care. Research Governance is designed to improve and maintain the ethical and scientific quality of research, promote standards of good practice in the conduct of research, reduce incidents during research, and prevent poor performance and misconduct (DOH, 2001). By July 2002, all research active organisations within the NHS had produced plans to implement Research Governance within their organisations.

The Governance Framework was produced in response to poor research practice in a number of medical projects that undermined the confidence of the DoH and the general public in the conduct of research. The implementation of Research Governance is a way of ensuring that the conduct and quality of research reaches an acceptable standard throughout the UK.

Although the Framework refers to medical and scientific research, it has important implications for nursing research in relation to ethics, quality of research design, obtaining informed consent from participants, collection of data, data protection and health and safety.

This presentation will address how nurses can integrate the principles of Research Governance during the planning and practice of research by addressing the following questions:

- Is this project ethical?
- Is the study well designed?; (Polit and Hungler, 1995; World Medical Association, 1964 updated 2000)
- How can I ensure that participants are fully informed before giving consent?
- How do I collect good quality data ensuring that data collection is within the Data Protection Act?;
- What are the Health and Safety implications for researchers or participants?

A systematic approach to planning and design of research proposals, application of good research practice and dissemination of research findings will ensure that nursing research is performed in line with the principles of Research Governance.

Intended learning outcomes:

- Understand the principles of Research Governance
- Understand why Research Governance is needed
- Understand how Research Governance can be integrated in to nursing research projects

Recommended reading:

Department of Health, 2001 Research Governance Framework for Health and Social Care, Published by Department of Health.

Pollit DF and Hungler BP, 1995 updated 1999, Nursing Research: Principle and Methods, 6th edition, published by Lippincott Williams and Watkins, Philadelphia.

World Medical Association General Assembly, Declaration of Helsinki, Ethical Principles for Medical Research Involving Human Subjects, adopted 1964, updated: 1975, 1983, 1989, 1996 and 2000 published by World Medical Association.

Room D2

14.15

2.2.1 Crisis in nursing? A study concerning the professional self-image of nurses in Belgian hospitals and its importance for the future of the profession

Kaat Siebens, Centre for Health Services and Nursing Research, Catholic University of Leuven, Leuven, Belgium. Co-authors: B. Dierckx de Casterlé, S Leonard, Y Dubois, E Darras and K Milisen

Abstract:

Several international studies have shown a significant shortage in nursing. Measures focusing on recruitment of nurses, have been undertaken to deal with this problem. However, nurses often perceive these measures as harmful to the status of nursing and the quality of the nurse-patient relationship and as a threat to the pride of the profession. Taking action without considering what nurses regard as the essence of nursing, may have adverse effects on nurses' recruitment and retention. Furthermore, the way nurses perceive themselves within their work environment has been described as an important factor explaining nursing shortage.

A clear insight into the professional self-image of nurses could be helpful to better understand their role, position and specific contribution to the health care. These essential elements give nursing its character and strength.

This study intends to explore the professional self-image of nurses in daily hospital practice in a way that it can contribute to a refined insight in their role, position, and specific contribution to health care and in this way to a more effective approach of the shortage in nursing.

First of all, a new instrument for measuring the professional self-image of nurses was developed. Results from literature search and 10 focus groups were used for the construction of this instrument. Secondly a survey, using this questionnaire is conducted within a sample of 22 Belgian hospitals (11786 beds,16000 nurses).

The focus groups, executed in the period September 2001 till March 2002, yielded material for determination of the three dimensions (competence, nursing care and team) of which the professional self-image is composed and for

the development of the questionnaire to measure the professional self-image.

The results of the survey will ultimately give information about how nurses perceive themselves and their profession, and will be available at the end of December 2002.

Intended learning outcomes:

- Be informed about the nursing shortage in Belgium
- Be aware of the importance of the professional self-image for the nursing shortage
- Gain a clear insight into the new instrument for measuring the professional self-image of nurses

Recommended reading:

Spurgeon D. (2000) Canada faces nurse shortage. British Medical Journal, 320(7241), pp.1030.

Mills, A. Blaesing, S. (2000) A lesson from the last nursing shortage: the influence of work values on career satisfaction with nursing. Journal of Nursing Administration, 30(6), pp.309-315.

Cowin, L. (2001) Measuring nurses self-concept. Western Journal of Nursing Research, 23(3), pp.313-325.

Room D2

14.45

2.2.2 Emotional work and care of older people

Liz Tutton, RCN Institute, Royal College of Nursing, Oxford, UK

Abstract:

This paper aims to explore the issue of emotional work in the care of older people drawing on the findings of two studies. The first study is an ethnography study of comfort in which i) interviews were undertaken with twenty-seven staff and nineteen patients ii) in addition, one hundred and thirty hours of participant observation was undertaken. The second study is an action research study of patient participation in care. In this study data was collected from i) twenty'four staff interviews, nineteen patient interviews and ii) focus groups with nine staff. The data in both studies was transcribed verbatim and analysed line by line using QRS.NUDIST to assist with the organisation of the data.

The findings further nursing knowledge by identifying emotional work as a prominent feature of comfort and participation in care. Both patients and staff identify the work they do to maintain a balance in relation to their emotions. In the study of comfort staff demonstrate an engaged or disengaged approach where patients experience the warmth or coldness of the interaction. In the participation study acceptance and emotional connection are seen as essential for participation in care. Despite the importance of emotions for the patients'experience of both comfort and participation they can still be undervalued or taken for granted in practice. Priority is given to organisational and physical needs (James 1992) and staff keep a lid on their feelings (Froggatt 1998) or work in non caring ways to reduce their emotional commitment (Allan 1999). This paper highlights the

importance of emotions in daily care but suggests that staff and patients need support to develop ways of engaging with emotions and develop strategies for working with emotions in a therapeutic way.

Intended learning outcomes:

- Be aware of emotional work as legitimate nursing work.
- Identify the complex issues raised by emotional work.
- Understand how practice and research might move forward in this area.

Recommended reading:

Allan, H. T. (1999) Sister will see you now. Managing emotions in a fertility clinic, Unpublished PhD Thesis, Royal College of Nursing Institute, University of Manchester

Froggatt, K. (1998) The place of metaphor and language in exploring nurses' emotional work, Journal of advanced Nursing, 28(2):332-338

James, N. (1992) Care=organisation+physical labour+emotional labour, Sociology of health and illness, 14(4):489-509

Room D7

14.15

2.3.1 Primary care nurses' use of research information in clinical decision making

Carl Thompson, Health Sciences, Centre for Evidence Based Nursing, York, UK. Co-authors: Nicky Cullum and Dorothy McCaughan

Abstract:

Background: Professionals' use of research findings is a policy, professional and educational imperative in primary care. However, despite the prima facie acceptance of the value of research for nursing we know that for many reasons nurses do not routinely incorporate research results into their clinical decisions. Research is often unrelated to the uncertainties associated with clinical practice, and often research methods are inappropriate for the questions being addressed. Moreover, we know nurses often lack the searching, appraisal and implementation skills to give due weight to research evidence in their decision making processes.

Research Questions:

- What kinds of clinical uncertainties (expressed as clinical decisions) do nurses face in primary care
- What are the barriers to nurses' use of research in clinical decision making in primary care
- How accessible is research based information in primary care for real-time decision making
- What is the perceived usefulness of research based information for primary care nurses' clinical decision making.

Methods: Multiple case study design using qualitative interviews, observation and Q methodological and regression modelling with district and practice nurses, health visitors and

nurse practitioners. Sample: 82 interviews, 270 hours of observation and 125 completed Q sorts.

Results: Final analysis is currently being undertaken, but findings will focus on the modelled data describing shared perspectives of nurses regarding the barriers to use, accessibility, and clinical usefulness of research based information. Early indications are that the importance of human sources of research based information and the inadequacies of technological solutions to research information use in decision making (for a variety of reasons) will feature strongly in the presentation.

Intended learning outcomes:

- Understand the barriers to the use of research information in the context of primary care decision making.
- Be aware of the accessibility of a range of information sources for clinical decision making in primary care
- Will appreciate the usefulness, for reducing the uncertainty associated with clinical decisions, of a variety of research based information sources.

Room D7

14.45

2.3.2 Nurse practitioner and practice nurses' use of research information in clinical decision making: findings from a national study.

Dorothy McCaughan, Health Sciences, University of York, York, UK. Co-author: Carl Thompson

Abstract:

Background: General practice is at the core of delivering the vision of the NHS Plan and represents eight out of ten patient contacts with the NHS. The last 20 years have seen an increasing trend towards the establishment of very large practices, accompanied by a growth in purpose-built premises and a dramatic expansion in the employment of practice nurses (Audit Commission 2002). These developments are based on issues of cost, the need to improve patient access to care, the availability of doctors and the skills and expertise of nurses. Increasingly, nurses are acting as the first point of contact for patients in primary care, and particular interest has been shown in the development of the nurse practitioner role.

Aims: This paper will report some of the findings of an MRC funded national study of primary care nurses' use of research information in clinical decision making. Specifically, it will:

- describe the kinds of decisions nurses working in general practice (practice nurses and nurse practitioners) make on a daily basis;
- delineate the sources of information they use routinely when making decisions;
- discuss factors which appear to facilitate or impede accessing and using information in practice.

Methods: Multiple case study (3 sites) design using qualitative interviews, observation and documentary analysis. Sample: 32 interviews and 110 hours of observation with practice nurses and nurse practitioners.

Results: Final analysis is currently in progress. Early findings suggest wide variability, both in the scope of decision making of individual nurses and information provision in general practice. This paper contributes a detailed picture of how nurses are currently functioning in general practice in relation to the kinds of clinical uncertainties they encounter on a daily basis; furthermore, their needs for information to underpin practice are explored and recommendations made on the basis of the findings.

Intended learning outcomes:

- Be aware of the kinds of decision choices confronting nurses working in general practice in their day-to-day work.
- Know about the sources and kinds of information that practice-based nurses use routinely in their daily work.
- Become aware of those factors which appear to facilitate or impede the access and use of information by practice based nurses.

Recommended reading:

Audit Commission (2002) General Practice in England. Audit Commission/HMSO

Room D7

15.15

2.3.3 Recognising, acquiring and integrating knowledge: Proposing a 'feed or not to feed' decision making model for stroke care utilising a grounded theory based in relationships

Jane Williams, Department of Medicine for Elderly People, East Hampshire Primary Care Trust, Portsmouth, UK

Abstract:

This qualitative study ecplores how consultant geriatricians and senior nurses approach the 'feed or not to feed' decision-making process in patients over the age of 65 years who have had a stroke. Relatives of stroke patients are often involved in that decision and this study utilises their experience to develop a substantive grounded theory. In particular the study aims to explore whether the sharing of knowledge between doctors, nurses and relatives assist the decision-making process for those patients unable to be involved themselves. Semi structures interviews were conducted with 5 geriatricians, 5 senior nurses and 9 relatives of patients who were either in the acute phase of stroke or currently being tube fed in a long-term care hospital setting.

The interviews were audi-tape recorded, transcribed in full and analysed using the

constant comparative technique. A paradigm model was the result of this process.

It emerged that whilst doctors and nurses mostly view the patient in the prsent and the future regarding their health related quality of life, relatives view their loved one in terms of who they have been. Looking to the future may be too painful for relatives causing them in preference to focus on the past. Giving equal consideration to recognising, acquiring and integrating knwoledge in terms of the past, present and future may facilitate more effective partnerships in decision-making.

Intended learning outcomes:

- Be able to reflect upon and review their own practice in relation to decision-making
- Be able to facilitate team discussions regarding relatives involvement in decision-making
- Be able to identify and understand why conflict in decision-making occurs

Recommended reading:

General Medical Council, 2002. Withholding and withdrawing life-prolonging treatments: Good practice in decision-making. GMC Publications, London.

Nolan M. 2000. Skills for the future, the humanity of caring. Nursing Management;7(6):22-29

Radwin L.E. 1995. Knowing the patient: A process model for individualised interventions. Nursing Research;44(6):364-370

Room E7

14.15

2.4.1 Parental commitment to the early attachment process when their infants are preterm with a very low birth weight: A review of the literature using an ecological framework

Gillian Watson, School of Nursing and Midwifery, University of Dundee, Dundee, UK

Abstract:

This paper discusses the literature relating to the commitment of parents to the attachment process, when their infants are preterm and very low birth weight.

The development of the infant-parent attachment relationship is accepted as central to the future quality of the physical, psychological and social progression of every child (Goldberg 2000). A concept analysis of the attachment process between parent-infant dyads identified three interacting critical attributes, reciprocity; proximity and commitment. For term infants with uncomplicated histories a secure attachment relationship with caregivers is more common. However technological advancement in antenatal and neonatal care over the last thirty years, have increased the survival of infants previously identified as nonviable (Goldberg,2000: Kramer, Seguin et al.,2000: Moore,2000), for example, infants born before the 25th week of gestation

and those infants weighing less than 1500 grams. These infants are often physiologically unstable for protracted periods and neurologically immature resulting in a diminished ability to experience proximity and reciprocity with their parents. This brings into question how parents of preterm, very low birth weight (VLBW) infants can maintain the commitment to this important relationship. The powerful antecedents, known to influence the commitment of parents within the attachment process are those of favourable physical, psychological social and financial environments, incorporating parents own attachment experiences and the functioning of the wider family unit. These issues will be discussed within an ecological framework in relation to human development (Bronfenbrenner,1979). This will enable identification of what is already known about the influences of parental commitment to the attachment process within the context of difficult and unusual situations.

Intended learning outcomes:

- Developed a greater understanding of the attribute of commitment within the context of attachment theory
- Develop an understanding of the difficulties that can occur if the attachment relationship is insecure
- Identify the importance of using an ecological framework when exploring attchment within the context of the family.

Recommended reading:

Bronfenbrenner, U., 1979: The Ecology of Human Development. Cambridge Harvard University Press.

Goulet, C., L. Bell, D. St-Cyr Tribble, D. Paul, and A. Lang, 1998: A concept analysis of parent-infant attachment. Journal of Advanced Nursing, 28; 5: 1071-1081.

Kramer, M., L. Seguin, L. Lydon, and L. Goulet, 2000: Socio-economic disparities in pregnancy outcome: why do the poor fare so poorly? Paediatric and Perinatal Epidemiology, 14: 194-210.

Room E7

14.45

2.4.2 Listening to women's stories: lessons for midwives and childbirth educators

Mari Phillips, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK. Co-author: Ruth Deery

Abstract:

Listening to others' stories can be a powerful form of education for both women and midwives. In England, some midwives still persist in delivering a programme of education that has been designed according to what the midwife thinks is best for women, choosing to ignore innovative ways of helping them understand about childbirth and parenting. Old wives' tales

are denigrated (Kirkham, 1997) and the process of labour becomes the focus of attention in childbirth education with many women only attending for this session.

This paper will explore issues that have emerged from three separate studies. The first study (Cliff & Deery, 1996) brought to our attention a hierarchy of knowledge between women themselves (i.e. working class and middle class women). The second study draws on the stories that were told during a series of antenatal and postnatal in depth interviews that focused on women's perceptions of their care. The third study has entailed listening to midwives' stories relating their ways of working and the relationships they have with each other. These stories have exposed both women's and midwives' expectations of care and the relationships between them.

Issues addressed in this paper include the importance of listening to women's stories and a consideration of the relative importance of women's and midwives' knowledge. Tensions that arise for both women and midwives when expectations of care are not met are explored and finally, the implications of these accounts for midwives, childbirth educators and educationalists preparing the midwives of the future are highlighted.

Intended learning outcomes:

- Understand the importance of listening to women's stories
- Explore the relative importance of women' and midwives' knowledge
- Identify the implications with regard to both the provision of care and midwifery education

Recommended reading:

Cliff, D. & Deery, R. (1996) Too much like school: social class, age, marital status and attendance/non-attendance at antenatal classes, Midwifery, Vol. 13, pp 139-145.

Kirkham, M. (1997) Stories and Childbirth. In: Reflections on Midwifery, (Eds) Kirkham, M. J. & Perkins, E. R. Chapter 9, London: Bailliere Tindall.

Room E7

15.15

2.4.3 Accessing smoking cessation services in pregnancy

Angela Tod, Department of Public Health, Rotherham Primary Care Trust, Rotherham, UK

Abstract:

Objectives: To explore barriers to pregnant women stopping smoking.

Design: A qualitative study using semi-structured interviews and Framework Analysis techniques.

Setting: The study was conducted in the three South Yorkshire Coalfields Health Action Zone districts, Barnsley, Rotherham and Doncaster.

Participants: Recruitment was conducted through the midwifery services. Using purposive sampling 11 pregnant women were identified who

agreed to participate in a telephone interview. Participants were over 16, had smoked before or during their pregnancy and had consented to participate.

Results: A prevalent perception amongst the women was that continuing to smoke was dictated by a strong addiction, dependency or habit. Whilst all the women had cut down, they viewed the additional willpower required to quit as out of their reach. This affiliation with the 'internal' barrier of lack of will power meant failure to quit or not trying became a self-fulfilling prophecy.

Other barriers identified reflect those highlighted in previous research, for example, the role and meaning of smoking, high caring burden, socio-economic problems, the influence of family and friends, interpretation of facts relating to smoking risks and the nature of Smoking Cessation Service delivery.

Facilitators in stopping smoking identified by participants included the provision of adequate and focused information, stressing the extreme health risks of smoking, the prevalence of posters, and availability of Nicotine Replacement Therapy.

This presentation synthesises the results of this study with other evidence in order to generate recommendations regarding the recruitment to and delivery of smoking cessation services. The role of nurses, especially those working in primary care, is explored.

The challenges of conducting research with a 'hard to reach' population are also explored.

Conclusions: This study illustrates the influence of social and cultural factors in pregnant women accessing smoking cessation services and how inappropriate services and unrealistic goals emerge if these influences are ignored.

Intended learning outcomes:

- Be aware of the policy and epidemiological background to the development of UK smoking cessation services.
- Understand the range of factors influencing the ability of pregnant women from deprived communities to stop smoking.
- Identify nursing strategies and initiatives to improve access to smoking cessation services for pregnant women.

Recommended reading:

Department of Health (2000) National Service Framework for coronary heart disease London: Department of Health

Department of Health (1998) Smoking Kills: a white paper on tobacco The Stationary Office. London.

Graham H (1987) Women's smoking and family health Social Science and Medicine 25: 47-56

2.5.1 Informed consent to research: an historical overview

Leslie Gelling, Academic Neurosurgery Unit, University of Cambridge, Cambridge, UK.

Abstract:

It is now more than 50 years since the publication of the Nuremberg Code and nearly 40 years since the publication of the Declaration of Helsinki. The core objective of both these codes was to ensure that the atrocities performed during the years of Nazi power in Germany, often in the name of medical science, would not be allowed to happen again. However, in the years that followed there continued to be numerous examples of research being undertaken to poor ethics standards and with little consideration of informed consent.

Informed consent is not a new concept or one that has emerged overnight. Rather, informed consent has a traumatic history that merits closer consideration by all those undertaking research involving human participants. At the very least, a brief consideration of the historical context will remind researchers that gaining informed consent is an integral component of the research process and not simply a hurdle to be jumped to satisfy a research ethics committee.

The paper will provide an overview of the key historical events related to informed consent to research participation. Emphasis will be placed on the importance of acquiring informed consent from all those participating in research.

Intended learning outcomes:

- Made aware of the key historical events underpinning the importance of acquiring informed consent to research participation.

Recommended reading:

Doyal L, Tobias JS. (2001) Informed consent in medical research. London, BMJ Books.

Faden R, Beauchamp T. (1986) A history and theory of informed consent. New York, Oxford University Press.

Mellanby K. (1973) Human guinea pigs. London, Merlin Press.

2.5.2 Strengthening clinical leadership at ward level: the relevance of historical research to the understanding of recent policy initiatives

Cherill Scott, RCN Institute, London, UK. Co-author: Jan Savage

Abstract:

The aim of this paper is to provide new insight into recent policy initatives which are designed to strengthen clinical leadership at ward level. These initiatives are contained in the government's NHS Plan (Sec of State 2000) and associated guidance: they include the devolution of budgets for the ward environment and ward staffing; the provision of more clerical and administrative staff; and the appointment of "modern" matrons in acute hospitals. The paper is based on historical research that explores the changing policy context for leadership in nursing over the past 50 years. In addition to considering the impact of policies such as the Salmon Report, the Patient's Charter and successive NHS reconfigurations on the nature of nursing leadership, the paper focuses on the recent history of the ward sister/charge nurse role. Early researchers described the complexity of this role and its fundamental importance for standards of care (Pembrey 1980). The authors consider some of the causes for the apparent decline in the status and scope of responsibility of the role - for example, the loss of direct managerial control over non-nursing support staff, the development of challenging new roles outside conventional nursing career structures and problems of role overload (Allen 2001). They consider how current and previous policy initiatives reflect changing assumptions about, for example, nursing's responsibility for the environment of patient care and the nature of nursing authority. They argue that taking an historical approach to the relevant policy and research literatures improves current understandings of the nature and remit of nursing, and suggest that knowledge of the past can be helpful in shaping professional responses to current initiatives.

Intended learning outcomes:

- Be aware of the full extent of recent policy initiatives to strengthen clinical leadership at ward level
- Understand some historical precedents in this area
- Appreciate the significance of past and current policy developments

Recommended reading:

Secretary of State (2000) The NHS Plan: A Plan for Investment, a Plan for Reform. London: The Stationery Office

Pembrey S (1980) The Ward Sister - Key to Nursing

Allen I (2001) Stress among ward sisters and charge nurses. London: Policy Studies Institute.

Room F1
15.15

2.5.3 Using the photo novella technique to explore nursing history: an evaluation

Eileen Clark, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia

Abstract:

This paper will describe and evaluate the use of the photo novella technique in a study of women who worked as nurses in rural Victoria, Australia, in the 1950s and 1960s. Photo novella ('picture stories') is a qualitative technique that uses photographs to encourage participants to talk about the significance and meaning of everyday events. In its original form, participants take photographs to show their needs and concerns, and the pictures give a grass roots view of the lives of ordinary people. The photo novella technique must be modified for historical research. Participants cannot be asked to take photographs, as the events have passed, but if appropriate historical photographs are available, they can be used to stimulate dialogue. In the present study, researchers used five photographs of nurses at work in the 1950s and 1960s, in conjunction with interviews, to collect data from a purposive sample of fourteen nurses who had worked in many parts of rural Victoria, Australia. The photographs proved effective at assisting recall and in adding significant detail to interviews, but not all images were equally successful, as respondents deemed some pictures not relevant to their own practice. The depth and consistency of the responses served to confirm the rigor of the technique, and reflected the power of photographs to evoke different and richer data than verbal interview prompts alone. The findings suggest that the photo novella technique, using appropriate photographs, can be a useful tool in historical research as a means of generating detailed responses grounded in the reality of participants' everyday lives. It provides historians of nursing with another means of capturing the nature and meaning of nursing work.

Intended learning outcomes:

• describe the use of the photo novella technique in historical research

• evaluate studies that use photo novella

• carry out research using photo novella

Recommended reading:

LeClerc, C. M., Wells, D., Craig, D., & Wilson, J. L. (2002) Falling short of the mark. Tales of life after hospital discharge, Clinical Nursing Research, 11(3), 242-263.

Magilvy, J. K., Congdon, J. G., Nelson, J. P. & Craig, C. (1992) Visions of rural aging: use of photographic method in gerontological research, The Gerontologist, 32(2), 253-257.

Wang, C. & Burris, M. A. (1994) Empowerment through photo novella: portraits of participation, Health Education Quarterly, 21(2), 171-186.

Room F2
14.15

2.6.1 The complexities of assessing family health need – health visiting assessment processes under scrutiny

Jane Appleton, Department of Professional Studies, School of Health Care, Oxford Brookes University, Oxford, UK

Abstract:

Assessment of family health need is a central feature of health visiting practice in which a range of skills, knowledge and judgements are used. These assessments are crucial in identifying children and families in need and in determining levels of health intervention to be offered to families by the health visiting service (DoH, 1999). This paper will attempt to explicate the various elements associated with the processes of identifying and assessing family health needs, in a study conducted to examine health visitor professional judgement.

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 both health visitors and clients. Data analysis has been informed by contructivism (Lincoln and Guba, 1985) utilising QSR.NUDIST software.

This presentation will contribute to the knowledge base of health visiting practice by endeavouring to unravel some of the complexity of health visiting assessment processes. It will discuss how the case study approach adopted in this study has been extremely productive as a means of unpacking the various elements of health visiting assessment. It is important that these components are laid out for public scrutiny, rendering simple complex processes and providing insights into health visitors' practical 'know-how' (Schön, 1987).

By integrating several data sources, the components of needs assessment have been scrutinised and new insights uncovered about the intricacies of these processes. This presentation will outline sources of knowledge and some of the strategies and process actions adopted by health visitors when making family assessments. The analysis suggests that the health visiting assessment process is a complex interactive activity, with many processes interlinking and occurring simultaneously.

Intended learning outcomes:

• To appreciate the complexity of health visiting assessment processes.

• To be aware of some of the strategies and process actions adopted by health visitors when making family assessments.

• To recognise that because of the individuality of health visitors each places a slightly different emphasis on these various assessment factors in relation to unique family situations.

Recommended reading:

Department of Health (1999) Making a Difference. Strengthening the nursing, midwifery and health visiting contribution to health and healthcare. London. Department of Health.

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

Schön D.A. (1987) Educating the Reflective Practitioner. San Francisco, California. Jossey-Bass Inc. Publishers.

Room F2
14.45

2.6.2 Shared care in the management of genital chlamydia trachomatis infection in primary care

Sue Kinn, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, UK. Co-authors: Bruce Armstrong, Anne Scoular and Phil Wilson

Abstract:

Chlamydia trachomatis is the commonest bacterial sexually transmitted infection and possible screening programmes are currently being actively researched (Scholes et al 1996; Department of Health 1998). Primary care is likely to be one of the most common settings for screening. An essential component of any screening programme will be the link between primary care and GU services. This controlled intervention study in two health centres, investigated a model of collaboration between primary care and GU, to identify whether the presence of a health adviser (HA) improved the awareness, diagnosis and treatment of Chlamydia infection. The HA worked in one (randomly selected) health centre and provided training and support for all clinical staff together with outreach work in the local community. Data were collected from practice records and laboratory computer systems for June to November 2000 and 2001. Data were also collected using staff and patient questionnaires during the intervention.

Compared with the same six month period in the previous year, the number of tests for Chlamydia carried out at the intervention health centre increased by 120%, while the number at the control health centre increased by 11%. However the number of positive results dropped by 3% at the intervention centre and increased by 2% at the control health centre. The practice nurses used the HA as a resource for their sexual health practice more than the other professional groups. The HA was effective in increasing the number of Chlamydia tests performed. However, these were largely in older age groups, rather than in the age groups most at risk, reflecting the reduction in positive results as a proportion of the total. The study has identified barriers to discussing sexual health within the general practice consultation. Further work is ongoing to explore these barriers

and their impact on patterns of testing for sexually transmitted infections

Intended learning outcomes:

- Be aware of the complexity of screening for Chlamydia trachomatis in primary care
- Understand some of the difficulties of using GU techniques for partner work, in primary care
- Understand some of the difficulties of raising sexual health issues in a primary care consultation

Recommended reading:

Department of Health. Summary and conclusions of the Chief Medical Officer's expert advisory group on Chlamydia trachomatis. London: Department of Health, 1998

Scholes D, Stergachis A, Heidrich FE et al. Prevention of pelvic inflammatory disease by screening for cervical Chlamydia trachomatis. N Engl J Med 1996;334:1362-6

Room F2

15.15

2.6.3 At home with clients: health visiting know-how in action

Alison Bryans, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, UK

Abstract:

Background and aims: In recent years there has been an increase in health visitors'clinic-based contact with parents of pre-school children at the expense of home visiting. As public health and community development rise higher on the agenda, the domiciliary element of health visiting work appears to be losing further ground. Home visits continue to be highly valued by health visitors as unique opportunities to discover and address the individual health needs of children and parents. In this climate of competing priorities it is crucial to produce sound evidence about those qualitative aspects of health visitors' home visiting practice which may enhance client care. Little is known about the health visiting know-how which underpins excellent practice in the home. The aim of this study was to articulate this know-how.

Research methods: Main methods used were a 20-minute simulated home visit to a first-time mother immediately followed by an interview which focused on this visit. After preliminary data analysis, observation of actual home visits was undertaken with all 15 health visitor participants. This unusual research approach provides rich, naturalistic interactive data which adequately captures nursing actions and processes, complementary interview data related to these actions and processes and contextual data.

Study findings: This paper describes some of the study findings which reveal previously implicit or tacit'aspects of health visiting know how or artistry. One element of this is early recognition and pursuit of specific and individual maternal health needs alongside exploration of more 'routine' infant health issues. This will be
presented and related to the balance of health visitor-client power within a visit and to client-focused needs assessment.

These findings have unique potential for education and practice. The use of concrete practice situations as a basis for data-gathering improves accessibility and usefulness of the findings for practitioners and educators.

Intended learning outcomes:

- Recognise some key aspects of health visiting know-how used during home visits
- Relate these aspects to client-focused needs assessment
- Understand the advantages of combining simulation and observation in research into clinical practice

Recommended reading:

Bryans, A. & McIntosh JB (2000) 'The use of simulation and post-simulation interview to examine the knowledge involved in community nursing assessment practice' Journal of Advanced Nursing 31: 1244-1251

Bryans, A (2000) 'Providing new insight into community nursing know-how through qualitative analysis of multiple sets of simulation data' Primary Health Care Research and Development 1: 79-89

Elkan, R. et al (2000) 'The effectiveness of health services: the case of health visiting' Health and Social Care in the Community 8 (1) , 70-78

Room F14

14.15

2.7.1 Professional aggrandisement or natural progression - graduate level status of district nursing

Eileen James, Centre for Nursing Research and Practice Development, Canterbury Christ Church University College, Canterbury, UK

Abstract:

In 1992 nurse education moved into higher educational institutions to facilitate the introduction of degree and diploma programmes. 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 course in Wales will be recast as degree level programmes. This is against the background of a growing lack of confidence in the management of the NHS and a level of dissatisfaction, heing expressed publicly, with the quality of care delivered by nurses. In turn, this gave rise to concern about the validity of the academic emphasis in the educational preparation of nurses 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 Enagland 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 teephone interviews guided by a semi-structured schedule. Interviews were transcribed verbatim and coded using the software package QSR N5(NUD*ISTver.5)allowing major these, concepts and emerging relationships to be established. Analysis to date has demonstrated a growing picture of uncertainty from respondents about the necessity for graduate status, the difficulties of meeting service expectations and realising their potential expertise in clinical practice. The suitability of courses fare better in terms of interest and appropriateness to the specialism but fail significantly on length and pressure. On completion, (April 2003) it is anticipated that this study will iform issues of professional legitimacy and graduate status, the nature of specialist practice and its role in manpower planning to meet service needs.

Intended learning outcomes:

- be aware of the need for debate about the contribution of graduate qualifications to the professional credibility of nursing
- consider the impact of graduate qualifications on the quality of nursing care delivered
- identify issues affecting the current status of manpower planning in England and its relationship to educational changes

Recommended reading:

Department of Health (1999) Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare

Barnett R (1997) 'The Idea of Higher Education'. SRHE & Open University Press, Buckingham

Warner, M,Longley, M Gould, E and Picek, A. (1998) 'Healthcare Futures 2010'. Welsh Institute for Health and Social Care

Room F14

14.45

2.7.2 Action research and work based learning - modelling future practice

Julie O'Callaghan, Adult Nursing, City University, London, UK

Abstract:

The national focus on clinical governance and quality of care in the NHS has pushed evidence based practice to the forefront of the clinical agenda. The traditional research contribution of identifying findings and expecting people to implement them is, however, limited in it's impact on improving care (Walsh 1995), and new ways in which this can be achieved need to be sought.

This paper outlines an action research study being undertaken in an East London NHS Trust designed to improve the care for older people on two rehabilitation wards. A multi-method approach to data collection was employed which led to the collaborative development and implementation of evidence based action cycles that staff felt would improve the rehabilitative care for older patients, with work based learning initiatives being designed to facilitate this process. Positive outcomes from these action

cycles are demonstrable, however the value of the study also lies in the lessons learnt from the process of trying to effect change in these healthcare settings. Findings have identified how the application of action research and work based learning approaches have paralleled the concepts of person centred care, which is advocated by Nolan et al (2002) as a framework for good practice with this client group. The paper argues that in order for staff to work in a person centred and enabling way with patients requiring rehabilitation, change agents need to model this way of working with staff, and that action research and work based learning are approaches with the potential to achieve this. A possible future model for implementing evidence based practice based on these processes will be explored.

Findings will be relevant to those looking at alternative ways to implement evidence based practice, and attempting to implement the national change agenda, both within and outside rehabilitation for older people settings.

Intended learning outcomes:

• To understand the processes of action research and work based learning.

• To identify how action research and work based learning approaches parallel the concepts of person centred care.

• To identify a possible future model for the implementation of evidence based practice.

Recommended reading:

Walsh, K et al (1995) Given in evidence. Health Service Journal. 29thJune. 28 – 29

Room F14

15.15

2.7.3 Learning, research or praxis? Reflections on the use of action learning

Nancy-Jane Lee, School of Nursing, Allerton Building, University of Salford, Salford, UK

Abstract:

This session will critically analyse action learning's relationship with learning, research and praxis, providing a strong argument for action learning as the medium for praxis. The context for the session will be briefly introduced, outlining the presenter's involvement with action learning over the past five years. The session will continue, exploring the meaning of action learning, prior to analysing the characteristics of learning and research. The relationship between 'action', learning, and research, will then be critically appraised, through consideration of the following questions:

• Where is action learning used?

• Who uses action learning and for what purpose?

• What are the strengths and weaknesses of action learning?

Such philosophical discussion without accompanying 'action' contradicts the views of action learning's key proponent Revans (1983).

However such contradiction is necessary for the session's main theme, that action learning is a means of achieving praxis; integrating personal and professional learning with enquiry, to achieve/influence practice development. It will be argued that action learning provides an innovative and creative method of empowering health care practitioners to develop and expand practice. For example, learning in isolation does not necessarily bring about change in practice, and research evidence alone does not necessarily bring about change in practice. Throughout the session these two themes will be explored with reference to literature and professional experience. The session will conclude by exploring what needs to happen next in order to enhance action learning's position as an agent for positive growth and development, in the health service and other practice sectors.

Intended learning outcomes:

• To explore the meaning of action learning

• To critically appraise action learning as a means of learning, as a means of research, identifying similarities and differences

• To consider the case for action learning as praxis; the means of integrating personal and professional development with enquiry, to achieve/ influence practice development

Recommended reading:

Revans R, (1983) The validation of action learning programmes, Management Education and Development, 14 3 P208-211

Room C2

14.15

2.8.1 The use of an analytical technique to indicate what happens between rounds in a Delphi study

Fiona Irvine, School of Nursing and Midwifery Studies, University of Wales Bangor, Bangor, UK

Abstract:

This paper will outline an analytical approach for use in Delphi studies, advocated by Greatorex and Dexter (2000). An exemplar study, which elicited the views of a multi-disciplinary panel of 62, on the role of the district nurse in health promotion, will be used to illustrate the application of this approach.

The presentation will commence with a brief outline of the exemplar study. The focus will then shift to the analytical approach, which allows an examination of what happens between the rounds of a Delphi as well as whether and how consensus is reached. Three graph types will be used to illustrate the statistical 'story' in the exemplar study, and an explanation and instances of each will be presented as follows:

1. Fountain Graph: Here, every item's mean and standard deviation is plotted. This shows the extent of the groups' opinion and the amount of agreement for all of the items in the Delphi.

An explanation of how the panel's opinion changed and the amount of change in the study as a whole, across rounds, will be given.

2. Item Graph: This graph plots the mean and the standard deviation for an item across appearances.

A demonstration of the change in the level of group opinion and group agreement for single items between rounds will be provided.

3. Trajectory Graph: Here, a group of items is taken and their means and standard deviations are plotted for each appearance on a scatter plot to show their trajectory across appearances.

An example of items which feature within an identified category will be presented.

In the exemplar study, the use of this approach demonstrated the establishment of early consensus amongst the Delphi panellists, adding weight to the findings.

The paper offers a nursing context to, and confirms the value of, the analytical approach.

Intended learning outcomes:

• Identify the main stages of the Delphi technique.

• Understand the different approaches to data analysis applicable to a Delphi study.

• Justify the value to nursing research of an analytical approach which determines consensus and examines progress between rounds in a Delphi study.

Recommended reading:

Greatorex J. and Dexter T. (2000) An accessible analytical approach for investigating what happens between the rounds in a Delphi study. Journal of Advanced Nursing, 32 (4) 1016-1024.

Room C2

14.45

2.8.2 Using a Delphi approach to gain key features of a career pathway in nursing and midwifery

Gill Hek, Faculty of Health & Social Care, University of the West of England, Bristol, Bristol, UK. Co-authors: Angela Beattie and Kate Galvin

Abstract:

This paper reports the methods and findings of a six-month study exploring career pathways in nursing and midwifery. The study used a consensus method through a Delphi approach to enable nurses and midwives in the South West of England to agree on the key features of a career pathway. Funding was provided by the South West NHS Executive.

Methods: 43 nurses and midwives were recruited and participated at various points of the three-stage study. At stage one, participants returned a postal questionnaire asking them to provide up to five statements in response to the question 'If a new career pathway was introduced for nursing and midwifery in 2010, what would you consider

to be its key features?' 170 statements were generated and these were reduced to 47 statements under eight themes. The second stage involved sending the 47 statements to the participants, asking them to rank agreement or disagreement with each statement. Following a period of analysis, six statements received universal agreement, 20 reached agreement and 7 statements had some disagreement. The third stage involved sending the 33 statements, asking participants to rank them in order of priority. Analysis at this stage included ranking using a scoring frame, single transferable vote procedures to develop a hierarchy, non-parametric correlation tests to explore any relationships between statements, and analysis of qualitative data.

Results: Good response rates were achieved at all stages, and following detailed analysis, 14 statements emerged as key features for a career pathway in nursing and midwifery. These results are important to consider within the wider context of career development in the 'Modern NHS'.

The presentation will include detailed critical discussion of the Delphi technique used and it's contribution to nursing research, as well as the implications of the findings in relation to career pathways in nursing and midwifery.

Intended learning outcomes:

• Understand how a Delpi technique can be used to gain consensus in a complesx area of nursing and midwifery

• Be aware of the strengths and limitations of consensus methods in nursing research

• Identify key features of a career pathway for nurses and midwives

Recommended reading:

Department of Health (1995) Career Pathways in nursing, midwifery and health visiting. London: Department of Health

Department of Health (2000) A health service for all the talents: developing the NHS workforce. Consultation document on the review of workforce planning. London: Department of Health

Keeney. S., Hasson, F., McKenna, H. (2000) A critical review of the Delphi technique as a research methodology for nursing. International Journal of Nursing Studies 38 195-200

2.8.3 Identifying cancer nursing research priorites using the Delphi technique

Sonja Mcilfatrick, Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co-author: S. Keeney

Abstract:

There is recognition in health care that research needs more planning and strategic direction and that in order for research to be successfully integrated and applied to practice, ownership and identification must come from those who are most likely to implement research into practice (Soanes et al, 2000). In the past the topics and research questions have mainly been developed by 'enlightened individuals' rather than by what is need in the health services or what might be identified as the greatest problem areas by patients. The need for local and national strategies for cancer nursing research has been promoted within recent years (Corner, 1993; Royal College of Nursing, 1996). The purpose of this study was to facilitate a strategic approach to cancer nursing research by identifying the views of health care nursing professionals regarding cancer nursing research priorities.

Methodology: The research involved a three-round Delphi survey administered to an expert panel of cancer nurses (n=112) attending a cancer nursing research conference within Northern Ireland. The nurses were asked to identify five research questions that they considered high priority for cancer nursing research. Sixty delegates returned round one giving a response rate of 54%. Round one generated 117 statements. These statements were content analysed. Two subsequent quantitative rounds seeking to achieve consensus then followed this with round two generating a response rate of 78% (n=47) and round three 91% (n=43).

Conclusion: The top priorities identified included: psychosocial issues such as communication, patients' experience and information needs; professional issues, such as nurse burnout/stress and care delivery issues such as continuity of care. These priorities have then contributed to the development of a framework for a cancer nursing research strategy within Northern ireland.

Intended learning outcomes:

• to identify cancer nursing research priorities identified

• to be aware of research method for the Delphi technique

• gain understanding of ongoing process involved in developing a strategy for cancer nursing research

Recommended reading:

Royal College of Nursing (1996) A Structure for Cancer Nursing Services. The RCN Cancer Nursing Society, London.

Soanes, L, Gibson, F, Bayliss, J and Hannan, J (2000) Established nursing research priorities on a paediatric haematology, oncology, immunology and infectious diseases unit: a Delphi survey. European Journal of Oncology Nursing 4 (2); 108-117.

Corner, J (1993) Building a framework for nursing research in cancer care. European Journal of Cancer Care. 2 (2): 112-116.

2.9.1 A new approach to patient evaluation of care

Sophie Staniszewska, Research, RCN Institute, Oxford, UK. Co-author: Carol Edwards

Abstract:

Background: The views of patients are now widely accepted as integral to healthcare evaluation. Despite this, we still have limited understanding of the patient's process of evaluation. This paper reports the findings of a study that synthesised two recently collected datasets from studies investigating aspects of the patient's process of reflection and evaluation.

The aims were to:

i. identify component mechanisms of the patient's evaluative process

ii. describe their operation

iii. identify both macro and micro social and psychological factors that affect the evaluative process

iv. consider the methodological implications for the way that patients are asked to evaluate their care

Method: The participants in the two studies were from the specialty of orthopaedics (19) and from general outpatients (41). In total, 126 interviews were obtained. A detailed protocol was devised by which each theme from both studies was examined individually, and evidence was sought within the datasets of how it affected, or was associated with, the process of evaluation.

Results: Several mechanisms of evaluation were identified, including comparison with past experience and expectations. A range of social and psychological variables influenced patient's evaluations of care, including perceptions of equity, gratefulness and loyalty. Patient's perceptions of power and hierarchy were particularly important in influencing how patients evaluated different aspects of care.

Conclusions: The results suggest there are a number of methodological implications for how we seek feedback from patients. These include the need to let patients feed back their comments in a constructive way and to allow patients to express their support for nursing before they are able to comment on the quality of care provided. Future attempts to measure the quality of nursing care need to become more sensitive to the way patients evaluate their care and the factors that influence this evaluation.

Intended learning outcomes:

• To develop an understanding of the key issues in patient evaluation of care.

• To develop an insight into the methods used to synthesise qualitative data.

• To consider the methodological implications for nursing research.

Recommended reading:

Staniszewska S, Ahmed L (2000). Patient involvement in the evaluation of care – identifying

key issues and considering the way forward. Coronary Health Care, 4,39-47.

Edwards C, Staniszewska S (2000). Accessing the patient's perspective. Health and Social Care in the Community, 8 (6): 417-424.

Edwards C., (2002) Transformation of opinion within the patient's process of reflection on healthcare. Unpublished doctoral thesis, University of Manchester

Room H2
14.45

2.9.2 The meaning of the risk of falling among older people: implications for practice

Khim Horton, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK

Abstract:

This paper will explore the extent to which the meaning of the risk of falling constructed by older people who have had falls impacts upon older people's subsequent actions to prevent future falls. An outline of the research process, analysis of data, and the key findings will be presented. Implications for nursing practice will be highlighted.

The term 'risk' appears in much of the medical literature with reference to falls among older people, particularly in relation to identifying those at risk of falling, and there is limited evidence as to how older people perceive risk and their risk of falling. The aim of this qualitative study is to explore the construction of the meaning of the risk of falling by older people, and its impact upon older people's actions to prevent future falls. It also aims to examine the extent to which risk perceptions are gendered.

Data was collected from in-depth interviews with 40 older people, living in the community. The data has been transcribed verbatim and analysed using QRS Nudist to aid data organisation. Themes emerging from the data suggest that risk perceptions by older people are linked to gendered notions of how 'at risk' they were, and that older people's awareness of risk and the responsibilities attached to risk taking influence the extent to which certain activites were considered appropriate or not.

This study contributes to our understanding of the ways in which older people who have had falls construct meaning of the risk of falling, and how gender impacts upon older people's subsequent actions to prevent falls. The implications for professionals are considered, with particular reference to risk assessment for falls amongst older people.

Intended learning outcomes:

- Understand how older people perceive the risk of falling,
- Aware of the impact that gender has on older people's actions to prevent falls.
- Recognise the value of involving older people in risk assessment.

Recommended reading:

Clemson, L. Cumming, R.G. and Roland, M 1996 Case-control study of hazards in the home, and risk of falls and hip fractures. Age and Ageing, 25: 97-101.

Denscombe, M. 1993 Personal health and the social psychology of risk taking. Health Education Research, 8(4): 505-517.

Martin, C. 1999 The construction of the risk of falling in older people: lay and professional perspectives. Scottish Health Feedback: Scotland.

Room H2
15.15

2.9.3 Evaluating the effects of a rebound therapy based intervention programme for clients with severe and profound learning disabilities

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

Abstract:

Long-term inactivity in clients with severe/profound disabilities is likely to contribute to health decline (Graham and Reid, 2000) particularly for clients with complex health needs (Espie and Brown, 1998). This pilot study provided a pre/post-test/3month-follow-up evaluation of a 16 week needs-led exercise programme for clients with severe (SLD, N=14) and profound learning disabilities (PLD, N=8) receiving continuing care (96% response rate).

Mobility, independent movement and posture profiles enabled the design of a 16 week needs-led exercise programme based on rebound therapy and additional exercises e.g. active and passive exercise, walking, swimming, hydrotherapy and team games. Each patient undertook 3-5 additional periods of exercise per week.

Programme evaluation was at physiological level (resting pulse, systolic and diastolic blood pressure, weight, height, Body Mass Index, seizure activity, activity levels) and psychosocial levels (BILD Life Experiences Check List (Ager 1998), Vineland Adaptive Behaviour Scale (Sparrow et al., 1984), Aberrant Behaviour Checklist (ABC) (Marshburn and Aman, (1992), Alertness Scale (Walley et al, 2000), Goal Attainment Scaling, GAS (Glover et al., 1994).

Differential gains were seen for SLD and PLD for physical activity, behaviour and health. Mean time spent unengaged during the day for SLD fell from 61% at baseline to 43% at post-intervention and follow-up. PLD clients showed significant reduction in lethargy, from the 70th percentile at baseline to the 50th percentile at follow-up. Adaptive reductions in hyperactivity and ABC total for PLD were not seen in the SLD group. PLD clients showed improvement in GAS health-related goal attainment, e.g. reduction in enema usage.

Further research is needed to disaggregate active treatment components. Providing additional

access to this exercise programme for other PLD clients is coherent with national health promotion priority reviews (Scottish Executive, 1999/2000).

Intended learning outcomes:

- Explain the long term health consequences of continued physical inactivity for clients with learning disabilties
- To identify the range of exercise strategies available to clients with severe and profound learning disabilities
- To explain of the positive health benefits of a 16 week exercise programme to clients with severe and profound learning disabilties

Recommended reading:

Espie, C. and M. Brown (1998). "Health Needs and Learning Disabilities: An Overview." Health Bulletin 56: 603-611

Graham A and G. Reid (2000). "Physical Fitness of Adults with Intellectual Disabilities: A Thirteen Year Follow-up." Research Quarterly for Exercise and Sport 71(2): 152-161

Scottish Executive, D. o. H. (2000). Same as You: A Policy Review. Edinburgh, Stationary Office

Room H11
14.15

2.10.1 An anxious wait: a combined qualitative and quantitative study of anxiety on the waiting list for coronary artery bypass surgery

Donna Fitzsimons, Cardiology, Belfast City Hospital Trust, Belfast, UK. Co-author: Kader Parahoo

Abstract:

Heart disease is one of the biggest sources of mortality and morbidity in the developed world to-day. Coronary artery bypass surgery (CABS) is the gold-standard treatment. However, due to finite resources, demand has out-stripped capacity in many countries and long queues are common. Waiting lists for CABS have been associated with many problems, including pain, unemployment, uncertainty and death (McHugh et al 2001). However, one of the most salient features of this experience is undoubtedly the anxiety experienced by patients who face a life-threatening diagnosis but indeterminate wait for treatment (Fitzsimons et al 2003).

The aim of this paper was to describe the nature and intensity of anxiety experienced by patients awaiting CABS. Therefore a combined qualitative and quantitative approach was appropriate. Data were collected using semi-structured interview and the State Trait Anxiety Inventory (STAI) (Spielberger et al 1983), at three intervals over participants' first year on the waiting list. The randomised sample comprised 70 patients recruited within 4 weeks of surgical referral. Interviews were recorded, transcribed verbatim and analysed using Colaizzi's approach. Quantitative data were entered onto SPSS and

analysed using standard non-parametric statistics and t-tests.

Participants cited 5 main sources of anxiety:- chest pain, uncertainty, fear of operation, physical incapacity,and dissatisfaction. The STAI scores were significantly higher than other comparable groups at all stages of data collection and there was a statistically significant relationship between STAI scores and angina levels (p=<0.05).

We have identified the sources and severity of the anxiety experienced by patients awaiting CABS. Thus, our findings may facilitate greater understanding of the needs of these patients and assist in the development of specific nursing interventions to help alleviate their specific problems. The combination of qualitative and quantitative methods generated a much more complete description of this construct than may have been achieved by either method in isolation.

Intended learning outcomes:

- Describe the nature and intensity of the anxiety experienced by patients waaiting coronary artery bypass surgery.

- Be aware of selected nursing interventions to alleviate this distressing problem.

- Evaluate the utility of a combined research approach in generating knowledge on consructs important to nursing care.

Recommended reading:

McHugh A, Lindsay G M, Hanlon P et al (2001) Nurse led shared care for patients on the waiting list for coronary artery bypass surgery: a randomised controlled trial. Heart 86; 3, 317 - 23.

Fitzsimons D, Parahoo K, Richardson G et al (2003) Patients' anxiety on the waiting list for coronary artery bypass surger: a qualitative and quantitative study. Heart and Lung. In Press.

Spielbeger CD, Gorsuch RL and Lushene RE (1983) The State Trait Anxiety Inventory. Palo Alto: Consulting Psychologists Press.

Room H11

14.45

2.10.2 Information needs of Myocardial Infarction patients

Fiona Timmins, School of Nursing and Midwifery, Trinity College Dublin, Ireland. Co-author: Michael Kaliszer

Abstract:

This study aimed to identify the information needs of myocardial infarction patients in an Irish setting and compare these views to that of cardiac nurses. The research instrument employed to collect data in this study was a 37 item-questionnaire, the Cardiac Patients Learning Needs Inventory (CPLNI) that was administered to both patients and nurses. This tool has been used on several occasions in both the US and UK over the past 20 years and has served to identify the gap that existed between patient and nurse perception of information needs. 27 patients were sampled on two occasions, firstly on day 3

following their myocardial infarction and secondly at six weeks post the event. The nurse sample comprised 68 nurse respondents from 3 areas; Wards (n=17), CCU (n=25), Rehabilitation (n=27). In contrast to previous studies there were similarities in ranked responses between all three groups and symptom management emerged as priority learning. These findings support the findings of previous studies on the topic, which indicated that patients favoured practical rather than technical information, however this is the first time that patient/nurse congruity of opinion has emerged. In addition it is the only study where risk factors has not emerged as the priority learning area. The study supports the provision of teaching and advice on anatomy/physiology, risk factors, medications, activity as well as emotional support for patients. However is essential that cardiac education programmes have an emphasis on practical advice and symptom management. Programmes should also move towards individual patient needs assessment and mutual negotiation of teaching goals.

Intended learning outcomes:

- Be informed of the main findings of the study

- Become aware of the limitations of the instrument that was used in the study

- To identify further research required in this area.

Recommended reading:

Turton J. (1998) Importance of information following myocardial infarction study of the perceived information needs of patients and their spouse/partner compared with perceptions of nursing staff. Journal of Advanced Nursing. 27,770-778.

Hughes, M. (2000) An instrument to assist nurses identify patients' self perceived informational needs post myocardial infarction All Ireland Journal of Nursing and Midwifery 1,1,13-17.

Jaarsma, T. Kastermans, M. Dassen, T and Philipsen, H. (1995) Problems of cardiac patients in early recovery. Journal of Advanced Nursing 21,21-27.

Room H11

15.15

2.10.3 Patients' information needs before investigations

Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co-author: Pauline Taylor

Abstract:

Intravenous fluorescein angiography (IVFA), a diagnostic study of the circulation of fluorescein dye through the eye, provides information about the structures of the eye. There is, however, a dearth of evidence based, patient information to explain the IVFA and its possible side effects (Anand, 1989). As part of on-going Practice Development (Kitson 1997) and using both qualitative and quantitative methods we aimed to:

- establish patients' information needs before IVFA and reported side effects after

- inform the development of a patient information leaflet relating to IVFA

Sample: Patients were selected for inclusion to the study according to age and demographic details; visual acuity and communication skills.

Data Collection involved three phases:

- Semi-structured, in depth interviews using a topic guide were conducted with 10 patients to determine their information needs prior to investigation. Discussion included: prior understanding of the purpose of the investigation and its likely impact, social and psychological concerns about the investigation; perceived needs for information during and after the IVFA.

- Observed physiological reactions to IVFA were recorded on a pro-forma for 100 patients during and immediately after the IVFA.

- Telephone interviews were conducted, using a questionnaire, with the 100 patients from phase 2 to determine the length of time any side effects/unexpected reactions took to resolve.

Analysis: I - Transcribed interviews were subjected to qualitative analysis using 'framework technique' a recognised inductive technique for use in applied qualitative research 2 & 3- Questionnaires were analysed using SPSS

Results: Preliminary findings suggest that although all patients received detailed verbal information prior to the IVFA many experienced anxiety due to poor or inaccurate information recall at the time of the investigation. Side effects were observed or reported in a small but insignificant number. This paper will discuss the findings and the subsequent development of the patient information leaflet (Mumford, 1997).

Intended learning outcomes:

- Be able to identify some key issues relating to information provision prior to IVFA

- Be able to appreciate the advantages of a mixed method approach to practice development research

- Be aware of the processes involved in producing evidence based patient information leaflets

Recommended reading:

Anand R (1989) Fluorescein Angiography. Part 1. Technique and normal study. Journal of Ophthalmic Nursing & Tecnology, 8(2)

Kitson A (1997) Using evidence to demonstrate the value of nursing, Nursing Standard 11(28) 2 April 34-39

Mumford M (1997) A descriptive study of the readability of patient information leaflets designed by nurses. Journal of Advanced Nursing, 26(5), 985-991

Friday 11 April 2003

09.45– 11.15
Concurrent session 3

Room D1

09.45

3.1.1 Perceived needs of children with life-limiting conditions and their families

Jane Nixon, Northern and Yorkshire Clinical Trials and Research Unit, University of Leeds, Leeds, UK. Co-authors: Alison Timlin

Abstract:

The needs of all children with life-limiting conditions remain a largely unrecognised and underdeveloped area of care (ACT and RCPCH 1997). There is a need for rigorous research and evaluation, in order to provide an informed and evidence based foundation on which to plan future practice and service provision.

Aims: To evaluate current health and social care provision for children with life-limiting conditions, and their families.

To explore the perceived health and social care needs of children with life-limiting conditions, and their families.

Method: A qualitative evaluation of service support and perceived needs of children and their families was undertaken across three centres. Twenty semi-structured interviews with parents and three focus groups involving health, social care and education professionals were undertaken, transcribed verbatum and analysed using template ananlysis.

Findings: Service strengths were identified including: the contributions of key individuals perceived to be dedicated and committed to the care of children and; the contribution of specific services such as the children's hospice, home based respite care agencies, special needs schools and multi-agency/multi-disciplinary teams.

The study clearly identifies the need for further development of services for children with life-limiting conditions. General issues highlighted include the need to develop comprehensive, co-ordinated and multi-agency services and funding for specific services such as respite care and out of hours support. Findings also identified that service development needs to be underpinned by a philosophy of care, comprising the following:

• Based upon need not diagnosis

• Respects the views of parents

• Family centred

• Recognises and responds to specific stressors

• Recognises social support needs including; communication; information; relationships; esteem and companionship.

The presentation will focus upon the psychological and social support needs of children and their famailies.

Intended learning outcomes:

• Understand their role in supporting parents of children with life-limiting conditions

• Identify strengths and weaknesses of current service provision

• Be aware of the importance of a philosophy of care to underpin service delivery and nursing practice

Recommended reading:

ACT and RCPCH. (1997) A Guide to the Development of Children's Palliative Care Services. London: ACT & RCPCH.

Timlin, A., Nixon, J. and Warner, K. (2002) Care provision for children with serious and life-limiting conditions in Calderdale and Kirklees: service review and needs assessment. University of Huddersfield

Beresford, B. (1995) Epert opinions: a national survey of parents caring for a severely disabled child. The Policy Press, Bristol.

Room D1

10.15

3.1.2 Fulfilling a dream or living a nightmare?

Irene McTaggart, School of Nursing and Midwifery, University of Dundee, Dundee, UK

Abstract:

Much work has been done to examine the needs of children with a life limiting or life threateniing condition and their families in recent years (Beresford, 1995, et al). However, it is imperative to undertake research to identify how these requirements are being met, (Joint Working Party, 1997). This qualitative study attempts to establish and evaluate the nature of the support offered to these children and families; the relationships involved and make recommendations regarding future care delivery.

Semi-structured interviews wre conducted in the family home; they were tape-recorded and later transcribed by the author. The sample consisted of seventeen families, five of whom had suffered the loss of a child.

data analysis allowed the researcher to gain insight into the complexities of the children's/families' situations, the demands made upon them,their varied responses to them and their support networks. Existing sociological theories were examined (Mulkay, 1993 et al), in an attempt to provide a more sophisticated understanding of family dynamics, patient/professional relationships and the phenomenon of social exclusion. The parents who had lost children desired to keep them as a living part of their family structure and this was also explored by the author who seeks too stimulate further debate in these extremely imporant areas of health care whilst attempting to maximise opportunities for social inclusion for the children and their families.

Intended learning outcomes:

• Identify common areas of concern to client group

• Be aware of support networks available to client group

• Be aware of the consequences of social exlusion for the client group

Recommended reading:

Association for Children With Life-Threatening or Terminal Conditions and their Families and the Royal College of Paediatrics and Child Health, Joint Working Party, (1997). A Guide to the Development of Children's Palliative care services. Bristol and London: Association for Children with Life-threatening or Terminal Conditions and their Families and the Royal College of Paediatrics and Child Health.

Beresford, Bryony, (1995). Expert opinions: a national survey of parents caring for a severely disabled child. Bristol: The Policy Press.

Mulkay, Michael, (1993). Social death in Britain. In: Clark, David ed., The Sociology of Death. Oxford: Blackwell.

Room D2

10.45

3.1.3 Telling it like it is: An evaluation of 'Honesty is the Best Policy'. North Somerset Drugs and Young People Communications Project

Debra Salmon, School of Maternal and Child Health, University of the West of England, Bristol, UK. Co-author: Mathew Jones

Abstract:

Overview: Nurses internationally and nationally play an increasing role within drug and alcohol education and young people (Green 1999). This research highlights important issues for health researchers and practitioners supporting young peoples' involvement in service development and substance misuse campaigns. The Department of Health initiated a campaign "Honesty is the Best Policy" which aimed to develop innovative ways of communicating drug and alcohol messages to young people at the local level (Salmon,Jones & Orme 2002). In North Somerset eight local projects were set up involving young people in the production of a wide range of media based resources.

This presentation reports on a comprehensive evaluation exercise, which underpinned the project.

Process data will be presented from young participants documenting their experiences of involvement. Impact data will also be included from young audiences who assessed the quality of the messages produced.

Methods: The evaluation methods included: postcard surveys, semi-structured questionnaires, face to face, telephone and small group interviews. Process data was collected from 150 eleven to eighteen year olds involved in the project. This assessed the project goals, responsiveness to local drug and alcohol issues and the experiences of young people during the life of the projects The impact evaluation

analysed the views of 1355 young people who assessed the quality of the messages.

Findings: Participants reported a real sense of accomplishment through their involvement. Despite demands upon time, participants gained substance misuse knowledge, an understanding of support services, group work skills, technical media and IT skills and were able to shape local public opinion around substance misuse. Project teams did not seek to shock audiences or exaggerate risks. Rather, they developed educational messages that were perceived to be both credible and locally relevant. Young participants identified to be successful they needed support from health practitioners in relation project management, media expertise and health promotion.

Intended learning outcomes:

- Identify and understand the key aims, methods and findings of the study presented
- Identify the mechanisms to support the meaningful of involvement of young people in the development of substance misuse messages
- Explain the implications for nursing practice surrounding user participation

Recommended reading:

Green, C (1999) Substance use: whose problem is it? Journal of Child Health Care. 3(3) 27-30

Salmon D, Jones M, Orme J (2002) Telling it like it is. An evaluation of Honesty is the Best Policy: North Somerset Drugs and Young People Communications Project. Bristol:UWE

3.2.1 A survey regarding the procedures for catheter removal in stroke care, throughout the UK and Northern Ireland

Stephen Cross, Salford Royal Hospitals NHS Trust, Manchester, UK. Co-authors: Paula Beech and Rachel Giorgiou

Abstract:

Urinary incontinence is common following a stroke and has a major impact on patient's and carers lives. Over 50% of stroke patients are incontinent acutely (Brittain et al, 1998) and 21% remain incontinent at 6 months (Nakayama et al, 1997. Post-stroke urinary incontinence is associated with increased mortality and disability, depression, reduced quality of life and care home placement (Brittain et al 1998; Gross 2000). Few studies have investigated management of urinary incontinence post-stroke.

The author's surveyed reported practice and practice rationale for removal of urinary catheters in UK stroke units. A 15-item questionnaire was sent to 219 centres, identified by The Stroke Association, Scottish Stroke Association and The Royal College of Physicians.

145 (66%) questionnaires were returned, which revealed variation in the practice of catheter removal. 132 centres indicated at least one preferred time of day with 54 between 5am-9am and 68 between 9pm-1am. Yet the rationales given for these different times of the day were similar. Service issues, such as staffing levels and availability of those trained in catheterisation were the most common reasons for time of removal. 8 centres indicated both time frames and in some cases this variation in practice was related to patient's gender.

10 respondents said they had a policy for catheter insertion and 2 for removal. The use of devices to maintain bladder tone was reported by less than 14% of respondents.

Concerning the decision to remove a catheter, 128 had nurse involvement, 91 a doctor and 37 (25%) stated patient involvement.

This questionnaire highlights the disparity of reported practice, the scarcity of evidence in an important area of nursing care and the need for research relating to the management of urinary incontinence. A survey to continence advisors in the UK investigating their practice and opinions of post-stroke incontinence management is planned.

Intended learning outcomes:

- Understand that only a few studies have been done with regard to the use of urinary catheters within stroke care and what these studies have shown.
- Understand that stroke units throughout the United Kingdom and Northern Ireland are presently carrying out very different forms of care with regard to catheter removal.
- Be aware that there is a disparity between the rationales given for catheter removal at different times of day.

Recommended reading:

Nakayama, H., Jorgensen, H.S., Pedersen, P.M., Raaschou, H.O., Olsen, T.S. (1997). Prevalence and risk factors of incontinence after stroke: The Copenhagen stroke study. Stroke, 28: 58-62.

Brittain, K.R., Peet, S.M., Castleden, C.M. (1998). Stroke and incontinence, Stroke, 29: 524-528.

Gross, J.C. Urinary incontinence and stroke outcomes (2000). Arch Phys Med Rehabil, 81: 22-27.

3.2.2 Do vascular surgeons need to see patients with intermittent claudication? A before and after study of a nurse-led claudication clinic

Simon Palfreyman, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK. Co-authors: Hazel Trender and Jonathan Beard

Abstract:

Introduction: Intermittent Claudication results from atherosclerotic narrowing of the arteries in the legs and can have a significant impact on a patients quality of life (Breek et al. 2001). Nurse-led clinics are becoming an increasing feature of outpatient service provision. They are a reaction to a number of factors including the reduction in junior doctors hours and waiting time initiatives (NAO 2001). However, there is limited data available on their effectiveness and affect on patient outcomes (Rushforth 1999). This study seeks to examine the impact of a nurse-led claudication clinic by comparing outcomes before and after its introduction.

Methods: A review of 101 patients attending vascular outpatients with a diagnosis of claudication was undertaken. Patient outcomes and quality indicators before and after the introduction of a nurse-specialist claudication clinic were compared.

Results: The patient groups before and after the clinic introduction were comparable in terms of their demographic and risk factor profiles. The nurse-led clinics resulted in a reduction in median waiting time from referral to first appointments from 20 weeks to 2 weeks, and a significant reduction ($p < 0.01$) in the number of individual patient appointments. The clinic resulted in a more thorough recording of patient history, assessment information and investigations. The majority of patients (78% pre and 82% post-clinic) were discharged with no further appointment. The clinic had no impact on the rates of patients who were still smoking at their follow-up appointments, which remained at 80%.

Conclusion: Nurse-led claudication clinics with appropriate support from medical staff and sufficiently qualified nurses can result in an improved patient service. There is also scope to extend the role from assessment and secondary prevention advice to a fully nurse-led service. This would release vascular surgeons to see other patients and cope the ever increasing demands for emergency cover.

Intended learning outcomes:

- Be aware of the impact of a nurse-led initiative on the provision of a outpatient services for claudication patients.
- Be able to identify patient outcomes that can be improved by a nurse-led service

- Be aware of the possible future direction of nurse-led outpatient services for claudication patients.

Recommended reading:

Breek, J. C., Hamming, J. F., De Vries, J., Aquarius, A. E., & Berge Henegouwen, D. P. 2001, "Quality of life in patients with intermittent claudication using the World Health Organisation (WHO) questionnaire", European Journal of Vascular & Endovascular Surgery, vol. 21, no. 2, pp. 118-122

National Audit Office 2001, Inpatient and outpatient waiting in the NHS, HMSO, London, HC 221.

Rushforth, H. & Glasper, E. A. 1999, "Implications of nursing role expansion for professional practice.", British Journal of Nursing, vol. 8, no. 22, pp. 1507-1513.

Room D2

10.45

3.2.3 The effect of walking exercise on patients following lower limb arterial bypass surgery for ischaemia

Kathy McGuigan, Vascular Surgery, Belfast City Hospital Trust, Belfast, UK

Abstract:

Peripheral vascular disease (PVD) is a form of atherosclerosis that results in stenosis or occlusion of the arterial circulation of the lower extremities (Hiatt et al 1993). The prevalence of lower limb arterial disease in men between 60/64 years is approximately 7.5 % (European Working Group on Critical Leg Ischaemia 1992). Of these, progressive deterioration to critical ischaemia may occur in 41 % over 8 years with about 2 % requiring major amputation. A meta analysis of 21 studies showed significant improvements in pain free and maximum walking distances in patients who were treated with walking exercises (Gardiner and Poehlman 1995).

This study aims to evaluate the efficacy of lower limb exercise programmes in the post operative recovery and eventual walking distance in patients following infra-inguinal bypasses for claudication and critical ischaemia.

A Randomised Controlled Pilot Study (RCT) involving 14 patients has been completed. The control group had surgical bypass and standard post-operative care as per unit protocol (n=6). The experimental group (n=8) had the same treatment plus an exercise programme supervised by a nurse. Both groups had standardised questionnaires, serum lactate measurement and ankle brachial pressure indices carried out prior to intervention and after six weeks.

The maximum walking distance of the patients at week 1 and week 6 showed there is a significant difference between the two groups (P=0.001 using the Mann Whitney U test), with the intervention group increasing their walking distance between 44 and 517%.

Results of this RCT demonstrated that nursing interventions in the form of an exercise programme may confer therapeutic advantage to this group of patients. This study also supports the use of RCT methodology to test the effectiveness of nursing interventions and may have wider application in other clinical settings.

Intended learning outcomes:

- To evaluate the effectiveness of an exercise programme for patients post lower limb arterial surgery.
- To discuss the practical issues involved in conducting an RCT
- To discuss the use of RCT methodology as a means to evaluate the effectiveness of nursing interventions.

Recommended reading:

European Working Group on Critical Leg Ischaemia. Second European Consensus Document on Chronic Leg Ischaemia. Eur J Vasc Surg 1992; 6.

Gardner, A.W. and Poehlman, E.T. (1995). Exercise rehabilitation programs for the treatment of claudication pain. J.A.M.A. Sept. 274, No. 12.

Hiatt, W.R., Regensteiner, J.G., and Wolfel, E.E. (1993). Special populations in cardiovascular rehabilitation: peripheral arterial disease, non-insulin-dependent diabetes and heart failure. Cardiology clinics. 11 (2), 309-321.

Room F1

09.45

3.3.1 Involving male facilitators and fathers-to-be in antenatal education

Andrew Symon, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co-author: John Lee

Abstract:

Background: Men are often unhappy with the antenatal education sessions provided by maternity units. Many wish to participate more fully in their partner's pregnancy, and discover more about postnatal issues (Singh & Newburn 2000). We employed five male facilitators (all fathers) in antenatal education in two Scottish maternity units, in an 8-month innovation in practice based on an Australian model (Lee & Schmied 2001).

Methods: Parents-to-be attended a series of three 2-hour Parentcraft sessions in late pregnancy. Midwife and facilitator jointly led some facilitator sessions; in others men and women were split into single-sex groups for the last half-hour. We also ran control groups. Combined quantitative/qualitative questionnaires at the end of the series of sessions, and again postnatally, evaluated participant response. Simple descriptive statistics used. Focus groups with participating midwives and facilitators were carried out. Open text analysis identified significant themes.

Sample: 143 women (74 control; 69 facilitator) and 93 men (51 control; 42 facilitator) attended

(sample size determined by length of study). Five male facilitators and nine midwives were employed.

Results: Facilitator group participants discussed issues more with their partner after the sessions, and felt there was significant benefit in having a male facilitator in antenatal education; control group participants were unconvinced. Men in facilitator groups enjoyed the sessions more, but were no more likely to say they knew enough about the father's role or that they had enough information about parenting. Facilitators and midwives claimed that, respectively, men and women talked more in single sex groups.

Professional relevance: Male facilitation promotes client-centred rather than educator-centred discussion (Nolan 1998), and if well planned can involve men more effectively in antenatal education. Group facilitation experience may be more important than subject expertise: this process is less about imparting knowledge than guiding participants towards a greater understanding of the issues.

Intended learning outcomes:

- Understand some of the practical difficulties relating to introducing educational innovations in clinical practice.
- Will appreciate the value of adult-centred group facilitation compared to didactic lecturing by subject experts in antenatal education.
- Will be aware of the importance of discussing parenthood and not just pregnancy / labour issues in the antenatal period.

Recommended reading:

Lee J, Schmied V (2001) Involving men in antenatal education. British Journal of Midwifery, 9: 559-561

Nolan M (1998) Antenatal Education: a dynamic approach. Baillière Tindall, London

Singh D, Newburn M (2000) Becoming a father. National Childbirth Trust / Fathers Direct.

Room F1

10.15

3.3.2 Quality of care after birth - what matters to mothers and their families?

Julie Wray, Nursing, University of Salford, Manchester, UK

Abstract:

Background The Department of Health (DoH 1999) guidance identifies the need to involve and respond to patients and the public as part of NHS strategies for ensuring high quality services. Being accountable to patients, listening to them, consulting them and involving them in the development of quality initiatives are defining features of new NHS policy. Within maternity care this philosophy has been embraced alongside the adoption of women centeredness (DoH 1993). However, in a national survey mothers identified postnatal care as an area of concern (Audit Commission 1997). For local mothers in the North West of England and a local user group this position was shared. In partnership with a Health

Authority where a joint quality framework involving users had been developed, a study was funded.

Design: This study aimed to review the extent to which local services reflected postnatal policy and capture the views of recently delivered mothers.

- Sample selection
- Recently delivered mothers.
- Method
- A postal questionnaire developed by the local user group.
- Data collection
- Survey over a 3month period in 2001.
- Data analysis

The framework was descriptive statistical analysis and thematic analysis with the emphasis on the emergence of concepts from data.

Results: 452 mothers participated in the survey. The findings suggested that mothers were highly satisfied with postnatal care at home. What mattered to them was a need to improve upon family planning and contraception advice; information about local support groups and more time to talk with the midwife. Different levels of satisfaction emerged for postnatal care in hospital. Profound areas about the hospital stay emerged which require improvement such as the ward environment; hygiene levels, cleanliness and security; rest and recuperation; privacy and the need for peace and quiet and flexible visiting. The findings were shared with the user groups whereby joint recommendations were made so that meaningful actions can be considered by local maternity services and where implemented.

Intended learning outcomes:

- identify what matters to mothers and their families about the quality care after birth
- understand more about the realities of working in partnership with user groups
- discuss and explore the potential impact upon service

Recommended reading:

Audit Commission (1997) First Class Delivery. Improving Maternity Services in England and Wales. Audit Commission. Abingdon. Audit Commission Publications.

Department of Health (1999) Modernising Health and Social Services: National Priorities Guidance 2000/01-2002/03. London: Department of Health

Department of Health (1993) Changing Childbirth. The report of the expert maternity group. London, The Stationary Office.

3.3.3 Biological nurturing increases duration of exclusive breastfeeding

Suzanne Colson, Centre for Nursing Research and Practice Development, Canterbury Christ Church University College, Canterbury, UK

Abstract:

Aim: To examine nurturing defined as a biological intervention upon breastfeeding outcomes.

Sample: A subset of mothers recruited during a prospective medical RCT

Eligibility: Mothers intending to breastfeed exclusively and their healthy (infection free, clinically stable, breathing air) but vulnerable infants (preterm between 34-36 completed weeks gestation or small for gestational age (SGA) term infants).

Methods: Semi-participant observations of nurturing/feeding behaviours.

Maternal socio-demographic characteristics, data from a nurturing diary contrasting active feeding time with length of nurturing episodes and data from four-hourly breastfeeding/clinical assessments were collected and analysed

Results: Twelve infants were studied. Mean gestational age was 35.2 weeks; birth weight ranged from 2059 to 3080 grams.

Exclusive breastfeeding

100% upon hospital discharge;

92% (N=11) at 6 weeks

66% (N=8) at 4 months

Discussion: Although dose related breastfeeding benefits are particularly advantageous to preterm infants, few are wholly breastfed from birth(1). Supplementation in hospital is strongly associated with decreased breastfeeding duration(2). At risk study babies were among those most likely to be supplemented. A key finding is that many preterm infants can breastfeed exclusively from birth. Clinical/breastfeeding assessment skills reflecting an understanding of metabolic adaptation were crucial to avoid unnecessary supplementation. Although study numbers are too small to enable comparisons, results contrast favourably when viewed alongside the 21% UK rate of exclusive breastfeeding at 6-10 weeks for predominately healthy term infants (2).

Current government policy emphasises the promotion of exclusive breastfeeding as an important public health role of midwives, nurses and health visitors. During the research presentation, metabolic adaptation from fetus to neonate will be discussed in relation to biological nurturing and its conceptual framework(3). Assessment skills developed during the research that advance nursing knowledge to facilitate exclusive breastfeeding from birth will be outlined.

Intended learning outcomes:

- Be able to define suckling ketosis.
- Be able to give 5 criteria to assess breast milk transfer
- Gain a greater understanding of how semi-participant observation can be used as a tool for data collection.

Recommended reading:

Hamlyn B, Brooker S., Oleinikova K. and Wands S. (2002) Infant Feeding 2000 London:TSO

Blomquist H.K., Jonsbo F., Serebuys F., Persson L.A., (1994) Supplementary feeding in the maternity ward shortens the duration of breastfeeding Acta Paediatr 83:1122-6.

Colson S. (2002) Womb to world a metabolic perspective Midwifery Today Spring Issue 12-17

3.4.1 Focused or unfocused - the trials and tribulations of utilising focus groups as a data collection tool

Ann Foley, Nursing, University of Salford, Manchester, UK

Abstract:

The focus group interview is a qualitative research method for gathering of information which, when performed in a permissive non-threatening environment, allows the investigation of a multitude of perceptions on a defined area of interest. Knafl and Howard [1984] highlight the major goal of data gathering is the generation of detailed narrative as opposed to numerical data.

My initial perceptions of focus groups interviews as a data collection tool were suggestive of a straightforward uncomplicated method of data collection.

Drawing on my experience of utilising this method, the author will argue that this process is neither straightforward nor uncomplicated.

Focus Group Interviews were the primary data collection tool in a study, which examined the impact of Family Friendly Policies on the working lives of nurses.

Although Focus Groups have been championed by Morgan [1998] for use in a variety of social settings, the author will illustrate theoretical, ethical and practical issues and concerns which emerged from the use of this data collection

Intended learning outcomes:

- Have an increased understanding of the theoretical framework which supports the use of focus group interviews in qualitative research design
- Be able to exlpore the theoretical, ethical and practical issues to be considered when using focus groups

Recommended reading:

Knafl.K. and Howard.M. [1984] Interpreting and reporting qualitative research

Room D7

10.15

3.4.2 Agnostic focus groups: does methodological awareness matter?

Margaret Perry, School of Health Science, University of Wales Swansea, Swansea, Wales, UK.

Abstract:

Contemporary nursing research demonstrates a mounting interest in the focus group. Increasing numbers of published papers lay claim to the focus group as data collection method or technique, research method and/or research methodology. The apparent popularity of the focus group undoubtedly derives from its capacity to offer accounts of experience, opinion and belief uninhibited by pre-determined categories or frameworks.

Whilst guides to the conduct of focus groups proliferate, much of this literature appears to assume a generic data analysis method common to all qualitative research approaches. Such a method of analysis might appear legitimate if a universal objectivity was the aim of all investigation. Whilst this clearly cannot be the case, there appears to be little regard to differing or contradictory methodological postulats. Such assumptions, concerning the nature of truth, knowledge and reality, are the foundations of any research project and impact upon all aspects of its development. This interdependent nature of underlying philosophy, methodology and methods is rarely addressed. Thus claims to focus group legitimacy seem exclusively founded in the techniques employed. Indeed, for Kidd & Parshall (2000) focus groups have developed and matured outside of the major methodological traditions of qualitative research, and they are thus relatively agnostic in terms of the methodologies attending them.

Whether the focus group as technique can offer prospects to all qualitative approaches is open to question. This paper will therefore attempt to relocate the focus group as authentic method, tool or technique, within appropriate and compatible methodological and philosophical assumptions, building on the example of Gadamerian hermeneutics. The impact of such methodological considerations on research methods cannot be ignored or taken as read but requires in-depth deliberation. Method is not an end in itself - it is merely a means to an end.

Intended learning outcomes:

- Differentiate contemporary understandings of the notion of 'research methodology' and of 'research methods.'
- In the case of the focus group, identify the impact of methodological frameworks on research techniques and methods.
- Consider questions of coherence and compatibility when using focus groups in interpretive research, with particular reference to Gadamerian hermeneutics.

Recommended reading:

Kidd, P.S., Parshall, M.B. (2000) Getting the Focus and the Group: Enhancing Analytical Rigor in Focus Group Research, Qualitative Health Research, 10(3), 293-308

Kreuger, R.A., Casey, M.A. (2000) Focus Groups: A Practical Guide for Applied Research, Thousand Oaks, London, New Delhi: Sage Publications

Webb, C., Kevern, J. (2001) Focus groups as a research method: a critique of some aspects of their use in nursing research, Journal of Advanced Nursing, 33(6), 798-805

Room D7

10.45

3.4.3 Approaches to undertaking research and consultation 'with' rather than 'on' people with disabilities

Jane Wray, Department of Nursing and Applied Health Studies, University of Hull, Hull, UK. Co-author: Bob Gates

Abstract:

Recent legislation and guidance in the fields of health and social care confirms that professionals groups have a responsibility to consult services users about decisions that effect their lives, health and well-being (DOH 2001). This is of particular significance to those professionals who support people with disabilities. This group potentially poses greater challenges in terms of inclusion both as research subject and research partner. Dockery (1996) has stated that, "a participatory approach would demand a fundamental change in the way health authorities conduct health services research. Despite the written commitment to participation, health authorities generally adopt conventional non-participatory approaches to research" (1996:166).

There is now a considerable body of evidence suggests that traditional research and consultation approaches are not always adequate for eliciting the views of people with disabilities and that,

"there is a danger that ineffective, tokenistic consultation will be devised" (Jennings 2001:20).

This paper will draw on the experiences of two nurse researchers who have undertaken a number of different research projects and consultation exercises with disabled people. The paper examines some of the barriers, challenges and implications of undertaking research and consultation with vulnerable groups. This concurrent session will commence with a brief overview on the principles of participatory research, and then consider some of the practical aspects of undertaking research and, or, consultation with people with a range of disabilities. The presentation will examine and illustrate essential considerations such as; preparing disabled people to be involved in consultation exercises and, or, research, identifying appropriate and effective methods of collecting service user views including issues of reliability and validity versus practicability, ethical issues, communication, feedback and debriefing.

Intended learning outcomes:

- Understand the principles of participatory research
- Be aware of key ethical issues when undertaking research and, or consultation with disabled people
- Be familiar with a range of practical and effective approaches to undertaking research and, or consultation with disabled people

Recommended reading:

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

Dockery G (1996) Rhetoric or reality? Participatory Research in the National Health Service, UK. Chapter 15 in De Koning K and Martin M (1996) (eds.) Participatory Research in Health: Issues and Experiences. London and New Jersey: Zed Books Ltd

Jennings T (2001) Reading between the lines. NHS Magazine 2(2) 20-21.

Room F2

09.45

3.5.1 Evaluating the impact of accredited work based learning on nurse practitioner role development

Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co-authors: Julie Gillson and Chris Piercy

Abstract:

A flexible educational programme based on accreditation of work based learning (AWBL) and leading to 60 Diploma or Degree points was developed between the University and a large NHS Trust to prepare twenty two experienced nurses for independent practice as nurse practitioners (NP) in A&E (Swallow, Chalmers & Miller 2000). A Participatory Action Research approach was used to:

- explore NPs views about the strengths/limitations of AWBL as preparation for the new role.
- investigate the process of NPs engagement with their new roles and determine how the role is perceived by/and affects relationships with other professionals
- study and compare consultations between NPs/patients and senior house officers/patients.

Methods: Ethical approval was obtained from LREC and the Trust. Paricipants were selected using opportunistic sampling, written consent was obtained from all participants and anonymity of the data source was maintained. Data was collected using a combination of: collaborative learning groups with NPs (x 8); semi-structured interviews (x 10) with Consultants from other specialities to whom NPs refer and video-taped consultations (x 6) between NPs/SHOs and patients presenting with a minor injury. Data were analysed using the Framework Technique (Ritchie & Spencer 1994) and Multi-dimensional Interaction Analysis (MDIA). The iterative process

of data collection and analysis allowed mapping of the NPs different and shared perspectives and facilitated learning about the situation. This paper will discuss the findings relating to NPs involvement in their own role development. Findings suggest that the critical and reflective skills acquired during the AWBL process supplemented by participation in guided discussion during collaborative learning groups empowered the NPs to: be responsive to the dynamic process of developing a new role; capture the problem solving nature of the teams evolution and become driving forces (Lewin 1945) in determining the direction of their continued role development.

Intended learning outcomes:

- Be able to understand the scope for flexible learning approaches to work based learning
- Be aware of the challenges involved in extending nurses roles
- Gain an appreciation the potential for participatory action research as a tool to help practitioners determine the direction of their continued role development

Recommended reading:

Lewin K (1952) Field Theory in Social Science. Tavistock Publications

Ritchie J & Spencer D (1994) Qualitative data analysis for applied policy research. In Analysing Qualitative Data Eds. Bryman A & Burgess RG Routledge. London

Swallow V, Chalmers H & Miller J (2000) Learning on the job: accredoted work based learning (AWBL)

Room F2

10.15

3.5.2 The transformation from a teaching to a learning culture: An ethnographic study into qualified nurses' experiences of enquiry based learning

Anne Corrin, School of Health Studies, Homerton College, Cambridge, UK

Abstract:

'...on the first day we all sat there with our pens and pads waiting to write reams and reams of notes and it just didn't happen!'

Students come to courses with clear expectations about the nature of formal education and when they get something quite different, they experience, not surprisingly, varying degrees of unccertainty and apprehension. Traditionally, didactic teacher-led courses, have dominated nurse education, but there are now attempts to develop more student-centred, andragogical style courses.

The impetus for such change has come in the wake of the present government's NHS modernisation agenda, the ripples of which have been felt stringly in nurse education. Documents such as Making a Difference [1999] and Fitness

for Practice [1999] have encouraged us to look critically at both the content and delivery of nurse education programmes: one suggestion is that Higher Education Institutions deploy more student-centred learning strategies, such as enquiry based learning.

This qualitative, ethnographic study has attempted to explore nurses' reactions to the deployment of enquiry based learning on one formal education programme, the Mentor Preparation Pathway.

This study tentatively suggests that the climate created by enquiry based learning [a learning culture], in which students are valued and an ethos of adult learning is created, facilitates the development of a more reflective, effective and empowered practitioner and, furthermore, the study found that the students' experiences of enquiry based learning were, generally, positive, but, as none of them had experienced this learning strategy before, they did not find the transition from a more traditional style of education to enquiry based learning, an easy one.

The recommendations from this study include, then, suggestions for easing this transition, whilst at the same time, maximising the learning potential created in such a situation.

Intended learning outcomes:

- Be aware of the advantages of enquiry based learning within one continuing education module
- Be aware of the resource implications in deploying enquiry based learning as a learning strategy
- Be aware of the challenges inherent in enquiry based learning for both students and teachers

Recommended reading:

Department of Health [1999] Making a Difference London:HMSO

English National Board [2000] Preparation of Mentors and Teachers London: ENB

UKCC [1999] Fitness for Practice; the UKCC Commission for Nursing and Midwifery Education London: UKCC

Room F2

10.45

3.5.3 'Paradigm shift or new ways of working' An exploration of the role of the problem-based learning facilitator. An ethnographic study of role transition

Moira McLoughlin, School of Nursing, University of Salford, Salford, UK

Abstract:

An ethnographic approach was used to explore, identify and interpret the experience of role transition for 16 lecturers who elected to become PBL facilitators in the first wave site for a new curriculum for nurse education, (UKCC 1999). Recent policy reforms in nurse education in the

last decade challenge the basis upon which nurse education programmes have been delivered, and the Department of Health (1999) and UKCC (1999) recommend strengthening pre-registration nurse education in order to be able to equip practitioners with appropriate knowledge, skills, values and attitudes for professional practice. Adopting problem-based learning as the major teaching and learning strategy for the change means developing new ways of working with students through radical curriculum change. This transition may not only be difficult for lecturers but also difficult for students. This paper will present the findings of research undertaken as part of a MSc in Health professional education and will focus on the transition made from lecturer to facilitator. In order to try and understand the cultural ' goings on' at this particular time, in this setting and to give voice to the richness and depth to their stories, (Wolcott 1999) there is a need to clarify challenges for teachers in adopting PBL. This required exploration of two issues, therefore: -

This paper aims to disseminate the findings : -

- of the experience of PBL facilitation (for lecturers) from the lecturers' perspective, and
- their understanding of the facilitation role through a transition phase.

Intended learning outcomes:

- Understand the growing importance of problem-based learning within the field of nurse education
- Be aware of the need to continue to rigorously evaluate new innovations for nurse education
- Understand aspects of role transition from lecturer to PBL facilitator and the impact on staff

Recommended reading:

DoH (1999) Making a Difference to Nurse Education. London. HMSO

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

Wolcott, H (1999) Ethnography. A way of seeing. London. Altamira Press.

Room H1

09.45

3.6.1 The effect of dobutamine on diaphragm fatigue

Nan Smith-Blair, Eleanor Mann School of Nursing, University of Arkansas, Fayetteville, Arkans, USA. Co-author: Janet D. Pierce

Abstract:

Respiratory muscle fatigue, particularly of the diaphragm, has been implicated in the development of respiratory failure in diseases that increase the resistance load on respiratory muscles, i.e. patients with asthma and chronic obstructive pulmonary disease. Diaphragm fatigue (DF) may complicate weaning patients from mechanical ventilation. The purposes of this study were to determine if administering dobutamine at 10 mg/kg/min could reverse DF and identify mechanisms whereby it augments

diaphragm shortening (DS). Sprague-Dawley rats were used: Group I-saline, Group II- dobutamine, Group III-dobutamine and butoxamine (b2-antagonist), and Group IV-dobutamine and esmolol (b1-antagonist). Experimental periods were used: Period 1-control, Period 2-application of inspiratory resistance loading (IRL), Period 3-treatment and Period 4-recovery. DF was produced via IRL. During Period 3, normal saline was infused in Group I, dobutamine infused in Group II, dobutamine plus butoxamine infused in Group III, and dobutamine and esmolol infused in Group IV. DS was equated to the percent change in fractional diaphragm thickness (FDT) during inspiration. Diaphragm blood flow (DBF) and aortic blood flow (ABF) were determined using fluorescent microspheres. Diaphragm vascular resistance (DVR) and systemic vascular resistance (SVR) were calculated. Results indicated infusion of dobutamine increased FDT (p=.01) and DBF (p= .009) with respect to fatigue levels. With the infusion of butoxamine and dobutamine, no significant changes in FDT or DBF were noted with respect to fatigue.

Results are consistent with the hypothesis that b2- adrenoceptor stimulation via dobutamine administration enhances diaphragm contractility through combined effects of direct activation of b2- adrenoreceptor sites in the diaphragm muscle and/or indirectly by increasing DBF through activation of b2- adrenoceptor sites in vascular smooth muscle.

Intended learning outcomes:

- Be able to understand the mechanism of diaphragm fatigue.
- Be able to discuss the effect of dobutamine on fractional diaphragm thickening.
- Be able to identify the effect of dobutamine on diaphragm blood flow.

Recommended reading:

Smith-Blair, N. 2002, 'Mechanisms of Diaphragm Fatigue' AACN Clinical Issues, vol. 13, no. 2, pp. 307-319

Fujii, Y., Toyooka, H., Ebata, T. & Amaha, K. 1993, 'Contractility of fatigued diaphragm is improved with dobutamine' Canadian Journal of Anesthesia, vol. 40, no. 5, pp. 453-458.

Pierce, J.D., Clancy, R.L., Smith-Blair, N., Kraft, R. 2002, 'Treatment and prevention of diaphragm fatigue using low dose dopamine' vol. 3, no. 3. pp 149-149.

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3.6.2 Achieving teamwork: a grounded theory investigation in selected stroke units in the North of England

David Clarke, School of Healthcare Studies, University of Leeds, Leeds, UK

Abstract:

If nurses are to provide effective professional care for individuals, families and communities then they normally have to work collaboratively and cooperatively as part of a team with other health professionals. However the concepts of teams, team care and team working have become so ingrained in the consciousness of most healthcare professionals, that they rarely stop to question what is meant by the concepts and rarely examine the ways in which effective teamworking might be achieved in busy clinical environments (Payne, 2000). The elements of successful team working have long been recognised but the established literature in nursing and the social sciences is replete with studies which report that healthcare professionals are more likely to be engaged in conflict and confrontation with other disciplines than they are in effective teamworking (Belbin, 1993;Hudson, 2002). This essentially negative view of the way professionals respond when they are required to work in teams may not accurately represent multidisciplinary teamworking in all areas of healthcare practice.

This paper will report on research examining the achievement of effective team working in two stroke units in the north of England. In this study healthcare professionals often had little regard for theoretical models of team working, but they found ways to work together, to share knowledge and skills and to minimise potential sources of professional conflict. Research in this area has frequently focused on multidisciplinary team meetings as means of examining team communication and relationships between professionals. This paper will report on data generated from participant observations of teamworking outside of the narrow confines of the team meeting and also on semi-structured interviews with a range of team members. It will be suggested that the primary driver for effective multidisciplinary working in these two teams is the internalisation and prioritisation of patient goals over individual disciplinary goals.

Intended learning outcomes:

- Be able to recognise the limitations of existing research into the the nature and achievement of teamworking in the hospital sector.
- Appreciate that healthcare professionals can find ways of overcoming professional boundaries and conflicts.
- Be able to recognise some key features of achieving teamwork which could be utilised in other clinical settings.

Recommended reading:

Belbin, R. M. (1993) Team roles at work. Butterworth-Heinemann: Oxford.

Hudson, B. (2002) Interprofessionality in health and Social care: the Achilles' heel of partnership? Journal of Interprofessional Care. 16 (1):7-16.

Payne, M. (2000) Teamwork in Multiprofessional Care. Basingstoke: McMillan Press.

3.7.1 An evaluation of self-efficacy and minimal interventions for potential problem drinkers in a general hospital setting

Aisha Holloway, School of Nursing, University of Nottingham, Nottingham, UK. Co-author: Hazel Watson

Abstract:

Background: Harmful or hazardous alcohol consumption has been shown to be associated with increased morbidity and mortality. It has been suggested that hospital nurses are in an optimum position to aid patients to consider their current level of alcohol consumption whilst contemplating strategies which may be used to change such levels. Self-efficacy has been identified as an important determinant of health behaviour change. Such behaviour changes may be facilitated through the administration of minimal interventions.

Presentation: The findings from a controlled pre-test post-test quasi-experiment are the focus of this presentation. The study evaluated self-efficacy and minimal interventions for potential problem drinkers within a general hospital setting. Six month post-test data relating to reported levels of alcohol consumption, alcohol-related knowledge and levels of self-efficacy will be presented.

Sample: A convenience sample of 215 male and female patients aged from 18 years to 75 years admitted to a general hospital were recruited.

Design: The study was of a quantitative nature. Instruments used to collect data utilised the self-report method.

Screening Instruments - Alcohol Use Disorders Identification Test (AUDIT) and retrospective drinking diary.

Measurement Instruments - Drinking Refusal Self-efficacy Questionnaire and the Readiness to Change Questionnaire.

Experimental Interventions - Self-Help Booklet and Self-efficacy based intervention.

Data Analysis - Descriptive, inferential and multivariate statistical analyses were carried out.

Results: In general the effectiveness of the interventions was statistically significant in achieving a reduction in reported levels of alcohol consumption and achieving a greater significant difference in Drinking Refusal Self-efficacy scores when compared with no intervention.

Advancement of knowledge: The findings provide evidence that nurse led theoretical based interventions have the potential to be incorporated within clinical practice. Further research relating to role of general hospital nurse

in screening and implementation of behavioural minimal interventions.

Intended learning outcomes:

- Be aware of the components of an alcohol minimal intervention
- Be able to understand the effects of self-efficacy as a component of an alcohol minimal intervention
- Be able to identify the role of the nurse in the administration of an alcohol minimal intervention

Recommended reading:

Freemantle, N et al (1993) Brief interventions and alcohol use. Quality Health Care. Vol. 2(4), pp 267 - 273

Bien, T. H, Miller, W. R., Tonigan, J. S. (1993) Brief interventions for alcohol problems: a review. Addiction. Vol. 88, pp. 315-336

Holloway, A. Watson H. E (2002) Role of self-efficacy and behaviour change. International Journal of Nursing Practice, 8 (2) April

Room H2
10.15

3.7.2 **An audit of a community and in-patient alcohol detoxification programme: implications for nursing practice**

Elwyn Coombes, Oxford Centre for Health Care Research and Development, Oxford Brookes University, Oxford, UK. Co-authors: Lindsey Coombes and Debby Allen

Abstract:

Excessive alcohol consumption causes significant mortality, morbidity, economic and social problems in the United Kingdom (UK). It is estimated that 10,000 people a day present to alcohol services for help (Alcohol Concern 2001). Increasingly, nurses in all areas of practice have many opportunities to engage in alcohol intervention although most have received little or no preparation for this work. One aspect of alcohol intervention is detoxification in which nurses have a major role in service delivery (Greenwood & Farmer 2000). This paper will contribute to the advancement of knowledge within nursing, midwifery and health visiting through raising awareness of the nature alcohol withdrawal syndrome, critically analysing provision of detoxification services in the UK, and exploring implications of the findings of the empirical study undertaken by the authors.

There is very little good research available on how successful alcohol treatment really is, or, which treatment is the most cost- effective (Thom & Berridge 1995). Clinical audit can help to ensure that both patients and providers are receiving the required standard of care. A sample of clients booked for community and in-patient detoxification during a six-month period was selected (n=73). The case notes of the clients were examined to identify the following

outcomes: waiting times, attendance, completion of detoxification, receipt of Pabrinex, abstinence at follow-up, reduction in drinking and services offered following detoxification. In addition, face-to-face, tape-recorded, semi-structured interviews lasting 30-45 minutes were conducted with all service providers (N=15) and a systematic sample service users (n=10), to ascertain their views of the services delivered.

Quantitative measures of outcome regarding waiting times (in-patient 6 days, community 8 days), attendance (in-patient 85%, community 75%), completion (in-patient 80%, 65%), receipt of Pabrinex (100%), abstinence at first follow-up (in-patient 55%, community 45%), were judged to be satisfactory, although it was recognised that there is an absence of nationally agreed standards for comparison. Service providers identified difficulties such as missed appointments, time-wasting, aggressive behaviour, communication difficulties and upset to other patients. Overall, service users reported satisfaction with the service offered, but identified difficulties with relationship with key worker, difficulties in accessing services, poor service environment and unhelpful attitudes of staff (scepticism regarding future drinking) as concerns.

Intended learning outcomes:

- Be able to understand the nature of alcohol withdrawal syndrome
- Be able to identify a range of issues relating to alcohol detoxification services
- Be aware of a number of key factors that nurses need to consider in the context of alcohol detoxification

Recommended reading:

Alcohol Concern (2001) Annual Report London: Alcohol Concern

Thom, B. & Berridge, V. (1995) Special units for common problems - the birth of alcohol treatment units in England Social History of medicine 8, 75-93

Greenwood, N. & Farmer, R. (2000) A descriptive evaluation of an alcohol detoxification service Drug Education Prevention and policy 7, 193-202

Room H2
10.45

3.7.3 **An evaluation of the development of health and social care provision in mental health**

Catherine Gibb, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co-authors: Charlotte Clarke, Maureen Morrow, Glenda Cook and Pauline Gertig

Abstract:

The NHS Plan (DoH 2000), echoing earlier policy documents, emphasises the need for working in partnership between health and social care, to

bring benefits to service users through more efficient inter-agency communication and working. In line with this, services for people with enduring mental health need have been reshaped in one city of north-east England. Three teams of Social Workers and Community Psychiatric Nurses have been co-located in centres across the city. Each team also employs Community Support Workers who work to increase the intensity of support to individuals with severe mental illness.

The evaluation used soft systems methodology (Checkland & Scholes 1990), allowing the researchers to inform service development rather than merely describing its process and outcomes. The research design combined a number of data sources to build up a rich picture of the service development: 23 focus group and 13 individual interviews with team members, service user secondary care usage data, 38 service user interviews. Data was collected over three years, from the initial pilot, to city-wide service roll-out.

Verbatim transcripts of the interviews were analysed using open-coding, with triangulation of data source and type allowing confirmation of themes and issues within data sets. Data analysis suggests three processes at work within the development of the teams' practice: team building, role negotiation and trans-disciplinary decision making.

This presentation will focus on an analysis of structures and processes that led to the new team-working practices. These impacted upon most service users to reduce hospital secondary care usage to one third of the pre-referral hospital in-patient figures. There are, however, some people, for whom the service fails to reduce hospital use and who require some form of institutional care. Service users generally indicated a high level of satisfaction with the service, with a subsequent improvement in their quality of life.

Intended learning outcomes:

- Be able to evaluate community mental health practice development in response to current policy directions i.e. bridging the health social care divide.
- Be able to consider the impact of the shared resource of community support workers on the use of secondary care by service users.
- Be able to analyse the impact of structure and process of service provision on user outcome.

Recommended reading:

Department of Health (2000) The NHS Plan – A Plan for Investment. A Plan for Reform. (Command Paper 4818-1) London: HMSO.

Checkland, P. & Scholes, J. (1990) Soft Systems Methodology in Action. Chichester: Wiley.

Room F14

09.45

3.8.1 Planning and gaining access for your research study

Paula Roberts, Nursing and Midwifery, Keele University, Staffs, UK. Co-author: Leslie Woods

Abstract:

This paper aims to give an overview of issues to be considered when seeking access to institutions or organisations for research purposes. The Research Governance framework, introduced in April 2001, requires that all research that involves human subjects (i.e. patients, human samples, patient data, or NHS staff or facilities) takes into account the requirements of the Research Governance Framework for Health and Social Care (DoH, 2001). To facilitate this, the Central Office for Research Ethics Committees (COREC) on behalf of the Department of Health, co-ordinates the development of Local Research Ethics Committees (LRECs) within the NHS, and the management of Multi-centre Research Ethics Committee (MRECs) in England. NHS organisations have responsibility for ensuring that all research was scrutinised and approved by a Local Research Ethics Committee (LREC). Additionally, LRECs need to ensure they have systems in place to assess the rigour of the study, as well as maintaining a record of all research work being undertaken and auditing progress of approved projects.

As such, in addition to formal approval, the framework ensures that projects meet with ethical approval, and that studies demonstrate scientific rigour by their appropriateness; choice of methodology; and the research capacity and skills of the researcher(s).

Thus, requesting access needs to be a carefully planned and managed process. When planning access for research purposes there are several things to consider, both from the organisational and researchers' perspectives, for example, the time needed in the preparation and processing of requests, liaison with personnel involved, and the quality of the application. A step-by-step process can be harnessed, beginning with the formulation of access plan; how to make initial contact with people and organisations; issues to be considered when requesting access; and the process of Local Research Ethics Committees. Additionally, an understanding of the role and function of gatekeepers within organisations can often facilitate the process of gaining access. Moreover, once access is approved, many gatekeepers can facilitate ongoing access for extensive studies within organisations. This paper will provide an overview of the process and discuss issues to be considered when planning and gaining access for your research study.

Intended learning outcomes:

• Discuss the issues to be considered in seeking access for research purposes

• List the steps to be taken when applying for access

• Discuss the role and utilisation of gatekeepers

Recommended reading:

Department of Health (2001) Research Governance Framework for Health and Social Care Department of Health, London

Bryman, A. (2001). Social research methods. New York: Oxford University Press.

Wilson-Barnett J (1991) Gaining access to the research site. In: Cormack D (ed) The Research Process in Nursing 2nd Edition Blackwell Scientific, Oxford pp109-115.

Room F14

10.15

3.8.2 The ethics of researching your own students

Eileen Clark, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia. Co-author: Terence McCann

Abstract:

In this paper, we reflect on the ethics of conducting research on our own students. We identify potential sources of ethical concern and discuss how these were managed to the satisfaction of the Human Ethics Committee. These issues will be considered in relation to the guidelines published in the Australian National Statement on Ethical Conduct in Research Involving Humans in regard to research on vulnerable groups and collectivities.

In the past, in certain disciplines, undergraduates were expected to participate as subjects in their lecturers' research. This was seen as a method of teaching research techniques, as well as a form of professional socialisation, and any ethical concerns were easily silenced. In retrospect it is easy to see potential ethical problems in this practice, including abuse of power, lack of confidentiality and absence of meaningful informed consent. Despite this, students are not often identified as a vulnerable group in research texts. However, in Australia the published guidelines for the ethical conduct of research identify students and teachers as persons whose relationship may impair voluntary informed consent.

In 2001 we sought permission from the Faculty Human Ethics Committee to conduct research on nursing students at the campus where we both taught, and at two other campuses of La Trobe University, Victoria, Australia. The research used a questionnaire to investigate students' knowledge, attitudes and behaviours in relation to cigarette smoking, a topic of relevance to their future role as nurses. We identified the following ethical concerns: power differential between researchers and respondents, informed consent, anonymity, confidentiality, and duty of care. We were able to address all issues to gain ethics approval for the research. Our experiences may assist other researchers wanting to carry out research involving persons in dependent or unequal relationships.

Intended learning outcomes:

• Identify ethical issues related to research on vulnerable groups

• Evaluate the ethical arguments for and against conducting research on your own students

• Critically appraise ethical issues in published research

Recommended reading:

National Health & Medical Research Council (2001) National Statement on Ethical Conduct in Research Involving Humans, Commonwealth of Australia, Canberra.

Room F14

10.45

3.8.3 Dilemmas and decisions in evaluation research: the project co-ordinator's tale

Lin Perry, Faculty of Health and Social Care Sciences, Kingston University and St George's Hospital Medical School, Kingston upon Thames, UK

Abstract:

Evidence-based practice and clinical governance are recent healthcare policy priorities; benefits have been demonstrated but challenges posed (Dept of Health 1997; Johnson 1997; Tolson 1999). The South Thames Evidence-based Practice Project aimed to implement and evaluate evidence-based practice in a range of topics and settings. This paper uses experiences from one project site to explore ethical dilemmas inherent in evaluation research exemplified by investigation of the impact of implementation of evidence-based guidelines for nutritional support in acute stroke.

Methods: A quasi-experimental design with features of action research was employed. An exploratory situation analysis (focused on 12 wards, 14 consultant teams, 4 therapy departments) and baseline evaluation of practice was followed by guideline development and implementation, post-test practice re-evaluation.

Findings: The project posed a variety of dilemmas. These derived from conflict between utilitarian and deontological prescriptions, patient autonomy versus clinician accountability, honesty and equipoise, divergent interpretation of harm versus benefit, the unsatisfactory nature of non-maleficience, unclear definition of beneficience. Concerns were predominantly methodologically derived or topic-related.

Methodological issues included research design, quality of evidence and equipoise, guideline ownership and status. Identity and identification of the Project Co-ordinator were complex; multiple roles could cause difficulties such as where nurse and researcher conflicted or research functions jarred (eg assessor of practice and change facilitator). Confidentiality and consent of (staff) participants, ownership of data were disputed.

Topic-related issues concerned nutritional support for the patient with uncertain competence and/ or prognosis. Benefit: harm judgements, criteria and definitions were fiercely debated. Legal and ethical considerations were not always congruent or clearly articulated.

Conclusion: In the absence of perfect solutions variously successful responses and compromises were negotiated and will be discussed with hindsight perspectives.

Intended learning outcomes:

- Be aware of various dilemmas and decisions that may confront a Project Co-ordinator of an evaluation research study.
- Be able to identify the ethical origins of such issues.
- Be aware of approaches that may be taken to address such issues.

Recommended reading:

Dept. of Health. 1997. The New NHS, modern, dependable. At http://www.archive.official-documents.co.uk/document/doh/newnhs/newnhs.htm, accessed 26 Sept 2002

Johnson M. 1997. Observations on the neglected concept of intervention in nursing research. Journal of Advanced Nursing 1997:25:23-9

Tolson D. Practice innovation: a methodological maze Journal of Advanced Nursing 1999:30:2:381-390

Room H11

09.45

3.9.1 Psychosocial predictors of outcome in patients with chronic low back pain

Philip Keeley, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK. Co-authors: Chris Dickens and Karen Waters

Abstract:

In 1993, it was estimated that the NHS spends £480 million per year on patients with low back pain (Clinical Standards Advisory Group (CSAG) (1994)). The majority of expenditure related to the small number of people with CLBP. With time off work, lost production and disability payments the total cost to society was estimated as £6,000 million per year. The CSAG recommended consideration of psychosocial aspects of care when developing new services for patients with low back pain as an acknowledgement that disability is not fully explained by physical status.

The first part of this paper will describe a longitudinal study that examined the predictive value of psychological and social variables for patients with chronic low back pain (n = 108). All patients were recruited at their first orthopaedic outpatient appointment following referral by their GP.

The psychological predictor variables included anxiety, depression and fear-avoidance beliefs. The social predictor variables were measured using the Life Events and Difficulties interview, as described by Brown and Harris (1978; 1989). For the purpose of this presentation, the outcome variables to be considered are perceived quality of life and GP consultation patterns.

The main focus of the presentation will be consideration of the variables that predict

outcome at six months following initial appointment. Analysis of results will be used to inform the development of an emerging, explanatory model to demonstrate how psychosocial factors predict outcome.

Finally, the implications of the findings will be discussed in terms of nursing care provision and health service delivery for patients with low back pain.

Intended learning outcomes:

- Be able to discuss the role of psychosocial factors in predicting the outcome in patients with chronic low back pain.
- Consider the methodological advantages of conducting a longitudinal study to achieve the research aims.
- Debate the health care provision implications for meeting the psychosocial needs of people with chronic low back pain.

Recommended reading:

Brown G W and Harris T O (1978) Social origins of depression: A study of psychiatric disorder in women. New York: Free Press.

Brown G W and Harris T O (1989) Life events and illness. London: Unwin Hyman.

Clinical Standards Advisory Group (1994) Back Pain: Report of the CSAG Committee on back pain. London: HMSO.

Room H11

10.15

3.9.2 Cues used by formal and informal carers to identify pain in nursing home residents with cognitive impairment

Jose Closs, School of Healthcare Studies, University of Leeds, Leeds, UK. Co-author: Bridget Barr

Abstract:

Aim: This project aimed to identify clinically feasible methods of assessing pain in nursing home residents with varying degrees of dementia. Two of the objectives from a wider study were:

1. To assess formal and informal carers' awareness of pain in residents

2. To identify the range of cues from which pain was inferred

Method: This section of the study involved the carers of 105 residents from the 15 largest nursing homes in a city in the north of England. Sixty-five formal carers and 36 informal carers were interviewed about residents' pain. Attitudes towards pain in general were assessed using simple rating scales. Brief interviews about the indicators of pain in individual residents were undertaken using three open-ended questions. Interviews were tape-recorded and notes of particular significance were handwritten. The data were coded and analysed using NVivo and a second researcher verified the categories derived.

Results: Formal carers were more confident in their ability to assess pain than were informal carers; they reported a greater awareness of residents' outward expression of pain than informal carers; and both formal and informal carers inferred pain from a wide variety of cues: vocal, behavioural, physical, facial and emotional. Formal carers who expressed an opinion tended to feel that residents with dementia experienced pain in the same way as those without. The differences in the size of the two groups of carers make comparisons difficult, but both emphasised the complexities of assessing pain. There was general agreement that residents were often reluctant to report their pain and that there may be alternative causes of the behaviours from which pain was inferred. These findings have the potential to contribute to the development of a method for the assessment of pain in older people with cognitive impairment.

Intended learning outcomes:

- Be aware of some of the difficulties of assessing pain in nursing home residents
- Will know more about the similarities and differences between formal and informal carers' understanding of pain in this group
- Will know more about the types of cues from which pain is inferred for this group

Room H11

10.45

3.9.3 Using a longitudinal research design to explore nurses experiences of caring for patients in pain

Carolyn Mackintosh, Division of Nursing, University of Bradford, Bradford, UK

Abstract:

The assessment and management of pain has been regarded as problematic for a long time. (Marks and Sacher 1973, Boore 1980, Cohen 1980, Donovon et al 1987, Carr 1990, Fergusson et al 1997, Mackintosh and Bowles 1997). This has been attributed to a number of causes,

- Lack of knowledge (Cohen 1980, Weis et al 1983, Carr 1997)

- Lack of education (Sofaer 1985, Harrison et al 1991, Field 1996)

- Inappropriate beliefs (Clarke et al 1996, Fergusson et al 1997)

However these are insufficient alone to account for continued failings in the provision of appropriate care for patients with pain (Wakefield 1995), and a number of other factors including: socialisation (Melia 1981, Seed 1994), length of experience (Mason 1981), the use of distancing and barrier building techniques (Menzies 1961) may also be contributing factors.

This paper intends to demonstrate how these issues were explored using a longitudinal comparison, time sensitive research design, which followed two groups of qualified and pre-registration adult nurses (total purposive sample size 86) working with patients in pain, over a period of three years. Both qualitative and

quantitative methods of data collection were used, including one to one interviews, and the development of a complex multi-faceted questionnaire.

Preliminary findings of the study are briefly discussed, but the paper primarily intends to highlight some methodological considerations concerning the use of longitudinal design, the benefits of the time sensitive design method, and to advocate its increased use within nursing research.

References:

Boore JP (1980) Nursing Surgical Patients in acute pain. Nursing. May 37-43

Carr ECJ (1990) Post-operative pain: patients expectations and experiences. Journal of Advanced Nursing. 12 463-472

Carr E (1997) Overcoming barriers to effective pain control. Professional Nurse. 12 5 412-416

Clarke EB, French B, Bilodeau ML, Capasso VC, Edwards A and Empoliti J (1996) Pain management knowledge, attitudes and clinical practice. The impact of nurses characteristics and education. Journal of Pain and Symptom Management. 11 18-31

Cohen FL (1980) Postsurgical pain relief: patients status and nurses medication choices. Pain. 9 265-274

Dononvon M, Dillan P and McGuire L (1987) Incidence and characteristics of pain in a sample of medical-surgical inpatients. Pain. 30 69-78

Ferguson J, Gilroy D and Puntillo K (1987) Dimensions of pain and analgesic administration associated with coronary artery bypass grafting in an Australian intensive care unit. Journal of Advanced Nursing. 26 1065-1072

Field L (1996) Factors influencing nurses analgesia decisions. British Journal of Nursing. 5 14 838-844

Harrison A (1991) Assessing patients pain: identifying reasons for error. Journal of Advanced Nursing. 16 1018-1025

Mackintosh C and Bowles S (1997) Evaluation of a nurse-led acute pain service: can clinical nurse specialists make a difference? Journal of Advanced Nursing. 25 30-37

Marks RM and Sacher EJ (1973) Under treatment of medical inpatients with narcotic analgesics. Annals of Internal Medicine. 78 173-181

Melia KM (1987) Learning and Working. The occupational socialisation of nurses. London. Tavistock.

Menzies IEP (1961) The functioning of social systems as a defence against anxiety. Greenwich Research Publications Ltd.

Seed A (1994) Patients to People. Journal of Advanced Nursing. 19 738-748

Sofaer B (1985) Pain management through nurse education. In Perspectives in Pain. (ed Copp LA) Churchill Livingstone. Edinburgh p 62-83

Wakefield AB (1995) Pain: an account of nurses talk. Journal of Advanced Nursing. 21 905-910

Weis OF, Sriwantankul K, Alloza JL, Weintraub M and Lsagna L (1983). Attitudes of patients, housestaff and nurses towards post-operative analgesic care. Anaesthesia and Analgesia. 62 70-4

Intended learning outcomes:

• Gain some understanding of longitudinal research design.

• Consider the applicablity of longitudinal designs to nursing research

• Develop some understanding of the complex relationship between nurses and the person experiencing pain.

Recommended reading:

Morse JM (1998) Qualitative nursing research Sage London

Hammersley M & Atkinson P (1995) Ethnography: principles in practice. Routledge. London

Room E7

09.45

3.10.1 Ethnographic fieldwork in hospital wards: practical and ethical issues

John Costello, School of Nursing, Midwifery and Health Visiting, The University of Manchester, Manchester, UK

Abstract:

Participant observation in health care settings presents nurse researchers with numerous challenges as well as having the potential for collecting rich data on the subjective experiences of hospital staff. However, for many nurse researchers, carrying out fieldwork in their own culture has a number of pitfalls (Morse 1998).

Drawing on the presenter's research in a number of health care settings, this paper will outline of the value of conducting ethnographic fieldwork in settings when the nurse practitioner becomes the researcher. The session will highlight the many potential problems associated with and created by carrying out fieldwork in hospital environments. In particular, the paper will highlight issues such as gaining access to the field, developing an entrée, doing fieldwork and reporting on the findings. The workshop will discuss ways that researchers can manage the problems involved in carrying out observational work in order to maximise data collection.

Particular emphasis will be placed on some of the ethical and practical issues often encountered by researchers embarking on this type of research for the first time. Throughout the session, a critical evaluation will be made of the role ambiguity encountered by nurse ethnographers who attempt to go native and experience the subjective world of research respondents.

Nurses attending the session will benefit by being provided with the opportunity of considering current knowledge about ethnographic research methods by drawing on the researchers experience of conducting fieldwork in hospital settings and evaluating theoretical assumptions with practical issues.

Intended learning outcomes:

• Identify and describe the key issues associated with conducting ethnographic fieldwork in health care settings.

• Have an awareness of the practical and ethical problems encountered by nurse researchers working in hospital based environments.

• Have a consideration of the value and possibilities of participant observation in terms of data collection and retaining objectivity within the subjective world of the hospital.

Room E7

10.15

3.10.2 Witnessing death and other everyday activities: ethical challenges when observing nursing practice

Timothy Clark, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK

Abstract:

This presentation reports on a number of ethical issues that emerged in the third stage of a study. Earlier stages of the study had enabled the development of a model of competence in newly qualified nurses. Features of the model were considered in interviews with newly qualified nurses and their supervisors and by the observation of the nurses in clinical settings. Some of the issues were anticipated and planned for, these included issues of informed consent from the gatekeepers within the healthcare Trust, consent from hospital managers, medical staff, patients and research participants, confidentiality and the potential influence of direct observation.

The process of formal application to the Local Research Ethics Committee (LREC) enabled some exploration and preparation for these factors. This will be briefly explained in relation to this study. Following formal approval a series of interviews and observations were made. When observations began a number of critical incidents emerged which provided some ethical challenges. One such incident involved the care observed for a patient who died unexpectedly during a period of observation. Such incidents have impact on the staff involved and the decisions taken as a researcher. This presentation explores the implications of these issues both to the research participants and the researcher and how they have been managed. The tension between the role of the nurse as a researcher and the responsibilities of the researcher as a professional nurse resulting from such ethical challenges will be discussed.

Intended learning outcomes:

• Be aware of the major ethical issues in observing practice.

• Be aware of approaches to gain some data in difficult situations.

• Be able to understand the value of thorough ethical preparation when observing practice.

Recommended reading:

Royal College of Nursing (1998) Research Ethics London . Royal College of Nursing

Williams A (1997) Pitfalls on the road to ethical approval. Nurse Researcher. 5; (1) 15-22

3.10.3 Analysing the impact of a multidisciplinary forensic health service in police custody units

Patricia Bond, School of Health, University of Wolverhampton, Walsall, UK. Co-authors: Paul Kingston and David Sellah

Abstract:

This paper will present the findings from an empirical study of a novel Multidisciplinary Forensic Health Service developed by West Yorkshire Constabulary and Healthcall. The service is designed to supplement the existing system where general practitioners (GPs) work as police surgeons or forensic medical examiners. The research determines the contribution of nursing to the nature and quality of health care delivery in police custody units, and is conducted within the political context of increasing demands for innovative ways of delivering health care to police detainees (Audit Commission 1998, Franklin 2002, Police Complaints Authority 1998).

This study builds upon preliminary data from Kent Constabulary which suggests there are benefits to be accrued from integrated forensic health care, including a closer alignment of clinical skills to tasks undertaken, and better service co-ordination (Metropolitan Police Association 2002).

First, this study makes extensive use of statistical analysis of secondary data. In particular, comparisons are made between retrospective and prospective data in two six month time windows either side of the new service commencing. The following performance indicators are analysed:

• Response times

• Complaint rates

• Referral rates to police surgeons

• The nature of subsequent health interventions.

Second, using an impact evaluation design (Owen and Rodgers 1999) the outcomes of multidisciplinary custody health care will be explored through in-depth interviews with nurses, custody officers, and police surgeons.

The findings from this study will shed considerable light upon the impact a multidisciplinary service has had on:

• Accessibility,

• Effectiveness

• Confidence in the service

• Health outcomes including adherence to and outcomes of working to protocols.

This study will benefit service providers by revealing the contribution of the nurse to the nature and quality of health care delivery in police custody units and will incorporate new understandings of the nature and process of multidisciplinary health care in police custody units.

Intended learning outcomes:

• Will have an understanding of the contribution of nursing to the nature and quality of health care in police custody units

• Will have an understanding of the nature and process of inter-professional working in forensic health care

• Identify the challenges faced by multidisciplinary teams providing forensic health care in police custody units

Recommended reading:

Audit Commission (1998) The doctors bill: the provision of forensic medical services to the police. London: Audit Commission

Franklin P., (2002) Association of police surgeons' presidential web message http://www.apsweb.org.uk date accessed 29/07/02

Owen J., M., Rodgers P., (1999) Program evaluation: forms and approaches. London: Sage.

11.45 – 13.15 Concurrent session 4

4.1.1 Cochrane systematic reviews on behavioural treatments for urinary incontinence: Context, methods, outcomes and implications

Brenda Roe, Department of Geriatric Medicine, Keele University, Keele, UK. Co-author: Joan Ostaszkiewicz

Abstract:

Urinary incontinence is more prevalent in older populations and more so in older women than in men. Behavioural strategies such as bladder training, habit training, timed voiding and prompted voiding form the basic repertoire used in nursing practice to manage incontinence and /or regain continence. Bladder training is commonly used and recommended as the treatment for urinary urge incontinence (Roe et al 2000), while prompted voiding is frequently used for older adults with or without cognitive impairment for toileting with verbal prompting and positive reinforcements and is commonly used in nursing homes or institutional settings (Eustice et al 2002). Timed voiding is the fixed timing of toileting that is not individualised (Ostaskiewicz et al (2001), and is commonly documented as the catch all phrase 'two hourly toileting.' Systematic reviews on the evidence of effectiveness of these nursing practices and strategies for managing incontinence are being prepared for publication or have been published. Cochrane systematic reviews are currently limited to evidence obtained from randomised controlled trials, which many in nursing believe is not the 'gold standard method' for identifying the evidence on which to base nursing practice. This paper will compare and contrast two published systematic reviews on bladder training and prompted voiding for the management of incontinence in relation to study design, sample size, methods, outcomes and conclusions. Two further systematic reviews currently in preparation, on timed voiding and habit training will also be included. These reviews will be set in context and comment made on, methodological issues related to systematic reviews, research capacity and capability development, research, scholarship and publication, as well as nursing practice for incontinence and implications for further research.

Intended learning outcomes:

• Have knowledge of the published systematic reviews in the Cochrane Library on bladder training, prompted voiding, habit training and timed voiding for urinary incontinence.

• Have insight into undertaking systematic reviews and their methods, in particular those for publication in the Cochrane Library.

- Identify the implications of the outcomes of these reviews for nursing practice, research and policy.

Recommended reading:

Eustice S, Roe B, Paterson J (2002) Prompted Voiding for the Management of Urinary Incontinence in Adults (Cochrane Review). In The Cochrane Library. Issue 2. Oxford, Update Software.

Ostaszkiewicz J, Johnston L, Roe B. (2001) Timed Voiding for the Management of Urinary Incontinence in Adults (Protocol for a Cochrane Review). In The Cochrane Library. Issue 2. Oxford, Update Software.

Roe B, Williams K, Palmer M (2000) Bladder Training for the Treatment of Urinary Urge Incontinence (Cochrane Review). In The Cochrane Library. Issue 1. Oxford, Update Software.

Room D1
12.15

4.1.2   How long should adults fast preoperatively? A systematic review of the evidence

Marian Brady, Glasgow Caledonian University, Nursing Research Initiative for Scotland, Glasgow, UK. Co-authors: Sue Kinn and Pauline Stuart

Abstract:

Background: Restriction of food and fluid intake prior to general anaesthesia aims to reduce the risk of regurgitation and aspiration of a large volume of acidic gastric contents and thus increase patient safety. Preoperative fasting however has an impact on patients' nutrition and hydration. Nurses, concerned for patients' well being, hydration and safety, seek evidence of safe levels of preoperative fasting without an unnecessary restriction of food and fluids. 'Evidence' of the optimum fasting regimen however, is scattered across many journals in a variety of languages. Between-study comparisons are difficult because of the variety of interventions and outcome measures used.

Methods: In the course of conducting the systematic review on preoperative fasting for adults all the relevant and reliable evidence was systematically collected and evaluated. A thorough search of the on-line literature databases 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 5000 references were generated in the systematic search. Fourteen randomised controlled trials made 22 comparisons between a shortened fluid/solid fast and a standard fasting regimen (NPO from midnight). The available evidence indicates that, amongst other things, the intake of fluid 2-3 hours preoperatively results in a significantly lower (and thus safer)

mean volume of gastric contents than if participants had followed a standard fasting regimen. The results in relation to the additional primary and secondary outcome measures will be also presented, as will the results of the comparison of a shortened solid fast with (i) a standard fasting regimen and (ii) a shortened fluid fasting regimen.

Intended learning outcomes:

- Recognise that a systematic review is based on a thorough and systematic search of both published and unpublished literature.

- Should feel confident that a systematic review not only presents the relevant data in an unbiased way and considers the impact of trial quality on the review results, it is also extremely accessible (via the Cochrane Library) and relevant to clinical practice.

- Will be encouraged to evaluate the evidence for themselves and to re-appraise their own trust's awards preoperative fasting policies.

Room D1
12.45

4.1.3   If the 'Kappa' fits, use it!

Pauline Raynor, Health Sciences, University of York, York, UK. Co-author: Carl Thompson

Abstract:

Decision-making by nurses is firmly established on the practice, policy and educational agenda. However, research conventionally explores decision-making in the abstract, focuses on the cognitive processes of decision-making, what nurses should be doing, or examines decision-making under artificially controlled conditions. An ommission in the literature has been the lack of any rigorous attempt to describe the types of decisions (or clinical uncertainties) nurses actually face in their day-to-day work. Research exploring nurses' decision-making has recently been conducted in the acute sector (by the authors). The focus of this paper will be community and primary care nurses.Aims: This paper reports the findings of an MRC funded study of nurses use of research-based information in decision-making in primary care. It will present:

- a typology of clinical uncertainties that DNs, PNs and HVs encounter in clinical practice

- a description of the use of the multi-rater Kappa method for increasing the

- reliability underlying coding in a collaborative research team

Methods: Multiple case study design was used incorporating qualitative and quantitative methods. In depth-interviews (n=82) and observation data (n=270 hours) were conducted. Multi-rater Kappa method was used for measuring agreement between raters (1).

Results: A typology of decisions was identified. Decisions were identified concerning the organisation of services, clinical interventions, assessment, prognosis, diagnosis, targeting, timing of visits and referrals to other professionals. Decisions regarding information seeking, prevention strategies and the

communication of risks and benefits were also established. Research information could provide a valuable conribution to reduce the uncertainties associated with these decisions types. Kappa provided a focus for close scrutiny of the data and allowed team members to play an active role in the analysis. The strengths and weaknesses of the approach will also be discussed.

Intended learning outcomes:

- Be able to be aware of clinical uncertainties primary and community nurses encounter in their day to day work.

- Be able to understand how the multi-rater Kappa method was used within a collaborative research team.

- Be able to understand what multi-rater Kappa method can be used for.

Recommended reading:

Siegel, S. & Castellan, J.N. (1988) 'Nonparametric statistics for the behavioural sciences', 2nd Edition. Ed. McGraw Hill, New York.

Room D2
11.45

4.2.1   Substance misuse: Enabling and empowering young people

Mary Chambers, Nursing, University of Ulster, Coleraine, UK. Co-authors: Sandra McElhinney and Pauline Hunter

Abstract:

Introduction: Drug taking amongst young people in Northern Ireland (NI) has not reached the same proportions as other parts of the United Kingdom (UK) or the Republic of Ireland, it is never-the-less on the increase . The development of flexible education tools, prevention programmes; and the effective utilisation of new media, especially the Internet to enhance social inclusion, are recommended in The 2002 EU Action Plan to Combat Drugs. By working with user-groups, the research focuses on the integration of new generation technologies into service provision. What is being developed in Northern Ireland is quite unique and extends the scope and efficiency of IST-based solutions addressing psychoactive substance misuse by developing effective health management and support systems.

Aim: The five-phase project using a Participative Design together with Userfit methodology aims to develop a telematics intervention to educate and empower young people to take informed decisions about psychoactive substance misuse and enhance personal coping potential.

The paper presents the outcomes from the first phase of this project, that of identifying the needs of young people. Key factors such as knowledge of substance misuse, its health implications, coping skills, technological ability and attitudes towards telematic interventions are included. Data were collected using 5 Focus Group interviews with young people, selected on

the basis of socio-economic divide, urban and rural localities, different age groups and levels of schooling (n = 78; i.e. school students and youth club members) and 3 focus groups with key informants (n = 21 - i.e. youth leaders, schoolteachers, clergy and others) from a range of selected locations in Northern Ireland. The outcomes are compared to highlight the dissimilarity of health professionals and young people across a number of variables. Implications for policy makers, educators, health service providers and practitioners will be explored.

Intended learning outcomes:

- Gain a greater understanding of the importance of using participative research methodologies.
- Gain insights into the needs of young people in relation to psychoactive substance misuse and youth orientated support services.
- Have a greater appreciation of the potential of technology as a medium for health promotion and provision.

Recommended reading:

Health Promotion Agency for Northern Ireland, 2000. The Health Behaviour of School Children in Northern Ireland: A report on the 1997/1998 survey;. Northern Ireland.

Ellis R. and Kurniawan S, 2000 Increasing the Usability of Online Information for Older Users: A case study in participatory design; International Journal of Human-Computer Interactions, 12(2), 263-276

Poulsan D., Nicolle C., Richardson S., Ashby M., Phillips K., Audouard E., Stapleton L., Waddell N. & Owen H.,1996;Userfit: A practical handbook on user-centred design for Assistive Technology Brussels: European Commission.

Room D2

12.15

4.2.2 Early adolescent diabetics - are we listening to them?

Louise Dyer, Faculty of Health and Social Care, University of the West of England, Bristol, UK

Abstract:

Trend analysis of the U.K. child population indicates increasing numbers of children with type 1 diabetes. This increase in the child population ultimately becomes an increase in adolescent population with diabetes and consequently has an impact upon the service provision to meet their health care needs (Gardener et al, 1997).

Children and adolescents are important users of U.K. health services and determinants of satisfaction with health care can be very different from those of adults. Little is known currently about adolescence satisfaction with health care adn how this influences compliance to prescribed regimens.

The literature attempts to explore the complexity of compliance in adolescent diabetic care, yet there are still gaps that need to be addressed. There is a need to adopt a new approach to studying adolescents with diabetes, recognising

the rights of the adolescent population as integral to research designs.

Shroff Penley et al (2002) indicate the importance of social support with increasing importance placed upon peer support, yet currently little is known about the exact nature of that support, particularly from peers.

Frid et al, (2000) suggest that teh personal narrative is vital in nursing research if nurses are to provide care that meets individuals' needs. Narratives may be explored using discourse analysis, which provides young people the opportunity to express their identity as a part of the real world. This allows for the examination of phenomena as discursive practices and constructions not as cognitive processes. To date the use of discourse ananlysis and the discursive action model has not been considered as an alternative for exploring how adolescents and their peers assign causes and events in their descriptions and accounts of living with diabetes.

Intended learning outcomes:

- Identify the deficits in current methodological approaches to studying adolescents with diabetes.
- Consider the use of illness narratives as a means of exploring the adolescent perspective of living with diabetes.
- Recognise the importance of including adolescents with diabetes and members of their peer group as participants in research designs.

Recommended reading:

Frid,I.;Ohlen,J.;Bergbom,I.(2000) On the use of narratives in nursing research.Journal of Advanced Nursing.vol.32,no.3,pp.695-703

Gardener,S.G.;Bingley,P.J.;Sawtell,P.A.;Weeks,S.; Gale,E.A.M. and the Bart's-Oxford Study Group.(1997) Rising incidence of insulin dependent diabetes in children aged under 5 years in the Oxford region: time trend analysis. British Medical Journal. vol.315, pp. 713-717.

Shroff Penley,J.;Kasmen,L.J.;Miller, D.L.; Donze,J.; Swenson,C.; Reeves,G.(2002) Peer and Family Support in Children and Adolescents With Type 1 Diabetes.Journal of Pediatric Psychology.vol.27,no.5,pp.429-438.

Room D2

12.45

4.2.3 Getting it right: Using the Delphi approach to identify policies to support children with Autistic Spectrum Disorder and their families

Donna Mead, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK. Co-authors: Laurence Moseley and Ruth Northway

Abstract:

Government policy, and users of health and social care services, have stressed the importance of service user involvement in service planning and

development. However, it is important that methods for facilitating such involvement are carefully considered. The Delphi approach can be helpful where there is uncertainty as to priorities for policy development and also where face to face contact between participants might influence the outcome due to power differentials within the group. It is thus relevant to health and social care settings where service users may be relatively disempowered. This presentation will detail a Delphi study, which identified priorities for policy development, amongst parents of children with Autistic Spectrum Disorder (ASD) and professionals working in this field. 16 families and 18 professionals were involved.

In Round 1 participants were asked to identify up to seven policies which they felt would help families of children under the age of five with ASD, and seven which would assist families with children over the age of five with ASD. 391 suggestions vague/ very general statements were removed. 54 policies were taken forward to Round 2.

In Round 2 participants were asked to rate each policy according to the number of families they felt would be helped by the policy and also the extent to which they would be helped. The results were then analysed to identify the raw scores, the normalised scores and the degree of consensus. Eleven policies emerged as rating highly in each of these three areas.

Policy makers were thus invited to consider each of these eleven policies and to determine whether an existing policy should be promoted or expanded, a new policy developed, or whether existing approaches need to be reconsidered/ modified.

Intended learning outcomes:

- Identify key features of the Delphi approach.
- Discuss how it can be used to involve both service users and families in identifying areas for policy development.
- Discuss strategies for prioritising policies identified in this manner.

Recommended reading:

Beech, B. (2001) The Delphi Approach: Recent applications in health care. Nurse Researcher, 8 (4) 38-48.

Mead,D. Moseley, L. (2001) Considerations in using the Delphi approach: design, questions and answers, Nurse Researcher, 8 (4) 24 – 37

Mead,D. Moseley, L. (2001) The use of the Delphi as a research approach, Nurse Researcher, 8 (4) 4 – 23

Room D7

11.45

4.3.1 Evaluating the effectiveness of nursing-led in-patient units: data aggregation of a programme of three studies

Ruth Harris, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK.

Abstract:

Nursing-led in-patient units (NLIUs) have been advocated as a model of intermediate care with the potential to improve clinical outcomes and relieve pressure on acute hospital beds. Studies evaluating the early pioneering units in New York and Oxfordshire reported favourable outcomes supporting the effectiveness of NLIUs although the validity of these studies has been questioned. The results of recent, more robust randomised controlled trials comparing care on a NLIU with usual care on general wards have been consistently disappointing with no statistically significant differences in patient outcome measures but significantly longer length of stay on the NLIU. Whether there was no treatment effect or whether studies failed to achieve sufficient power to detect any treatment effect is uncertain. Several studies reported recruitment difficulties resulting in reduced samples.

Three of these recent studies were replication studies conducted as a research programme (Griffiths and Evans 1995, Griffiths et al 2000, Griffiths et al 2001). The study design and protocols were very similar; inclusion/exclusion criteria, outcome measures, data collection and analysis techniques were the same for all studies. In this study the individual patient data from the 3 studies were combined (n=471) and analysed collectively using analysis of covariance (ANCOVA) and logistic regression to identify differences in patient outcome e.g. functional independence, psychological well-being and discharge destination between treatment (plan to transfer to NLIU) and control groups (care delivered on usual wards). Incorporating study in addition to group as factors in the ANCOVA and logistic regression models ensured that significant differences between the studies were identified and accounted for.

Findings of this data aggregation offer new insights into the effectiveness of NLIUs and will be discussed and explored in this paper. Implications for the future development of NLIUs and the strengths and limitations of this novel data analysis approach will also be discussed.

Intended learning outcomes:

- have a greater understanding of the evidence of effectiveness of NLIUs
- understand the methodological difficulties of evaluating NLIUs
- be aware of the strengths and weaknesses of this method of data aggregation

Recommended reading:

Griffiths P and Evans A (1995) Evaluating a nursing led in-patient service: an interim report. King's Fund Centre, London

Griffiths P, Wilson-Barnett J, Richardson G, Spilsbury K, Miller F and Harris R (2000) The effectiveness of intermediate care in a nursing-led in-patient unit. International Journal of Nursing Studies 37 153-161.

Griffiths P, Harris R, Richardson G, Hallett N, Heard S and Wilson-Barnett J (2001) Substitution of a nursing-led inpatient unit for acute services: randomized controlled trial of outcomes and cost of nursing-led intermediate care. Age and Ageing 30, 483-488

Room D7

12.15

4.3.2 Linking nurse staffing models to clinical outcomes and the nursing work environment

Linda McGillis Hall, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada.

Abstract:

Little research has been conducted that examines the intended effects of nursing care on the clinical outcomes. The objective of this study was to evaluate the impact of different nurse staffing models on the patient outcomes of functional status, pain control, and patient satisfaction with nursing care, as well as nurse outcomes of job satisfaction, job stress and role tension. A repeated measures study was conducted in all 19 teaching hospitals in the Ontario, Canada. The sample comprised hospitals and adult medical surgical and obstetrical inpatients within those hospitals. The patient's functional health outcomes were assessed with the Functional Independence Measure and the Medical Outcome Study SF-36. Pain was assessed with the Brief Pain Inventory and patient perceptions of nursing care were measured with the nursing care quality subscale of the Patient Judgment of Hospital Quality Questionnaire. Nurse's job stress was assessed using the Stress in General Scale, while the strain or tension experienced by nursing staff in response to their work was measured by Lyons Tension Index, and a global measure of satisfaction, the Job Descriptive Index was utilized. The proportion of regulated nursing staff on the unit was associated with better FIM scores and better social function scores at hospital discharge. In addition, a mix of staff that included RNs and unregulated workers was associated with better pain outcomes at discharge than a mix that involved RNs/RPNs and unregulated workers. Patients were more satisfied with their obstetrical nursing care on units where there was a higher proportion of regulated staff. Nursing leadership was found to have an important influence on job stress, job satisfaction and role tension. The results of this study suggest that a higher proportion of RNs/RPNs on inpatient units in Ontario teaching hospitals is associated with better clinical outcomes at the time of hospital discharge.

Intended learning outcomes:

- Gain an understanding of methods for examining different nurse staffing models.
- Be able to demonstrate knowledge of clinical outcomes that are sensitive to nursing care.
- Uunderstand the important role of nursing leadership on patient care units.

Room D7

12.45

4.3.3 Evidence-based nursing management: The influence of feedback about absenteeism on nurses' sick days

Alice Gaudine, School of Nursing, Memorial University of Newfoundland, St. John's, NF, Canada. Co-authors: Marilyn Beaton Alan Saks and Doreen Dawe

Abstract:

Nurse managers need to base their administrative practices on research evidence. Despite this, there have been relatively few field experiments to test interventions designed to reduce absenteeism, and virtually none of these studies have examined how nurses feel about these interventions. One study provided some evidence that feedback about absenteeism leads to hospital employees self-managing their attendance . However, the nurses' feelings about the feedback has not been explored, nor has anyone examined how the feedback works to decrease absenteeism .

This presentation reports two longitudinal field experiments that examined the effects of feedback on the absenteeism of Canadian nurses. In the first field experiment, two nursing homes were randomly assigned to receive either absenteeism feedback or to serve as the comparison. Thirty-three nurses received feedback about their absenteeism and twenty-nine nurses were in the comparison group. Findings were that nurses who received feedback about their absenteeism had significantly fewer episodes of absenteeism the following year. In the second field experiment, 68 nurses in one hospital received feedback about their absenteeism. Questionnaire data obtained pre and post feedback, and 4 and 12 months later indicated the mechanism through which the feedback acts: 1) nurses' perceptions of equity about their absenteeism decreased, and 2) guilt about their absenteeism increasing. Consistent with other studies, the majority of nurses underestimated their own absenteeism . Quantitative and qualitative data from both studies indicate the nursing staff felt positively about receiving the feedback. A content analysis of interview data summarizes study participants' suggestions for decreasing absenteeism at their workplace.

The two studies provide support for feedback as an effective absenteeism intervention that is viewed positively by staff. The organizational context in which the absenteeism intervention may be useful, and suggestions for implementing

the absenteeism feedback intervention, are emphasised in this presentation.

Intended learning outcomes:

- Should be able to describe an absenteeism feedback intervention.
- Should be able to describe employee responses to the absenteeism intervention.
- Will be able to describe how the absenteeism intervention could be modified in future implementations of this intervention, and identify situations when the absenteeism intervention may be more or less beneficial.

Recommended reading:

Gaudine, A., & Saks, A. 2001, ' Effects of an absenteeism feedback intervention on employee absence behaviour', Journal of Organizational Behavior, vol. 22 no.1, pp 15-30.

Kluger, A. N., & DeNisi, A. 1996, 'The effects of feedback interventions on performance: A historical review, a meta-analysis, and a preliminary feedback intervention theory', Psychological Bulletin, vol. 119, pp. 254-284.

Harrison, D., & Shaffer, M. 1994, 'Comparative examinations of self-reports and perceived absenteeism norms: Wading through Lake Wobegon', Journal of Applied Psychology, vol. 79, pp. 240-251.

Room F1

11.45

4.4.1 Insulin Dependent Diabetes Mellitus (Type 1) - Adolescent's perceptions

Kathryn King, School of Health, Natural and Social Sciences, University of Sunderland, Sunderland, UK

Abstract:

Insulin dependent diabetes mellitus (IDDM) is a chronic condition, the aetiology of which is incompletely understood. It is know however to be a genetically complex disease, in which both genetic and environmental factors are involved. A Complex pattern of self care behaviour, which includes blood testing, adherence to a prescribed diet, daily injections of an appropriate dose of insulin, regular exercise and stringent foot care is essential in order to lesson the risk of later diabetic Complications (Bain 1995, DCCT 1996). A review of the pertinent literature has revealed that the response to the chronic disease of diabetes mellitus is not simply determined by the nature of physiological symptoms or individual motivations, but rather is shaped by social, cultural and ideological concepts. The literature has also shown that the `lived` experience of the diabetic adolescent has been largely overlooked. This has resulted in significant gaps in not only our understanding of the adolescents' management issues, but also the adolescents' experiences of IDDM. The aim of this qualitative study, which utilises a grounded theory approach, is to offer new knowledge in order to enhance health care provision for adolescents with insulin dependent diabetic mellitus. Twenty

in-depth interviews with IDDM adolescents between the ages of 16-21, together with focus groups consisting of health care professionals allow for an "emic perspective, a holistic perspective and an inductive and interactive process of enquiry" (Morse 1992pp23). Grounded theory as an approach to analyse qualitative research, together with the results of the findings will be presented.

Intended learning outcomes:

- To appreciate the use of grounded theory in qualitative research
- To identify possible areas of unmet health needs for IDDM adolescents
- To understand the possible factors that influence compliance for IDDM adolescents

Recommended reading:

Bain, S. C.(1995) Practical Diabetes International. The British Diabetes Association. Jan/Feb Vol12 No 1 pp11-13

DCCT 1996 Jama. 276 pp 1409-15

Morse ,J 1992 Qualitative Health Research. London. Sage

Room F1

12.15

4.4.2 More than just another test? The experience of parents of children referred to a geneticist

Owen Barr, School of Nursing, University of Ulster, County Londonderry, UK

Abstract:

Members of the Primary Care Team have an important role in supporting parents of children with suspected disabilities who undergo investigations and in assisting parents and family members adapt to the outcomes. The developments in genetic tests are likely to result in more parents receiving personal genetic information in relation to their children and possibly themselves.

This presentation reports the findings of a preliminary project that investigated parents' experience of attending an appointment at a genetics clinic. All parents of children attending the regional genetic clinic over a period of 10 months were invited to participate in the project. Thirteen parents who consented to become involved completed a questionnaire prior to the appointment and a personal interview within three weeks of the appointment. The majority valued the opportunity to meet with the Geneticist and found the appointment helpful in a range of ways. However parents also reported a strong sense of isolation prior to and after their appointment. Parents highlighted the perceived absence of adequate support from members of the Primary Care team.

The need to prepare health professionals to provide support to people undergoing genetic investigation has been highlighted in the nursing and allied literature past few years. It is also now recognised that the overall impact of receiving

personal genetic information can have both positive and negative consequences, which may be mediated by a range of variables. The findings of this project provide an indication of the complexities in preparing for and attending a genetics appointment that will assist members of primary and specialist services develop more tailor information and support. This study provides new insights into parents' experiences of genetic counselling from their perspective and highlights parents' views on how to provide the much needed co-ordinated local support to prior to and following an appointment.

Intended learning outcomes:

- Identify the key expectations parents have of attending an appointment with a geneticist.
- Outline the key concerns parents expressed prior to and after attending an appointment.
- Discuss the recommendations parents made for improving the level of support they received and how these may be taken forward in nursing practice.

Recommended reading:

Barr, O. (2002) Developments in genetic understanding: time to engage with the process. Journal of Learning Disabilities, 6,(1), 5-12.

Barr, O. (1999) Genetic counselling: a consideration of the potential and key obstacles to assisting parents adapt to a child with learning disabilities. British Journal of Learning Disabilities, 27, (1), 30-36.

Marteau, T. & Richards, M. (1996) The Troubled Helix: social and psychological implications of the new human genetics. Cambridge University press, Cambridge.

Room C2

11.45

4.5.1 Validation of a postnatal quality of life assessment tool

Andrew Symon, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co-author: Jacqui McGreavey

Abstract:

Background: Quality of life assessment is increasingly used in healthcare. Postnatal well-being is not routinely assessed beyond the standard six-week examination, whose application has been criticised (Bick and MacArthur 1995). No existing tool assesses postnatal quality of life. We sought to validate a postnatal quality of life assessment tool, the Mother-Generated Index (MGI).

Sample: Ethical approval was obtained. Six health visitors recruited 102 mothers (51 at 6-8 weeks and 51 at 6-8 months postpartum; sample size calculated from pilot study) and conducted face-to-face interviews. Mothers whose babies were ill or who had died were excluded.

Methods / Instruments: The MGI is a single-sheet three-step questionnaire. Mothers specified the most important areas of their life, scored these, and rated their importance. They

also completed three validators (existing physical and mental health assessment tools). Data were analysed in Excel and SPSS.

Results: MGI scores were significantly correlated with the validators at 6-8 weeks and 6-8 months, but were not significantly affected by age, parity, or whether she lived alone. Content, criterion and construct validity were demonstrated. Cited issues included physical health, emotional well-being, family relationships, personal time, social life, and attitude towards the baby. Mothers with MGI scores of 5 or less had a significantly higher incidence of physical problems, significantly higher depression scores, and significantly lower maternal attitude/adjustment scores. Mothers with MGI maximum scores of 5 at 6-8 months also had babies with a higher incidence of physical problems, and were less likely to view their babies in a positive light.

Professional relevance: The social reality of health measurement is critical (Hopkins 1992). Measuring outcomes from the recipient's point of view aids holistic appraisal (Kleinpell 1997). This subjective quality of life instrument can help health professionals to identify, assess and address the issues of most importance to the mother.

Intended learning outcomes:

- Will appreciate the value of quality of life assessment compared with simple measurement of physical or psychological morbidity.
- Will understand the need to validate outcome tools in health care.
- Will be able to identify a range of issues which impact on women's postnatal quality of life.

Recommended reading:

Bick D, MacArthur C (1995) Attendance, content and relevance of the six week postnatal examination. Midwifery, 11, 69-73

Hopkins A (1992) How might measures of quality of life be useful to me as a clinician? In: Measures of Quality of Life (Hopkins A [ed.]). Royal College of Physicians: London pp 1-13

Kleinpell R (1997) Whose outcomes: patients, providers, or payers? Nursing Clinics of North America, 32: 513-520

4.5.2 Grieving for myself: Women's lived experience of postnatal depression

Denise Lawler, University of Ulster, Co. Antrim, Ireland. Co-authors: Marlene Sinclair

Abstract:

This presentation sets out to provide the audience with a deeper insight into the lifeworld of women who have lived through an episode of post natal depression. A phenomenological hermeneutic approach was used to describe the women's experiences and a purposeful sample of seven women agreed to participate in the study. In-depth interviews were audio-taped and transcribed verbatim with consent from the participants. Transcripions were processed using the hermeneutic circle: dialogue, fusions of horizons and metaphors to understand the meaning of the experience adapted from Dieklemann et al (1989) and the transcript interpretations were confirmed by the participants. Findings are presented under four existential life worlds - lived space, lived body, lived relations and lived time.

All of the women in the study experienced a loss of their former self after going through a transition process of being a single person to becoming a woman with child 'a mother'. The women vividly described their brokeness and sorrow as they struggled to come to terms with their new body image and their new role as mother. It was after they had experienced a cycle of grief that they were able to accept their new self and motherhood.

These women accepted their experience as being 'normal'.They felt they had to experience death of their former self before giving birth to the new woman. This perception of 'normal experience' challenges midwives and mental health workers to redefine the meaning of normal and to review the consequences of labelling women as suffering from postnatal depression. The study calls for a review of current antenatal preparation for parenthood and challenges midwives to review commonly accepted beliefs that almost everywoman naturally adjusts to the role of mother when their baby is born. New approaches to education are required to prepare women for the possible event of experiencing this sometimes 'natural' metamorphic state after the birth of their baby.

Intended learning outcomes:

- participants should be able to identify the research processes involved in the conduct of phenomenologcical research
- participants should have a deeper understanding of the suffering and pain associated with loss of self experienced during postnatal depressions
- participants should be able to discuss the impact of this phenomenological research on professional midwifery practice

Recommended reading:

Diekelmann M, Allen D & Tanner C (1989) The NLN criteria for appraisal of bacclaureate programs: a critical hermeneutical analysis .The National League for Nursing Press: New York

Czuchta DM (1998) Reconstructing a sense of self in patients with chronic mental illness. Perspectives in Psychiatric Care 34 (3): 31-36

Denis CL & Kavanagh J (2001) Psychological interventiosn for preventing postpartum depressio n (protocol for Cochrane Review). In: Cochrane Library. Issue 4. Oxford: Update Software.

4.5.3 Factors influencing experienced obstetrical nurses perceptions of fetal risk

Lois Haggerty, Maternal Child Health Nursing, Boston College, Chestnut Hill, MA, USA. Co-author: Ronald Nuttall

Abstract:

The purpose of this study was to determine what clinical cues experienced obstetrical nurses use to predict fetal risk. Ten dichotomized clinical cues relevant to fetal risk were placed in fractional factorial vignettes. The factorial survey method insures the orthogonality of the cues within the vignettes which permits the researcher to determine the relative weighting of each cue through multiple regression analysis. The unit of analysis with this method is the vignette. Thirty two vignettes were developed after reviews by experienced obstetrical nurses who suggested modifications to increase the validity of each vignette. A random sample of 573 American nurses certified in inpatient obstetrical nursing was recruited from a list prepared by the National Certification Corporation. Each nurse was mailed a copy of 8 of the vignettes. The average number of years of intrapartal nursing experience was 13. Multiple regression analysis was used to identify the weights given to each of the 10 cues by nurses. Fetal scalp pH, maternal parity, amniotic fluid color, and fetal heart rate variability were among the cues that the nurses considered most predictive of fetal stress. The results of this study provide a model of experienced nurses clinical decision-making in situations involving fetal stress. The model is more complex than textbook algorithms and can be used to teach less experienced nurses appropriate decision-making in the complex environment of intrapartal nursing. In addition, the factorial survey method is an underutilized but valuable method for identifying the saliency of clinical cues in various nursing contexts.

Intended learning outcomes:

- Will identify the most salient clinical cues used by experienced obstetrical nurses in determining fetal stress.
- Will understand the applicability of the fractional factorial survey method in studies of clinical decisiion making.
- Will understand how experienced nurses rank clinical cues related to fetal stress.

Recommended reading:

Haggerty, L.A. & Nuttall, R.L. Experienced obstetrical nurses' decision making in fetal stress situations. Journal of Obstetric, Gynecologic and Neonatal Nursing, 29(5) Sept - Oct, pp 480-490.

Ludwick, R., & Zeller, R.A. (2001). The factorial survey:An experiemental method to replicate real world problems. Nursing Research, 50(2) March - April, pp 129-133.

Haggerty, L.A. (1996). Assessment parameters and indicators in expert intrapartal nursing decisions. Journal of Obstetric, Gynecologic and Neonatal Nursing, 25(6) July-August, pp. 491-499.

Room F14

11.45

4.6.1 Learning organisations - facilitating deep or superficial change

Susan Carr, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co-author: Charlotte Clarke

Abstract:

The government modernization agenda demands a change in how we think about and deliver services (Department of Health 2000). The process of achieving this in practice and the theoretcial shift that has to ocucur includes addressing how change is managed and how organisational learning is enhanced. One strategy that has been implemented is Health Action Zones that have a remit to introduce new ways of working, to facilitate innovation in service provision and to act as learning organisations. Recent research evaluating a Health Action Zone has allowed identification of drivers and barriers to change.

Evaluating such a complex community initiative required a research approach that respected multi-agency whole systems working.The research methodology combined theories of chaneg with pluralistic evaluation and soft systems methodology (Checkland & Scholes 1990). Data was collected in two phases. Phase 1 included 39 individual interviews with a purposefully diverse group of people involved in HAZ. The sample was identfied through development of a sampling matrix (Reed, Procter & Murray 1996) informed by key HAZ staff. Collecting and analysing data from such a diverse sample presented the opportunity to develop participatory, inclusive methods.Phase 2 took the form of a case study of user focussed mental health projects and data was collected during individual interviews, focus groups and day conference attendance.

This paper will present one component of the findings - the tensions between the agenda driving superficial change and the agenda driving deep change.The former minimizes learning and only permits 'tinkering' with service provision. The latter maximizes learning and has the potential to allow more fundamental review of service organization. The implications of this tension for the management of complex change in health care will be outlined.

Intended learning outcomes:

- Appreciate the role of HAZ in the modernization and learning organizations agenda
- Understand the principles of evaluation methodologies of theories of change, pluralistic evaluation and soft systems methodology
- Appreciate factors which drive and inhibit learning organisations

Recommended reading:

Department of Health 2000 The NHS Plan : A plan for investment. A plan for reform

Checkland P Scholes J 1990 Soft systems methodology in action. Chichester:Wiley

Reed J, Procter S, Murray S 1996 A sampling strategy for qualitative research Nurse Researcher 3:4, 52-68

Room F14

12.15

4.6.2 How to get practising nurses involved in research: Experiences in trauma

Deborah Langstaff, Trauma Unit, Oxford Radcliffe Hospitals, Oxford, UK

Abstract:

Most nurses will testify to the value and importance of research and evidence based practice. Many will have attended study days and conferences in order to gain a better understanding of the evidence based movement and its relationship to audit and research. Far fewer in number will have undertaken formal study into research methods at an advanced level, fewer still will have undertaken primary research. Much of the nursing research that is published in peer reviewed journals has been carried out by academics, some of whom have collaborated with practitioners. The research agenda within any speciality should surely be generated from practice, by practitioners, in conjunction with patients and users? To do this requires the development and nurturing of collaborative relationships between practising clinicians, researchers, academic institutions, and most importantly, patients. Interdisciplinary collaboration is fundamental to practice, research should be no different. Following the establishment of a Critical Care Research and Education Centre, together with funded research posts in medicine, nursing and physiotherapy, this presentation describes how an interdisciplinary Trauma Research Strategy was developed by clinicians from a trauma unit. As equal partners nurses contributed to the determination of terms of reference for both collaborative and discipline specific research studies, access to funding, appointments, and use of facilities. Within the unit nurses at all levels have been given the opportunity to identify practice focussed issues worthy of research investigation, and to become involved in research activity at a level commensurate with their knowledge and experience. Examples will be given of the different ways in which research activity has become an integral part of clinical practice rather than an adjunct to it.

Intended learning outcomes:

- To be aware of the ways in which nurses can become involved in research activity
- To enable nurses to identify practice issues worthy of research investigation
- To promote the value and importance of formal research study

Recommended reading:

Lorentzon, J. (1998) Nursing Research or Collaborative Health Care Research? Journal of Advanced Nursing, 27: 675-676

O'Connell, K. (2001) Barriers to Interdisciplinary Research, Journal of Professional Nursing, 17(4): 153-154

Meyer, K. (2001) Exploring the power and politics of action research in the context of evidence-based healthcare. Retrieved January 26th 2001 from the World Wide Web: http://www.leeds.ac.uk/educol/documents/0000 1729.htm

Room F14

12.45

4.6.3 Action research as an approach to introduce clinical supervision to nurses in Kenya

Rosemary Okova, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK. Co-author: Heather Waterman

Abstract:

Objective: This presentation will focus on a collaborative research project by co-researchers which was initiated to introduce clinical supervision in nursing for the first time, at Kenyatta National Teaching Hospital in Kenya. Action research as an approach to inquiry and development was applied.

Background: Nursing concepts mentorship and preceptorship have been introduced to nursing practice in Kenya to support students and newly qualified nurses respectively. However, these concepts omit the qualified nurses who have been in service for a long time and may not have formal processes of learning and support. To enable clinical supervision to proceed successfully and to be perceived as beneficial, it necessitated a collaborative partnership among clinicians, managers and educationalists.

Design: The different stages of the initiative will be explored and the presentation will consider examples of the collaborative processes involved. This will include the formation of co-research group, designing and development of questionnaire, which was used to obtain views and suggestions on how nurses in the participating wards would like clinical supervision to be introduced. The involvement of senior nurses, ward managers and trainers is examined and suggestions for future continuation of the initiative are presented.

Results: 73 nurses in the participating wards completed the questionnaire. 22 were conversant with the concept while 51 perceived it as managerial supervision. 78.1 % suggested that clinical supervision should be introduced to all nurses whereas 73.6 % supported its introduction using groups. Based on the results, clinical supervision was introduced by co-researchers using group supervision and it is ongoing in the participating wards.

Conclusion: There is evidence that this has been a successful initiative and that a collaborative

way of working can be beneficial when introducing clinical supervision.

Intended learning outcomes:

- To introduce clinical supervision
- To introduce action research
- Provide opportunity for personal and professional development to nurses in Kenya

Recommended reading:

Northcott, N. (1998) The development of guidelines on clinical supervision in clinical practice settings. 'Clinical Supervision in Practice' Bishop, V. (ed) MacMillan, London

Proctor, B. (2000) 'Group Supervision' A Guide to Creative Practice. Sage Publications, Biddles Ltd, Surrey, UK

Driscoll, J. (2000) 'Clinical Supervision' A Reflective Approach. Bailliere Tindall, London

Room H1

11.45

4.7.1 Parent or nurse: Caring for a technology-dependent child

Susan Kirk, National Primary Care Research and Development Centre, University of Manchester, Manchester, UK. Co-authors: Peter Callery and Caroline Glendinning

Abstract:

A group of children with a continuing need for the support of medical technology have emerged in community settings as a result of medical advances and government policies that have emphasised the community as the arena for care (Kirk and Glendinning, 1999; Glendinning et al. 2001). This has led their parents to become involved in providing care of a highly technical and intensive nature that would previously have been considered to be the domain of professionals (particularly nurses). However, little is known about how parents experience this role.

This paper will report the findings from a study that aimed to explore parents? experiences of caring for a technology-dependent child, in particular to discover how parents experienced providing care that involved them in performing clinical procedures on their own children. In-depth qualitative interviews were conducted with the parents of 24 children and Grounded Theory methods were used in analysing the data.

Parents accounts of their experiences revealed a tension between being a parent and having to provide care of an intensive and technical nature for their children (which they described as nursing). Parents responded to this tension by constructing their role and relationship to their child as being first and foremost that of a parent. They did this firstly by appealing to the concept of individualisation as a means of defining the care they provided as being different to nursing and professional care-giving, both in terms of how care was provided and the underpinning knowledge. Secondly parents used a range of strategies to normalise family life and their technology-dependent child. This normalised the

experience of parenting and contributed to parents seeing themselves as parents and not nurses. The paper will conclude by exploring the implications of the findings for nursing practice, education and research.

Intended learning outcomes:

- To obtain insight into how parents experience providing clinical care for their own children.
- To identify how nurses might support parents who are involved in the ongoing provision of clinical care.
- To reflect on how the findings might be utilised in their own area of practice.

Recommended reading:

Kirk, S. and Glendinning, C. (1999) Supporting Parents Caring for Technology-Dependent Child. Research Report. National Primary Care Research and Development Centre, University of Manchester.

Glendinning, C., Kirk, S., Guiffrida, A. and Lawton, D. (2001). Technology-Dependent Children in the Community: Definitions, Numbers and Costs. Child: Health, Care and Development, 27 (4), 321-334.

Room H1

12.15

4.7.2 Research involving vulnerable young people: methodological and ethical issues

Deborah Allen, Family and Lifespan, Oxford Brookes University, Oxford, UK

Abstract:

Research evidence shows that more young people in the UK are using illegal substances. It has also been identified that nurses are ideally placed to meet the needs of this group and that issues of substance misuse cannot be ignored (Green 1999). The stimulus for this presentation arose from research which required the participation of a range of young people from different socio-economic backgrounds, seeking their views and experiences on illicit drug use. Some of the young people participating in the research met the criteria developed by the Health Advisory Service (HAS 1996), and can be described as 'vulnerable'. Previous work has shown that vulnerable young people have been under-represented in this area due to a number of methodological and ethical problems (Hill et al 1996). Yet to gain advancements in prevention and intervention in the area of substance use with this group, it is vital that research is able to gain the views of such young people.

Data were collected through self report questionnaire and a series of focus groups. Problems that arose included, poor literacy skills and group behaviour among respondents/participants. These problems had implications for the process of consent and participation in the research. Even though care had been taken to keep questionnaires brief and simple to complete, many of the young people

required help to read and complete the forms. Sometimes the researcher had to act as scribe. During the focus group work, some of the participant's behaviour could be described at best as exuberant and at worst confrontational.

Some invaluable data were collected as a result of the research, however methodological and ethical problems encountered during the study, potentially hindered the research process. Some valuable lessons have been learned. Nurses of all disciplines will increasingly be working with, and carrying out research among young people using illicit substances. It is hoped that by dissemination and debate on these issues, future research mong this client group may be facilitated with improved outcomes for everyone.

Intended learning outcomes:

- Be aware of some potential methodological and ethical problems which may arise when carrying out research with young people.
- Understand some of the particular skills required to work effectively with young people involved in research studies.
- Be able to identify strategies to facilitate a relaxed and trusting environment to facilitate research involving work with young people.

Recommended reading:

Health Advisory Service (1996)Children and Young People: Substance Misuse services. The Substance of Young Need. London. HMSO

Hill, M. Laybourne, A. Borland, M. (1996) Engaging with Primary Aged Children About Their Emotions an Well-being: methodological considerations. Children and Society. 10, 129-144.

Green, C. (1999) Substance Use: Whose problem Is It? Journal of Child health care. 3 (3) :27-30

Room H1

12.45

4.7.3 An action research study into caseload management in the context of community children's nursing

David Pontin, School of Maternal and Child Health, University of the West of England, Bristol, UK. Co-author: Mary Lewis

Abstract:

Innovations in medical practice, alongside technological advances. have enabled many children with acute and chronic health care problems to be cared for at home rather than in hospital [Kirk 1998]. In some parts of the UK, community children's nursing [CCN] teams have been developed to support these children and their families [Whyte et al 1998]. However, caseload management has developed in an ad-hoc fashion without consideration for the increasing complexity of care that now exists [Facey 2000].The aims of this action research study are:

1. to explore and arrive at ways of managing CCN caselods to ensure efficiency, effectiveness and equity of service delivery.

2. to produce a working formula for CCN teams to use in order to develop an operational approach to caseload management.

3. to produce a working formula for CCN teams in order to develop a strategic approach to negotiating with commissioners.

Research Question: What are the explanatory variables that contribute to the perceived workload for a CCN service that uses a family nursing model

Methods: This presentation will -

Present a review of community nursing literature to identify models used in CCN, district nursing or health visiting work to manage caseload weighting.

Identify and discuss explanatory variables generated with local CCN team that determine the perceived workload via interviews with CCNs, and documentary analysis of records.

Report on a survey of CCN services for children in the UK about mechanisms used for managing caseloads.

Discuss the use of multiple logistic regression to weight explanatory variables and develop formula for further testing

Intended learning outcomes:

• Be able to identify issues in caseload management for community children's nurses

Recommended reading:

Kirk S 1998 Families' experiences of caring at home for a technology-dependent child: a review of the literature. Child: Care, Health & Development 24, 2, 101-114

Facey S 2000 Dependency scoring in Community Children's Nursing in Muir J & Sidey A [Eds] Textbook of Community Children's Nursing. Balliere Tindall/RCN, London

Whyte D, Barton M, Lamb A, Magennis C, Mallinson A, Marshall L, Oliver R, Reid P, Richardson H & Walfor C 1998 Clinical effectiveness in community children' nursing. Clinical Effectiveness in Nursing 2, 139-144

4.8.1   Reflections from the field on the application of the grounded theory concepts of theoretical sampling and theoretical saturation

Moira Attree, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK

Abstract:

This paper will draw upon the research experiences and reflections from a completed Ph.D. study, which adopted a Grounded Theory approach (Glaser & Strauss 1967; Glaser 1992) to study registered nurses perceptions of standards of nursing practice. The aim of the paper is to stimulate participants to explore the methodological challenges and dilemmas

involved in interpreting and translating the theoretical principles of Grounded Theory into field work in nursing practice. Methodological issues relating to theoretical sampling and theoretical saturation will be critically examined, specifically difficulties applying the principals to practice. The methodological and practical considerations that influence grounded theorists sampling decisions will be examined in the context of real world research in the field of nursing. Conceptual, practical and ethical dilemmas experienced by the researcher in relation to the decision whether theoretical saturation had been achieved and when to stop sampling, will be presented and illustrated through the use of field notes and research journal entries. The researcher will also share an unexpected outcome of 'going beyond' classical definitions of theoretical saturation. In this study one topic of interest was nurses' concerns about poor standards of practice and how nurses handled these concerns. It became apparent towards the end of the planned field work that a high proportion of the nurses who had agreed to participate or booked interviews late, reported having serious concerns about unacceptable standards of practice. I propose that had I applied the principals of theoretical sampling and theoretical saturation in their pure form I would have missed this significant source of data. This phenomenon was not identified in the methodological literature and was not discussed in research reports. The author reflected upon whether this was a coincidence or an unreported phenomenon, and would like to discuss and explore participants' experiences and perceptions of theoretical saturation.

Intended learning outcomes:

• Critically examine the grounded theory concepts of theoretical sampling and theoretical saturation

• Explore the methodological challenges and dilemmas involved in interpreting and translating the theoretical principles of grounded theory into field work in nursing practice

• Examine the methodological considerations that influence grounded theorists sampling decisions

Recommended reading:

Glaser B & Strauss A (1967) The Discovery of Grounded Theory. Chicago: Aldine

Glaser B (1978) Theoretical Sensitivity: Advances in the Methodology of Grounded Theory. Mill Valley, CA: Sociology Press

Glaser B (1992) Basics of Grounded Theory Analysis. Mill Valley, CA: Sociology Press.

4.8.2   Breaking bad news...'letting the bomb go'; the power of theoretical comparisons

Mike Farrell, Cumbria and Lancashire Workforce Development Confederation, UK. Co-author: Caroline Carlisle

Abstract:

The use of techniques of comparative analysis are common within the field of qualitative research. For the grounded theory researcher this analytical approach has even greater importance because it is fundamental to the formation of theory. Researchers using grounded theory must master techniques of comparative analysis if they are to be successful in producing well-grounded and formed theories. Mastery of comparison techniques is challenging and requires creative, detailed and systematic responses on behalf of the researcher. As the researcher develops the skills of comparison the power of the technique becomes more evident and illuminating, offering greater insights into the significance of phenomenon revealed within the data.

This presentation will illustrate one of the powerful techniques used to stimulate comparative analysis – the technique of making theoretical comparisions. Sharing a theoretical comparison generated from a study exploring the role of children's nurses in supporting the disclosure of difficult news, in which the disclosure of bad news was compared to 'undertaking a bombing raid', revealed important insights that helped uncover and offered a theoretical insight into some of the processes, actions and responses by those involved in delivering difficult news. Implications for the acquisition of skills in comparative analysis for the nurse researcher will be discussed.

Intended learning outcomes:

• Will be able to discuss the nature and use of theoretical comparison within grounded theory

• Appreciate the significance of theoretical comparision and it's function in stimulating comparative analysis.

• Identify the knowledge, skills and attitude required by the researcher to ensure effective use of theoretical comparision

Recommended reading:

Strauss A. Corbin J. (1998) Basics of Qualitative Research. Techniques and Procedures for Developing Grounded Theory. Sage Publications, Newbury Park, California

Room H2

12.45

4.8.3 Chinese women's perceptions of the risk of developing cervical cancer: a secondary analysis of qualitative data

Sheila Twinn, Department of Nursing, The Chinese University of Hong Kong, Shatin, Hong Kong.

Abstract:

Cervical cancer continues to be a significant cause of morbidity and mortality amongst Hong Kong Chinese women. Evidence demonstrates that despite the availability of a range of cervical screening services women's uptake of these services remains low. Previous qualitative studies undertaken by the author demonstrate a range of barriers and promoters contributing to women's experiences of cervical screening. Although these factors contribute in part to an understanding of the low uptake rate of cervical screening an important category to emerge from the data analysis of each study was that of women's perceptions of the risk of developing cervical cancer.

The emergence of this category led to the secondary analysis of data obtained from three separate studies examining Hong Kong Chinese women's experiences of cervical screening. Each study focused on a different perspective of women's experience of cervical screening, however, focus group interviews were used as the major method of data collection in all three studies. Secondary analysis, consisting of retrospective interpretation was used to reexamine the three data sets in an attempt to understand the extent to which Chinese women's perception of the risk of cervical cancer influences their attendance for cervical screening (Thorne 1994)

Although the analysis of the data continues the process of secondary analysis has identified some important methodological issues, in particular the fit of the new research question with the nature of the data and the importance of sampling methods in establishing equivalence within the data sets (Thorne 1998). This paper focuses on the implications of these issues to the rigour of findings obtained from secondary analysis of such data sets, thereby contributing to an understanding of this methodology in nursing research.

Intended learning outcomes:

• Be able to understand the methodological process involved in secondary analysis of qualitative data

• Be able to understand two major methodological issues arising from secondary analysis of qualitative data.

• Be able to evaluate the contribution of secondary analysis of qualitative data to nursing research.

Recommended reading:

Thorne S. (1994) Secondary analysis in qualitative research: Issues and implications In Morse J.M (ed) Critical Issues in Qualitative Research Methods. Thousand Oaks: Sage Publications.

Thorne S. (1998) Ethical and representational issues in qualitative secondary analysis. Qualitative Health Research 8(4); 547-555

Room H11

11.45

4.9.1 Building substantive theory using qualitative methods

Roberta Durham, School of Nursing, Academic Medical Center, Oakland CA, USA

Abstract:

This paper will describe the development of a program of qualitative research that builds substantive theory on the prevention of prematurity and how women manage high risk pregnancy and threatened preterm labour. Findings from three grounded theory studies, with diverse sample populations conducted in the U.S. and Scotland will be outlined to illustrate theory development that is generalizable across diverse populations and cultures. Reseach design, theoretical sampling and and data analysis influencing the program of reseach will be adressed (Glaser & Strauss, 1967; Kools, McCarthy, Durham,& Robrecht, 1996). Context, conditions, and strategies influencing womens' management of threatened preterm labour will be presented. Although the context in which pregnant women managed their high risk pregnancy was vastly different for each of the three samples, there was consistancy in the strategies they used and the conditions that influenced their management. Women performed a calculus to balance needs and percieved risk and negotiated with their social context to maintain a healthy pregnancy and optimize preganacy outcome (Durham,1998). Comparisons between management strategies in the U.S. and Scotland will be highlighted in an effort to emperically adress this significant perinatal problem. Suggestions for further research and interventions will be offered.

Intended learning outcomes:

• Describe the process of building a program of qualitative research.

• Compare findings in management of high risk pregancy between the US and Scotlandtegies prem

• Understand the process of theoretical sampling in grounded theory method.

Recommended reading:

Glaser, B. & Strauss, A. (1967) The Discovery of Grounded Theory. Chicago: Adeline.

Kools, S., McCarthy, M., Durham, R., Robrecht, L., (1996) Dimensional Anaysis: Broadening the conception of grounded theory. Qualitative Health Research 6, 312-330.

Durham, R. (1998) Strategies Women Engage in When Managing Preterm Labor at Home. Journal of Perinatology , 18, 61-64.

Room H11

12.15

4.9.2 Combining qualitative data analysis methods: pros and cons for health services research

Angela Tod, Public Health, Rotherham Primary Care Trust, Rotherham, UK

Abstract:

Health services research increasingly encounters tight time restraints due to resource limitations and health policy demands. This situation can create a dilemma for the qualitative health service researcher. The tension is in balancing the need to generate good quality data with the requirement to meet stringent research deadlines.

This presentation debates how this dilemma was addressed in a programme of qualitative research funded by the South Yorkshire Coalfields Health Action Zone (SYCHAZ). The programme consists of four qualitative studies exploring barriers to accessing heart health services. A brief overview of the aims and designs of the studies will be provided.

Framework Analysis was adopted as a pragmatic, rigorous and productive method of conducting data analysis (Ritchie & Spencer 1994). This "involves a systematic process of sifting, charting and sorting the material into key issues and themes". The advantages of using "Framework" in health services research, where the aim is not theory generation, will be explored. Advantages include the ability to integrate a priori issues into the emerging data analysis and provide a clearly defined analytical structure which contributes to the transparency and validity of the results.

Using one of the four studies, the limitations of "Framework" are highlighted. The added value of combining "Framework" with another analysis method is explored. Expanding the analysis through the use of, for example, discourse analysis (Willig 2001) can be seen to add an additional theoretical perspective and depth. The social, cultural and political interpretations of the data which emerge from discourse analysis can provide a valuable insight into access to and uptake of heart health services.

The presentation concludes by examining how combining qualitative research methods can create practical and methodological difficulties. Examples of these relate to the collection of data, theoretical depth and dissemination of the research.

Intended learning outcomes:

• Understand the aim and purpose of health services research.

• Understand the range and purpose of different qualitative research methods, with particular reference to Framework and Discourse Analysis.

- Identify factors which would influence the decision to adopt a particular qualitative analysis method in a health services research project.

Recommended reading:

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

Willig C. (2001) Introducing qualitative research in psychology: adventures in theory and method (Open University Press. Buckingham)

Room H11

12.45

4.9.3 Using a longitudinal qualitative approach for researching newly qualified nurses preparedness for practice

Gill Hek, Faculty of Health & Social Care, University of the West of England, Bristo, Bristol, UK. Co-authors: Alison Shaw

Abstract:

This paper focuses on how a longitudinal qualitative approach contributes to the debates regarding the extent to which educational developments have given newly qualified nurses greater knowledge, skills and confidence to function in the modern health service. The transition from student to qualified practitioner and preparation for practice continues to be a complex and challenging issue for both educators and service providers. Some earlier research in this area has concentrated on one branch of nursing (e.g. Bradley 1998; Gerrish 2000) or on small scale qualitative studies (e.g. Gray 1998; Jasper 1996) or on competency and performance (e.g. Ferguson and Hope 1999, Gerrish 1990).

Methods: This longitudinal study over two years utilised a range of methods including focus groups, depth interviews, telephone interviews and analysis of documents. In the seven NHS Trusts participating in the study, 58 newly qualified nurses, 90 Trust staff (Nursing Directors through to staff nurses) and 19 lecturing staff took part in interviews at various points of the study. With the Trust stakeholders, expectations of newly qualified nurses were explored and evidence of good practice in relation to support systems and professional development opportunities were identified. With the newly qualified diploma and degree nurses, how their views and experiences changed over the first year of qualifying was investigated, which gave insight into a 'long' view rather than a snapshot in time.

Qualitative data was analysed using the software package ATLASti and emerging themes include accountability and responsibility, communication with medical staff, understanding the 'politics' of the clinical environment, and the provision of preceptorship.

The presentation will include a methodological discussion of the ways in which a longitudinal approach can capture change over time, enabling insight into a longer view of newly qualified nurses understanding and experiences post-qualifying.

Intended learning outcomes:

- Understand how a longitudinal approach in research can capture change over time
- Identify support systems and professional development opportunites that are valued by newly qualified nurses
- Understand the views of stakeholders in clinical practice with regard to their expectations of newly qualified nurses

Recommended reading:

Department of Health (2001 Investment and reform for NHS Staff - Taking forward the NHS Plan. Department of Health: London

UKCC (1999) Fitness for practice. UKCC: London

Department of Health (2001) 'Working Together - Learning Together' A Framework for Lifelong Learning for the NHS. Department of Health: London

Room E7

11.45

4.10.1 Investigating the management of interfaces across multiple care settings: Applying Complex Adaptive Systems (CAS) theory to re-conceptualise the healthcare service delivery framework for enhanced research design

Mandy Lee, School of Business Studies, Trinity College Dublin, Dublin, Ireland

Abstract:

Although the importance of managing interfaces between different care settings in achieving integrated care has long been recognised in the literature, discussions regarding the effective management of healthcare interfaces have only been occasionally informed by established management and organisational theories. However, with the call for more evidence-based policy-making, there has been a growing scholarship in which the latest developments in management and organisational thinking are being applied to healthcare problems, for example recently Plsek and Wilson (2001) introduced Complex Adaptive Systems (CAS) theory to reframe discussions of healthcare management.

This paper will focus on research design issues that are pertinent to examining interface management across multiple care settings, which I argue could benefit from the analytical lens offered by organisational theories. While the expressed goal of interface management is to facilitate integration and achieve seamless care, research into the topic has often reified the hierarchy and fragmentation inherent in the service delivery structure. Specifically, current research on care interface management is found to be operating within the standard primary-secondary-tertiary discourse, with little consideration of the assumptions underlying the framework and its efficacy as a research paradigm capable of examining the oft-espoused integrative care. In order to investigate care interface management in a manner that avoids such reifications, the paper will present a service delivery model formulated with the use of CAS theory that can serve as a template for designing research across multiple care settings.

With the role of nurses being increasingly diversified to incorporate that of domain straddlers between different settings of care, the paper intends to contribute to the advancement of nursing research scholarship by identifying the relevance and value of management and organisation theories in informing research studies, and outlining research design issues that are pertinent to the study of interface management issues across multiple care domains.

Intended learning outcomes:

- Be able to grasp the research design challenges involved in conducting cross-settings healthcare organisation studies.
- Be able to understand how tenets of Complex Adaptive Systems (CAS) theory can be applied to the study of organisations in general and healthcare organisations in particular.
- Bee able to gauge the value and relevance of management and organisation theories in informing nursing research and scholarship.

Recommended reading:

Plsek, Paul E. and Wilson, Tim 2001 ‘Complexity, leadership and management in health organisations. In British Medical Journal. 2001; 323: 746-749 (29 September).

Room E7

12.15

4.10.2 Determining length of stay for surgical patients

Jacqui Howe, Anaesthetics (SSSU), Stockport NHS Trust, Stockport, UK. Co-authors: Judith Berry and Heather Waterman

Abstract:

The Department of Health Operational Guide identifies how day case surgery can be beneficial for both health care providers and service users (DoH, 2002). Patients have a shorter length of stay with a reduced risk of cancellation whilst clinicians and managers can reduce waiting lists and have more flexible use of in-patient beds. However despite the NHS Plan aiming for 75% of elective surgery being carried out as day case, the Audit Commission reports that numbers are levelling off and in many Trusts actually declining (Audit Commission, 2001). At Stepping Hill Hospital there was anecdotal evidence of inappropriate allocation of patients for elective surgery, despite clear criteria for admission to both the Day Case Unit and Short Stay Unit (23 hour). There were marked differences between

specialties in when, how and by whom the ward selection is made.

A study is in progress, funded by the North West Region, which aims to develop a research tool to predict appropriate length of stay for Day Case, Short Stay or In-patient procedures. The research design incorporates both qualitative and quantitative research methods. This utilises semi-structured interviews with patients, clinicians and nurses; non-participant observation in pre-assessment and out-patients clinics and documentary analysis of patient's Integrated Care Pathways. There was a purposive sample to include all patients undergoing specific procedures who could be allocated for a length of stay varying from under 5 hours to over 24 hours.

Content analysis was carried out on the first stage data to identify how admission criteria was interpreted and applied across a selection of procedures. The data collection has been completed for the second stage of the study with data sets completed for 600 patients. Initial findings show that 11.5% of patients had a length of stay that was shorter than expected. More detailed quantitative analysis is now being carried out using SPSS to determine the true predictors for length of stay with accurate weightings of characteristics. These will be used to develop the tool to ensure more appropriate patient allocation by health professionals.

Intended learning outcomes:

- Understand the role of day surgery in providing efficient use of hospital resources and increased quality of patient care
- Gain awareness of the practical application of qualitative and quantitative research tools
- Recognise how research evidence can support service delivery changes.

Recommended reading:

Audit Commission (2001). Day Surgery. HMSO: London.

Department of Health (2002). Day Surgery: Operational Guide.

4.10.3 The role of the nurse in acute hospital settings in promoting the health of patients with heart failure

Rosalind McNama, Faculty of Health Studies, Buckinghamshire Chilterns University College, Chalfont St Giles, UK

Abstract:

This qualitative study based on a phenomenological approach, describes nurses' experience of their role in promoting health with patients with heart failure.

Twelve nurses, D-grade staff-nurse to consultant level, from acute cardiac care settings participated in unstructured interviews that were taped and transcribed. The findings were then analysed manually using Giorgi's (1985) phenomenological method.

The analysis of the nurses' experiences captured five major themes that reflect five essential domains for nurses' health promotion practice. The themes are: i) Reduction of Psychological Agony, ii) Promotion of Adjustment iii) Diagnosis Support, iv) Health Education for Empowerment, v) Overcoming Barriers.

In addition the study identified a range of knowledge and skills required by nurses to promote the health of heart failure patients in these five domains. The skills required were identified as the ability to assess, manage and monitor stressors caused by the acute, chronic and palliative phases of heart failure based on cues from patients and their families. The ability to build therapeutic relationships and extensive teaching and coaching skills were identified as essential to the health-promoting role. In addition presencing, counselling, negotiating and reflecting were identified as key supporting skills.

Furthermore the nurse promoting the health of heart failure patients requires an understanding for the uniqueness of the patient experience, knowledge of the pathophysiology of heart failure and the pharmacological treatments and lifestyle adjustments employed in its management.

Intended learning outcomes:

- Identify five domains for nurses' health promoting practice with heart failure patients
- Gain insight into the unique health promotion needs of patients with heart failure
- Be aware of the knowledge and skills required to deliver health promotion to patients with heart failure

Recommended reading:

McNama, R. (2002) The role of the nurse in acute hospital settings in promoting the health of patients with heart failure, Manchester metropolitan University, MA Dissertation (Unpublished)

Gorgi, A. (1985) Phenomenology and Psychological Research, Duquesne University Press, Pittsburg

14.45 – 16.15
Concurrent session 5

5.1.1 Creating evidence-based guidelines: Can you have evidence-based guidelines if there isn't any evidence?

Louise Nelstrop, National Collaborating Centre for Nursing and Supportive Care, Royal College of Nursing Institute, Oxford, UK.

Abstract:

Aim: This paper will present an approach to guideline development where there is little gold standard evidence, with special reference to the forthcoming guideline, The short-term management of disturbed (violent) behaviour in psychiatric inpatient settings.

Background: This guideline has an extremely low research evidence-base. The presentation will consider the implications of this for the development of evidence-based guidelines and whether it is possible to develop evidence-based guideline without 'gold-standard' evidence. The guideline deals with areas which are best informed by designs other than RCT's, for example users' experience of seclusion and restraint policies. The issues raised by this guideline will be used as a springboard to consider the wider issue of the nature of evidence in the context of evidence-based guidelines.

Methods: Methodological issues that have had to be addressed include the following:

- how far down the evidence hierarchy it is legitimate to go and the validity of non-RCT evidence
- the role of consensus methods in developing recommendations for care.
- whether it is possible to produce an evidence-based guideline based on non-RCT evidence and consensus

Implications: This paper will be of use of nurses/researchers with an interest in evidence-based care and guidelines, as it examines the nature of evidence within evidence-based guidelines and explores the tensions that are created by the adoption of one overarching evidence hierarchy, such as that proposed by NICE.

Intended learning outcomes:

- To understand when it is appropriate for guidelines to use evidence other than RCTs
- To undestand the advantages and disadvantages of consensus methods to develop guideline recommendations
- To understand limitations of RCT-based evidence hierarchies

5.1.2 Evidence-based patient choice - do we need to rethink the hierarchy of evidence?

Josephine Gibson, Department of Surgery, Southport and Ormskirk Hospital NHS Trust, Southport, UK. Co-author: Caroline Watkins

Abstract:

Evidence-based health care is underpinned by a hierarchy of evidence(1), with randomised controlled trials (RCTs) as the 'gold standard'. Interest has developed in how evidence-based health care can be reconciled with patient empowerment, giving rise to the concept of evidence-based patient choice(EBPC)(2). Nurses have a key role in EBPC in ensuring that patients' values and expectations are incorporated in decision-making.

There is strong evidence that carotid endarterectomy (CEA) reduces future stroke risk after transient ischaemic attack (TIA) in selected patients, but it may also precipitate a fatal or disabling stroke(3). Treatment decisions must therefore incorporate patients' values and preferences about these risks. Our study explores patients' treatment choices after TIA.

Patients were identified by purposive sampling at a vascular surgical clinic. They were interviewed in their own homes by a vascular nurse consultant before and after CEA. Interviews were audiotaped, transcribed and coded, and themes identified using grounded theory methodology.

Patients were aware that they were at risk of stroke with CEA or conservative treatment, and felt that CEA had been 'tested, and so is safe'. Although their decision to have surgery was clear-cut, it carried great emotional significance. Instead of seeking further scientific data, they supported their decision with 'soft evidence', including their personal values and experiences, lay opinions of the surgeon and hospital, and the trustworthiness of the information provided.

Our study illustrates the limitations of the hierarchy of evidence in EBPC. Patients need access to appropriate information about relevant RCT's and the recommendations of clinical guidelines, but they also use soft evidence extensively to validate their decisions. If EBPC is to become a reality, we need to incorporate this in the hierarchy of evidence.

Intended learning outcomes:

- Be able to be aware of the dilemma facing patients making decisions about carotid endarterectomy
- Be able to identify the variety of evidence sources patients in the study used in order to validate their treatment decisions
- Be able to discuss how this study adds to our perspective of the hierarchy of evidence

Recommended reading:

Guyatt GH, Sackett DL et al (1995) A method for grading health care recommendations. JAMA 274 (22) 1800-1804.

Hope T (1996) Evidence-based patient choice. London; King's Fund Publishing

European Carotid Surgery Trialists' Collaborative Group (1998) Randomised trial of endarterectomy for recently symptomatic carotd stenosis: final results of the MRC European Carotid Surgery Trial (ECST). The Lancet 351 1379-1387.

5.1.3 An exploration of the factors that mediate the implementation of evidence into practice

Jo Rycroft-Malone, RCN Institute, Royal College of Nursing, Oxford, UK. Co-authors: Gill Harvey, Alison Kitson, Brendan McCormack, Kate Seers and Angie Titchen

Abstract:

Mounting pressure is being exerted to ensure that the delivery of care is evidence-based and clinically effective. The creation of the National Institute for Clinical Excellence and the Modernisation Agency is visible confirmation of this gathering momentum. Paradoxically the challenge remains; whilst it is incumbent upon us to deliver evidence based care we are only just beginning to understand the factors that influence implementation processes and indeed how then to put them into practice (Kitson et al 1998). This paper outlines the findings from a study that examined nurses' and managers' perceptions of the factors that mediated their use of evidence in practice.

Method: A two staged approach was used to address the study's aims. In stage one, two focus groups with practice development nurses (n=12) were conducted. The findings from these in conjunction with those from a literature review were used to inform the development of a semi-structured interview schedule. The second stage of the study comprised individual interviews with nurses and managers (n=17) in two different sites, each implementing their own evidence into practice project.

Findings: Findings reveal that the mediating factors are multi-layered and complex. They highlight that whilst interviewees identified an individual's capacity to implement evidence into practice, other factors may be more potent mediators. This includes the nature and role of the evidence being implemented, the interface between the individual practitioner and the practice context, and, whether projects link to micro and macro policy issues.

Conclusion: Whilst this study is small-scale, when the findings are considered alongside others research (e.g. McCaughan et al 2002.), they reveal that a focus on individual approaches to implementing evidence based practice, such as skilling-up practitioners to appraise research evidence, will be ineffective by themselves. This study's findings therefore challenge the effectiveness of traditional approaches to getting evidence into practice.

Intended learning outcomes:

- At the end of the presentation participants will be aware of the context of evidence based health care
- Will have an understanding of the complexities of getting evidence into practice
- Will be able to identify a need for more sophisticated approaches to implementing evidence into practice

Recommended reading:

Kitson A., Harvey G., McCormack B. (1998) Enabling the implementation of evidence-based practice: a conceptual framework. Quality in Health Care; 7: 149-158.

McCaughan, D. Thompson, C. Cullum, N. Sheldon, T.A. Thomspon D.R. (2002) Acute care nurses' perceptions of barriers to using research information in clinical decision-making, Journal of Advanced Nursing, 39(1), 46-60

Davies, H.T.O., Nutley, S.M., Smith, P. (2000) What works? Evidence-based policy and practice in public services, Bristol: The Policy Press

5.2.1 Tailoring parent education to need

Felicity Hasson, Department of Nursing, University of Ulster, Northern Ireland. Co-authors: Miriam Smith and George Kernohan

Abstract:

Maternity services are increasingly required to be consumer driven and more responsive to the needs of women and include their partners. Given the interactive nature of the service encounter it is clearly necessary to examine the perceptions of both consumers and professionals to enhance understanding of service quality. This paper reports the findings of a study, which examined the views of Irish consumers in relation to childbirth education in one health board area. A convenient sample of 38 interviews with primgravida and multigravida were undertaken. With permission interviews were transcribed and analysed using `thematic content analysis'. Findings indicated much discontent regarding the content of antenatal classes with women clearly stating that the educational needs of the new mother in the community were not being met. In addition many women consulted books, leaflets and magazines during pregnancy to gain understanding and inform expectations of pregnancy, birth and childcare. Many of these sources were criticised: firstly as not providing consistent information and secondly as only limited specific information is available on Irish maternity services or Irish women. The findings highlight the need to tailor content of education to the needs of the consumer, to emphasise the different stages of pregnancy within the curricula and to further consider the needs and characteristics of the consumer. The difficulties in

providing opportunities for education were highlighted and the need to embed any educational programme within a well-developed staff support structure were stressed by professionals. Such findings from service users and service providers now require to be combined with research evidence to specify and deliver acceptable preparation for modern parents in a regional context.

Intended learning outcomes:

- Understand the educational needs of expectant mothers
- Identify the health and welfare services mothers need antenatally and postnatally
- Be aware of the knoweldge, skills and support required for effective implementation of an educational programme for mothers

Recommended reading:

Lavander, T., Moffar, H. & Rixon, S. (2000). Do we provide information to women in the best way? British Journal of Midwifery. vol. 8 (12), 769-755.

Nolan, M. (1997). Antenatal education - where next? Journal of Advanced Nursing. Vol. 25, 1198-1204

O'Connor, Y. (1993). Education for parenthood: a time for change! Midwives Chronicle. Vol. 106 (1265), 198-201.

Room D2

15.15

5.2.2 A randomised controlled pilot study to compare a community care nursing strategy with conventional care for children with congenital heart disease and their families

Linda Maynard, Nursing Research, Dept. of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, UK. Co-author: Jo Wray

Abstract:

Background: Eight of every 1000 live-born children have congenital heart disease. This frequently creates disproportionate psychological maladjustment due to the emotional and symbolic significance attached to the heart. Cardiac services for children have been criticised for poor patient involvement and disjointed service delivery. Our pilot work suggests that early support enhances families' experience and reduces anxiety.

Objectives: To assess the efficacy of a nurse-led program compared to conventional care for children with congenital heart disease and their families.

Methods: Single centre, prospective, open, randomised pilot study. Eligible families randomised to either intervention (IG) or conventional care (CG) groups and followed for 16 weeks post-recruitment. Primary outcome measure: maternal anxiety (General Health Questionnaire (GHQ-28)) during semi-structured interview. Intervention program: individualised,

needs-led provision of information, advice, emotional or practical support by two children's cardiac liaison nurses.

Findings: Sixty families recruited to either IG (n=35) or CG (n=25) between Nov. 2000 and May 2001. There was a reduction in maternal anxiety at follow up for families receiving the intervention with 30% of IG mothers at four months after randomisation scoring 5 or ⋯⋯5 on the GHQ (indicating anxiety) compared with 60% in the CG. Qualitative component revealed that families required additional support before their children reach the specialist hospital environment. Many wanted this at the initial diagnostic consultation in clinics held in local District General Hospitals.

Conclusions: An intervention program of specialist information, practical help and advice to families throughout their child's 'journey' can reduce anxiety in mothers of children with congenital heart disease and should ideally be provided before children reach the specialist centre. Further research is required to evaluate whether Children's Cardiac Liaison Nurses are best placed to enhance the family's experience; cross organisational boundaries and encourage the transfer of knowledge into primary and secondary health and social care settings.

Intended learning outcomes:

- Be aware of the impact of congenital heart disease on families
- Identify nurse-led strategies to reduce anxiety in mothers of children with congenital heart disease
- Outline one model of children's cardiac liaison nursing service delivery

Recommended reading:

Wray J & Sensky T (1998) How does the intervention of cardiac surgery affect the self perception of children with congenital heart disease? Child: Care, Health and Development (24) 52-57

Bristol Royal Infirmary (2001) The report of the inquiry into the care and management of children receiving complex heart treatment between 1984 and 1995. Chair: Prof I Kennedy

Room D2

15.45

5.2.3 Informing practitioner knowledge in child health by investigating the growth of competence in families coping with chronic illness

Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK.

Abstract:

This paper will discuss one aspect of a larger study exploring the way in which families learn to manage chronic illness. Practitioners spend many years developing competence in chronic illness management while families often have to learn

very quickly; although there is a large body of literature exploring competence development in professional health care practice there is limited literature to inform professionals about the issue of competence development in families (Eraut 1994; Gibson 1995).

Methods: Using a theoretical sampling matrix based on time since diagnosis, age at diagnosis and degree of intervention required by the chronic condition, six children were identified from the patient database of a regional paediatric nephrology unit. Using semi-structured interviews, children and/or their parents were interviewed in their homes to determine what they recall and articulate as having been important in their own competence development since diagnosis. All interviews were tape-recorded, transcribed and analysed using the framework technique (Ritchie & Spencer 1994).

Results: Preliminary analysis uncovered three main themes relating to the process of learning; the maelstrom effect; the role of intuition; and playing the game. The findings indicate that a maelstrom of tensions and triumphs existed for children and parents following diagnosis. Regardless of time since diagnosis or level of intervention, parents could vividly recall the way the diagnosis was delivered and the impact it had on them. The role of intuition played a significant part in the learning process recalled by most of the parents, indeed the maelstrom effect seemed to be significant precursor to recognising the role of intuition. The first year after diagnosis seemed to be highly significant as a period of steep learning and quite early in that year people talked of playing the game with the health care system, professionals and parents of other children with a chronic condition.

Intended learning outcomes:

- Be aware of the importance of competence development in chronic illness
- Understand the difference between practitioner knowledge and patient knowledge
- Be able to recognise key issues in practice development

Recommended reading:

Eraut M (1995) Developing professional knowledge and competence The Falmer Press

Gibson, C. H. (1995). The process of empowerment in mothers of chronically ill children. Journal of Advanced Nursing 21, 1201-1210.

Ritchie, J. & Spencer, L. (1994). Qualitative data analysis for applied policy research. In Analyzing Qualitative Data, eds. Bryman, A. & Burgess, R. G. pp. 173-194. London: Routledge.

5.3.1 A parent-led exploration of parents' views of the child health surveillance/health promotion progrrammes offered to them during their child's first year of life

Sarah Cowley, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK. Co-author: Mary Malone

Abstract:

The current child health promotion programme consists of a universal home visiting and clinic service, in conjunction with a series of specific events like developmental screening and immunisation. Health visitros are increasingly encouraged to target only the most needy parents, offering only the most minimal interventions to better off families. Although there is much knowledge about consumer views of the health visiting service in general, no research has been identified that specifically identifies parents views of the child heath surveillance programme. As the main thrust of recent changes in child health surveillance has been a move away from a professionally administered series of tests to a more parent-centred approach (Hall 1996), a better understanding of parents' views of this provision was felt to be important.

Funding was obtained from the Regional fund for developing research capacity in primary care. A local, qualitative study was planned by a research team that includes three parents who also contributed to the data callection and analysis, general practitioner and health visitors. Three different GP practices, covering more and less affluent areas in central London to provide a base from which to sample for more detailed views. After training, parent members of the research team facilitated four focus groups, after which in-depth interviews have been carried out with 12 purposefully sampled individuals so far, and a content analysis is underway.

Analysis is not yet complete, but initial impressions indicate that very varied opinions expressed by the different users may link to their expectations and perceptions of need. This is in line with Bowns et al (2001) who found that 'low priority' parents were dissatisfied with the amount of attention they received. Results of the analysis will be presented, focusing on implications for the Children's National Service Framework (NSF) and the changing role of the health visitor.

Intended learning outcomes:

- Be aware of child health promotion programme and changing expectations of health visitors
- Understand the impact of consumer's expectations and needs on their views of health service

Recommended reading:

Hall D (1996) Health for all children Oxford Univeristy Press, Oxford

Bowns IR, Crofts DJ, Williams TS, Rigby AS, Hall DMB, Haining RP. 2000. Levels of satisfaction of 'low risk' mothers with their current health visiting services. Journal of Advanced Nursing. 31 (4) 805-811.

5.3.2 A process evaluation of a Sure Start initiative based in Central Scotland: Camelon, Larbert and Grangemouth Support for Parents (CLASP)

Gillian Watson, School of Nursing and Midwifery, University of Dundee, Dundee, UK. Co-author: Julie Taylor

Abstract:

Background: This paper reports the main findings from a process evaluation into a Sure Start initiative based in Falkirk, Scotland entitled Camelon, Larbert and Grangemouth Support for Families (CLASP). CLASP provides support for families with young children with two broad aims; the promotion of social inclusion and child protection. The evaluation was carried out by a research team from the University of Dundee, Dundee, Scotland and took place over a six-month period, finishing in March 2002.

Methods: A triangulated approach using a conditional/consequential matrix as a framework was used to collect data from stakeholders, practitioners, service users, including nonCLASP practitioners and families.

Analysis: Qualitative analysis was carried out using a framework of interpretive interactionism.

Results: CLASP was well received by the majority of families and practitioners and the perception was that they did a good job. Three interrelated themes were identified. Intuitive practices informed the assessment process in the absence of an evidenced-based framework. The lack of explicit aims and objectives, criteria for admission to CLASP and a lack of explicit role responsibilities further reinforced the use of intuition resulting in identification of the second and third themes, gatekeeping and boundary delineation.

Conclusion: While it is obvious that CLASP interventions are well received, there are a number of practices that require to be addressed in order to improve safety for families with young children, CLASP practitioners and health visitors working within the community. A number of priority recommendations have been made in an effort to reduce intuitive practices, implicit gatekeeping and boundary delineation.

Intended learning outcomes:

- Reflect on the dangers of intuitive practices when working within child and family care

- Understand the benefits of carrying out a process evaluation of services for families with young children•
- Show increased awareness about education in child protection issues for all professional practitioners working with families.

Recommended reading:

Coren, E., Barlow, J., 2002. Individual and group-based parenting programmes for improving psycho-social outcomes for teenage parents and their children. The Cochrane Library (1)

Lazenbatt, A., 1999. Manual for Evaluation in Practice., vol two. DHSS, Stormont.

McCutcheon, H., Pincombe, J., 2000. Intuition: an important tool in the practice of nursing. Journal of Advanced Nursing 35 (3) 342-348

5.3.3 What influences parental decision making about the MMR vaccine?

Francine Cheater, School of Healthcare Studies, University of Leeds, Leeds, UK. Co-authors: Robert McMurray and Anna Weighall

Abstract:

Background: Although the MMR vaccine has been shown to be effective and has a good safety record, adverse publicity in the UK has led to a fall in vaccination uptake at first and second dose. Reluctance to vaccinate is the result of parental and some health professionals' concerns about the safety and the efficacy of the MMR vaccine. Our understanding of how parents make decisions in relation to the MMR vaccination, the factors that influence their decisions and the effectiveness of the information provided to support decision-making is limited.

This presentation presents findings of a 14-month study to be completed in March 2003, funded by the former Northern and Yorkshire NHS Executive, examining parental experiences of MMR information transfer, and in-depth exploration of the decision-making process.

Methods: Semi-structured interviews were undertaken with parents (n=70) and health professionals (n=25) in four general practices, two serving populations of high deprivation and two in areas of low deprivation. Parent interviews included issues related to attitudes, knowledge and concerns about the MMR vaccine and the consequences of the diseases themsleves, perceptions of risk, sources and nature of information received and contact with health professionals.Health professional interviews included issues related to parents' and personal concerns about MMR, information provision, the organisation of the service and need for parental support.

Results: Results from parent and professional interviews will be presented. The key implications in relation to parental decision-making and the ways in which information and support for parents might be improved will be discussed.

Conclusions: The contribution of the study to existing knowledge will be explored, including the impact of information transfer and decision-making support in relation to the MMR vaccination.

Intended learning outcomes:
- Be aware of the factors that influence parental decision making in relation to the MMR vaccination.
- Gain a better understanding of the information needs of parents to support them in decisions regardng the MMR vaccine.

Room F1

14.45

5.4.1 The effect of recommended positioning on stroke outcome at 6 months: a randomised controlled trial.

Anne Jones, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK

Abstract:

Background: Despite advances in the understanding of stroke and acute interventions to reduce further injury, co-ordinated multidisciplinary care is the only intervention shown to reduce long-term mortality and disability in this patient group (Stroke Trialists' Collaboration, 1997). However, little is known about the individual components of this care that contribute to improved patient outcome. Although it is generally believed that recommended positioning of stroke patients enhances functional recovery, there is no evidence to support this. In a randomised controlled study we evaluated the effect of a teaching package designed to increase the incidence of improved positioning on hospitalised stroke patients.

Methods: 120 patients from 10 stroke units were studied. The units were randomised to control or experimental status. All nursing staff in the intervention units received a teaching package to improve their clinical practice in patient positioning. Patient assessments were made on admission, discharge from the unit and 6 months post stroke using a range of outcome measures. The Rivermead mobility index was used as the primary outcome at 6 months. Patients' positioning was recorded during their admission using an established observational tool (Carr et al., 1999).

Results: After the teaching the incidence of correct positioning was higher in the intervention group (P<0.005). Significant improvements occurred on two of the five intervention units (P<0.005 and P<0.0005) and on one control unit (P<0.005). There was no difference between the two groups in any of the outcome measures at 6 months, although there was a trend towards increased elbow flexor tone in the control group.

Conclusions: The provision of a teaching intervention to improve patient positioning made no significant impact on outcome at 6 months post stroke. However, poorer positioning may cause increased tone and spasticity in the upper limb. The quality of positioning did not improve on all the intervention units.

Intended learning outcomes:
- identify the possible implications of patient positioning following stroke
- be aware of the difficulties in bringing about a change in practice
- be aware of the challenges in conducting clinical trials in this area

Recommended reading:

Stroke Unit Trialists' Collaboration (1997) How do stroke units improve patient outcomes? A collaborative systematic review of the randomised trials. Stroke 28: 2139-44.

Carr EK, Kenney FD, Wilson-Barnett J, Newham DJ (1999) Inter-rater reliability of postural observation after stroke. Clinical Rehabilitation 13: 229-42.

Jones A, Carr EK, Newham DJ, Wilson-Barnett J (1998) Positioning of stroke patients: evaluation of a teaching intervention with nurses. Stroke 29: 1612-17.

Room F1

15.15

5.4.2 Clinical nurses´ perceptions, knowledge and experience about social rehabilitation for stroke patients and caregivers in a neurological unit: an action research study

Maria Carmen Portillo, School of Nursing, University of Navarra, Pamplona, Spain. Co-authors: Olga Prat and Maria Cruz Martinez

Abstract:

Stroke is associated with physical, psychological and social consequences that affect patients and family. The nursing role in stroke care is usually physically focused and does not include social or psychological support. Nursing professionals should get aware of this and develop their role on the non-physical area of care to help patients and relatives to promote "full lives"(1).

The part of the study here presented aims to compare nurses´ perceptions of their daily practice regarding social care with their suggestions and limitations to plan a stroke social rehabilitation programme; and to highlight clinical nurses´ experience, knowledge and attitudes in developing a social promoter role.

Data were obtained through semi-structured interviews during the first stage of an action research study, still in process, that combines the professionalizing and experimental typologies of Hart and Bond (1996) (2)

Interviews were analysed following a content analysis technique (3) to obtain a picture of nurses´ baseline situation regarding social rehabilitation after stroke.

The study takes place in a neurological hospitalisation unit in a highly specialised hospital in Spain. All permanent nursing staff of the unit was included in the study.

The resulting sample was 30 female-nurses, with an average working experience in the unit of 9,8 years. The analysis resulted in 48 themes. Some of the most representative themes were: "Nurses' daily stroke care: dealing with the physical impairment", "Nurses' suggestions for a social rehabilitation programme: focusing on health education", "Limitations nurses highlight to undertake a social rehabilitation programme in a hospitalisation unit" and "Issues in the assignment of duties in stroke social rehabilitation".

The results of the study will support the idea that nursing interventions in the social ambit of care are viable in clinical nursing. It will be also established the suitability of the action research method to assess nurses´ practice and provide them with the skills to change/improve it.

Intended learning outcomes:
- To identify the usual role nurses develop in hospital stroke care
- To be aware of possibilities and limitations nurses have to undertake social rehabilitation in Clinical practice
- To understand the Action Research method as a tool to change practice

Recommended reading:

Nolan M, Nolan J (1998) Stroke 1: a paradigm case in nursing rehabilitation. Br J Nurs 7 (6): 316-321.

Hart E, Bond M (1996) Making sense of action research through the use of a typology. J Adv Nurs 23: 152-159

Miles M B, Huberman A M (1994) Qualitative data analysis: an expanded sourcebook. 2nd Edition. London: Sage publications

Room F1

15.45

5.4.3 It's a bloody awful illness - the experience of having a stroke at younger age

Ursula Immenschuh, Medical Physics Department, University of Edinburgh, Edinburgh, UK

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 11,8% (Stewart et al., 1999) of all people 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: Results show that having a stroke at a younger age is a major biographical disruption (Bury, 1982) of people's lives. Questions of identity, relationships with others and of uncertainty about the future arise. People have to deal with the stigma of suffering from an "old person's disease" at an "abnormal" age. Whilst physical recovery is mostly very good these people still have to make sense of the illness. The study shows a clear deficit of nursing regarding this aspect of care.

Conclusions: Nursing care clearly influences the patients' self-perception and attitude towards their illness. In bridging the gap between needs of younger people after stroke and the actual care provided they receive the care they deserve, get help for recovery and the chance to succeed in their re-creation of self-identity.

Intended learning outcomes:

- Be aware that younger people struggle with the experience of having had a stroke at their age
- How they experience their strokes determines their needs for nursing care
- Nursing care for these people must go far beyond standardised care and assist them in making sense of the experience

Recommended reading:

Bury, M. (1982) Chronic illness as biographical disruption, Sociology of Health and Illness, 4, 162-182

Stewart, J.A., Dundas, R., Howard, R.S., Rudd, A.G. and Wolfe, C.D.A. (1999) Ethnic differences in incidence of stroke: prospective study with stroke register, BMJ, 318, 967-971

Wolcott, H.F. (1994) Transforming qualitative data- description, analysis and interpretation, Sage, Thousand Oaks California, London

Room F2

14.45

5.5.1 Developing new ways of working - a health action zone experience

Susan Carr, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK. Co-author: Charlotte Clarke

Abstract:

There has been a growing focus on public health and community development approaches in the UK government policy in recent years(Department of Health 1999). Health Action Zones were established in 1998 with teh aism fo modernizing and developing ways of working and addressing health inequalities. This paper explores how one of the most complex Health Action Zones in the country, Tyne & Wear, addressed issues of new ways of working.

The evaluation research was carried out over a period of nearly two years and demanded a research methodology which whole systems working.A combined methodology of theories of change, pluralistic evaluation and soft systems methodology was therefore utilized (Checkland & Scholes 1990).

A sampling matrix (Reed, Procter and Murray 1996)informed by key HAZ staff was employed to identify a diverse group of people involved in HAZ work.Thirty nine indivdual tape recorded interviews were conducted. Phase 2 of the research was a case study of user involement in mental health services incorporating individual interviews, focus groups and day conference attendance.

Analysis of the data has identifed that working patterns and service delivery can be described under two broad domains of entrenchment and engagement. In this paper the characteristics of the domains are explored and contrasted using themes of where health is located, the type of change and learning that occurs and the model of collaboration that is utilized. Examples of practice from each domain are identified and, the implications for development will be highlighted.

Intended learning outcomes:

- Appreciate the objectives of Health Action Zones
- Be aware of ways in which new ways of working can be facilitated and inhibited

Recommended reading:

Department of Health 1999 Savin Lives: Our Healthier Nation DoH

Checkland P & Scholes J 1990 Soft systems methodology in action Chichester:Wiley

Reed J, Procter S, Murray S 1996 A sampling strategy for qualitative research Nurse Researcher 3:4 52-68

Room F2

15.15

5.5.2 Developing primary care services: A study of nurses working in PMS pilots

Brenda Roe, Department of Geriatric Medicine, Keele University, Keele, UK. Co-authors: Nicola Walsh and June Huntington

Abstract:

The NHS Plan (DoH 2000) recommended that existing boundaries between doctors and nurses be removed so that appropriately qualified nurses could develop new roles and lead on the way local health services are organised and delivered. The 1997 Primary Care Act gave nurses an opportunity to develop primary care services by allowing them to become independent contractors who employed other members of the Primary Health Care Team to provide local Personal Medical Services (PMS Pilots). In October 2001, only 4 PMS sites were 'nurse led' contracts out of 104 PMS sites. This study has:

- examined the roles and responsibilities of nurses,
- examined role renegotiation between nurses and GPs and role overlaps,
- explored future training needs.

A purposive sample of 12 nurses from first and second wave PMS pilots were identified according to organisational type, location, nature of population served, and nature of contract and provided a range of four organisational types. This was a research and development project that used pluralistic evaluation, qualitative techniques and a multiple case study design. 12 nurses participated in three consecutive workshops during the year that served to collect qualitative data and provided them with support and opportunity for reflection. Eighteen stakeholders from each of the four sites also participated in individual qualitative taped interviews. Interviewees comprised, nurses, GPs and PMS leads from NHS Trusts. For the purpose of this paper data are limited to roles and responsibilities, overlaps, skills and competence, career developments and the future of PMS. Content analysis was used to analyse the workshop transcripts and summary reports and the transcribed interviews to identify key themes that reached saturation. Standard techniques for ensuring reliability and validity of qualitative data were adhered to. Key findings will be presented. The main conclusions are that 'nurse-led' PMS pilots are delivering primary care that is more community and patient focused than traditional general practice and provides more accessible and responsive service. Patients are considered as partners in consultations and in treatment and care decisions.

Intended learning outcomes:

- Be able to set the findings of the study in context with current health policy on Primary Care Service Developments in relation to Personal Medical Services versus the traditional GP contract.
- Be able to identify the leadership roles of nurses working in PMS Pilots sites and their contributions to organisation, service delivery and developments in primary care, clinical practice and interdisciplinary working.
- Identify areas of development for policy, legislation, service organisation, clinical practice and interdisciplinary working.

Recommended reading:

Baraniak C, Gardner L (2001) Nurse Led General Practice - The Implications of Nurse Led Practice for Nurses, Doctors and Patients. In Lewis R, Gillam S, Jenkins C. (Eds). Personal Medical Services Pilots: Modernising Primary Care? London, King's Fund.

DoH (2000) The NHS Plan: A Plan for Investment, A Plan for Reform. London, Department of Health.

Roe B, Walsh N, Huntington J (2001) Breaking the Mould: Nurses Working in PMS Pilots. Health Services Management Centre. Project Report No 19. Birmingham, University of Birmingham, School

Room D7

15.45

5.5.3 A case study to explore the nature, practice and supervision of health care assistant work

Karen Spilsbury, Adult Nursing, City University, London, UK. Co-authors: Julienne Meyer and

Abstract:

Registered nurses have extended their clinical activities and responsibilities due to demographic changes (an ageing population), concerns about a crisis in availability of nurses, economic constraints and political and professional imperatives. Existing research on the changing roles of nurses examines the roles and responsibilities nurses are acquiring, particularly the progressive developments of specialist and advanced practice. However, research often fails to explore activities nurses are discarding as a result of these changes, the effect of these changes on patient care and nursing teamwork. In the modern health service, registered nurses cannot practice without the support of Health Care Assistants (HCAs). HCAs make up 20-40% of the nursing workforce (Thornley, 2000), their numbers are increasing (Buchan and Seccombe 2002), and a commensurate level of influence seems likely in the future.

This paper presents the findings of a three-year study exploring the boundaries of HCA practice in one NHS Trust. A case study approach with mixed methods of data collection (interview and participant observation) provides the framework for describing HCAs' work and the role negotiations that surround this crucial component of NHS service delivery. Findings include the jurisdictional claims of HCAs, their social location in the workplace, HCA work content, the competing tension between supervision of HCA practice and HCA claims on nursing's craft knowledge base.

This study is an exemplar of the methodological complexity of mixed method case approaches to complex social phenomena and their relationship to nursing practice and service delivery and organisation. It is a large scale case exploration encompassing the findings of 72 interviews and 220 hours of detailed participant observation. The case study is located in its social and historical context by the use of documentary evidence, key stakeholders perspectives and non-participant observation fieldwork.

Intended learning outcomes:

- To gain an understanding of the current policy debates in relation to the role of the health care assistant

- To gain an understanding of the ways in which HCA role negotiation occurs within organisations

- To appreciate the strengths and pitfalls of applying complex methodologies to study equally complex social phenomona relating to nursing practice and organisation.

Recommended reading:

Buchan J and Seccombe I (2002) Behind the headlines: A review of the UK nursing labour market in 2001. Royal College of Nursing: London

Thornley C (2000) A question of competence? Re-evaluating the roles of the nursing auxiliary and health care assistant in the NHS. Journal of Clinical Nursing, 9, 451-458

Room F14

14.45

5.6.1 Examining patients' accounts of their pathway to the diagnosis of lung cancer: Searching for new approaches to early detection

Jane Hopkinson, School of Nursing and Midwifery, University of Southampton, Southampton, UK. Co-authors: Meinir Krishnasamy, Deborah Fitzsimmons and Jessica Corner

Abstract:

Background: Lung cancer is the commonest cancer in the UK, accounting for 1 in 7 new cancer cases (over 40,000 new patients are diagnosed annually)?. Overall less than 10% of patients are alive 5 years after diagnosis and most die within the first year. Surgery is the only curative treatment, yet largely because of late diagnosis, only 10% of patients have surgery?.

Aim: The aim of this study was to establish, using patients' accounts of events, whether there are complexes of symptoms and other social phenomena, which precede a diagnosis of lung cancer, that could facilitate the early detection of the disease.

Methods: This paper is based on a secondary analysis of 52 interviews with newly diagnosed lung cancer patients. The semi-structured interviews were focused on the needs of these people, through the course of their entry into secondary care?. For the purpose of this study, a content analysis of the interview transcripts was conducted using NUD*IST6. The analysis was used to develop a conceptual framework of the pre-diagnostic trajectory of the people studied.

Findings: The majority of the patients reported complexes of symptoms across their pre-diagnostic trajectory. The six patients who were thought to be operable at the point of diagnosis, all presented with three or more symptoms, suggesting that early disease is not silent, contrary to widely held beliefs. In addition, the analysis revealed both patient and doctor related factors that led to delay in diagnosis. The findings are presented as a model of the trajectory of lung cancer from the pre-manifestation phase to the point of diagnosis.

Conclusion: The study provides new knowledge of the pathway of lung cancer leading up to diagnosis. The work is of importance to nurses working in primary care, who have a concern for early disease detection.

Intended learning outcomes:

- Be aware of the potential for earlier diagnosis of lung cancer

- Identify symptom complexes associated with early lung cancer

- Identify patient and doctor related factors that contribute to the delay in diagnosis of lung cancer

Recommended reading:

Cancer Research Campaign (1996) Lung Cancer and Smoking: UK. Factsheet 11, London.

Wells F (2001) Variations in the surgical resection rate for lung cancer: a barometer for the quality of care for lung cancer patients. In Muers M, Macbeth F, Wells F and Miles A, eds. The Effective Management of Lung Cancer. Aesculpapius Press, London.

Krishnasamy M, Wells M, Wilkie E, Rankin E, Munro AJ, Brown P, Lipworth B, Clark R, Winter J, and Daf FN (2001) Lung Cancer Healthcare Needs: A Longitudinal Follow-up Interview Study. Unpublished report to the NHS Scottish Executive

Room F14

15.15

5.6.2 Psychotherapeutic interventions for adults with asthma. A systematic review

Sharon Fleming, Nursing Research, Dept. of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, UK. Co-author: Caroline Shuldham

Abstract:

One in 20 adults in the UK have asthma and morbidity and mortality are increasing (NAC, 1996). Asthma has a psychological component, including emotion (Lehrer, 1993) and so the treatment of asthma increasingly needs to focus on the whole person, taking account of psychological as well as physiological elements. Strategies such as cognitive-behavioural therapy (Kotses, 1995) are now integrated with educational packages about the self-management of asthma in order to improve health outcomes.

When managing patients, clinical staff need to have reliable information on whether psychotherapeutic techniques work, and if so which are the most effective, for which patients. Therefore, this team has completed a systematic review to provide this information to clinicians and health psychologists who work with adults with asthma.

The specific objectives of the review were to assess the efficacy of:

1. Psychotherapeutic interventions compared with usual treatment in improving health and behavioural outcomes for adults with asthma.

2. Different types of psychotherapy for adults with asthma.

3. Individual and group formats of psychotherapy for adults with asthma.

Eleven Randomised Controlled Trials (RCTs) were included for analysis. These trials were selected using a search strategy, inclusion criteria and methodology established in the protocol previously agreed by the Cochrane Collaboration Airways Group. The psychotherapies used as interventions in these trials range from relaxation therapy, hypnotic techniques, group psychotherapy and cognitive behavioural therapy. However meta-analysis was not possible due to the diversity of the interventions used, the ways in which data was measured and the range of outcomes measured.

Some studies indicate that psychotherapeutic interventions may decrease some aspects of psychological morbidity for adults with asthma. Improvements in lung function were found between baseline and post-intervention measures in some studies. However, these results need to be viewed with caution due to the methodological flaws of all the included RCTs.

These methodological issues will be discussed alongside the need for a planned research programme to evaluate the efficacy of these interventions and the range of outcomes that might be important to patients.

Intended learning outcomes:

- To be aware of the conceptual link between asthma symptoms and psychological elements.

- To understand the methodology of a systematic review.

- To be aware of methodological issues in research evaluating psychotherapeutic techniques and the implications for future research programmes.

Recommended reading:

National Asthma Campaign (1996). NAC Report, London. 1996.

Lehrer PM, Isenberg S, Hochron SM. (1993) Asthma and emotion: a review. Journal of Asthma, 30 (1): 5-21.

Kotses H, Bernstein IL, Reynolds RVC, Korbee L, Wigal JK, Ganson E, Stout C. (1995) A self-management program for adult asthma. Part 1: Development and evaluation. Journal of Allergy and Clinical Immunology. 95 (2): 529-540.

Room F14

15.45

5.6.3 Patient preferences, COPD exacerbations' and accident and emergency attendance

Sue Kinn, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, UK. Co-authors: Valerie Ness

Abstract:

A number of patients attend A&E departments with acute exacerbation's of chronic obstructive pulmonary disease (COPD). These patients are then admitted to the hospital as in-patients. Despite the availability of alternative services, which provide home-based follow-up and access to specialist staff, a large number of COPD patients still attend A&E each month. This study

was undertaken to identify how many COPD patients attend A&E and whether patients choose this route out of preference for in-patient services compared with home-based treatment or whether it is a lack of knowledge about the specialist services available.The first phase of the study, to describe characteristics, signs and symptoms of the COPD patients using A&E, used a prospective case note review over a two month period. The second phase, to identify patient preferences for home based or in patient services, used a questionnaire survey to elicit preferences using conjoint analysis (Ryan and Farrar 2000).One hundred and twenty five patients attended the A&E department over a period of two months with a diagnosis of COPD. Approximately one quarter of these patients, admitted through A&E, were picked up on the wards by the specialist service over the following day(s). There was no difference in signs and symptoms between those picked up by the specialist service and patients who remained as in-patients. However there was a shorter average length of stay (7 v 10 days). At the time of writing the abstract the preference study is ongoing and results will be available for presentation at the conference. The use of specialist services can result in reduced lengths of stay but the results of patient preference studies are important to ensure that new services will be used by patients.

Intended learning outcomes:

- be aware of the issues involved in measuring patient preferences

- understand the technique of conjoint analysis

- will understand the need to take patient preferences into account when designing new services

Recommended reading:

Ryan M. and Farrar S. (2000) Using conjoint analysis to elicit preferences for health care. British Medical Journal 2000;320:1530-1533

Room H11

14.45

5.7.1 Monitoring the quality of the informed consent procedure within cancer clinical trials: A pilot study

Jane Darmanin, Clinical Trials Unit, Velindre NHS Trust, Cardiff, UK. Co-author: Katie Featherstone

Abstract:

Background: Cancer researchers in England and Wales face the challenge of recruiting 10% of new patients into clinical trials. The quality of informed consent has a direct impact on patient accrual, compliance and satisfaction. Clinical staff have professional and ethical obligations to provide patients with enough information to make an informed choice about whether to take part in studies or not. However, the actual experience of those being asked to participate in a trial has received little attention (Featherstone K,Donovan J 1998).

Methods: This pilot,is a qualitative study consisting of a series of semi-structured, in depth interviews with participants in the MRC CR08 trial in advanced colorectal cancer. 16 of 20 planned interviews have been conducted with patients, relatives and trials staff from South East Wales. Patients who declined the trial were also included. Patients and relatives were asked about their experience and understanding of being asked to take part. Consultants and research nurses were asked about how they present the trial to patients, problematic areas and ethical issues.

Results: Preliminary and ongoing analysis suggests that patients consider new treatments to be better treatments. The CR08 trial was viewed as a route to access new drugs and references to rationing were common. There is evidence that patients have treatment preferences, whilst accepting randomised allocation. Patients contrasted the levels of information they had received about surgery and previous treatments compared to that received about the trial. Anxieties about how quickly treatment would start were often expressed.

This study will lead to further research, incorporating several cancer clinical trials in differing disease sites.

Intended learning outcomes:

- To better understand the experiences of those participating in a clinical trial.

- To be aware of the fact that information, both written and oral are of high priority to patients in a clinical trial.

- For there to be an awareness of the many and varied support needs of the cancer trials patients.

Recommended reading:

Featherstone K,Donovan J (1998) Random allocation or allocation at random? Patients perspectives of participation in a randomised controlled trial.BMJ 317 1177-1180

Room H11

15.15

5.7.2 The benefits of exercise for breast cancer patients: Disseminating the research evidence to breast care nurses

Marilyn Kirshbaum, University of Manchester, Manchester, UK. Co-authors: Kinta Beaver and Karen Luker

Abstract:

For those who are increasingly surviving breast cancer, quality of life issues are substantial concerns. Research evidence originating in North America has concluded that moderate physical exercise can be used effectively and safely to reduce problems associated with breast cancer such as fatigue, nausea, depression, anxiety and low self-esteem. However, at the time of planning the current study, breast care nurses (BCNs) in

the UK did not appear to be aware of or utilise this information in clinical practice.

The aims of the study were:

- To identify the barriers to research utilisation and the preferred methods of dissemination of BCNs.

- To develop and evaluate a dissemination intervention targeted at BCNs.

In stage one, a national survey of 263 BCNs using the Barriers to Research Utilisation Scale (Funk et al 1991) was conducted. These data were used to develop a dissemination intervention using concepts from Diffusion Theory (Rogers 1995). The result was a targeted booklet entitled Exercise and Breast Cancer: A Booklet for Breast Care Nurses.

In stage two, a pre-test/post-test randomised controlled design was used. The sample comprised 92 BCNs from 62 hospitals. Following completion of the Exercise and Breast Cancer Questionnaire, individual nurses were randomised according to hospital units into an experimental group and a control group. The experimental group was sent a copy of the booklet. After three months, both study groups were asked to complete a follow-up questionnaire. Statistical analyses consisted of clustered regression techniques.

The booklet was shown to overcome the perceived barriers associated with accessing and understanding research as evidenced by a statistically significant increase in knowledge and changes in practice and attitude. Printed materials can be used as an effective dissemination method provided that they are developed in line with the values, beliefs and social context of a target audience.

Intended learning outcomes:

- Be able to identify current barriers to research utilisation in the UK

- Be able to describe the main benefits of exercise for breast cancer patients.

- Be able to identify the attributes of an effective research dissemination strategy.

Recommended reading:

Funk SG, Champagne MT, Weiss RA & Tornquist EM. (1991).Barriers: The barriers to research utilization scale. Applied Nursing Research 4:39-45.

Rogers EM. (1995). Diffusion of Innovation (4th edition). New York: Free Press.

Room H11

15.45

5.7.3 Exploring patients', relatives' and nurses' experience of a day hospital chemotherapy service

Sonja Mcilfatrick, Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co-author: Kate Sullivan

Abstract:

Introduction & objective: The nature of cancer care has changed dramatically in recent years, reflected in shorter inpatient stays, an increasing older cancer population and significant improvements in treatment outcomes and effectiveness (Pearce et al, 2001). Today most cancer patients, who receive systematic chemotherapy, do so in an ambulatory setting (Sitzia & Wood, 1998). However, despite the recent changes to service delivery, little attention has yet been focused on both service providers (nurses') and service users (cancer patients' and their families'), experiences of day care chemotherapy. The aim of this study was to explore patients' and relatives' experiences of receiving chemotherapy within a day hospital setting; to explore nurses' experience of working within this environment and to explore differences and commonalties within experiences.

Methods: In order to achieve these objectives a phenomenological research design was adopted. Phenomenology has been described as both a philosophical perspective and a research method (Cohen, 1987 Ray 1994), with its purpose being to describe particular phenomenon, or the appearance of things, as lived experience. This involved carrying out face-to-face interviews with a purposive sample of patients (and their relatives) currently receiving chemotherapy within a large teaching hospital in Northern Ireland. The interviews took place within a room within a cancer centre and a total of fifty interviews were carried out. These interviews included thirty patients, ten relatives and ten nurses. The interviews were tape-recorded and transcribed verbatim.

Conclusions: Data analysis has identified various themes and narratives. These include: devastation on diagnosis; the need to maintain hope associated with treatment; feelings of adjustment and incorporating treatment as 'part of life'; the need for closure following treatment; thoughts of comradeship and sharing the experience with others to gain strength and issues relating to the need for information and 'fighting the system'.

Intended learning outcomes:

- Be able to identify some of the issues for patients, relatives and nurses.

- Gain understanding of some issues involved in research process.

- become aware of issues related to qualitative research

Recommended reading:

Sitzia, J. & Wood, N. (1998) Study of patient satisfaction with chemotherapy nursing care. European Journal of Oncology Nursing. 2 (3) pp. 142-153.

Pearce, S., Kelly, D & Stevens, W (2001) 'More than just money' -widening the understanding of costs involved in cancer care. Journal of Advanced Nursing, 33, 371-379.

Corner, J (1997) Nursing and the counter culture for cancer. European Journal of Cancer Care. 6, 174-181.

Room E7

14.45

5.8.1 The professional doctorate for nurses and midwives: An illuminative evaluation

Lorraine Ellis, Acute and Critical Care, University of Sheffield, Sheffield, UK

Abstract:

The professional doctorate has been a feature of nursing education in the USA since the 1950's (Edwardson 2001) but it is only in the last five years that such degrees have been introduced first in Australia and more recently into the UK. Atwell (1996) suggests that such programmes arose largely in response to the perceived deficits of the more traditional PhD route, which was viewed by many to be divorced from realities of practice and to produce doctorally prepared individuals who were equipped primarily for a future career in academia. However, while there may be intuitive appeal to a more broadly based doctoral education, its benefits or otherwise relative to the PhD route remain unclear and contested. Indeed the existing empirical and theoretical literature on the professional doctorate is sparse and equivocal, and 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). A similar picture is apparent in Canada where there are declining numbers of nurses enrolled for professional doctorates with the consequent discontinuation of some programmes and their replacement with the PhD (Smyth et al 2001).

In 2001, the University of Sheffield United Kingdom offered its first professional doctorate for nurses and midwives. In response to the scarcity of empirical evidence underpinning these programmes the University commissioned a longitudinal evaluation to determine the outcomes of the professional doctorate and those critical factors contributing.

Using an illuminative case study design (Ellis 2001) the doctoral candidates and their managers were interviewed before the students commenced the programme and following the first semester. This paper reports the findings of these interviews (n = 30). Data from a recent study tour and scoping exercise (Ellis 2002) of the Australian professional doctorate is also reported and the findings of these two studies compared.

Intended learning outcomes:

- identify the key characterisitcs of the professional doctorate
- be aware of the perceptions expectations and experiences of doctoral candidates and their manager
- develop an informed perspective of the professional doctorate as it relates to the more traditional PhD and through illuminative case study design

Recommended reading:

Edwardson S.R. (2001) Nursing Education and Doctoral Study in the United States. In Green B., Maxwell T.W. and Shanahan P. (eds) Doctoral Education and Professional Practice: The Next Generation. Kardoorair Press, NSW, Australia, 5: 85-106.

Ellis L. (2001) Continuing professional education for nurses: an illuminative case study. University of Sheffield (unpublished PhD thesis).

Ellis L. (2002) The Professional Doctorate in Australia. Unpublished Report, University of Sheffield.

Room E7

15.15

5.8.2 **An investigation of the preparation and assessment for midwifery practice within a range of settings: Findings from a three year study**

Gina Finnerty, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK. Co-authors: Lesley Graham, Rosemary Pope and Carin Magnusson

Abstract:

Introduction: This paper will give an overview of a national research project with a unique focus. It is a detailed investigation of teaching and learning in a modernised NHS and an increasingly sophisticated Higher Education system. How does midwifery education effectively prepare midwives for contemporary practice?

The Research Team has undertaken a three-year project in England, which was funded by the Hospital Saving Association. Fitness for Practice (1999) made important recommendations related to clinical competence and the application of learning in the work place.

Aims: The main aims of the study were to investigate: (i) the type of experience which both students and midwives obtain in the practice settings; (ii) the educational preparation and role of both student midwives and their mentors in education and practice, and to identify continuing educational need.

Research design and methods: Pairs of student midwives and their mentors were recruited within five case study sites to participate in a range of in-depth qualitative data collection processes: interview, diary work and non-participant observation. Individual and group interviews

were held with key stakeholders in relation to teaching and learning in practice, including women. The triangulation of these methods has produced rich and exciting data.

Findings: We will be presenting the main emerging themes from the in-depth data, which centred on: role modelling, learning styles, processes of assessment and support for the mentors and students.

The ultimate aim of this study is to inform practice and influence policy concerning midwifery education in a range of practice settings and to give some recommendations for good practice, which impacts on the maternity care of mothers and babies. The presentation will therefore be meaningful for practising midwives and nurses who mentor; students; teachers and clinical managers with an interest in education in practice.

Intended learning outcomes:

- To share with the audience some of the main findings
- An opportunity to get an insight into the design of a large national research project

Recommended reading:

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999, Fitness for Practice

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Room E7

15.45

5.8.3 **Identifying research priorities for nursing and midwifery service delivery and organisation**

Fiona Ross, King's College, University of London, Ann Mackenzie, Faculty of Health and Social Care Sciences, St. George's Hospital Medical School and Kingston University, Elizabeth Smith, Faculty of Health and Social Care Sciences, St. George's Hospital Medical School and Kingston University, Abigail Masterson, Abi Masterson Consulting Ltd and Carol Wood, Consultant in Health Services Research

Abstract:

Background: There has been a continuing interest in defining research priorities for nursing. Some of these priority setting exercises have been professionally led (Kitson et al, 1997) others have identified priorities for nursing within a multidisciplinary research agenda (Legg et al, 2000). National topic reviews have identified priorities from gaps in the evidence base and a number of policy documents have identified nursing priorities mainly based on the need to meet national health priorities (Renfrew et al 2002). To date there have been few examples of systematic consultation with staff in the National Health Service and other sectors or the users, or

indeed potential users, of services, in such priority setting exercises.

Aims: This project, commissioned by the National Co-ordinating Centre Service Delivery and Organisation Research and Development Nursing and Midwifery Subgroup, aimed to identify priorities from a range of stakeholders including professionals and user representatives to inform the commissioning of nursing and midwifery research in England. The aim of the Service Delivery and Organisation (SDO) programme is to produce and promote the use of research evidence about how the organisation and delivery of services can be improved to increase the quality of patient care, ensure better strategic outcomes and contribute to improved health.

Methodology: There were three strands of data collection: focus groups with service user representatives; telephone interviews with a wide range of stakeholders from practice, management, education and research; and a literature review of policy documents and papers in peer reviewed journals.

Findings: In this presentation we will outline our methodological and analytical approach to each of the three strands of data collection from which we distilled the following five broad priority areas for commissioning nursing research:

- Appropriate, Timely and Effective Interventions;
- Individualised Services;
- Continuity of Care;
- Staff Capacity and Quality; and
- User Involvement and Participation

Intended learning outcomes:

- Determine the policy and professional context within which this work took place
- Identify the rationale for the methods used to collect and analyse the data presented
- Critically review the implications of this work for the profession.

Recommended reading:

Kitson A. et al (1997) On developing an agenda to influence policy in healthcare research for effective nursing: a description of a national R&D priority setting exercise. NT research 2(5) 323-334

Legg, L. et al (2000) A multidisciplinary research agenda for stroke rehabilitation. British Journal of Therapy and Rehabilitation 7(7) 319-324

Renfrew M. (2002) NHS Strategic Review of R&D. Priorities for R&D in primary care - Mother and Infant Health

Saturday 12 April

10.45 – 12.15
Concurrent session 6

Room D7
10.45

6.1.1 The RCN Annual Research Conference: a proxy indicator of the contemporary circumstance of nursing research in the UK

Edward White, Faculty of Nursing, Midwifery and Health, University of Technology Sydney, Sydney, Australia. Co-author: Julie Winstanley

Abstract:

Methodological precedents [Brooker 1997, Mead 1997] offorded the present study to develop a scholarly use of abstracts submitted for presentation at the Royal College of Nursing [RCN] Research Society Annual Conference, as one proxy index of the contemporary circumstance of nursing research in the United Kingdom. A total of 1084 archived abstracts, previously submitted to the Conference between 1998 and 2000 for consideration by the three respective Scientific Committees, were made available to the present authors for analysis. Selected data from these were cleaned, imported into SPSS [Norusis 1986] files and linked to the demographic variables of each abstract's first-named author. Themes embedded in the text of the abstracts were content analysed and added to each case in the file. NHS Regional Health Boundaries software was used to plot SPSS output by postcode location within the United Kingdom, via a Geographical Information System, to allow pictures to emerge [literally] of the findings. Findings revealed that almost three quarters of all submissions came from first-author workplaces located in England; nearly six percent were received from overseas. 310 [28.6%] of the abstracts were rejected. Of the remaining 774 accepted for presentation in a variety of formats, 71% [n=550] were delivered as concurrent sessions. First named authors who held a PhD or a Professorial title were significantly more likely to have their abstracts accepted than rejected, than were authors without either. A preponderance of abstracts which adopted a qualitative methodological approach was revealed. This paper will present the scope of exploration possible with this dataset and help to uncover relationships with policy agendas and with priority areas for investigation. It will be argued that this longitudinal data set be developed and made sensitive to changes in the shape of nursing research over time. The utility of this novel method for reporting findings will be explored.

Intended learning outcomes:

- Be able to identify the main substantive themes which emerge from analyses of the abstracts
- Be able to identify applications for the methodological innovation used in this study

Recommended reading:

Brooker C [1997] Proceedings of the NT Research Symposium for evidence-based nursing. Manchester, October 22-23. Nursing Times Research, 3:1, 8-11

Mead D [1997] The performance of nursing in the research stakes: lessons from the field. Nursing Times Research, 2:, 335-344

Norusis M [1986] The Statistical Package for Social Sciences. Version 10. SPSS, Chicago

Room D7
11.15

6.1.2 Trends in the role of ophthalmic nurses and services provided - 3rd national survey

Wladyslawa Czuber-Dochan, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK. Co-authors: Heather Waterman and Christine Waterman

Abstract:

The paper will report on the findings of the 3rd national survey into the qualifications and deployment of ophthalmic nurses. The study was commissioned by the RCN Ophthalmic Nursing Forum and undertaken by the University of Manchester. The services provided to ophthalmic patients are complex, flexible and challenging, with a large percentage being delivered as day cases. Professional boundaries are constantly changing so that more demands are being placed on ophthalmic nurses to increase their workload and to work at a higher level of practice. Training and education does not always go hand in hand with practical demands.

The focus of the presentation will be on the skill-mix and educational provision for the ophthalmic nursing workforce, most notably, on the expansion of the different types and numbers of nurse practitioners.

The original questionnaire (following modifications) was piloted at one ophthalmic hospital and then distributed to the total population of ophthalmic units and hospitals in the United Kingdom (n=181). A total of 115 questionnaires were completed and returned giving a response rate of 63.4%. The data was coded and entered onto the Statistical Package for Social Sciences (SPSS).

In order to analyse any trends in the skill-mix data Chi-squared tests and Mann-Whitney U-test will be used to compare data with the findings from the first and second surveys (Waterman et al 1995, Waterman & Waterman 1999). The findings will be contextualized in light of current policies. Current educational provision and management commitment to meet ophthalmic nurses educational and skill-mix needs will be analysed,

and recommendations for practice will be made. The preparation and qualifications of nurse practitioners for the role will be analysed and implications for patients' care and workforce planning will be identified.

Intended learning outcomes:

- Be able to gain an insight into the skill-mix of the ophthalmic nursing workforce.
- Be able to have a better understanding of the nature of ophthalmic nurse practitioners' role.
- Be able to have an understanding of current educational provision and educational requirements in ophthalmic nursing.

Recommended reading:

Waterman, H., and Waterman, C. (1999) Trends in ophthalmology services, nursing skill-mix and education: 2nd national survey. Journal of Advanced Nursing. 30 (4), 942-949.

Waterman, H., Hope, K., Beed, P., Clayton, E., McQueen, L., Owen, C., Stott, M. and Studley, M. (1995) The nature of ophthalmic services, and the education and qualifications of nurses: a national survey. Journal of Advanced Nursing. 22, 914-920.

Room D7
11.45

6.1.3 Exploring the effects of strategies used to reduce nursing costs during restructuring

Linda McGillis Hall, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

Abstract:

Government initiatives to redirect resources earmarked for nursing service delivery over the past decade prompted health care administrators in Canada to engage in large-scale restructuring initiatives designed to demonstrate fiscal accountability. Many restructuring initiatives resulted in recommendations to change the way nursing care is provided through redeploying or reducing nursing resources. However, little attention has been paid to ensuring the strategies used to reduce nursing costs have been effective, and the mechanisms used to determine past and current nursing costs are accurate and valid. This research examined the methodology and data currently used to cost nursing services in Ontario, Canada and explored the extent to which inconsistencies in data, or assumptions in methodological approaches, have impacted the availability of reliable cost information for nursing services. Nurse executives in all 140 of Ontario's acute-care hospitals were surveyed to determine the types of nurse staffing models utilized, the restructuring strategies used in reducing nursing costs, and the mechanisms used to determine nursing costs within these sites. Responses were received from 75% of the settings and results indicate that the majority of sites are rebuilding the nurse staffing complement post the decade of restructuring. Strategies employed include increasing full-time nursing positions, increasing

senior support roles available for nursing, and decreasing the use of part-time and agency staff. Despite these initiatives, costs related to agency nurse use and overtime have increased substantially over a 3-year period. However, costs related to the provision of ongoing education and orientation also increased. As well, close to half of the respondents indicate that the span of control of nurse manager's has been increased making them less available to the nursing staff. The results of this study suggest that recovery from the initial restructuring is long-term and proving to be of high cost to the system of care.

Intended learning outcomes:

- Be able to identify the types of restructuring strategies used to reduce nursing costs in the Canadian health care environment.
- Be able to identify the strategies Canadian nurse executives have used to determine nursing costs.
- Be able to assess the costs to the system of care that these restructuring strategies produced.

Room D1

10.45

6.2.1 Methods for incorporating patient-related data into effectiveness reviews: an example from a guideline on falls prevention

Elizabeth McInnes, National Collaborating Centre for Nursing and Supportive Care, Royal College of Nursing Institute, Oxford, UK

Abstract:

Aim: To investigate methods for incorporating 'patient-related' data from qualitative and observational studies to enhance the findings of a systematic review on falls prevention by providing additional information on outcomes, impact of the condition and patient concerns.

Background: While RCT based systematic reviews may provide quantitative estimates of intervention effectiveness, they are often of limited utility to guideline developers and policy-makers because they generally focus on a narrow aspect of care and/or may reflect the emphasis of the trials that are reviewed (Frommer and Rychetnik 2002). This may mean that patient related outcomes such as patient views on interventions, compliance and impact of the condition are not addressed within systematic reviews. A more inclusive view of what constitutes evidence is necessary to answer such complex questions (Dixon-Woods & Fitzpatrick 2001).

Methods: To undertake a systematic review of patient related data from qualitative and observational studies which could be used to provide an additional and complementary perspective to the effectiveness review on falls prevention by Gillespie et al (2001).

The presentation will discuss methodological issues involved in scoping 'patient-related'
review questions and searching for qualitative and non-RCT studies.

Implications: This work is of relevance to nursing research and practice because it attempts to capture patient-related information provided by qualitative and other study designs relating to the topic of falls prevention which are usually overlooked by systematic reviewers and guideline developers.

Intended learning outcomes:

- Understand challenges involved in systematic review of non-RCTs
- Be aware of principles of systematic review that apply to non-RCT studies
- Understand how reviews of 'patient-related' data may complement and enhance effectiveness reviews

Recommended reading:

Dixon-Woods, M., & Fitzpatrick, R. Qualitative research in systematic reviews. BMJ 2001;323:765-766.

Gillespie, L., Gillespie, W.J., Robertson, M.C., Lamb S.E., Cumming R.G., Rowe, B. Interventions for preventing falls in elderly people. Cochrane Review, 2001.

Rychetnik, L., Frommer, M. A schema for evaluating evidence on public health interventions, National Public Health Partnership, 2002 Australia.

Room D1

11.15

6.2.2 Experiments, experience and exorcism! Overcoming the practical difficulties involved in RCTS within nursing

Julie Kapur, Respiratory Medicine, Belfast City Hospital Trust, Belfast, Northern Ireland. Co-author: Donna Fitzsimons

Abstract:

Randomised controlled trials (RCT) are an important means of testing the effectiveness of nursing interventions. This paper and draws on practical experience to demonstrate the appropriateness of this method and discuss the key issues involved.

Smoking has been high on the public health agenda since the publication of "Smoking Kills" (DoH, 1997) and the national smoking cessation guidelines (BTS, 1998; West 2000). A systematic review concluded that nurses can significantly increase smoking cessation rates (Rice, 2002) but the nature and relative effectiveness of different nursing interventions has yet to be tested.

The aim of this study was to test the effectiveness of selected nursing interventions on smoking cessation behaviour. We will discuss the methodological considerations required when testing the outcome of nursing interventions, including;

- Sample size calculations for RCTs. The rationale for and process of power analysis will be
discussed and its impact on Type 1 and Type 2 errors explicated.

- Measuring outcomes. The relative usefulness of primary and secondary outcomes within this study will be discussed, demonstrating how subjective measures can be quantified and used to influence nursing knowledge.
- Longitudinal considerations. The duration of recruitment and data collection can lead to difficulties, the researcher will give a personal account of how she overcame attrition and threats to internal validity that occurred during the 12 month RCT.

The design and implementation of an RCT is professionally and clinically important and should be encouraged as a suitable method for nursing research. Through discussion of methodological difficulties that were negotiated during this study, researchers will exorcise some of the problems that have plagued RCTs within nursing.

Intended learning outcomes:

- Should appreciate the importance of RCT for nursing research.
- Should understand the ability of primary and secondary outcomes to measure issues valued by nurses
- Should understand some of considerations when designing an RCT.

Recommended reading:

British Thoracic Society (1998) Smoking cessation guidelines. Thorax. 53, 3

Rice, V.H. and Stead, L.F. (2002) Nursing interventions for smoking cessation. in: The Cochrane Library, Issue 2, Oxford: Update Software.

Upton, D.J. (1999) How can we achieve evidence based practice if we have a theory-practice gap in nursing today. Journal of Advanced Nursing. 29(3) 549-555.

Room D1

11.45

6.2.3 Practicalities and pitfalls of using a national database to assess the effectiveness of a health care intervention - reflections from an observational study

Ann McDonnell, Medical Care Research Unit, ScHARR, University of Sheffield, Sheffield, UK. Co-authors: Jon Nicholl and Susan Read

Abstract:

An ongoing study to explore the effectiveness of Acute Pain Teams (APTs) has highlighted a number of issues relating to the design of observational studies and the feasibility and validity of using a national database to assess the effectiveness of a health care intervention.

The optimal research design when evaluating the effectiveness of existing or new health care

interventions compared to conventional treatment is a rigorously conducted randomised controlled trial of sufficient statistical power. However, when random allocation is not possible due to ethical or practical constraints, more pragmatic approaches are required. A retrospective observational study is being conducted to explore the impact of APTs - in which specialist nurses play an important role - on the postoperative outcomes of adult patients undergoing elective surgery. Nine-year trends in two outcomes - postoperative length of stay and in-patient mortality - are being compared between two groups of hospitals - those which have and have not introduced an APT over this period. Nationally available UK Hospital Episode Statistics (HES) datasets from 1991-2000 have been obtained. These include individual patient data by hospital including type of operation, age, sex, diagnoses, length of postoperative stay and mortality.

The paper will outline the potential benefits of this study design, balanced with a number of limitations. Benefits include the availability of large datasets with national coverage, which are relatively inexpensive. However, limitations to this approach include the practicalities of managing large datasets, the validity and accuracy of routine data sources, the consistency of individual records over time and the salience of the data to the research objectives.

The paper will conclude that whilst there are benefits in using this approach, there are also significant methodological and practical problems.

Intended learning outcomes:

- Gain an understanding of the potential benefits of conducting observational studies using large national databases to assess the effectiveness of health care interventions.

- Should have an understanding of the limitations of using large national databases to assess the effectiveness of health care interventions.

- Should have an awareness of the practicalities of handling large datasets.

Recommended reading:

Black N. (1996) Why do we need observational studies to evaluate the effectiveness of health care? British Medical Journal Vol. 312, pp1215-1218.

Black N. and Payne M. (2002) Improving the use of clinical databases. British Medical Journal Vol 324, p. 1194.

Clinical Standards Advisory Group (1999) Services for patients with pain. London, Department of Health.

6.3.1 Student nurses: Interaction skills in practice: a qualitative study

Aled Jones, School of Health Science, University of Wales, Swansea, UK

Abstract:

The importance of effective communication as an essential element of nursing has been acknowledged repeatedly (Jarrett and Payne 2000). However this conviction has barely extended to actively evaluating through research, the realities of student nurse interpersonal skills in practice. The aim of this presentation therefore is to describe a 12 month study which aimed to:

- Collect and analyse naturally occurring interaction between student nurses and patients

- Integrate the findings into the interpersonal skills teaching curriculum

Sample: Aconvenience/purposive sample of 10 adult nursing students working on acute wards in 2 District General Hospitals within South Wales.

Data collection: Tape recording of the initial admission/assessment and non-participant observation to evaluate non-verbal aspects of interaction. The nursing notes produced as a result of the interaction were photocopied providing a useful counterpoint to the audio recording.

Data analysis conversation analysis of tapes and content analysis of documents.

Results: Slection of findings include:

The talk between nurse and patient is governed by the need to complete the bureaucratic task of the assessment interview i.e. to complete the associated paper work.

The trajectory of conversation follows the layout of the paperwork, generally the sequence of questions makes little sense outside of this context.

Student nurses seem not to dwell on patient's reports of subjective experiences such as pain or social conditions.

The above culminate in an assessment interview based on student nurses' perspective of what information is seen as valid and useful. This may lead to a lack of knowledge within the nursing information collected regarding the patient's orientation to the reason for admission.

This is at odds with the rhetoric of policy bodies (CHI 2001), the statutory requirements of nurse training (DoH 2000) and espoused concepts in nursing education such as patient centeredness.

A discussion of integration into the interpersonal skills teaching curriculum will also take place.

Recommended reading:

Department of Health (2000) Nurses Midwives and Health Visitors (Training) Amendment Rules Approval Order. Stationery Office, London.

Jarrett N.J. & Payne S.A. (2000) Creating and maintaining optimism in cancer care. International Journal of Nursing Studies 31, 81-90.

6.3.2 Evaluation of the role of the simulated learning environment in the promotion of nursing competence

Anna O'Neill, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, UK. Co-authors: Margaret Alexander and Angus McFadyen

Abstract:

This quasi-experimental study was a pre-test post-test control group design and took place over two phases within a simulated learning environment (SLE) or skills lab. The sample comprised a population of first year undergraduate student nurses in one university who were undertaking a pre-registration degree in nursing. Students were randomly allocated into either the experimental group (n=19) or the control group (n=24).

All students at phase 1 of the study undertook a nursing practice within the SLE and this was videotaped. Following this they all assessed their performance from memory, having been provided with pre-set marking criteria.

Those in the experimental group underwent the process of stimulated recall, a process of teaching and learning used to aid a participant's recall of thought processes at the time of his/her behaviour.

At phase 2, which took place one month after phase 1 the process described at phase 1 was repeated for both groups with the same nursing practice.

Two external assessors watched all the videos and scored each student's performance using the identical marking criteria to those used by the students, allowing comparison of the self assessment scores.

Qualitative data was generated from the content of the Stimulated Recall interviews and was analysed using the Generic Error Modelling System (Reason 1990).

There were 2 key findings related to the experimental group, firstly they improved their performance by the end of the study and secondly they were more accurate in their self assessments, whereas those in the control group were too generous.

This study explores the role of the SLE in the promotion and maintenance of nursing competence through the teaching and assessing of clinical skills, there is potential for its use in multidisciplinary learning and in the promotion of self and peer assessment

Intended learning outcomes:

- Be aware of the role of the SLE in Preparation for Practice and the relevance of Error Theory to Nursing Practice.

- Identify the key background issues in relation to the evolution of the SLE

- Explore aspects of good practice within a SLE

Recommended reading:

Reason, J (1990) Human Error Cambridge: Cambridge University Press

Room E7

10.45

6.4.1 The impact of the care in the community policy in enabling older people with complex needs to remain in their own home

Assumpta Ryan, Nursing, University of Ulster, Coleraine, UK. Co-authors: Siobhan McCann and Hugh McKenna

Abstract:

Background: The policy underpinning community care focuses on supporting those who need practical, personal or nursing care. The emphasis is on enabling them to remain in their home environment rather than in hospital or residential settings. The success of this policy has not been the subject of rigorous scrutiny, particularly in the context of perceived differences between urban and rural areas. This proposed study aims to redress the dearth of research evidence on this topic.

Aims and Objectives: The study aimed to determine the impact of the care in the community policy in enabling older people with complex needs to remain in their own home.

The study objectives included the examination of:

- care packages provided to older people in the community;
- the impact of location on the delivery of care;
- the implications of housing and environment on the delivery of care;

Method: Qualitative depth interviews were held with people receiving care in the community (N=17) and carers (N=23). Six focus groups were held with: Social Workers, Professions Allied to Medicine and District Nurses, GPs, and formal carers. The discussions were recorded, transcribed and analysed.

Findings: The main advantage of care in the community was that it allows individuals to live at home when they would otherwise require residential care. The main difficulties with community care included: inadequate resources; complexity of need and care packages; difficulty recruiting carers particularly in rural areas, lack of continuity of care, and excessive waiting times for equipment and services. Additionally, the need to recognise, respect and provide appropriate training for carers was emphasised. There was a consensus that problems recruiting formal carers would be alleviated by better pay and conditions. Despite these limitations participants felt that clients and carers were generally satisfied with the services provided.

Intended learning outcomes:

- Be able to identify the ways in which care in the community policy allows older people with complex needs to remain at home

- Be aware of the difficulties associated with providing community care to oder people with complex needs

Room E7

11.15

6.4.2 User and carer perspectives on the impact and value of services received from a community rehabilitation team

Bernadette Ryan-Woolley, School of Nursing, Midwifery and Health Visiting, The University of Manchester, Manchester, UK. Co-author: Kate Wilson

Abstract:

Background: The literature suggests that community rehabilitation, which may be provided as part of intermediate care initiatives, by Community Rehabilitation Teams (CRT) can be effective for frail older people with certain acute loss of function and chronic diseases1. The aim of such services, in keeping with recent recommendations2, is to restore older people to the maximum degree of function achievable. Insight into user and carer perspectives on the impact of such services is lacking.

Aim: To explore, as part of a larger evaluation, aspects of satisfaction with CRT service provision received by older frail community based clients and their primary carers

Method: Semi-structured interviews, exploring perceptions of CRT service use and satisfaction were conducted face-to-face with a purposive sample of 14 older people who had received input from a single CRT service, and 6 carers. The data were analysed for content and emerging themes.

Findings: Some users and carers could not speak too highly of the service/s received from the CRT. However, several expressed concerns relating to the impact of the service in terms of restoration of function and autonomy with usual activities of daily living.

A few users and carers suggested that there was an expectation of progressive improvement and a perception of feeling pressured into achieving rehabilitation. This was said to result in a decline in confidence and independence once service provision ceased.

Discharge from the CRT was perceived by some users and carers to be poorly planned and/or too early in the rehabilitation process. This was identified as the main weakness of the CRT.

Conclusions: The findings of this small study suggest a number of weaknesses in some aspects of service provided by the CRT, which were perceived as a threat to the rehabilitation process. These findings may have useful messages for those developing similar services.

Intended learning outcomes:

- Rehabilitation goals for frail older community based clients, should be more person specific

- Important lessons have emerged in relation to the length of service provision, which may have

implications for those developing similar services

- User involvement in relation to policy and planning of community rehabilitation services needs to be strengthened

Recommended reading:

Sinclair A and Dickinson E (1998) Effective Practice in Rehabilitation: The Evidence of Systematic Reviews. The Kings Fund, London.

Department of Health (2001) National Service Framework for Older People, Standard Three: Intermediate Care. Department of Health, London

Room E7

11.45

6.4.3 Aged patients' perceptions of outcomes after critical illness

Diane Mick, School of Nursing, University of Rochester, Rochester, New York, USA

Abstract:

Purpose: Translating statistical findings into human experience via examination of aged patients' written anecdotal perceptions of post-illness functional status is a valuable means for understanding the process of recovery from critical illness.

Specific Aims: To enhance understanding of aged patient's ICU recovery experience.

Methods: Narrative analysis, as part of a larger prospective cohort study of patients (N=104) (ages 65-95) from three ICUs at an academic medical center, was carried out on subjects' voluntary written personal observations and reflections from 1-month and 3-month follow-up questionnaires.

Results and Conclusions: Evidence of the statistical predictive relationships, as found in the primary study, was discovered within the inherent continuity in 1-month and 3-month responses. Independently using cues derived from sub-scales of the Medical Outcomes Study SF-36 Standard Version questionnaire, subjects identified tasks such as "bathing'", "dressing", "climbing stairs", "housework", and "grocery shopping" as apparent barometers of a return to an acceptable level of physical and mental functioning. According to these subjects, the process of recovery from critical illness includes gradual reclamation of lost or diminished functional capacity. Contrary to extant literature, subjects did not comment on feeling better than they had previously, but did address "getting back to normal" as either a goal or an achievement.

Implications for Practice: A future orientation is critical to maintaining health and function in later life. Interpretations of subjective commentary related to hospitalization and its aftermath are essential to understanding age and gender differences and preferences among aged ICU patients. Planning for interpretive components to functional outcomes research design will enhance the quality of the data, as well as the outcome, by allowing subjects to articulate their post-hospitalization functional goals. Design of

restorative interventions, grounded in enhanced understanding of subjective self-appraisals, will help to ensure the autonomy that is central to a fulfilling and productive old age.

Intended learning outcomes:

- Translate statistical findings into human experience, via examination of aged patients' anecdotal perceptions of post-illness functional status.
- Compare and contrast elders' perceptions of the longitudinal process of recovery from critical illness.
- Examine differences in post-illness narrative observations by age, gender, and diagnosis.

Recommended reading:

Longino, C. F., 1997, 'Pressure from our aging population will broaden our understanding of medicine', Academic Medicine, vol. 71, no. 10, pp. 841-847.

McHorney, C. A., Ware, J. E., Raczek, A. E. 1993, 'The MOS 36-Item Short-Form Health Survey (SF-36): II. Psychometric and clinical tests of validity in measuring physical and mental health constructs', Medical Care, vol. 31, pp. 247-263.

Sager, M. A., Rudberg, M. A., Jalaluddin, M., Franke, T., Inouye, S. K., Landefeld, C. S., Sigens, H., & Winograd, C. H., 1996, 'Hospital admission risk profile (HARP): Identifying older patients at risk for functional decline following acute medical illness and hospitalization. Journal of the American Geriatrics Society, vol. 44, no. 3, pp. 251-257.

Room F2

10.45

6.6.1 Nurses over 50: Options, decisions and outcomes

Roger Watson, Department of Nursing and Applied Health Studies, University of Hull, Hull, UK. Co-authors: JoyAnn Andrews and Jill Manthorpe

Abstract:

The ageing of the UK nursing workforce is a major challenge to the profession, employers and to the wider community and this is happening at a time when nursing shortages are becoming apparent. Many nurses are entering a period of their working lives when they could retire and there is evidence to suggest that existing conditions appear to increase the propensity for this to happen. It would seem that a process of 'early retirement' is already in place, with the percentage of NHS nurses taking early retirement rising from 7% in 1995 to 11% in 1996. It has been found that more than 70,000 of those on the nursing register are aged between 50 and 55 and that most of these are likely to withdraw from the nursing labour force in the next few years. Over the next five to ten years the profession will lose, through retirement, many of its most experienced practitioners. This study was designed to investigate the perspectives of employers and other stakeholders in nursing employment and older nurses themselves of the options, decisions and outcomes for nurses over 50 with regard to

remaining in employment, retiring or returning to work. As such the study directly addresses aspects of current UK government policy towards nursing. The study was conducted in the four countries of the United Kingdom and interviews were held with 18 employers and stakeholders and 73 older nurses. The data were content analysed and show that there is a considerable gap between the rhetoric of UK government policy and the reality of such things as retirement advice and return to practice programmes in the NHS. Older nurses also reported age discrimination and conflicts between working at the age of 50 and over with other responsibilities such as caring for older relatives.

Intended learning outcomes:

- Be aware of UK government policy on nurse recruitment and retention
- Identify problems facing older nurses
- Understand difficulties associated with focus group research

Recommended reading:

Buchan, J, 1999 The greying of the United Kingdom workforce: implications for employment policy and practice, Journal of Advanced Nursing, Vol. 30, pp. 818-826.

Hirsch, D (ed.), 2000, Life after 50: issues for policy and research, York: York Publishing Services Ltd., 2000.

RCN, 1997, Survey of RCN members reveals ageing workforce’, Nursing Management, Vol. 4, p.4.

Room F2

11.15

6.6.2 Case study on how role-models influence palliative care nurses in their choice of career

Kay de Vries, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK

Abstract:

Role-modelling processes are regularly referred to within policy for education frameworks for nursing practice and in learning and education literature. The process of learning through role-modelling is explicit in experiential learning frameworks and there are clear implications that not only are individuals and the media sources for modelling processes but that organisational models are also influential on learning experiences. The purpose of this study was to use case-study analysis to generate a detailed description of the influence of role-models on the learning experiences of a purposive sample of eight palliative care nurses. From narratives developed through interviews, the relationships with role-models throughout their life were explored. These were related to their decision to choose nursing as a career and how this may have influenced them to later go into palliative care and enable them to provide care for dying people. As a method of triangulation, the theoretical frameworks of Erikson

[1954,1964,1968], Bandura [1977] and Maslow [1954,1958,1964] were used in the analysis of the study. These were identified as theories that allowed a conceptualisation of role-model influences on personal development and experiential learning for humans. The manner in which people are influenced by role-models is complex and difficult to define. However, findings from this study indicate that role-models have a powerful influence, not only on choice of career, but also on how nurses practice within their specialities. Recommendations that arises from the study are that there is potential to develop and enhance role-modelling as a teaching method for nurses, and that nurses need to become aware of themselves as a role-model for others.

Intended learning outcomes:

- Gain some knowledge of role-modelling processes that occur during the life span.
- Be able to understand how the use of conceptual frameworks can be used in the triangulation in case-study analysis.
- Be aware of the value of developing awareness of role-modelling processess within nursing education and practice.

Recommended reading:

Friday N. [1977] My Mother / My Self. HarperCollins: London.

Nelms T. P., Jones J. M. and Gray D. P. [1993] Role Modeling: A Method for Teaching Caring in Nurse Education. Journal of Nursing Education. 32[1], 18-23.

Wiseman R. F. [1994] Role Model Behaviours in the Clinical Setting. Journal of Nursing Education. 33[9] 405-410.

Room F1

11.15

6.6.3 Patient participation in nurse-patient interactions about medication

Jo Rycroft-Malone, RCN Institute, Royal College of Nursing, Oxford, UK

Abstract:

Context: The dominant political ideology emphasises the patient as a partner in health care. Correspondingly, the move towards patient-centred nursing, based on the principles of humanism and individualism, emphasise the central role patients should play in the nurse-patient encounter. Additionally, changing social and demographic trends highlight the importance of medication as a health care issue. Whilst current health care policy and practice contexts highlight the importance of patients' participation in health care and, nurses' ability to make an effective contribution to educating patients about medication, little is known about the extent and manner of patient participation. This paper presents the findings from a study that explored patient participation in medication interactions, as they occur within the reality of the clinical context.

Method: A case study approach was used which included three different sites: 1) an acute medical ward, 2) a community hospital rehabilitation unit, and 3) a community mental health service. Multiple data collection methods were employed including: non-participant observation, audio-recording of nurse-patient interactions, nurse interviews, and patient interviews. The data analysis framework included the use of conversation analysis for nurse-patient interaction data and content analysis for other qualitative data.

Findings: The findings indicate that patient participation can be understood at least in part by the communicative practices and choices that nurse and patients/clients make. More specifically a range of conversational strategies were employed by nurses to initiate and control conversations and by doing so inhibited patients' participation. A number of influencing factors were identified including: power, nurses' communicative style, knowledge, skills and experience, patients' age, acuity of illness and level of knowledge.

Conclusion: These findings reveal the institutionality of nurse-patient encounters, highlighting what nurses and patients bring to the encounter, and how they enact their roles is likely to determine both the process and outcome of the encounter.

Intended learning outcomes:

- Gain an understanding of how conversation analysis can be used to explore interaction data
- Will be able to identify the communicative practices that inhibit and faciliate patient participation
- Will gain an overview of the factors that influence the extent of patient participation

Recommended reading:

Cahill, J. (1998) Patient participation - a review of the literature, Journal of Clinical Nursing, 7:119 128

Drew, P. Chatwin J. and Collins, S. (2001) Conversation analysis: a method for research into interactions between patients and health-care professionals, Health Expectations, 4: 58 70

Hewison, A. (1995) Nurses power in interactions with patients Journal of Advanced Nursing, 21:75;82

6.7.1 Black and ethnic minority patients with cancer: Meeting their information needs

Anne Lanceley, Adult Nursing, City University, London, UK. Co-author: Carol Cox

Abstract:

This paper describes research findings that indicate how service users and providers should be involved in developing local information services for black and ethnic minorities. It reports the first component (needs assessment) of a three-year study that addresses the information needs of people with cancer from black and ethnic minority communities living in the London Borough of Newham. 61% of the Borough's population are from black and ethnic minority communities, with 120+ languages spoken (Cox et al, 2002). There is accumulated evidence of inequity of access to health services for people in situations of poverty, social exclusion and cultural difference (NHSE, 2002) and considerable unmet need for cancer information and support for these disadvantaged groups (NHS, 2000)

The study, which is in progress, explores health and social care providers' perspectives on the nature and adequacy of current service provision and identifies their educational and support needs in delivering cancer information. A purposeful sample of 30 health and social care providers, considered to represent the range involved in providing cancer information, were interviewed. Data was analysed, through constant comparative analysis, and used to design a self-completion questionnaire to elicit views from a wider cross section of health and social care workers active in the Borough.

A key finding of the study is the value of complementary insights into the complexity of need experienced by individuals and populations. Focus group discussions with patients and carers from the predominant minority ethnic groups in Newham were conducted to identify from their experiences how their information and support needs could best be met. Findings to date confirm that ethnic minority communities require additional support to access health care and to manage their cancer illness more effectively. It highlights the potential for cancer nurses to develop the focus of their work across disciplinary and agency boundaries

Intended learning outcomes:

- Understand the processes involved in information needs assessment
- Identify ways of involving people from black and ethnic minority communities in service development
- Recognise the potential for nurses to practice across disciplinary and agency boundaries

Recommended reading:

Cox, C. Leahy, G. Malik, F. (2002) Counting the cost of cultural diversity: A review of the evidence on consultation times and ethnic minority need in ambulatory services for the Department of Health, London: City University Health Care Reserch Unit.

NHS Centre for Reviews and Dissemination (2000) Informing, communicating and sharing decisions with people who have cancer, Effective Health Care 6, 6. University of York, York.

NHSE (2002) Disentangling the relationships between ethnicity, other health related factors and health, London: National Health Services Executive, London R&D Office.

6.7.2 How far registered nurses think they meet the needs of minority ethnic patients

Joseph Cortis, School of Healthcare Studies, University of Leeds, Leeds, UK

Abstract:

Current policy documents, expect nursing care to be culturally sensitive (DoH 1997) and for nurses to deliver individualised care (NMC 2002). This research adopted a different approach from other published research in the area of cultural diversity by focusing on one particular minority ethnic group within the UK, rather than interpreting 'minority ethnic groups' as homogeneous. A qualitative study which included a sample of 30 registered nurses (Adult Branch) using face-to-face semi-structured interviews. The sample was self-selecting from a large acute trust in the north of England, covering acute, critical and rehabilitation care settings. Grounded theory was used as a methodological framework for this research. It also facilitated participants engaging in the research process itself by identifying possible factors, to explain potential issues emerging out of the narratives about their experiences. The areas of exploration included:

- Understanding of 'caring' and 'nursing'
- Knowledge about the targeted Pakistani Urdu community
- Nurses' experiences of caring for this community
- Identification and management of the challenges offered to nurses by this community

Key findings:

- Nurses had difficulties in articulating 'caring' and 'nursing'
- Sample had a limited understanding of 'culture' and its relationship to nursing practice
- Limited understanding of the targeted group
- This community offered nurses specific challenges to the delivery of care

Nurses identified factors such as inadequate implementation of 'holism', poor preparation to meet the needs of an ethnically diverse society and the presence of racism in practice, as explanatory factors for the deficit these nurses identified between their expectations and reality in care delivery.

This paper will argue that although 'holism' is a relevant concept to enhance nursing practice and addresses some of the findings of this research, it does need to be explored and debated in order to avoid a tokenistic approach to its implementation.

Intended learning outcomes:

- Reflect on the experiences of other registered nurses in caring for specific minority ethnic patients
- Appreciate the importance of not researching minority ethnic groups as if they are a homogenous group

- Contribute to a discussion with other participants on 'holism' and its implications to nursing practice

Recommended reading:

Department of Health (1997) 'The New NHS: Modern and Dependable' London: DoH

Nursing and Midwifery Council (2002) 'Code of Professional Conduct: Protecting the public through professional standards' London: NMC

Room F14

11.45

6.7.3 Health information on the internet: Its effect on consultations in primary care from the health professionals' perspective

Ruth Harris, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK. Co-author: Mary Malone

Abstract:

The Internet is a major force for change within healthcare, potentially contributing towards the current governmental goal of empowered patients and facilitative health practitioners. Little is known, however, of how often health professionals are presented information from the Internet by patients and whether this information affects the process and outcome of the consultation. This is explored in this study from the health professionals' perspective. Data were obtained through postal survey and in-depth semi-structured interview. A random stratified sample of one third of all general practices was selected within one UK inner city health authority. A brief postal questionnaire was sent to all 272 health professionals in these practices primarily to elicit information of the frequency with which patients bring information from the Internet to consultations. From 66% who responded, a second purposeful sample of 10 participants was selected for in-depth interview that included description of a typical encounter with a patient presenting information from the Internet.

The frequency that health professionals were presented with health information from the Internet during patient consultations was low, on average 1.68 consultations in a usual month and for 26% this had never happened. Three major categories and a number of sub-categories were identified from within the qualitative data relating to the 'legitimacy' as perceived by the health professional and, alternatively the 'non-legitimacy' of presentation of Internet information within consultations and health professionals' strategies for 'handling' the resultant situation. These will be explored in-depth in the presentation focusing particularly on the perceptions of nurses.

The potential value of Internet information to empower patients may be limited by the ambiguity with which health professionals perceive it. This study adds to our understanding of the effect the Internet information may have on consultations to inform the development of strategies to harness this important technology in primary care.

Intended learning outcomes:

be aware of how frequently patients bring health informatin from the Internet to a consultation with a health professional in primary care.

understand the health professionals' perspective of how this information affects the consultation.

consider the potential of the Internet to facilitate the involvement of patients in their care.

Recommended reading:

Alpay L, Needham G and Murray P (2000) The potential of information technology for nurses in primary care: a review of issues and trends. Primary Health Care Research and Development 1: 5-13

Miller A and Jeffcote R (1997) Practice nurses and computing: some evidence on utilization, training and attitudes to computer use. Health Informatics Journal 3: 10-16

Negron JA (1995) The impact of computer anxiety and computer resistance on the use of computer technology by nurses. Journal of Nursing Staff Development. 11(3):172-5

Room H1

10.45

6.8.1 Nurses and psychiatrists judgements about suicide risk and decisions on observation levels in acute psychiatric in-patients: A pilot study

Dawn Dowding, Nursing Research Initiative for Scotland, University of Stirling, Stirling, UK. Co-authors: Brodie Paterson and Clare Cassells

Abstract:

The purpose of this paper is to report the findings of the pilot phase of a study that has been designed to

a) investigate nursing and medical staff judgements regarding whether or not an individual is at risk of committing suicide, and

b) examine the decision making of medical and nursing staff regarding when to use observation in the care of patients seen as suicidal, within acute psychiatric in-patient settings.

Method: The study uses a method known as 'social judgement analysis' (Cooksey, 1996) to examine how health care professionals use different information cues to make judgements and decisions. A literature review has identified 13 information cues (with 2 – 6 different levels) which have a significant association with inpatient suicide. These information cues have been used to generate case vignettes with a computer programme that ensures each level of each cue has an equal probability of being included in each case vignette. Two experts have assessed the generated vignettes for face validity. A total of 130 vignettes (plus 15 repeat cases) have been generated and are currently being distributed to a sample of N=80 health care professionals (medical and nursing staff) who work in acute psychiatric in-patient settings from one primary health care trust in Central Scotland. The data from the vignettes will be analysed using linear regression and cluster analysis.

Results presented will include how individuals use information to reach judgements about suicide risk, and decisions about observation, together with the similarities and differences in how health care professionals make these judgements and decisions. The results of the pilot study will be used to inform a subsequent Scotland wide study, and have implications for practice regarding our understanding of a complex area of psychiatric care.

Intended learning outcomes:

- To understand the methodology of social judgement analysis

- To identify the different types of information nurses use to inform their judgements about suicide risk in acute psychiatric in-patient settings

Recommended reading:

Cooksey, R.W. (1996) Judgement Analysis. Theory, methods and application. Academic Press. San Diego.

Room H1

11.15

6.8.2 The role of practice nurses in the identification and management of depressed patients in primary care: Knowledge, attitudes, current practice and educational needs

Jennifer Gibb, Health Services Research Unit, University of Aberdeen, Aberdeen, UK

Abstract:

The number of practice nurses (PN) has increased considerably over recent years; they are the largest professional group involved in mental health within primary care, but have relatively little formal training in mental health disorders. There has been a 10-fold increase in the number of nurses spending "a lot of time" with depressed patients when compared with 5 years ago(Gray R et al. 1999). We surveyed PNs to investigate their knowledge and attitudes towards depression and how they identify and manage these patients; the results of this Scottish national study will be presented.

Sample & Methods: A questionnaire based postal survey was conducted across Scotland asking 802 PNs working in a one in two sample of all general practices to participate. PNs were asked to estimate the numbers of patients they see with depression and how they manage these cases. They were also asked about treatments for depression and their attitudes were measured using the Depression Attitude

Questionnaire(Botega, Blizard, & Wilkinson DG et al 1992).

Results: Over 90% reported being asked about depression regularly, however only 18% of PNs said they felt able to deal effectively with depression. PNs recognise mental health as an area they require more training in, and they are willing to attend relevant courses, but yet, even though this is an area they do not feel competent in, they do not see mental health training as a priority.

This research will contribute to advancement in nursing by emphasising the need not only to develop appropriate training interventions, but also to consider a more formal level of education in mental health to provide an incentive for PNs to acquire the necessary knowledge and skills.

Intended learning outcomes:

- Gain an awareness of practice nurses current practice and attitudes to depressed patients and the management of depression
- Gain an awareness of practice nurses perceptions of their own knowledge and views on education and training about depression
- Be able to consider the need for appropriate training interventions to enable practice nurses to feel equipped to deal with depressed patients

Recommended reading:

Botega, N., Blizard, R., & Wilkinson DG et al 1992, "General Practitioners and depression - first use of the depression attitude questionnaire.", International Journal of Methods for Psychiatric Research, vol. 4, pp. 169-180.

Gray R, Parr A, Plummer S, Sandford T, Ritter S, Mundt-Leach R, Goldberg D , & Gourney K 1999, "A national survey of practice nurses involvement in mental health interventions", Journal of Advanced Nursing, vol. 30, pp. 901-906.

Room F1

10.45

6.8.3 An exploration of mental health service users' views of nurse prescribing

Anthony Harrison, Hillview Lodge, Avon and Wiltshire Mental Health Care Partnership NHS Trust, Bath, UK. Co-authors: Rachael Aitchison and Kathryn Perks

Abstract:

This study aimed to discover service users' views in the developing area of supplementary nurse prescribing, in order to inform the development of local Trust policy. Research to date has focused on the development of independent nurse prescribing, with the potential for the views of mental health service users to be overlooked, as the prescription of psychiatric medicines falls under the less specific supplementary prescribing initiative. It was decided that in order to redress this, the views of mental health service users needed to be elicited prior to the development of policy and practice within this area.

A focus group methodology was used, with separate focus groups organised at different sites across the Trust area, using existing service user forums to identify potential participants. The focus groups were facilitated by the researchers, in non-health service settings. The researchers generated conversational themes in order to facilitate discussion. Analysis was undertaken using a form of content analysis, and triangulation was addressed by seeking feedback from participants on both the original transcripts and the identified themes.

Mental health service users welcome the initiative with a degree of caution, identifying the need for services to consider how obtaining supplementary prescribing powers by nurses will fit with existing medication prescribing and management processes. The issues of appropriate education and supervision for nurses was considered to be of paramount importance and a consistent theme related to concern amongst users that this initiative was being introduced as a money-saving measure, with nurses being expected to undertake a task that more appropriately sits with medical staff.

This study has implications for the development of nursing policy and practice, requiring nursing to consider carefully and critically on the suggested benefits for patients of the nurse prescribing initiative; not focussing simply on a means of extending nursing roles.

Intended learning outcomes:

- Be able to identify some issues of concern to mental health service users regarding the development of nurse prescribing
- Be able to consider how their organisation can develop nursing policy on nurse prescribing, whilst keeping service users' views central to the process
- Be able to describe the limitations of a focus group method in relation to exploring mental health service users' views of nurse prescribing

Recommended reading:

Krueger, R. (1994). "Focus groups. A practical guide for applied research." 2nd Ed California:Sage

Ramcharan, P., Hemingway, S., and Flowers, K. (2001). "A client centred case for nurse prescribing" Mental Health Nursing, Vol 21 (5) pp6-11

Gooch, S. (1999). "Nurse prescribing and the Crown review" Professional Nurse, Vol 14 (10), pp678-680

Room H2

10.45

6.9.1 Measuring quality of life and hope in patients attending a Cerebrospinal Fluid Clinic

Leslie Gelling, Academic Neurosurgery Unit, University of Cambridge, Cambridge, UK. Co-authors: Jo Iddon and John Pickard

Abstract:

Background: Cerebrospinal fluid (CSF) circulation disorders, including Congenital Hydrocephalus (CH), Normal Pressure Hydrocephalus (NPH) and Benign Intracranial Hypertension (BIH), are conditions that have a profound affect on many aspects of an individual's life and the life of their family and friends. Treatment and care options are directed at managing a complex interaction of symptoms, including debilitating headaches, reduced mobility and altered cognitive functioning.

Objective: This paper will demonstrate how measuring Quality of Life (QoL) and Hope can be an effective strategy in monitoring progress for individuals attending a CSF Clinic. A summary of the data and a number of case studies will be presented.

Method: Patients attending the multidisciplinary CSF Clinic at Addenbrooke's Hospital (Cambridge) are assessed using measures of QoL (Short-Form 36 and 10-point scale) and Hope (Herth Hope Index (HHI)). Patients are sent a questionnaire and asked to complete and return prior to attending the clinic. Results are discussed during the clinic.

Results: 270 questionnaires have been competed. There is a strong correlation between the 10-point QoL measure (QoL-10) and the 8 dimensions of the SF-36. The Herth Hope Index correlates with the QoL-10 and all components of the SF-36. The SF-36 provides a detailed assessment of 8 components of QoL but calculation is complex and for many patients completing the questionnaire can be difficult. The QoL-10 provides an easy to administer measure that accurately reflects the results of the more complex measure of QoL. The HHI provides important additional information in support of the QoL-10.

Conclusion: CSF circulation disorders are complex conditions. Progress can be measured using meaningful indicators of QoL and hope.

Intended learning outcomes:

- Be aware of how quality of life and hope can be used to measure progress in complex patient groups.

Recommended reading:

Iddon JL. (2002) Cognitive dysfunction in hydrocephalus. In: Harrison JE, Owen AM (Editors). Cognitive deficits in brain disorders. London, Martin Dunitz Ltd.

Cutcliffe J. (1996) Critically ill patients' perspective on hope. British Journal of Nursing. 5(11), 674-690.

Garratt AM, Ruta DA, Abdalla MI, Buckingham JK, Russell IT. (1993) The SF-26 questionnaire: an outcome measure suitable for routine use in the NHS? British Medical Journal. 306, 1440-1444.

Room H2
11.15

6.9.2 Life after the diagnosis of breast cancer: The experience of waiting

Alice Gaudine, School of Nursing, Memorial University of Newfoundland, St. John's, Newfoundland, Canada. Co-authors: Marilyn Jacobs and Mary Kennedy

Abstract:

Much research has been done on quality of life issues with breast cancer survivors . However, there has been little done on the follow-up experience itself, in particular using a qualitative approach in which women tell of their experience of waiting during follow-up for breast cancer.

This study used a phenomenological approach, telling the stories of follow-up and experiences of waiting of nine participants. The nine breast cancer survivors were interviewed for approximately 1 - 1.5 hours. Interview transcripts were analysed separately by three researchers. The researchers met and discussed differences and similarities in the meanings of themes they identified. Transcript summaries as well as the themes that emerged from the data were shown to participants, to verify that the researcher correctly understood the participants' experiences and that the themes represented the participants' lived experiences.

The themes that were identified by the researchers and participants are:

Waiting is…a life-changing experience;

Waiting is…a sense of belonging;

Waiting is…uncertainty;

Waiting is…needing to know.

This study revealed a number of issues that are important for nurses and for health care services. Included in these is that the waiting room experience is valued and provides the women with a sense of solidarity and support. For most of the women, the worst aspect of their life during follow-up was waiting for tests to be booked and for test results. While the women valued the specialized care they receive at cancer clinics and preferred this type of follow-up to follow-up in general clinics, a frequent complaint was that the turnover in medical specialists led to fragmented care. A nurse case manager could be assigned to each woman to help the women feel she is a part of the health care team, and to help minimize wait times for tests and test results.

Intended learning outcomes:

- Be aware of the the meaning of breast cancer survivors' expeirence of follow-up, from the women's perspective.
- Be aware of the methodology used for a phenomenology study.

- Be able to identify implications stemming from the study for nurses and for health care agencies.

Recommended reading:

Dewar, J. 1995, ' Follow up in breast cancer: A Suitable case for reappraisal', BMJ, vol. 310, pp 685.

Pennery, E., & Mallet, J. 2000, ' A Preliminary study of patients' perceptions of routine follow-up after treatment for breast cancer', European Journal of Oncology Nursing, vol. 4, no. 3, pp. 138-145.

Room H2
11.45

6.9.3 Liver transplantation patients: their experience in the intensive care unit. A phenomenological study

Maria Angeles Margall, Intensive Care Unit, Clínica Universitaria de Navarra, Pamplona (Navarra), Spain. Co-authors: Miriam del Barrio, Maria Carmen Asiain, Mary Mar Lacunza and Ana Carmen Armendariz

Abstract:

The knowledge of nurses of patients'experiences undoubtedly contributes to gain a deeper understanding of their health process, which will help to provide a more solid basis for nursing care. The aim of this research is to describe what liver transplant patient's experience in the Intensive Care Unit (ICU). The design of this qualitative study is based on the phenomenological description of a sample of ten patients interviewed in-depth, all of them should be able to testify their experience. The interviews were audiotaped and transcribed verbatim. The transcripts were analyzed using the method devised by Giorgi (1985) and modified by Baker (1994). After the data were analysed, a general description emerged, which includes five themes reflecting the essence of the lived experience from this group of patients: 1) their predispositions marked out their arrival at transplant, 2) they pointed out some impressions from the ICU´s environment and their lived sensations/feelings, 3) they perceived nurse caring behaviours, 4) they found support in their social environment (family) and their religious beliefs, 5) their preconceived ideas about the ICU contrasted with their lived experience. This research enabled us to gain in-depth knowledge of the liver transplant patient's lived experience of the ICU, and some aspects of the nursing care plan for these patients can be optimized if these results are borne in mind.

Intended learning outcomes:

- Undertand the aspects of the nursing care that can be optimized once nurses know the patient's experiences.
- Identify the essential steps of the phenomenological method of Giorgi.

- Be aware that only using qualitative research methods nurses will be able to gain in depth knowledge of the patient's experiences.

Recommended reading:

Giorgi A. (1985). Sketch of a psychological phenomenological method. In C. M. Aanstoos, W. F. Fischerb, A. Giorgi, F. J. Wetz (Ed.), Phenomenology and psychological research (p. 8-22). Pittsburgh: Dusquesne University Press.

Fosberg A., Bäckman L., & Möller A. (2000). Experiencing liver transplatation: a phenomenological aproach. Journal of Advanced Nursing, 32(2), 327-334.

Baker C., Arseneault A. M., & Gallant G. (1994). Resettlement without the support of an ethnocultural community. Journal of Advanced Nursing, 20(6), 1064-1072.

Room H11
10.45

6.10.1 Life support preferences and advanced directives for care

Robin Froman, School of Nursing, University of Texas Medical Branch, Galveston, Texas, USA. Co-author: Steven Owen

Abstract:

Purpose: Nurses introduce planning and decision making about Advanced Directives (ADs) for life support preferences, document ADs, and use them in care delivery. Research on ADs but has been extremely limited by two characteristics: including only English speaking subjects and generally being non-hospital based. The purposes of this research were to translate a measure of AD preferences into Spanish to study Hispanics' ADs, and study the stability of ADs during hospitalization. Data from a range of subjects used for validating the translated scale and to study preference stability will be presented. Instruments used, a Spanish language educational booklet and legal forms describing AD choices will be made available.

Instrumentation & Methods: The Life Support Preferences Questionnaire (LSPQ, Beland & Froman, 1995) presents options to sustain life or not to intervene. Six short vignettes span ages and diseases. Internal consistency estimates for the single-factor LSPQ are in the .90s, stability is .85 across 2-weeks. LSPQ scores range from 0 – 6; higher scores indicating more aggressive life support preferences.

Recommended translation procedures (Froman & Owen, 2001) were used to create the Spanish LSPQ (LPSQ-Sp). Back translations were nearly identical to the LSPQ. Data from bilingual Spanish speakers on LSPQ and LSPQ-Sp were used for equivalence estimation, and 2-week stability estimates of LSPQ-Sp. Instrument responses and stated ADs from patients assessed stability of AD choices across brief hospitalizations.

Results: Over 400 subjects have participated to date. LSPQ and LSPQ-Sp show a correlation of .95 for total scores and 88% to 93% agreement at item levels. The LSPQ-Sp showed a single factor

accounting for 80.5% of item variation and stability for of scores at .94. Spanish speakers show greater preference for life support intervention than English language respondents. Knowledge of ADs, age and ethnicity are related to changes in stability of ADs during hospitalization.

Intended learning outcomes:

• Identify the uses of the Life Support Preference Questionnaire (LSPQ)

• Describe the Spanish language cross validation of the LSPQ

• Detail important differences in life support preferences exhibited by Hispanic subjects

Recommended reading:

Beland, D. & Froman, R. D. (1995) Preliminary validation of a measure of life support preferences: the LSPQ. Image, 27, 307-310.

Froman, R. D. & Owen, S. V. (2001) Instrumentation concerns for multicultural research. In Chaska, N. The nursing profession. Thousand Oaks, CA: Sage

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Room H11

11.15

6.10.2 'Living Choice' the commitment to tissue donation in palliative care

Joanne Wells, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK

Abstract:

The intensive care unit is generally considered the place where the request for procurement of organs and tissues takes place. This assumption is supported by the lack of literature published on donation in areas other than intensive care units.

Professional carers working within palliative care pride themselves on respecting patients' views and wishes when they are dying and after they have died. It is therefore of interest to consider why the subject of tissue donation is rarely mentioned or discussed.

A qualitative design using a grounded theory approach was used to develop an explanation of the low commitment to tissue donation by palliative care units. Six registered nurses and two doctors from two separate palliative care units participated in semi-structured, audio taped interviews.

The palliative care environment is unique in that the patient and their significant others are often aware of the patient's mortality. This awareness enables the patient to be involved in decisions regarding end of life issues such as tissue donation. The results of the study indicate this decision making process has many implications for palliative care professionals.

A theory of 'Living Choice' was developed to explain this situation. The core variable of the theory was identified as 'Patient Choice', which was influenced by five integrated categories: Palliative Care Environment;Professional Role; Donation process, Concerns and Knowledge. The theory illustrates that patient choice is the dominant central feature within a palliative care environment. The four other categories continuously interact within the environment to explain the low commitment to tissue donation in palliative care.

The theory of 'Living Choice' offers health professionals a framework to begin to understand why tissue donation has a low commitment in palliative care and it could be used as a catalyst for further discussion.

Intended learning outcomes:

• Gain insight and knowledge on the role of tissue donatin in the paliative care setting

• to understand the issues that influence the health care professionals decision to discuss tissue donation.

• For participants to consider and question the possible role of tissue donation in their clinical area.

Recommended reading:

Wells J, Sque M 2002 'Living Choice': the commitment to tissue donation in palliative care, International Journal of Palliative Nursing, 8(1):22-27

Kent B, Owens R 1995 Conflicting attitudes to corneal donation: a study of nurses' attitudes to organ donation, International Journal of Nursing Studies, 32(5): 482-92

Sque M, Payne S, Vlachonikolis I 2000 Cadaveric donotransplantation:nurses' attitudes, knowledge and behaviour, Social, Science and Medicine, 50: 541-52

Room H11

11.45

6.10.3 An exploratory study to examine aspects of decision-making in patients with gastro-intestinal cancers who have been offered the opportunity to participate in a clinical trial

Audrey Griffiths, Day Ward, Christie Hospital NHS Trust, Manchester, UK. Co-authors: Bernadette Ryan-Woolley and Juan Valle

Abstract:

Background: Over recent years the process of obtaining verbal and written consent, from patients with cancer, to participate in clinical trials has become increasingly complex. The need to balance legal risk, which impacts information giving whilst ensuring patient understanding to facilitate informed decision-making, is proving increasingly difficult.(1) It is important therefore to seek improved understanding of patients' decision-making processes, concerning recruitment to clinical trials, in order to ensure that doctors and nurses are able to respond more appropriately to individual informational needs.

Aim: To explore the way/s in which patients make decisions to participate or reject participation in clinical trials.

Method: Depth interviews were conducted with a purposive sample of 15 patients (10 males and 5 females with a mean age of 53 years) with gastro-intestinal cancers, who were eligible for recruitment to a clinical trial. Patient's thoughts, responses and perceptions when approached to participate in a clinical trial were explored, immediately following either consent or refusal to participate (11 trial consenters and 4 trial refusers). The data were analysed for content and emerging themes.

Findings: Preliminary analysis revealed a number of themes. Patients tended to make their decision to consent or refuse the clinical trial, during the first minutes of information giving during the recruitment process. Some patients consented to trial participation to maximise the number of cancer management options available to them. In some cases there was little recall of information, understanding or deliberation, particularly concerning side-effects of trial therapies. Most patients indicated a preference to abdicate responsibility for the decision to consent or refuse trial participation to the 'knowledgeable' doctor.

Conclusion: The findings of this small study have potentially important implications for information giving concerning clinical trial participation and may underline the need for different approaches/ongoing information from nurses and others to facilitate patient decision-making.

Intended learning outcomes:

• The legal requirement for complex information giving to patients who are being offered participation in a clinical trial is at odds with the needs of patients.

• Once a decision has been made to accept or reject participation in a clinical trial thhe patients do not tend to question the choice they have made.

• There is a tendency to participate in clinical trials to maximise options rather than based on informed choice.

Recommended reading:

Daugherty CK (1999) Impact of therapeutic research on informed consent and the ethics of clinical trials: A medical oncology perspective Journal Of Clinical Oncology Vol 17 No 5

13.45– 15.15
Concurrent session 7

Room D1
13.45

7.1.1 **Developing evidence-based practice - using the creative arts in an action research project**

Alison Ferguson, Weston Park Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK. Co-authors: Penny Hilton and Catherine Marshall

Abstract:

Aim: To present the first stage of an action research project to develop research capacity in cancer and supportive care nursing within a large teaching hospital.

A survey, undertaken to provide baseline information, has informed the development of a collaborative project. Partnerships, and associated principles of trust and equality, have been central in addressing deficits identified.

The research questions were:

1) How favourably do nurses perceive their working environment?

2) What is the nature of the cancer nursing and supportive care evidence-based culture within the Trust?

3) How are cancer nursing services organised across the Trust?

4) How do research areas prioritised by nurses within the Trust compare with national needs and priorities?

A combination of methods were used to collect data. A questionnaire based upon Funk'sadapted barrier scale (Marsh et al 2001) was distributed to 129 nurses working in the specialist oncology unit within the Trust. Interviews and focus groups of cancer nurses working across the Trust provided rich data on the context of care. Quantitative data was analysed descriptively using the SPSS software package. Qualitative data generated preliminary themes. Preliminary results were then discussed with nurses using creative techniques (Aranda 2001). Nurses' additional thoughts and comments, invited at this stage, have been crucial in the development of the project.

A response rate to the questionnaire of 49% was achieved. Results reflect the literature (Richardson and Miller (2001)) and suggest that nurses do not routinely use available evidence. The reasons for, and implications of this occur at organisational and individual levels.

Findings, limitations and implications for the project and future research will be presented. The use of the creative arts in the dissemination process will be described.

Intended learning outcomes:

• Have knowledge of the context and findings from this small survey in cancer care

• Will appreciate some of the complexities involved in an action research project

• Will have considered the potential use of creative arts in action research

Recommended reading:

Marsh, G.W., Nolan, M. Hopkins, S. (2001) Testing the revised barriers to research utilisation scale for use in the UK Clinical Effectiveness in Nursing 5 66-72

Aranda,S (2001) Silent Voices, hidden practices: exploring undiscovered aspects of cancer nursing International Journal of Palliative Care Nursing 7 (4) 178-185

Richardson, A., Miller, M. and Potter, H. (2001) Developing, delivering and evaluating cancer nursing services: Building the evidence base NT Research Vol 6 No 4 726-735

Room D1
14.15

7.1.2 **Rising to the challenge: ward based nurses becoming practitioner researchers through action research in an acute hopsital setting**

Nicola Easton, Adult Nursing, City University, London, UK. Co-authors: Margaret Howat and Isobel Cooper

Abstract:

Although research is meant to be something used and done everyday as a staff nurse, many feel far removed from the process, and probably have a distorted view of research. Learning about research in pre-registration, by the presenters of this paper, was perceived as statistical and mathematical, the outcomes useless without change at a high level within organisations. Research was something done by those specifically trained. There are too few nurses in practice who are research aware (DoH 2000) so there is a need to capacity build in nursing research (HEFCE 2001). As a result, although most nurses should see research as a positive and challenging part of their work, many avoid getting involved and embracing the change that it brings. Action research is a way that individual nurses can begin to carry out changes in practice themselves and to make research a real experience. In this study, nurses throughout an acute hospital Trust were invited to participate in the project as co-researchers (Heron and Reason 2001) and five clinical areas responded, from three directorates. The project focus is care of the older adult.

This presentation will take the form of a critical dialogue between the co-researchers and the Lead R&D Nurse. They will describe the challenges for them of their co-researcher journey and identify what they have learnt. They will draw on data from a number of sources; their reflective accounts, presentations, interviews and project reports. One of the significant benefits to them has been networking: using the experience and knowledge of other co-researchers and having contact with a variety of groups within a complex organisation. The clinical co-researchers

are keen that their research journey is heard in the wider research and education arena.

Intended learning outcomes:

• Be aware of the benefits of involving clinically based co-researchers with no or little previous research experience

• Have a greater understanding of the knowledge gained along the research journey

• Understand the importance of the facilitation and support offered to the co-researchers

Recommended reading:

Street, A. 1995 Nursing Replay Researching Nursing Culture Together Churchill Livingstone, Melbourne

Jarvis, P 1999 The Practitioner-Researcher Developing Theory from Practice Jossey-Bass Publishers, San Francisco

Wadsworth, Y 1997 Everyday Evaluation on the run Allen and Unwin

Room D1
14.45

7.1.3 **How many hats should I wear today? Complex research relationships in a participatory action research study**

Sam Young, Community, Ageing, Rehabilitation, Education and Research Unit, University of Sheffield, Rotherham, UK

Abstract:

In 1997 the Department of Health launched the New NHS. This outlined NHS structures more publicly accountable than before. Primary Care Groups and Trusts (PCGs/Ts) were born. In 2000 a researcher approached her local PCG and asked what was happening about public participation. Not a lot it appeared! By 2001 the researcher had gained ethical approval to undertake developmental research around public participation. Working alongside the non-executive (lay) members of the same PCT a participatory action research project commenced.

The initial aims of the research were:

• To discover what public participation and involvement meant within the context of the PCT

• To find best ways to evaluate participation or involvement strategies

• To develop evidence based structures of participation and involvement

• To discover if local methods of participation and involvement were effective

In order to start to meet the aims of the research a participatory action research approach seemed the most appropriate way of creating lasting change. By working with the non-executive directors (NEDS) any effective action emerging from the study could be continued once the researcher left. However the relationships between research facilitator and each participant were only a few of the many associations that

needed to be developed in order to progress the research and maintain commitment to it.

This presentation will highlight some of the key ongoing issues involved with undertaking participatory research within a healthcare organisation. Particular attention will be paid to the different relationships that have to be developed, nurtured and maintained when working with participants within a wider bureaucracy. Whilst the research has often necessitated a diplomatic negotiation of roles and responsibilities amongst all involved, the combination of a variety of perspectives, priorities and experiences has led to fruitful, challenging debate and valuable learning for all involved.

Intended learning outcomes:

- Identify the type of research relationships that require developing within Participatory Action Research projects
- Appreciate the diversity of the issues involved in working in a participatory manner
- Develop strategies that can help foster positive research relationships

Recommended reading:

Stringer, E. (1999) Action Research. A Handbook for Practitioners. London, Sage Publications

Coghlan, D., Casey, M. (2001) Action Research from the Inside: issues and challenges in doing action research in your own hospital. Journal of Advanced Nursing (35)5, 674-682

Room D7
14.15

7.2.1 Formative evaluation of the RCN Clinical Leadership Programme

Shirley Large, Clinical Leadership Programme, Royal College of Nursing Institute, London, UK. Co-author: Geraldine Cunningham

Abstract:

Abstract: This paper will present the findings of the Formative Evaluation of the Royal College of Nursing (RCN) Clinical Leadership Programme.

Aim of the Evaluation: The aim of the Formative Evaluation was to establish the effectiveness and acceptability of the RCN Clinical Leadership Programme. Effectiveness was established by exploring whether or not there was development in leadership behaviour of the Programme participants (clinical leaders) and the resulting impact this had on patient care, teamwork, the clinical work environment and the trust.

Research Design: A case study approach incorporating qualitative and quantitative methods was utilised.

Sample and methods: Sixteen case study sites were purposively selected from the 87 trusts involved in the current Programme. Data collected from each case study site primarily focused on the clinical environment of one clinical leader participant and comprised:

- In-depth interviews exploring the perspectives of the clinical leader, their colleagues and the patients from their clinical area.
- Documentary and observational data to explore the process of change in the clinical environment.
- In-depth interviews with the Trust Facilitator of the RCN Clinical Leadership Programme and the Head of Nursing for the Trust.
- An economic evaluation undertaken by an external health economist.

In addition to the case study data, quantitative data were obtained from a random selection of 267 clinical leader participants across the Programme. 152 (57% response rate) clinical leaders responded and submitted their Pre and Post Leadership Practices Inventory (LPI) questionnaires which comprised data for self,colleagues and line manager assessment. Analysis of this 360-degree measure will explore perceived changes in leadership capability over the course of the Programme.

Results: The final stage of data collection will be completed by October 2002, analysis of the data will be completed by January 2003.

Contribution to nursing knowledge: This paper will enhance knowledge about the contribution of clinical leadership and nursing to modernising the NHS.

Intended learning outcomes:

- Will be aware of the impact on patient care that respondents attributed to the RCN Clinical Leadership
- Will be aware of the leadership development of clinical leader participants over the course of the Programme
- Will be aware of the team and organisational development that was attributed by respondents to the RCN Clinical Leadership Programme

Recommended reading:

Payne S, Sheldon F, Jarrett N, Large S, Smith P, Davies C, Turner P, George S, (in press) Changing Understandings about Specialist Palliative Care for service providers and commissioners in South London: exploring methodological and conceptual issues. Palliative Medicine

Payne S, Large S, Jarrett N, & Turner P, (2000) The readability and content of written information provided to patients and families by Palliative Care Units: a national survey. The Lancet: 355: 1792

Large S, Payne S, Jarrett N & Turner P (1999) An analysis of written information provided by hospices: a national survey. Palliative Medicine: 13:504-505

Room D7
14.15

7.2.2 Leadership skills development among nurse practitioners

Sharon Judkins, School of Nursing, The University of Texas at Arlington, Arlington, USA

Abstract:

Purpose: This study evaluated leadership skills among nurse practitioners (NP) before and after their participation in a 2.5 day continuing education leadership institute. Both short term (immediately after the institute) and long term (4 to 6 months after the institute) skill improvement was evaluated.

Method: Nineteen NPs working in various settings in Dallas/Fort Worth attended a Helene Fuld Health Trust Grant, HSBC, Trustee sponsored institute. Institute content, derived from a needs assessment of 225 NPs, included leadership, conflict resolution, negotiation, strategic planning, managing human resources, managing change, and business management. NPs completed pre-test questionnaires on leadership skills, managing change and conflict resolution. Immediately following the institute, NPs completed the leadership questionnaire. At 4-6 months post institute, NPs completed the leadership skills, management of change, and conflict resolution questionnaires and an interview about their application of institute content.

Results: All NPs were female and certified. Sixteen had a master'sdegree in nursing. One was Hispanic, two were black, and the rest were white. Median income of these NPs was between $60,000 and $69,999. Paired t-tests on items on the leadership questionnaire showed immediate improvement in overall leadership skills. Long term paired t-tests showed improved leadership competency but decreased communication scores. Further, 4-6 months data were significant for client centered change, and conflict resolution scores for increased use of competing and collaboration and less use of avoidance. Qualitatively, participants described heightened leadership responsibility, greater self-confidence, and increased assertiveness and use of confrontational skills.

Significance: As advanced practitioners, all NPs have some measure of leadership responsibility. Unfortunately, the curricula of most NP programs offer limited content and sparse opportunity for developing leadership skills. The results of this study should provide information to NPs, NP faculty, and those in leadership positions about ways to help NPs enhance their leadership skills.

Intended learning outcomes:

- Be able to understand needed leadership skills among nurse practitioners.
- Be able to describe ways to enhance leadership skills among nurse practitioners.

Recommended reading:

Jones, L. C., Guberski, T. D., & Soeken, K. L. (1990). Nurse practitioners: leadership behaviors

and organizational climate. Journal of Professional Nursing, 6(6), pp. 327-333.

Allen, D. W. (1998). How nurses become leaders. Journal of Nursing Administration, 28(9), pp. 15-20.

Sullivan, E. J. (1997). A changing higher education environment. Journal of Professional Nursing, 13(3), pp. 143-148.

Room D7
14.45

7.2.3 Public health leadership roles for nurses: evaluating one English NHS region's distinctive part in a national development programme 1999-2002

Susan Read, Acute and Critical Care, University of Sheffield, Sheffield, UK. Co-author: Diane Roffe

Abstract:

Background: The National Health Visitor (HV) and School Nurse (SN) Development Programme was part of a strategy for developing a public health role for all nurses. In Trent Region three time limited public health practitioner (PHP) posts (two in health visiting and one in school nursing) were instituted, each partnered with a clinical educator (CE) as facilitator. These educational partnerships were unique to Trent in the context of the Development Programme. Evaluation took place in the turbulent organisational climate stemming from NHS modernisation, and alongside the multiplication of other concurrent initiatives.

Research design and purposes: Over the years 2000-2002, three case studies based on a pluralistic approach (Smith, Cantley 1988) to evaluation were carried out, drawing on multiple sources of evidence and taking into account the objectives of each individual area. There were six purposes:

1. To record changes in HV and SN practice.

2. To define the new roles, identifying values, transferability, sustainability in the NHS.

3. To observe the relationship of the roles to their respective Health Improvement Plans.

4. To examine the particular impact of the clinical educator roles.

5. To record "exit strategies" devised for each postholder.

6. To highlight lessons learned and how they could be sustained amidst rapid NHS changes.

Overall results: Some defining features of public health practice have been demonstrated, such as operating within wider sets of boundaries than is usual, and modelling HV practice as bridge building between communities and in partnership with other agencies. The three clinical educators played a vital role in helping PHPs to reform working practices and cultures to give more power to patients and frontline staff. The presentation will to concentrate on how the "critical companionship" (Titchen 2001) relationship of the CEs with their partner PHPs enabled the projects to effect change despite the turbulent NHS climate.

Intended learning outcomes:

• Be aware of the national programme of public health leadership roles

• Understand the distinctive approach of one NHS Region

• Consider the benefits of the critical companionship of clinical educators

Recommended reading:

Department of Health (1999b) "Making a Difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare." London: DoH

Smith G, Cantley C. (1988) "Pluralistic Evaluation" in Lishman J. (ed) Evaluation Research Highlights in Social Work 8 (2nd edition) London: Jessica Kingsley

Titchen A. (2001) "Critical Companionship: a framework for developing expertise". In Higgs J and Titchen A, "Practice Knowledge and Expertise in the Health Professions". Oxford: Butterworth Heinemann

Room D2
13.45

7.3.1 Patients' perspectives on the nursing care received during internal radiotherapy for gynaecological cancer

Clare Warnock, Weston Park Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK

Abstract:

Background to the project: This presentation describes research exploring patients' perspectives of the care received during internal radiotherapy for gynaecological cancer. The challenges faced by patients receiving this treatment have received little research attention. The evidence base for understanding the needs of patients receiving this treatment is poor.

The purpose of the study

1) To describe women's experiences of internal radiotherapy and the ways in which they cope with treatment

2) To evaluate the effectiveness of current nursing interventions

Methodology: A descriptive, prospective study was undertaken in which 26 patients completed questionnaires before and after treatment. Questions were open ended and related to the treatment experience. A further 6 patients were interviewed following the same question schedule. All participants completed a self rating questionnaire measuring pain, anxiety and difficulty coping at two hourly intervals during treatment. The nurses also rated their perception of the degree of difficulty experienced by the participants on these three items at the same intervals.

Results: The majority of participants described negative feelings about the treatment before, and after, it was given (68% before, 65% after). Patients concerns were identified, as were explicit and implicit coping strategies. Only two patients reported experiencing no pain, nurses tended to underestimate the degree of difficulty patients experienced. Factors which might influence pain ratings were examined. Treatment and patient related factors, such as length of treatment and age, did not significantly influence pain ratings. Factors found to be significant were the adequacy of pain management interventions and nurses estimations of patients' experiences of pain.

These findings contribute to understanding women's experiences of this treatment and their strategies for coping. They highlight the important role played by nurses in supporting patients through treatment. As a result of this study changes in nursing care are being introduced.

Intended learning outcomes:

• Have an understanding of the challenges facing women receiving internal radiotherapy for gynaecological cancer

• Be aware of the factors which influence patients experiences of treatment

• Recognise the important role nurses play in supporting patients through treatment

Recommended reading:

Christmann,N. et al (2001) Developing and using preparatory information for women undergoing radiation therapy for cervical or uterine cancer Oncology Nursing Forum 28(1) 93-98

Rollison B., Strang P. (1995) Pain, nausea and anxiety during intrauterine brachytherapy for cervial carcinomas Supportive Care in Cancer 3:205 -207

Brandt B. (1991) Informational needs and selected variables in patients receiving brachytherapy Oncology Nursing Forum 18(7) 1221-1229

Room D2
14.15

7.3.2 Living with cancer:A qualitative study of patients' experiences.

Edel Aughey, oncology directorate, Belfast City Hospital Trust, Belfast, UK. Co-author: David Field

Abstract:

The incidence of cancer is increasing in N. Ireland. Despite this, little is known about the experience of living with cancer from the patient's perspective (McCaughan and Thompson 2000). It is important to gain an insight into this experience in order to plan effective nursing interventions for this growing population. The aim of this study was to describe the experiences of patients living with cancer in N. Ireland.

A Husserlian phenomenological approach was deemed most suitable to explore the experiences of cancer patients (Husserl 1965). A purposive

sample of ten patients were interviewed at least one year following diagnosis. Semi-structured interviews were taped, transcribed and analysed using Colaizzi's seven-step framework (Colaizzi 1978).

Five major themes emerged. Diagnosis, treatment, impact on family and life in general, attitude to and coping with cancer, and support. Diagnosis was met with shock and horror while treatment especially chemotherapy was generally a traumatic experience. A significant impact was felt on family and friends with roles and responsibilities often changing as a result. A positive attitude was common although depression was also experienced. Coping was further enhanced by the support of family, friends, nurses and doctors. Hostel accommodation helped with the inconvenience of travelling long distances during treatment. The oncology review or follow-up clinic was perceived as an essential part of the experience of living with cancer.

This study has identified the salient features of this experience from the patient's perspective. Such knowledge is an essential pre-requisite for nurses to plan more effective and patient-centred care for this population. Further qualitative research has been recommended, which will build on this study and provide a fuller description of this phenomenon.

Intended learning outcomes:

- Identify the salient features of living with cancer as described by this sample.
- Develop an understanding of how the experience of living with cancer impacts on both patients and carers.
- Discuss the role of the nurse in assisting individuals to cope with this experience more effectively.

Recommended reading:

Colaizzi P.F. (1978) Psychological Research as the Phenomenologist Views it. In: Existential-Phenomenological Alternatives for Psychology (Valle R.S. and King M.) Oxford University Press: New York pp. 48-71.

Husserl E. (1965) Phenomenology and the Crisis of Philosophy. New York: Harper and Row.

McCaughan E. and Thompson K.A. (2000) Information needs of cancer patients receiving chemotherapy at a day-case unit in Northern Ireland. Journal of Clinical Nursing 9, pp. 851-858

7.3.3 A randomised controlled trial of the use of self-assessed quality of life data in improving patient care outcomes of patients with advanced cancer

John Wardle, Research Directorate, Royal Preston Hospital, Lancashire Teaching Hospitals NHS Trust, Preston, UK

Abstract:

Quality of life (QOL) is generally acknowledged as a central concept in health care. This study was designed to assess the impact of using a standard QOL instrument on care planning.

Patients admitted for palliative care in a cancer hospital were selected randomly, and after giving consent, randomised to either a QOL assessment or no QOL assessment groups. Patients were stratified to account for confounders of Performance Status and planned or non-planned treatment intention. All patients completed the EORTC QLQ C30 assessment at admission and again at one week follow-up. Assessments of patients randomised to the test group were given to clinicians for care plan use. Assessments of control group patients were withheld. An improvement in 5 points in psychological and 7 points in symptom scales between the test and the control group from baseline to follow-up was considered to be potentially clinically significant.

In a second phase, care plans were analysed to identify the level of use of the QOL data.

Forty-eight patients were recruited, 23 to the test group and 25 to control. Groups matched for heterogeneity.

There were no statistically significant differences between test and control groups for any of the 15 assessment scales. There was statistically significant difference, (p=$<$.001) between the number of needs identified by patients and the number identified on their behalf by clinicians for both groups.

Knowledge of patient QOL assessment data had no impact on patient self-assessed QOL as an outcome measure compared to standard assessment. Analysis of care plans showed that available QOL data was not used. This study cannot exclude the possibility that QOL data may have a valuable role as part of admission assessment in improving QOL as a measure of treatment outcome, but other systems are needed to ensure that such information, if available, is utilised.

Intended learning outcomes:

- be aware of the priniples and uses of quality of life assessment in clinical practice and some of the methodological issues relating to using quantitative techniques in nursing research
- understand issues relating to the use of quality of life data as an adjunct to admission assessment
- identify some of the issues for further research in this important area of research and practice

7.4.1 Deskilling or empowerment? An evaluation of the impact of hospital palliative care clinical nurse specialists on doctors and nurses

Barbara Jack, School of Health Studies, Edge Hill College of Higher Education, Liverpool, UK. Co-authors: Jackie Oldham and Anne Williams

Abstract:

Background: Palliative and cancer care have one of the largest numbers of Clinical Nurse Specialists (CNS) of any specialty, which has escalated following the recommendations of the NHS Cancer Plan of Health (Department of Health 2000) particularly in the hospital setting. However there is limited evidence of the effectiveness of CNS on patients and additionally upon hospital medical and nursing staff. Although studies have suggested benefits for both doctors and nurses of having CNS in post, more recently the potential of the de-skilling of staff is being raised (Castledine, 2000; Jack et al, 2002) With the current policy emphasis on demonstrable clinical effectiveness, there is an urgent need to establish the value of CNS in the area of palliative and cancer care.

Method: This paper presents the qualitative findings of an evaluation study on the impact of the CNS within a palliative care team in an acute UK hospital. A stakeholder evaluation using 31 tape-recorded semi-structured interviews with stakeholders across the hospital setting including; senior nurses, consultants, junior doctors and nurses representing the different grades, explored how they saw the impact of the palliative care CNS. The data was analysed for emerging themes using case and cross case analysis.

Results and Discussion: One theme that emerged was the potential of the CNS de-skilling doctors and nurses. Senior stakeholders and the palliative care team identified this issue, whereas the junior staff did not perceive it. The results will be discussed and potential explanations suggested, including whether the CNS are actually empowering rather than deskilling doctors and nurses.

Intended learning outcomes:

- Have an awareness of the expansion of CNS in palliative and cancer care
- Be aware of the need to evaluate the impact of the palliative care CNS
- Appreciate the potential benefits and disadvantages that CNS can have.

Recommended reading:

Castledine G (2000) Are specialist nurses deskilling general nurses?. British Journal of Nursing 9,11,737

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

Jack B, Oldham J Williams A (2002) Do hospital-based palliative care clinical nurse specialists de-skill general staff?. International Journal of Palliative Nursing 8,7,336-340

Room E7

14.15

7.4.2 Palliative care needs in chronic heart failure. A Qualitative study

Hazel Aldred, Research and Development Dept, Barnsley District General Hospital NHS Trust, South Yorkshire, UK. Co-author: Merryn Gott

Abstract:

Palliative care needs in chronic heart failure. A Qualitative study.

The aim of this study was to explore the unmet palliative care needs of an older cohort with chronic heart failure. This pilot study, supervised by the Sheffield Institute of Studies on Ageing, adds to the evidence that such care is needed. Several authors have recently highlighted the lack of palliative care for patients with terminal conditions other than cancer. (Addington-Hall 1996, Hanratty 2002) Thus, it has been argued (Gibbs, Addington-Hall, 1998) that these patients would benefit from specialist palliative care input, a call in line with the recent National Service Framework for Coronary Heart Disease, (Department of Health 2000).

Methods: Semi-structured prospective interviews were arranged with ten participants identified from a district general hospital, diagnosed with chronic heart failure. Participants were asked to nominate their informal carers, and both were interviewed together approximately 2 weeks after discharge, in the patients own home.

The participants ranged in age from 50-80 years, and had a NYHA score ranging from 2-4.

Tapes were transcribed verbatim and analysed to identify themes and sub themes. Data was analysed to identify common descriptive themes.

Results: Key themes from the analysis included concerns of patients about the burden on their nominated carer, who, in every case was their partner.

Confusion about diagnosis was evident, expressed by participants as a general awareness of the heart not working properly, but a lack of clear description of the problem from health professionals.

Concerns about the future was a common preoccupation, with participants expressing very realistic statements that their life expectancy was limited.

Discussion: Older people with heart failure in this study have unmet psychological and social needs, not least awareness that their future may be very short. Very few of the participants had any contact with health professionals once discharged from hospital, having to contact their GP if they had any problems. A need for more simple support and reassurance was recognised, lending weight to the view that an older cohort with chronic heart failure would benefit from intervention from a palliative care team.

Intended learning outcomes:

- Understand the unmet palliative care needs of an older cohort
- Appreciate the difficulties of carrying out research in this field
- Discuss the policy or nursing implications of the results of the study

Recommended reading:

Addington-Hall (1996) Journal of the Royal College of Physicians of London. Vol 30. No.4 July/Aug

Hanratty B. (2002) British Medical Journal 325: 581-585 14th September

Gibbs L. (1998) Vol 317 (7164) 10th Oct pp 961-962

Room E7

14.45

7.4.3 Advanced practice nursing role delineation in acute and critical care: Application of the strong model of advanced practice

Diane Mick, School of Nursing, University of Rochester, Rochester, New York, USA

Abstract:

Purpose: To differentiate between the roles of clinical nurse specialists (CNS) and acute care nurse practitioners (ACNP).

Methods: The Strong Model of Advanced Practice, incorporating practice domains of direct comprehensive care, support of systems, education, research, and publication and professional leadership, was tested in order to search for practical evidence of role differentiation or role blending. Subjects (N=18) in this descriptive, exploratory, pilot study were solicited from an academic medical center, and from an Internet advanced practice listserv. Questionnaires included self-ranking of expertise in practice domains, as well as valuing of role-related tasks. Content validity was judged by an advanced practice nursing (APN) expert panel.

Findings: CNSs, who had longer length of experience, both as registered nurses (RNs), as well as in the APN role, self-ranked their expertise higher in all practice domains. ACNPs placed higher importance on tasks related to direct comprehensive care, including conducting histories and physicals, diagnosing, and performing diagnostic procedures, while CNSs assigned greater importance to tasks associated with education, research, and leadership.

Implications for Practice: Hypothesized blending of these roles is thought to result in an acute care clinician who integrates the clinical skills of the NP with the systems knowledge, educational commitment, and leadership ability of the CNS. However, prior research has demonstrated that while the two roles share similarities, these advanced practice pursuits are more different than alike, both philosophically and practically. The uniqueness of these roles may warrant a continuation of educational differentiation in preparation. Each role is important, and addresses variable systems requirements, including population needs, education, market, and legal forces, which transform with time. As the CNS role changes and the ACNP role emerges, it is imperative that all APNs describe their contribution to health care. Associating APN activities with measurable outcomes will help to further characterize these two roles.

Intended learning outcomes:

- articulate the domains of practice and conceptual strands of the Strong Model of Advanced Practice
- differentiate the scope of practice among advanced practice nurses (APNs) who are educationally prepared as clinical nurse specialists, and those whoare educationally prepared as nurse practitioners, according to the Strong Model of Advanced Practice
- relate tasks within model domains to one's own clinical practice

Recommended reading:

Mick, D. J., Ackerman, M. H., 2002, 'Deconstructing the myth of the advanced practice blended role: Support for role divergence', Heart & Lung, in press.

Mick, D. J., Ackerman, M. H., 2000, 'Advanced practice nursing role delineation in acute and critical care: Application of the Strong Model of Advanced Practice', Heart & Lung, vol 29, pp. 210-221.

Ackerman, M. H., Norsen, L., Wiedrich, J., Kitzman, H. J., 1996, 'Development of a model of advanced practice', American Journal of Critical Care, vol. 5, pp. 68-73.

Room F1

13.15

7.5.1 The tyranny of niceness

Annie Topping, Division of Nursing, University of Bradford, Bradford, UK. Co-author: Davina Porock

Abstract:

The search for a definition of competence in nursing has been likened to the pursuit of the Holy Grail. Likewise the measurement of this elusive concept is fraught with methodological problems not least the complexity of establishing reliability and validity of an instrument. This three-phased study examining the educational preparation of cancer and palliative care nurses sought with some success to begin to define and measure competence in these specialities. Phase I of this study has been reported elsewhere.

In Phase II of the study video-taped scenarios (n=6) of nurse-patient interaction were developed as a stable 'gold standard' against which competence could be judged in order to test the reliability and validity of a specially developed instrument. An expert panel (n=15) and experienced cancer (n=13) and palliative care (n=11) nurse assessors were involved in this process. In Phase III nurses working in the

speciality of cancer and palliative care (n=27) ranked the competence of the nurses portrayed in the videos. A sub group of these nurses (n=14) were themselves assessed using the instrument delivering care to cancer patients.

This paper will discuss the results associated with both the ratings of competence portrayed in the video-taped scenarios and issues that emerged from the assessment of competence in clinical practice. The serendipitous finding – the "tyranny of niceness" (Street 1995) – would suggest that the personal qualities displayed by a nurse impacts upon the perception of competence. This finding, albeit requiring further investigation, has serious implications for our understanding of the subjectivity of competence testing in clinical settings.

Intended learning outcomes:

- Identify the utility of videotaped simulations in competency instrument development

- Appreciate the potential influence of personal qualities on perceptions of competence

- Recognise the implications of the "tyranny of niceness" on the assessment of competence

Recommended reading:

Street A (1995) Nursing Replay Edinburgh: Churchill Livingstone

Eraut M (1994) Developing professional knowledge and competence London:Falmer Press

Room F1
14.15

7.5.2 Transformation through humility in the experience of washing patients feet: An empirical study using Martha Rogers conceptual framework

Kay de Vries, European Institute of Health and Medical Sciences, University of Surrey, Surrey, UK

Abstract:

This study was undertaken to investigate nurses' experience of washing patients' feet. Martha Rogers' conceptual framework of the Science of Unitary Human Beings was used to generate descriptions of this experience. Symbolically washing feet can manifest as an act of humility. Humility is described in the literature as a transcending experience and was proposed as a form of knowing participation in mutual energy patterning of nurse and patient. A convenience sample of seven post-registration student nurses participated in the study by washing the feet of as many patients as they could over a defined period of time. Transcriptions of interviews with the nurses were searched for themes, using the analysis-synthesis procedure outlined by Parse, Coyne, and Smith. The following hypothesis was developed from the analysis. Washing patients' feet, as experienced by nurses, changes the relationship they have with the patient. Washing feet is considered an act of humility and the experience of humility manifests transcendent change for both provider and recipient of this

service. The findings of this study reveal that the experience of humility can be symbolised in different ways and that the experience of humility manifests transcending changes for both nurse and patient. Findings from the study also confirm the value of Martha Rogers' conceptual framework in understanding aspects of care within nursing practice.

Intended learning outcomes:

- Be able to understand Martha Rogers' conceptual framework.

- Gained insight into how humility may manifest through the act of washing feet.

- Be able to identify how humility can impact on caring processes within the clinical practice.

Recommended reading:

Cowling W. R. III [1993] Unitary Knowing in Nursing Practice. Nursing Science Quarterly. 6:4, Winter, 201-207.

Ersser S. J. [1997] Nursing as a Therapeutic Activity. Avebury: Aldershot.

Rogers M. E. [1990] Nursing: Science of Unitary, Irreducible, Human Beings: Update [1990] Barrett E. A. [Ed] Visions of Rogers Science-Based Nursing. National League for Nursing: New York. 5-11.

Room F1
14.45

7.5.3 Behind closed doors: The role of gossip in the expression and management of emotion in nursing

Kathryn Waddington, Applied Psychosocial Sciences, City University, London, UK

Abstract:

Gossip is a complex yet ubiquitous feature of organisational life, which to date, has been under-researched, mainly because of the negative reputation and pejorative assumptions with which it is associated. This paper will present findings from research into the role of gossip in nursing and health care organisations. The research used multiple methods of data collection including semi-structured interviews, in depth interviews and diary records. It employed three separate, but inter-related studies examining gender differences, interpersonal factors, organisational factors, and the role of gossip in sensemaking, and in the expression and management of emotion. The sample (N=96) was drawn from qualified nurses working in London and the South East in a range of practice settings. Template analysis (King, 1998) was used in the analysis of data and integration of findings across the three studies. It is evident from the findings that nurses use gossip 'to let off steam', and as a means to express emotion about patients and colleagues, usually 'behind closed doors'. The emotions expressed were both positive and negative, and gossip can be seen as an expression of care and concern, as well as expressing irritation,

frustration, envy, and in some instances hatred. These findings are discussed with regard to their contribution to an understanding of the way in which gossip relates to emotional labour, and the expression of 'true' feelings in private. The benefits of gossip are that this contributes to emotional health by providing an outlet for these feelings, as a means of expressing and managing the distressing emotions associated with nursing work (Kruml and Geddes 2000). This is offset by the dangers of gossip to undermine the self-esteem and reputations others, and the failure to use more effective means of managing emotion such as the supportive, restorative function of clinical supervision (Hawkins and Shohet, 2000).

Intended learning outcomes:

- To understand the background and context of this research

- To be aware of the research findings relating to the use of gossip as a means of expressing and managing emotion

- To identify the costs and benefits of gossip in nursing work

Recommended reading:

Kruml, S. M. & Geddes, D. (2000). Catching fire without burning out: is there an ideal way to perform emotional labor. pp 177-88 in N. M. Ashkanasy, C. E. J. Härtel & W. J. Zerbe (eds). Emotions in the Workplace: Research, Theory, and Practice. Westport: Quorum Books.

King, N. (1998). Template Analysis. pp 118-134 in G. Symon & C. Cassell (eds). Qualitative Methods and Analysis in Organizational Research: A Practical Guide. London: Sage.

Hawkins, P. & Shohet, R. (2000). Supervision in the Helping Professions (2nd ed). Buckingham: Open University Press.

Room F2
13.45

7.6.1 Developing communities of practice to facilitate the implementation of advanced clinical skills in the management of breathlessness: evaluation of a masters module

Katherine Froggatt, School of Nursing and Midwifery, University of Southampton, Southampton, UK. Co-author: Carole Walford

Abstract:

This presentation will outline the evaluation of an educational course developed to facilitate the implementation of an evidence based intervention for the non-pharmacological management of breathlessness and its role in creating communities of practice to facilitate the utilisation of specific nursing interventions. Resources have been developed to facilitate the spread of information about this particular intervention including patient booklets, information packs, published papers and a CD-ROM. Despite this, there was still a demand from

practitioners to be taught about the intervention and recognition that there was a need for practitioners to have support whilst working in this way. A skills based, experiential Masters level module has been piloted to see if this will improve the skills and confidence of Clinical Nurse Specialists who would like to use this intervention with people who are breathless, as well as provide the basis of a peer group for mutual support. Twelve practitioners attended five taught days and met a further three times in action learning sets. Participants were rated using a 5 point Likert scale on their familiarity and confidence about different aspects of the intervention pre and post the module. In-depth interviews were also undertaken one and six months after the module was completed to identify the skills learnt and examples of new practices implemented. Participants identified that their confidence and familiarity had improved following the module. Examples of new innovations in practice were identified. A number of factors were identified that shaped the ability of these practitioners to use this intervention in practice. These included their prior experience and the clinical setting worked in. The participants have not continued to utilise the peer group following completion of the module and local support structures of support remain key. The relevance of this approach in facilitating the utilisation of research is considered.

Intended learning outcomes:

- Understand the development of an evaluation of educational module

- Be aware of the impact of an educational module upon the participating students

- Identify factors that have impacted upon the impact of an educational intervention

Room F2

14.15

7.6.2 Nursing students' knowledge of, and attitudes about, smoking: An example of cognitive dissonance

Eileen Clark, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia. Co-authors: Terence McCann and Kathy Rowe

Abstract:

Smoking is a major cause of morbidity and mortality. Nurses are well placed to see the harmful effects of tobacco smoking, but studies suggest that nurses, and nursing students, smoke at much the same rate as the general population. This paper discusses undergraduate nursing students' knowledge about the impact of smoking on health, and their attitudes towards smokers and smoking.

The study took place in 2001 and used a non-probability convenience sample of 366 second and third year undergraduate nursing students attending one university in Victoria, Australia. Participants completed the Smoking and Health Promotion instrument, which comprised closed-response and open-ended questions covering smoking-related attitudes, knowledge and behaviours. Festinger's theory of cognitive dissonance provided the conceptual framework for the study.

Almost one-quarter (24.1%) of respondents currently smoked, and most of these had started smoking in high school. Students' knowledge of the effects of smoking on health was generic rather than specialised, and there were no significant differences due to age, gender or years of study. Respondents who had given up smoking had higher knowledge scores than other respondents, suggesting that cognitive dissonance may motivate smokers to quit. Respondents who still smoked had less favourable attitudes towards smoking related health promotion than those who had never smoked or stopped smoking. Non-smokers were more supportive of non-smokers' rights than those who continued to smoke, while those who had stopped smoking were undecided. There was a strong association between high levels of knowledge and favourable attitudes about being sensitive to smoking related health risks.

The findings suggest that undergraduate nursing programs should give more attention to smoking and smoking related illnesses, and the nurse's role in smoking health promotion. The use of cognitive dissonance in anti-smoking health promotion programs may be beneficial.

Intended learning outcomes:

- understand the application of cognitive dissonance theory to a specific example

- outline research findings on nursing students' knowledge of, and attitudes about, smoking

- discuss the implications of the study for nursing education

Recommended reading:

Festinger, L. (1957) A theory of cognitive dissonance. Tavistock, London.

Rowe, K., & Macleod Clark, J. (2000) The incidence of smoking amongst nurses: a review of the literature, Journal of Advanced Nursing 31, 1046-1053.

Sejr, H. S., & Osler, M. (2002) Do smoking and health education influence student nurses' knowledge, attitudes, and professional behaviour? Preventive Medicine 34, 260-265.

Room F2

14.45

7.6.3 Provision of genetics education for nurses, midwives and health visitors in university based post registration and postgraduate courses in the UK

Alison Metcalfe, School of Health Sciences, The University of Birmingham, Birmingham, UK

Abstract:

Advances in genetics following the sequencing of the human genome has led to increasing numbers of genes being identified, which predispose individuals to particular diseases for example, cancer, cystic fibrosis and Alzheimer's. Identification of individual genetic susceptibility to specific diseases has significant implications for the work of nurses, midwives and health visitors. These practitioners require knowledge and skills in genetics to enable them to incorporate this aspect of care into clinical practice. A survey in 1999 showed that pre-registration courses for nurses and midwives rarely included genetics in the curricula, within most higher education institutions.

The study presented in this paper aimed to assess the provision of genetics education for post registration and postgraduate nurses, midwives and health visitors in the UK.

A regionally stratified, randomised sample of 46 higher education institutions were surveyed from January to March 2002, via telephone or email using a structured questionnaire. The results showed that the inclusion of genetics was highly variable, with nineteen of the thirty eight responding organisations not including any aspects of genetics within their curriculum. The majority of those organisation that did include genetics on the curricula, reported that less than 12 hours of teaching were allocated. Overall, respondents felt that there was a lack of recognition by nursing and midwifery departments about the impact that genetics is likely to have on healthcare. It is recommended, as a result of this research, that the profile and relevance of genetics to nurses, midwives and health visitors needs to be raised with the major organisations responsible for developing, commissioning and providing health care education.

Intended learning outcomes:

- Gain an overview of the current level of genetics education for nurses, midwives and health visitors in the UK

- Have an understanding of the debate for including or excluding genetics in the curricula of higher education courses for nurses, midwives and health visitors

Be aware of the reasons for including genetics in nursing and midwifery education

Recommended reading:

Kirk, M. (1999). Nurse Education and the New Genetics - Preparing Practitioners of the Future. Report for the Welsh Institute of Health and Social Care. School of Nursing and Midwifery, University of Glamorgan.

House of Commons Select Committee on Science and Technology (1995) Human genetics: the science and its consequences. HMSO.

Metcalfe, A M and Burton H (2002) A survey of the provision of genetics education for nurses, midwives and health visitors in university based post registration and postgraduate courses in the UK. Submitted for publication

Room F14

13.45

7.7.1 Retaining nurses in the workplace: the role of the "exit interview".

Margaret O'Hagan, Quality and Complaints, Belfast City Hospital Trust, Belfast, UK. Co-author: Colm Quinn

Abstract:

Nurses are at the core of health service provision and central to the government's plans to modernise the National Health Service (DoH 2000). However, there is a shortfall of skilled and experienced registered nurses. Thus strategies to improve nurse retention are of particular interest. The aim of this study was to evaluate the use of the "exit interview" as an instrument for monitoring the reasons why nurses are leaving their positions in an organisation. Such information is necessary for the development of effective retention strategies.

Two senior nurses, without managerial responsibility, conducted structured interviews on a convenience sample of nurses who left the organisation between 1 April 2002 and 30 September 2002. The interview schedule was derived from a previous research project (O'Hagan 2001). Data were analysed using a content analysis approach to identify emerging themes (Field and Morse 1995).

Results show that 28 of the 62 nurses who left the Trust at this time participated in the study. Fifty-three percent of the sample were D grade nurses and 40% were E grade. Half of the nurses left for a position of the same grade in another organisation. Data were grouped into 3 main themes, each with sub-themes:

• Positive aspects of their experience - the friendly and open culture, sense of teamwork and the support afforded by the ward / department manager.

• Negative aspects of their experience - organisational change particularly within their own department, lack of support for professional development and lack of support for day to day work.

• What may have induced them to stay - improved line management, more support for professional development and increased flexibility.

This study has highlighted the benefits of a structured "exit interview" as a proactive way for organisations to establish the reasons why nurses choose to leave and offers potential solutions for retaining nurses which may be adapted to a local context.

Intended learning outcomes:

• identify why registered nurses are leaving an acute hospital

• appreciate the role of the exit interview in the ongoing monitoring of the reasons for turnover amoung registered nurses

• be aware of strategies to improve the retention of registered nurses

Recommended reading:

Department of Health. 2000, The NHS Plan: a plan for investment, a plan for reform. Department of Health, London

Field, P.A., Morse, J.M. 1995, Nursing Research: The application of qualitative approaches. 2nd edition Chapman and Hall, London

O'Hagan, M. 2001, Why are registered nurses leaving an acute hospital trust in Belfast: an explorative study. MSc thesis. Queens University Belfast

Room F14

14.15

7.7.2 Factors influencing registered nurses' decisions to raise concerns about standards of nursing practice

Moira Attree, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK

Abstract:

This paper will present research findings relating to the factors that practising registered nurses identified as influencing their decisions to raise concerns about standards of nursing practice. The study, sponsored by the UKCC, adopted a grounded theory approach (Glaser & Strauss 1967; Glaser 1992) to explore registered nurses' perceptions of standards of nursing practice; a literature review identified little existing knowledge or evidence in this area. Data were collected by semi-structured interviews with a purposive sample of 142 registered nurses, with regular responsibility for providing clinical care to patients, in three acute NHS hospital trusts.

Registered nurses in this study reported experiencing professional dilemmas and difficulty in relation to the performance of their professional duty to raise concerns about standards of nursing practice. Nurses reported hesitancy and indecision in relation to their duty to raise concerns about standards above ward level. Their indecisiveness was due not only to uncertainty about what standards were unacceptable, but principally because nurses feared personal retribution for raising concerns, about which they predicted little or nothing would be done. Nurses also lacked confidence in the individuals and the system for raising concerns about practice standards. Registered nurses in this study identified 'influencing factors' that affected their decisions to raise concerns about standards of practice; nurses identified more impeding than facilitating factors. A closed, concealing and blaming organisational culture, and negative perception and reception of raised concerns were identified as principal factors that impeded nurses in their professional duty to raise concerns about standards. Whilst having trust and confidence in the individuals and the system for raising concerns, were identified as key factors that facilitated decision-making and taking action in relation to concerns about standards of practice. Nurses reported that experiencing difficulty deciding and acting against their professional duty caused them professional disquiet and distress.

Intended learning outcomes:

• Deliberate and explore the factors that influence nursse decisions to raise concerns about standarsd fo nursing practice

• Compare and contrast the influencing factors identified by nurses in this study with their own perceptions and experiences

• Discuss the implications from the study findings for registered nurses, nurse managers and patients

Recommended reading:

Eby M (1994) Whistleblowing. In: Tschudin V. (Ed) Ethics: Conflicts of Interest.

Glaser B (1992) Basics of Grounded Theory Analysis. Mill Valley, CA: Sociology Press.

Rowell P A & Milholland D K (1998) Nursing and threats to patient and nurse safety and quality care. Journal of Nursing Care Quality 12 (4):9-13

Room F14

14.45

7.7.3 Identifying education staff development needs in the South West of England using a collaborative survey approach

Elizabeth Rosser, Faculty of Health & Social Care, University of the West of England, Bristol, UK. Co-authors: Eliabeth Girot, Benny Goodman, Dawn Jackson and Sue Latter

Abstract:

This study was designed to elicit the development needs of individuals involved in Nursing and Midwifery education in the Southwest of England in order to meet the NHS Modernisation Agenda. Using a collaborative approach, four Higher Education Institutions were involved: Bournemouth University, the University of Plymouth, the University of Southampton and the University of the West of England.

A two part study design was used. Part 1 consisted of a scoping exercise, of all those involved in the education of Nurses and Midwives

in both practice areas as well as the Higher Education institutions themselves.

Part 2 involved a self-administered questionnaire to collect data around core aspects of staff skills and competencies in ten key areas. In total, 760 self-administered questionnaires were distributed with 426 being returned, giving a response rate of 56.1%. The questionnaire contained 57 sections, the majority of which were closed ended items, together with three questions requiring qualitative data from respondents.

The data were analysed quantitatively using SPSS and qualitatively using a thematic analysis. Themes emerged in relation to each of the key areas of skills and competencies.

The findings identify a range of common issues which demand attention, particularly in relation to the need to invest in the development of education staff, in order to facilitate the NHS Modernisation Agenda. Recommendations emerged from each of the key areas of the questionnaire. In particular areas related to clinical practice, research and evidence based practice, clear roles and career structures, staff development, public health and curriculum development were identified.

In conclusion, lessons were learned in relation to both collaborative working, and the career structure for academic nurses within the complex and changing context of the NHS and the demands of practice.

Intended learning outcomes:

- Consider the challenges of collaborative working across a multisite study across a wide geographical area
- Identify the needs of education staff in the South West of England to ensure delivery of the NHS Modernisation agenda
- Explore the need for new models of education practice to underpin the NHS modernisation programme

Recommended reading:

Gelling L and Chatfield D (2001) Research Collaboration. Nurse Researcher 9(2), 4-16

Department of Health (1999) Making a Difference, the contribution of nursing, midwifery and health visiting to health and healthcare. DoH, July, http://www.doh.gov.uk/nurstrat.htm

Department of Health (2000) A Health Service of all the talents: Developing the NHS workforce. Consultation Document on the Review of Workforce Planning. DoH and NHS, April. www.doh.gov.uk/wfprconsult

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Room H1

13.45

7.8.1   The reality of critical incident technique in small scale research

Ann Price, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, UK

Abstract:

The Critical Incident Technique (CIT) is a qualitative approach to research that was described by Flanagan in 1954. It utilises incidents, which are described during interviews or observed in practice, to develop concepts about issues occurring in practice. The technique has been used within nursing as a research method (Norman et al 1992) and as a reflective learning tool (Rosanel 1995).

The methodological challenges and benefits of the critical incident technique will be discussed. Examples, highlighting the issues, will be drawn from the presenters' experience of using the method as a research tool to examine nurse's perceptions of psychological care given to patients in the intensive care setting.

The data collection method aims to encourage description of behaviours but, in the presenters' experience of using this method, feelings and attitudes can be an integral part of the nurses' experience. These issues will be explored in more detail as will the realities of sample saturation in small studies. The use of Norman et al's (1992) method of data analysis for critical incident technique will be discussed, as it proved to be a lengthy and complex process.

The CIT in nursing may be a valuable method for researching the quality of care issues from a patient or health care professional perspective. However, the technique requires practice and the data analysis needs further clarification.

Intended learning outcomes:

- Be able to understand teh critical incident technique as a research tool
- Be able to identify the advantages and limitations of the critical incident technique
- Be able to debate the issues surrounding the analysis of critical incident technique data

Recommended reading:

Flanagan JC (1954) The Critical Incident Technique Psychological Bulletin 51(4) 327-358

Norman IJ, Redfern SJ, Tomalin DA, Oliver S (1992) Developing Flanagan'scritical incident technique to elicit indicators of high and low quality nursing care from patients and their nurses Journal of Advanced Nursing 17 590-600

Rosenal L (1995) Exploring the Learners World: critical incident methodology The Journal of Continuing Education in Nursing 26(3) 115-118

Room H1

14.15

7.8.2   Methodology and process: Exploring some complexities and realities of research

Mari Phillips, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK

Abstract:

Kelly et al (1994) stated that feminists have been stern critics of hygienic research; the censoring out of the mess, confusion and complexity of doing research so that the accounts bear little or no relation to the real event (p46) and go on to talk about feminist research practice where all aspects of the research process are considered. In relation to feminist research, Letherby (2002) cites Morley (1997) who suggests that feminist research often takes a grounded theory approach, but cannot be grounded theory.

This paper explores some of the methodological and process issues emerging during the course of a study that explores women'sexperiences of their care during pregnancy and childbirth. Issues addressed include the use of both grounded theory and a feminist approach within the context of the study; my position as a researcher [and midwife] in the process; establishing and maintaining my relationship with the women, their partners and the midwives involved in providing care.

Intended learning outcomes:

- understand some of the complexities of the research process
- highlight the issues arising for the researcher as both a researcher and midwife
- identify the factors involved in establishing and sustaining relationships with participants within a research study

Recommended reading:

Kelly, L. Burton, S. & Regan, L. (1994) Researching Women's Lives or Studying Women's Oppression In: Maynard, M. & Purvis, J. Researching Women's lives from a Feminist Perspective. London: Taylor & Francis

Letherby, G. (2002) Claims and Disclaimers: Knowledge, Reflexivity and Representation in Feminist Research. Sociological Research Online, vol.6, no.4 http://socresonline.org.uk/6/6/letherby.html

Morley, L. (1997) Interrogating patriarchy: the challenges of feminist research In: Morley, L. & Walsh, V. (eds.) Breaking Boundaries: women in higher education. London: Taylor & Francis

Vallis J, Tierney A. (1999). Issues in case study analysis. Nurse Researcher. Volume 7 (2). Winter 19-35

Yin R.K. (1994) Case Study Research. Design and Methods. [2nd Ed]. Sage Publications, London

7.8.3 Case study research: an example in primary care

Linda Milnes, School of Nursing Midwifery and Health Visiting, Manchester University, Manchester, UK.
Co-author: Geraldine Lyte

Abstract:

This paper presents a methodological discussion of case study research. Yin (1994) and Stake (1995) state that case study research involves the exploration of a particular issue within its natural, social context. It permits flexible use and combination of methods to uncover the most relevant data, which, when analysed, will meet the pre-determined objectives of a study. Yin (1994) identifies five features of case study design:

• a study's questions;

• its propositions, if any;

• its units of analysis;

• logic linking the data to the propositions;

• criteria for interpreting the findings.

These features will form the structure for the paper and will be discussed in greater detail in the context of a research project entitled Follow-Up Nursing Management for Children with Asthma. This project was commenced in October 2001 and is due to complete in October 2003. Its primary aim is to is to identify the current and potential role of the practice nurse related to review management of childhood asthma, based on the perspectives of practice nurses, general practitioners (GP's), children with asthma and these childrens main carers. Data are being collected by means of semi-structured interviews, observation and documentary analysis, from a series of 15 case studies. Each case consists of one practice nurse, one GP and one family consisting of a child with asthma and his/her main carers.

In the literature, it is proposed that case study research can empower researchers to describe, explore or explain complex phenomena, including professional roles, organisations, policies, service structures and care processes, using multiple sources to aid in-depth investigation (Yin 1994; Vallis 1999). In this paper, we will focus the discussion on our experiences of applying case study research to explore professional and user perspectives.

Intended learning outcomes:

• Will be able to discuss the features of case study research.

• Will be able to discuss when case study research is an appropriate strategy to use.

• Will be able to identify why case study research is a flexible approach.

Recommended reading:

Stake R.E. (1995) The Art of Case Study Research. Sage, Publications California

Notes

Symposia

Thursday 10 April

Using evidence from the past to help understand the present: examples from the history of nursing leadership.

Led:Elizabeth Scott

Co presenters: Duncan Mitchell, University of Salford, Salford, UK and Stephanie Kirby, Department of Health and Human Sciences, University of Essex, Colchester, UK

Abstract:

The purpose of this Symposium is to use the example of the current policy initiatives on professional leadership to question the contribution that historical research has to make to policy development. Also to consider why the nursing profession appears not to recognise the value of a historical perspective. This session will be made up of four complementary parts with three brief papers being presented, each giving different examples of professional leadership in nursing at different stages of the 20th Century. Each presenter will conclude their paper by posing a number of questions that will form the basis of a panel discussion on the role and position of historical research in the profession. These questions will provide the basis for the discussion, which will form the fourth part of this Symposium.

The NHS Plan published in 2000 and the subsequent policy documents relating to the nursing and midwifery professions and to the human resources required by the NHS have emphasised the need to develop professional leadership . Subsequently various leadership programmes and initiatives have been established not least of all that involving the restoration of the role and title of Matron in the nursing profession. That initiative has received high profile publicity and investment, yet no consideration appears to have been given to historical background of the title, the role or patterns of nurse leadership over time. The title of Matron was replaced in the late 1960s on the recommendations of the Salmon Report but following on from discussions in earlier policy documents . Many of the problems that existed then are still common today - recruitment and retention of staff; the incidence of sickness; senior nurses access to management decision making and others.

Liz Scott will introduce the Symposium and consider the position of biographical studies of significant nurses of the 20th Century. In this she will consider the lives of three women who moved the profession forward and made a difference to the perception of education and research in nursing. The three women to be considered are

Gladys Carter, an author and educationalist, Dame Elizabeth Cockayne the first CNO in England and Marjorie Simpson who among other achievements was a founding member of the RCN Research Society. Each of these women achieved national and international recognition as innovative professional leaders, yet despite all they achieved to help develop the modern nursing profession their contribution has not been considered and they are more or less forgotten individuals.

Duncan Mitchell will consider the way in which learning disability nurses have played a significant part in managing the changing services for people with learning disabilities in the 20th Century. In particular he will examine two very different periods, the growth of institutions for people with learning disabilities, and the resettlement from institutions to community. In both periods nurses received scant public recognition but were highly significant in managing the required changes to the services of the day. In both periods nurses could be characterised by their pliability, managerial efficiency and ability to control their immediate environment. In the earlier period they were also characterised by their relatively low wages and subsequent cheapness. Nurses played a key role in managing the institutions at all levels of the hierarchy and in all areas of work. Despite the image of medical dominance in the past, many institutions were managed entirely by nurses who were highly sought after for their leadership skills. By the end of the twentieth century when institutions were slowly replaced by community services many nurses were able to change their role as well as their location of work. During this later period nursing developed a mixed record of both defending institutional care and championing community services. Never the less this small branch of the profession survived precisely because of the attributes of leadership within a changing environment that had led to its early development.

Stephanie Kirby will present a paper on the position of women in leadership roles within the London County Council (LCC) Nursing Service between 1929-48. She will discuss the management structure that existed within that organisation. At this time the LCC ran the largest health authority in the world with responsibility for 141 hospitals, mental hospitals, homes, and colonies (settlements for people with special needs including learning disabilities and epilepsy) and 26,000 staff, 8,000 of whom were female nursing staff. Following elections in 1934 the Council was under the control of the London Labour Party and the leadership of Herbert Morrison. The creation of the post of Matron-in Chief was seen within the nursing profession as an innovative and significant opportunity to direct nursing policy. Stephanie will then examine the careers of the two holders of the post, Dorothy Bannon and Rosalie Dreyer. Both were able to use their position within the LCC hierarchy to promote the interests of nursing. In attempting to find solutions to the problems confronting the LCC these senior nurses had to balance the requirements of their employing authority with the expectations of their professional regulatory body the General Nursing Council (GNC).

Reassessing the experiences of all these senior nurses can help lead to an awareness of the cultural, social and political forces that shaped their work and role while also affording an opportunity to consider the implications their experience has for the current situation. Liz Scott will summarise the main points made in the three papers and the questions that have been raised by each presenter and chair the panel discussion. It is anticipated that a representative from the UK Centre for the History of Nursing will join the panel for this discussion.

Intended learning outcomes:

A recognition of the role and value of historical research

An understanding of the current status of historical research in nursing in the UK

An appreciation of the achievements of some of the past leaders of the profession

Recommended reading:

DOH (2000) The NHS Plan: A Plan for investment A plan for reform

DOH (2001) Investment and Reform for NHS Staff: Taking forward the NHS Plan

HMSO (1966) Report of the Committee on Senior Nursing Staff Structure

Thursday 10 April

11.15 – 12.45
Symposium 2
Room: C2

Crossing boundaries: opportunities and challenges of NHS and academic partnerships in developing nursing research

Led: Anne Lacey, ScHARR, University of Sheffield, Sheffield, UK

Co presenters: Angela Tod, Rotherham Primary Care Trust, Rotherham, June Musgrave, Barnsley Primary Care Trust, Barnsley, Mike Macintosh, School of Nursing and Midwifery, Sheffield University, Sheffield and Jo Cooke, Trent Focus, University of Sheffield, Sheffield UK

Abstract:

This symposium will present a series of papers addressing the methodological and practical implications of nursing participation in partnership and multidisciplinary research. The symposium will also illustrate a response to government policy that has encouraged NHS bodies to collaborate with academic institutions in evaluation and research (Department of Health 2000a), and will suggest models by which nurses can become involved in such policy related research, crossing boundaries between higher education, health, and social care.

The symposium will use research into Coronary Heart Disease (CHD) conducted in South Yorkshire as an exemplar of this partnership working. CHD remains the main cause of premature death in UK, and contributes significantly to long term disability, particularly in areas of deprivation (Department of Health 2000b).

South Yorkshire contains many communities with significant deprivation, and has in the last four years been the setting for two Health Action Zones (HAZs), one in Sheffield and one in the Coalfields communities of Rotherham, Barnsley and Doncaster. Health Action Zones fund individual projects that show potential to improve health and reduce inequalities, and many of these projects contain a strong element of research and evaluation. By their nature HAZ projects usually employ multidisciplinary partnerships, and the first two papers to be presented in this symposium illustrate nursing involvement in such projects.

The first paper will be presented by Angela Tod, a nurse researcher based at Rotherham Primary Care Trust. The project to be discussed is one of a series of four qualitative studies exploring barriers to access to heart health services in the South Yorkshire Coalfields Health Action Zone. The previous three studies have now been completed (Tod et al 2001), and dealt with angina, cardiac rehabilitation and smoking cessation services respectively. The current study is looking at services to tackle obesity, both in children and adults. The study gathered data

from semi-structured interviews with up to thirty volunteers who defined themselves as overweight, and with parents of twelve children attending a specialist holiday club. Framework analysis was used to organise the data and draw out themes relating to policy and service delivery. The paper will address issues of access to participants in the community, ethics, and the constraints of working with a variety of different agencies, including local authority staff and commercial organisations.

June Musgrave, a health visitor working for Barnsley Primary Care Trust, will present the second paper. This project is also funded by South Yorkshire Coalfields Health Action Zone, and is ongoing until July 2003. The project was designed in collaboration with a physiotherapist and psychologist working in rehabilitation. The aims are to assess psychological needs of patients who have experienced an acute coronary event in Barnsley, and to conduct a local evaluation of the use of the Heart Manual as a tool in rehabilitation. Data has been collected from a consecutive sample of 200 patients by questionnaire, using the Hospital Anxiety and Depression Scale and EuroQol (EQ5-D) as measures of quality of life. The paper will present preliminary results from the study, and will discuss issues arising from the multidisciplinary scope of the research. Conflict between the authors' roles as both health visitor and researcher will also be highlighted.

The third paper, presented by Mike Macintosh, draws attention to some of the sensitivities of research in a multi-agency setting such as primary care. Mike is a lecturer in the School of Nursing and Midwifery at Sheffield University, specialising in cardiology. To carry out the regionally funded project which is the subject of this paper, he combined his teaching role with a half time secondment to the School of Health and Related Research at Sheffield. Support for the study was obtained from a local Institute of Primary Care, the Health Authority, two Primary Care Trusts (then Groups), and rehabilitation staff in secondary care. The project team therefore considered it was well placed to carry out an evaluation of a British Heart Foundation initiative facilitating secondary prevention of coronary heart disease in the community. However, the pace of national and local policy changes, the autonomous nature of general practice, and traditional role perceptions created problems in completing this research, which was reliant on partnership working. An overview of the problems this generated, and how they were overcome, will be discussed.

The fourth paper will be presented by Jo Cooke who will present a paper highlighting how Primary Care Research Networks (PCRNs) can assist nurses to develop research that embraces a collaborative and inclusive approach. Jo is employed as a local co-ordinator and social care lead by Trent Focus, a PCRN, based at the University of Sheffield. The paper will explore how such networks can help nurses overcome barriers that can be present between health professionals in primary care, at the health/social care interface, and with service users, in the research process. The presentation will include examples of how Trent Focus is helping develop research capacity through the use of a Collaborative Research Network of 55 general practices, and working with practitioners and

service users to develop research questions. The presentation will also describe mechanisms for successful research and evaluation at the health/social care boundary in primary care, and to explore how these mechanisms can be used to develop and strengthen future nursing and partnership research. Finally, the presentation will explore the tensions of research work that crosses and includes different types of boundaries, and will suggest some areas for debate.

The symposium will be chaired by Anne Lacey, who has been involved in all the projects discussed. She is Senior Research Fellow at the School of Health and Related Research at Sheffield University, a post she has held for the last four years. Anne will introduce the session, invite brief questions after each paper, then chair a fuller discussion of issues raised at the end of the formal presentations.

Intended learning outcomes:

Participants will appreciate the policy imperatives of collaborative working between academic and NHS settings

Participants will identify opportunities and challenges that arise in partnership working

Participants will understand the range of types of research appropriate to the study of CHD in a local context

Recommended reading:

Department of Health (2000a) Research and Development for a First Class Service. Dept of Health, London

Department of Health (2000b) National Service Framework for Coronary Heart Disease. Dept of Health, London

Tod A, Read C, Lacey A, Abbott J (2000) Barriers to uptake of services for people with coronary heart disease: qualitative study. British Medical Journal 323, 214-7

Thursday 11 April

Developing emancipatory practice development theory: A critique

Led: Angie Titchen, RCN Institute, Oxford, United Kingdom.

Co presenters: Robert Garbett, University of Ulster, Brendan McCormack, University of Ulster and Kim Manley, RCN Institute

Abstract:

In this interactive symposium, we will facilitate a critique of six practice development conceptual frameworks that have been developed from practice development research (Binnie & Titchen, 1999; Titchen, 2000; Garbett & McCormack, 2002; Manley 2001; RCN, 2002) and scholarship (Kitson et al, 1998). These frameworks will be presented and then critiqued by symposium participants to identify historical, social, cultural and political influences shaping practice development over the last decade. Through this process the rigour, relevance, credibility and transferability of the frameworks will be tested.

The Practice Development Diamond

Dr Angie Titchen

In the early nineties, three overarching themes emerged from a four year action research study of transforming a task-centred nursing service in an acute medical unit into a patient-centred service. These themes were presented in Binnie & Titchen's (1999) book, "Freedom to Practise", as three generic practice development principles:

~ Changing the practice philosophy

~ The process of change in practice

~ Investing in professional development

The relationship between these principles is shown in a conceptual framework called "The practice development diamond". It is important to critique the relevance, durability and transference of these three encompassing principles for practice development in health care in the 21st Century.

Critical companionship

Dr Angie Titchen

The critical companionship framework provides a theoretical base for practice developers who enable others to plan, implement and evaluate practice development strategies and research into practice projects. The framework was developed using action research and a phenomenological case study within a critical social science perspective (Titchen, 2000). It has since been rigorously tested in a practice development action research study (RCN, 2002) and found to be effective in helping nurses, with expertise in a variety of fields, to investigate and improve their own practice. The framework

describes how critical companions build trusting relationships and working partnerships with practitioners in which high challenge/high support is paramount. Using the processes of consciousness-raising, problematisation, self-reflection and critique, the companion helps practitioners to:

~ develop a shared vision for change

~ understand current power relationships, cultures and obstacles to change

~ create change strategies to overcome these obstacles and implement and

 evaluate change

~ generate new knowledge about the new practice/service delivery and about the

 change process itself.

A concept analysis of practice development

Robert Garbett

The framework, derived from a concept analysis (after Morse 1995), represents an analysis of the practice development literature, combined with data derived from focus group interviews with practice developers (n=12) and telephone interviews with practitioners (n=25).

Based on this research, the authors present the following conceptual framework (Garbett and McCormack, 2002).

~ The purposes of practice development are to:

o Increase effectiveness in patient centred care

o Transform care and the cultures and context within which it takes place.

~ The attributes of practice development are that it is:

o Systematic and rigorous

o A continuous process

o Founded on facilitation.

~ The consequences of practice development include:

o For users – improved experiences of care in terms of their sensitivity to

 the needs of individuals and populations

o For practitioners – increased capacity for autonomous practice.

The very little discussion of theoretical principles for practice development situates this work within the critical social scientific tradition.

Promoting Action on Research Implementation in Health Services – The PARiHS Framework

Brendan McCormack

The argument put forward in this paper is that successful implementation of evidence into practice is a function of the interplay of three core elements - the level and nature of the evidence, the context or environment into which the research is to be placed and the method or way in which the process is facilitated. It also proposes that because current research is inconclusive as to which of these elements is most important in successful implementation they all should have

equal standing. This is contrary to the often implicit assumptions currently being generated within the clinical effectiveness agenda where the level and rigour of the evidence seems to be the most important factor for consideration.

The paper offers a conceptual framework that addresses this imbalance, illustrating how it might work in clarifying some of the theoretical positions and as a checklist for staff to assess what they need to do to successfully implement research into practice.

Framework for developing a transformational culture

Kim Manley

The concept of a transformational culture is described as a culture synonymous with quality patient services and workplace effectiveness and would be recognised by the presence of practice development, staff empowerment, and a number of other workplace characteristics (Manley 2001). 'Transformational' is used to describe such a culture because it results from processes that enable transformation, that is, transformational leadership and emancipatory processes. In addition, a transformational culture is also recognised by how change is viewed. Change is not seen as something there is too much of, something imposed, but more positively as a continuous process necessary to enable adaptation internally and externally in response to a changing environment - a discriminating factor essential for sustained effectiveness in the workplace.

A conceptual framework is presented for critique which links the processes necessary for developing a transformational culture to cultural indicators which can be used to assess workplace culture or demonstrate positive change. Three sets of processes are highlighted as influential: emancipatory processes; leadership processes; and, the facilitation of individual, collective organisational learning, change, practice development and service development.

Practice development in action framework –

Kim Manley

'The practice development in action' framework seeks to clarify the theoretical relationship between action learning and work-based learning; research and evaluation approaches such as, Fourth Generation Evaluation (Guba & Lincoln 1989); emancipatory action research (Grundy 1982); and collaboration, with the principles of critical social science (Carr & Kemmis, 1986). A focus on facilitation, context, culture and evidence is linked to the activities of evaluation in practice, career and competency development, practice development projects, clinical supervision, development of practice developers and organisational development.

Intended learning outcomes:

Experience gained in the art and science of critique

Engaging with a range of conceptual frameworks for health care practice development. Testing

their rigour, relevance, creditiblity and transferability

A professional judgement regarding the fitness for purpose of these conceptual frameworks and their usefulness in participants' own settings and fields of practice.

Recommended reading:

Binnie A. & Titchen A. (1999) Freedom to Practise: The Development of Patient-Centred Nursing. (J. Lathlean, ed), Butterworth-Heinemann, Oxford.

Carr, W. & Kemmis, S. (1986) Becoming Critical: Education, knowledge and Action Research. The Falmer Press, London.

Garbett R. & McCormack B. (2002) A concept analysis of practice development. NT Research, 7(2), 87-100.

Friday 11 April

09.45 – 11.15
Symposium 4
Room: C16

Self-management in childhood chronic respiratory illness

Led: Peter Callery, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, UK

Co presenters: M E Cuffwright, A F Long, Salford Primary Care NHS Trust and Health Care Practice R&D Unit, University of Salford; G Lyte and L Milnes, School of Nursing, Midwifery and Health Visiting, University of Manchester; E Savage, Department of Nursing Studies, University College, Cork

Abstract:

Self-management education is an important component of chronic illness care provided by nurses in a range of hospital and community settings. The development of principles and procedures for self-management education has focused principally on adults rather than on children (Gibson et al., 1999; Lahdensuo, 1999). The purpose of this symposium will be to examine the theory and practice of self-management education in childhood chronic respiratory illness. Theoretical issues in self-management of childhood chronic illness will be addressed in the chair's paper. The symposium will be developed through reports of empirical studies of: parents of children aged 2-5 years with asthma; nursing follow-up; management of diet in Cystic Fibrosis; and adaptation of self-management written self-management plans for childhood asthma. The symposium will therefore provide opportunities to review underlying concepts of self-management in childhood chronic illness and their application in pre-school and school aged children.

Self-management in childhood chronic illness

Peter Callery, School of Nursing, Midwifery & Health Visiting, University of Manchester.

This paper will introduce the symposium by outlining issues in the application of concepts of self-management in childhood chronic respiratory illness. The concept of self in childhood self-management will be examined with reference to evidence of differences between the perceptions and priorities of children and carers. The concept of management will be analysed with reference to the priorities and competences of children and carers as childrens' autonomy develops.

Parents' perceptions of their child's asthma - aged 2-5 years. Do events pre and post diagnosis help to shape how parents care for their child with asthma?

M E Cuffwright, A F Long, Salford Primary Care NHS Trust and Health Care Practice R&D Unit, University of Salford

This presentation will focus upon how events leading up to and subsequent to a diagnosis affects how parents manage their child's asthma

Parents were interviewed using a hierarchical focused, semi-structured interview within 3-6 months of their child's diagnosis of asthma and 6 months later. The first interview focused on events leading up to the diagnosis, and the second on how early information and experiences have affected how parents view asthma, its chronicity and management, Parents were also asked to complete a critical incident event form. A total of 28 children were chosen using theoretical sampling techniques to ensure the study recruited a diverse set of children to reflect the key characteristics associated with children who have asthma, in particular, age, gender and socio-economic variability. To reflect the settings in which children are diagnosed with asthma recruitment is via secondary care, general practice and the community, via health visitors and school nurses. Ongoing data analysis is adopting grounded theory methodology and is assisted by N-Vivo computer software package.

There is reluctance to diagnose very young children with asthma yet this study points to parents' needing to understand what is happening in order to make informed choices about treatment. For those parents who seek confirmation of a diagnosis, based on their experiential knowledge of asthma, management is viewed as their responsibility including the decision to give or not to give medication. This study reinforces the need to understand carers' perceptions of ill health in order to guide appropriate user centred chronic illness management.

Working with children to develop standards for follow-up nursing management of asthma

G Lyte and L Milnes, School of Nursing, Midwifery & Health Visiting, University of Manchester.

This paper reports children's views about follow-up nursing management of children with asthma. The data were collected in case studies that will identify follow-up requirements in an integrated care pathway for childhood asthma.

15 children, their families, General Practitioners and Nurses participated in semi-structured interviews exploring review management of childhood asthma, particularly current practices and potential improvements for services.

Within case and across case analyses are currently underway. Findings at this stage reveal that children and their carers have expectations about the nurse's role in decision-making, education and support that is not currently explicit either locally or nationally.

The study demonstrates how children and families can be involved in decisions about their healthcare , an important element of the National Service Framework for children's services.

Children's roles in dietary management of Cystic Fibrosis

E Savage, Department of Nursing Studies, University College, Cork

High fat high calorie diets are important in managing Cystic Fibrosis. Previous research has focused on behavioural management of diet by parents (Stark et al., 1997). There has been little investigation of school age children's roles in managing diet.

32 children aged 6 to 14 years, and their parents participated in tape-recorded interviews. Data were also collected by participant observation at outpatient clinics, and review of case notes. Data were collected and analysed concurrently using a method of constant comparison, and theoretical sampling was used to further explore and develop emergent themes.

This paper aims to describe children's perspectives of their role in managing diet and how these differed from what parents and health care professionals expected of them. Children exercised independence in deciding whether to implement dietary advice with consideration to immediate threats to being active and energetic. The priority of parents and health care professionals was to protect them from long-term physical deterioration. Their reinforcement about co-operating with diet conflicted with children's independence in taking responsibility for managing diet.

This paper provides insights into school aged children's participation in managing their health care. These insights are of clinical relevance to nurses developing child-centred approaches that would enabl children's self-management of CF in collaboration with their parents.

Adaptation of written self-management plans for children with asthma

L Milnes and P Callery, School of Nursing, Midwifery & Health Visiting, University of Manchester.

Despite guidelines that encourage individualisation of Self-management plans (SMPs), there is little guidance for practitioners adapting SMPs to meet children's individual needs.

A telephone survey of 58 selected paediatric, respiratory and community centres (response rate 81%) produced 30 adapted SMPs. These were reviewed using criteria developed through literature review. The results will be presented and proposals made for development of more child-centred self-management.

Intended learning outcomes:

Discuss application of concepts of self-management education in childhood chronic illness.

Discuss perspectives of school aged children, and of parents of pre-school and school-aged children, relevant to self-management of chronic illness.

Discuss implications for development of practice in self-management education.

Recommended reading:

Gibson P., Coughlan J., Wilson A., Abramson M., Bauman A., Hensley M. & Walters E. (1999) Self-management education and regular practitioner review for adults with asthma (Cochrane Review). The Cochrane Library, Update Software. Oxford.

Lahdensuo A. (1999): Guided self management of asthma - how to do it. British Medical Journal 319, 759-760.

Stark L.J., Mulvihill M.M., Jelalian E., Bowen A.M., Powers S.W., Tao S., Creveling S., Passero M.A., Harwood I., Light M., Lapey A. & Hovell M.F. (1997): Descriptive analysis of eating behavior in school-age children with cystic fibrosis and healthy control children. Pediatrics 99, 665-71.

Friday 11 April

09.45 – 11.15
Symposium 5
Room: C2

Managing the practitioner/researcher interface in nursing research

Led: Davina Allen, University of Wales College of Medicine, Cardiff, UK

Co presenters: Lesley Lowes and Ben Hannigan, University of Wales College of Medicine, Cardiff, UK

Abstract:

This symposium focuses on the methodological, theoretical and practical implications of nurse researchers' dual role as practitioner & researcher. Drawing on the authors' experience in a range of research studies our aim is to explore some of the dilemmas faced by nurse researchers that arise directly from the interaction of their professional and researcher identities.

This symposium focuses on the methodological, theoretical and practical implications of nurse researchers' dual role as practitioner & researcher. Drawing on the authors' experience in a range of research studies our aim is to explore some of the dilemmas faced by nurse researchers that arise directly from the interaction of their professional and researcher identities.

In Paper One, Ben Hannigan analyses how the practitioner-researcher interface shapes research access. The successful negotiation of access is a significant milestone in the life of any research project. However, in in-depth qualitative research, negotiating access is rarely a 'one off' event completed at an early stage of the study. This presentation will explore how access was negotiated in PhD research into the organisation and delivery of community mental health care. The study was carried out in two sites and focused on 6 ethnographic case studies centred on the client and including their network of formal and informal carers. Snowball sampling was used to identify study participants in each case. Therefore, in addition to securing the support of key institutional gatekeepers, it was also necessary to negotiate access with a range of participants throughout the course of the study. This paper focuses on negotiating access from the position of being an " insider" researcher. Key areas to be addressed include: the advantages and disadvantages of declaring a professional practitioner background; negotiating research access with 'institutional gatekeepers' and managing ongoing access negotiations with practitioners, service users and carers during the course of a study.

In Paper Two, Davina Allen will examine the management of insider-outsider status in ethnographic nursing research. Considerable attention has been focused on insider-outsider issues in the nursing research literature and the relative advantages and disadvantages of either position have been explored (see, for example, Bonner and Tolhurst 2002). Increasingly it is

being recognised, however, that the debate about insider-outsider research has become rather polarised and that the researcher's status within a research setting can rarely be described unequivocally as either that of an 'insider' or an 'outsider' (Serrant-Green 2002). Drawing on a review of the literature and the experiences of undertaking three ethnographic studies in health care settings, this paper will consider the insider-outsider relationship as a dynamic feature of the research process. The insider-outsider dynamic was different in the three studies. These differences will be described and their implications for the outcomes of the research examined. The aim of the presentation is to share experiences, stimulate debate and suggest practical solutions as to how the insider-outsider boundary can be managed according to the purposes at hand.

In Paper Three, Lesley Lowes highlights some ethical issues that can arise in qualitative research when the researcher has a dual practitioner-researcher role. The literature suggests that many nurse researchers study topics related to their work and, presumably, of interest to them (e.g. Long 1997). This paper examines research into the experience of parents of children with newly diagnosed diabetes in which the dual role of paediatric diabetes specialist nurse and researcher triggered a number of ethical concerns. First, the extent to which the researcher's clinical role influenced parents' willingness to participate. Did parents consent for reasons of reciprocity or because they did not wish to 'upset' their health care provider? Second, these parents were at a particularly vulnerable stage in their lives, and many became upset during the interviews, which raised questions relating to the principle of non-maleficence. Third, to what extent are participants able to separate the researcher and practitioner roles? When nurses conduct qualitative research, the power distribution within the researcher-respondent relationship is more ambiguous with a greater risk of the nurse researcher being viewed as a therapist by participants (Archbold 1986), which can result in greater disclosure and less self-preservation by participants. Discussion of these ethical quandaries, and findings from an exploration of the parents' experience of participating in the research process, are the focus of this presentation.

Intended learning outcomes:

Understand how nurses' dual practitioner-researcher identity shapes access negotiations

Understand how nurse researchers can manage insider-outsider status in ethnographic research according to the purposes at hand and the aims of the study

Be aware of the issues that arise in relation to confidentiality as a result of nurses' dual practitioner-researcher identity

Recommended reading:

Bollas, C. Sundelson, D. (1995) The New Informants: the Betrayal of Confidentiality in Psychoanalysis and Psychotherapy. Karnac

Bonner A and Tolhurst G (2002) Insider-outsider perspectives of participant obscuration, Nurse Researcher 9 (4): 7-19

Serrant-Green, L (2002) Black on black: methodological issues for black researchers working in minority ethnic communities 9 (4): 30-44.

Friday 11 April

11.45 – 13.15
Symposium 6
Room: C16

Researching the psycho-social health of nurses with particular reference to bullying in the workplace and suspension from the workplace.

Led by: Dr William West, Lecturer in Counselling Studies, University of Manchester, UK

Co presenters: Barry McInness, Karen Doherty, Rachel Murray, RCN Counselling, London, UK

Abstract:

The three papers share a focus of the psychosocial health of nurses in the UK work environment and as such have implications for policy makers. Other common factors are that the research is rooted in the work of Royal College of Nursing (RCN) counsellors working with nurses and the use of CORE (Clinical Outcome Routine Evaluation) as a research tool.

Paper 1 provides an overview of the psychological health of nurses in RCN membership.

Paper 2 presents research on the psychosocial impact on nurses who are suspended from the workplace following an allegation of misconduct

Paper 3 presents research on the psychological impact of bullying on nurses in the workplace.

Psychological health in UK nurses: establishing benchmarks and evaluating the effectiveness of counselling interventions

Barry McInnes BACP Registered Practitioner

Barry has been counselling since 1981, and for 7 years has been Head of Service for RCN Counselling. He is interested in developing the evidence base for counselling in the workplace, and contributed to the recent NHS Executive guidelines for staff counselling (2000) and British Association for Counselling and Psychotherapy's review of workplace counselling effectiveness (2002).

Abstract

Key studies have highlighted high levels of psychological ill-health in the UK nursing and health service workforces. A study by the RCN established clear links between key work factors, poor psychological health, and high levels of sickness absence.

There is also a growing body of evidence supporting the effectiveness of workplace counselling for staff, including a systematic review of research evidence commissioned by the British Association for Counselling and Psychotherapy, showing its effectiveness in

reducing work-related symptoms and sickness absence. The RCN's Counselling Service has been using the CORE system to evaluate its effectiveness since 1999. The CORE system is a quality evaluation framework for psychological therapy provision, recently adapted for use in workplace counselling settings. The principal components of the system will be presented, together with key data from the RCN's own evaluation of the quality and effectiveness of its counselling provision. Further data will demonstrate the value of the CORE system as a means of benchmarking and improving the quality of service provision in this and other settings.

Researching the lived experience of nurses suspended from the workplace.

Rachel Murray BACP Registered Practitioner
Rachel has been counselling for 12 years. She has worked in Primary Care and with the RCN for 6 years. She is currently in her year 3 of PhD research at The University of Manchester.

Abstract

Concern at the distress that nurses were experiencing as a result of being suspended from the workplace, following allegations but before disciplinary proceedings, led to researching the issue to understand the phenomenon and to see if there were ways of making the process of suspension less psychologically damaging.

A combination of qualitative and quantitative methodology within a broad framework of action research is the process for the study. The qualitative component is the main focus of the research using individual interviews with nurses (9) who have been suspended, RCN Officers (2) and RCN Counsellors (2). Also focus groups of nurses, RCN activists and managers' (5) have been held to discuss a composite scenario of the suspension process. These are being analysed using Grounded Theory. The quantitative element has three components, an adjusted repertory grid analysis (11), data collection regarding the number of nurses suspended, the reasons, the length of time (England RCN regional offices) and an analysis of CORE data (collected since 1999 by the RCN Counselling Service) comparing suspended nurses with other groups.

This is research in progress so the findings to date are to be seen in this light. The process of suspension in the UK seems to fall into five clear stages, pre-suspension, the act of the suspension, the time at home, the hearings and outcome and the aftermath or legacy. There are some emergent themes from the Grounded Theory analysis concerned with sense making, polarity of experiencing, dysfunctional work environments and what nurses would like to see handled differently. There is emerging quantitative data from the repertory grid, which complements the polarity of experiencing theme, and there is comparative CORE data available, which highlights the psychological distress of the nurses and the helpfulness of counselling. The data collection provides the contextual figures and there are emerging implications for policy.

Bullying and work related posttraumatic stress in nurses

Karen Doherty
Karen has been counselling for 12 years, and has been involved in establishing counselling services, one of that was in Primary Care where she worked for 8 years. Working for RCN for 6 years was the beginning of recognising the effects of bullying on nurses and sensing that it was as severe as patients who had been counselled for PTSD. Research began into work related post traumatic stress which has developed into a PhD at Trinity College, Dublin.

Abstract

A qualitative and quantitative study of counselling assisted recovery from PTSD. 51 nurses were studied who had experienced bullying or false accusation and who had developed an extreme stress reaction resembling PTSD. All other possible causes for their condition were excluded apart from their workplace experience. Their condition was assessed and evaluated against the DSM-IV criteria for PTSD and the PENN Inventory. All subjects were counselled for a mean of 6 - 8.5 weeks, and the therapeutic approach was a trauma and cognitive behavioural counselling model including psycho education about trauma and PTSD. Counselling produced over 90% recovery from PTSD; recovery of more general psychiatric symptoms took longer. Only 30% of subjects showed full recovery as assessed by both PENN and CORE on completion of treatment, rising to 69% full recovery 6 months after completion of treatment. Recovery in terms of reliable and clinically significant change was followed during counselling and in a 6-month follow up, using the PENN Inventory and CORE. The PENN Inventory and CORE System were compared in terms of their respective evaluations of recovery. Several recommendations are made regarding the calibration and scaling of the PENN Inventory and the CORE System for working with nursing populations and for longitudinal monitoring of the recovery process.

Problems with the current concept and wording of the DSM-IV criteria for PTSD were examined in respect of those traumatised by a threat to their mental or psychological integrity, as occurs in adult workplace bullying, rather than a threat to their physical integrity.

The possible role of personality in bullying within nursing was explored, associating both bully and victim roles with common nurse profiles.

Intended learning outcomes:

Describe a range of workplace factors which affect the psychological health of nurses in the UK

Appreciate the value of workplace counselling interventions at an individual and organisational level

Understand the role of standardised evaluation systems in quality improvement

Recommended reading:

Borrill, C. S.,et al (1998) Stress among staff in NHS Trusts - Final report. Institute of Work Psychology, University of Sheffield

Schroth,H.A. and Shah, P.P. (2000). Procedures: Do we really want to know them? An examination of the effects of procedural justice on self-esteem. Journal of Applied Psychology, 85, (3), 462-471

Hoel,H. and Cooper, C.L. (2000) Destructive conflict and bullying at work, Manchester, UMIST

Thursday 11 April

14.45 – 16.15
Symposium 7
Room: C16

Using research to improve services for people with substance misuse problems

Led: Hazel Watson, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, United Kingdom.

Co presenters: Susan Kerr, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Alison Munro, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University/Ayrshire and Arran Primary Care Trust, Andrew Nolan and Audrey McGhee, Forth Valley Primary Care Trust

Abstract:

Drug and alcohol problems represent an increasing and complex challenge to the health, social and fiscal services (Crome 1999, CRAG 2000). The per capita level of alcohol consumption in the UK is rising (Department of Health 1999) and reports suggest that the use of illicit drugs is also increasing (Barnard 1997). In order to develop services that meet the needs of local populations it is crucial that the views of users are sought (Coulter 1999; WHO 1996). This is particularly true for individuals and groups who are marginalised and whose voices may therefore not be heard. Those who misuse substances constitute just such a group.

This symposium comprises four presentations in which results from five studies where users' and practitioners' views were sought will be outlined. Ways by which the findings can be used to enhance current service provision will be discussed.

Involving alcohol service users in the development and evaluation of services.

Hazel Watson, Professor of Nursing and Susan Kerr, Research Fellow, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, Scotland.

This paper will present findings from two studies that sought to explore users' views of services and specific treatments.

In December 2002 the Health Technology Board for Scotland will publish its guidance on the prevention of relapse in alcohol dependence. As part of the Health Technology Assessment, which formed the evidence base for the guidance, a qualitative study was undertaken. The aim of the study was to explore the views of forty-five individuals of treatments they had experienced, and to try to identify their preferences from a range of therapeutic interventions. The users' views are incorporated into the guidance which will be disseminated to all NHS Health Boards in Scotland. Results indicated preferences for a combination of psychosocial interventions, with mixed views about the use of disulfiram and acamprosate. Flexibility concerning the range of facilities for treatment was valued.

A further study in which user' views have been influential was a review of non-NHS residential alcohol services which are purchased jointly by the NHS and Social Services. A mixed method approach is used and qualitative and quantitative results from forty individuals, purposively sampled, will be presented.

Assessing and addressing the dual diagnosis training needs of nurses.

Alison Munro, Research Fellow, Joint Appointee, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University/Ayrshire and Arran Primary Care Trust.

Co-author: Professor Hazel Watson.

The co-existance of substance misuse and mental health problems is an increasing phenomenon (Crome 1999, Scottish Executive 2000). There is evidence to suggest that staff who provide care for such individuals may not possess the necessary knowledge, attitudes, or skills to enable them to work effectively with this client group (Siegfried et al 1999). This paper will present findings from a training needs analysis which was undertaken using focus group and individual interviews with 24 randomly selected staff. Subsequently an evidence-based education programme was developed. Its impact is being tested in a randomised controlled study. Preliminary findings will be presented.

Using valid and reliable methods to explore attitudes to substance misuse.

Hazel Watson, Professor of Nursing, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow. Co-author: Andrew Nolan.

The data collection instrument used in the study presented in this abstract was subjected to psychometric analysis as part of a funded study of perceptions of attitudes to, and views of, drug users, and also of people with co-existing substance use and mental health problems. Data were collected from 377 randomly selected members of the multidisciplinary mental health team of a large NHS Trust. The internal consistency, test-retest, and construct validity of the instrument was measured.

Discovering the impact of a 6-month community rehabilitation programme on social inclusion of alcohol dependent people

Audrey McGhee, Research Assistant, Forth Valley primary Care Trust.

Co-author: Professor Hazel Watson, Professor of Nursing, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow.

A convenience sample of 11 alcohol dependent people on a 6-month community rehabilitation programme were interviewed to determine levels of social inclusion and patterns of alcohol consumption. The presentation will focus on the predominant discourses prior to the programme, at the beginning, and at the end of the programme. Results indicate that, prior to the programme, predominant discourses were of isolation, worry and low self-esteem. At the programme start, participant talked less of isolation and having no structure to their day, although they worried about meeting new people. By the end of the programme they were more positive and talked of enjoying many of their activities, having structure and purpose to their day. However, they were worried about what they would do when the programme ended and feared relapse without its support. As a group, they progressively reduced their alcohol intake with time on the programme.

Conclusions: Our National Health: A plan for action, a plan for change was launched in December 2000. The plan outlines how the Scottish Executive proposes to: improve the health of the people in Scotland, deliver high-quality health and social services and address inequalities in health.

To achieve these aims there has to be a culture change in the way the service interacts with the people it serves and the way services are delivered. It is no longer good enough to simply do things to people; a modern healthcare service must do things with the people it serves. NHSScotland is trying to achieve: a service where people are respected, treated as individuals and involved in their own care; a service where individuals, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services; and a service designed for and involving users. The studies presented in this symposium demonstrate the importance of seeking the views of users and of feeding back their views to those with responsibility for purchasing, organising, and delivering services.

Intended learning outcomes:

To understand that consideration of users' and practitioners' views is essential to the development of patient-centred services.

To understand that users' views can be elicited by employing appropriate research methods.

To be aware that vulnerable people, such as those who experience substance misuse problems, may be more stigmatised than other groups and may therefore be in more need of advocacy through research.

Recommended reading:

Crome I.B. (1999) Substance misuse and psychiatric co-morbidity: towards improved service provision. Drugs: Education, Prevention and Policy. 6 (2) 151 – 174.

Department of Health (1999) Statistical Bulletin. The Crown Office.

Coulter (1999) Seeking the views of citizens Health Expectations 2 219-221.

Saturday 12 April

10.45 – 12.15
Symposium 8
Room: C2

Do u wnt 2B in a study: Engaging teenagers in research

Led: Alison Twycross, Glasgow Calendonian University and Yorkhill NHS Trust, Glasgow, UK

Co presenters: Phil White, Bernie Carter, Martin Anderson and Faith Gibson

Abstract:

Much of the research regarding the needs of teenagers in relation to their health has used data obtained from health care professionals and parents. However, in recent years researchers have begun to seek the views of young people. This is imperative if we are to gain insight into teenagers' perspectives and provide them with services and facilities that meet their needs. With the current move towards consumer involvement and patient/public involvement in the evaluation and planning of care (DoH 2000; Cooke 2002) it is becoming increasingly necessary to ascertain the view of young people about the care their perceptions of the services provided. However, there is little written about working with this age-group and ways of addressing the challenges of engaging teenagers in the research process. This symposium hopes to address this issue by highlighting areas that need considering when working with young people.

This symposium brings together a group of researchers from across the United Kingdom who have carried out studies that have sought the views of teenagers. Each of the four papers will provide an outline of the research project and discuss the methods used to recruit teenagers to the project and ways of engaging them in the research process. Practical examples of the challenges involved in working with young people will be identified as well as suggestions for methods to overcome them. Engaging with teenagers not only involves recruitment and data collection, the participants will also have an opportunity to discuss and share ideas on creative approaches to validating findings and giving feedback to teenagers participating in studies. At the end of the symposium participants will have the opportunity to discuss their own experiences of involving teenagers in research.

The first paper will discuss the results of a consultation exercise carried out by Greater Glasgow Health Board about listening to young people. The project aims to affect policy and the delivery and design of youth health services through the development of a systematic framework that consults and involves young people in a meaningful way. Phil White will discuss the findings of this piece of work, identify the methods used to engage young people in the project and the challenges involved in doing so.

In the second paper Bernie Carter will discuss her experiences of researching with young people and the methods that can be used to elicit their perspectives. She will draw on work from two studies with young people and highlight some of the challenges created by adopting and remaining true to a participant-focused philosophy. In the first study, the use of an activities workshop (involving peer-interviews, 'post-it pyramids' and a focus group) helped elicit the young people's experiences of living with chronic pain. In the second study the use of disposable cameras, scrapbooks and audio-taped conversations facilitated the generation of data about young people's perspectives on a Diana Nursing service. The importance of maintaining rigor as a researcher whilst using innovative methods and methodologies will be highlighted.

The methods used to involve young people in a project about self-harm will be discussed in the third paper. Martin Anderson will discuss the research carried out for his doctorial thesis, which focused on nurses and doctors perceptions of young people who engage in suicidal behaviour. Individuals own perceptions of suicide were explored by implementing a standardised attitudinal questionnaire. Gaining an understanding of the young person's own views became an integral part of researching professionals way of seeing this phenomena. This paper will present they way in which young people participated. In particular, the paper will highlight the lessons and experiences gained from undertaking the research and provide suggestions for future work.

The fourth paper will draw on the experiences of a research group who have run focus groups with teenagers to explore the impact of cancer and its treatment. The group have needed to develop innovative ways of working with teenagers in order to increase their understanding of the symptom of fatigue and to enable teenagers to tell their own story and too truly participate in the study (Gibson et al 2000). The challenges faced when recruiting teenagers to this study will be discussed and the methodological issues encountered in undertaking focus groups will be presented. Gender issues, size of group, warm-up exercises and communication strategies are some of the issues that will be explored in order to highlight what differences were needed to successfully use the focus group method with teenagers.

The themes identified in these four presentations will be pulled together during an open discussion of the issues involved in engaging teenagers in the research process. Issues with recruiting sufficient subjects, engaging teenagers with the research topic, methodological and validity issues pertinent to working with subjects in this age-group will be considered.

Intended learning outcomes:

Discuss issues relating to recruiting teenagers to take part in research studies and identify techniques for engaging teenagers in the research process

Identify appropriate methodologies for use when carrying out research with teenagers

Discuss creative approaches to ensuring the credibility of data and giving feedback to participants

Recommended reading:

Carter, B. (2002) Chronic pain in childhood and the medical encounter: professional

ventriloquism and hidden voices. Qualitative Health Research.12(1): 28-41.

Carter, B. Lambrenos, K. & Thursfield, J. A Pain Workshop: an approach to eliciting the views of young people with chronic pain. Journal of Clinical Nursing. (Accepted for publication)

Gibson F., Edwards J. and Sepion B (2000) Cancer-related fatigue in children and teenagers: the unrecognised symptom Editorial European Journal of Oncology Nursing 4(1) 1-2

Saturday 12 April

10.45 – 12.15
Symposium 9
Room: C16

Shifting the balance of power through communities, cultures and leadership: Evidence from a three year multi-professional research programme

Led: Tony Ghaye, The Institute of Reflective Practice, UK

Co presenters: Karen Deeny, Worcestershire NHS Trust and Gill Weale, United Kingdom.

Abstract:

This proposed symposium, to be led by Professor Tony Ghaye, will comprise of three papers presenting the evidence generated from two linked multi-professional projects.

Commencing in 1998 and funded until 2004 the first project, managed by Karen Deeny, has been carried out in partnership between five NHS Trusts in Worcestershire, UK and The Institute of Reflective Practice, UK. This work has focused on researching the significance of workplace cultures in the development of flexible team centred learning networks designed collaboratively with healthcare workers to enable them to develop, strengthen and sustain approaches to systematically sharing their learning in and about their practice. The second project, commencing in 2000 and managed by Gill Weale, represents a partnership between two Primary Care Trusts in Birmingham, UK and the Institute of Reflective Practice, UK and is centred on the development of alternative and facilitative styles of leadership in order to empower clinical teams to shape and influence their work and their services.

The two research projects that will inform this symposium are interdisciplinary, collaborative and inclusive involving more than 250 healthcare teams (n=1800) in the UK in acute, community and primary care settings. They are examples of participatory action research where the guiding principles, adopted in an eclectic manner are pragmatic, interpretavist and criticalist. The research has been organised as an iterative process of reflective cycles with each formative evaluation informing and transforming subsequent cycles.

The first paper 'The way 'quiet leadership' can shift the balance of power and build workplace cultures that enable healthcare professionals to sustain improvements in their practice: Evidence form a 4 year multi-professional research project' will be presented by Professor Tony Ghaye. After a brief description of the learning framework which gives the project its distinctive structure and reflective focus, Tony will go on to define and argue for the importance of: Shifting away from the search for and development of 'heroine/hero' leaders to 'quiet leaders' and leadership as a more distributed phenomenon amongst healthcare teams. Tony will define 'quiet leadership' and suggest that we need to

fundamentally rethink what we mean by 'leadership' and challenge the notion that leader means (top) manager and strong leadership means powerful healthcare executives.

Shifting the balance of power away from the centre; and towards frontline staff. To do this Tony will argue for the importance of gathering experiential evidence which describes such a shift. He will go on to present ten qualitative areas of experience, evidenced in this research, that mark improvements in such a shift in the balance of power and their essential attributes. They are:

AREAS OF EXPERIENCE	ESSENTIAL ATTRIBUTES
1. Being noticed	Visibility
2. Giving and taking	Liberation
3. Growing expectations	Positive attitude
4. Knowing and voicing	Sustaining reflective conversations
5. Becoming innovative and influential	Trust
6. Valuing a sense of belonging	Re-membering
7. Daring to become political	Creative challenge
8. Critical reflection as a norm	Risk taking
9. Learning from success	Critical appreciation
10. Becoming a community of difference	Mutual learning

Shifting away from thinking that significant change in healthcare occurs by focussing on leaders as individuals with certain traits and skills, to seeing the phenomenon of leadership as embedded in webs of interdependencies that enable improvements in practice to be sustained. Tony will argue that we should embrace the notion that sustainable improvements are dependent upon the actions of communities of leaders who are interdependent. He will describe what he calls a creative web of interdependencies. The central feature of such a web is the issue of trust. During the symposium Tony will create a web from some of the evidence of a 3 year multi-professional healthcare research programme in which the three presenters have all been involved.

The second paper 'Developing Quiet Leaders: Responding to the evidence' will be presented by Gill Weale who will describe the personal learning processes of participatory action research in trying to respond to the evidence presented in Tony's paper. Gill will present a range of experiential evidence gathered in trying to develop and promote learning experiences to enable a group of healthcare workers to develop attributes of quiet leadership.

The third paper 'Cultures for sharing learning: Building an evidence base' will be presented by Karen Deeny. It has been widely acknowledged over the past few years that responding to the demands presented by Clinical Governance requires a dramatic shift in many aspects of organisational and workplace culture within healthcare organisations. A recent Department of Health paper (Shifting the Balance of Power: The Next Steps, Department of Health Dec 2001) sets out an ambitious vision reforming the way in which the NHS works. This new vision puts the focus squarely within team working with a clear

focus on empowering front line staff to both design and develop services. It describes facilitating, motivating and engaging clinical staff to create an environment in which practitioners have the freedom to improve services for their patients and communities. A wealth of research now confirms the significance of workplace culture on the quality of work itself. (De White and Van Muijen 1999, Huysman 2000) Virtually none of this research has been conducted inside healthcare although there have been some suggestions that processes for learning in practice should be driven by practitioners according to the local situations in which they find themselves (Driscoll 2000). The relative significance of workplace cultures within healthcare, how to identify and potentially respond to them, however has remained to be defined and explored. Karen will describe how the evidence from our joint research breaks new ground in identifying and assessing the impact of the links between approaches to looking at and learning from practice and the cultures of different workplaces which shape and influence these processes.

Intended learning outcomes:

Identify the essential attributes of 'quiet leadership'

Be aware of the nature and power of collaborative, multi-professional participatory action research

Be aware of the impact of workplace cultures on processes of 'Shifting the Balance of Power'

Recommended reading:

Badaracco, J. 2002 Leading Quietly, Harvard Business Review, Harvard Business School Press, Boston, Mass.

Appelbaum, S. et al 1999 Empowerment: power, culture and leadership: A strategy or fad for the millenium? Journal of Workplace Learning, Vol. 11, No. 7, pp. 233-254

Cacioppe, R. 2000 Creating spirit at work: re-visioning organisation development and leadership, The Leadership & Organisation Development Journal, 21/1, pp. 48-54

Saturday 12 April

13.45 – 15.15
Symposium 10
Room: C16

Challenging the 'givens': Shaping ethnography in nursing and midwifery research

Led:Anne Williams, School of Health Science, University of Wales Swansea, Swansea, Wales, UK

Co presenters:Sue Philpin, Billie Hunrer, Tessa Watts and Pauline Griffiths, School of Health Science, University of Wales, Swansea, UK

Abstract:

Purpose: The purpose of the symposium is to review issues that arise when ethnography is practised in the context of nursing and midwifery research. Issues such as reflexivity, the emotional labour involved in undertaking research and the practical everyday ethics of research remain live and challenging, particularly when what is held to be correct research practice collides with other values. How we respond to these issues is critical to the shaping of ethnographic work that aims to contribute to nursing and midwifery knowledge.

Background: Since Oleson and Whittakers' landmark study (1967), nurses and midwives have continued to apply the main tenants of ethnography (participant observation and the imperative to understand how people interpret their experiences) to understanding patients' and professionals' experiences and to elucidating the context of care, taking into account the dynamic nature of health care policy and culture. The result has been a proliferation of types of ethnography (feminist, critical realist, reflexive) in an already diverse field (Williams 1993).

The challenges and opportunities to practising ethnography in order to develop nursing and midwifery knowledge have been debated in journals (e.g. JAN and Midwifery), at conferences (e.g. RCN Research Conference 2002) and perhaps most notably in a growing number of ethnography-based PhD theses. Lessons to be learned are numerous. Important amongst these is the ability to acknowledge what is central to the continuity of the methodology, as shaped by anthropologists and other social scientists, while at the same time providing a critique - from nursing and midwifery perspectives - of some of the presumptions held about the nature of the relationship between researcher and researched.

Symposium papers and their links

Three papers will be presented. The presenters are undertaking PhD studies based on fieldwork over periods of approximately twelve months. Strategic, judgement-sampling frameworks have been employed and explorations encompass a range of methods including participant observation, individual interviews and focus groups. Each paper will address an issue that has challenged the researcher.

While each issue is different there is overlap as all papers stem from: a concern to understand

the nature of researcher-researched relationships; a critical interest in scrutinising taken for granted practices; and a desire to contribute to shaping a methodology that is relevant to nursing, midwifery and health care.

The meaning of `insider': exploring issues of identity and reflexivity

Sue Philpin, Senior Lecturer in Nursing, School of Health science, University of Wales Swansea

Findings from PhD research into nursing culture in a 14-bedded ITU form the basis of this paper. The issue relates to the accomplishment of insider ethnography where the researcher is challenged to maintain a degree of `estrangement' in a familiar field in order to maximise observational and analytical abilities. The point is made that discussions about `maintaining estrangement' presuppose that the researcher is unproblematically an insider.

The paper will enquire into what it means to define an ethnographer researching her own occupational group as an insider in that group, noting that the multiple identities of both the ethnographer and participants complicate the concept of insider status. Drawing on key findings, ways in which the ethnographer's sense of identity is constructed in relation to the researched group are explored. It is argued that insider status may be fluid with movement back and fore across the boundaries, dependent on particular relationships in the field.

Emotional labour: reflections from fieldwork in midwifery and nursing

Billie Hunter, Senior Lecturer in Midwifery and Tessa Watts, Lecturer in Palliative Care Nursing School of Health science, University of Wales Swansea

By ignoring emotions researchers can become caught up in an emotion versus reason dichotomy and risk telling only part of participants'stories. Explorations of emotions offer insights into important social dynamics and may provide an additional resource for understanding phenomena under study, as well as enhancing research credibility.

With examples from a study of nursing culture in specialist palliative care and a completed study of the emotion work of midwives, this paper will explore the personal dimensions of fieldwork. It will be argued that the emotional labour of nurse and midwifery researchers has unique aspects, as practitioners encounter not only the `feeling rules'(Hochschild 1983) of research but also of clinical practice. The impact of the fieldworker's emotional experiences on the conduct of fieldwork is considered and the importance of a continuous (as opposed to a retrospective) reflexive approach to emotion management is discussed.

People in the background: challenges to received ethical practice

Pauline Griffiths, Lecturer in Nursing, School of Health Science, University of Wales Swansea

Recent health care reforms underline the importance of respecting ethical principles of autonomy, beneficence, non-maleficence and justice in clinical and research practice. It is unlikely that a researcher in the field of health care would intentionally dismiss these principles as irrelevant. However, as demonstrated in this paper, besides participants whose consent has been sought, a number of others may populate the field of research. This is likely to be the case in ethnographic studies where participant observation is a key tool.

This paper reflects on how we have criticised from our 21st century standpoint the classic ethnographers for ignoring consent, and rights to privacy. It is easy to ignore how people are used, today, as context and background to research without their consent.

Drawing on an ethnographic study of work crossing the boundaries between doctors and nurses in an acute medical unit, the paper explores dilemmas which include a consideration of the process of practical ethics, whereby legal requirements and codes of practice are translated into everyday ethical practice through personal moral reasoning. The challenges of seeking moral justification in the light of modern concepts of rights, research partnerships and post-modern values of hearing and listening to non-privileged voices are explored.

Intended learning outcomes:

critically discuss the particular issues that arise when ethnography is practised in the context of nursing and midwifery research, especially issues relating to research ethics, emotional labour and identity

identify current concerns about the changing relationship between researchers and researched

appreciate how reflexivity can facilitate understanding of field relationships and personal responses, and thus enhance the quality of the ethnography

Recommended reading:

Oleson V and Whittaker E (1967) "Role-making iin participant observation: processes in the researcher-actor relationship" Human Organisation 26:273-287

Willams A. (1993) Diversity and agreement in feminist ethnography. Sociology 27(4):575-589

Brewer JD (2000) Ethnography. Open University Press, Buckingham

Hochschild A.R. (1983) The Managed Heart: Commercialisation of Human Feeling. UCA Press, Berkeley, Cal.

Saturday 12 April

13.45 – 15.15
Symposium 11
Room: C2

New research findings for a modern mental health service

Led: David Richards, School of Nursing, Midwifery and Health Visiting, The University of Manchester, Manchester, United Kingdom.

Co presenters: Karina Lovell, John Baker, Helen Pusey and Neil Harris

Mental health then and now: integrating research, education and clinical practice

David Richards

This paper will introduce the symposium by discussing the issues facing mental health services during the first decade of the 21st century. It will begin with a brief synopsis of mental health and social care policy and make reference to key policy changes including the National Service Framework for Mental Health (NSF). To meet the challenges of a modern mental health service mental health workers need to focus on all people with mental health needs rather than previous narrow definitions of mental illness. Delivering patient-centred, accessible, efficient and effective services in partnership with mental health service users poses a great challenge to mental health nursing. If this is to be achieved there is a need to integrate high quality research, education and clinical practice. The symposium leader will deliver a paper on the above and discuss how integration has been achieved by the four speakers in the following areas: primary care, acute inpatient care, care of the older person and community mental health services for serious and enduring mental illness.

Improving access to primary care mental health: evaluation of a self-help clinic

Karina Lovell

Background - Mental health problems are prevalent in primary care. Although psychological therapists are increasingly employed, the demand for care exceeds supply. Innovative self-help approaches may overcome some of the limitations of traditional psychological therapy services.

Aims - To assess the effectiveness, efficiency and acceptability of a fast access mental health self-help clinic in primary care.

Methods - An uncontrolled before-after trial measuring clinical outcome at baseline, 3 and 6 month follow-up, patient throughput, the average amount of therapist time per patient and patient satisfaction.

Results - 159 patients were seen, average nursing time 1 hour per patient. There was statistically

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significant change in clinical outcomes over time. 48% of patients showed clinically significant and reliable change at 3 months and 61% at 6 months, compared to 59% of clients in benchmarked psychological therapy services. Patients were satisfied with the clinic.

Conclusion - A self-help clinic is acceptable to patients with mental health problems, and has the potential to increase patient access to effective care.

Addressing acute concerns: evaluation of an innovative training course for acute mental health care

John Baker

Background - The quality of care for service users in acute in-patient mental health settings has come under scrutiny and criticism. Reports suggest that acute inpatient mental health care workers should receive specific education and training.

Aims - To evaluate the effect of a specialist acute mental health nursing training programme on the quality of care in acute mental health wards.

Methods - Before-after trial assessing the quality of nursing care through nursing diaries, case note analysis and user interviews. Training consisted of an innovative, collaborative team training programme delivered across three Mental Health and Social Care Trusts over a period of nine months.

Results - Analysis of data from nursing diaries, case notes and user interviews collected before and after the training programme in 3 acute in-patient wards will be presented.

Conclusions - Training whole teams of qualified and unqualified staff is feasible and effective in terms of participant satisfaction and skill development. Positive outcomes for service users are more difficult to quantify and require organisational leadership in addition to skills development.

Training community dementia nurses to deliver cognitive behaviourally based family intervention: a pilot evaluation

Helen Pusey

Background - The impact of caring for someone with dementia causes high levels of strain, distress and depression among carers. Cognitive behavioural family interventions for carers delivered by a psychologist are effective but specialised support for carers is predominantly the responsibility of community mental health nurses caring for the person with dementia.

Aims - to evaluate the effectiveness of training community mental health nurses in delivering family interventions for carers of people with dementia.

Methods - before/after trial measuring the impact of training on psychological morbidity, met and unmet need, objective burden, caregiver strain and staff views of the clinical model.

Results - found that although there were difficulties in delivering family intervention it is clear that nursing staff made advances in their

practice. This was particularly evident in the areas of perception of carer need, interventions to need carer's emotional needs and forging partnerships with carer's.

Conclusions - This pilot study suggests that the skills utilised in family intervention with carer's are appropriate for nurses working in dementia care.

Collaborative medication management for people with schizophrenia: a randomised controlled trial

Neil Harris

Background - A key role for community mental health nurses is involving service users suffering from schizophrenia in the management of their medication to prevent relapse. Long-term neuroleptic treatment plays a crucial role in reducing symptomology and avoiding relapse but many mental health workers lack the necessary knowledge, skills and attitudes for this role.

Aims - To develop and evaluate an evidence-based medication management course.

Methods - Randomised controlled trial of 25 matched pairs of community mental health professionals measuring medication knowledge and attitudes. Service user clinical outcomes and satisfaction from clients on workers' caseloads were also measured.

Results - Students randomised to the training had significantly higher scores than the control group on knowledge and attitude towards long term neuroleptics. Service users had significantly improved global psychopathology and affective symptoms and rated increased involvement in the treatment process positively.

Conclusions - Medication management training has the potential to improve mental health workers' skills and attitudes and clinical outcomes for service users and should be disseminated widely.

Intended learning outcomes:

Identify the scope of evidence based clinical and educational innovative strategies for a modern mental health service.

Understand the potential impact of modern mental health nursing on the mental health of diverse groups of service users.

Identify the value of integrating research findings into education and clinical practice

Recommended reading:

Richards, D.A. (2002). Mental health then and now. Health and Social Care in the Community, 10(3), 123-128.

Lovell, K., Richards, D.A. & Bower, P. (2002). Improving access to primary mental health: uncontrolled evaluation of a pilot self-help clinic. British Journal of General Practice, in press.

Harris, N.R., Lovell, K. & Day J.C. (2002). Consent and long-term neuroleptic treatment. Journal of Psychiatric and Mental Health Nursing, 9, 475-482.

Workshops

Thursday 10 April

| 14.15 – 15.45 |
| Workshop 1 |
| Room: H1 |

Research governance: A bureaucratic nightmare or a driver for democratic change?

Susan Procter Gwent Healthcare NHS Trust, Joyce Kenkre University of Glamorgan; Charlotte Clarke Northumbria University; Maggie Bolger University of Glamorgan; Ben Hannigan University of Wales College of Medicine; Davina Allen University of Wales College of Medicine; Wendy Cochrane Northumbria Healthcare NHS Trust and Northumbria University

Abstract:

This workshop will explore the different dimensions of research governance for researchers working in a range of institutional settings including NHS Trusts, Universities and Prisons. The principles of research governance and its links to clinical governance will be highlighted. Meeting the requirements of research governance can be daunting to researchers and appear to add a further layer of complexity to an already difficult process. Some of the methodologies that are commonly used by nurses such as ethnography and action research can seem difficult to accommodate within tightly defined research governance protocols.

This workshop will use existing on-going research to explore different dimensions of the research governance process and to identify how problems can be solved or addressed. Case scenarios will consider:

1. Researcher access to confidential patient records prior to ethical approval in order to develop a feasible and informed research protocol

2. The transfer of confidential patient data between organisations in order to access sample populations within a randomised control design

3. The use of ethnographic methods to investigate the organisation and delivery of health and social care to vulnerable people with complex needs.

4. The ethics of obtaining ethical approval to evaluate funded community based self-help and health promotion projects for people with enduring health problems who in some cases have opted out of the formal health care system.

These scenarios raise questions about the scope of research governance in health and social care and the parameters of research governance in relation to the distinctions between audit, evaluation and research. They highlight the drivers for change and democratisation of research processes embedded in the research governance agenda and the challenges this presents to those responsible for the implementation of those processes.

Intended learning outcomes:

Understand the principles underpinning research governance and the implications of these principles for different organisations engaged in health and social care research

Recognise the opportunities and challenges presented by the implementation of research governance

Discuss the ethical issues raised by the use of a range of different methodologies in differing health and social care settings with a variety of different vulnerable populations and the implications for the researcher and the methodology raised by these issues.

Recommended reading:

Department of Health (2001) Research Governance Framework for Health and Social Care. Available at www.doh.gov.uk/research

World Medical Association (1964) Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. www.wma.net/e/policy/17.c_e.html

NHSE (2000) Data Protection Act 1998 Protection and Use of Patient Information. HSC 2000/009 www.doh.gov.uk/pdfs/009hsc.pdf

Friday 11 April 2003

| 11.45 – 13.15 |
| Workshop 2 |
| Room: F2 |

Why won't they talk to us?; An interactive workshop for researchers interested in conducting research with African Caribbean communities in England

Gina Awoko Higginbottom, ScHARR,, University of Sheffield, Sheffield, United Kingdom
Co presenter: Laura Serrant-Green

Abstract:

Background: Conducting research with black and ethnic minority populations on health and related topics demands specific research skills and sensitivity to the wider societal influences that shape and determine the health experience of minority communities in England (Johnson-Bailey 1999). Reflexivity is an important dimension to all qualitative research (Denzin & Lincoln 1998), irrespective of the ethnic identity of the researcher, this may require a de-construction of socialisation both professional and personal in order to recognise how personal values and beliefs are constructed and how these may interface and impact upon the conduct of research. This is especially important where there are perceived differences in socio-economic status, ethnicity and gender. There may also be reluctance by some ethnic minority communities to engage with researchers, due to past negative experiences, fear of racism or lack of understanding and communication by both the researcher and potential participants. For example it is often assumed that African Caribbean people speak Standard English, some older African Caribbean people may feel best able to express themselves in Patois, which may require the skills of a translator.

In the context of their lives, many potential participants experience racism, discrimination and oppression at both a personal and institutional level (Back & Solomos 2000) on a daily basis. This may create a reluctance to engage with academic institutions and researchers, which may be perceived as having little real impact on their quality of life.

Workshop Aims: To facilitate an exploration and discussion in relation to conducting research with African Caribbean communities in England

To share insights and experiences in this domain

This interactive workshops aims to share our experience of conducting research with African Caribbean communities in England gained over the past 8 years working on nationally funded, locally funded and non-funded projects. Our experience as academic researchers is also informed by our lived experience as members of ethnic minority communities in England.

Workshop Structure: An exploration of terminology; African Caribbean communities

A brief overview of evidence from the literature

Small group working focused on a research scenario

Discussion and debate of key issues

Intended learning outcomes:

Increase awareness and sensitivity in conducting research with African Caribbean communities

Explore some of the practical issues of relevance when conducting research with African Caribbean communities

Be made aware of some of the challenges in researching within minority ethnic communities

Recommended reading:

Johnson-Bailey, J. (1999).;The Ties That Bind and the Shackles That Separate: Race, Gender, Class and Colour in the Research Process. Qualitative Studies in Education 12(6): 659-670.

Denzin, N.K. & Lincoln, Y. (1998). Strategies of Qualitative Inquiry Sage Publications, London

Back, L & Solomos, J (Eds.) (2000). Theories of Race and Racism Routledge, London

Friday 11 April 2003

14.45 – 16.15

Workshop 3

Room: UMIST Library

Bringing researchers to learners: a workshop on innovative use of information technology in education

Peter Callery, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, United Kingdom.
Co presenter: Andy Hall

Abstract:

This workshop is designed to demonstrate an innovative use of information technology in postgraduate research methods education. A key feature of the approach is the use of case studies of research projects. Researchers are brought to the learner through interviews about their studies distributed across the Internet. Learners gain insight into the experiences and decisions of researchers not normally available through reviewing published papers. The workshop will include consideration of:

- educational approaches to learning and teaching research methods
- opportunities and problems provided by technology, including distribution of video across the internet
- case study of team working and change management in an educational innovation.

Delegates will have opportunities to explore distributed learning materials and to learn about how to apply the principles and techniques of the project in their own institutions. The workshop is designed for all involved in teaching research methods in higher education. No special technical expertise is required.

Intended learning outcomes:

Discuss educational approaches to the use of IT in research methods teaching

Discuss opportunities and problems provided by technology

Discuss team working and change management in an educational innovation

Saturday 12 April

10.45 – 12.15

Workshop 4

Room: E2

How to develop evidence-based clinical guidelines: Theory and Reality

Carol Pellowe, Richard Wells Research Centre, Thames Valley University, London, United Kingdom

Co presenters: Heather P Loveday and Peter Harper

Abstract:

The development of evidence-based clinical practice guidelines to promote clinical effectiveness is a key element of the government strategy to modernise the National Health Service and is largely achieved through the programmes and activities of National Institute for Clinical Excellence (NICE). Increasingly, nurses and midwives are involved in contributing to the development of guidelines at local and national level and they need to understand the processes involved in their development.

Participants

The workshop is targeted at an intermediate level and will interest participants involved in practice development groups or who may be involved in contributing to guideline development now or in the future. Participants must have some experience of critically appraising research literature. Due to the interactive nature of this workshop the number of participants is limited to 25.

Content of the Workshop

The workshop will take participants through the guideline development process from inception to completion and will include:

- a discussion of the NICE framework for guideline development;
- involving stakeholders;
- resource issues;
- identifying areas of practice for guideline development;
-framing questions for systematic review;
- developing search strategies;
- identifying and appraising literature;
- grading evidence;
- writing guideline recommendations;
- the consultation process;
- practical issues and problems associated with each element of the development process.

Facilitators will use examples from their experience of developing National Evidence-based Guidelines for Prevention of Healthcare Associated Infections to highlight practical issues and real world problems involved in guideline development.

Participants will be involved in exercises designed to highlight the methodological and

practical problems associated with guideline development including:

- discussion of the advantages and disadvantages of the evidence-based guideline movement;
- generating searchable questions;
- appraising literature and extracting data;
- constructing evidence tables;
- discussion of grading criteria;
- and writing recommendations.

The Facilitators

The primary facilitator is currently leading the development of NICE guidelines and the co-facilitators are members of a university-based nursing research group who have been funded by the Department of Health, and more recently NICE, to develop national evidence-based guidelines in the field of infection prevention since 1998. They are all qualified nurses and nurse teachers involved in the facilitation of practice-based research and are keenly interested in the issues associated with adherence to guidelines and the implementation of evidence-based practice.

Intended learning outcomes:

Gain an understanding of the processes involved in developing national evidence-based guidelines

Gain an appreciation of the practical and methodological issues associated with guideline development

Gain insight into the skills required to participate in the development of evidence-based guidelines

Recommended reading:

Pratt RJ, Pellowe C, Loveday HP, Robinson N, Smith GW. 2001, The epic Project: Developing National Evidenced-based guidelines for Preventing Healthcare-associated infections. Journal of Hospital Infection. Vol 47sSupplement.

Pellowe CM, MaCrae EM, Loveday HP, Reid P, Harper P, Robinson N, Pratt RJ. 2002The scope of guidleines to prevent healthcare-associated infections. British Journal of Community Nursing. vol7, no 7. 374-378

Pellowe CM, Loveday HP, Harper P, Robinson N, Pratt RJ. 2001. Preventing infections from short-term indwelling catheters. Nursing Times Vol97, no 14, 34-35

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Web: www.nrtc.org.uk

The National Respiratory Training Centre (NRTC) is an educational and research establishment for healthcare professionals, which aims to improve the care of patients the who suffer from respiratory disease.

As evidence-based medicine becomes blueprint for daily decision-making in clinical practice we are increasingly aware of he needs for all healthcare professionals to be able to access and interpret new evidence. Consequently the NRTC has developed multi-level programmes, ranging from critical appraisal workshops to the degree-level distance –learning module in evidence-based practice.

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