EDCNS

The 11th European Doctoral Conference in Nursing Science 2010

17-18 September 2010, Berlin, Germany

Organization committee:

Charité -
Universitätsmedizin Berlin
Centre for the Humanities and
Health Sciences
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Nurse and Paramedic Teachers
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For more information, see the conference website:
http://www.unimaas.nl/edcns

EDCNS

The 11th European Doctoral Conference in Nursing Science

CHARITÉ
UNIVERSITÄTSMEDIZIN BERLIN

17-18 September, 2010
Berlin, GERMANY

Berlin, September 2010

Editors:
Doris Wilborn, Gabriela Schmitz
Department of Nursing Science, Charité - Universitätsmedizin Berlin, GERMANY

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The history of the Charité dates back to the year 1710. At that time the plague posed an imminent threat, and King Frederick I of Prussia had a quarantine hospital built outside the city gates. After the plague spared the city, the building was used during the next 17 years as a hospice for destitute old people, a workhouse for beggars, and a maternity home for unmarried mothers.
In 1727, King Frederick William I decreed that the quarantine hospital would become a military hospital and infirmary as well as a training center for future military physicians. "The house shall be called Charité" was written as a marginal note in one of his letters.The Royal Charité Hospital was starting to become an important medical facility: it had storeys added, was expanded to 400 beds, received ample financing, and provided a bed for each patient.The impetus for these developments came from the Prussian Medical Edict of 1725, which was issued to regulate the training of healthcare professionals. It set the standards for a century.

Medical studies were placed on a solid theoretical and practical foundation whose implementation was state-controlled through the Collegium Medico-Chirurgicum (Medical-Surgical School) in Berlin.The curriculum focused on the education of military surgeons, who had been receiving practical clinical training at the Charité since 1727.
The Charité thus had three functions: it was a hospice for the poor (until 1798), a state hospital, and a teaching facility to train future military physicians for the steadily growing Prussian army.Thus it soon lacked adequate space and was torn down for the first time between 1785 and 1797.
The Charité gained increasing importance as a training center for military physicians after the establishment of a military academy, the Pépinière (plant nursery), in 1795. It was called the “Frederick William Institute” from 1818 until 1895, when it became the "Emperor William Military Medical Academy". Here future military physicians received a general academic education.

While the Charité retained its importance as a clinical training center for military physicians from 1727 to 1945, it initially had no part in the academic education of civilian physicians after the University of Berlin was founded in 1810.Thus medical, urgical/ophthalmological and gynecological clinics were established at the university, and the Collegium Medico-Chirurgicum was disbanded. These clinics were at first scattered in private apartments until 1818, when construction of a large university medical center started on Ziegelstrasse in the immediate vicinity of the Charité.

The fact that Berlin university medicine and the Charité were mentioned in the same breath was partly due to the establishment of more and more university clinics on the Charité premises over the years. All the university clinics on Ziegelstrasse eventually moved to the Charité. The medical clinic was the first one to move in 1828, but the last one, the university surgical clinic, only followed suit a century later in 1927. Then the Charité finally became a university medical center. Formally, however, the Charité and the university hospital still remained separate institutions until 1951: in the GDR they finally

merged to form the Medical Faculty (Charité) of Humboldt University.
The turn of the last century saw the nearly complete demolition of Charité facilities and the construction of a uniform new red brick building between 1896 and 1917.Its generous design was ruined during World War II: 90% of the building was destroyed or damaged. Its reconstruction after 1945 under the GDR regime included a new tumor clinic (1959) and a dermatological clinic (1960) as well as a bed tower with a utilities tract (1982) and documented the intention of the GDR to keep the Charité as the state's showpiece. It had 2000 beds at that time. Restoration of the landmark building started after Germany's reunification and was nearly complete in 2005.

In 1997 Rudolf Virchow Hospital merged with the Charité to form the Charité Medical Faculty of Humboldt University, Berlin. The associated clinics were also consolidated one year later. Benjamin Franklin Hospital of the Free University of Berlin was added in 2003. This marked the beginning of Charité - Universitätsmedizin Berlin, Europe's largest university hospital. The Charité is now well on its way toward regaining its past glory and will celebrate its 300th anniversary in 2010.

Address of welcome by Prof. Dr. Renate Stemmer, Chairwoman of the German Society of Nursing Science

Dear participants of the 11th European Doctoral Conference in Nursing Science,

Progress in knowledge, according to Humboldt, requires the researcher's willingness to devote to a research project in 'solitude and freedom'.
As a dialectic supplement, however, an equivalent discussion within the scientific community is of essence in order to experience, already during the work process, social support, encouragement, inspiration and assistance but also critical self-assurance. We are all pleased that today's international congress provides an ideal forum in this respect.
The *Deutsche Gesellschaft für Pflegewissenschaften* (German Society of Nursing Science) (DPG) e.V. as an association specialised in nursing science provides a social network more or less designed for eternity, which offers everybody engaged in nursing science a forum for academic dialogues amongst colleagues independent from the interests of third parties. The superior objective of the society is to promote nursing science and research, in particular to support scientific discussions in this field and to guarantee methodological pluralism as well as to make the results available to the general public.
The Society wishes you inspiring and interesting recommendations for your work and the establishment and maintenance of international support systems, a constructive, lively and critical dialogue so that you will leave feeling encouraged to successfully continue your own research work in 'solitude and freedom'.

Prof. Dr. Renate Stemmer
Chairwoman of the German Society of Nursing Science

Address of welcome by Senator of Health, Environment and Consumer Protection Katrin Lompscher, Berlin

Ladies and Gentlemen,
On behalf of the government of the federal state of Berlin I would like to welcome you to the European Doctoral Conference in Nursing Science. I am very pleased that this conference is again being held in Berlin.
This year, the conference has been organised by members of the department of medical education and nursing science of the Charité. This department represents in the best possible way both, tradition and progress with regard to turning nursing into a graduate profession and to creating the scientific foundation of nursing in Germany. As early as in the 1960s, the Humboldt University pioneered the academic training of nurses and health professionals by introducing a course of studies designed for teachers in the health care system. In 1982, the Charité established the first course of studies for nursing staff in Germany, which, however, did not serve as a model. By introducing a chair of nursing science and by initiating the course of studies in “Nursing Science” and the relevant PhD programme the university aspect of nursing science continued to establish.

I wish that this conference will lead to a lively exchange on research results, contribute to a Europe-wide network of nursing researchers and assist the participants in their scientific work. Naturally, I also hope for impulses for a theory-practice-transfer because, only if research results are reflected in education and qualification of nurses, they can be of use for the patients.

Yours

Katrin Lompscher

Address of welcome the organization committee

Dear colleagues,

A good tradition celebrates its 11th anniversary – the European Doctoral Conference in Nursing Science – and we are very pleased to welcome you to the EDCNS 2010 here in Berlin.

As in the past years, the purpose of the conference is to meet and make contact with fellow researchers all over Europe, to present a research project as part of her or his thesis, to share experiences and information in the area of nursing research as well as to learn from each other what is currently happening in nursing science in Europe. Because of its good evaluation last year we provide again the opportunity of meeting the professors to discuss e.g. questions regarding their own research topics.

This year's topic is *Research and Networking* – one central idea of the conference since the beginning 11 years ago. We will hear some explanations about this concept in the keynote of Prof. L. Smith and hopefully we experience networking directly during the conference.

We wish you a pleasant and scientifically stimulating stay in Berlin!

With kind regards,

Doris Wilborn and Gabriela Schmitz

Berlin, September 2010

Fotos: DW

Practical information

Locations

The **welcome reception** (18:00 – 20:00) on September 16th takes place at the:

Charité Universitätsmedizin Berlin
Institut für Medizin-Pflegepädagogik und Pflegewissenschaft
Department of Nursing Science
Oudenarder Str. 16
13347 Berlin
(Building A – Entrance A – see map 1)
Third floor (signed ZG or 2.2)

The **conference** takes place at two locations:

• Friday September 17th 2010:	8.15 – 10.30
• Saturday September 18th 2010:	9.00 – 10.15

Restaurant LaLuz
Oudenarder Str. 16
13347 Berlin
(Building C - see map 1)

• Friday September 17th 2010:	10:30 – 16.30
Saturday September 18th 2010:	9.00 – 16.30

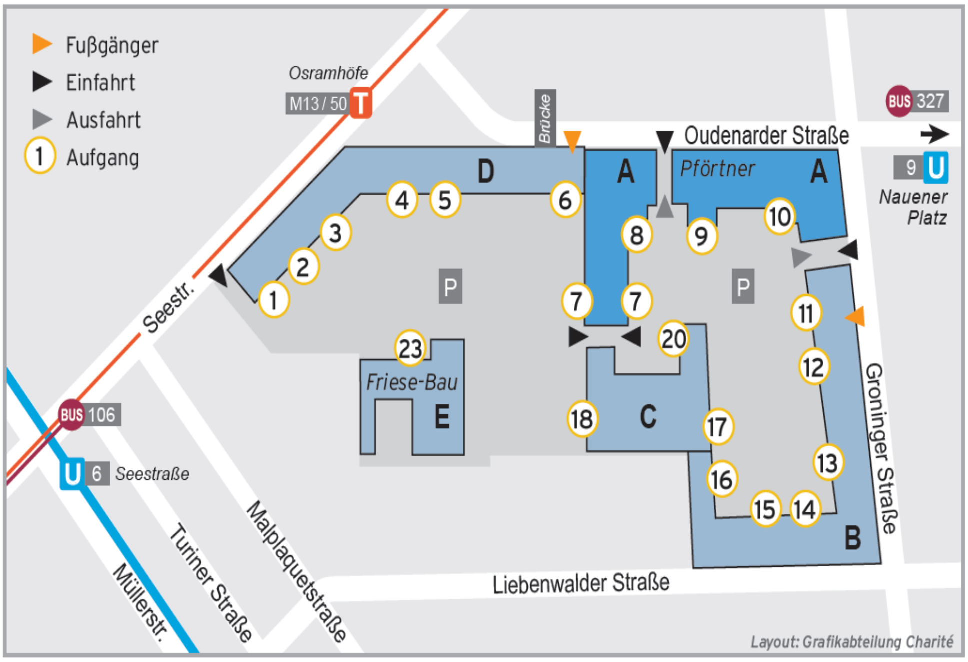
Charité Universitätsmedizin Berlin
Institut für Medizin-Pflegepädagogik und Pflegewissenschaft
Department of Nursing Science
Oudenarder Str. 16
13347 Berlin
(Building A – Entrance A - see map 1)
Second and third floor

How to get there?

Charité Universitätsmedizin Berlin
Institut für Medizin-Pflegepädagogik und Pflegewissenschaft
Oudenarder Str. 16
13347 Berlin

We are situated in Building A, Door 10, Floor 2.2 (ZG). Take care: Enter the court at the passage between door 8 and 9 (opposite of ALDI) although there are signs to the Charité before.

Map 1 location of the Institut für Medizin-Pflegepädagogik und Pflegewissenschaft



From Airport Tegel:
Take Bus 128 to **Kurt-Schuhmacher-Platz**, then U 6 to Seestr., then walk (8 Minutes) to **Osramhöfe** or take Tram (M13 or 50) to **Osramhöfe** (approximately 40 Minutes)

From Airport Schönefeld:
Take S-Bahn to **Alexanderplatz**, then take U8 to **Osloerstrasse** , than take Tram (or Bus) to **Osramhöfe** (Approximately 60 Minutes)

From Central Station (Hauptbahnhof):
Take S-Bahn to **Friedrichstrasse**, then take U6 to **Seestrasse**, then walk (8 Minutes) to Osramhöfe or take Tram (M13 or 50) to **Osramhöfe** (approximately 40 Minutes)

Contact

For any arising questions and remarks during the conference, please contact the organization committee.

During office hours, members of the organization committee can be reached by phone:

Doris Wilborn	Tel.: 0049-(0)30-450529055
Gabriela Schmitz	Tel.: 0049-(0)30-450529029

Presentators

Oral presentation

Presenters are requested to be present in the room 10 minutes before the session starts.

Poster presentation

Presenters are requested to bring their poster at the registration on Friday 17th September 2010.

Internet

Free Internet-access is available in the department of nursing science, please contact Doris Wilborn.

Social program

Friday, September 17th

After the official program on Friday, all participants who registered for the guided bus tour or the guided walk are requested to meet at 17.30 outside the courtyard on Oudenarderstrasse.

All participants will be transported by bus to the city centre.

The participants of the walking tour will be left at “Oranienburgerstrasse” to meet their guide. At the end of the walking tour (approximately 19.15) the guide will lead them to the restaurant “Oxymoron” which is situated in the “Scheunenviertel”.

The participants of the bus tour will have a guided bus tour through Berlin and at the end will be left near the restaurant at 19.15.

All participants who do not join any of the offered tours are requested to meet at the restaurant at 19.15.

The restaurant “Oxymoron” is situated in the first Art Nouveau courtyard of the “Hackesche Höfe” in the heart of Berlin. It is equipped and designed in the style of a generous twenties-style saloon with brass chandeliers and intricate hand-made wallpaper.
The address is Oxymoron, Rosenthaler Str. 40/41, 10178 Berlin, Telefon: +49 30 2839 188-6.
The formal dinner will start at 19.30.

All participants will be asked to choose a main course out of three at the registration on Thursday or Friday. In case of dietary restrictions, please contact a member of the organization committee before Friday 17th, 10.00.

PROGRAM

Thursday 16th September 2010

In Department of Nursing Science

18:00 – 20:00 pm

Evening welcome reception and registration

3rd floor (ZG/2.2)

Presenters are requested to bring their presentation on USB-stick to registration.

Friday, September 17th 2010

In La Luz

8:30 - 9:15	Welcome and Registration
9:15 – 9:20	Welcome by the organization committee
9:20 – 9:35	Welcome Prof. Dr.Theo Dassen
9:35 – 9:40	Welcome Prof. Dr. Renate Stemmer, German Society of Nursing Science
9:40 – 10:25	Prof. Dr. Lorraine N. Smith, University of Glasgow, Immediate Past Chair of WENR “Research and Networking: a chance, a challenge and how to do it in different ways”.
10:30 – 11:00	*coffee break*

In Department of Nursing Science

11:00 – 12:30 **Oral presentation parallel sessions**

Session 1: room SR2 (second floor)

Chair: Dr. Jan Kottner

1. Interdependence of ethics, future and leadership/management in nursing
   Sabine Proksch, Pflegewissenschaftliche Fakultät der Philosophisch-theologischen Hochschule Vallendar, Vallendar, Germany

2. “Tears for a son who never knew” – Caring for women suffering spontaneous abortion
   Maria Moreira, University of Azores, Ponta Delgada, Portugal

3. What the nurse does: Exploring the nurses contribution to the resolution of ethical dilemmas in secondary care – the pilot study
   Nicola Ann Barlow, University of Huddersfield, Huddersfield, UK

4. Grief of Family Caregivers of Person with Chronic disease
   Ricardo Melo, CMP / University of Porto, Santa Maria da Feira, Portugal

Session 2: room VR1 (second floor)

Chair: Prof. Dr. Theo Dassen

5. Comparing outcome, process and structure indicators of care for malnourished residents in German and Dutch nursing homes
   Noémi Van Nie, University of Maastricht, Department of Nursing Science, Maastricht, The Netherlands

6. Prevalence of malnutrition in Austrian hospitals and nursing homes
   Silvia Schönherr, Medical University of Graz, Institute of Nursing Science, Graz, Austria

7. Pressure ulcer prevalence in paediatric care – how large is the problem?
   Anna-Barbara Schlüer, Children's University Hospital Zurich, Zurich, Switzerland

8. Urinary incontinence and quality of life after radical retro pubic prostatectomy (RRP): efficacy of conservative management and main elements for nursing anamnesis, in response to the need of urinary elimination
   Stefano Terzoni, University of Milan, Milan, Italy

Session 3: room VR2 (second floor)

Chair: Prof. Dr. Ruud Halfens

9. Action research – an appropriate approach to implement a clinical practice guideline into an acute care setting?
   Helga Breimaier, Medical University of Graz, Institute of Nursing Science, Graz, Austria

10. Reflections on issues related to collecting data in one language and writing in another.
    Rattikorn Mueannadon, University of East Anglia, School of Nursing and Midwifery Norwich, UK

11. Autonomy reconstruction: after self-care dependency
    Maria Alice Correira Brito, Porto College of Nursing, Porto, Portugal

12. "Latching difficulty" during breastfeeding: What do Italian mothers say about their experience? A qualitative study
    Virna Franca Zobbii, Universita degli Studi di Milano, Milano, Italy

In LaLuz

12:30 – 13:30 *Lunch break*

13:30 – 15:00 Oral presentations parallel sessions

In Department of Nursing Science

Session 4: room SR2 (second floor)

Chair: Prof. Dr. Christa Lohrmann

13. Attitudes of Thai parents and adolescents towards Sex Education: A qualitative exploration
Chaweewan Sridawruang, University of East Anglia, Norwich, UK

14. Knowledge needs and empowerment of parents of babies with congenital abnormalities
Kristin Adler, University of Turku, Turku, Finland

15. Patient's expectation of education provided in neurosurgical wards.
Danuta Ciesla, Medical University of Warsaw, Department of Clinical Nursing, Warsaw, Poland

16. Preventing Postpartum Depression: An analysis to the existing knowledge
Marcio Filipe Moniz Tavares, University of Azores, Ponta Delgada, Portugal

Session 5: room VR1 (second floor)

Chair: Prof. Dr. Ian Norman

17. Improved guideline adherence in a guideline-based, nurse-driven, software-supported integrated chronic care program for patients with arterial fibrillation: the AF-Clinic
Jeroen ML Hendriks, University of Maastricht, Maastricht, The Netherlands

18. Factors influencing nurses' compliance with Standard Precautions: A focus group experience
Georgios Efstathiou, Cyprus University of Technology, Nicosia, Cyprus

19. Adherence to national acute care protocols in the Netherlands: influencing factors
Remco Ebben, HAN University of Applied Sciences, Research Department Critical Care, Nijmegen,The Netherlands

20. Care Continuum to monitor and control chronic pain in oncological patients: An Italian experience of integration between hospital and territory
Valerie Cremonini, University of Genoa, Genoa, Italy

Session 6: room VR2 (second floor)

Chair: Dr. Nils Lahmann

21. The responsiveness of the Care Dependency Scale for rehabilitation (CDS-R): an investigation of the effect sizes
*Juliane Eichhorn-Kisse*l, *Medical University of Graz, Institute of Nursing Science, Graz, Austria*

22. Patient Advocacy in Community Care of Older Patients:
Psychometric testing of the Swedish version of Attitudes towards Patient Advocacy Scale (APAS) and registered nurses and nurse managers attitudes towards patient advocacy
Anna Josse Eklund, Department of Nursing, Karlstad University, Karlstad, Sweden

23. An investigation into the effectiveness and cost-effectiveness of a case management approach
Marina Lupari, University of Ulster, Londonderry, Northern Ireland

24. Beliefs, behaviours and strategies of primiparous pregnancy
Patricia Margarida Costa Duarte Ferreira, Ponta Delgada, Portugal

15:00 – 15:30 *coffee break*
(Rooms HS and POL C, third floor)

15:30 – 17:00 Workshops

Workshop A: room VR1 (second floor)

Explaining Nursing Behavior, a protocol for applying theories
Dr. Rob Ruiter, Faculty of Psychology & Neuroscience, Department of Work & Social Psychology, Maastricht University, The Netherlands

Workshop B: room VR2 (second floor)

EU Research Funding at Your Finger Tips – How to address EU funds for RTD
Ulrich Roessler, EU-coordinator, Freie Universität Berlin, Germany

Workshop C: room SR (second floor)

Qualitative Research – A practical approach from data collection to evaluation
Dr. Thomas Boggatz, University of Applied Sciences, Salzburg, Austria

17:30	Organized transfer for the social program
18:00 – 19:00	A) Guided Walking Tour in the “Scheunenviertel“ B) Guided City Bus Tour
From 19:30	Formal Dinner in “Oxymoron in the ”Hackesche Höfe”

Saturday, 19th September

In LaLuz

9:00 – 9:45	‘Publish or perish? Some reflections on writing in English language academic nursing journals’ *Prof. Ian James Norman, King's College, University of London, Editor-in-Chief of the International Journal of Nursing Studies*
9:45 – 10:15	*Coffee break*

In the Department of Nursing Science

10:15 – 11:00 **Poster presentations and “Meet the Profs”**

Foyer (third floor)

Chair: Doris Wilborn

- Presentation of posters

Rooms POL B and POL C

- “Meet the Profs”: opportunity to meet professors of nursing science and to discuss current problems of one owns doctoral work
  (Profs L. Smith, C. Lohrmann, T.Dassen, R. Haalfens)

11:00 – 11:30 *Coffee break*

11:30 – 13:00 Oral presentations parallel sessions

Session 7: room SR2 (second floor)

Chair: Dr. Jan Kottner

25. Quality of Life in Shared-Housing Arrangements – an Empirical Study on Self- and Proxyreports
    Johannes Gräske, Charité Universitätsmedizin Berlin, Berlin, Germany

26. The Evaluation of the Conley Scale Concerning the Risk of Falling in Hospitals
    Annalisa Pennini, University of Genoa, Genoa, Italy

27. Validation of the Zarit Burden Interview in caregivers of non-demented elderly
    Thérèse Van Durme, Université Catholic de Louvain, Brussels, Belgium

28. Nutritional Care in the Elderly: Nurses' Attitudes
    Loris Bonetti, University of Genoa, Genoa, Italy

Session 8: room VR1 (second floor)

Chair: Prof. Dr. Ruud Halfens

29. Skills Development of Nurses: an ecological perspective
    Sara Isabel de Jesus Ferreira, University of Aveiro, Ovar, Portugal

30. A study to explore the shifting perceptions of mentorship in mental health nursing: How do nurses and student nurses view the concept of mentorship?
    Julie Teatheredge, Anglia Ruskin University, Chelmsford, UK

31. Nurse and health technician role development: addressing tools
    Guiliana Morsiani, University of Genoa, Genoa, Italy

32. The effects of teaching strategies on nursing students' learning: students' perception of a PBL program
    Wafaa Al Johani, University of Sheffield, Sheffield, UK

Session 9: room VR2 (second floor)

Chair: Prof. Dr. Ian Norman

33. The nursing and community health services situation of elderly people living with multiple pathologies
Gabriele Achenbach, University of Witten-Herdecke, Witten-Herdecke, Germany

34. Quality of Life in Italian Elderly People
Giuseppe Esposito, University "Tor Vergata" Rome, Rome, Italy

35. Relatives of persons with dementia living in special care units in Norwegian nursing homes – experiences with patient participation
Ann Karin Helgesen, Østfold University College, Halden, Norway and Karlstad University, Karlstad, Sweden

36. Siblings – "Children of Shadow" – Children and young people as next of kin of a chronic and/or seriously ill sibling
Sigrid Kleiser-Eysn, University of Vienna, Vienna, Austria

In LaLuz

13.00 – 14.00 *Lunch break*

In Department of Nursing Science

14.00 – 15.30 **Oral presentation parallel sessions**

Session 10: room SR2 (second floor)

Chair: Prof. Dr. Christa Lohrmann

37. Predictors of patients' satisfaction – basis for quality improvement work in hospitals
Vigdis Abrahamsen Grøndahl, Karlstad University, Karlstad, Sweden

38. Evaluation of current attitudes of Romanian health care professionals toward debridement methods
Ana-Maria Iuonut, University of Medicine and Pharmacy "Iuliu Hatieganu", Cluj-Napoca, Romania

39. A critical exploration of the management of self-harm in a male custodial setting: a comparative analysis of prison staff views on self-harm
Pras Ramluggun, University of East Anglia, Norfolk, UK

40. Do patients and nurses share the same ideas on what nursing care is? A comparative study
Georgios Efstathiou, Cyprus University of Technology, Nicosia, Cyprus

Session 11: room VR1 (second floor)

Chair: Prof. Dr. Theo Dassen

41. The nurse as critical mediator of health care policy
    Anchalee Kaewsasri, University of East Anglia, Norfolk, UK

42. Nursing staff responses to patient death in an acute hospital setting
    Janet Wilson, Sheffield Hallam University, Sheffield, UK

43. Mental health care professionals' experiences of the psychological ward atmosphere in relation to work environment and perceived stress
    Hanna Tuvesson, Malmö University, Malmö, Sweden

44. Determination of measurable factors with an impact on the nursing workload
    Dries Myny, University of Gent, Gent, Belgium

Session 12: room VR2

Chair: Prof. Dr. Lorraine Smith

45. Exploring breast cancer screening with woman with intellectual disabilities
    Diane Willis, Edinburgh Napier University, Edinburgh, UK

46. Let me speak: the voice of learning disability in end-of-life
    Dorry McLaughlin, University of Ulster, Newtownabbey, Northern Ireland

47. Equity study of medical doctors' geographic distribution in China, from 1989 to 2008
    Yan Song; University of Macau, Macau, China

15:30 – 16:00 *Coffee break*

16.00 – 16.30 EDCNS awards for presentations and poster and Farewell

ABSTRACTS
ORAL PRESENTATIONS

Title

The nursing and community health services situation of elderly people living with multiple pathologies. Multimorbidity in old age.
A doctoral research project at the University of Witten/Herdecke, Germany

Author(s)

Gabriele Achenbach, PhD (c), MPH, Diplom in Nursing Science/Administration (Germany), RN, Wilfried Schnepp, PhD, MSc(Nursing), RN, CCRN; Ruth Schröck, PhD (Edin), MA, DNS (Educ)

Abstract

Aim of the study

Explore the experience of care and the significance of the care situation for older people (over 65 years old) with multiple pathologies and for their social network as well as identifying the needs arising from it.

Methods

In a qualitative design participants over 65 years old and members of their social network including any professional experts active in this situation (n=27) are interviewed utilizing the grounded theory.

Results

The findings revealed the key category indicating “multimorbidity in old age as a syndrome”. Multimorbidity is not just co-morbidity of one chronic disease or what the medical literature discusses as long-term side effects. Multimorbidity controls the health needs and access to health and nursing services, the lack of continuity of health services and professional aid. It also determines the functional losses affecting daily wellbeing.

Discussion incl. Conclusion

The key category in particular captures the essence of the pertinent events and the informants’ thoughts, feelings and actions. Multimorbidity has a significant effect on life and coming to terms with the illness.

Practical relevance

The findings indicate that the attributes of good care is two major components: the respect for person and their biography and social context including dignity, confidentially and the autonomy of individuals and families to decide about their own health. These results agree with the WHO Reports (2000a) elements of a good health system. The second party is the client orientation including prompt attention, coordination of health services in one hand, to take the client seriously, choice of provider, and access to social support networks during care.

Research implications

The study identifies some of the principles required for an appropriate system of care for elderly with multimorbidity.

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Title

Knowledge needs and empowerment of parents of babies with congenital abnormalities

Author(s)

Kristin Adler, University of Turku, Finland and University Hospital Bern, Prof. Dr. Helena Leino-Kilpi, Prof. Dr. Sanna Salanterä, University of Turku, Finland

Abstract

Introduction

Since 1986 the amount of children which die because of congenital abnormalities has decreased in Europe. Most abnormalities lead not to death but sometimes to long-term disability with the need of additional specialised care. Parents with a newborn suffering from congenital abnormality face multiple tasks in the first months of the life of their baby. Nurses provide an important channel of information, and have ongoing interactions with parents so nurses are in key position to assess parents' needs for knowledge and information that helps them to take care of their ill baby. A good discharge-management of these children is complex but also very important to enable / empower the parents to a good start in the life with their baby.

Aim of the study

Development of an instrument to assess the knowledge needs of parents with a child with a congenital abnormality.

Methods

1. Literature review in PubMed and CINAHL
2. 6 Focus-group-interviews with parents of children with a congenital abnormality and nurses working on wards where the children are hospitalised (in 3 University hospitals).
3. Testing of the psychometric properties (validity and reliability) of the instrument and assessment of the knowledge needs

Results

Literature review: The knowledge needs of parents can be divided into 23 groups. Priority changes over time.
Focus-group-interviews: Planned for June 2010
Instrument testing: Planned 2011

Practical relevance

As parents have different knowledge needs it is important that these are assessed individually and systematically at different times.

Research implications

With the developed instrument the knowledge needs of parents can be assessed and then can be met.

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Title

What the Nurse does – Exploring the nurses contribution to the resolution of ethical dilemmas in secondary care – the pilot study

Author(s)

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Abstract

Introduction

Nurses face ethical dilemmas as part of their professional practice and it is often these that cause the greatest concern for the patient, their family and the nurse (Storch 2004, DH,1999) . It is therefore important that we are able to understand what registered nurses contribute to addressing these dilemmas as they occur.

Aim of the study

The aim of this pilot study is to test the data collection methods for a study in order to examine what it is that Registered Nurses contribute to the resolution of ethical dilemmas as part of their nursing practice.

Methods

This is a qualitative study using audio recording of semi-structured interviews to collect narrative data from participants (Polit and Beck 2006). A two phased analysis was undertaken a thematic approach, followed by a narrative analysis to examine the cultural dimensions within the clinical setting (Burns and Grove 2001).

Results

Questions required minor amendments and three themes emerged from the data:

Organisational priorities
Nurse – physician relationship
‘Best for the patient’

Discussion incl. Conclusion

Participants identified and discussed conflicts that have arisen between organisational objectives, procedures or protocol and that which was thought to be ‘best for the patient’.

Practical relevance

This pilot study highlighted the importance of developing the appropriate interviewing skills required for data collection and appropriate wording of questions to illicit the required data from participants prior to undertaking major study

Research implications

Three key areas identified by registered nurses in relation to ethical dilemmas where further research would be beneficial.

References

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Title

Nutritional Care in the Elderly: Nurses' Attitudes

Author(s)

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Abstract

Introduction

Attitude toward a behaviour is a person's overall evaluation of the behaviour. People feel positively about performing a behaviour as more as they believe that its performance will lead to more good than negative outcomes. As claimed by Bachrach-Lindström et al.: "positive attitudes about nutritional care can prevent the development of undernourishment or the further worsening of an already undernourished patient condition".

Aim of the study

Validation of *"The Staff Attitudes To Nursing Geriatric Nutritional Care Scale (SANN-G Scale)"* in Italian.

Methods

Discussion and integration of translations carried out independently by two Swedish native speakers; back-translation by a third independent Swedish native speaker; comparison with the authors of original tool; content validation of Italian version, through focus group; assess reliability of stability with test-retest method; assess internal consistency reliability with Cronbach's alpha.

Results

Linguistic adaptation of SANN-G was successful. We are waiting for the opinion of the authors of SANN-G about back-translation. Next months will be assess content and cultural validity of the scale with focus group and reliability of stability and internal consistency reliability, as showed in methods.

Discussion incl. Conclusion

The SANN-G scale seem to be an effective tool for the assessment of attitudes of nursing staff, towards nutritional care.

Practical relevance

Nursing staff play a strategic role in nutritional care. To have a tool to measure attitudes of nurses about this issue is important.

Research implications
To identify areas where nurses have negative attitudes, to implement strategies that improve overall nutritional care.

References

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Title

Action research - an appropriate approach to implement a clinical practice guideline into an acute care setting?

Author(s)

Breimaier HE; Lohrmann C

Abstract

Introduction

The practicing nurse needs to integrate research-tested information in his/her own practice for several reasons. Yet, the implementation of evidence into nursing practice is rarely accomplished and a gap exists between current knowledge and clinical practice. Although, in past years, much effort has been made to minimize or close this theory-practice gap, it is still unclear which are the most effective means of instilling new knowledge to change nurses' practice. Traditional approaches have not led to an optimised health care (Grimshaw & Eccles 2004). A multi-methodological approach like action research is recommended (Greenhalgh et al. 2004) to gain a better understanding at what strategies, within which context are effective at implementing e.g. clinical practice guidelines (CPGs). However, so far only little is known about action research as an approach to implement CPGs into nursing practice.

Aim of the study

This presentation aims to discuss the appropriateness of action research as an approach to implement a CPG into an acute care setting in nursing.

Methods

Features and aspects of action research will create the theoretical base for discussing a real planned empirical research project of implementing a CPG to prevent falls into a clinical hospital setting.

Conclusions and implications

It is expected that the discussion of the mentioned theoretical aspects and the intended practical research project will allow more insight into the possibilities of action research as a suitable approach to implement CPGs into nursing practice.

References

Greenhalgh T., Robert G., Bate P., Kyriakidou O., Macfarlane F. & Peacock R. (2004). *How to spread good ideas: a systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation.* London: Report for the National Coordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO).

Grimshaw JM & Eccles MP 2004, 'Is evidence-based implementation of evidence-based care possible?' *Medical Journal of Australia,* vol. 180, pp. S50-S51.

Title

Autonomy reconstruction: after self-care dependency

Author(s)

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Abstract

Introduction

Becoming a person with self-care dependency implicates to live a transition. This process is complex and little is known about.

Aim of the study

We developed a study to identify the elements of that transition; the internal and external individual factors that influences self care; the response patterns to adjust to the new way of living; and nursing therapeutics.

Methods

Interviews and observation were used as a data collection technique. Ten participants were interviewed, four times in three month, first at hospital and others at home. The data were analyzed using NVivo7.

Results and discussion

Awareness is a very important property because without it, dependent persons don't engage on the process of reconstruction autonomy. There are some facilitators and inhibitors conditions of this transition. To adjust to the new way of living people develop response patterns.

Conclusion and practical relevance

Understanding the properties and inherent conditions in a transition process will lead to the development of nursing therapeutics congruent with the experiences of clients and their families.

Research implications

This study was centred on qualitative aspects of the experience of the people who lives the transition - becoming self-care dependent. Now it's possible developed others studies centered on specific areas.

References

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Title

Patients' expectation of education provided in neurosurgical wards.

Author(s)

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Marek Pastuszko PhD, MD, Department of Clinical Nursing, Faculty of Health Science, Medical University of Warsaw, Poland

Abstract

Introduction

The role of the patient as an active partner in health care, and not just a passive object of diagnostic testing and medical treatment, is crucial. Providing information to patients is considered a crucial issue and the central focus in patient educational activities. It is necessary to educate patients on the nature of the outcomes and the benefits and risks of the procedures to involve them in the decision-making process and enable them to achieve fully informed consent. (Pellise´ et al. 2009)

Aim of the study

The aim of the study was to identify patients' expectations of the care delivered to them in the neurosurgical wards especially including education area.

Methods

A questionnaire survey was conducted with 150 patients in a Neurosurgery Wards of hospitals in Mazovian Voivodship-Poland in (January 2008- September 2009). Own questionnaire instrument. Questionnaire has permission from ethical commission.

Results

About half of the respondents (58.6%) found the medical care not good enough, they didn’t get real explanations and advices of their current disease. 44% perceived the information they received were insufficient; and 17% reported that they did not get any information about their disease.

Discussion incl. Conclusion

Patients express their need for more information and education, especially those related to their current disease, during their staying in hospital. Patient education should be individually tailored covering the whole process of patient’s care.

Practical relevance

Patients would like to be involved in the decision-making about their treatment.

Research implications

Very limited studies have focused on the patient education and what kind of expectations they have in the neurosurgical ward.

References

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Title

Care Continuum to monitor and control chronic pain in oncological patients: An Italien experience of integration between hospital and territory

Author(s)

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2 Ph.D. in Methodological Research of Nursing Science, University of Genoa, Italy
3 Associate Professor, University of Genoa, Italy

Abstract

Introduction

Since in our community there was no chronic pain management protocol in place, we decided to set up and implement a chronic pain management guideline. Among the guidelines available in literature, the Scottish Intercollegiate Guidelines Network (SIGN) and Recommendations for Nursing Practice in Pain Management produced by The Pian Society - The British Chartert of the International Association for the Study of Pain, were translated in Italian language

Aim of the study

Objective of the study was to improve the assessment of chronic pain in oncological patients using systematic monitoring with the Numerical Rating Scale (NRS).

Methods

Our research team elaborated the management guideline and the operational ways: informative brochure, pain diary, nursing pain schedule, productive factors schedule. Formation projects on field were developed for the analysis of the guideline elaborated and the definition of the actions to be undertaken for the implementation.
The population of study taken into consideration by the group was individualized in the patients in hospital and territory. The analysis was conducted in one week and interested a group of 173 patients.

Results

Evidence of pain evaluation were shown in 72% of cases for the hospitalized patients in the hospitalizations and in 63% the cases in charge to the days hospital. The evidence of self evaluation of of the pain by the patientor of care given side was in 53% of day hospital patients who reported pain when were taken in charge.

Discussion incl. Conclusion

Before the elaboration of the management guideline, in every care set wasn’t present systematic evidence of evaluation and self-evaluation of oncological chronic pain. The guideline implementation determined the evidence attainment.

Title

Validation of the Zarit Burden Interview in caregivers of non-demented elderly

Author(s)

Van Durme T., Macq J. & Gobert M.

Abstract

Introduction

Even if the Zarit Burden Interview (ZBI) is widely used and has extensively been studied in different populations, it has only been formally validated in informal caregivers of elderly *with* dementia. However, literature shows that the burden of these populations is quite different, due to the behavior characteristics of the care receiver.

Aim of the study

To perform a complete validation of the scale in informal caregivers of home-dwelling elderly without dementia. The 12-item ZBI was chosen, due to its alleged user-friendliness.

Methods

Acceptability was evaluated by the percent of missing values of the questionnaires. Content validity was assessed by both Content Validity Index (CVI) and Cohen's kappa multirater index. Construct validity was studied by the means of the known groups technique. Reliability was assessed by the test-retest reproducibility, by calculating intraclass-correlation coefficient (ICC).

Results

Content validity indexes for the 12 questions scored from 0.64 to 0.95. As for Cohen's kappa multirater index, questions rated from 0.53 (question 3) and 0.95. Acceptability, construct validity and reliability data collection are still in process, but will probably be completed before the September EDCNS Conference.

Discussion incl. Conclusion

Initial findings shows different validity of ZBI for in informal caregivers of elderly *without* dementia than those for elderly with dementia.

Practical relevance

This study stresses the importance to validate scales for specific study populations, even it was initially validated but in a different population. For instance, the first results of the content validity show that some of the ZBI questions are not relevant for informal caregivers of elderly *without* dementia.

Research implications

Formal validation has to be performed for scales used in a different population. A scale in order to evaluate burden for informal caregivers of home-dwelling elderly *without* dementia must be validated and, if necessary developed.

Title

Adherence to national acute care protocols in the Netherlands: influencing factors explored

Author(s)

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Abstract

Introduction

National acute care sector organizations and associations in the Netherlands separately developed national acute care protocols for ambulance nurses and emergency nurses[1,2]

Aim of the study

To identify and gain insight in influencing factors for adherence to the national acute care protocols

Methods

Qualitative design with individual, semi-structured, in-depth interviews (n=20) with ambulance nurses, emergency nurses, emergency physicians and ambulance care medical managers. Factors were categorized into individual, organizational and social factors and characteristics of the protocols.

Results

Identified influencing factors for adherence to the national emergency department protocol were lack of awareness, lack of usage, preference for local hospital protocols and individual (clinical) experience, lack of embedment in training and education, interest of emergency physician, integration of advanced trauma life support (ATLS) and general content. Adherence to the national ambulance protocol is influenced by individual (clinical) experience, justification of treatment, embedment in training and education, control of usage and adherence, concertation in development, external situation, congruity with daily practice and integration of ATLS.

Conclusion and discussion

Main influencing factors were barriers and facilitators related to individual and organizational factors and characteristics of the protocols. Factors differ per protocol. Implementation strategies should be tailored at these factors per sector to improve adherence.

Practical relevance

Adherence to national acute care protocols is important to reduce variation of practice, improve quality of care, and to ensure that maximum possible number of patients receive the benefit of appropriate treatment.

Research implications

When developing implementation strategies the different influencing factors should be taken in account

References

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2.)National Protocol Emergency Department. Dutch Emergency Nurses Association. Zwolle, the Netherlands, 2006

Title

Factors influencing nurses’ compliance with Standard Precautions: A focus group experience

Author(s)

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Abstract

Introduction

Nurses are those health care professionals who have the closest contact with patients, putting them at risk for acquiring an infection. There is evidence that health care professionals do not follow Standard Precautions to avoid exposure to microorganisms and the rates of exposure appear high. Therefore the examination of factors and the reasons that influence nurses´ compliance is important to investigate.

Aim of the study

To examine factors that influence nurses´ compliance with Standard Precautions and use emerged data for the development of a questionnaire to study compliance with Standard Precautions.

Methods

A qualitative approach was employed, using focus groups in order to gather necessary data. The Health Belief Model was used as the guiding theory.

Results

Following content analysis, sixty four factors emerged. All factors could fit to one of the domains of Health Belief Model.

Discussion incl. Conclusion

Nurses need to implement guidelines in order to protect themselves from exposure to microorganism. This study revealed many factors that influence nurses´ compliance with Standard Precautions. The results from this study will be used for the development of a questionnaire aiming to study the factors that influence nurses to comply or not with Standard Precautions.

Practical relevance

The determination of factors that influence compliance contributes to the enhancement of safety among nurses and increase of knowledge concerning Standard Precautions.

Research implications

The study provides the background of questionnaire development through the use of a qualitative approach.

References
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Osborne S. (2003) Influences on compliance with standard precautions among operating room nurses. American Journal of Infection Control 31(7): 415-423

Title

Do patients and nurses share the same ideas on what nursing care is? A comparative study.

Author(s)

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Abstract

Introduction

Caring is a universal phenomenon practiced among all cultures and is inherent in all aspects of nursing activities. However, there is a dearth of research perspective, investigating if nurses and patients share the same perception of caring.

Aim of the study

To test the hypothesis that difference exists in the perceptions of patients and nurses in Cyprus regarding caring behaviors.

Methods

140 nurses and 220 patients participated in this quantitative descriptive, co relational study. The 24-item Greek version of the Caring Behaviors Inventory (CBI-GR) was used. The instrument was previously tested and found highly reliable.

Results

T-test statistic showed that there were significant differences in the mean CBI-GR responses between patients and nurses (M:nurses=4.74, M:patients=4.98, t=-2.671, p=0.008). In addition t-test statistic showed significant differences in the mean of the responses on two factors of the instrument, namely knowledge and skill (M:nurses 4.97, M:patients=5.18, t=-2.401, p=0.017) and positive connectedness (M:nurses 4.40, M:patients=4.78, t=-3.734, p<0.001)

Discussion incl. Conclusion

The hypothesis - nurses and patients perceive care differently - was supported and confirms the literature on divergence of opinion between patients and nurses. This finding makes a significant contribution to the delivery of care since it provides an understanding of the differences of perceptions between patients and nurses and gives the opportunity to tailor nursing care according to consumers' expectations.

Practical relevance

The determination of which behaviours convey care help to the development of a common framework on what constitutes care.

Research implications: The results of this study provide useful information on the issue of care, but more exploration is needed to explain why there is a diverse perception of care.

References

Wu Y., Larrabee J., Putman H. (2004) Caring Behaviours Inventory: A reduction of the 42-item instrument. Nursing Research 55(1): 18-25

Kyle T.V. (1995) The concept of caring: A review of the literature. Journal of Advanced Nursing 21(3): 506-514

Title

The responsiveness of the Care Dependency Scale for rehabilitation (CDS-R): an investigation of the effect sizes

Author(s)

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Abstract

Introduction

To measure the effectiveness of health care and to identify clinically relevant changes in patients over time is essential for good clinical practice. To perform such measurements, assessment instruments have to be responsive.

Aim of the study

The study aims to investigate the responsiveness of the CDS-R based on the calculation of effect sizes.

Methods

A longitudinal-study was performed with a convenience sample of 1542 patients. During 6 months in 2007-2008, patients of an Austrian rehabilitation centre were assessed with the CDS-R after admission and before discharge. To estimate responsiveness, effect sizes according to Kazis (1998) and Liang (1990) plus the effect size for the paired-samples *t*-test were calculated.

Results

The values of 0.46/0.68 according to Kazis' can be considered as moderate effect for patients who changed. The values of 1.62/1.12 according to Liang were higher and can be considered as large effect. The eta squared values of 0.73/ 0.59 can also be considered as large effect.

Discussion incl. Conclusion

The study results indicate that the CDS-R is able to detect patient changes over time in terms of care dependency. Furthermore, the CDS-R can identify the magnitude of change due to rehabilitative treatment and care by means of care dependency sum-score values.

Practical relevance

The results of the study show health-care practitioners that the CDS-R has the ability to measure the effectiveness of health care in terms of care dependency.

Research implications

The results provide a first insight into the aspect of responsiveness for the CDS-R. Further research is recommended to confirm the level of responsiveness.

References

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Liang M., Fossel A. & Larson M. (1990) Comparisons of five health status instruments for orthopedic evaluation. *Medical Care,* 28, 632-642.

Title

Patient Advocacy in Community Care of Older Patients – Psychometric testing of the Swedish version of Attitudes toward Patient Advocacy Scale (APAS) and registered nurses and nurse managers attitudes toward patient advocacy

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Lena Räty RN, PhD, Assistant Professor, Department of Nursing, Karlstad University, Sweden
Bodil Wilde-Larsson RN, PhD, Professor, Department of Nursing, Karlstad University, Sweden and Department of Nursing, Hedmark University College, Norway

Abstract

Introduction

Patient advocacy can be considered as a process to maintain and monitor the patient's rights, best interests and values. When caring for older patients nurses recurrently advocates for the patients.

Aim of the study

The aim was two-fold 1; to evaluate the psychometric properties of the modified Swedish version of the Attitudes toward Patient Advocacy Scale[1] (S-APAS), 2; to use the S-APAS to describe and compare registered nurses (RNs) and nurse managers (NMs) attitudes of patient advocacy in community care of older patients.

Methods

The study's sample was 207 RNs and 23 NMs, (response rate 52 %), from 16 communities in Sweden. Psychometric testing was conducted with confirmatory and exploratory factor analyses. Descriptive and inferential statistics were used.

Results

The initial confirmatory factor analyses did not confirm the proposed structure of the S-APAS. The following exploratory factor analysis revealed a 10-factor scale, which showed an acceptable in a final confirmatory factor analysis. The RNs and NMs attitudes toward patient advocacy showed that both groups find patient advocacy important, especially in the context of non-autonomous patients.

Discussion incl. Conclusion

Beside the significance of the findings of RNs and NMs attitudes toward patient advocacy, the S-APAS can be a useful instrument in research about patient advocacy.

Practical relevance

As a part of quality improvement work the S-APAS could be used to evaluate attitudes of patient advocacy among nurses.

Research implications

It would be interesting to relate factors possibly influencing patient advocacy, as RNs professionalism and personality, to their attitudes toward patient advocacy.

References

1.) Bu X. & Wu Y.B. (2008) Development and Psychometric Evaluation of the Instrument: Attitude Toward Patient Advocacy. *Research in Nursing & Health* 31(1), 63- 75.

Title

Quality of Life in Italian Elderly People

Author(s)

Giuseppe Esposito, Maria Matarese, Maria Grazia De Marinis, Marta Bertolaso, Ercole Vellone, Rosaria Alvaro.

Abstract

Introduction
Elderly people (>65 years) use health resources three times more than working age population. Needs of the elderly people are not just medical, but also involve Quality of Life (QOL) form in a holistic perspective. While many studies have analyzed the meaning of QOL for elderly people few have been focused on people over 75 years of age.
Studies focusing on QoL in elderly people show that its meaning varies across different age groups and countries.

Aim of the study
To explore the concept of QOL as perceived by elderly people (over 75) in Italy and contribute to a better understand of their QOL.

Methods

Grounded Theory method was used to carry out the study. The sample consisted of 77 elderly people who were interviewed by focus group technique. Data were analyzed using N-vivo 8.0. software.

Results

We identified 16 key themes: Relational bonds; planning life; personal care; assistance links; role of religion and faith; values and attitudes; social detachment; material wealth; independence; the idea of death; psychological well being; health; work as personal fulfilment; socio-environmental context: feelings and emotions; sexuality.

Discussion incl. Conclusion
Our study provided significant data in clarifying the meaning Italian elderly people give to the concept of QoL and in contributing to find the widest possible stared definition of QoL.

Practical relevance
The themes identified can contribute to implement strategies aimed at improving QoL in elderly people.

Research implications

The findings could provide a conceptual framework for deriving hypotheses on the relationship between QOL, elderly person and health care professionals.

References

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Title

“A look beyond the womb" - Beliefs, behaviours and strategies of primiparous pregnancy

Author(s)

Ferreira, Patrícia Margarida da Costa Duarte

Abstract

Introduction
Although pregnancy is a phenomenon of extreme physiological and psychological importance in the life of a wife and family, is also considered a social phenomenon of great interest for analysis.

Aim of the study
We developed this work to know beliefs held by primigravidae, if these beliefs influence their behavior, and what strategies they adopt to deal with those beliefs. It was also our interest to know how they share their beliefs with nurses in routine antenatal surveillance.

Methods
We conducted a qualitative study within an exploratory nature. We carry out semi-structured interviews with twelve primigravidae. For this purpose we followed eligibility criteria which guided participant’s selection. Before the interview participants signed informed consent.

Results
From data analysis emerged four central themes: "first-time mothers' beliefs," "behaviors in the face of beliefs," "Strategies for dealing with the beliefs" and "Reasons for lack of sharing beliefs with nurses during the visit of antenatal surveillance.

Discussion incl. Conclusion
This study allows us to verify that given some beliefs primigravidae engaged in accordingly behavior but don’t follow the same for others, particularly those involving a lifestyle change.

Practical relevance
Given the importance that pregnancy takes in a woman life, couple and family and taking into account all changes that accompanying this event and consequently entire system that needs to adapt to the entire pregnancy phenomena, it is important for nurses to know their beliefs, so they can adapt their care to these women.

Research implications
An investigation must go beyond the academic canons and be a factor in changing practices. It is a belief we hold for this work: it is a contribution to improving the delivery of nursing care and for their excellence in different fields.

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Jodelet, D. (org) (1989). *Les Représentations Sociales*. Paris, PUF.

Title

Skills development of nurses: an ecological perspective

Author(s)

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Adjunct Professor in Health School of University of Aveiro, Portugal

Abstract

Introduction

Nowadays, health care demands compel nurses to mobilize, integrate and combine multiple and heterogenic knowledge. Increasing complexity of health context requires specific nursing education to deal with imposing reality. This study tries to understand how recent graduated nurses develop their skills and defining a clinical practice model to follow their outgrowth.

Aim of the study

Identify skill-development influencing factors of recent graduated nurses;
Characterize how those factors influence skill-development of recent graduated nurses;
Define supervision model of clinical training of recent graduated nurses to develop professional skills.

Methods

We opted for a qualitative research method – multicase study. We collect information using several data instruments: narratives and semi-structured interviews. Study-population: 36 recent graduated nurses (4 with one year of experience in present health service, 4 with 2/3 years of experience and 4 with 3/4 years of experience – all with, at least, with 1 year of experience in present health service); 3 chief nurses and other 3 nurses, responsible for the integration of newly admitted nurses. Participants work both in primary health care and hospitals.

Results

In process.

Discussion incl. Conclusion

In process.

Practical relevance

Understand how recent graduated nurses develop their skills and define a clinical practice model to follow their outgrowth.

Research implications

Develop a clinical supervision model to support and follow nurses integration in health care institutions.

References

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Title

Quality of Life in Shared-Housing Arrangements – an Empirical Study on Self- and Proxyreports

Author(s)

Johannes Gräske, Adelheid Kuhlmey, Karin Wolf-Ostermann

Abstract

Introduction

During the last years, quality of life (QoL) has come to be considered a major outcome in dementia care. Available instruments differ in various aspects, including setting, severity of dementia, and perspectives of quality of life. Due to the subjective nature of QoL, self-administered instruments are considered to be the most viable option to measure QoL (Ettema et al. 2005).

Aim of the study

The aim of the study is to compare self- and proxy administered questionnaires to measure dementia-specific QoL in the setting of shared-housing Arrangements (SHA).

Methods

We selected the only two instruments, which include a self-report and proxy version: QoL-AD and Demqol (Smith et al. 2005). The study is a cross-sectional face-to-face survey of persons with dementia living in SHA.

Results

We surveyed 40 SHA in Berlin with an average number of 6-8 (mostly female) residents. The average age is approximately 80 years. The sample consists of persons with varying severity of dementia. Self and proxy ratings were completed to assess QoL and for all instruments moderate to good levels of QoL were measured. We analyzed differences between both self and proxy ratings.

Discussion incl. Conclusion

The present survey compared and contrasted two dementia-specific self and proxy rating QoL instruments. Between self and proxy reports differences were found, which determine the use of instruments.

Practical relevance

The identification of confounding variables and advantages and disadvantages of self and proxy ratings will support the choice of an appropriate instrument in the setting of SHA.

Research implications

A longitudinal comparison is needed before a recommendation to healthcare providers can be done.

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Title

Predictors of patients' satisfaction – basis for quality improvement work in hospitals

Author(s)

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Ingela Karlsson, Senior Lecturer, PhD, RN, Department of Nursing, Karlstad University, Sweden
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Abstract

Introduction
The interaction of person-related factors and objective care conditions affects a patient's appraisal and coping processes regarding actual care received. The outcome of these processes, in turn, contributes to his or her emotional reaction, which can be regarded as an indicator of patient satisfaction (1,2,3).

Aim of the study
To study potential predictors of patients' satisfaction as person-related factors, external objective care conditions and patients' perception of actual care received.

Methods
The study has a cross-sectional design. Patients (n=373) on medical, medical-surgical and surgical wards (n=12) in five hospitals in Norway answered a questionnaire. Patients' satisfaction was measured with Emotional Stress Reaction Questionnaire (ESQR) (1). Person-related factors (age, sex, education, health, personality, subjective importance) and perception of actual care received were measured with validated instruments (4,5,6). Data on external objective care condition (occurrence of patients exceeding ordinary capacity, employments for assistant nurses and RNs, organisation of nursing care) was obtained by interviewing head nurses (n=12). Sequential Multiple Regression was used for analysis ($p \leq 0.05$).

Results
Person-related factors, external objective care conditions and patients' perception of quality of care explained 49.1% of the variance of patient satisfaction. Education, psychological well-being, pain and sence of coherence had significant impact.

Discussion incl. Conclusion
Person-related factors have significant impact on patients' satisfaction in hospital, and need to be considered when planning and implementing nursing care.

Practical relevance

The results give empirical data to base quality improvement work on.

Research implications

Future studies need to include expectations as a person-related factor to elucidate the impact on patient satisfaction.

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Title

Relatives of persons with dementia living in special care units in Norwegian nursing homes – experiences with patient participation.

Author(s)

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Maria Larsson PhD, RN, Senior Lecturer, Karlstad University, Karlstad, Sweden
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Abstract

Introduction

‘Patient participation’ in health care is an ideology and a legal right in Norway as in many other western countries. The latest decade the phenomenon of ‘patient participation’ is illuminated in many research studies in which both caregivers’ and patients’ perspectives are taken. However, few studies are found focusing on ‘patient participation’ from the perspective of persons with dementia and their relatives. As many of the dementia symptoms reduce the persons ability to participate in everyday decision-making, the relatives and the health personnel have to make some decisions for them.

Aim of the study

The aim of this study was to explore experiences of relatives of persons with dementia concerning ‘patient participation’ in everyday activities in special care units in nursing homes.

Methods

The study is carried out with a Grounded theory approach according to Strauss and Corbin. Data collection is carried out by means of interviews with seven to ten relatives. Simultaneously to data collection, data analysis is performed with open, axial and selective coding.

Results

Data collection and analysis is ongoing and findings will be presented at the conference.

Title

Improved guideline adherence in a guidelines-based, nurse-driven, software-supported integrated chronic care program for patients with atrial fibrillation: the AF-Clinic.

Author(s)

Jeroen ML Hendriks, RN, MSc, PhD-student; Harry GJM Crijns, PhD, MD;
Rianne de Wit, PhD; Bert JM Vrijhoef, PhD; Robert G Tieleman, PhD, MD

Abstract

Introduction

Atrial fibrillation (AF) is the most common arrhythmia in the Western world. The prevalence is 0.4% - 1% in general population and increasing with age to 8%. Recent investigations in Europe have demonstrated that cardiologic management of AF patients often does not follow the guidelines and limited adherence to guidelines leads to increased morbidity and mortality in AF patients (Euro Heart Survey on AF). As the number of AF patients is growing, the capacity of health care resources is limited and substitution of care might be part of the solution to further optimize AF practice. Therefore a guidelines-based, nurse-driven, ICT-supported chronic care program for patients with AF was developed: the AF-Clinic.

Aim of the study

To evaluate the clinical feasibility of the guidelines-based, nurse-driven, ICT-supported AF-Clinic, adherence to guideline-based treatment was the endpoint.

Methods

The care in the AF-Clinic is delivered by specialized nurses who inform the patient about pathophysiology, consequences and proposed treatment of AF, under supervision of a cardiologist. All patients undergo protocolized history taking and investigations according to the 2006 AHA/ACC/ESC guidelines on AF. Data are interpreted by a dedicated software system, which generates a patient profile and suggests evidence-based therapy. We evaluated guidelines-based recommendations in the treatment of 111 patients in the AF-Clinic (intervention group). For comparison, we used a recent historical control population (n= 102): patients from the same institution who participated in the Euro Heart Survey on AF. The Euro Heart Survey investigated guideline adherent treatment during 2003 and 2004 across Europe (n= 5,272).

Results

Guideline adherence was excellent within the AF-Clinic and compared favorably to the Euro Heart Survey data concerning both clinical testing (trigger factors recorded, echocardiogram performed, thyroid stimulating hormone level recorded) as well as treatment (antithrombotic therapy, rhythm control avoided in completely asymptomatic patients, class I drugs avoided in patients with structural heart disease, rhythm control avoided in permanent AF patients).

Discussion incl. Conclusion

The level of guideline adherence suggests that a guidelines-based, nurse-driven, software-supported chronic care program is feasible. Furthermore, protocolized treatment of AF patients within this program may contribute to improved guideline-adherent practice in AF patients.

Practical relevance

To the best of our knowledge, this study presents the first integrated chronic care program for patients with atrial fibrillation using a nurse-led, guidelines-based, software-supported care program in Europe.

Title

Evaluation of current attitudes of Romanian health care professionals toward debridement methods

Author(s)

Ana-Maria Iuonut, Dan Gonganau, Constantin Ciuce

Abstract

Introduction
Wound care is one of the most common areas where nurses developed their skills during their carriers, especially in surgical field. Wound bed preparation is the main goals of this activity. Wound bed preparation includes debridement, exudates and bioburden control.

Aim of the study
To get information about doctors and nurses knowledge, attitudes and perception toward debridement methods.

Methods
Data collection was performing during a national conference using structured survey questionnaires. Qualitative data analysis was used for data analysis.

Results
104 people responded to the questionnaire (34.3% primary and specialist physicians, 31.4% medical residents and 34.3% nurses). Dominant length of service is 35.9% followed by age group over 20 years work-22.3%. Wound care is dominant in nurses' daily activity. Bleeding was identifying as biggest risk in improper debridement applied, follow by infection and wound healing delay. Data analysis revealed that 76% from respondents apply surgical debridement, 39% use mechanical debridement, 17% autolytic debridement, 6% enzymatic debridement and under 4% hidrosurgery and biologic debridement.

Discussion incl. Conclusion
The knowledge related to this topic is low. All the professionals make confusion related to debridement methods. Perceptions about the doctors' and nurses' roles and what require each level of competency is not structured.

Practical relevance
Debirdement is an important aspect for wound bed preparation. A development of standards and protocols in this area is mandatory to ensure patient safety.
Education has to be improving for all health care workers at all levels in order to keep them up to date with developing technologies.

Research implications
Research could be follow by identifying more specific topics related to professionals' requirement in order to complete their knowledge.
The perception of level of competencies has to be explored in order to establish each role's responsibilities.

Title

The effects of teaching strategies on nursing students' learning: students' perceptions of a PBL program.

Author(s)

Wafaa Al Johani

Abstract

Introduction

Teaching strategies enhance or hinder the development of students' critical thinking. Problem-Based Learning (PBL) is a teaching approach requiring students to work in small groups to find solutions to patients' problems. The significance of PBL has been demonstrated for its effect on improving nursing students' critical thinking abilities and performances over 'traditional' teaching methods.

Aim of the study

To examine Saudi nursing students' perceptions of a PBL program implemented over one semester.

Methods

The study used qualitative research. Students were encouraged to complete reflective journals discussing their experience with a PBL program.

Results

Students considered PBL to be enjoyable. They perceived their thinking and grades were improved, felt more confident, had developed communication skills, and were able to link theory to practice. However, they were negative about their experiences with traditional teaching.

Discussion incl. Conclusion

Learning is more effective when people engage together, learning from each other, and this can be attained through PBL. Therefore, it is suggested that Saudi nursing colleges re-evaluate and modify current teaching methods into new ones that will encourage active participation of students and enhance critical thinking. In addition, re-evaluation of other aspects of the teaching process, such as evaluation criteria, clinical training, and time tabling is required.

Practical relevance

It is necessary to incorporate PBL in nursing education since it will enhance students' critical thinking contributing to graduating clinically proficient nurses.

Research implications

Further research on the effectiveness of PBL is required. Longitudinal, quantitative studies would provide more information about this approach.

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Title

The nurse as a critical mediator of healthcare policy

Author(s)

Anchalee Kaewsasri (Doctoral student)
Dr. Gibson D’Cruz; Dr. Carys Horne (Supervisors)

Abstract

Introduction

Nurses have a vital role in implementing government policies when promoting the health of patients. This doctoral study examined how Thai nurses implement policies in promoting health in patients who have hypertension.

Methods

Using a multi-case study approach, data were collected from documents, observations and semistructured interviews with administrators, nurses, patients and health-volunteers in four primary care units in one province in Thailand in 2009. A thematic approach was used to undertake within-case and cross-case analyses and this paper demonstrates how the theme of ‘critical mediators’ was generated as a finding.

Results

Managing and analysing the data was complex as although triangulated data ensured completeness and confirmability, the large volume of raw data required careful handling to ensure any similarities and differences within and across cases were captured. A systematic approach to the analyses and meticulous recording of thought-processes were documented in an audit trail.

Although Thai nurses do not have a role in policy generation, they are influential in its implementation. However, nurses adapt, change, alter or disregard policies and their decisions are based on contextual factors, needs of patients as individuals and their own views of health.

One implication of this study is that nurses need to posses decision-making skills when implementing policy.

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Title

Siblings - "Children of Shadow“
Children and young people as next of kind of a chronic and/or seriously ill sibling. The significance of the loss of family and contextual everyday normalcy for affected children and adolescents and their role in the context of nursing assistance within their family.

Author(s)

Mag.a Kleiser-Eysn, Sigrid

Abstract

Introduction

The fact of Family Health Care Concepts in the professional care landscape opening to an enlarged social structure of a patient allows acting in different social areas of life. Family Health Care is evidence of a more sophisticated attitude of nursing professionals to families, but does not or marginally cover the specific situation of sibling children.
The description of nursing scientific aspects of siblings of chronically and/or seriously ill children in the research landscape of nursing science is a new one. Taking into account the propagation and growth of Family Health Care Concepts in professional nursing should be a significant part of the maintenance and care of sick children and their families.

Aim of the study

New options for professional carers could be installed in systemic family health care: care for, and the accompaniment of healthy children and adolescents as siblings of ill one.

Methods

The chosen design is qualitatively. The collection of data takes place by means of the method of literature research, qualitative interviewing in families and nurses. Additional methods include participant observation and family genograms.
For data acquisition and analysis a circular approach of grounded theory is chosen.

Results

There are results from literature research, but the presentation will be a preview of a beginning study. No further results until now.

Discussion incl. Conclusion

Is dealing with healthy kids part of professional care?

Practical relevance

This study contributes to a better understanding and awareness to a largely ignored social group, children and young people as next of ill kids. In addition, with focus on sibling care will be called for attention to the situation, needs and problems arising from healthy children whose brother or sister is ill.

Research implications

… should take much more place in professional nursing and in nursing education.

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Title

An investigation into the effectiveness and cost-effectiveness of a case management approach

Author(s)

Marina Lupari RGN, RHV, Bsc(Hons), MSc, Head of Nursing- Research & Development, Northern Health & Social Care Trust / PhD student University of Ulster, Northern Ireland

Abstract

Introduction

Department for Health considers the case management driven community matron role to be the best mechanism for integrating the required clinical interventions and social care needs for high risk populations. Current studies do not investigate patients with comorbidities.

Aim of the study

To determine if the case management approach is effective and/or cost-effective in relation to usual care in a community setting.

Methods

Prospective non randomized comparison trial involving control group (n=295) and intervention group (n=295) who received a targeted chronic illness case management nurse-led service within their own home. Data was collected across a 12 month period.

Results

Clinically important effect of 10% decrease in mean log bed-days was found when two groups were analysed. Differences were significant in terms of length of stay between groups at 6 and 9 months after commencement of interventioN. Significant differences found over time for EQ-5D and EQ-5D VAS for the intervention group. No change in functionality. Significant difference in costs across groups for each timepoint. Combined with significant difference in EQ-5D the ICER confirms cost-effectiveness.

Discussion incl. Conclusion

Targeted case management approaches can improve hospitalization rates.

Practical relevance

Identification of the proposed population presenting the pressure on health services and its’ nature in terms of PARR, age, gender and comorbidities.The intervention resulted in a reduction in avoidable admissions and bed days used.The service was cost-effective.

Research implications

First study of its’ kind in the UK and potentially on an international level.
Systematic review provides new insight into available evidence in this area.

Title

Let me speak: the voice of learning disability in end-of-life care

Author(s)

McLaughlin, D. (PhD Student); Barr, O.; McIlfatrick, S., McConkey, R.

Abstract

Introduction

The literature highlights concerns regarding the quality of palliative and end-of-life care offered to people with learning disabilities (1, 2, 3).

Aim of the study

To develop and evaluate an educational resource for specialist palliative care and learning disability services which promotes collaborative working. Data collected to inform the resource included information from people with learning disabilities.

Methods

This is a sequential, exploratory mixed methods study involving three strands. This presentation will present the findings of two focus groups with a total of seventeen people with learning disabilities. An Interview guide, adapted from the literature containing pictures and straight forward language, was used to facilitate the focus groups, which aimed to elicit the views of people with learning disabilities on end-of-life care. Data were transcribed and analysed thematically using a recognized framework(4).

Results

The themes which emerged were: ‘time with family and friends’, ‘having help and support’ ‘comfort at end-of-life’, ‘understanding the illness’ and ‘coping with the illness.’

Discussion incl. Conclusion

People with learning disabilities can articulate their needs for end of life care which need to be more fully acknowledged and addressed. These findings correspond with previous research (5).

Practical relevance

Raised professional awareness of the importance of facilitating people with learning disability at the end-of-life to express their needs and take part in decision making is required.

Research implications

People with learning disabilities should be facilitated to take part in end-of-life care research to ensure that service provision is more tailored to their needs.

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Title

Grief of Family Caregivers of Person with Chronic Disease

Author(s)

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PhD in Health Sciences
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Abstract

Introduction

We are studding informal caregivers and how they can deal with the grief (KATHY et al., 2006), when someone who they care have a chronic disease or lost a capacity or function. They assume the role of caregiver and at same time they must deal with the loss of healthy person (LAURA et al., 2006). According the statistics data of the National Institute of Statistics of Portugal (2008), the population are older and, in the near future, the old people can be the bigger group of the population. With aging comes a greater number of chronically ill people with their addictions. The statistics are similar in many developed countries. With that, the role of the informal caregivers is very important to give care that old people need. But they are also very important to care about of the people that have chronic, or when occurs changes in their
structure, like losses or dead. According with that, the informal caregivers have a very important role in our society and in our future so, it is very important to understand and give to them the better instruments, tools or ways to have a healthy grieving process, when changes and losses appears in their life in a less healthy.

Aim of the study

Understanding the grieving process that family members endure during the transition to the role of caregiver.

Specifics aims:

Assess how the family caregivers deal with this transition process;

Understand the grief of these caregivers;

Know which strategies and resources they use to overcome the grieving process;

Identify factors that interfere positively or negatively in the grieving process;

Describe nurse's role in all those processes.

Methods

We'll study informal caregivers and how they lead with the grieving process before the take over the role of caregiver for a person with chronic illness. So, because we want study people and their feelings along this process, we think use the qualitative research, probably with one typical method – phenomenology. Instruments collect data: narratives of

caregivers and other sources where they can freely talk about their stress, feelings, preoccupations, with formal interviews and questionnaires where we can guide them to obtain some specific and important data like coping strategies, participant observation and field notes when we may. We think do this research on the houses of people with chronic ill (to study their informal caregivers in their on environment) or on a Primary Care Unit of the district of Aveiro, Portugal, with 10 informal caregivers and analyze their grieving process and try help them.

Results

In process

Discussion incl. Conclusion

In process

Practical relevance

Understand how the caregivers overcome the grief and transition process and, with that, have data that allow the nurses to build up tools that help the caregivers in one healthy grieving process. We hope obtain some guidelines and instruments that can be useful instruments to help the caregivers in their healthy grieving process.

Research implications

After this research, other themes can be study to complete this one, like, for example, the supervision by nurses in the grieving process of the informal caregivers; develop formal programmes to help them in this process.
Nursing Practitioners on Portugal there are one tail of Primary and Continuous Care, with a lot of units where a multidisciplinary team help people with chronic ill. There also are some Associations that give some support to this people and their caregivers, like the Grieving Support Association, the People with Chronic Ill Association, the Association APELO (to help people to have a healthy grieving process), and the Association ADVITA (to help people to give good cares in a long time). In all this places, the work of the nurses is very important and they participate actively.

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Title

"Tears for a son who never knew"- Caring for women suffering spontaneous abortion

Author(s)

Maria Isabel Ventura Araújo Moreira

Abstract

Introduction

Facing a situation of spontaneous abortion, regardless of cause, causes feelings of early loss. This sudden and unexpected experience can cause confusion in the inner world: once just a dream of hopes and expectations regarding the baby, which may affect the present but also the future.

Aim of the study

We intended to understand which representations nurses have as far as taking care of the hospitalized woman who is in a situation of miscarriage is concerned, trying to contribute to its clarification and, as a consequence, to the improvement of the practice of care.

Methods

It was conducted an exploring qualitative study; data were obtained through semi-structured interviews to eight nurses.

Results

From this obtained, analysed and characterized data five categories have emerged which allow us to understand in a global way how nurses represent the caring of women who have suffered from miscarriage, in a hospital, through a main idea: "being a nurse, in the intention of taking care", evidencing that in their practice the presence/intention of taking care is underlying, though not objectively specified.

Discussion incl. Conclusion

In situations of spontaneous abortion, is the underlying intention of the nurse to care for, although not objectively specified, and nurses practice with such clients/family is based on care knowledge, through research contributions and theory developed in the discipline itself.

Practical relevance

All women with a history of spontaneous abortion undergo a dreadful suffering. Nurses should be able to minimize this situation with the use of integrated and inclusive interventions.

Research implications

Is still necessary to deepen the problem with subsequent research work, particularly in terms of understanding the meaning of nursing care for the clients: whit is their perspective to the same care.

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Title

Nurse and health technician role development: addressing tools

Author(s)

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4 Associate Professor of Nursing, University of Genoa, Italy.

Abstract

Introduction

The development of the socio-health context related to population aging and to the complexity of patients has led the Italian legislation to set in new laws in the health professions role. Health professions can express more autonomy and responsibility by the deliver of a personalized care.

Aim

The study analyzes the different educational priorities interventions of nurses and health technicians to address role development toward a personalized care

Methods

The researchers conducted a focus group with 30 nurses and health technicians in a Local Health Trust in Modena (Italy) to detect areas of educational intervention. Then 708 nurses and 128 health technician assessed each intervention area priority in a range 1 max priority-7min priority.

Results

The findings suggest “Increase multiprofessional collaboration”, “increase professional esteem”, and “enhance professional identity ” as the same educational areas for both profiles. In the last position are: “legal knowledge”, “clinical knowledge” and “manage burn out”.

Discussion incl. Conclusion

Role development is understood as the ability to express a cultural change, which can be represented through a role transformation. The changes should concern the development of professional identity and multiprofessional integration.

Practical relevance

To address role development is necessary to introduce educational interventions about personal transformation role, both referred to individual and team work.

Research implications

This study may help to establish a strategic indicator reliable for the leadership as the transformational leadership. This can be a contribution to set in a map of expertise for different contexts where transformational leader is required.

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Title

Reflections on issues related to collecting data in one language and writing in another.

Author(s)

Rattikorn Mueannadon (Doctoral student),
Dr Jenny Moore and Dr Gibson D’Cruz (Supervisors)

Abstract

Collecting data in one language and writing the thesis in another raise many issues that can undermine its rigor and credibility. This paper discusses the strategies employed to enhance trustworthiness and accuracy of translated data within a thesis.

The study examined the experiences of Thai student nurses when communicating with clients with mental health disorders. The data sources were documents, observations and semi-structured interviews conducted in Thai by the doctoral student (RM). Field notes were also written in Thai. Practical, linguistic and accuracy were some of the issues faced as Thai language has a different grammatical style and nuance to English. In addition, some words related to mental health care have different meanings in English as they do in Thai.

To ensure accuracy of translation and confirmability of the data analysis, some of the strategies employed included checking of translations by a linguistic expert and several levels of member checking by the supervisors (JM and GDC) and an experienced Thai researcher. The main conclusion of this paper is that researchers who aim to work with two or more languages need to adopt a range of approaches to ensure that trustworthiness of research remains at the same level as if only one language was used.

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Title

Determination of a set of measurable factors with an impact on the nursing workload.

Author(s)

Myny D., Gobert M., Defloor T., Verhaeghe S., Van Goubergen D.

Abstract

Introduction

Staffing studies use various methods to quantify nursing workload. In few studies, the impact of non-direct patient care elements on nursing workload is considered.

Aim of the study

Starting from a list of ‘all’ influencing factors, we intended to select measurable factors with an unambiguous impact on the nursing workload.

Methods

The study can be divided in three phases. In the first phase, ‘all’ influencing factors were listed based on the analysis of three focus groups, completed with factors derived from the literature review.

Afterwards, the list has been assessed on measurability and relevance by a group of 22 experts.

Only the factors that were ‘measurable’ according to 80% of the experts were included[1]. The factors that were not relevant according to 80% of the experts, were excluded too.

In the last phase, the list with measurable and relevant factors will be assessed on ‘impact’ and ‘frequency’ of the factors, by a large group of nurses, based on an online questionnaire.

Results

The first two phases of the study have been completed. The first phase resulted in a list of 94 influencing factors. Forty-eight factors were excluded as they were not measurable or not relevant for a workload measurement tool. According to the suggestions of the experts, the 46 remaining factors were realigned, resulting in a final set of 28 measurable and relevant influencing factors for the nursing workload. These factors were integrated in an electronic questionnaire.

The results of this survey will be available by the end of august 2010.

Discussion incl. Conclusion

Nursing workload obviously has a multi-causal aetiology. However, a lot of influencing factors can not be integrated in a workload measurement tool, being not measurable or not relevant.

Practical relevance

Although no workload measurement tool will ever be able to account for all existing influencing factors of the nursing workload, the results of this research makes it at least possible to account for the main, measurable influencing factors.

Research implications

The result of this research is a first, but crucial step towards the quantification of the most relevant factors of the nursing workload. Subsequently, these factors can be integrated in a workload measurement tool.

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Title

Comparing outcome, process and structure indicators of care for malnourished residents in German and Dutch nursing homes

Author(s)

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Abstract

Introduction

Although malnutrition is a major problem in all health care settings all over the world, there are not many studies comparing outcome, process and structure indicators of nutritional care in different countries, using the same methodology. Therefore a study was conducted in Germany and the Netherlands.

Aim of the study

To investigate weather there is a difference in (a) the prevalence of malnutrition, (b) process indicators as screening, prevention and treatment of malnutrition and (c) structure indicators concerning malnutrition and nutritional care policy in nursing homes in Germany and the Netherlands.

Methods

A cross-sectional prevalence study was performed in 151 nursing homes (NL:n=5848,G:n=4923). At institutional and ward level structure indicators of nutritional care were assessed, whereas at patient level demographic data, care dependency and nutritional screening and treatment interventions for malnutrition were measured. Malnutrition was measured by assessing BMI, undesired weight loss and nutritional intake.

Results

Dutch residents were older, more often male, more care dependent, and had a lower BMI than German residents. Dutch residents were more at risk of malnutrition (NL=31.7%,G=29.1%,p=0.03), but no significant difference was found in the prevalence of malnutrition between both countries. About half of the malnourished residents received a nutritional intervention. Structure indicators at institutional level were more often fulfilled in the Netherlands.

Discussion incl. Conclusion

Malnutrition is a problem in more than a quarter of nursing home residents in each of the countries. Despite the fact that nutritional screening is rather frequently performed, nutritional interventions are provided only in about 50% of the malnourished patients. Structure indicators at ward level are more fulfilled in G. whereas at institutional level they are more fulfilled in NL.

Practical relevance

Comparing malnutrition prevalence rates between health care institutions and countries gives insight in the differences in quality of care which can be helpful to change nutritional care policy and raises awareness to malnutrition.

Research implications
A closer look at differences in health care systems in Germany and the Netherlands is needed to be able to explain the found differences.

Title

The Evaluation of the Conley Scale Concerning the Risk of Falling in Hospitals

Author(s)

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Abstract

Introduction

Several studies report as reliable a multidimensional approach that considers many aspects of the falls and the different viewpoints of involved professionals. Among these, some studies have shown that a multifactorial assessment of the risk of falling risk and preventive measures, reduce falls of 30-40%. Among the most commonly used scales is the Conley Scale.

Aim of the study

The study will: Identify possible issues about reading the Conley Scale; Provide the basis for further research studies.

Methods

This study was conducted between November 2009 - January 2010, in two hospitals in Italy.The same question, in writing, has been given to all the 70 professionals involved, asking whether some terms in the Conley Scale may have disguised the guests, and that if they need any clarification about interpretations or language.

Results

The study found that, at the Hospital Giovanni XXIII Monastier (TV), where the nurses involved knew the instrument, but did not use it, 19 of 39 said they had doubts about interpretation. At the Hospital Policlinico San Marco at Mestre, where nurses had been using it for years involved in a systematic tool, the number of those who claimed that they needed clarification was much lower.

Discussion incl. Conclusion

Detection in the two Hospitals highlighted that where nurses used the facility in a systematic way, there were less issues around interpretation. It is conceivable that the instrument used by professionals who interpret it differently, is an element of fragility in the detection of falling risks.

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Title

Interdependence of ethics, future and leadership/management in nursing

Author(s)

Sabine Proksch, MSc, doctoral student in Nursing Science, (PTHV, Vallendar)

Abstract

Introduction

The concentration of the studies in nursing ethics is mostly in the nurse-patient-relationship. The nursing science community is up to now not especially interested in the ethics of leadership or management. This is a loophole in the research. But leadership always has an ethical component. There are a lot of ethical conflicts in leadership and nurse managers have to decide. The literature describes mostly the conflict of ethics and economy. But, is this the only conflict? And is it a conflict at all?
This work will help to illuminate the leadership in nursing and the ethical conflicts they have.

Aim of the study

The study will illuminate the work of the nurse managers in Germany. It will find an ethical foundation and a model of “good leadership practice”.
It will explore the role of nurse managers in nursing in Germany. What do they think about themselves? Which concepts and models of leadership and management do they use? Which ethical aspects are to find.

Methods

A theoretical exploration and two case studies in two hospitals in the south of Germany is the framework of my dissertation. I choose a municipal hospital and a Christian hospital. The case studies are based on several qualitative interviews with nurse managers on different levels. The other data are documents of the hospital like leadership-roles and general principles.

Results

The results are in work. I will have a summary till September for the EDCNS.

Discussion incl. Conclusion

1. There is a big change in the society of the industrial world. There is a change from an industrial society to a knowledge society.
2. Organizations, also non-profit organizations can’t find enough qualified employees. And the few qualified employees of the organizations became older and older.
3. People changed. They like to make a contribution to the organization or to the society. Work has to make sense.

How do nurse manager despond to these points? Which concepts, models and cognitions help them to do the “right things”?

The answers of the theoretical framework with the authors Abraham Maslow, Peter Drucker, Viktor Frankl, Peter Ulrich and others are the reflector for the answers of the nurse managers. There is no research in nursing science in Germany to this theme till now.

Practical relevance

During a research work for my master thesis many nurse managers asked: Why is there no research in nursing science for us? Why is t_a lot of ethical conflicts we have to decide. There are a lot of concepts and models. But do they work in nursing? We have no answers.

This work will find first answers. It will illuminate the work of nurse managers and it will give them a voice in the community of nursing science.

Title

A critical exploration of the management of self-harm in a male custodial setting: a comparative analysis of prison staff views on self-harm.

Author(s)

Pras Ramluggun MSc BSc (Hons) RMN Adv Dip HE

Abstract

Introduction

A growing number of prisoners self-harm in prisons in England and Wales. Prison staff, the first port of call for prisoners, play an important role in identifying and managing prisoners at risk of self-harm. In spite of the implementation of a prison self-harm pathway, self-harm continues to rise.

Aim of the study

This is to identify and compare relevant attitudinal dimensions of custodial and health care staff who work with prisoners at risk of self-harm in a Local Category B prison where self-harm incidents are nearly twice the national average.

Methods

A mixed method approach including a Self- Harm Antipathy Scale (SHAS, Patterson et al 2007), semi-structured interviews and documentary evidence was used. 37 prison staff (14 nurses and 23 prison officers) completed the SHAS. Qualitative data were analysed using thematic analysis. Quantitative data was analysed using SPSS.

Results

There were no significant differences between the SHAS scores of the nurses and prison officers. Nurses with a mental health registration, those with training in self-harm and non-uniform prison officers showed more empathy. Five themes were identified for the qualitative data. They were: understanding self-harm, building relationship, organisational issues, occupational issues and care management of self-harm.

Discussion incl. Conclusion

A high proportion of prison staff felt that they were poorly educated in self-harm and unsupported by management. There was also interdisciplinary conflict amongst prison staff on how to manage self-harm and criticism of the current management framework. Previous studies have found that training in self-harm increases staff efficiency to manage those who self-harm and reduces negative attitudes towards them (Crawford et al 2003); it is imperative that prison staff have access to self-harm training, have confidence in the self-harm pathway, are supported by management in caring for prisoners at risk of self-harm and feel comfortable to seek help when required.

Practical relevance

The insight gained in this research would be of great value to managers and policy makers. The prison service asserts that self-harm is the responsibility of all staff; prison staff can influence the prison regime and ultimately prisoners in their care. “Unsupported staff will leave prisoners unsupported” (Liebling 1998, P 80). An effective prison management structure for prisoners at risk of self-harm is one which encourages joint working and shared decision making and is supportive of all prison staff caring for self-harm.

Research implications

The development of a training programme tailored for prison staff on self-harm and the practicalities of unconventional strategies such as harm minimisation in the prison setting needs to be explored.

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Title

Pressure Ulcer prevalence in paediatric care – how large is the problem?

Author(s)

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Abstract

Introduction

Pressure ulcers (PU) are a common care problem in hospitals. Although PU often are considered as a problem of older patients, also paediatric patients are confronted with PU.

Aim of the study

To assess the prevalence of PU in paediatric care settings, to identify the population at risk, to assess factors predisposing to the development of pressure ulcers.

Methods

The study was conducted in all 14 paediatric hospitals in the German-speaking part of Switzerland and included all children from 0-18 years. The method of data collection was a direct systematic inspection and assessment of the skin. A risk assessment and data collection instrument (Bours et al., 1999) was used and, each patient was assessed by a previously instructed rater pair.

Results

The total number of participants was n=412 (75%). An overall PU prevalence of 35% (including grade 1) was registered. Most of the patients (80%) had grade 1 ulcers, including many caused by external medical devices. Patients in Paediatric Intensive Care Units (PICU) had most often a PU on the occiput or face, while neonates had most often PU relating to skin attached monitoring sensors.

Discussion incl. Conclusion

The prevalence of PU in paediatric patients is greater than expected and the problem therefore requires further exploration.

Practical relevance

The high percentage of grade 1 PU caused by medical devices requires nursing interventions to prevent lesions for these patients.

Research implications

Studies are needed to further assess the risk factors especially for patients on PICU and Neonates.

References

Bours GJJ, Halfens RJG, Lubbers M & Haalboom JRE (1999) The development of a national registration form to measure the prevalence of pressure ulcers in the Netherlands. Ostomy/Wound Management 45, 28–40.

Title

Prevalence of malnutrition in Austrian hospitals and nursing homes

Author(s)

Silvia Schönherr MSc, BSc
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Abstract

Introduction

Being malnourished was found to be associated with lower quality of life, longer hospital stays, higher morbidity and mortality in patients and residents. Nevertheless awareness and documentation of malnutrition in health care institutions is still insufficient. Numerous studies investigating the prevalence of malnutrition in different countries have been published and show wide variations. This is due to different methodologies and criteria used for assessing malnutrition, thus complicating comparison. The prevalence study from 2009 yielded only limited data on the prevalence of malnutrition in Austria.

Aim of the study

Therefore the aim of this study is to investigate the prevalence of malnutrition in Austrian hospitals and nursing homes with a larger sample than in 2009.

Methods

A multicentre prevalence study with a standardised questionnaire was conducted. Nutritional status was assessed using MUST (Malnutrition Universal Screening Tool).

Results

In 2010, 38 institutions participated in the European Care Quality Measurement. Data analysis is currently in process. Results will be presented and discussed at the 11th European Doctoral Conference.

Practical relevance

The participating institutions receive a report with their data. These informations enable institutions to plan and implement changes and to improve patient care in the long term. It is also possible to use these data for benchmarking.

Research implications

Longitudinal analyses to show malnutrition trends are recommended.

Title

Equity study of medical doctors' geographic distribution in China, from 1989 to 2008

Authors

Yan Song; Ying Bian University of Macau, P. R. China

Abstract

Introduction

With economic development in China during past 3 decades, economic inequity in East-West regions has resulted in many impacts on social aspects including health care system in term of medical doctors' (MD) geographic distribution. Relevant researches indicated that Eastern Chinese people get much higher number of physicians than the west region, it getting worse than before. The scarcity of health providers of western China caused inaccessible health utilization in west part. The geographic distribution inequity affected by economic level is still ignored in China nowadays. This study analyzed the MDs' geographic distribution in China from 1989 to 2008, it is hopefully that the results can be introduced into health policy making.

Aim of the study

To analyse MDs' equity geographic distribution in China from 1989 to 2008, western and eastern part.

Methods

(1) Data resources: China national health statistic yearbook (1989 – 2008);
(2) Modelling: Gini coefficient and Lorenz curve were used to analyse geographic distribution of MD in west and east China

Results

Gini coefficients of MD's distribution ranged from 0.174~0.123 to 0.269~0.253. which means the distribution inequity kept on worse when economic developed. Lorenz curve indicated the same trend of geographic distribution inequity.

Discussion incl. Conclusion

The results demonstrated the relevant studies that with the economic development in China during the past 3 decades, social resources re-allocation (education, welfare) was not get better but worse including health system providers. MD's geographic distribution is getting more inequity during the last 2 decades.

Practical relevance

The results provide the basic analytic information for health-care managers and policy-makers whom to make the national plan of health resources allocation, to balance the equity in west-east part of China. Not only the MD but also nurses geographic distribution with the same problem, further study will focus on this area to continue the project.

Research implications

The national scheme "Regional Health Planning" may change the inequity of MD in future years, but it needs basic theoretical methods and assessment protocol. The further study will be done including nursing capacity, medical technicians services quality, etc.

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[1] WHO. Human resources for health in the WHO European Region.2008
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Title

Attitudes of Thai parents and adolescents towards Sex Education: A qualitative exploration

Author(s)

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Abstract

Introduction

Thai social and cultural norms have traditionally discouraged public discussion of sexuality and view premarital sexual intercourse as unacceptable (1). A high level of confusion and ignorance about sexual issues has been reported among Thai parents (2). Nevertheless, their adolescents need correct sexual information, but only 19.5% of Thai adolescents are actually benefiting from any sex education by their parents (3).

Aim of the study

This qualitative study explored the attitudes of Thai parents and adolescents towards parental involvement in sex education.

Methods

Focus groups were conducted with 30 parents and 36 adolescents in rural Thailand and analysed using thematic analysis.

Results

Five themes related to limitations in providing sex education in Thai families emerged. These concerned restrictions imposed by traditional Thai culture, the perception that sex education is not a parental duty, the parent-child relationship, as well as the parents’ own limitations in relevant knowledge and a fear of having to talk about an embarrassing subject.

Discussion incl. Conclusion

Core values in Thai society restrict parents to discuss about sex in the family resulting in youth missing the opportunity to acquire knowledge needed about sexual issues from their family.

Practical relevance

Future health education policy could therefore be greatly enhanced by empowering parents to take part in sex education of their adolescents.

Research implications

This study gives in depth views of the barriers that prohibit parents discussing sex with their teens therefore it is likely that the findings would be replicable in other rural areas of the country.

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Title

Preventing Postpartum Depression: An analysis to the existing knowledge

Author(s)

Márcio Filipe Moniz Tavares

Abstract

Introduction
Post-Natal Depression (PND) is a mood disorder that affects both the health of mother as the development of her son and has a social-family negative impact. The events of this clinical situation appear four weeks after childbearing, reaching higher values in the first six months, in this sense, we must know which interventions are more effective for preventing it.

Aim of the study
For the prevention of PND, which interventions are more effective on the pre-natal period?

Methods
Synthesis of the results obtained from quantitative and qualitative studies identified by using a methodology based upon the principles of systematic review of literature.

Results
Results were grouped around four axles: psychotherapeutic interventions, psychosocial interventions, interventions for the restructure of the services and other interventions.

Discussion incl. Conclusion
It needs to carry out further research on which interventions may reduce this disease successfully, even though there has been found specific interventions for the prevention of PND showing positive results.

Practical relevance
Approximately 10-15% of all women develops PND, but, unlike with other diseases associated with pregnancy (diabetes and hypertension), this condition is often undervalued by most health professionals.

Research implications
Since nurses should act in anticipatory periods of illness, preparing for the changing roles and preventing the negative effects on the individual, then the benefits of PND research is that it’s possible to find important and necessary strategies, regarding planning, implementation and evaluation of nursing care, contributing to the development of nursing. One the other hand, it can offer answers to the needs felt by pregnant/lactating women, contributing for having more healthy mothers and babies.

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Title

Urinary incontinence and quality of life after radical retropubic prostatectomy (RRP): efficacy of conservative management and main elements for nursing anamnesis, in response to the need of urinary elimination.

Author(s)

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Anne Destrebecq, RN, researcher in nursing, University of Milan, Italy. Department of Public Health, Microbiology, Virology – Nursing division.

Abstract

Introduction

Conservative management of post-RRP urinary incontinence includes pelvic floor muscle exercises (PFMEs), electrostimulation+biofeedback (SEF+BFB) and extracorporeal magnetic innervation (ExMi). These can all be performed by nurses, but their efficacy is unclear in literature.

Aim of the study

Evaluating the role of conservative management in post-RRP urinary incontinence; identifying determinant elements for nursing anamnesis.

Methods

Non- randomized trial.
Stratified sample: 123 patients, prostate-limited cancer (2003-2010), indwelling catheter for max 8 days, regular flow after removal. Assessment at 1, 3, 6, 12 months: PC- test, 24- h pad test, International Prostate Symptom Score (IPSS). End of treatment: loss< 10 grams/day during effort. 22 people refused rehabilitation but accepted to enter the study. 86 underwent PFMEs. 15 passed from PFMEs to SEF + BFB; 20 from PFMEs to ExMi; 15 began ExMI directly (data collection in progress).

Results

Quicker IPSS decrease in the PFMEs group versus non treatment, notwithstanding BMIs: 1^{st} – 3^{rd} month: ANCOVA $p=0.001$; 3^{rd}-6^{th} $p<0.0001$; 6^{th}-12^{th} $p<0.01$. Results in the 1st month appeared to heavily influence the following ($p<0.01$).
85% of PFMEs patients reach the endpoint before 3 months (Cox regression, $p<0.01$).
The fundamental data for urinary anamnesis were “effort required to begin”, “flow weakness” and “stop and start several times” (factor and cluster analysis).

Discussion incl. Conclusion

PFMEs are more effective than no treatment; after 3 months without success, alternative methods should be considered.

Practical relevance

PFMEs can be effectively used in rehabilitation.

Research implications

Our data may be used for further comparisons with other rehabilitation methods (in progress).

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Title

A study to explore the shifting perceptions of mentorship in mental health nursing: How do nurses and student nurses view the concept of mentorship?

Author(s)

Julie Theateredge

Abstract

Introduction

The proposed study is an examination of the changing views of nurses as they move from student or novice practitioners to recognised professionals with authority to advise and assess students' competence in practice.

Aim of the study

The aim of this longitudinal study is to identify factors which shape student and staffs perceptions of mentorship in mental health nursing.

Methods

The study will be to an intuitive design using mainly qualitative data, because it aims to understand the perceptions, and ascribed meanings of individuals. It is therefore examines individual perception within the context of a lived reality (Sartre 1958). The methodology is based on existentialist phenomenology. Using Heideggerian (1975) precepts, existential phenomenology is an exploration of the pre-reflective, pre-ontological, lived understanding of the world (Guignon 2004). The overall design is therefore a 'before and after' survey, of changing attitudes of nurses through their training, into professional practice.

Results

Data reviewed to date, highlights, that the students believe that mentoring is an absolute necessity for their practical training; the mentoring experience is dependent on the individual contributions both student and mentor, and; the effectiveness of mentoring is dependant on the relationship. Mentors state that when done well the mentoring system is good, however, lack of time often affects the quality of the mentoring.

Discussion incl. Conclusion

One of the most important aspects of mentoring, in regards to its effectiveness, is the professional relationship between the mentor and the student.

Practical relevance

A critical review of the training of mentors, focused on the relationship

Research implications

Re-evaluation of organizational responsibilities in regards to mentoring.

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Title

Mental health care professionals' experiences of the psychosocial ward atmosphere in relation to the work environment and perceived stress

Author(s)

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Christine Wann-Hansson, RN, PhD, Ass Professor, Faculty of Health and Society, Malmö University
Mona Eklund, RegOT, PhD, Professor, Faculty of Health and Society, Malmö University, Department of Health Sciences, Lund University

Abstract

Introduction

Although there is an extensive body of research in the area of psychosocial ward atmosphere and work environment, there is little research that have examined the staffs' perceptions of these phenomenon and even fewer have studied the possible effects of work environment and perceived stress on psychosocial ward atmosphere.

Aim of the study

The aim of the present study was to investigate mental health care professionals' experiences of the psychosocial ward atmosphere in relation to perceptions of the work environment and of stress. The aim was also to investigate if sociodemographic characteristics of the staff influenced any such relations.

Methods

This study was performed at twelve psychiatric inpatient units in southern Sweden. In total, 93 staff agreed to participate and returned the questionnaire, which included the *Ward Atmosphere Scale (WAS),* the *QPSNordic 34+* and the *Perceived Stress Scale (PSS).* This study complied with stipulations in the Swedish act regulating research ethics and the principle of informed consent was applied.

Results

The study present findings of how the ward atmosphere, the work environment, staff group, sociodemographic characteristics and the work experience among the staff were related to stress in a multivariate approach. Furthermore, the results show the bivariate relationships between these different variables.

Practical relevance

To understand nurses' and nurse assistants' perceptions of these phenomena may create new ways of improving the ward atmosphere and work environment in mental health care.

Title

Exploring breast cancer screening with women with intellectual disabilities

Author(s)

Willis, D.S., Kennedy, C.K., Horsburgh, D. & Kilbride, L.

Abstract

Introduction

Increased life expectancy in people with intellectual disablities (ID) means more exposure to age related diseases such as cancer (Tuffrey-Wijne, Hogg & Curfs, 2007). Greater longevity also means that more women with ID will become eligible to participate in breast cancer screening which is free to all women over 50 years of age in the UK. Despite this, uptake by women with ID remains low. Unlike previous research, this study consulted women with ID and those who support them.

Aim of the study

To explore what influences women with IDs participation in breast cancer screening.

Methods

One-to-one semi-structured interviews with 14 women with ID, 13 allied-professionals, 12 paid-carers and 3 family-carers were carried out. This data was supported by periods of focused observation of health related activities, for example attending hospital or doctors appointments.

Results

Knowledge about breast awareness and breast cancer varied in women with ID. Understanding about breast health in women with ID differed between allied-professionals, paid and family-carers however pockets of good practice and support for the women were identified.

Discussion incl. Conclusion

Women with ID often have a negative experience of breast screening. More education about breast health for those who support women with ID is needed, as is better training for practitioners about the health needs of older women with ID. This will ensure that breast awareness is prioritised for these women.

Practical relevance

Identified gaps in current knowledge and offered suggestions about enhancing the breast cancer screening experience for people supporting women with ID.

Research implications

This work noted the difficulties in access to and observation of people with ID.

References

Tuffrey-Wijne, I., Hogg, J., & Curfs, L., (2007). End-of-life and palliative care for people with intellectual disabilities who have cancer or other life-limiting illness: A review of the literature and available resources. Journal of Applied Research in Intellectual Disabilities, 20(4), 331-44.

Title

Nursing staff responses to patient death in an acute hospital setting

Author(s)

Janet Wilson, Dr Penny Furness, Dr Marilyn Kirshbaum

Abstract

Introduction

There were 509,090 deaths recorded in England and Wales for 2008 (ONS, 2010). Of these numbers 56% occurred in National Health Service Hospitals, compared with 19% at home and 5% in hospices. These figures demonstrate the large numbers of people dying each year in hospitals.

The death of a patient is an event which most nursing staff will encounter during their work in healthcare. It is recognised that this experience can elicit physical, cognitive, behavioural, spiritual and emotional responses (Parkes, 1998).

Aim of the study

To explore how nursing staff respond emotionally to death in an acute medical ward

Methods

As part of an ethnographic study, a critical review of the literature was undertaken on the theories and empirical studies relevant to the impact of patient death on nursing staff working in acute hospital settings.

Results

Themes arising from the literature review included: the emotional impact, the culture of the healthcare setting, staff's previous life experiences and support available for healthcare staff.

Discussion incl. Conclusion

This presentation will focus on the responses of nursing staff and the impact this experience may have on both their professional and personal lives.

Practical relevance

The results of this research could have implications for the provision of support for nursing staff working in this area of healthcare and could impact on resources available in the clinical setting.

Research implications

Little evidence has been found of nurses' responses to death specifically in a medical healthcare setting and this research will provide information on this specific topic.

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Title

"Latching difficulty" during breastfeeding: What do Italian mothers say, about their experience?
A qualitative study

Author(s)

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Abstract

Introduction

Many professional organizations recommend breastfeeding for the first 6 months due to the numerous benefits it has for mother and child. The mother's breastfeeding experiences in the early postpartum period are crucial in deciding to continue it.
It is important to identify, in the first days after childbirth, women who send messages that are likely to early stop breastfeeding. Many women have said to have breastfeeding difficulties in the first days after birth. Several studies[1-4] have explored the motivation of early breastfeeding cessation but little is known on what "breastfeeding difficulty" really means for women.

Aim of the study

Our goal was to gain a more in-depth understanding of Italian women's experiences of breastfeeding difficulties, in the early post natal period.

Methods

The women who received a Breastfeeding Assessment Score[5] (BAS) less than 8, and reported "latching difficulties", were invited to participate in the study. With purposive sampling we recruited 15 women, 48-72 hours after childbirth. We conducted semi-structured interviews which were tape-recorded and verbatim transcribed. The transcripts were read and analyzed using the Grounded Theory method.

Results

"Latching difficulty" is related to issues including both mother's and infant's difficulties. Nipple-pain and infant's sleepiness were the most reported difficulties. In spite of these difficulties, the sensation related to breastfeeding was "happiness" when the baby sucked the breast, but concern and anxiety were common too. The women reported more impediments in overcoming the breastfeeding difficulty when there was an idealization of breastfeeding, during pregnancy.

Discussion incl. Conclusion

This study enriches the theoretical framework in understanding the dynamics that can contribute to early failure of breastfeeding in Italy.

Practical relevance

Understanding the meaning of the item "latching difficulty" consents to a more correct interpretation of the BAS5 by the Italian midwives and allows a more accurate identification of the mothers who need support and education during breastfeeding.

Research implications

Since this is a qualitative study, more research is needed to understand the “latching difficulty” in the Italian environment and in other cultures.

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Abstracts
Posters

Title

Impact of use of the Braden Scale on prevention of pressure ulcers – lessons learned from a not realized trial

Author(s)

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Abstract

Introduction

Until now the impact of use of PURAS on patient-important outcomes has not been evaluated by means of robust empirical methods. Therefore a multicentre cluster-randomized trial was proposed to compare use of the Braden Scale with nurses' unaided PU risk assessment in terms of effects on PU incidence[1]. However, when the trial was planned, it appeared to be neither feasible nor justified as it would have taken cohorts of patients to demonstrate any clinically meaningful effect with appropriate statistical precision.

Aim of the study

The aim was to theoretically estimate the likelihood that use of PURAS would help to prevent PU occurrence in hospital patients.

Methods

By means of decision tree analysis the impact of use of the Braden Scale on allocation of preventive measures and on PU incidence was modeled. Underlying assumptions regarding diagnostic accuracy of PU risk assessment, effectiveness of recommended preventive measures, and baseline PU incidence in hospital patients were varied in order to prove robustness of the model.

Results

The decision tree analysis is still running. Results will be presented at the European Doctoral Conference in Nursing Science 2010.

Discussion incl. Conclusion

The modeling of the impact of underlying assumption on expected effect size will provide useful information on the likelihood that use of Braden Scale will alter patient-important outcomes. Thus, although the originally planned trial was not going to be put into practice, results of that modeling exercise will inform practitioners about the effectiveness of use of PURAS. Lessons learned from that non-realized trial should be considered when full scale evaluations of complex nursing interventions are planned[2].

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Title

Impact of joint contractures on functioning and social participation in older individuals – development of a standard set

Author(s)

G. Bartoszek, MScN; M. Müller, Dipl.-Pflegewirt; Prof. Dr. G. Meyer; PD Dr. Eva Grill

Abstract

Introduction

A joint contracture is restricting the joint's full range of motion due to deformity, disuse, and pain. Joint contractures are common problems in older people. Sound data on the impact on functioning and social participation are lacking so far.

Aim of the study

The aim of the study is to develop an International Classification of Functioning, Disability and Health (ICF) Core Set for the assessment of joint contractures' impact on functioning and social participation of the elderly.

Methods

The development of the ICF Core Set implies the following methodological steps (with respective elderly): qualitative interviews receiving professional care, expert survey with interdisciplinary health care professionals, cross-sectional survey, re-analysis of a systematic review, interdisciplinary consensus conference.

Expected Results

The ICF Core Set for joint contractures will comprise relevant aspects of functioning and health as body functions and structures, activities and social participation for respective individuals in geriatric care settings.

Discussion incl. Conclusion

A sound data base on the interdisciplinary with the phenomenon of joint contractures From an interdisciplinary point of view, is urgently warranted. Other areas, for which an ICF Core Set has been developed, confirm this method's validity. ICF Core Set has proven their validity on other diseases.

Practical relevance

Data on joint contractures' impact are essential for the development of interventions aimed to improve social participation of respective elderly.

Research implications

The ICF Core Set should lead to the development of an assessment instrument for elderly with joint contractures, whose validity and reliability will be evaluated within empirical studies.

Title

Self-management in persons with chronic diseases: an explanatory theory

Author(s)

Bastos, Fernanda (Doctoral Student)
Silva, Abel Paiva (PhD in Nursing)

Abstract

Face of chronic illness the individual lives a transition(1), which should result in changes in their way of life, being expected to incorporate a set of behaviors (self-care) and attitudes that enable clinical and behavioral management, reorganization of roles and emotional management.

Aim of the study: Create an explanatory self-management model in people with chronic diseases, with multiple hospitalizations, related to the ineffectiveness of the same; infer elements of health intervention, promoters' responsible self-care management.

A qualitative multi-cases(2) study was designed to meet objectives. Study participants were twenty-two persons with chronic disease, with more than five re-hospitalizations in the hospital of a Local Health Unit (ULS) in Grand Porto, between January 2006 and September 2007. Medical and nursing files were consulted and semi-structured interviews are conducted for all participants, and considered field notes, referring to the observation of the context and family interventions. Seventeen cases with ineffective self-management were followed during a half and a year, and in this time had at least three contacts with principal research. Data analysis was performed by the method of Grounded Theory(3).

Despite we still not having completed the study, data analysis shows us that there are patterns of vulnerability to individual characteristics and types of social support.

Interventions aimed at facilitating the transition to continuous monitoring, helping to reduce the number of hospitalizations, self-management and better quality of life. Obtain knowledge of the patterns of increased vulnerability allow us to anticipate the planning of care to facilitate the transition process health-disease.

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Title

Quality of life related to the work: Stress and Psychological violence in nurses

Author(s)

BORGES, Elizabete; RODRIGUES-FERREIRA, Teresa
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Abstract

Due to the specificities of its activities and to the target subjects of care Nursing, is an occupation subject to professional risks. Psychological violence at work is one of the identified stressors, with significant consequences on the nurses' quality of life, his / her family, and the organizations and upon societies. The nurse is simultaneously a professional from is expected help, but is also someone who may become vulnerable. Aimed to provide resources to develop skills to better manage personal stress, thus contributing to the improvement of the quality of working life and, by extension, improve the health care provided by these professionals.

It is an exploratory and descriptive type of study, integrated within the paradigm of quantitative research. It is also a prospective and longitudinal study, as it will make an intra-subjects approach, at two different points in time. The sample is made up of nurses / students of the Post-Graduation Course of the Porto Nursing School (N=151). The instrument for collecting data was the Sociodemographic and professional form, the "Answers and Personal Resources Inventory" Portuguese version of the Brief Personal Survey (McIntyre, McIntyre & Silverio, 1995), the Negative Acts Questionaire-Revised - NAQ-R, (Einarsen & Raknes, 1997), adapted by (Araújo, McIntyre& McIntyre, 2004) and the Short-Form Health Survey (SF36-Ferreira 2000a, Ferreira 2000b). We implemented the intervention program, with a total of three sessions. The first sessions was about theoretical issues related to stress and violence, the second and the third ones integrated relaxation techniques for four muscular groups and the techniques of guide imagination. We found that the quality of life is essential to the accomplishment of nurses. Nurses lack of assistance in programs of emotional management in their workplace, within the institution in order to reduce the effects of occupational stress and need programs on violence in the workplace.

Title

Families with dependent people: population-based study

Author(s)

Campos, Maria Joana – doctoral student
Silva, Abel Paiva – PhD in Nursing

Abstract

The increase in life expectancy due to technological progress in health, coupled with improvements in socioeconomic conditions of the population in general has resulted in a significant increase in people with chronic illnesses who live longer and in a situation of dependence.

In this sense, European Silver Paper on the Future of Health Promotion and Preventive Actions, Basic Research and Clinical Aspects of Aged-related Disease (Cruz-Jentoft AJ et al, 2008) reports that must be developed a full range of services, including home care for the elderly. However, to provide care with quality for this people, we need to know more about it.

Little is known about this phenomenon in our reality, we only know that this complex transition is marked by instrumental care, caregivers dispended a lot of time on care, which has implications for the health of family members (dependent person and carers).

So, we propose a study (part of a project of my thesis) with the main goals:

–Identify the proportion of families that integrate persons with dependency,

– Characterize these families: the type of family, the type of accommodation, socio-economic conditions.

–Characterize de dependent person: level of dependency.

–Characterize primary caregiver: self-efficacy in performing the role and difficulties.

This part of the study is quantitative. We use a population-based study using a random sample. Proceed will be the identification of families with dependents persons and their characterization, both in terms of dependence, or the competence of caregivers to take care. Preliminary results will be present on September.

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Title

Drug Calculation Skills' Assessment in Nursing Education

Author(s)

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Abstract

Introduction

Drug calculations are an essential skill for nurses. The Health care environment requires that practitioners have sufficient mathematical skills to perform accurate, safe and effective medication administration. Nursing research indicates that deficiencies in medication calculation ability is an international problem in the nursing profession, therefore, the search of strategies to combat deficiencies in calculation ability is necessary to ensure safety in the drug administration.

Aim of the study

Investigate drug calculation skills in all our undergraduate nursing students attending the school of Nursing at the University of Genoa, using a Diagnostic Test in order to:

- identify areas where students are lacking and compare them with the literature
- explore the most effective strategies to teach drug calculations to nursing students.

Methods

To all our Nursing Students we: Administered a Math Skill Test; Compared the students' test results over three years

Results

Our study is still in the early stages and no results are as yet available. Findings from the literature review will be discussed.

Discussion incl. Conclusion

Recent studies recommend the implementation of integrated strategies to address drug calculation skills in students, in order to address the main areas of their difficulty and allow the integration and application of clinical and theoretical knowledge on drug calculations. Nurse educators are required to implement tutorial, educational and organizational strategies to ensure that nurses are proficient in medication dosage calculation and improve patient safety

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Title

Pressure-redistributing interventions at immobile individuals without or with pressure ulcer/s at the torso

Author(s)

A Hauss (MScN BScN RN), R Halfens (PhD), T Dassen (PhD RN)

Abstract

Introduction

Pressure ulcers continue to be an important issue in hospitals and nursing homes in western countries; especially in immobile individuals[1]. To avoid PUs at the torso, the use of pressure-redistributing surfaces and manual repositioning is recommended[1].

Aim of the study/ Research questions

- How frequently were pressure-redistributing prevention allocated at immobile individuals without or with pressure ulcer/s at the torso in German nursing homes and hospitals?
- How frequently was appropriate pressure-redistributing prevention allocated on standard mattresses, non-powered or powered support surfaces?

Methods

Multi-centre cross-sectional study with data from 50 hospitals (n=8738) and 174 nursing homes (n=12476) were used. Appropriate prevention in bed was defined as the use of non-powered or powered support surfaces with repositioning every 2, 3 or 4 hours, and the use of standard mattresses with repositioning every 2 hours.

Results

Appropriate pressure-redistributing prevention at immobile individuals was allocated to 53% in nursing homes and 40% in hospitals. Immobile individuals on standard mattresses received to 9% and on support surfaces to 77% appropriate prevention. Immobile individuals were allocated to 48% and immobile individuals with PU at the torso to 68% appropriate prevention.

Discussion incl. Conclusion

Some immobile individuals were allocated appropriate pressure-redistributing prevention in German nursing homes and hospitals and more often in nursing homes.
Only few immobile individuals on standard mattresses were allocated appropriate prevention.
Immobile individuals with PUs at the torso were allocated more often appropriate prevention than without PUs.

Practical relevance

At all immobile individuals regular manual repositioning and an appropriate support surfaces should be allocated.

Research implications

Further studies have to incorporate pressure-redistribution interventions in chair and bed at immobile individuals.

Reference
1.) National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel (2009) Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel.

Title

Childbearing later in life – women's experiences

Author(s)

Reeta Lampinen, Katri Vehviläinen-Julkunen

Abstract

Introduction

In the Western world, the average age at which first time mothers give birth is continually rising. Advanced maternal age (AMA) is seen to be correlated with poorer outcomes to pregnancies. It has been said that pregnant women and healthcare providers understand the risks differently: pregnant women evaluate the risks subjectively, whereas healthcare providers assess the risks in an apparently more objective way.

Aim of the study

The aim of the present paper is to review the experiences of pregnancy in women over 35 years.

Methods

Computerized searches of the Cinahl, PubMed, Medic and Cochrane Library databases were undertaken. Research articles in scientific journals, relevant to the objective, and published in English between 2000 and 2008, were included.

Results

During pregnancy, women over 35 years prepare for pregnancy, gather information, receive information from healthcare providers, and worry about their pregnancy and their status of being "at risk". Nevertheless, they also experience positive feelings.

Discussion incl. Conclusion

While these women want to be as well-informed and prepared as possible, the information they receive can cause more anxiety rather than alleviate their concerns. Being aware of the diverse experiences of older pregnant women can help healthcare providers to understand better the needs of these women.

Practical relevance

This review illustrates the importance of the nature of available information, and how it is given to older pregnant women.

Research implications

More studies, involving larger samples are needed in order to define the actual risks during pregnancy, and the age to which the term "advanced maternal age" could properly be used.

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Title

Influencing Factors the Transition for Autonomy of Self-care

Author(s)

Lourenço, Marisa; Pinto, Cristina; Oliveira Palmira

Abstract

Introduction

We are watching a new demographic configuration of European societies, which can be proven by the inversion of age pyramids. Therefore it’s impossible to deny the relation between dependence and age. The chances of suffering major physical and mental incapacities increase with aging. The transactional events of health-sickness nature can cause vulnerability to certain risks and factors and great stress, as well, this can affect health and well-being conditions (Meleis, 2007).

Aim of the study

Identify the factors that influence the restore of self-care autonomy after an event that caused dependence.

Methods

Qualitative research, exploratory-description. Conducted semi-structured interviews to four patients after discharge of a unit to autonomy promote in northern of Portugal.

Results

The emerging categories revealed facilitating and inhibiting factors of patient’s process recovery.

Discussion incl. Conclusion

A person, who lost his autonomy to self-care, triggers a transition, in order to regain their health condition and a maximum level of wellness.

Practical relevance

Being self-care, a highly sensitive area of nursing care, makes the primary aim of the nurse to promote independence clients' in performing activities of daily living.

Research implications

We propose a future theorization in order to include the population and ultimately contribute to care excellence.

References

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Title

A structured intervention programme for family caregivers

Author(s)

Maria José Peixoto
Teresa Martins, Lecturer, Oporto Nursing School, Oporto, Portugal

Abstract

Introduction
Caregivers had physical, emotional, social burden and higher morbility than other persons.

Aim of the study
Assess the impact of an intervention programme on family caregivers.

Methods
Quasi-experimental design, with 131 caregivers from the intervention group and 135 from the control group. The intervention group participated during six months in six activities with the finality to prevent burden and were assessed two times, one at the first contact and the second six months ago. Materials: SF-36, Family Profile Index and Burden Caregiver Questionnaire.

Results
No significant differences were found between the two groups.

Discussion incl. Conclusion
No significant results are related, perhaps, with no specifically measure.

Practical relevance
It’s important to understand the best interventions to avoid caregivers´ stress, increase coping strategies and the well-being. Caregivers’ empowerment improve patients care.

Research implications
The results demonstrate that it is necessary to develop further studies with new methodologies to identify the effective interventions.

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Title

Breast Cancer Screening in Aveiro Municipality (Portugal): from the determinants factors of adherence to emerging educational proposals

Author(s)

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Costa, Nilza Maria Vilhena Nunes da, Full Professor in Department of Education at the University of Aveiro, Portugal
Tura, Luiz Fernando Rangel, History, Health and Society Laboratory. Associate Professor, School of Medicine, Federal University of Rio de Janeiro, Brazil.

Abstract

Introduction
In Portugal, there are 4300 new cases of breast cancer annually, 75% in women over 50 years old. However, literature shows that if this disease is detected early, survival rates can reach 95% in the first 5 years (Barton 2006; Hakama *et al.* 2008).
The current guidelines recommend that women of 50-69 years do mammogram every two years. In Aveiro, the observance of women in 2006 was still around 50%, when a desirable level of compliance would be more than 70%.
Predictors breast cancer screening included, among others, the women's socioeconomic status, use of medical care, a provider's reported recommendations and acess to health services.

Aim of the study
To understand the factors of noncompliance to the Program of Breast Cancer Screening
To improve the breast cancer screening by educational approaches guidelines.

Methods
We interviewed 800 women, 45-69 years living in Aveiro, that (1) did not answer the call to perform mammography, and (2) women invited to attend the Health Centre for mammography. In order to deepen the results of the two phases, a qualitative study, with unstructured interviews, will be carried out, in which women can relate their concerns about health and the disease. To better characterize the context in which the study is being done, researcher's field notes taken during the process of data collection are being written.
Data is being analyzed with SPSS 17th version

Results
Results are expected to be achieved by the end of this year.

Discussion incl. Conclusion
In process

Practical relevance
The understanding of the determinants factors of adherence will be certainly relevant, both to the definition of educational guidelines and of the priorities to settle the best options (at the policies and operational levels) of health care in this context. The nurse can be an

enhancer / educator in the motivation of women for their health monitoring in the area of primary health care with an important role in health promotion in women's surveillance consultations in health centers. Conscious of its role, must play work in close liaison with stakeholders. As we said, the results emerging from the study are intended, essentially, to correct the imbalances through educational proposals possible for nurses to have a more assertive and active role in the area of detection of breast cancer.

Research implications

To pursue with studies aiming to develop, implement and evaluate the impact of programs to promote a better adherence of women in the above context.

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Title

Does research into the relationships between Nurses and Doctors provide further clarity on the agency/structure debate on power?

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Abstract

Introduction

Power is a contested subject that has generated a great deal of debate amongst social theorists. Discourse has centred around the issue of the structure and agency debate. The development of the main concepts of power from Mills (1957), Dahl (1957) through to Lukes (2005) and Foucault (1975 & 1977) has sought to understand this.

Aim of the study

The aim of this ethnographic PhD study is to understand the concept of power in relation to nurse/ doctor interactions in a hospital setting. Fieldwork observations and follow up interviews were undertaken with seven teams of specialist nurses working in a large hospital in the UK NHS.

Results and Discussion

The hospital is a socially structured system defined by rules and social norms that are professional, bureaucratic and gender in origin. However, within this there has developed a model of interaction between specialist nurses and doctors where power had a more nebulous quality and is centred upon situational context and the use of clinical knowledge by both professions. Foucault's work has an enduring attraction in the ability to describe contemporary power relationships. The practice of specialist nursing does on many levels support the continued 'gaze' of the medical profession and subjectifacation of the body. However, nurses have generated greater influence and power through aligning themselves to the structural power of medicine through their use of clinical knowledge.

Practical relevance

Nursing knowledge; clinical communication; social theory development; clinical practice

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Title

Designing a suitable model for Accountability in a doctoral degree program.

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Abstract

Introduction

On the grounds of the Lisbon strategy, the emphasis was placed on increasing quality and effectiveness of education and training systems. Universities should encourage a culture of continuous quality development and improvement in all aspects of their institutional mission by adopting a well-conceived Corporate Social Responsibility (CSR) strategy in the same manner as other organizations.

Aim of the study

The present paper aims to identify a way of promoting strategically CSR in an doctoral degree program.

Methods

A predominantly qualitative approach was adopted. The study utilised three data collection methods: semi-structured interviews; focus group; and secondary data analysis, including university social reports and formal documentation of the doctoral course.

Results

A model is designed to aid doctoral school counselors in the accountability, i.e. in the acknowledging, assuming responsibility for and being transparent about the impacts of your policies, decisions, actions, products and associated performance.

Discussion incl. Conclusion

This paper contributes for revealing the strategic role of University doctoral courses in fostering Public Policies for development.

Practical relevance

This innovative approach is particularly interesting since the literature does not cover, until now, the importance of adopting a social responsibility strategy within an University course, in order to foster public policies for development.

Research implications

Future researches may expand to provide indicators for measuring the impact of adopting CSR at University doctoral programs and to evaluate how the implementation of CSR at a University course will reinforce the credibility of this special kind of public organizations service.

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Title

Nursing Intervention Program for promoting adherence in Diabetic´s Patients

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Abstract

Introduction

The literature suggests that the intervention programs have a real importance in adherence promotion.

Aim of the study

Develop, implement and evaluate a nursing intervention program to support adherence to diabetic therapeutic regimen.

Methods

Longitudinal study with a design of action research consists of five phases. Convenience sample with type 2 diabetes patients attending two health centers and nurses who provide functions of those units.

Results

From the interviews conducted in 1ª phase for diabetics and nurses, have emerged some principles and philosophies will include in the program: patient- centered approach, promoting empowerment; be broad and comprehensive, addressed the factors that interfere with adherence behaviors and considered sensible to nursing intervention. Currently we are in the second phase of the study building, with the collaboration of nurses, the intervention program.

Discussion incl. Conclusion

The program projected address the major needs identified by diabetic patients and nurses seeking, rather than a traditional didactic approach, support for self-management.

Practical relevance

It is intended that nurses adopt new ways of being and become agent's helpers of change and that diabetics develop cognitive, behavioral and emotional skills to enable them to manage their disease.

Research implications

The results will help to set / design new interventions that can help diabetics live with their disease in a healthy way.

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Title

Feasibility, Internal Consistency and Test-Retest Reliability of the modified Nottingham Health Profile in nursing home residents in Germany

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Abstract

Introduction

The Nottingham Health Profile (NHP) is one of the most well-known health related quality of life (HRQOL) instruments [1, 2]. It has not been used in German nursing homes (NH) so far. The leading medical diagnosis in German NH is dementia [3]. In progress of this illness a decrease of the cognitive performance is observed, what might have influence on the quality of life [3]. International research results showed that the NHP can be administered in cognitive impaired persons [1, 2].

Aim of the study

The aim of the study was to determine the feasibility, internal consistency and test- retest reliability in nursing home residents using the NHP in Germany.

Methods

The study was designed as a prospective multicentre observational study. Newly admitted residents were included. The German Version of the NHP (including six domains) [4] was modified per transformation from 38 statements into 38 questions. The NHP, Mini-Mental State Examination (MMSE) and diagnostic information were recorded.

Results

From 286 residents (age: mean 83.6 years, sex: 69.2% women, MMSE: median 16) 111 (38.8%) were administered to the NHP. Completion rate varied from 54.1 % with normal cognition (MMSE >21) to 4.5% with severe impairment (MMSE<10). Internal consistency of each domain as measured by Cronbach´s α coefficient was between 0.55 and 0.78. The test-retest reliability by Spearman was adequate (0.57-0.87).

Discussion incl. Conclusion

Present results differ a lot from former studies according to completion. The feasibility of the NHP is depending on the cognitive status.

Practical relevance

The NHP is applicable for resident with normal cognitive status.

Research implications

The results need to be proof in a lager setting.

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Title

Management of health education in primary health care of nurse practice

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Abstract

Introduction
Health education work is one of the tasks for nurses working in the primary health care field. Health education promotes healthy living, which, in return, prevents developing of illnesses and improves the possible raise of level of welfare (Heady, 2006).

Aim of the study
To find out which factors affect the managing of the health education work in primary health care nurses practice.

Methods
Analysis of the strategic documents and a questionnaire for nurses. N. 106. A questionnaire contained 32 questions in total. Possible answers were made according to the Likert Scale.

Results
Factor analysis method was used. With the help of factor analysis mutually connected changing subsets were picked out where four factors, which structures nurses activities, were divided. The factors were named ‘’values (0.83), ‘’competency (0.84), ‘’possibilities of cooperation (0.87) and ‘’methodical support (0.70).

Discussion incl. Conclusion
After monitoring the health affecting habits among Latvian population from 1998 to 2009, it has been concluded that nurses have advised only 3,2% of the respondents on changing healthy living habits. Although all nurses are able to function as givers of information, they need to acquire the skills of being a facilitator of the learning process. One should pay bigger attention to health education questions in both nurses’ education programmes as well as further education of nurses to improve competency.

Practical relevance
Methodical recommendations and study materials for nurses working on the primary health care level.

Research implications
This research will contribute to improvement in society health promotion.

Title

Caregivers’ experiences with aggressive behaviour from nursing home residents: planning a cross sectional survey

Author(s)

Heidi Zeller

Abstract

Introduction

Knowledge about prevalence and types of residents’ aggression in nursing homes is available but little is known about related characteristics, which encourage aggressive behaviour and commonly used interventions in dealing with it.

Aim of the study

This study will investigate caregivers’ experiences with residents’ aggression in nursing homes in regards to prevalence and types of aggression and interventions in dealing with it. Furthermore, information about relationships between occurrence of aggression and different factors, such as caregivers’ skills and emotions, or institutional conditions will be obtained.

Methods

A retrospective cross sectional survey in nursing homes across the eastern region of Switzerland is planned. A purposive sampling procedure will be used to select facilities from more than 100 nursing homes. The sample should reflect the rural/urban distribution, ownership (private or public), as well as the size of the institutions.

Besides gathering demographic data from caregivers, the following instruments will be used:

- Survey of Violence Experienced by Staff (SOVES-D)
- Impact of Patient Aggression on Carers Scale (IMPACS)
- Confidence in Coping with Patient Aggression Instrument

After obtaining permission from the local ethics commission the managers of the nursing homes were asked to participate in the study.

Practical relevance

The results should give an insight in the prevalence of aggression experienced by caregivers in nursing homes and their interventions in dealing with it as well as related factors, which influence the occurrence of aggressive behaviour.

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