Emotion work
Taylor, Jilly

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RCN international nursing research conference 2015

Book of Abstracts

Monday 20 – Wednesday 22 April 2015
East Midlands Conference Centre, University Park, Nottingham NG7 2RJ

Conference kindly sponsored by:

The University of Nottingham
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Monday 20 April 2015 10.20 – 11.00

Invisible care in ‘soulless factories’? The challenges of humanising healthcare for patients and nurses

Presenter(s): Professor Jill Maben OBE, RN BA(Hons), MSC, PhD, PGCE, Chair in Nursing Research, Kings College London, United Kingdom

Abstract
Porter (2002) described hospitals as ‘soulless, anonymous, wasteful and inefficient medical factories’...this paper explores the soulless factories of modern healthcare and argues the effects on staff and patients are similar. The way care and nursing work is organized and resourced creates disconnect for nurses and as well as patients which can be dehumanising. Moving the focus of health care away from ‘delivery’ and ‘production’ towards care as an ongoing everyday accomplishment; the ‘extraordinary ordinary’, may allow care to be seen less as a commodity and more as a relation that is deeply embedded within institutional and local care contexts. Drawing on empirical evidence from older people's settings in a number of recent NIHR funded studies and examples from other countries this paper argues that if the work environment is humanised and nursing work is organised differently both nurses and patients benefit with patients feeling less like ‘parcels’ and feeling more cared for.

Intended learning outcomes
At the end of this session, participants should be able to:
• Reflect on nursing care quality and what influences this
• Describe environments that enhance care for older people
• Identify the importance of the extraordinary ordinary and the power that resides in apparently ‘little things’.

Recommended reading

Biography
Professor Jill Maben, a nurse and social scientist, is Director of the National Nursing Research Unit, King's College London. Jill's research focuses on the healthcare workforce, particularly the quality of the work environment and the effects of these on patient care quality and experience. Jill recently completed a national research study in the UK examining the links between staff wellbeing and patient experience. In 2013 Jill was in the Health Services Journal "Top 100 leaders" and their inaugural list of Most Inspirational Women in Healthcare. Jill was awarded an OBE in June 2014 for services to nursing and healthcare.

Tuesday 21 April 2015 09.10 – 09.50

Hoist on our own petard: the false dichotomy between technical and holistic care in nursing.

Presenter(s): Professor Sioban Nelson RN, PhD, Vice-Provost, Academic Programs, University of Toronto, Canada

The idea of nurses as engaged in moral work has a long history. From its nineteenth century origins to the work of the nursing theorists of the twentieth century, nursing has struggled to understand itself as both skilled technical work and relational or holistic work. This paper explores the challenges that this tension has created for nursing as a profession, particularly in the context of practice and service reorganization in contemporary health care, and changing expectations for health professionals.

Intended learning outcomes
At the end of this session, participants should be able to:
1. Participants will be able to understand the historical basis of current controversies in nursing education and practice.

Recommended reading

Biography
Professor Sioban Nelson is the Vice Provost Academic and former Dean of Nursing at the University of Toronto. Sioban is the author of three books and six edited volumes, including the acclaimed ‘Say little do much’: Nursing, Nuns and Hospitals in the Nineteenth Century (University of Pennsylvania Press, 2001) and the prize-winning Complexities of Care: Nursing Reconsidered (co-edited, with Suzanne Gordon, Cornell University Press, 2006). Her most recent work is a co-authored book (Nelson, Tassone and Hodges, Cornell 2014) on Interprofessional education and practice, Creating the healthcare team of the future.
**Wednesday 22 April 2015**
09.10 – 09.50

**Reform of Care or Care of Reform? Revitalising, Being Alongside and Nursing Practices**

**Presenter(s):** Professor Joanna Latimer BA (Hons.), RN, MNG, PhD, Cardiff University School of Social Sciences, Cardiff, United Kingdom

**Abstract**

In this paper I address how the endless reform of health services creates both disarray and dispute over the meanings of care to feed and fuel struggles and conflict in the ‘organisational politics’ of the NHS, as well as intensify a sense of precariousness, for patients and practitioners alike. I examine how the businisation of health services has further positioned nurses in competing and multiple agendas, including the call to care more and more for the organizations that they work in, and escalate responsibility for the delivery of financial and efficiency targets. I argue that any demoralisation arising from this jonting of morality and efficiency relates, first, to a fundamental down-grading of the status of nurses through changes to the organisational structure and the institutions within which they work and, second, to a devalua- tion of their work as a consequence of witting and unwitting manipulations in the meanings of care. I go on to explore ways to revitalise the reform of health care that gives permission to care about the incredible subtlety and complexity of medicine, health and illness, as well as of nursing knowledge and nurses’ work. Here I refocus nursing practice as interactive, entangled, emergent, discretionary, material practice, rather than merely as the delivery of packages or ‘interventions’ whose efficacy has been decided in centres of calculation far from the bedside. Drawing on a number of research-based examples I show how moments of care can be understood as corporeal and symbolic, world-forming occasions, for both patients and practitioners alike. Thus I offer a perspective that makes visible how health and illness are messy and chaotic, while nursing practices are relational and hetero-geneous, not only exercising body-persons in often implicit and silent moral forms, but as instituting worlds of inclusion and exclusion, and connection and disconnection. I suggest a way to reenision care both what animates practice, and as an affect, of, for example how, when, and where things are done (or not done), of partial and intermittent connection and disconnection, and of what i call ‘being alongside’. Within this view compassion and care cannot simply be added back in by government agendas, but needs to be built into the very fabric of how health services are done.

**Intended learning outcomes:**

1. Reflect on the complexity and politics of practice
2. Offer different theoretical perspectives on the relationship between nursing and the organization of health services
3. Identify possible research approaches that create alternative perspectives on the meanings of care

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**Research Assessments: how can nursing continue to improve their performance.**

**Presenter(s):** Professor Hugh McKenna CBE, PhD, BSc(Hons.), RMM, RN, RNT, DipN(Lond), AdvDipEd, FFN RCN, FEAN, FRCN, FAAIN, Pro Vice Chancellor, Research and Innovation, Ulster University, United Kingdom

**Abstract**

For almost thirty years publically funded research in the UK has been assessed for quality in a series of research assessment exercises. The most recent one is called the Research Excellence Framework (HEFCE, 2014). Such exercises are carried out in many countries across the world. These include Finland, Norway, Sweden, Denmark, Holland, Italy, New Zealand, Australia, Romania, Hong Kong, Germany and most recently the Czech Republic. The results are mainly used to inform the allocation of research funding and provide accountability for tax payers’ money. Every four or five years universities in these countries make submissions to their government research funding bodies. Such submissions are mainly composed of publications and other outputs of the research process. In addition, some include information pertaining to the research environment including research strategy, infrastructure, funding, PhD completions, staffing, esteem, and collaborations. For the first time the UK’s Research Excellence Framework (REF) has assessed the impact of research. This is not surprising since politicians and others are asking universities to outline what has been achieved from publicly funded research. It is also not surprising that other countries are watching the results of this

**with great interest and many are already planning to assess impact as part of their future research assessment exercises (e.g. Sweden and Hong Kong).** Increasingly, these governments believe it is not unreasonable to ask those whose research work is undertaken at public expense to account for and provide some evidence of their activities and outcomes. This presentation will outline how nursing has consistently improved its performance with regards to research quality and how a better performance can be made in the next exercise.

**Intended learning outcomes:**

1. Gain and insight into how research assessments exercises are undertaken globally
2. Be aware of how research impact is evidenced and assessed
3. Plan how to do better in the next exercise in 2020

**Biography**

Dr Hugh McKenna CBE is a mental health and general nurse and currently deputy Vice Chancellor for Research at Ulster University. He has over 250 publications and over £7 million in grants. He holds a number of international fellowships, editorial and non-executive positions. He chaired the UK Research Excellence Framework for nursing, ahps, pharmacy and dentistry. He chaired the Hong Kong Accreditation Panel for Health Sciences and the Swedish Health Sciences Research Council. He is Visiting Professor at the Universities of Texas, Moribor, Sydney, and Trinity College Dublin and Head of the Visiting Committee at the Chinese University of Hong Kong.

**Recommended reading**


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**Keynotes/Plenary**
Fringe/networking sessions

Monday 20 April 16.50-17.50

Maximizing the impact of your publications in an open access environment
Presenter(s): Professor Peter Griffiths, University of Southampton, Executive Editor, International Journal of Nursing Studies
Professor Ian Norman, King’s College London, Editor-in-Chief, International Journal of Nursing Studies

The pressure on nursing scholars to publish their research findings has never been greater. However, publishing practices and the publishing environment are changing. Whereas frequency of publication was once the main criterion for academic success the emphasis today is on producing fewer papers, but ones that are highly used and cited and published in high impact journals. Added to this the long and sometimes heated debate about the merits or otherwise of open access publishing of research findings seems to have been superseded by a commitment of major funding bodies internationally to open access publication as a requirement of research funding.

So what can implications do all these changes in publication practices have for nursing scholars and the evidence based of nursing practice? And how can scholars maximise the impact of their research outputs? These questions will be addressed in a presentation by two senior editors of the International Journal of Nursing Studies (currently ranked 3rd in Thomson Reuters’ 2013 Impact Factor list of 106 academic nursing journals) followed by discussion with the audience to which a number of other journal editors will also contribute.

Best evidence for best practice: using social media to share research and engage nurses
Presenter(s): Sarah Chapman, Knowledge Broker, United Kingdom Cochrane Centre
Holly Millward, Communications & Engagement Officer, United Kingdom Cochrane Centre

Cochrane produces reliable evidence for better health. There are over 6,000 published Cochrane reviews and many are relevant to nursing. Cochrane UK uses social media, in particular Twitter and a weekly blog, to disseminate evidence and encourage engagement with it.

In 2014, a Cochrane review found no reliable evidence to support an established nursing practice and used social media to share this with nurses, promote reflective practice and establish relationships within the nursing community.

This event is intended to share Cochrane UK’s experience and provide an opportunity for participants to consider the benefits and challenges of using social media in this way and to optimize their social media use.

After a presentation, attendees will be invited to participate in a workshop to identify barriers and potential solutions for sharing or engaging with research on Twitter and to share best social media practice tips.

Target audience
Those wishing to improve their use of social media, and Twitter in particular, to share and/or engage with research to promote evidence-based nursing practice. Participants should be familiar with Twitter basics.

Expected outcomes
We hope participants will leave feeling inspired to use social media to share/engage with research and better equipped to do so.

Leading, collaborating and influencing research funding
Presenter(s): Professor Andree leMay, University of Southampton and Dr Ann McMahon, Royal College of Nursing

How do we collectively influence to ‘build a dynamic knowledge base of sufficient coverage and depth’ for nursing?

To put this questions in context, last year the RCN refreshed its research strategy and published a five year plan of action: RCN Knowledge and Innovation Action Plan 2014 - 2018

Professor Andree leMay was commissioned to undertake a scoping study to inform the RCN how it could have greater influence in research funding. How could the RCN maximise its impact in leading and influencing research funding?

The study mapped the landscape of UK research-priority setting and identified approaches to influencing the research arena and research-priorities. Based on the principles of co-production, alliance and influence two recommendations were made. In the session we will discuss the report, its recommendations, strategy and actions to achieve them and next steps. Come along and influence!

Fellowship Opportunities for Nurses from the National Institute for Health Research: what are they and how do you get one?
Presenter(s): David Richards, University of Exeter Medical School

The UK National Institute for Health Research (NIHR) has a comprehensive programme of generously funded research training fellowships for nurses wishing to develop clinical academic careers. These include masters, doctoral, post doc and more senior awards. This networking event will be an opportunity for interested participants to meet Professor David Richards – the NIHR clinical academic training advocate for nursing – to receive information on these fellowship programmes and get tips for successful applications.
Developing nurses' professional practice and knowledge: an exploration of funding and scholarship opportunities

**Presenter(s):** Dr Sharon Hamilton, Reader in Nursing, Teesside University  
Dr Theresa Shaw, Chief Executive, Foundation of Nursing Studies

**Purpose:** Nurses as direct care-givers or researchers are in an excellent position to develop and lead innovations in practice to improve the quality of patient care. Although nurses are well-placed for this role, it can be a challenging, complex process which is further compounded by the prevailing economic constraints across healthcare. However, a range of funding opportunities are available to support nurses to develop the skills and knowledge needed to lead innovation including scholarships to travel and learn from international centres of excellence.

**This fringe event aims to raise awareness of:**
- Funding and scholarship opportunities that are available to nurses in the UK
- Application and selection processes
- Factors influencing successful applications

The experiences of a nurse who was awarded a Winston Churchill Memorial Trust Travel Fellowship will also be presented with the aim of inspiring nurses to develop their ideas into a successful application.

**Target audience**
This session is targeted towards UK delegates but it will also be of interest to international delegates as many underlying principles will be transferable to funders outside the UK.

**Expected outcomes**
- An increased awareness of the funding opportunities available to nurses to support innovation, professional development, study and travel
- An understanding of eligibility criteria, application processes and factors to increase the likelihood of a successful application
- Nurses to be inspired to seek out funding opportunities

Developing partnerships to share experience and expertise

**Presenter(s):** Nicola McHugh, Global Research Nurses’ Network  
Violet Nour, Lecturer, Al-Ahliyya University, Amman, Jordan  
Patience Ngina Ndonye, Research Nurse, Kilifi, Kenya  
Gillian Ray-Baruel, OMG PIVC Study Coordinator, AVATAR group, Senior Research Assistant, NHMRC Centre for Research Excellence in Nursing (NCREN), Griffith University, Australia

The aim of the Global Research Nurses’ network is to provide resources and support to nurses working in research in low and middle income countries. Our resources are online. They are free and open access and include tools and templates, e-learning from The Global Health Training Centre and a Professional Membership Scheme. We offer support through online networking and face to face at regional workshops.

**Purpose of networking event**
- to recognise the global identity of nursing and celebrate shared skills and experiences of nurses working in research
- to recognise the values that nurses bring to their research role and the benefits nurses offer both to study participants and to the study team
- to provide a forum for nurses from across the globe to meet and network
- to discuss the purpose of networking – its benefits and its challenges
- to create links and identify strategies to move from networking to action

**Target audience**
Nurses working in research who have an interest in collaboration and partnership with colleagues across the globe

**Outcomes**
- to identify the value of collaboration and partnership
- to form links between individuals and organisations, to facilitate the development of partnerships
- to outline the purpose and aims of the partnership

I am a member of the RCN, why should I promote membership to the Research Society?

**Presenter(s):** The RCN Research Society - Michael Traynor, Ruth Northway, Ruth Harris, Bridie Kent, Julie McGarry, Danny Kelly and Rachel Taylor

The RCN Research Society is open to any RCN member and its membership currently stands at 4,897. The purpose of the RCN Research Society is to:
- Provide research leadership and expertise to support the RCN’s strategic intent to influence the development of practice and policy from an evidence base
- Provide support to and meet the needs of members of the Research Society providing a network for sharing experiences and learning and development opportunities

**The objectives of this fringe are to:**
1. Update members on the activities of the Research Society over the past 12 months.
2. Determine RCN member’s perceptions of the Research Society and whether they see the activities they undertake as important for advancing the nursing research agenda.
3. Identify what RCN members believe the Research Society should be doing
4. Identify what RCN student members believe the Research Society should be doing
5. Review the way in which the Research Society conveys information to RCN members to enable them to keep up to date with the Society’s activity.

**Target Audience**
All delegates (including student members) are welcome. The Society is keen to hear the opinions of not just established researchers but also the next generation so pre-registration nurses and those embarking on a research career pathway are particularly welcomed.

**What we do**
During a working lunch RCN members will take part in a number of activities designed to encourage lively discussion.

**Intended outcomes:**
- Raise awareness of the Research Society
- Identify potential areas for future activity
- Identify where the Society can improve dissemination of the work they undertake
Fringes and networking

Becoming an effective reviewer

Presenter(s): Carol Haigh, Manchester Metropolitan University
Debra Jackson, Manchester Metropolitan University
Graeme Smith, Manchester Metropolitan University
Leslie Gelling, Manchester Metropolitan University
Susan Barnason, Manchester Metropolitan University

Whilst publication of a paper in a peer reviewed journal is an important milestone for many doctoral students and new researchers, the importance and utility of becoming a reviewer (whether conference, journal or research council) is one that is often overlooked. This can be argued to be the next important step in developing a professional profile. The purpose of this professional development event is to

• Discuss the value of becoming a reviewer
• Explore the areas in which reviewing opportunities can be identified
• Discuss the key attributes of an effective reviewer
• Discuss the top tips of effective reviewing activity

The presenters of this workshop have significant experience of reviewing for journals, conferences and research councils.
Concurrent session 1
Monday 20 April 2015 11.30 – 12.55

### Abstract number 23

**Theme: Phenomenology**

**11:30am**

**Pieces of the jigsaw: what support do multi-skilled emergency nurses need to deliver alcohol brief intervention education in a small rural Emergency Department?**

**Author(s):** Elizabeth Ann McCall, Australia  
**Presenter(s):** Elizabeth Ann McCall, RN, RM., BHSc(Nursing), MHSc, Nurse Manager, Byron District Hospital, NSW, Australia, Australia

**Abstract**

**Background:** The majority of studies on alcohol brief interventions in the Emergency Department have focused on effectiveness of the intervention and little has been written regarding the knowledge and systems support required in providing brief interventions. Emergency nurses are well placed to be at the forefront of implementation as they spend so much time with patients. However, workplace challenges of knowledge deficits and confidence, dedicated time, adequate staff and dedicated space in electronic medical records are all barriers to successful implementation.

**Aim:** This exploratory study sought to explore the knowledge and support emergency nurses require in providing alcohol brief intervention education at a single rural Emergency Department.

**Methods:** This interpretive research project was informed by hermeneutic phenomenology and sought to explore the education and support required for emergency nurses to deliver alcohol education brief interventions in the ED. Data was collected from participants of three focus groups and two in-depth interviews. Data analysis sought thematic interpretations, with a view to transforming personal experience into disciplinary understanding.

**Results:** Three major themes were identified from the data with a number of sub-themes. Theme one reflected participants’ knowledge regarding alcohol-related public health issues. The second theme examined how that knowledge translated into providing alcohol brief interventions in the Emergency Department. The last theme explored the barriers to implementation perceived by emergency nurses.

**Conclusion:** For alcohol brief intervention education to be delivered by emergency nurses managerial, educational and systems support is required.

**Key words:** Emergency nurses, alcohol consumption, education

### Abstract number 25

**12:00pm**

**Registered nurses’ experiences of respect towards service users: an interpretative phenomenological analysis**

**Author(s):** Hazel M Chapman, United Kingdom; Dr Claudine Clucas, United Kingdom  
**Presenter(s):** Hazel Margaret Chapman, RGN, RN(LD)/DipHE Nursing, BSc(Hons) Psychology, MA Education, University of Chester, Faculty of Health and Social Care, CHESTER, United Kingdom

**Abstract**

Registered nurses’ experiences of respect towards service users: an interpretative phenomenological analysis

**Background:** Respect for service users is a key component of effective (Beach, Roter, Wang et al, 2006) and ethical nursing care internationally (ICN, 2012). However, nurses’ experiences of respect and factors affecting their respect for service users are poorly understood.

**Aims:** The findings of this study will be presented and discussed, in order to inform health care delivery. This study aims to understand the nurses’ experiences of respect, and the factors influencing them.

**Methods:** A qualitative Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009) approach was used to carry out and analyse semi-structured interviews (August 2014) with twelve Registered Nurses at an acute hospital Trust in the UK. Each interview was analysed in depth using a systematic approach to make sense of participants’ lifeworlds.

**Results:** Themes identified include:

- Stressors of the role and workplace
- The disrespectful / discredited person
- Benign compassion versus respect for autonomy

**Discussion:** A combination of barriers to respect for service users is identified. These include: workplace demands; fear of legal and emotional challenges; ‘difficult’ service users and relatives; and differences in the Nurses’ understanding of respect, with implications for the service user / nurse relationship, the service user experience and health-related outcomes.

**Conclusions:** This study furthers our understanding of experiences in respect in healthcare consultations and has implications for nurse education, healthcare management and policy. Although this study was undertaken with Registered Nurses in the UK, these issues and human interactions within the social world of healthcare, are likely to be applicable to all health professional / service user interactions in culturally and economically similar countries.

### Abstract number 265

**12:30pm**

**Experiences of disengagement from mental health services: An interpretative study**

**Author(s):** Chris Wagstaff, United Kingdom  
**Presenter(s):** Chris Wagstaff, BA/RMN (DIP)/ MSc/PG Cert Ed, Senior lecturer in Mental Health Nursing, College of Medical & Dental Sciences, Department of Nursing, Birmingham, United Kingdom

**Abstract**

**Aim:** To examine the themes arising from an interpretive phenomenological analysis (IPA) study investigating the experiences of people with severe mental health problems (SMHP) and a history of disengagement from mental health services.

**Background:** There is limited research into the experiences of disengagement from mental health services. This paper discusses the findings of an innovative IPA study about the experiences of people who have SMHP and a history of disengagement from mental health services.

**Method:** After ethical approval, in-depth, semi-structured interviews were used to explore and analyse the experiences of people with SMHP and who also have a history of disengagement from mental health services (Study 1). Through interpretative phenomenological analysis of the data, themes were developed first for individual participants and then across the participants. Study 1 was followed by focus group interviews of staff from Assertive Outreach teams, specialising in providing care for people who with SMHP and have a history of disengagement (Study 2). Through interpretative phenomenological analysis of the data, themes were developed first for individual participants and then across the participants. Study 1 was followed by focus group interviews of staff from Assertive Outreach teams, specialising in providing care for people who with SMHP and have a history of disengagement (Study 2). The research questions for study 2 were informed by both the research questions and the themes derived from study 1. Data collection was done between 2011-2013.

**Findings:** Overall, interpretative analysis of the two studies revealed that disengagement from mental health services appears to be a complex phenomenon that needs to be understood within the context of a broader experience of having a limited connection with social structures. In study 1 there was a sense of sadness that was evident in all the aspects of the limited connection to social structures. However, the participants in study 1, and supported by study 2, had developed strategies which appeared to reinforce their personal resilience and reassert their personal identity.

**Discussion:** The emergent themes from the study are discussed with reference to the current literature.
Clinical signs of water-loss dehydration are ineffective in older people living in residential care

Author(s): Diane Bunn, United Kingdom; Joyce Groves, United Kingdom; Lee Hooper, United Kingdom

Presenter(s): Diane Bunn, MSc, BSc(Hons), RGN, RM, PhD Student, Norwich Medical School, University of East Anglia, United Kingdom

Abstract

Background: Water-loss dehydration (due to insufficient fluid intake) is prevalent amongst older people in residential care. Clinical tests screening for dehydration would aid care-staff to identify ‘at-risk’ residents and encourage drinking.

Aim: To determine the diagnostic accuracy of clinical examinations commonly used to identify water-loss dehydration in care-home residents, using serum osmolality as the reference standard.

Method: The Dehydration Recognition in our Elders study recruited residents (≥65 years) without cardiac or renal failure, from six UK care-homes April 2012-August 2013. Functional and cognitive status were assessed using the Barthel Index and Mini-Mental State Examination (MMSE) respectively. Venous blood samples measuring serum osmolality (dehydration defined as >300Osm/kg) were collected. Participants underwent clinical examinations to determine dryness/moistness of the lips and mouth (ten tests), coating and furrowing of the tongue (four tests), amount and consistency of saliva, skin turgor (eight sites), urine colour, range 1-8 (Wakefield et al, 2002) and urine specific gravity (USG). Sensitivity and specificity were calculated for each dichotomous test and Receiver Operating Curves (ROC) for continuous variables.

To have reasonable diagnostic utility, dichotomous tests required cut-offs at ≥70% sensitivity and ≥70% specificity. Continuous variables required an area under the curve (AUCROC) >0.7.

Results: 188 residents participated (66% female; mean age 85.7 years, range 65-105; mean MMSE 21.8, range 0-30; mean Barthel Index 67.4, range 0-100). Thirty-eight (20.2%) residents were dehydrated. No single test demonstrated adequate diagnostic utility for detecting water-loss dehydration. AUCROC for urine colour was 0.51 (95%CI: 0.39, 0.62); USG: 0.58 (95%CI: 0.47, 0.70) and skin turgor on back-of-the hands: 0.51 (95%CI: 0.40, 0.61). AUCROC for remaining skin turgor sites (forearms, sternum x2, feet) ranged between 0.31-0.45.

Conclusions: Common clinical tests for water-loss dehydration have inadequate diagnostic utility in older care-home residents, so their use should be discontinued. We are currently investigating the diagnostic utility of a combination of tests.
In 2012, the Nursing Education and Research Foundation called for tenders to continue the New Zealand Nursing Oral History Project. This project has been collecting oral histories of nurses in New Zealand since 1992. The tender was won by a project team from Auckland University who collected 60 oral histories of nurses who trained during the 1950s and 1960s.

Debate: Traditionally, oral histories are stored in an oral history archive at a museum or specialist storage location. Researchers and others typically access these through visiting the location or having the oral histories mailed to them. With new technology, increasing the viability of online access to oral histories, new approaches are warranted, enabling improved access for researchers, family members, and participants.

Aim of the Paper: To present a new online approach to dissemination of oral and other nursing histories.

Methodological Discussion: Development of a website designed to improve access to the oral histories collected as part of the NERF tender was chosen as a means of dissemination rather than traditional print. The intention was to increase access to the material and make it more visible. Issues such as confidentiality, consent, ethics and access are primary concerns in any nursing research and are compounded in light of online presentation of data. Combining traditional approaches to consent along with the website development process enabled these issues to be addressed. The IT platform used for the website enables nurses, researchers and family members to load their own historical data as well.

Conclusion: Dissemination of research findings is an ethical requirement of any research process. Utilising new online platforms to dissemination raises questions surrounding consent, confidentiality and access. This presentation will discuss these issues as well as the advantages and disadvantages of this approach to research dissemination.
Brainstem death (BSD) is a difficult concept to grasp presenting families with a paradoxical death. Since 1994, international research has suggested that families should be given the choice to be present at BSD testing, as it may improve their understanding that death has occurred and assist the grieving process (Cooligan 1994; Pugh et al., 2000; Remijin, 2000; Doran, 2004a; Ommrod et al., 2005; Komanje et al. 2012; Twall et al. 2014). In 2009, Dean and Booth reported that only 6 of 48 UK general ICUs routinely ‘invited’ relatives to be present.

**Aim:** To explore the views and perceptions of healthcare professionals regarding family members being given a choice to be/not be present at BSD testing.

**Methods:** This qualitative study used purposive sampling, semi-structured interviews and a content analysis approach to collect and report on data from 10 nurses and 10 Consultants working within two tertiary ICUs in N. Ireland between August-September 2013.

**Results:** When reflecting on BSD healthcare professionals indicated different perceptions of death. The majority of participants were in favour of offering families the choice to be present. A number of perceived benefits and concerns were expressed.

**Discussion:** These emerging issues require consideration and management if this choice for families is to become common practice in ICUs, particularly in an international and multi-cultural context. Key educational needs for healthcare professionals were identified to ensure that effective care and support was provided to families who choose to be present at BSD testing. Family support measures are outlined to reduce the risk of emotional or psychological harm.

**Conclusion:** Despite the fact that the choice to be/not to be present at BSD testing is not routinely offered to families, the majority of participants felt this is something that should be considered in practice.
Development and feasibility of a mouth hygiene education and training programme in stroke unit care

**Author(s):** Maria Horne, United Kingdom; Giles McCracken, United Kingdom; David Young, United Kingdom; Claire Ardron, United Kingdom and Craig J Smith, United Kingdom

**Presenter(s):** Dr, Maria Horne, PhD (Health Research); BSc (Hons); Dip Community Health Studies, SCPHN (IV), SCM, RGN, Senior Lecturer in Public Health, University of Bradford, United Kingdom

**Abstract**

**Background:** Improved mouth hygiene may form the basis for improving outcome after stroke; however specific training for staff is lacking (Horne et al.; 2014; Brady et al., 2011a; Brady et al., 2011b). Therefore, in order to deliver a complex mouth hygiene intervention, this study aimed to: (i) develop a transferable educational resource to deliver a complex mouth hygiene intervention for stroke nursing staff at a single centre in the North West of England; (ii) evaluate the acceptability, adequacy and feasibility of the education and training programme.

**Methods:** First, a qualitative approach utilizing two focus groups (n=10), was undertaken to identify the education and training needs of stroke nurses to deliver a mouth hygiene intervention, with a purposive sample of staff (March-July 2012). Second, based on the findings of these focus groups, and following a multidisciplinary consultation exercise, a web-based educational resource and practical skills component was developed. Subsequently, all staff underwent ‘hands-on’ instruction using a simulation dental phantom head. Third, evaluation of the education/training programme was undertaken through three focus group interviews (n=13), with a purposeful sample of stroke staff (March-August 2013). Data were analysed using framework approach.

**Results:** Training was completed over a two-month period. The web-based education materials were reported to be informative, widening staff knowledge of the anatomy of the mouth, which assisted them to undertake the mouth hygiene intervention using a simulation dental phantom head. The simulation exercise was particularly useful in building self-confidence so that staff were able to deliver the intervention in the ward environment confidently.

**Conclusion:** The web-based education and training programme assisted staff to deliver a complex mouth hygiene intervention; is feasible within NHS stroke unit settings and is readily transferable to other sites nationally and internationally. The practical skills component could easily be instigated at different sites with minimal specialist input.

**Results:**

- Training was completed over a two-month period.
- The web-based education materials were informative, widening staff knowledge of the anatomy of the mouth.
- The simulation exercise was useful in building self-confidence.
- The programme was feasible within NHS stroke unit settings.
- The practical skills component could be easily instigated at different sites.

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Seeds For The Future: Developing Arts-Based, Creative Approaches for Researchers engaging with Children

Author(s): Prof Jane Coad; Collette Clay; Erica Brown; Jasvere Kaur; Sean Graham; Andrew Brooks; Nicky Ashley; Charlotte Clowes; Jessica Farmer; Dr. Steve Ball

Presenter(s): Professor, Jane Coad, BA; BSc; PGDip; PhD, Professor in Children and family Nursing, Children and Family Research, Coventry University, United Kingdom

Abstract
Introduction: Recent international initiatives place increased emphasis on the active involvement and participation of children of all ages to enable their voices to be heard wherever the setting (Christensen & James 2008). However, young children under five years have often been overlooked in terms of research approaches seeking to capture their views with health professionals citing a multiplicity of reasons for this (Coad, 2007; Roulstone and McLeod, 2011). In response, new creative resources were developed to enhance engagement skills and confidence when undertaking research projects with young children under five years.

Aims: To explore health professionals creativity skills in engaging with young children using high quality interactive participatory arts-based resources.

Method: A UK-based commissioned programme was delivered centred around the Healthy Child Programme (Department of Health). The project included development of high quality interactive participatory arts-based tools and storytelling for improving listening, participation and research/ evaluation skills. A robust evaluation of use and impact on health professionals was undertaken. Sixteen workshops were performed to explore using the arts-based tools, which included 24 families with young children and 160 health professionals (Nurses, Midwives, Early Years Professionals). Questionnaires and observation were used before and after each workshop.

Results: Findings highlighted improved engagement with young children through use of high quality interactive participatory arts-based resources and approaches. A myriad of factors influenced whether or not engagement was enhanced, using different arts-based approaches and impact on the quality of data. Issues emerged included individual and inter-disciplinary skills, time, ethics, environment and contextual.

Conclusion: Understanding impact of using arts based approaches in research with young children is important if researchers are to capture their views. Interactive participatory arts-based resources used will be shared. Our findings will be useful to all delegates at this conference in wishing to use creative arts-based approaches in research.

Originality in doctoral research: what is it and how can it be demonstrated?

Author(s): Paul Gill, United Kingdom, Gina Dolan, United Kingdom

Presenter(s): Dr. Paul Gill, RN, PhD, Senior Lecturer, School of Healthcare Sciences, Cardiff University, United Kingdom

Abstract
Background: The hallmarks of most doctorates are generally acknowledged to be an autonomous body of work that makes an original contribution to knowledge (Gill and Burnard 2012). However, considerable confusion exists in relation to what can (and cannot) constitute originality in doctoral research and how an original contribution to knowledge can be clearly demonstrated. Despite these issues, relatively little guidance is provided to candidates, supervisors or examiners, on how originality can be clearly defined, demonstrated and/or objectively assessed, which often causes considerable uncertainty and anxiety, particularly amongst doctoral candidates.

Aim: To explore critically the concept of originality in doctoral research and outline ways in which doctoral candidates can begin to identify, formulate and articulate their individual contribution to knowledge.

Methodological discussion: This discussion paper will explore what can and cannot legitimately constitute originality in doctoral research and identify some common problems associated with claims of originality in this particular context. The paper will also outline some essential considerations for doctoral candidates, so that they are better able to demonstrate, in a scholarly manner, how their research adds to the existing body of knowledge and what the potential wider implications of this new knowledge are for the subject area, discipline and related research.

Conclusion: The paper will highlight that the concept of originality is complex and multi-faceted and, consequently, identifying and conveying originality in doctoral research therefore takes considerable time, contemplation and effort. However, following some relatively straightforward recommendations can help to ensure that doctoral candidates can begin to consider framing their work appropriately to ensure that their contribution to knowledge can be clearly demonstrated and recognised. The presentation will therefore be of interest to doctoral students, supervisors and examiners.

The State of European Nursing Research: Dead, Alive, or Chronically Diseased? A Systematic Literature Review

Author(s): David A. Richards, United Kingdom, Vania Coulthard, United Kingdom, Gunilla Borglin, Sweden

Presenter(s): Professor, David Richards, PhD, BSc(Hons), RN, Professor of Mental Health Services Research, University of Exeter Medical School, United Kingdom

Abstract
Background: Reviews of nursing research suggest that most is descriptive; with no more than 15% providing strong evidence for practice. No studies have examined this from the perspective of nursing research conducted in Europe.

Objective: The aim of this study was to review reports of European clinical nursing research in the top 20 nursing journals in 2010 to establish a baseline of nursing research activity in the year immediately prior to the launch of a European Science Foundation network to increase the proportion of intervention research in Europe.

Methods: We identified eligible reports that were then data-extracted by two independent reviewers. Disagreements were resolved through pair discussion and independent arbitration. We appraised and synthesized topics, methods, and the extent to which studies were programmatic. We synthesized data as proportions of study reports meeting our a priori categorization criteria.

Results: We identified 1995 published reports and included 223 from 21 European countries, of which 193 (86.6%) reported studies of primary research only, 30 (13.5%) second research, and three (1.4%) a mix of primary and secondary. Methodological description was often poor, misleading, or even absent. One hundred (44.8%) articles reported observational studies, 87 (39.0%) qualitative studies. We found 26 (11.7%) articles reporting experimental studies, 10 (4.5%) of which were randomized controlled trials. We found 29 (13.0%) reports located within a larger program of research. Seventy-six (34.1%) articles reported studies of nursing interventions.

Conclusion: European research in nursing reported in the leading nursing journals remains descriptive and poorly described. Only a third of research reports concerned nursing interventions, and a tiny proportion were part of a programmatic endeavor. Researchers in nursing must become better educated and skilled in developing, testing, evaluating, and reporting complex nursing interventions. Editors of nursing journals should insist on systematic reporting of research designs and methods in published articles.
Measuring the association of shift length and nurse outcomes: findings from a cross-sectional study of 12 European countries

Abstract

Background: Shifts of 12-13 hours are becoming increasingly common and popular with hospital nurses in some countries. Nevertheless, there is concern that these extended shifts may adversely affect nurses’ wellbeing.

Objective: To examine the association between working long shifts and burnout, job dissatisfaction and satisfaction with work schedule flexibility among European nurses.

Methods: Cross-sectional survey of 31,627 registered nurses in 2,170 general medical/surgical units within 487 hospitals across 12 European countries.

Results: After controlling for shift type (day/night), overtime working, nurse staffing levels (ratio of patients per nurse on the last shift they worked) hospital size (≤250, 250 to 500 beds, >500 beds), high technology hospitals (those that performed major organ transplant surgery, open heart surgery, or both), teaching status (hospitals that provide training to undergraduate medical students) and whether the nurses had worked full time or part time, our results show that nurses working shifts of ≥12 hours were more likely to report higher levels of burnout (OR = 1.83; 95% CI = 1.36-2.48) and to being dissatisfied with work schedule flexibility (OR = 1.20; 95% CI = 1.29-1.48). The odds of nurses reporting job dissatisfaction were greater among nurses working all shifts of longer than 8 hours.

Conclusion: European registered nurses working 12 hours or longer and those working overtime were less satisfied with their jobs and had higher levels of burnout. Despite their apparent popularity with nurses, policies aimed at increasing the length of shifts may have negative consequences for nurses.

Keywords: Attitudes, ATTID Questionnaire, Principal Component Analysis, Nurses, Contact Hypothesis.
## Health Dialogue: a concept analysis

**Author(s):** Marianne Reid, South Africa  
**Presenter(s):** Dr, Marianne Reid, PhD Nursing, Lecturer, University of the Free State, Bloemfontein, South Africa

### Abstract

**Background:** Health dialogue, a component of health communication, encompasses strategies to inform and influence individual and community decisions in ways that improve health. In order to improve health it is necessary to develop a definition for health dialogue with a sound theoretical base, simultaneously promoting consistency in using the concept and understanding the underlying defining characteristics of the concept.

**Aim:** To present a concept analysis of health dialogue.

**Methods:** Using Walker and Avant (2011) steps' in concept analysis, a multi-stage search strategy of literature from 2000-2003 was conducted. Dictionaries (N=792 identified; n=143 used) from the Credo Reference data basis assisted to complete a search string, with abstracts (N=1570 identified; n=324 used) and resultant articles (N=324 identified; n=147 used) from EBSCOhost interface. Search words included the concepts stated as 'health' and 'dialogue' independently and in relation to one another.

**Results:** The defining characteristics of health dialogue include: 1) an equal, symbiotic health relationship between the patient and health provider and 2) reciprocal health communication towards reaching an identified health goal via a health message. Antecedents of health dialogue are that patient and health provider should 1) present with a positive attitude towards health dialogue; 2) be sensitive for cultural, contextual and societal factors; and 3) receive training on health matters and communication skills. The consequence of health dialogue is an improved health outcome. Empirical referents of the concept consist of 1) sharing an understanding of responsibility/decision making, 2) establishing a health plan, 3) applying context sensitive health communication strategies, and 4) declaring mutual beneficence received from the health relationship.

**Conclusion:** Concept analysis of health dialogue serves to clarify the concept within theory development and research. The defined characteristics of health dialogue further assist health providers with ways to measure the concept in their work environment and so encourage health communication.

## Variables associated with alcohol relapse and psychosocial interventions to prevent alcohol relapse in liver transplant patients for alcoholic liver disease: a systematic review

**Author(s):** Iyoni Ranasinghe, United Kingdom; Professor Ian Norman, United Kingdom; Dr Margaret Lau-Walker, United Kingdom  
**Presenter(s):** Iyoni Ranasinghe, NIHR/BRC Masters in Clinical Research (MRes), South London and Maudsley NHS Foundation Trust, Maudsley Hospital, London, United Kingdom

### Abstract

**Objective:** To identify alcohol relapse variables, and establish the effectiveness and explore the active ingredients of psychosocial interventions in preventing alcohol relapse, in alcohol liver disease patients pre or post-liver transplant.

**Design:** Mixed method systematic review involving three parallel syntheses: 1) alcohol relapse variables; 2) psychosocial intervention effectiveness; 3) active ingredients of these psychosocial interventions (i.e. a component analysis).

**Data Sources:** Medline, CINAHL, EMBASE, and PsychInfo in November 2013 for published literature. Web of Science, Clinical Trials Register, and Electronic Theses Online Service for grey literature.

**Methods:** Synthesis 1: Systematic search for and appraisal of prospective studies, retrospective studies, and cross-sectional surveys; Syntheses 2/3: Systematic search for and appraisal of ‘randomised controlled trials’, ‘controlled before and after studies’, and ‘before and after studies in a single group’.

**Results:** 23 papers included: 10 cohort, 11 case-control, 5 qualitative, and 1 randomised controlled trial. Five variables out of nineteen were alcohol relapse predictors (i.e. Synthesis 1): 1) <12 months pre-transplant abstinence; 2) children; 3) poor pre-transplant psychosocial evaluation; 4) non-compliant with post-transplant treatment plan; 5) active insurance policies at transplant.

One psychosocial intervention paper did not report treatment effectiveness (i.e. Synthesis 2). The remaining three papers reported relapse rate reduction: Alcohol Addiction Unit (odds ratio 0.23), Structured Management (odds ratio 0.32), pre and post-transplant Substance Abuse Treatment (odds ratio 0.27 compared to no substance abuse treatment; odds ratio 0.23 compared to pre-transplant substance abuse treatment only). With confidence intervals not reported, the uncertainty level around the odds ratio is unclear. Furthermore, a theoretical basis was not discussed; thus,
The experiences of ST-elevation myocardial infarction (STEMI) patients who are readmitted within 6 months of primary percutaneous coronary intervention (PPCI) treatment

**Author(s):** Dr Heather Iles-Smith  
**Presenter(s):** Dr, Heather Iles-Smith, PhD, RGN, Leeds Teaching Hospitals NHS Trust, United Kingdom

**Abstract**

**Background:** Following STEMI and treatment with Percutaneous Coronary Intervention (PCI), some patients are readmitted with potential ischaemic heart disease (p-IHD) symptoms. Symptoms may be related to cardiac ischaemia, comorbidity or psychological distress, which share similar symptoms. To date little is known about the trajectory of these patients, or the potential underlying factors which may lead to readmission.

**Aim:** The aim of the study was to explore, in detail, the experiences of PCI patients readmitted due to potential Ischaemic Heart Disease (p-IHD) symptoms within 6 months of STEMI.

**Methods:** Participants were purposefully selected in a qualitative study between 2009 and 2011 (Corbin & Strauss, 2008). Semi-structured in-depth interviews were conducted once 6 to 12 months following PCI, with concurrent sampling, data collection and data analysis. Data was organised using Framework analysis (Ritchie et al. 2003). Additionally, constant comparative analysis (deductive and inductive) was used to identify cogenet themes and sub-themes.

**Results:** 25 participants (14 men, 27–79 years) were interviewed. Participants experienced between one and four readmissions during the 6 month time period. Final discharge diagnoses included, cardiac, psychological problem, indeterminate, pulmonary and gastric. Four main themes (and subthemes) emerged from the data 1) Fear of experiencing a further STEMI, 2) Uncertainty and inability to determine cause of symptoms, 3) Insufficient opportunity to validate self-construction of illness, 4) Difficulty adjusting to life after an STEMI.

**Conclusion:** Shock at experiencing a STEMI, hyper-vigilance of symptoms and difficulty with symptom attribution all appear to play a role in that patients decision to seek help when they experienced p-IHD symptoms. Participants also reported adopting self diagnosis and self treatment prior to calling for medical assistance. Findings suggest that changes are needed to cardiac rehabilitation, additional education and post STEMI follow-up to address gaps in information needs and to identify and manage psychological distress.

**Discussion:**

The theory to emerge is that parents

Within this qualitative study, Glaser & Strauss Grounded Theory method adapted by Charmaz (2006). In-depth, semi-structured interviews were conducted using purposeful and theoretical sampling (January-August 2014) with seven mothers and five fathers of infants diagnosed with SCD via the NBS programme. Interviews were recorded and then transcribed before coding to identify the emerging categories, which could be used to develop the grounded theory.

**Aim:** To explore the experiences and perceptions of parents regarding the impact of positive NBS for SCD.

**Methods:** Constructivist grounded theory underpinned data collection and analysis (Charmaz, 2006). In-depth, semi-structured interviews were conducted using purposeful and theoretical sampling (January-August 2014) with seven mothers and five fathers of infants diagnosed with SCD via the NBS programme. Interviews were recorded and then transcribed before coding to identify the emerging categories, which could be used to develop the grounded theory.

**Results:** Generally parents felt informed about the screening process and were pleased with the method employed to deliver the results. Nevertheless, positive NBS for SCD led to parental feelings of shock, guilt, regret, reluctance to share the result and fears for their child’s future. The latter was related to the perceived stigma associated with SCD and resulted in secrecy and feelings of isolation.

**Discussion:** The theory to emerge is that parents found sharing their child’s diagnosis difficult to cope with and adapt to and this was particularly related to cultural issues and perceived stigma associated with SCD. This suggests parents’ on-going psychosocial support needs may not be being met in all instances.

**Conclusions:** Further research is needed to determine how best to support families of children with SCD through the NBS process so that guidelines related to on-going psychosocial support may be developed.
This paper presents a feasibility study that will evaluate the effectiveness of (modified) Dignity Therapy to provide detail to inform care for the person with dementia. The provision of care that is informed by Dignity Therapy has the potential to be more feasible, acceptable and potentially effective than current care. The study (May 2010 – July 2012) used mixed methods. We interviewed a representative sample of 37 (48%) senior managers of community nursing provider organisations and analysed National Health Service secondary staff record data to scope the national use of assistants. Further, a purposive sample of 20 service level managers were interviewed to gain an in-depth understanding of assistant roles. Data were analysed using parallel mixed data analysis. This involved separate processes for analysing qualitative data generated by the interviews (thematic content analysis with comparisons between participants and organisations) and quantitative data provided by the NHS (summary statistics to describe the assistant workforce and to determine differences between regions and providers). These data were then integrated to provide a description located within real-world contexts.

Support matters: a mixed methods scoping study on the use of assistant staff in the delivery of community nursing services in England

Abstract
Internationally, health care services are caring for increasingly dependent patients with chronic conditions and complex needs. This is alongside an increasing policy focus for services to be provided closer to patients’ homes. In the UK, a significant proportion of care is provided for patients by community nurses. There have been significant changes in the composition of this workforce with increasing numbers of assistants. This study explores the roles, contribution and impacts of community nursing assistants in the delivery of care and services in England.

The study (May 2010 – July 2012) used mixed methods. We interviewed a representative sample of 37 (48%) senior managers of community nursing provider organisations and analysed National Health Service secondary staff record data to scope the national use of assistants. Further, a purposive sample of 20 service level managers were interviewed to gain an in-depth understanding of assistant roles. Data were analysed using parallel mixed data analysis. This involved separate processes for analysing qualitative data generated by the interviews (thematic content analysis with comparisons between participants and organisations) and quantitative data provided by the NHS (summary statistics to describe the assistant workforce and to determine differences between regions and providers). These data were then integrated to provide a description located within real-world contexts.

Assistants promote flexibility in the community nursing workforce to respond to changing demands on services. However, lack of consensus in defining the role has created variations in national deployment and development assistants. There is enthusiasm among managers about the contribution of assistants. However, tensions are recognised between promoting innovation and managing risks associated with an unregulated role. Our study addresses an important gap in international literature, highlighting opportunities and challenges associated with the community nursing assistant role. The paper considers the wider relevance of the findings for practice, policy and future research.

The Cassandra Project – Building a Sustainable Workload Activity Model for Future Community and District Nursing Workforce Capacity Planning

Abstract
Background: Internationally, the shift of care into the community poses significant challenges for the district and community nursing workforce, yet there is a lack of research evidence about which workload tools will provide accurate projections for safer staffing levels in the future. The majority of tools capture linear workload activity data based on the number of interventions that nurses undertake, but they fail to capture the multidimensional complexity of the care context and the multiple users involved in the care episode.

Methodology and Methods: This paper presents findings from a two year funded mixed methods research study which:

- (i) piloted the Cassandra Matrix tool TM, a web based workload activity tool for district and community nurses in the South of England between 2013-2014 with six community based organisations.
- (ii) Surveyed practitioners pre and post workload activity to capture what difference it made to their self awareness of their role and contribution to care delivery.
- (iii) developed a shared purpose framework and job descriptors competence framework with community and district nurses mapping a vision for the delivery of a first class holistic service providing care close to or in the home.

Results and Conclusions: The outcomes of the project include (i) a conceptual model of community workload activity reflecting the complexity of care across professional bands in different contexts (ii) modelling negative space and identifying activities that nurses do not have time to do, (iii) a career and competence framework. There is widespread support from QNI, RCN and NHS England for a full scale implementation of Cassandra for community care organisations.

Key Words: Building community capacity, workforce modelling, workload activity, practice development
Refugee health nurses caring for refugees: perspectives of refugee health nurses.

**Abstract**

Introduction: Refugee health nurses caring for refugee families and individuals from various ethnicities, face numerous systematic challenges when providing supportive care. Nurses who work in refugee health are often the first point of contact for many refugee families and are tasked with conducting initial health assessments, referrals to specific services, providing access and advocating for refugee needs. However, there is little evidence regarding the experiences of nurses and impacts of working with refugee families and individuals.

Aim: To explore the experiences of refugee health nurses caring for refugees in Australia

Method: Participants were interviewed using a convenience sampling technique and data consisted of digitally recorded conversations conducted with six nurses working in refugee health across New South Wales.

Results: On completion of verbatim transcription of the conversations and through thematic analysis, the nurses' stories revealed three major themes: refugee health issues; nurses' roles and challenges; and the support needs of nurses. The nurses' stories include the effect of vicarious trauma on them following listening to the refugees' stories. The nurses faced a number of challenges which ranged from systematic policies that hinder effective care, to the negative perspective of the general public towards them and the work they do.

Discussion: Communication is seen as a barrier in caring for refugee patients. Paediatric Nurses perceive a lack in their training and knowledge in caring for foreign patients. A better organization could support nurses.

Conclusion: Our results suggested that Paediatric Nurses felt that foreign patients could not be cared for all in the same way, but they usually have to adopt specific strategies to improve their relationship with the patients and the families. Semi-structured interviews have proved useful in highlighting Paediatric Nurses' Perceptions.

**References**

Talent Management (TM) has been -

Further study of TM in nursing as -

Since its inception the National -

Longitudinal case study approach,
An qualitative case study of one acute
-

There has been very little research
-

potential of the nursing workforce is recommended
a process to attract, develop and retain the full

Conclusion:
• Managers' skills as talent spotters and develop
• An individual's motivation, strengths and careers

Discussion:
• The study used network analysis to investigate the lived experience of services inte-

Methodology:
As the boundaries between the phe-
nomenon and its context are not clearly evident a case study approach was chosen to delineate the boundaries of what is to be studied. The aim of this study is to gain an insight into and to understand the impact of the reform on critical care delivery through a case rather than the case itself (Luck et al. 2006). An instrumental case study (Stake, 1995) was used to collect the data. Case study design provides a wide range of resources to generate data. For the purpose of this study two methods of data collection were utilised; informant semi struc-
tured interviews and review of relevant local and national published documents. Informants were recruited based on their frontline role in caring for the critically ill patient during the treatment trajectory across acute /community services of an inte-
grated organisation.

Primary results and discussion: For frontline pro-

Aims: This study aimed to examine the life issues of young adults with life limiting conditions known to a children's hospice association in Scotland.

Methods: Longitudinal case study approach,
clinical case note reviews and semi-structured

Results: 33 participants took part: 12 young adults (17 and 23 years). Professionals (n=11) and family members (n=10) were nominated by the young adults. A total of 58 interviews were conducted.

Findings: themes: Dependence dichotomy physical and health restrictions created an often unwanted dependence, but equally independence created its own tensions in terms of preparedness, confidence and socialisation skills to engage with the wider community, generating challenges for profession-
als. In it together 'centripetal' forces brought families/carers together to cope with the situation; 'centrifugal' forces were not always able to be re-
established within the family, resulting in family/ individual sacrifices, even with support from pro-

Conclusions: The findings will help inform local and national policy in Children's hospices in Scotland.
Methodology: Hermeneutic
Health visitors often work in challenging situations; with individuals, families and communities. Current NHS policy drivers aim to increase the delivery of compassionate care (DH, 2012, NHS England 2012). Although theories of compassion exist in the literature, little has been published specifically relating to the role of the health visitor.

Aims: The study aimed to elicit health visitors’ views of compassion and consider these findings in relation to current evidence and theories of compassion.

Methods: A qualitative hermeneutic phenomenological approach was used. Between April and June 2014, audio-recorded, individual interviews were used to collect data from 6 health visitors practising in a town in northern England.

Inductive thematic analysis was used to analyse the data.

Results: A common theme across all participants when defining compassion was that it incorporated many facets. A number of skills were seen as enablers to compassion delivery, including reflection and listening skills. Conversely, a number of personal, professional and organisational factors were suggested as influencing their ability to be compassionate. These were prior experiences, spirituality, professional judgement, team work and targets.

Discussion: The results fitted with a number of nursing theories but most strikingly a framework produced by Chambers and Ryder (2012) which identified 5 key attributes of leaders of compassionate practice; namely: personal, quality, education, leadership and team leading attributes. It was evident that the diversity of the health visitor’s role from routine public health work to complex safeguarding visits, alongside local and national agendas added to the challenges which they face to delivering compassionate care.

Conclusion: The themes identified within the study were not consistently congruent with one particular theory of compassion in caring. They incorporated the work of multiple theories which appeared to be influenced by participant’s personal and professional motivators for compassionate practice.
Lactate – Arterial and Venous Agreement in Sepsis (LAVAS)

**Abstract**

**Background:** Sepsis is a common condition with around 30% hospital mortality. Measurement of lactate levels by arterial lactate (A-LACT) is an important part of the sepsis bundle. An alternative measurement tool is peripheral venous lactate (PV-LACT) which has the potential to reduce patient discomfort and the risks of arterial sampling for a large group of acutely unwell patients. However, the interchangeability between the measurements is debatable, with no research supporting the widespread use of PV-LACT instead of A-LACT.

**Aim:** The aim of this study is to determine if PV-LACT measurement gives the same results as A-LACT measurement in septic patients attending the Emergency Department (ED).

**Methods:** We performed a prospective observational cohort study of 304 consented patients presenting with sepsis to a single UK NHS ED (110,000 adult attendances annually). Bland-Altman analysis was used to determine the level of agreement between PV-LACT and A-LACT. The study was conducted between October 2013 and June 2014.

**Results:** Bland-Altman analysis noted a mean difference (PV-LACT – A-LACT) of 0.418 mmol/L, with 95% limits of agreement from –0.389 to 1.206. The majority of PV-LACT samples were higher than A-LACT samples, with a trend to a greater difference as lactate concentration increased. Only 7 A-LACT samples had a concentration >4 mmol/L.

**Discussion:** This study shows that the clinical agreement between peripheral venous and arterial lactate is good enough to recommend the use of PV-LACT in septic patients presenting to the ED. This will allow faster screening and better care of this important group of patients in the ED, wards or healthcare facilities where arterial lactate analysis or appropriately trained staff are not available.

**Conclusion:** Peripheral venous lactate has good clinical agreement with arterial lactate to recommend its routine use in the management of septic patients.

Mentor's behaviour in clinical nursing education – a scale development and validation

**Abstract**

**Background:** In clinical nursing education, mentoring quality and mentors' behaviour are considered key variables influencing nursing student's learning quality and experience. However, no scale in nursing and allied areas is suitable to measure mentors' behaviour related to nursing student's mentoring.

**Aims:** This study developed and validated a scale related to mentor's behaviour which can be used as a communication tool to assess students' expectation and an evaluation instrument to measure mentor's actual performance.

**Methods:** Eleven steps were taken during development and validation between February 2013 and December 2014. In the development stage, concepts were defined and a theoretical framework for mentoring in nursing was explored based on which an item pool was generated through literature review and online focus groups (29 Chinese nursing students and 19 mentors). At validation, content validity was established through nine mentor experts in the UK and other psychometricians. The majority of PV-LACT was tested in the adult ED as until recently there has not been a medically certified point-of-care (POC) meter to use in clinical settings.

**Result:** The majority of PV-LACT samples were higher than A-LACT samples, with a trend to a greater difference as lactate concentration increased. Only 7 A-LACT samples had a concentration >4 mmol/L.

**Discussion:** This study shows that the clinical agreement between peripheral venous and arterial lactate is good enough to recommend the use of PV-LACT in septic patients presenting to the ED. This will allow faster screening and better care of this important group of patients in the ED, wards or healthcare facilities where arterial lactate analysis or appropriately trained staff are not available.

**Conclusion:** Peripheral venous lactate has good clinical agreement with arterial lactate to recommend its routine use in the management of septic patients.
Abstract

Background: Research into leadership and management often focuses on effectiveness, behaviour and leadership styles.

Aims: This paper discusses the findings of an international, multi-disciplinary Delphi Study, aimed at exploring the concept and nature of ‘inclusive leadership’, in relation to the nursing profession.

Methods: Experts, identified as having extensive knowledge, expertise and experience in the field of leadership from different disciplines, participated in a four round Delphi Study. They prioritised 50 statements, collated from the literature and in the public domain, relating to inclusive leadership. A Q-Sort format was used and statements were prioritised in a grid by each individual.

In the first three rounds, the prioritised statements were analysed and the number reduced per round according to the input from the experts. In the fourth round, panel members were requested to answer questions about the final four statements and provide exemplars from their practice.

Results: Four main statements resulted from the study:

• Senior teams under-represent the communities they serve.
• Inclusive leadership is doing things with people, not to people.
• Inclusive leadership appreciates and respects transcultural or intercultural differences.
• Inclusive leadership results in better and safer decisions.

Discussion: Discussion highlighted that by including direct and indirect input, the organisation is able to minimise risk in decision making with regard to strategy and in relation to staff well-being, retention and satisfaction. Although generally accepted and espoused that diversity within leadership roles can provide creativity, flexibility and agility to cope with change and changing needs, diversity in nursing leadership does not mirror the spectrum of society nor the nursing workforce.

Conclusion: Inclusivity needs to use diverse talents and creativity which, in turn, leads to richness and empowerment and is appropriate to the changing environment and needs.
Conclusion: Significant gaps in patient knowledge exist that are consistent with previous research. These gaps focus on understanding of endocarditis and issues surrounding pregnancy and contraception. Co-ordinated transition programmes are recommended to deliver education that is patient centred and appropriate to individual need.

Effect of Renal Rehabilitation on Quality of Life Among Dialysis Patients

Author(s): Eileen L. Lazarus, Oman
Presenter(s): Dr, Eileen Victoria Lazarus, Rathinasamy, Ph.D., Assistant Professor, College of Nursing, Sultan Qaboos University, Alkhoud, Muscat, Oman

Abstract

Purpose: To optimize health, improve quality of life among dialysis patients and to develop an information booklet on ‘Coping With ESRD’.

Methods: A randomized controlled trial was used. Approval for this study was obtained from the institutional ethics committee. The convenience sample was 150 patients (75 intervention and 75 control participants) with end-stage renal disease receiving dialysis. The intervention group received renal rehabilitation which consisted of computer-based education on adherence to treatment options, dialysis, diet, drug, exercise, employment counseling and encouragement. Knowledge and quality of life were measured using a knowledge questionnaire and the RAND health-related kidney disease quality of life questionnaire at baseline, one month and two months post intervention with reinforcement on the same topics at each visit. The control group received usual care. SPSS was used for the statistical analysis.

Results: There was a statistically significant improvement in the mean scores for knowledge about end-stage renal disease (ESRD) among the intervention group compared to the control group (p<0.001). The mean scores of the QoL sub-scales were statistically significant (p<0.001). The sub-scale scores of Energy Fatigue among the intervention group and control group were not statistically different. The mean scores for the Kidney Disease QoL sub-scales (Symptom/Problem list, Effects of Kidney Disease, Burden of Kidney Disease, Cognitive Function, Sexual Function, Sleep, Social Support, Dialysis Staff Encouragement, Overall Health, and Patient Satisfaction) among the intervention group compared to the control group were statistically significant (p<0.05). Implications Early education about renal disease, its treatments, and the potential to live long and productively can aid in overall adjustment and decision making for people on dialysis.

Conclusion: Education was shown to be a positive predictor of physical and mental health for people on hemodialysis. Patients who are encouraged to learn about their treatment have better outcomes and improved quality of life.
A questionnaire survey of the experiences, attitudes and opinions of intensive Care nurses in relation to the application of physical restraint within two large Intensive Care Units in the North of England

**Abstract**

**Aim:** To determine the experiences, attitudes and opinions of intensive Care nurses in relation to the application of physical restraint.

**Background:** Patients within the Adult Intensive Care Unit (AICU) have the potential to develop delirium and agitation. Resulting in the patient displaying unwanted behaviours such as attempting to remove the medical devices to which they are attached. AICUs within the UK are starting to adopt physical restraint as a method of managing unwanted behaviours.

**Method:** A postal questionnaire was distributed to all AICU nurses (n=192) within two purposively selected large AICUs in the UK.

**Results:** Data were collected between November 2012 and February 2013. The questionnaire was completed by 39.1% (n=75) of the nurses contacted. All believed that physical restraint had a place. Most expressed the opinion that the reason for its application was to maintain patient safety. Some expressed discomfort around the use of physical restraint. Nurses were happy to discuss the use of restraint with families. There was a perceived need for training and support for nursing staff as well as the need for medical staff to support the decision making process.

**Conclusion:** The use of physical restraint within the Intensive Care setting is increasing in the UK without supporting evidence base. Across the literature, it appears that nursing staff are the instigators of physical restraint. This study has highlighted that nurses require more support and evidence on which to base their decision making upon. They require guidance from professional bodies as well as support from medical colleagues. The findings cannot be generalised as they can only be applied to the units accessed and there is possible bias due to low response rate.

Further research is required into the safety of restraint, alternative methods and identifying predisposing factors to accidental device removal.

**Authors:** Samantha Freeman, England

**Presenters:** Samantha Freeman, BSc (Hons), PGCE, Master in Clinical Research (MiRes), School of Nursing and Midwifery, The University of Manchester, Manchester, United Kingdom

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**A longstanding ambition for health and social care policy internationally is the transition of care away from hospitals to community settings and closer to people’s homes.**

Whilst the policy messages have been strong and clear, we know little about whether we have the infrastructure and workforce needed to make integrated community based care a reality.

**Aim:** This study explores the work profile of nurses employed in community settings and identifies workforce priorities that are required to create the transformation of services advocated by current healthcare policy.

**Method:** A cross-sectional survey of community staff nurses, district nurses, community matrons and specialist nurses who provide these services in England. A total of 1661 eligible nurses completed a questionnaire survey during November-December 2013.

**Findings:** Nurses working in community nursing teams are generally positive about their work lives. Despite the many satisfactions of providing care in the community and the fact that 94% consider that in general ‘the team provides good care for patients’, the provision of good quality care is achieved at considerable cost to the individuals who routinely work way beyond their contracted hours. The effect is significant pressure: 77% report that their ‘workload is too heavy’, 83% say there are not sufficient nurses to get the work done, and 75% report specifically that there are not sufficient district nurses on their team. The net effect is that 44% of those working in district/community nursing report they are not satisfied with their current job and 40% would leave their job if they could.

**Conclusion:** The available evidence points that staffing growth fails to match the increasing workload demands. Increasing entrants into community nursing is clearly much needed. But if the new, and perhaps more importantly, existing staff in the community are to be retained, working conditions need to be improved.
Satisfaction and perception with pain management among Palliative Patients with Breakthrough Pain

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Presenter(s): Dr, Pathmawathi Subramanian, Doctorate in Health Science, University Malaya, Malaysia

Abstract

Background: Breakthrough pain contributes significantly to much suffering cancer patients. The experience of intense pain may interfere with, and affect, daily life functioning and has major consequences on patients’ well-being if it is not well managed since the area of breakthrough pain has not been fully understood.

Aims: The study aims to explore the experiences of breakthrough pain among palliative patients.

Method: A qualitative study was conducted based on a series of open-ended interviews among twenty one palliative patients suffering from pain at an urban tertiary hospital in Malaysia.

Results: There were five themes generated from the interview data: (1) pain viewed as an unbearable experience causing misery in the lives of patients, (2) deterioration of bodily function and no hope of recovery, (3) receiving inadequate pain control for breakthrough pain, (4) insensitivity of health care providers towards patients’ pain experience, and (5) pain coping experiences of patients.

Discussion: The findings revealed that pain still remains as major issue among palliative patients despite the use of pain control medication. Alternative method such as the non-pharmacological approaches and psycho social support should be introduced to the patients. Proper guidance and information should be given to health care providers to improve the quality of patient care.

Conclusion: Health care providers should adopt a sensitive approach in caring for patients’ to meet their needs in order to provide adequate pain relief for breakthrough pain.

Nurses’ knowledge of pressure ulcers and their management in Oman

Author(s): Amal Al Shidi, Scotland; United Kingdom

Presenter(s): Amal Al Shidi, Master in Nursing, PhD Nursing student, Amal Said Salim Al Shidi, PhD Nursing Student, Nursing & Health Care School, School of Medicine, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow

Abstract

Background: Pressure ulcers (PrUs) have a significant impact on health system expenditure and quality of life (Coleman et al. 2014). In Oman, no studies have been conducted to investigate nurses’ knowledge on prevention and management of PrUs.

Aim: To describe the knowledge about PrUs prevention and management among nurses in Oman.

Ethical Approval: Ethical approval obtained in September 2013 from the Research and Ethical Review & Approval Committee, Ministry of Health, Oman.

Method: A descriptive survey was conducted. Cluster sampling was used to select participants (Parahoo 2006). A questionnaire was developed. The first two sections of the questionnaire were: demographic data and the Pieper-Zulkowski Pressure Ulcer knowledge test (PZ-PUKT) (Pieper & Zulkowski 2014). The PZ-PUKT is divided into three sub-sections: prevention, staging, and wounds description. Section three and four covered policy and resources available for prevention and management of PrUs in Oman. Data were collected in October 2013. Questionnaires (n=640) were distributed to nurses working in seven hospitals.

Results: A total of 478 (76.4%) questionnaires were analysed. The overall mean percent scores for correctly answered questions was 51% and for the sub-sections: 53.5%, prevention; 47.7%, staging, 51.2% wounds description. Half of the nurses (50.1%, n = 225) responded they had ‘Good practical skills’ but lacked knowledge, over half (56.8%, n=258) were managing wounds daily, 60.5% (n=276) were familiar with the hospital wound management policy, and only 20.7% (n=94) had read the National/European Pressure Ulcer Advisory Panel guidelines.

Discussion: For each question on average, only 51% had the correct answer, suggesting a low level of knowledge on PrUs. These results highlight concerns about the nurses’ knowledge on PrUs prevention and management.

Conclusion: Nurses in Oman require more training to effectively prevent and manage PrUs. The MOH should revise the available wound management policy to include guidelines for PrUs prevention and management and staff training requirement.
Domestic abuse is a serious global problem and has greater, negative effects on long-term health than more obvious diseases, such as diabetes (Humphreys et al. 2008). Nurses and midwives are well-placed to recognise and respond to domestic abuse but many lack confidence in this area (Lazenbatt et al. 2009). There is firm evidence that training can increase the confidence of health professionals in responding to domestic abuse (Feder et al. 2011). But the issue of undergraduate preparation is significantly under-investigated.

Aims: To investigate student nurses’ and midwives’ knowledge, confidence and educational needs regarding recognition and responses to domestic abuse.

Background: Domestic abuse is a serious global problem and has greater, negative effects on long-term health than more obvious diseases, such as diabetes (Humphreys et al. 2008). Nurses and midwives are well-placed to recognise and respond to domestic abuse but many lack confidence in this area (Lazenbatt et al. 2009). There is firm evidence that training can increase the confidence of health professionals in responding to domestic abuse (Feder et al. 2011). But the issue of undergraduate preparation is significantly under-investigated.

Methods: Nursing and midwifery students were recruited using purposive sampling. We facilitated eight focus groups with a total of 55 students (student midwives N=32; student nurses n=23). Data were collected between May-November 2014.

Findings: Students in the study viewed the issue of domestic abuse as important and they possessed sound theoretical knowledge of its nature and consequences. However, they lacked confidence in recognising and responding to abuse and were concerned about the implications of this for their future practice as registered practitioners. Interactive learning opportunities that engaged with service-users and involved experts from practice were viewed as important educational requirements.

Conclusion: In this presentation we will explore how students in the study felt insufficiently prepared to deal with the issue of domestic abuse. They perceived this as a cyclical state of disempowerment that would impact negatively on their practice and on their own ability to support nursing and midwifery students of the future.

Discussion: Social contact is associated with more tolerant attitudes towards mental illness across a range of social relationships, as neighbour, family member, friend and work colleague was positively associated to a statistically significant level (p<0.000) with a willingness to live nearby to a person with mental illness in the future. Experience of social contact was also associated with more tolerant attitudes towards mental illness, which in turn increased willingness to engage in future contact situations.

Conclusions: Using a large, representative data set, this study has found that social contact may be an effective stigma reduction initiative. Further research is needed to strengthen these findings.
Why undertake pilot work in a qualitative PhD study? Lessons learnt to promote success

**Author(s):** Jane Wray, United Kingdom; Professor Uduak Archibong, United Kingdom; Dr Sean Walton, United Kingdom

**Abstract**

Undertaking a pilot study provides an opportunity to pre-test research methods and pre-empt some of the challenges ahead in the main study (Arain et al. 2010). Pilot or feasibility studies are commonplace within quantitative research (Secomb and Smith 2011) however, most are poorly reported and many are never published (Arain et al. 2010). They feature less often in qualitative studies despite providing an opportunity to enhance understanding of the topic under investigation and test out procedural elements of the study (Sampson, 2004). Within a qualitative study, the purpose of the pilot must be made explicit and the lessons learnt shared as ‘The results of this pilot study may not be meaningful and have not been reported, but the outcomes and experiences are’ (Secomb and Smith 2011 pg. 35).

In this qualitative PhD study, a pilot was undertaken in order to identify potential challenges to the study procedure (Sampson, 2004; Van Teijlingen and Hundley, 2001), ensure the instruments were fit for purpose and explore self as part of an interpretative phenomenological methodology (Hill and Hundley, 2001). The pilot study was undertaken between April and August 2014 and used a reflective template and interviews from 5 participants. The paper will present some of the key lessons learnt in relation to four key areas;

- Access, recruitment and retention
- Amendments to the reflective diary template and interview topic guide
- The benefits and challenges of using email, text and phone contact to sustain participant engagement and undertake data collection
- Personal development

**Conclusion**

Pilot studies remain uncommon in qualitative studies despite the potential benefits they can confer. Key lessons can be learnt from the experiences and processes of undertaking a pilot study within which should be shared and made transparent to promote knowledge and understanding.

The effects of norovirus outbreaks can be significant, leading to additional patient care needs and increased staff sickness. Public Health Advisor's recommend non-essential traffic within clinical areas be avoided i.e. temporary suspension of visiting (TSV) until the outbreak is over. However, there are concerns that preventing patients/residents from having visitors may contravene their rights and is contrary to the ethos of person-centred care. Given these contradictory viewpoints, it is not currently policy in the NHS in Scotland to impose TSV during norovirus outbreaks.

Our study investigated the acceptability of TSV during norovirus outbreaks, from the perspective of patients, visitors and the public in Scotland, in order to inform policy development.

To influence policy, research must provide credible results, typically in the form of statistical findings from representative surveys. Given the centrality of service-user perspectives in relation to the acceptability of TSV, we determined that a ‘bottom-up’ approach to developing survey items, involving those most closely affected by TSV, was appropriate.

Nominal Group Technique (NGT) develops consensus by rank-ordering items generated via facilitated discussion (Delbecq & Van de Ven, 1971; Halcome et al. 2008). We applied NGT with six groups of service users and, separately, clinicians to identify those factors deemed to be most important in relation to TSV. Resultant items were then categorised according to our study’s theoretical framework, the Health Belief Model (Rosenstock, 1974): attitudes (towards TSV); perceived severity (of norovirus); perceived effectiveness (of TSV in reducing transmission); other costs and benefits of TSV. These constructs then guided the development of survey items, which ensured that the questionnaire was grounded in the most pertinent issues from the perspectives of service users.

This paper will discuss the process we adopted in moving from group discussion to survey construction and debate the potential of this mixed-method, participative approach to study design.
Abstract

Aim of paper: To highlight the advantages of Q-methodology and promote the use of the methodology within the international healthcare setting.

Topic: The caesarean section rate remains at 25%, with the midwife responsible for delivering wound care to both prevent wound infections and manage the wound in the event of an infection occurring. Developing an infection can have a significant impact on a woman (Boyle, 2001).

Background to method: Local evidence indicates a need for midwifery CS wound care education. The content of the education package must be based on the learning needs of midwives (DeSiletts, 2007). A methodology was sought which would capture midwives learning needs in a usable way to inform the education package.

Debate: To determine the content for education packages, a positivistic approach is commonly taken using surveys to identify gaps in knowledge. A literature review revealed that such surveys were often based on the author's assumptions; lacked engagement or consultation with the learner and were subject to varying degrees of validation. Alternatively, taking a constructivist approach using focus groups would limit the a priori assumptions of the author and allow participants to contribute fully but may not provide succinct data upon which to base the education package.

Methodological discussion: Q-methodology was selected for its ability to capture many subjective views and translate them into an objective outcome (Akhtar-Danesh et al., 2008). Commonly held views on the priorities for wound care education were sought as opposed to assessing existing knowledge. The generation of the Q-concours goes beyond the author's assumptions and the Q-sort process allows participants to represent their own viewpoint. The methodology can add depth to quantitative outcomes.

Conclusion: Nurses take a leading role in the administration of AMs. Nurses apply consideration and caution to the administration of AMs but some experience emotional burden. Education, training and experience played a role in the nurses’ confidence and should continue to be central to efforts to improving the quality of palliative care in the community and nursing homes.
Late diagnosis of cleft palate: The role of specialist cleft nurses as ‘rescuers’

**Author(s):** Stephanie Tierney, Warwick, United Kingdom; Maria Blackhurst, Preston, United Kingdom; Rachael Scalhill, Preston, United Kingdom; Peter Callery, Manchester, United Kingdom

**Presenter(s):** Dr, Stephanie Tierney, PhD, MA, BA, Royal College of Nursing Research Institute, University of Warwick, United Kingdom

**Abstract**

**Background:** Approximately 3% of cleft palates (CP) are late diagnoses – not detected until more than 24 hours after delivery (Williams, 2012). The James Lind Alliance has identified improving diagnosis of CP as a research priority.

**Aims:** To explore the experiences of parents whose child receives a ‘late diagnosis’ of CP.

**Methods:** A qualitative methodology was adopted to enable individuals to recount experiences in their own words (Murphy et al., 1998). Parents of 16 children were interviewed during April-August 2014. Purposive sampling was adopted to provide maximum variation on geographical location and time to diagnosis. Framework analysis (Ritchie and Lewis, 2003) was applied to interview transcripts. Two parents and two academics were involved in the analysis, charting and exploring data together.

**Results:** A key theme from the data was ‘Trust in medical professionals’. This included the sub-theme – ‘Breach of Trust’, which related to having concerns about feeding dismissed by practitioners and being made to feel vulnerable and alone when the diagnosis was made. It also included the sub-theme of ‘Rebuilding Trust’. Specialist nurses played a key role in this activity by empowering parents to tell their story, helping them deal with their anger, allaying their fears, and providing instrumental support (e.g. special bottles to feed their child). Nevertheless, residual concerns about healthcare provision remained among parents, who often struggled to deal with emotions surrounding a late diagnosis.

**Discussion and conclusions:** How a diagnosis was made seemed important for parents’ immediate and long-term relationship with healthcare professionals. Compassionate care was often absent in encounters with general practitioners and midwives in the lead up to and immediately following diagnosis. Conversely, members of the cleft team, particularly specialist nurses, were marked out by parents as helping them to feel part of a protective service that could be relied on for support and information.
The PAONCIL method for nurse staffing and for assessing non-patient factors that affect nurses’ total workload

Author(s): Lisbeth Fagerström, Norway; Sanna Kautto, Finland

Presenter(s): Professor, Lisbeth Fagerström, RN, CNS, MNSc, PhD, Buskerud and Vestfold University College, Faculty of Health Sciences, Institute of Nursing, United Kingdom

Abstract

Background: Nurse staffing is a challenge in many countries. In the RAFAELA system, the Professional Assessment of Optimal Nursing Care Intensity Level (PAONCIL) instrument is used to assess the optimal nurse staffing level. The development of the PAONCIL method started in 1996 in Finland, with the aim to find an alternative to traditional time studies. The PAONCIL instrument contains a list of 12 central non-patient factors (including an open ended question) that may increase or decrease the total nursing workload (NWL).

Aim: 1. to describe the development and use of the PAONCIL method, as an alternative to traditional time studies in determining optimal nurse staffing levels; 2. to present results of a cross-sectional study about which non-patient factors affect nurses’ experiences of their total NWL in both outpatient settings and hospitals.

Methods: The data material consisted of PAONCIL questionnaires from 38 units and 37 outpatient clinics at 11 strategically selected hospitals in Finland in 2010-2011 and included nurses’ answers (n=1,307) to the open ended question of which factors, other than NI, affect total NWL. The methods for data analyses were qualitative and quantitative content analyses.

Results: The non-patient factors that affected nurses’ experiences of total NWL were the categories: ‘Organization of work’, ‘Working conditions’, ‘Self-control’ and ‘Cooperation’, with 17 additional sub-categories.

Conclusions: The actual list of non-patient factors in the PAONCIL instrument is to a reasonable extent relevant, but the list should be improved to include nurses’ actual working conditions and self-control. Nurse leaders must focus on and develop own competence in the steering of NWL, including control and follow-up of both NI and non-patient factors, if unnecessary absences and sick leaves are to be avoided. This will also help increase staff retention, job satisfaction and improve patient outcomes.
A pragmatic randomised controlled trial of sugar in the management of sloughy necrotic exuding wounds

Abstract

Sugar is widely used for wound dressing in developing countries (Dawson 1995; Mphande et al 2007; Chiwenga et al 2009). Four small randomised controlled trials (Dawson, 1995; Toba et al 1997; Mphande et al 2007; Bajaj et al 2009) have investigated its effectiveness but each had methodological shortcomings. This trial investigates the effects on wound debridement of sugar dressing compared to standard care.

Participants with leg ulcers, chronic surgical wounds and pressure ulcers between 5 cm² and 40 cm² in size and at least 25% slough were recruited from hospital and community settings between June 2011 and June 2013. They were randomised to either sugar dressings or standard dressings. The primary outcome was wound debridement at four weeks of follow up. Secondary outcomes included health related quality of life, wound area, percentage of wound covered with slough, wound exudate, pain and odour. Analysis was by intention to treat with last observation carried forward for missing data. The intended sample size was 108 participants.

Forty one participants were randomised, 22 to sugar and 19 to standard dressings. Median age was 66 years (IQ range: 60-77) and 14 (64%) were male. At baseline, wound characteristics, co-morbidities and wound types were similar in the two groups. After four weeks in the sugar group 19 (86%) participants achieved debridement and 6 (32%) in the standard care group (Fisher’s exact test: p<0.001). The sugar group also showed statistically significantly greater improvements in wound area, percentage of wound covered with slough and pain.

Sugar dressings are more effective than standard dressings at achieving debridement in patients with exudating necrotic or sloughy wounds.
Exploring the lived experience of dementia: Methodological challenges of interviewing people living with dementia of black ethnicity

**Author(s):** Tiritega Perfect Mawaka  
**Presenter(s):** Perfect Tiritega Mawaka, MSC BSC, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups, NHS Continuing Health Care Team, Ilford, Essex, United Kingdom

**Abstract**

**Project Aim:** The aim of this doctoral project is to gain an insight into the lived experience of the individual of black ethnicity.

**Project Rationale:** Previously published studies have highlighted the increased risk of dementia in individuals of black and other ethnic minority groups (Adelman et al. 2009, Adelman 2010). However, little is known about the actual impact of the disease on their daily lives (Lawrence et al. 2010) and how dementia is understood and experienced, among individuals of black ethnicity (Fontaine et al. 2007).

**Objectives:** This investigation has the following objectives:

1. To explore how individuals of black ethnicity living with dementia see themselves  
2. To understand how they cope in the day-to-day reality of living with dementia – the difficulties, demands and opportunities.

**Methodology:** The research approach is qualitative, involving interviews with individuals of black ethnicity living with dementia as little is known about their experiences. The philosophical framework used in this exploratory project is based on phenomenology.

This oral presentation will specifically cover methodological challenges in recruiting participants, ethics-consent/capacity, insider vs outsider research – researcher identity.

Open fracture of the lower limb: patients’ experience whilst in acute care

**Author(s):** Liz Tutton Research Team: Costa M, Achten J, Lamb S, Willett K, Petron S, Gates S, Jeffery S, Griffin D, Bruce J  
**Presenter(s):** Dr. Liz Tutton, PhD RGN, Senior Research Fellow, University of Warwick, United Kingdom

**Abstract**

**Background:** Internationally little is known about patient experience of early recovery from open fracture of the lower limb although evidence suggests that patients experience pain, fear, and struggle with mobility during the first two years post injury (Trickett et al. 2012, Forsberg et al. 2013).

**Aim:** This paper will present the findings from a study which aims to explore patient experience of recovery from open fracture of the lower limb whilst in acute care.

**Methods:** The methodology was phenomenology (Mackey 2005) with unstructured interviews and a purposeful sample of 20 patients with open fractures of the lower limb. The participants were interviewed in acute care, on average 15 days from primary intervention. Data was collected from July 2012 to July 2013 from two NHS trusts in England.

**Findings:** The findings of this study focus on the overarching theme of ‘being vulnerable’ supported by four sub themes, being close to death and loss, being injured, being emotionally vulnerable, and living with injury. Being close to death or loss of a limb was expressed within the context of uncertainty but also hope for the future. The participants were shocked by their emotional vulnerability, the strength of their emotions and awareness of the impact of their injury on others. Being injured necessitated coping with wounds, pain and being constrained. Living with injury led them to think and visualize how they could be at home and work in the future.

**Discussion and conclusion:** The findings support and develop existing knowledge by providing an in-depth understanding of vulnerability in the early stages of recovery. Implications for practice highlight the emotional and practical support this group require in order to cope with pain, their wounds, and adjust to a new way of living. Further research is required to develop interventions that improve patient important outcomes.

A lived Experience of sickle cell patients during and after their crisis

**Author(s):** Mudhar Al Adawi, Oman; Hanan Al Hamami, Oman; Fathiya Al Hararsi, Oman; Badriya Al Hina, Oman  
**Presenter(s):** Mudhar Mohammed Al Adawi, bachelor science in nursing, Ministry of health, Rustaq Hospital, Oman

**Abstract**

According to Ministry of Health Annual Health Report (2012), the outpatient morbidity from haemolytic blood disorders is 138:10,000 and inpatients is 18:10,000 at national level and 19:10,000 in one of the governorates. The purpose of this research is to understand the lived experience of patients during and after their sickle cell crisis.

**Objectives:**

1. To understand the lived experience and needs of patients with sickle cell disease during and two weeks after their crisis.
2. To identify the obstacles the patients face while they are in the hospital.

**Method and sampling Method:** This is a qualitative study using phenomenology design. A purposive sampling method used to identify patients for the face to face interview. The target sample size is twenty patients above 18 years old. Currently thirteen patients have been interviewed. Data collection time frame was July 2014 – December 2014 and took place at one hospital in Oman.

**Result:** Major themes emerged from this study:

1. Nurses communication with patients
2. Medical team’s interpretation of genuine pain
4. Social relationships between patients and family/ friends.

**Discussion:** Participants stated rebound pain after crisis attack and they believed it was part of narcotic side effects. Due to stigmatization, patients avoided contact with their friends during crisis. None of the interviewed patients showed willingness to be followed by the community nurses after discharge.

**Conclusion:** In this study, participants were emotionally disturbed during their pain crisis, poor communication, stigmatization, and poor awareness about the pain by health care workers.

**Implication of findings:** This study added to the existing knowledge of sickle cell patients, as the experience of patients is better understood whilst they are in crisis. Thus, nurses and physicians could implement strategies to improve patient care medical team-patient relationships and help patients overcome their problems during crisis.
To give an overview of the TDF and to use it to analyse qualitative data on complex interventions. The TDF continues to evolve with use and more recently the framework was tested for its validity and some changes were made to the domains (Michie et al 2007; Cane et al 2012).

Aims: To give an overview of the TDF and to use examples from the authors’ research to demonstrate how it has been used in the evaluation of a complex, public health intervention (babyClear©) to reduce smoking in pregnant women. The TDF was used alongside the Normalisation Process Theory but the focus of this paper will be the TDF.

Discussion: This paper will present the four core concepts within NPT: coherence, cognitive participation, collective action and reflexive monitoring. It will go on to discuss how they were used to inform the process evaluation of the implementation of babyClear©. For example the NPT concepts were used as a lens to observe training with health care managers and clinical/administration staff who delivered babyClear©. Schedules for interviews and focus groups with staff and pregnant smokers were also designed using the NPT concepts.

Conclusion: The application of the NPT to the evaluation of the implementation of a complex, public health intervention will be presented. This paper will be useful to those considering how to evaluate complex interventions and/or contemplating using NPT.
Flexible working hours and career planning for nurses over 50: an exploratory study

Author(s): Jill Clendon, New Zealand; Leonie Walker, New Zealand
Presenter(s): Dr, Jill Clendon, RN, BA, MPhil, PhD, Nursing policy adviser/researcher and Adjunct Professor, New Zealand Nurses Organisation, New Zealand

Abstract

Aim: To identify barriers and facilitators to flexible working hours and career planning for nurses aged over 50 as a means of aiding retention.

Background: Like many other countries, New Zealand nurses are old and getting older. With 46% of all nurses reaching the age of eligibility for NZ superannuation (65 years) within 15 years, a shortfall of 15,000 nurses by 2035 is expected. Active support with career planning, (including role change), and choice of working hours have been suggested as potential strategies to aid workforce forecasting and retention.

Method: Framed within a positive ageing approach, this explorative, qualitative study used focus groups and individual interviews to examine the experiences of 45 nurses aged over 50 and associated nurse managers in relation to flexible working hours and career planning.

Findings: Greater flexibility in working hours on nearing retirement (including job share, less physical work roles, and phased retirement) would aid retention. Many would stay longer in their roles if access to flexible working hours improved. Most thought career planning including financial planning would be helpful. Organisational staffing requirements, perceptions of higher costs associated with higher proportions of part time positions, fiscal restraint policies and discrepancies between what organisations identified as being available and the operationalisation of this limited enactment of flexible working policies in practice. Career planning (but not financial planning) occurred in some organisations during postgraduate study and/or performance appraisals.

Conclusions: Nurses over 50 comprise a significant component of the current nursing workforce. While many nurses seek flexible working hours as they near retirement, access to these can be problematic. This study showed that discrepancies exist between policy and practice that may hinder the retention of older nurses in the workforce as a means of addressing impending workforce shortages. Implications for policy and management are discussed.

Student nurses’ explanations of nursing failures: a focus group study

Author(s): Michael Traynor, Middlesex University, London, United Kingdom
Presenter(s): DAME, Michael Traynor, MA (Cantab.) PhD, Professor of Nursing Policy, Middlesex University, United Kingdom

Abstract

Background: UK nursing has traditionally enjoyed high degrees of public trust, however the 2010s saw a series of well-publicised scandals in which nurses were implicated, leading to a sense of crisis of identity within the profession.

Aims: To gain an understanding of the motivation, career expectations, and experiences during clinical placements of student nurses and midwives. Drawing on the study’s data we aim in this paper to interrogate, in particular, how students talk about what they consider as failures of patient care and what light this sheds on their developing professional identity.

Methods: A focus group study at a London university comprised 13 groups held between 2011 and 2014 involving a total of 123 students (all nursing branches, midwives and support workers) who volunteered to participate. A topic guide was developed based on the research aims. The groups (all approx. 50 minutes) were audio recorded and transcribed in full. As in similar studies of professional identity, analytic procedures drew on discourse analysis (Cooke 2012).

Results: Students used idealised and individualistic language about their motivations to nurse. Their explanations for good and bad care emphasised the personal qualities of the nurse rather than skills. Their language featured strong dualisms: us-them, good nurse-bad nurse. Students described strategies to avoid becoming the bad nurse. At times the groups enacted the behaviour they criticised in qualified staff.

Discussion: Students’ explanations of poor care were largely individualistic and drew on ‘common-sense’ understandings. This reflects aspects of public discourse about nursing. While they spoke about strategies to avoid participating in poor care, their talk also featured frank claims of acting in self-interest and their interactions sometimes exhibited bullying behaviour.

Conclusions: The study contributes to knowledge about the development of professional identity in nursing. Participants do not appear to be equipped to think critically about nursing failures.

A vision for clinical leadership: ‘Appreciating’ the development needs of registered nurses working in the Aged and Residential Care sector in New Zealand.

Author(s): Shelly Crick, New Zealand; Leanne Pool, New Zealand; Molly Page, New Zealand
Presenter(s): Shelly Crick, MSc, Registered Nurse, Whitireia New Zealand, New Zealand

Abstract

Aged Residential Care provides a range of services for persons whose health is impacted by aging processes, complexity of health needs and organisational restraints. Registered nurses working in this sector, need excellent theoretical knowledge, have an extensive range of clinical skills and be competent leaders. The aim of this research was to review professional development for RNs within ARC in New Zealand. Focus groups with RNs from the ARC sector were used to gather data and information was analysed against the 4-D framework in Appreciative Inquiry (discover, dream, design and destiny).

Results showed RNs have a commitment to the ARC sector, were keen to implement professional development into clinical practice, but often had little or no say in what development was undertaken. RNs understood the complexity of their roles, including their responsibilities around management of the physical environmental (buildings, catering etc.) as well as leadership of the large unregulated workforce working in the sector.

The research concluded that despite these varied responsibilities and demands, RNs lacked confidence in clinical leadership and decision making. A further significant finding from this study was the absence of suitable leadership development opportunities for RNs working in the sector.

Those RNs who had accessed learning and development opportunities around clinical leadership, often felt this was not targeted at the ARC sector, and as such it did not address the complexity and uniqueness of their specialty roles.

The study concluded there is a gap in the provision of clinical leadership development which is directed specifically at RNs in the growing ARC sector. Although the study was undertaken in a New Zealand context, the authors feel these findings could apply to similar sectors in other parts of the world.
Situational Analysis: Its use in reflexivity, reviewing the literature and preparing for data collection.

Abstract

Drawing on the experiences of the author this paper will describe and debate the use of situational analysis as a technique for enhancing reflexivity. Situational analysis as a methodological approach aims to capture the complexities within data collection and analysis through cartographic representation (Clarke 2005). The researcher has adapted this cartographic approach to record and to develop her reflexivity through a series of maps positioning various stages in the research process. Reflexivity is an essential component of qualitative research, facilitating what is known, but also how we come to know it (Ali et al, 2004). Contemporary qualitative research is now recognised as co-constituted with participants, researcher and the relationship between (Finlay, 2003). The researcher does however bring many assumptions and experiences that may have influence on the research process.

Prior to data collection the researcher recognised she had preconceived ideas, beliefs and understandings gained from prior work, life experiences and from the literature. She then applied a situational analysis mapping technique to record her initial position. Subsequent mapping continued and will progress as the literature review develops and the researcher becomes further sensitised to her area of research. The employment of a software tool (Mind Genius®) has allowed for an auditable trail of the researcher’s changing position. This early reflexive activity has helped ensure that the researcher’s thoughts, beliefs and understandings are openly discussed prior to and throughout the literature review, data collection and analysis activity. In concordance with Clarke’s (2005) view, the researcher can therefore become more visible and accountable for, in and through the research process.

Situational analysis has offered a useful adjunct, assisting with the process of reflexivity and may be helpful to other researcher. The presentation will illustrate the use of situational analysis using examples from the author’s ongoing doctoral studies and identify strengths and limitations of this approach.

A qualitative study using grounded theory analysis to explore the impact of group work as a method of service delivery by Community Matrons to support those living with multiple long-term conditions

Abstract

The role of the Community Matron was introduced in 2005 (DoH 2005a) to case-manage high intensity service users to prevent and reduce unscheduled hospital admission. Studies on the effectiveness of managed care indicated the need to manage the demand of high intensity service users. Little evidence exists as to how the role should be delivered to enhance disease self-management and self-efficacy for the service users.

This qualitative participatory action research study explored the use of group work as a method of Community Matron intervention. Drawing on the theoretical underpinnings of Bandura’s social learning theory (1997) a social learning framework approach was adopted. Twenty-nine participants were recruited. Each intervention group had 8-10 participants, led by a Community Matron working in both the researcher and practitioner role. Three main categories emerged; comparison; leading to re-motivation of the self through comparing others, learning; leading to enhanced self-management techniques through story-telling and understanding of each other’s experiences and ownership; leading to the ownership of the self and of the groups they existed in. The Basic Social Process revealed that these were 3 inter-related factors that helped to improve ability for participants to improve their disease self-management and self-efficacy (Kendall et al 2010). Through an action research approach the group work was led in a facilitative way enabling the participants to work collaboratively with the researcher practitioner to choose and shape the care delivery. The core category of ‘taking back the self – understanding the whole revealed the impact that this care delivery method had upon re-adjusting the balance of power between health professional and service users and improving disease self-management and self-efficacy.

Community matron intervention using a model of group learning embedded in a social learning framework for those living with multiple long-term conditions can lead to improvements in self-efficacy and self-management ability.
### Theme: Mixed methods

#### 5.5.1 Abstract number 278

**Women’s experiences of trained volunteer doula support during pregnancy, labour and the postpartum**

**Authors:** Helen Spiby, England; Josephine Green, England; Zoe Dawin, England

**Presenter(s):** Professor, Helen Spiby, Professor in Midwifery, University of Nottingham, School of Health Sciences, United Kingdom

**Abstract**

**Background:** A trained volunteer doula service was introduced into one city in England and subsequently rolled out across other sites. The initiative aimed to provide support to disadvantaged childbearing women with the aim of improving wellbeing and uptake of services. Volunteer doula support was available to women alongside statutory maternity service provision.

**Aim:** Following ethics and governance approvals, mixed-methods research addressed four broad research questions, including What are the psychosocial impacts for women of volunteer doula support?

**Methods:** Areas for inclusion were identified through preparatory work with a doula reference panel and from the existing evidence related to doula support. Realistic Evaluation informed the analytic approach. To ensure confidentiality of information held by doula services, women were approached for participation between February and April 2013, through the doula service known to them. Questionnaires were returned directly to the research team. Quantitative questionnaire data were entered into SPSS and analysed using summary statistics. Data collected in open questions and focus groups were subjected to thematic content analysis.

**Findings:** One hundred and sixty-seven women completed questionnaires (response rate 23.6%); thirteen women provided consent and participated in focus groups. Women appreciated volunteer doula support as providing continuity, knowledgeable companionship, relief of isolation and help to access statutory services with which they were often unfamiliar. Doulas’ availability and flexibility around women’s needs, non-judgemental listening, allaying fears and supporting women to build self-esteem were also highly regarded. Some women found the ending of doula support to be difficult.

**Conclusion:** Our research represents the largest independent evaluation of volunteer doula support in the United Kingdom. Women’s positive experiences of doula support echo those in contexts where women do not have routine access to midwifery care.

#### 5.5.2 Abstract number 272

**‘I have no wish to be at the tender mercies of a homophobic carer/service’: exploring end of life experiences and care needs in the lives of older lesbian, gay, bisexual or trans (LGBT) people.**

**Authors:** Kathryn Almack, United Kingdom; Anne Patterson, United Kingdom; Jane Seymour, United Kingdom; Melko Makita, United Kingdom

**Presenter(s):** Professor, Jane Seymour, BA (Hons); MA; PhD, Senior Research Fellow, University of Nottingham, United Kingdom

**Abstract**

**Background:** While end of life care (EOLC) needs are most common among older age groups, little research examines the heterogeneous needs of ‘older people’, particularly those living in non-traditional family forms. One survey for example including 800 cancer patients who identified as ‘non-heterosexual’, highlighted specific concerns about respect and dignity.

**Aim and Method:** The aim of this study was to explore end of life experiences and care needs in the lives of older lesbian, gay, bisexual and trans (LGBT) people aged 60-plus, a UK-wide study funded by Marie Curie Cancer Care Research Programme, 2012-14. The study involved two phases 1) survey (N = 237 respondents) (online and by hard copy) and 2) interviews with a subsample (N=60) of survey respondents. The survey data, analysed using SPSS informs and contextualises the qualitative data, coded and analysed adopting a narrative analysis approach.

**Results:** Preferred choices about how end of life care services should be organised and access to services are complex. The survey data reports a clear preference (almost two thirds of respondents) for specific LGBT services for or run by LGBT people and a similar lack of confidence in mainstream services. However, the qualitative data indicates greater ambivalence and suggests a far more nuanced picture of preferred choices with desires expressed for services that are inclusive of all.

**Discussion and conclusions**

Findings suggest that diverse needs are not being met or not offering adequate provision for this group. Reports of positive experiences, however, suggest that ‘mainstream’ settings can develop practice to address diverse needs and address concerns about dignity and respect. The issues explored can inform nursing practice, enabling end of life care that is culturally sensitive and which also has wider relevance in a context where various non-traditional family forms exist.

#### 5.5.3 Abstract number 73

**Meeting the physical and psychological health needs of young people involved in sexual exploitation – an empirical study**

**Author(s):** Dr Gabrielle Tracy McClelland, England, United Kingdom

**Presenter(s):** Dr, Gabrielle Tracy McClelland, PhD, MA, MSc, BA, RMN, RGN, Researcher-senior lecturer, University of Bradford, United Kingdom

**Abstract**

**Background:** Recent media coverage of high profile events in the UK has raised awareness of youth sexual exploitation (Coffey, 2014), (Jay, 2014), particularly regarding prevention, protection and prosecution. However, there is a gap in the evidence base related to the physical and psychological health needs and health seeking behaviours of sexually exploited young people (Department of Health, 2014).

The Department for Children, Schools and Families, (2009) define youth sexual exploitation as: ‘exploitative situations, contexts and relationships where young people receive “something” such as food or affection, as a result of them performing and/or others performing on them, sexual activities’.

**Aim:** The aim of this doctoral study undertaken from 2006 to 2011 was to identify unmet physical and psychological health needs, perspective of risks to health, and health seeking behaviours and barriers, to meeting physical and psychological health needs.

**Methods:** A mixed method approach involving 2 phases: Phase 1 was qualitative and involved face to face interviews with 24 sexually exploited young people, using a convenience sample. Phase 2 employed a questionnaire survey with health professionals supporting sexually exploited young people (N=62).

**Results:** The main findings were grouped into over arching themes including:

- Vulnerability factors and health consequences of sexual exploitation,
- Risks to health
- Health seeking behaviour and use of health services by sexually exploited young people.

**Conclusion:** Unmet physical and psychological health problems were reported alongside risks to health and factors impeding health support for sexually exploited young people. These included notable levels of unplanned pregnancy, substance misuse, self harming and mental health difficulties. Problems linked to help seeking included the presentation of a service, and the perception of a service failing to be young person centred. Enablers in health seeking included professional and friendly staff.
Working participatively with Gypsies and Travellers: insights from a study exploring immunisation in the Travelling community

Abstract

Background: Rates of full immunisation are lower among disadvantaged groups than in the general population (DH 2005), leading to an increased risk of vaccine preventable infectious disease. Public and Patient Involvement (PPI) is a prerequisite of Department of Health funding, but there is a lack of research into conducting effective PPI with disadvantaged groups.

Aim: To involve members of the Gypsy and Traveller community in PPI for a study exploring immunisation in the Travelling community.

Methods: Effective PPI was needed for this qualitative study in order to promote collaborative working with the community in a new area of public health research, and to facilitate recruitment and participation. Research was planned in four cities (Bristol, York, London and Glasgow) and potential participants included Roma, English Gypsies, Irish Travellers, and Show People.

Results: Members of the community were involved in the project advisory group and in commenting and developing research materials (NIHR 2014). The views of PPI group members were sought on the acceptability of recruitment materials and proposed questions in view of Gypsy and Traveller customs and beliefs. Finally discussions were held on the facilitation of joint working between Gypsies and Travellers and key stakeholders at the final workshop to prioritise interventions to raise immunisation rates.

Discussion: New understandings have been gained of working participatively with the Traveller community and of successfully conducing PPI with this group. Effective PPI is of particular importance in research with socially excluded communities because of the need to ensure the acceptability of the research at all stages.

Conclusion: This study adds to the under researched area of Gypsies and Travellers’ health and how to involve them effectively in the research process.
Survey of current pin site practices

**Abstract**

**Background:** The British consensus method on pin site management was first developed by Lee-Smith et al (2001) and the best practice debate was reignited by Letherby et al’s (2008) Cochrane review which highlighted a clear lack of quality research regarding pin site care. In 2010 a new consensus group met and a new consensus document published in 2011 (Timms et al 2011). It is important to identify current pin site practices to determine if these are consistent with current guidance. The aim of this study was to identify current practice both within the UK and internationally to establish what routine pin site practices comprise.

**Methods:** A Survey Monkey questionnaire was developed based on the practices described in the 2011 consensus guidelines. One thousand three hundred and fifty-seven email invitations were sent to clinicians inviting them to complete the questionnaire. Descriptive statistics, chi square analysis and confidence intervals were used to compare different practices between countries and professional groups.

**Results:** Following exclusions 321 responses were analysed giving a final response rate of 23.7%. Current UK practice does not consistently reflect new UK national consensus recommendations. Significant differences (p<0.05) were identified in frequency of care, cleansing agents, and use of compression when comparing professional groups and country of respondents. No significant differences were detected between profession or country with regards to removal of crusts or use of dressings, although responses were not consistent with current consensus guidance.

**Conclusion:** The diversity pin site care, both in the UK and internationally emphasises the lack of current consensus and deviation from contemporary guidelines. Further research is required to establish the most effective methods of pin site care to prevent infection.
Female gender doubles pre-hospital delay times for patients experiencing ST segment elevation myocardial infarction in Saudi Arabia

**Author(s):** Hassan Alshahrani King Saud Medical City, Riyadh, Saudi Arabia, Donna Fitzsimons and Roy McConkey, University of Ulster, Belfast, United Kingdom, Ahmad Alsamadi American University of Madaba, Madaba, Jordan

**Abstract**

**Introduction:** Pre-hospital delay has a significant impact on patients’ mortality and morbidity in ST segment elevation myocardial infarction (STEMI). Internationally many factors including female gender have been implicated, but no research has been conducted in Arab cultures. We aimed to explore the factors contributing to pre-hospital delay among female STEMI patients in Saudi Arabia.

**Method:** This sequential, explanatory mixed methods study comprised a consecutive sample of 311 patients, presenting with STEMI to three hospitals, from March 2011 to August 2011. Of these, 189 patients (36 females) were eligible and interviewed using the Response to Symptoms Questionnaire (9 females) then participated in qualitative interviews that were taped and transcribed prior to thematic analysis.

**Findings:** The median pre-hospital delay for males was 5 h and 12.9 h for females ($p=0.002$). Standard multiple regression determined female gender as the strongest predictor of transfer delays from hospitals, from March 2011 to August 2011. Of 311 patients, presenting with STEMI to three hospitals, 189 patients (36 females) were eligible and interviewed using the Response to Symptoms Questionnaire (9 females) then participated in qualitative interviews that were taped and transcribed prior to thematic analysis.

**Conclusions:** Pre-hospital delay has a significant impact on patients’ mortality and morbidity in ST segment elevation myocardial infarction (STEMI). Internationally many factors including female gender have been implicated, but no research has been conducted in Arab cultures. We aimed to explore the factors contributing to pre-hospital delay among female STEMI patients in Saudi Arabia.
A Voice for the child. Blue’s story of managing her illness at home.

**Author(s):** Dr Marie Boddycombe-James, Swansea University, Wales, United Kingdom

**Presenter(s):** Dr. Marie Boddycombe-James, RN, DNCert, RHV, PGCE, BA, MSc, Doctorate Nursing Science, College of Human and Health Sciences, Swansea University, United Kingdom

**Abstract**

The increasing life expectancy of children with a chronic condition has created a need to listen to them about their experiences, expectations and preference regarding the health care they receive. The increasing provision of community children’s nursing services in the UK has transferred the care for many children with a chronic illness from secondary to primary care (Carter and Coad 2009). Blue’s story depicts her experience of managing her illness at home. Blue’s story was a part of my Doctorate in Nursing Science thesis in which I interviewed thirty children at home regarding their experience of managing their chronic illness, and receiving nursing care from the community children nurse. The chosen methodology was narrative inquiry (Polkinghorne 1995).

Blue’s story was analysed using narrative analysis through which individuals can give a voice to their experiences. Blue’s story was analysed using the genres of illness narratives based on the writing of Arthur Frank (Frank 1995), where the patient’s story of living with deep illness is told through plots of restitution, chaos or quest. Within Blue’s story a plot of restitution emerges as she tells us of her experience of dealing with Leukaemia and her hope of a return to health.

Focussing on one child’s story has provided an insight into the daily life of a child with a chronic condition and the unique relationship that develops between the child and the community children’s nurse. Blue’s story provides evidence of the need for a community children’s nursing service so that children with a chronic illness can be cared for at home surrounded by their family. However this requires commitment and investment from health providers and policy makers.

Lung cancer diagnosed following an emergency admission: Exploring patients’ and carers’ perspectives on delay in seeking help

**Author(s):** Glenys Caswell, United Kingdom; Jane Seymour, United Kingdom; Crosby V, United Kingdom; Freer S, United Kingdom; Freemantle A, United Kingdom; Wilcock, A, United Kingdom

**Presenter(s):** Professor, Jane Seymour, BA (Hons); BA, PhD; RN, Sue Ryder Care Professor of Palliative and End of Life Studies, School of Health Sciences, University of Nottingham, United Kingdom

**Abstract**

**Background:** About 40% of people with lung cancer are diagnosed following an emergency admission, the highest of any cancer. Despite this, relatively little is known about the experiences of this patient group and their carers; the National Cancer Patient Experience Survey is biased toward fitter patients.

**Aim:** We sought to explore patients’ and carers’ understanding of symptoms and experiences of trying to access health care services before admission to hospital.

**Methods:** As part of a larger mixed methods study in one University hospital, we undertook qualitative interviews with patients who were diagnosed with lung cancer on emergency admission and their carers.

**Findings:** 13 patients and 13 carers (3 of whom were bereaved) took part in interviews. 3 patient/carer dyads were interviewed together. Participants spoke about their symptoms and why they did not seek help sooner. They described complex and nuanced experiences. Some (n=12) had what they recalled as the ‘wrong’ symptoms for lung cancer and attributed them either to a pre-existing condition or to ageing. In other cases (n=9) patients or carers realised with hindsight that their symptoms were signs of lung cancer, but at the time had made other attributions to account for them. In some cases (n=3) a sudden onset of symptoms was reported. Some described how their GPs made incorrect attributions about cause.

**Conclusion:** Late diagnosis meant that patients diagnosed on emergency admission needed palliative support sooner after diagnosis than other patients. Professionals and lay people interpret health and illness experiences differently.

An exploratory study to identify factors that help or hinder ward nurses from performing vital observations and escalating clinical concerns: An interview study applying a theoretical domains framework.

**Author(s):** Andrea Blay London, United Kingdom; Leanne M. Attken; Jill Francis

**Presenter(s):** Andrea Blay, RGN, ENB 100. MSc, Chelsea & Westminster NHS Foundation Trust, United Kingdom

**Abstract**

**Background:** Failing to recognise acute deterioration is well known, despite improvement strategies such as critical care outreach services and the national early warning score (NEWS), there is evidence that recognition and response to acute deterioration remains problematic and inconsistent. There is limited published evidence about why nurses do not perform observations or respond to changes in vital signs promptly.

**Aim:** To identify the workplace issues that helped or hindered nurses to perform observations and escalate concerns and apply a theoretical behavioural framework to identify likely influencing factors.

**Methods:** Nurses (n=13) and health care assistants (HCAs) (n=4) participated in one-to-one semi-structured digitally-recorded interviews. A topic guide, based on the ‘theoretical domains framework’ was validated and piloted. Recordings were transcribed verbatim, anonymised and coded into 14 theoretical domains using NVivo software. Thematic analysis was undertaken; influential domains were identified according to frequency of utterances, divergent opinions and emphasis of the specific belief.

**Findings:** The three most influential theoretical domains were environmental context and resources, professional role and social influences. Hindrances to performing observations and escalating concerns were excessive workload, inadequate staffing levels and skill mix, temporary staff, paper work and increasing computerisation. The shifting role of nurses towards more documentation resulted in the majority of observations being performed by HCAs who may have inadequate assessment skills. The NEWS was deemed to be hyper-sensitive, not matching the patient’s clinical condition, increasing unnecessary escalation and workload.

**Discussion:** Performing observations and escalating concerns was facilitated by good team working, nurse confidence, adequate staffing and skill mix. Increasing documentation requirements distances nurses from monitoring the patient effectively and instigating escalation. Exploring the implications of the shifting nurse role on observation practices are key to overcoming the barriers that continue to impact adversely on patient outcomes. Further research into the practical application of the NEWS approach is recommended.
The Good Old Days? Constructions of nurse education in British national newspapers

**Author(s):** Karen Gillett, England, United Kingdom

**Presenter(s):** Dr. Karen Gillett, PhD MSc RN, Lecturer, King's College London, Florence Nightingale Faculty of Nursing and Midwifery, United Kingdom

**Abstract**

**Background:** Since the incorporation of nurse education into the Higher Education sector, a persistent dominant nostalgic discourse in British newspapers has made negative comparisons between the current situation and an idealised view of ‘traditional’ nurse education. Language is not merely descriptive with dominant discourses in newspapers having the power to influence public opinion and legitimise government responses in the form of policy.

**Objectives:** There is a tendency to view nostalgic discourses about nurse education as innocuous, but, by taking a critical approach, this study draws attention to the implications of focusing on an idealised past.

**Methods:** This study used a critical discourse analysis approach to analyse British Newspaper articles from the period from 1999 to 2014.

**Findings:** Nostalgic constructions of nurse education in British newspapers tend to focus on an idealised past or ‘golden age’ and are associated with dissatisfaction with the current situation and resistance to change. Nostalgic constructions create group identities, contrasting ‘caring’ nurses educated in the idealized past with those educated now, who are perceived as too educated to care. Nostalgic constructions of a ‘golden age’ mean that a return to that idealised past is often presented as the solution to real and perceived problems with current nurse education.

**Discussion and Conclusions:** Uncritical acceptance of the past as a ‘golden age’ means that the opportunity to learn from mistakes is lost and seeking a solution to current problems in the past risks nurse education repeating the same mistakes ad infinitum. Emphasis on a golden age of nurse education marginalises those educated under the current system and has a potentially negative impact on the self-image of recently qualified nurses who are working in the 21st Century. Those with responsibility for the future of nurse education should consider the potential of dominant nostalgic constructions to block progress.

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Assertive community treatment case managers’ moral decision-making

**Author(s):** Birgitte Lerbaek, Denmark; Jorgen Aagard, Denmark; Niels Buss, Denmark

**Abstract**

**Background:** Assertive community treatment (ACT) is a service offered to people with severe mental illness to promote stability and meaningful community living. ACT case managers (CMs) use an assertive approach to establish long-term and close relationships with the clients, and the work is characterised by great professional autonomy and independent decision-making. This work setting creates special circumstances were CMs feel obligated to make decisions according to what they believe is in the client's best interest, but often without the client's mutual understanding, explicit consent and/or collaboration.

**Aim:** The aim of this focus group study was to gain insight into ACT case managers' moral decision-making by examining their situated accounts of moral issues in their everyday work.

**Methods:** Sixteen CMs from three ACT teams in North Denmark Region participated in five focus groups in 2012. The nurses discussed moral dilemmas and inter-professional collaboration. Audio recordings were transcribed and subjected to discourse analysis, which was based on Potter and Wetherell’s approach to discourse analysis.

**Results:** The CMs described being persistent in trying to establish a relationship with clients who often explicitly and repeatedly would reject their services. The CMs legitimised their moderately transgressive efforts by emphasising their special moral commitment as the last available treatment option and by referring to previous experiences of being right in the end. Further, the nurses described bending legal and organisational rules to protect the relationship to the client.

**Discussion and Conclusion:** CMs position themselves as the primary and autonomous decision-makers in matters, which did not always fall under their formal professional authority. Although the nurses balanced their moral decision-making by depicting moderate psychosocial transgression and rule bending practices as professionally acceptable, these decision-making practices may reflect a highly problematic everyday management of judicial rights and formal obligations.
Abstract

Background: A mixed methods study investigated the barriers and enablers to the delivery of pressure ulcer prevention to patients on two wards, with differing pressure ulcer incidence, within a large acute east midlands NHS hospital trust in July 2013.

Aims: The study aimed to explore, describe and understand registered nurses’ experiences of delivering pressure ulcer prevention within the context of the ward culture.

Methods: The concurrent embedded mixed methods design aimed to triangulate the thematic analysis of eight semi-structured interviews and non-participant observation with qualitative trust data (pressure ulcer incidence), to inform the findings of the qualitative study.

Results: The major themes, which emerged from the interviews were, 1. ‘time to care’, 2. ‘documentation, and more documentation’. 3. ‘Professional judgement’. 4. ‘Pressure ulcer prevention: priority and workload’. 5. ‘Training and education’. 6. ‘RCA: communication and leadership’. 7. ‘Patients’.

Discussion: The nurses interviewed regarded pressure ulcer prevention as a high priority; however, they described specific barriers, which challenge its delivery in practice. The nurses expressed how to improve this at an organisational level, particularly education, leadership, and the dissemination of the outcomes of route cause analysis. Methodological limitations of the non-participant observation and quantitative data sets prevented the triangulation of data, and the ‘reflective’ position of the ‘nurse/researcher’ compromised the ‘bracketing’ of knowledge and pre-conceptions with regard to pressure ulcer prevention.

Conclusion: Successful delivery of pressure ulcer prevention must take into account the context of care delivery, including the behaviours of the registered nurses. ‘Organisational culture’ in addition to ‘ward culture’ has a significant impact upon nurses’ experience of delivering pressure ulcer prevention. This research suggests that further study is needed to facilitate a pro-active approach to enabling nurses to deliver pressure ulcer, which takes into account organisational clinical governance and the needs of patients at risk of pressure ulcer.

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Abstract

Background: The adoption of healthcare behaviour is vital to quality improvement in healthcare, whether it is: the adoption of improvements (e.g. positive deviance or diffusion of innovation) or the adoption of detrimental care.

Aims: To identify factors described as affecting the adoption of improvements

Methods: Semi-structured interviews during 2014 focussing on staff experience the adoption of improvements. A stratified sample of clinical leaders was taken from an acute trust (n=11) and a mental health trust (n=12). Thematic analysis was undertaken by 2 researchers.

Results: Adoption was described as affected by themes relating the intervention (what factors), involvement and support (how factors), and the local context (where and when factors). These elements are consistent with the literature on diffusion of healthcare innovation. However, it is noteworthy that some elements seen within the social learning literature (e.g. Laland, 2004) and the diffusion of healthcare innovation literature (e.g. Greenhalgh et al, 2005) were not described. These include ‘who factors’ (such as rank, gender, age, tolerance of ambiguity, satisfaction, skills and dominance), what factors (such as compatibility with values), when factors (such as tension for change, when others present, when environment is stable and when payoff is delayed) and where factors (such as observability).

Discussion: This funded study found that participants did not identify important behaviour adoption factors as having a role in the adoption of healthcare practices. This could be due to a lack of awareness of these biases by participants, a belief that they do not affect behaviour adoption or a reluctance to describe their impact.

Conclusions: Further work on this topic, including dissemination of the findings, could improve patient outcome by helping to accelerate the adoption of innovations or reduce the rate of adoption of detrimental healthcare behaviours.

The experience of gay male student nurses: Negotiating private lives and professional boundaries.

Author(s): Dr Dave Clarke

Presenter(s): Dr Dave Clarke, PhD, MA, BSc, RGN/RSCN, Lecturer and Associate Director of Undergraduate N&M, Cardiff University, United Kingdom

Abstract

Background: This research explored how male gay student nurses negotiate their gender, masculinity and gay sexuality within the professional boundaries of nursing. Furthermore, it identified how these student negotiate issues of caring and the formation of therapeutic relationships with their patients, as men and gay men.

Aims: The aim of my research was to investigate how gay nursing students negotiate their sexuality in the differing spaces of clinical practice and the university.

Methods: In-depth qualitative interviews were conducted with eight gay male nursing students between 2009 and 2012. The theoretical framing of this research drew upon Goffman’s theories of presentation and performance of the self and Robin’s ‘charmed circle’. Moving between these two analytical frameworks, I examined and drew together the experiences of these students and examined their negotiation of the nursing role as gay men.

Results and Discussion: I argue that the experience of these students and the negotiation of their sexuality as student nurses is fraught and precarious as student nurses. Furthermore, it identified how these students negotiate issues of caring and the formation of therapeutic relationships with their patients, as men and gay men.

Conclusion: The study has unearthed the complexity that the gay nursing students in this study had to negotiate to develop their identity as male nurses. Furthermore, the complexity of these endeavours was not restricted to issues of disclosure or non-disclosure of their sexuality, but much more engrained and fundamental to the development of their performance of nursing and their professional identity as nurses. This presentation will explore the contrasting experience of these students in clinical practice and the university and their negotiation nursing roles.
Facilitators and barriers to integrating a nurse practitioner into the team: Co-workers’ perceptions

Author(s): Esther Sangster-Gormley, Canada; Rita Schreiber, Canada; Elizabeth Borycki, Canada

Presenter(s): Dr, Esther Sangster-Gormley, University of Victoria, Canada

Abstract

Background: Researchers have identified multiple facilitators and barriers to the integration of nurse practitioners into healthcare teams. Many studies included only nurse practitioners’ perspectives; therefore, hearing the voices of co-workers, including physicians, contribute to the knowledge of factors to consider when introducing new nurse practitioner roles.

Aim: The aim of this presentation is to communicate findings from one arm of our three year project.

Method: This multi-phase, mixed method study design was conducted between 2011 and 2013, and included surveys, focus groups, interviews and case studies involving nurse practitioners, co-workers, and patients of nurse practitioners. In this presentation, we discuss the findings from interviews and surveys of nurse practitioner co-workers. We recruited co-workers through nurse practitioners who previously participated in phase one of the study. Data were analyzed using descriptive statistics and thematic analysis.

Results: A total of 68 co-workers completed the survey or were interviewed. Co-workers included registered nurses, physicians, pharmacists, social workers, and others. Findings indicate that co-workers anticipated nurse practitioners would be active team members. They expected nurse practitioners to assess, diagnose and prescribe treatment for a variety of patient populations. Facilitators included the structure of the nurse practitioner co-worker relationship and acceptance of the nurse practitioner by patients and others within and outside the team. The structure of nurse practitioner-physician relationship and lack of acceptance of the role by others could create barriers to integration.

Discussion: This research advances our knowledge of co-workers’ expectations of nurse practitioners. Findings confirm that there are multiple factors to consider before introducing new nurse practitioner roles.

Conclusion: As a result of co-worker surveys and interviews we have a better understanding of the challenges to nurse practitioner role integration.
Domestic violence and abuse (DVA) in acute care settings: findings from a qualitative study exploring health care responses

**Abstract**

Domestic violence and abuse (DVA) is recognised as a significant health and societal issue on a global scale (van de Wath, 2013) and the consequences of DVA on the lives and health of those affected is now well documented. In the UK, the impact of DVA on an individual’s health status alongside the significance of the role of health care professionals as part of a wider multi-agency approach to the effective recognition and management of DVA has been crystallised in the 2014 National Institute for Care Excellence (NICE) guidelines ‘Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively’ (2014). However, although there has been a growing recognition of DVA within a number of health care contexts for example emergency departments, primary care and midwifery services, evidence suggests survivors of DVA may also access a wider range of health services including acute care settings (for example orthopaedics, medicine and gynaecology) where they may not be identified as survivors or effectively supported.

**Overarching aims of the study were:**

To explore how survivors of DVA are currently identified and managed within acute care settings

To examine what systems need to be in place to maximize effective recognition and support within this setting

A mixed methods study involving questionnaires (n=159) and in-depth interviews with clinical staff (n=15) within one acute NHS Trust (June 2013 – November 2014). A pre-piloted aide memoir was used to guide interviews and data were analysed using Framework (Ritchie & Lewis, 2003). Questionnaire data were analysed using SPSS.

**Findings, discussion and conclusions:**

Three main themes were identified i) Redefining roles ii) Raising awareness and challenging perceptions iii) Training needs and ongoing support. These findings alongside implications for practice development and contribution to policy debate form the basis of the presentation.

**Conclusion:**

Nurses and other healthcare professionals are challenged to expand their traditional role as therapists and to start accepting and accompanying patients who would otherwise be alone in their private and precarious search for solutions.
**We’re killing them with medicine**: Community mental health nurse perspectives towards cardiovascular risk in adults with severe and enduring mental illness – A Directed Content Analysis  

**Abstract**  

**Background:** International evidence increasingly demonstrates that cardiovascular disease is the principal cause of morbidity and mortality in severe and enduring mental illness (SMI) (Thornicroft, 2013). However, cardiovascular risk identification and management for SMI clients appear universally sub-optimal (Scott, Platania Phung & Happell, 2012), alongside inconsistent clinical guidance, particularly in the United Kingdom. Qualitative studies with mental health professionals worldwide have explored the consequential clinical impacts.  

**Aims:**  
1. Present the extent to which community mental health nurses’ (CMHN) perspectives affirm, concerning deductive thematic categories, previous qualitative findings exploring these issues within mental health care;  
2. Enumerate inductively derived data, exemplifying local CMHN experience and highlighting implications for practice.  

**Methods:** A semi-structured interview schedule using Directed Content Analysis ‘constrained’ thematic categories was used following purposive recruitment within community mental health teams. Deductive coding criteria were constructed for ‘a priori’ categories derived from related previously published research. Nvivo 10 facilitated deductive versus inductive wound counts based upon category criteria.  

Interviews underwent a three-stage analysis process: open/pattern coding, deductive and inductive coding, finally data corpus re-analysis using all inductively derived categories.  

**Results:** Category analysis demonstrated 54% of data from six in-depth semi-structured interviews directly matched deductive category criteria. Most encompassed themes of barriers, rationale for CV interventions and ‘pros and cons’. However, 37% was coded inductively, with proposed solutions and describing current related activities and their limitations being the most populated categories.  

**Discussion:** Local CMHN perspectives broadly reflected international findings. However, new insights regarding cardiovascular risk activities, proposed solutions, and, moreover, their limitations for SMI clients, added to the body of knowledge regarding this clinical problem. Existing national drivers to improve practice are inadequate.  

**Conclusions:** Substantial local data matching with previous international findings suggests sub-optimal cardiovascular care and related clinical frustrations are commonly experienced in mental health care. Inductively derived data highlights simple and complex recommended approaches to undertake in practice.
Resilient leadership in a time of crisis: an interview study of Directors of Nursing in the wake of Francis

**Abstract**

**Background:** The purpose of this study was to understand the nature of nursing leadership in England and Wales within a context where unparalleled criticism was being levelled at healthcare professionals, managers and professional bodies for failing to protect standards of care. Following the publication of the Francis Reports, it is clear that a questionable standard of nursing leadership was one of the issues at fault.

**Aims:** The study set out to investigate the means by which Directors of Nursing, from different NHS organisations across England and Wales, cope with competing demands, exert leadership and remain resilient to protect standards of care despite financial and organisational/political constraints.

**Methods:** A total of 40 interviews telephone interviews took place with Directors of Nursing, with an average time of 47 minutes. All were submitted for full transcription. Transcripts were analysed thematically using an Excel spreadsheet and synthesis carried out by considering all responses within a thematic column, noting areas of agreement and of exception and selecting exemplar quotes.

**Results:** Results were categorised under 6 key headings: Political Issues (including health systems differences between England and Wales); Chronic Stressors (such as workload and finances); Acute Stressors (complaints and incidents); Vulnerability (weight of personal responsibility); Resilience (enhancement strategies); Managing the board (achieving success). A summary of each will be presented.

**Discussion:** Executive nurse leadership is demanding and has come under severe criticism in the recent Francis Reports. This study has revealed the most challenging aspects of the Director of Nursing role that are attributable to personal, political and organisational factors.

**Conclusion:** Insights into the resilience required by Directors of Nurses can assist in understanding the nature of the role in the present political climate; as well as revealing how best to secure and develop the role within the NHS in the future.

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Using participatory research to develop a palliative care intervention: reflections on the method

**Abstract**

**Background:** Patient and public involvement in research is increasingly an imperative in research design and delivery. Participatory research recognises the knowledge and expertise of a range of stakeholders and fosters partnerships between these groups. Our research utilised participatory research methodology to address the broad project aims of developing a resource pack, and developing and piloting a training programme for volunteers and support workers who work with lay-carers in home-based end of life care.

**Aims:** To reflect on the success of the participatory approach using the A,VS criteria (Hanson et al, 2006), a user-focused model used to evaluate the effects of partnership working (Clarke et al, 2009).

**Methods:** Five bereaved carers were engaged as research partners on the project. Research partners worked alongside key stakeholders and academic researchers to fulfill the aims of the project. The A,VS criteria were applied and critically reflected upon by two members of the research team.

**Findings:** Research partners and stakeholders participated in all stages of the research including: design of the intervention (A,VS criteria – equal access); workshops where views and opinions were shared and discussed (A,VS criteria – enhanced awareness of own views and those of others); reviewing resources, developing, testing and evaluating the intervention (A,VS criteria encouraging action); planning and participating in dissemination events and activities (A,VS criteria enabling action).

**Discussion:** The A,VS criteria demonstrate the participatory nature of the research. We applied these criteria at the end of our project as a reflective tool. In future research we would consider using these at the beginning of the project to ensure the inclusiveness of the participatory approach.

**Conclusion:** Participatory research approaches challenge traditional power relationships in research and create opportunities for collaboration between users and providers of services; an important consideration for nursing and healthcare research in a person centred healthcare system.
Evaluating interruptions to medication administration in paediatric critical care

**Author(s):** Rachel Bower, United Kingdom; Dr Christine Jackson, United Kingdom; Dr Joanne Cooper, United Kingdom

**Presenter(s):** Rachel Bower, RN (child) BSc Hons

**Abstract**

**Background:** Paediatric Critical Care (PCC) commonly involves the administration of numerous complex, high risk medications (Silva et al, 2013). The National Nursing Research Unit (2010) identified that medication administration is a major aspect of patient safety and that any interruption during this process can result in errors. The National Patient Safety Agency (2007) recommended that all medication should be prepared in a separate room; however, in critical care this is not viable as patients require continuous observation. High profile reports (The Francis Report, 2013 and Patients First and Foremost, 2013) highlight the need for improved medication processes within PCC. It provides the key to ensuring necessary care is done. Each other. RN staffing levels (at day and night) is an important factor in understanding this relationship. Health service managers require a fuller picture of the many factors relating to care left undone.

**Aim:** To evaluate and categorise interruptions which occur during medication administration in Paediatric Critical Care

**Research questions:**

- How and why do interruptions occur during medication administration?
- Who contributes to the interruptions? What is their role within the situation?
- Can interruptions be classified to allow prioritisation?

**Methodology:** The unit utilised ethnological methodology, enabling human behaviour to be witnessed as it occurred. Non-participant observation recorded interruptions as they occurred (July 2012).

**Results:** Twenty eight administration episodes were observed, totalling 302 minutes of activity. There were three episodes in which no interruptions occurred in the remaining 25 episodes, 81 interruptions occurred, creating an average of 2.9 interruptions per administration.

The most frequent interruptions were from nursing staff who were involved in the checking process (n=14). The most frequent handling strategy observed was multi-tasking (n=45). Twenty percent of interruptions resulted in positive patient outcomes.

**Conclusion:** This study provides new insights into the frequency and impact of interruptions to the medication process within PCC. It provides the foundation for further work required to understand the cognitive, behavioural processes utilised when handling interruptions during medication administration.

Factors associated with 'care left undone' on nursing shifts in Sweden

**Author(s):** Jane Ball, United Kingdom, Carol Tishelman, Sweden, Rafferty A M, United Kingdom, Lindqvist R Sweden, Murrells T, United Kingdom, Peter Griffiths, United Kingdom

**Abstract**

**Background:** Lower registered hospital nurse staffing levels are associated with poorer patient outcomes. ‘Care left undone’ by RNs may be a key factor in understanding this relationship. Health service managers require a fuller picture of the factors that predict the incidence and volume of care left undone, including the impact of the level and mix of staff, to minimise risks associated with incomplete care.

This study provides new insights into the experiences of living with severe Crohn’s disease, including how this might influence individual expectations of eligibility and personal benefits of treatment and how they stem cell treatment reported positive benefits. Commonly a slight improvement or elimination of symptoms was deemed a significant outcome. However it is important for health care professionals to consider the ‘hard fought battle’ of living with severe Crohn's disease, including how this might influence individual expectations of eligibility and personal benefits of treatment and how they make sense of risks as evidence of a ‘therapeutic misconception’ that emerged from the data.

**Aim:** To examine ‘care left undone’ by registered nurses (RNs) on medical/surgical wards in acute care hospitals in Sweden and determine the factors that are associated with variation in amounts and types of missed care.

**Methods:** An observational study collected data through a cross-sectional survey of 10, 174 RNs working on inpatient general medical/surgical wards in all 79 Swedish acute care hospitals (Jan-March 2010). A multi-level (nurses nested in hospitals) logistic regression model was used to examine the effect of key factors, including nurse staffing, on ‘care left undone’.

**Results:** 74% reported of nurses reported some care was left undone on their last shift. Taking account of the many factors relating to care left undone, (shift length, role, patient mix, practice environment) the odds of care being left undone is halved on shifts with RN staffing levels of 6 or fewer patients per RN shift compared with 10+ patients per registered nurse (OR 0.466, p<0.001). There are no significant differences by health care support worker staffing levels.

**Discussion:** Despite similarities between the findings from Sweden and previously reported from other countries, differences indicate the importance of context in understanding what is done, and left undone by RNs in hospitals.

**Conclusion:** Range of factors are associated with care left undone and many have a relationship with each other. RN staffing levels (at day and night) is key to ensuring necessary care is done.
This research study is concerned with guiding patients and staff in the clinical trial process.

A case study of the advanced nurse practitioner consultation in primary care: communication processes and social interactions

**Author(s):** Julian Barratt, England, United Kingdom  
**Presenter(s):** Julian Barratt, RN BSc (Hons) PGCHE MSc, Mr Julian Barratt, Senior Lecturer in Adult Nursing, Institute of Health Professions, Faculty of Education, Health and Wellbeing, University of Wolverhampton, United Kingdom

**Abstract**

**Background:** This research study is concerned with the communication processes occurring in advanced nurse practitioner-patient consultations, and the possible effects of those processes upon patient participation, satisfaction, and enablement.

**Aim:** This research study has been designed to investigate the communication processes and social interactions occurring in the advanced nurse practitioner primary care consultation. There is particular reference to patient/carer expectations, participation, satisfaction, enablement, and also the inclusion and usage of subjective everyday life information.

**Methods:** A research case study utilising mixed methods of data collection an convenience sampling comprising video-recording of advanced nurse practitioner-patient consultations (n=31), post-consultation interviews with patients/carers (n=10), and advanced nurse practitioners (n=3), and a questionnaire measuring patients’/carers’ expectations, satisfaction, and enablement (n=61). The video-recorded consultations were analysed using the Roter Interaction Analysis System (RIAS), the questionnaires were analysed with non-parametric tests, the interview were analysed using explanation building via NVivo.

**Results:** The advanced nurse practitioners communicated with the patients in a predominantly socio-emotional, interaction style. They were able, as required, to combine that interaction style with the collection and analysis of task-focused biomedical information. They provide a guiding sequence of interactions to their consultations but do not necessarily verbally dominate those interactions, often allowing patients / carers to dominate interactions.

**Discussion:** This identified style of communication is open to the patient’s or carer’s agendas and their presenting problems, and takes account of both interactants’ everyday lifeworld experiences, whilst therapeutic decisions are collaboratively based on shared clinical reasoning, negotiation and explanation.

**Conclusion:** The outcomes of advanced nurse practitioners using an open, socio-emotional, collaborative interaction style are that their patients are highly satisfied and in turn more enabled to self-manage their health problems. It is postulated this effect may in turn produce a therapeutic placebo effect in patients after consulting with an advanced nurse practitioner.
Impact Evaluation of the RCN’s First Steps online learning resource for HCAs

**Author(s):** Tommy Cheng, Adrian Baker  
**Presenter(s):** Tommy Cheng, RMN, Grad Dip (Econ), Royal College of Nursing, United Kingdom

**Abstract**  
Objectives: The RCN have conducted an Impact Evaluation and have assessed the effectiveness of First Steps as a learning resource.  
Design: We used mixed methods multi-phased Impact Evaluation. The research was conducted around a quantifiable research question of whether the use of the First Steps resource improves health care knowledge. In addition to learning outcomes, we also explored the ‘why’ and ‘how’ factors associated with the success or limitations of First Steps as a learning resource.  
Methods: 1) We utilised an online analytical questionnaire to measure self-reported learning outcomes and experiences of using First Steps (N=62).  
2) We created a cohort study to directly assess changes in HCA’s health care knowledge before and after using First Steps (N=22).  
3) We used semi-structured qualitative interviews with HCAs and representatives from health care providers to explore themes relating to the use of First Steps (N=20).  

**Results:**  
Data was collected from May to December 2014:  
Results: 1) Self-reported learning outcomes were significantly higher in the period after using First Steps than in the period before for each of the six modules:  
- Communication skills (t=-3.543, p<0.001)  
- Health, safety and security (t=-2.978, p<0.004)  
- Practice and Personal Development (t=-7.28, p<0.000)  
- Principles of quality care (t=-7.558, p<0.000)  
- Equality, diversity and rights (t=-6.668, p<0.000)  
- Clinical skills (t=-8.082, p<0.000)  

Age (t=-0.930, p=0.359) and years of clinical experience (t=-0.410, p=0.681) had no effect on learning outcomes.  
2) Health care knowledge scores were significantly higher in the period after First Steps than in the period before for each of the six modules:  
- Equality, diversity and rights (t=-6.175, p<0.000)  
- Clinical skills (t=-7.73, p<0.000)  

3) We used qualitative interviews with HCAs and representatives from health care providers to explore themes relating to the use of First Steps (N=20).  

**Conclusion:** We used thematic analysis to explore challenges relating to the use of First Steps as a learning resource.  

**Authors:** Gemma Sinead Ryan, United Kingdom
Developing healthier student nurses

**Abstract**

**Background:** Today's student nurses will join the NHS amid increasing calls for nurses to role model healthy lifestyles. Previous research suggests student nurses may display unhealthy lifestyle behaviours and health status influences nurses’ tendency to undertake brief advice with patients.

**Aim:** This study explores the relationship between student nurses’ health status and lifestyle behaviours and a willingness to undertake brief advice with patients.

**Methods:** 200 student nurses at one London university were surveyed over two academic years 2013-14 in relation to self-reported health and lifestyle behaviours (smoking, diet, physical activity, and alcohol use), and prompts and barriers to offering brief advice. An online wellbeing portal encouraged students to set and track personal health goals, and provided information on key public health messages and signposting to local services. Students received accelerometers to record their daily step-counts while on clinical placement and attending university.

**Results:** 64% of males and 45% of females were overweight or obese. Smoking and alcohol use were lower than national averages. Willingness to undertake ‘healthy conversations’ was not associated with unhealthy individual behaviours. Student nurses reported high confidence but lacked training in discussing lifestyle with patients, and there were few reports of ‘healthy conversations’ undertaken on placement. Participants felt strongly that nurses should model healthy lifestyles.

**Discussion:** Student nurses believe that they are competent and confident enough to have ‘healthy conversations’ with patients and that this is part of their role. A lack of training and lack of observable practice by mentors is more important than their own health behaviour in determining whether they undertake a ‘healthy conversation’ with patients.

**Conclusion:** ‘Making every contact count’ is a national initiative that encourages nurses to undertake brief advice. Training and a focus on personal health during pre-registration is important for the successful roll-out of this initiative.

Towards burnout prevention in nursing

**Abstract**

**Background:** Recent international research has identified health care workers as a high risk population for the development of burnout due to the specific nature of their job (Aiken et al., 2012). This is somewhat disturbing, especially when taking into account the wide array of negative individual and organisational consequences and the extensive influence of burnout on patient satisfaction. Therefore, it is important to identify the causes for this syndrome in order to prevent it.

**Aims:** In view of developing a person based prevention system, the current study aimed to identify which individual factors can contribute to burnout prevention while taking into account job related and organisational factors.

**Methods:** In order to investigate this topic, a mixed-method approach was applied using a written questionnaire concerning individual, organisational and job-related factors as well as in-depth interviews regarding causes of vulnerability and possibilities to increase resilience. Data were collected in Flemish hospitals from February to May 2014. The departments and nurses which were included were selected randomly.

A total of 219 nurses completed the written questionnaire. It entailed validated self-report instruments measuring illness beliefs, and organisational factors, stress and burnout. Furthermore, 17 nurses participated in the interviews.

**Results:** The total burnout score correlated strongly with all measured individual factors, such as brooding (r=-0.477, p<0.001), locus of control (r=-0.474, p<0.001), self-esteem (r=-0.455, p<0.001) and neuroticism (r=-0.447, p<0.001). In addition, the interviews revealed several personal characteristics which increased vulnerability or resilience for burnout. By combining both quantitative and qualitative data 10 themes concerning perfectionism, time management, brooding, sleep quality, neuroticism, locus of control, self-efficacy, self-esteem, coping, job-related and organisational factors, stress and burnout. Furthermore, 17 nurses participated in the interviews.

**Discussion:** The factors that contribute to burnout prevention in nurses identified, including perfectionism, self-esteem and having a positive outlook on life.

**Conclusion:** This study discovered several themes that can contribute extensively to burnout prevention in nursing through increasing personal resilience.

Alcohol-related liver disease patients’ beliefs about their illness and factors that influence their self-management – a patient survey.

**Abstract**

**Background & Aims:** Research into illness belief and self-management of patients with alcohol-related liver disease (ALD) is sparse. This study aims to determine the association between illness belief and self-management and to provide the evidence-base for the development of an effective and personalised framework to support self-management in patients with alcohol-related liver disease.

**Methods:** An observational study of a cohort of 159 patients with ALD who attended the Liver Outpatient Clinics at the King’s College Hospital NHS FT (October 2012 to November 2013) completed a set of validated instruments measuring illness beliefs, self-management, emotional states and quality of life.

**Results:** The mean age of enrolled patients was 52 years (range 27-80), 67% male, 26% live on their own, 61% had no previous history of other chronic illness and average MELD and Audit C scores were 11.0 (range 6-28) and 3.5 (range 0-12) respectively. Multiple regression analyses were performed on Anxiety (variation explained by illness perception components adjusting for the demographic and illness characteristic = 42%) and Depression HAD scores (40%), Self-management Chronic illness (47%) and Liver summary scores (25%) and Quality of life ED-5Q your state of health today (25%). The two most consistent components across all outcome measures were: patient understanding of their liver condition and their experience of the number of symptoms.

**Conclusions:** Interventions designed to improve the understanding of patients with ALD of their illness and strategies to manage their symptoms are likely to improve their self-management, quality of life and reduce anxiety and depression.
Unpacking the methodological and practice challenges of realist synthesis: experiences from a realist review of workforce development for the assistant care workforce caring for older people

**Authors:** Christopher R. Burton, United Kingdom; Brendan McCormack, United Kingdom; Sandra Nutley, United Kingdom; Diane Seddon, United Kingdom; Beth Hall, United Kingdom; Lynne Williams, United Kingdom; Stephen Edwards, United Kingdom; Denise Fisher, United Kingdom; Roger Williams, United Kingdom

**Presenter(s):** Professor, Jo Rycroft-Malone, Professor of Implementation Research, Bangor University, United Kingdom

**Abstract**

**Background:** Realist reviews are an increasingly popular approach for answering questions about ‘what works’. Realist methodology adopts a theory-driven approach to evidence synthesis, underpinned by a realist philosophy of science and causality (Wong et al., 2013). Realist synthesis is useful to generating explanatory evidence about the workings of complex, contextually contingent programmes and interventions (Rycroft-Malone et al., 2012), as in the subject area of this particular review.

**Aims:** To provide a critical discussion about the innovative methodology used for a realist review of workforce development for assistant care workers caring for older people, and highlight the potential of this approach for future research.

**Methodological Discussion:** The realist methodology employed in this study was pivotal to understanding contingent relationships between changes in participants’ reasoning, resources or behaviours (mechanisms), context (contingencies), and outcomes (CMOs), to show how particular contexts or conditions trigger or fire mechanisms to generate an observed outcome (Rycroft-Malone et al., 2014). This approach enabled different types and streams of evidence to be considered and synthesised (including education, health and social care provision in the NHS, social care and independent sectors, and other professional fields e.g. policing and education). The process of developing programme theory and articulating the underlying mechanisms involved active stakeholder and PPI involvement throughout the study.

**Conclusions:** Realist synthesis is an approach based on a set of principles, which is both strength and challenge to those undertaken this type of secondary research. In this presentation we will unpack our approach to this review and demonstrate how to remain true to realist synthesis principles whilst generating findings that are theory driven, practical and relevant to the context of care.

**Improving training and development for the assistant care workforce in older people’s care: findings from a realist synthesis**

**Authors:** Jo Rycroft-Malone, United Kingdom; Christopher R. Burton, United Kingdom; Brendan McCormack, United Kingdom; Sandra Nutley, United Kingdom; Diane Seddon, United Kingdom; Beth Hall, United Kingdom; Lynne Williams, United Kingdom; Stephen Edwards, United Kingdom; Denise Fisher, United Kingdom; Roger Williams, United Kingdom

**Presenter(s):** Dr, Lynne Williams, PhD, MSc, BSc, RN, SPA (DN), LPE, Research Fellow, Bangor University, United Kingdom

**Abstract**

**Background:** Having a skilled and knowledgeable workforce to care for older people is imperative. Older people often have a complex mix of physical, cognitive, emotional and social needs (Shiell et al., 2006) and yet it is often unclear what guides the training and development of an estimated 1.3 million healthcare and care assistant workers on the front line of care (Cavendish, 2013). In this context, workforce development includes the support required to equip those providing care to older people with the right skills, knowledge and behaviours to deliver safe and high-quality services.

**Aim:** To identify what works from different support worker development interventions, synthesise data and develop an explanatory framework and actionable recommendations for services delivering care to older people.

**Methods:** A comprehensive realist synthesis of the evidence was conducted in four phases: development of initial programme theories; retrieval, review and synthesis of evidence; testing out programme theories, and dissemination of actionable recommendations (Rycroft-Malone et al., 2014). Stakeholders including patient and public representatives took an active role throughout the review.

**Findings:** A range of important contingent factors about workforce development were found to trigger change in the reasoning or behaviour of support workers including factors at multiple levels from the individual to the organisation. Findings cluster around a number of areas, including promoting the support worker’s role and practice; individual/personal development, activities for improving person and ‘centred care in older people’s services, and the delivery of interventions. However, the success of workforce development is highly dependent on contextual conditions, such as the alignment with appropriate organisational strategy.

**Conclusions:** Realist review has been an appropriate method for disentangling the multi-levelled complexities involved in workforce development for the care of older people. Our recommendations are actionable, timely and relevant to the (re) design and implementation of future workforce development interventions for support workers.
Genital herpes is the leading cause of genital ulcerative disease worldwide. Medical experts condemned the first UK prosecution for genital herpes transmission in 2011. Currently, there is a lack of research investigating what patients are being advised by multidisciplinary teams in sexual health clinics regarding disclosure.

To disclose or not to disclose. An exploration of the multi-disciplinary team’s role in advising patients about disclosure when diagnosed with genital herpes simplex virus (HSV).

**Authors:** Pauline Caufield, Scotland, United Kingdom; Diane Willis, Scotland, United Kingdom

**Presenter:** Pauline Caufield, BA (Hons) Nursing Studies; MSC Health Care, Sandyford Initiative, Glasgow, United Kingdom

**Abstract**

**Background:** Genital herpes is the leading cause of genital ulcerative disease worldwide. Medical experts condemned the first UK prosecution for genital herpes transmission in 2011. Currently, there is a lack of research investigating what patients are being advised by multidisciplinary teams in sexual health clinics regarding disclosure.

**Methods:** Ten semi-structured interviews were conducted with a multidisciplinary team based in a sexual health clinic in Glasgow. The interviews discussed current practice on disclosure of herpes whilst exploring participant's personal views on disclosure and the recent prosecution. Participants had a minimum of seven years experience in sexual health, included:

- 3 Nurses
- 3 Sexual Health Advisors
- 3 Consultants
- 2 Specialty Doctors.

The interviews were transcribed verbatim and analysed using Burnard’s Thematic Content Analysis.

**Findings:** Four key themes emerged: (i) ‘HSV The Facts’, explored the medical aspects of HSV; (ii) ‘Stigma and Psychological Aspects of HSV’, explored participant’s experiences of the emotional aspects of a HSV diagnosis; (iii) ‘The Challenge of Disclosure’, explored participant’s experiences of discussing disclosure; (iv) ‘The Legal Case Revenge not Justice’, explored participant’s views on the legal prosecution. Notably, eight participants felt that disclosure was the patient’s choice. The majority of participants regarded HSV to be too prevalent and so disclosure was not required. Nine participants stated they had not changed their practice on what they advise patients regarding disclosure following the legal prosecution.

**Conclusions:** This study revealed that participants believed disclosure to be the patient’s choice and had not altered their practice to advise disclosure to all partners in accordance with local protocol. Implications for practice: Clearer guidance on disclosure is required to guide advice given and ensure continuity of practice.
The African women’s stories support global argument to eradicate FGC. Rituals play a significant role in FGC practices and thus it is difficult to change the practice.

Education is required for nurses and midwives caring for these women.
Effective ward leadership has been identified as an important aspect of organisational functioning. Role ambiguity amongst nurse leaders is a significant issue, impacting their ability to lead effectively and lack confidence in their capacity to do so. This study aims to examine ward leadership in context and will critically examine the socially constructed nature of ward leadership.

**Method:** Following ethical approval, a single instrumental case study (one acute English NHS Trust) with a convenience sample of embedded cases (3 ward leaders) was undertaken. Data was collected September 2013 to September 2014; semi-structured interviews (n=19), non-participant observation and documentary evidence. Thematic analysis using Stake’s (Stake, 1995) categorisation of data in, between and across cases is used in conjunction with Layder’s (1993) research map to analyse ward leadership in context: macro to micro level. This supports an understanding of the impact of national policy and organisational context on ward leadership.

**Results:** Role ambiguity amongst nurse leaders contributes to difficulty for individuals in understanding their ward leadership role. Leadership programmes have limited impact. Financial and operational targets are articulated as pressures and impact on behaviours in the context of this organisation. Study participants were unable to clearly articulate the difference between ward sister and matron leadership roles. Board leadership had a positive impact on sisters’ experiences of leading.

**Discussion & conclusions:** Early analysis of this instrumental case indicates a surveillance culture where powerlessness is a feature of the entire organisation and not unique to ward sisters. Foucault’s concept of power is used as a framework for the analysis. The discussion will explore the implications for practitioners and policy makers in terms of how to reshape organisations and policies that support clinical leadership at the frontline.

**Supporting the support staff:** Evidence to support a ‘senses framework’ approach to care in older people’s wards

The ‘experience standards’ of ‘dignity’, ‘care’ and ‘compassion’ enshrined in the NHS Constitution are known to be particularly important to older people and their carers (Bridges 2010). These standards provide a discursive backdrop to the work of nursing staff, including Healthcare Support Workers (HSWs). In order to deliver these relational aspects of care, HSWs require appropriate training and support (Maben 2012). This paper presents findings from a national survey of acute Trusts (n=109/163) in England on training provision for HSWs. It draws on more detailed documentation from three NHS hospital Trusts on the training and support they provide for HSWs; and on interviews with HSWs (n=30) and other nursing staff (n=24) working in older people’s wards in these three hospitals. These data were collected between February and December 2014. The survey indicates that the duration, depth and reach of training and support currently given to HSWs is variable within and between Trusts, and between February and December 2014. The survey indicates that the duration, depth and reach of training and support currently given to HSWs is variable within and between Trusts, and is predominantly focussed on instrumental care. Interviews show that the accomplishment of good care is consistently compromised by wider contextual issues. Chief among these are the clashing temporal demands of practical and relational care; challenging behaviours and care demands of some groups of patients; and the lack of support given to care staff. The case studies point to a disjuncture between Trust policy and practice on HSW training and support.

These findings, in accordance with the ‘senses framework’ (Nolan 2004), suggest all parties involved in caring (older patients, families and all staff groups) should experience relationships that promote a sense of security, belonging, continuity, purpose, achievement and significance. Healthcare managers and policy leaders must acknowledge that structural conditions, working relations and reciprocity, as well as individual practice, are all implicated in engendering good relational care.
An exploratory, descriptive, qualitative study to increase understanding around shared decision making in relation to health visitor practice

**Author(s):** Ruth Astbury, MSc RGN RHV RSN, Practice Development Nurse, NHS Greater Glasgow & Clyde, United Kingdom

**Presentation:** This study identifies facilitators to clinicians’ ability to meet the needs of patients with advanced COPD and their informal carers.

**Abstract**

**Aim:** To explore what processes support effective shared decision making when health visitors and parents are planning to improve the wellbeing of babies and children.

**Background:** On review there was no evidence of research literature linking health visitor practice with taking a shared decision making approach when planning with parents.

**Design:** An exploratory, descriptive, qualitative study was undertaken using Elwyn’s Framework, of ‘Choice, Options and Decision Talk’ as a structure (Elwyn et al 2012). Sampling was ‘purposive’. The framework method was used to support data analysis.

**Methods:** Following favorable opinion from a NHS Research Ethics Committee data was gathered between December 2013 and November 2014.

Phase 1 consisted of audio recordings of two health visitor;parent encounters when decisions were being made about the wellbeing of babies and young children; followed by questionnaires to each of the participants.

Phase 2 consisted of semi-structured interviews with nine health visitors and nine parents who had made similar decisions within the last six months. Recordings were transcribed verbatim.

**Results:** Upon analysis there were a number of processes which were found to support shared decision making; these related to clarity around the ‘issue’; ensuring ‘choice’ was appropriate; the availability of ‘options’; the need for meaningful ‘decision talk’; and the reliance on open and trusting ‘relationships’.

**Conclusions:** Although there was evidence of trusting relationships between health visitors and parents in the study, the process of shared decision making was limited. There was lack of understanding and application of decision making theory in practice to support analysis and an outcome focused approach to person-centred planning with parents.

**Relevance to clinical practice:** This study has identified areas for health visitor practice development in relation to decision making.

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**What are the barriers and facilitators to clinicians’ ability to meet the needs of patients with advanced COPD and their informal carers?**

**Author(s):** Caroline Moore, RGN RHV BSc (Hons) MSc PhD, Research Assistant, University of Cambridge, Living with Breathlessness Study, Department of Public Health and Primary Care, Institute of Public Health, Cambridge, United Kingdom

**Abstract**

**Introduction:** Chronic obstructive pulmonary disease (COPD) is a progressive condition with high symptom burden. Advanced COPD management should relieve symptoms, optimise daily functioning and reduce carer burden, yet we know little about clinician barriers and facilitators to meeting the needs of these patients and their informal carers.

**Aim and Method:** To identify barriers and facilitators to clinicians’ ability to meet needs in advanced COPD.

Audio-recorded qualitative topic-guided interviews with 45 clinicians nominated by a population-based cohort of patients with advanced COPD participating in the multiple-perspective mixed-method ‘Living with Breathlessness’ study. Verbatim transcripts analysed using a framework approach.

**Results:** Participating clinicians included specialists and generalists from medicine and nursing, and across primary and secondary care. Clinician-identified barriers to meeting needs included: managing co-morbidities, lack of referable services, lack of regular or structured patient assessments, communication difficulties, and limited engagement with carers. The lack of clinician knowledge of the presence and needs of informal carers was noteworthy. Clinician-identified facilitators included: trust, communication skills, their educational role and accessibility. Some clinicians described the facilitative effect of the research interview in enabling reflection on their professional practice.

**Conclusion:** A number of barriers and facilitators to meeting needs in advanced COPD exist for clinicians. Strategies to address these barriers are required in order to improve care and support of patients and their informal carers living with advanced COPD. The Living with Breathlessness study seeks to achieve this through working with stakeholders, including clinicians, to co-develop actionable responses to the study’s multiple-perspective findings.
Symposia 1-3  
Tuesday 21 April 2015 15.25 – 16.25

**Symposium 1**

**Big Data: opportunities and challenges for nursing**

*Symposium lead: Dr Iain Atherton*

‘Big Data’ is an emerging resource for researchers often in the news. The UK Government has called for this data opportunity to be ‘seized’. One result has been the development by the Economic and Social Research Council of an Administrative Data Research Network.

To date, however, discussions of opportunities and challenges for nursing have been virtually non-existent. This symposium marks the starting point of a critical reflection about how nursing can meaningfully engage with ‘Big Data’ to the benefit of the profession and patients.

Three papers are presented that draw on results of five very different large-scale studies. Each paper uses these exemplar studies to address the symposium’s two core questions: (1) what opportunities does the analysis of large-scale data present; and (2) what are the inherent challenges of ‘Big Data’ for nursing?

Atherton starts by providing a brief symposium overview. Stenhouse and Snowden follow by reflecting on how a large longitudinal study of nursing students in two Scottish universities contributes to nurse recruitment, and particularly the current focus on values-based selection. Kyle et al. then draw on analysis of two datasets – a nationally representative cross-sectional survey and linked longitudinal census and vital event data – to illustrate the potential for ‘Big Data’ to help us better understand and support the nursing workforce. Watson adds a critical twist through discussion of two further studies to reflect on how large secondary datasets might advance our understanding of nursing’s impact on patient outcomes and question the tools through which we come to know about individuals’ experiences of ill-health. Finally, a facilitated discussion is opened up to encourage debate around the opportunities and challenges ‘Big Data’ presents to the future of nurse research, education and practice, and to encourage collaboration beyond the symposium.

**Paper 1**

**Tracking the impact of emotional intelligence and previous caring experience on student nurse progression: A longitudinal study**

*Rosie Stenhouse, Lecturer, University of Edinburgh*  
*Austyn Snowden, Professor of Nursing, University of the West of Scotland*

**Abstract**

Higher Education Institutes need evidence on which to base decisions about which attributes/values must be present when selecting students. Emotional intelligence (EI) could be related to quality of nursing care (Bulmer Smith et al. 2009). Previous caring experience has also been suggested as a useful indicator of future nursing success (Health Education England, 2014). The extent to which such concepts as EI or previous caring really matter has not to date been convincingly established.

A longitudinal cohort study with 547 adult and mental health nursing students at a Scottish university was established in 2013 to identify the impact of emotional intelligence and previous caring experience on student progression. Baseline measures were Trait Emotional Intelligence Questionnaire (TEIQue-SF), including the ‘social disconnection’ factor identified by Snowden et al., (2014), and Schutte’s (1998) EI scale. Demographics and previous caring data were recorded. Performance indicators were attrition, mean academic grade and clinical practice grade. All students took the same modules. Inferential analyses tested the relationships between baseline measures and performance data. Ethical approval was gained from the university.

Our findings indicate that whilst EI was not associated with clinical or academic performance, social disconnection was associated with withdrawal from the course \((t=4.783, p=0.001)\), as was age \((t=3.062, p=0.002)\). Previous caring experience was associated with poorer clinical performance \((t=2.16, p=0.031)\).

The findings that EI did not predict performance and previous caring experience appeared to have a negative impact are counter intuitive, and at odds with current policy moves in student nurse selection. A critique of these claims is presented. In so doing the importance of basing policies on evidence drawn from large primary quantitative studies is considered.

**References**


Know thyself: utilising routinely collected data to gain insight into the social determinants of nurses’ health
Richard Kyle, Reader, Edinburgh Napier University
Dibben, Chris. Professor of Geography, University of Edinburgh
Iain Atherton, Reader, Edinburgh Napier University

Abstract
The seminal Whitehall Studies have for decades provided some of the most compelling evidence around the deleterious effects of inequalities on health (Marmot and Brunner, 2005). These cohort studies followed British civil servants over time to ascertain the implications of social circumstances on health. This paper reports new research drawing on routinely collected data about nurses that similarly informs the nursing profession about the health and well-being of its members and also provides insights into wider questions around the social determinants of health.

Two of our recent studies are drawn on as a basis for critical reflection. The first used a sample of 13,483 people drawn from a routinely collected cross-sectional health survey of the Scottish population. Analysis estimated prevalence of nurses who were overweight and obese and then compared and contrasted the resulting proportion with other occupational groups. It found that those in the general population were significantly less likely to be overweight compared to nurses (Odds Ratio [OR] 0.45 95% Confidence Interval [CI] 0.62-0.97). The second study used a sample of 4,529 nurses from anonymised linked decennial census and mortality data. Analysis was designed to ascertain if a ‘Glasgow Effect’ (Walsh et al. 2008) was evident amongst nurses in Scotland. It found nurses in the West of Scotland had significantly higher mortality compared to the rest of Scotland (OR 1.62 95% CI 1.22-2.17).

Our findings from these two studies are striking because nurses are a very health literate sub-section of the population. Hence, in line with results from the Whitehall Studies, we provide startling new evidence about the influence of social circumstances and working conditions on health and wellbeing. We conclude by arguing that our compelling findings demonstrate the value of innovative analysis using routinely collected data and have far-reaching research, policy and educational implications.

References

To measure is to know
Roger Watson, Professor of Nursing, University of Hull.

Abstract
Lord Kelvin said that ‘To measure is to know’ and that ‘if you can not measure it, you can not improve it.’
Measurement is fundamental to research and we are continually taking measurements of things that are easy to measure – demographics, anthropometrics, environment – and things that are, essentially, unmeasurable – attitudes, opinions, perceptions. But the question remains in most research projects of whether the study is large enough in terms of sample size or variables collected. Power analysis is an inexact science and aims to prevent type II error and to prevent studies being too large for budget.
However, we now have at our disposal some datasets – some possibly falling within the description of ‘Big Data’ – where sample size related to power or to sophisticated multivariate analyses is hardly an issue. Such datasets permit us to address some important questions with confidence as shown in the papers presented in this symposium.
Drawing on the work of Aiken et al (2014) and some of my own work (Deary et al. 2013) on large datasets I will illustrate some further uses of large datasets but also raise some of the critical questions that must remain about some aspects of this work which is, on the one hand, often retrospective and secondary and, on the other hand, non-experimental leading to philosophical issues regarding ‘fishing trips’ amongst these ‘seas’ of data and also the issue of cause and effect relationships among variables.

References

Using Consensus methods to build research capacity within Community Nursing in Wales.
Symposium lead: Dr Carolyn Wallace

The aim of this symposium is to describe how consensus methods have been used to build and sustain research capacity within community nursing in Wales.
Community nursing is changing and in order to obtain best patient outcomes, practice needs to be underpinned by robust research based evidence. The Community Nursing Research Strategy for Wales aims to provide all community nurses and midwives in Wales with the opportunity to be involved in Research for the development of evidence based practices. The term community nurse includes all nurses, midwives and health visitors working outside of the district general hospital including all areas of practice, research and education.
This symposium will present three papers to illustrate how consensus methods have been used to build and sustain research capacity in order to obtain better outcomes for patients. Paper one, ‘Building and coordinating the Community Nursing Research strategy for Wales’ describes how nominal group technique was used to develop, build and coordinate the community nursing research strategy for Wales. As a result of the development of this strategy two further papers will be presented. Paper two, will illustrate Concept Mapping in a mixed-method PhD study to develop a validated instrument for district nurses to identify community-based patients with complex needs. Finally, paper three ‘Using Consensus Methods to evaluate an Erasmus Funded intensive learning project’ uses consensus methods to evaluate an international Erasmus funded intensive learning project (February 16-March 1 2014) which developed different pedagogical models/practices to help students support patients/families become empowered, including empowerment photography.
Building and coordinating the Community Nursing Research strategy for Wales using Nominal Group Technique

Dr Carolyn Wallace, Reader, USW United Kingdom; Clinical Research Fellow, Wales School Primary Care Research, Cardiff, Wales; Professor Joyce Kenkre Professor of Primary Care, USW United Kingdom, Robyn Davies Manager of Wales School for Primary Care Research, Cardiff, Wales; Sue Bale is Visiting Professor, University of South Wales, Sue Thomas Primary Care and Independent Sector Adviser; RCG Wales, Cardiff, Wales and PhD Student, University of South Wales, United Kingdom

Abstract
This paper will demonstrate how the use of nominal group technique can be used to develop and coordinate a national community nursing research strategy (CNRS).

The CNRS was developed in December 2011 and launched in March 2013. Its inception originated from Recommendation 22 of the Community Nursing Strategy for Wales which stated ‘The Welsh Assembly Government will invest in the funding of research that will develop the evidence base for community nursing interventions, evaluation methods and the appropriate numbers and skill mix for workforce planning’.

Thirty-two community nurse participants from practice, research, professional bodies, workforce planning and education attended a NGT workshop. The three key characteristics of nominal group technique were used, phase 1-prior discussions and decisions, phase 2 – face to face contact with presentation of ideas, topic debate and topic rating. Phase 3 – formal group feedback. The All Wales community nursing research prioritisation and themes were identified. This method has since been used repeatedly to identify ideas, pilot studies and future planning for example, Practices Nurses workforce needs.

In August 2013 the CNRS coordinator was appointed and has developed the strategy into a model with four quadrants, an online virtual network, research portfolio database, application to practice, and leadership. The coordinator has developed this model and its standard operational policies including a Scorecard (metrix) to identify impact on practice and to ensure that the CNRS meets its outcomes. Measures include a target of 250 virtual members by March 2015, annual conference, publications, study income, national and international contacts, translating measures into new practices and products. This metrix will be presented at this conference. The Community Nursing Strategy for Wales was sponsored by the Marchioness of Bute and Lady St. David’s Fund.

References:

Using Concept Mapping in a mixed-method study to develop a patient assessment instrument for district nurses to identify community-based patient complexity

Sue Thomas, PhD Student & RCBC Fellow, University of South Wales; Dr Carolyn Wallace, Reader, USW United Kingdom; Dr Paul Jarvis, Research fellow, USW, United Kingdom; Dr Ruth Davis, Independent Consultant, Cardiff, United Kingdom

Abstract
Aim: This describes the place of consensus methodology using Concept Mapping in a mixed-method PhD study to develop a validated instrument for district nurses to identify community-based patients with complex need or who have changing need that may place them at risk of rapid deterioration.

Background: Complex patient need might impact on professional thinking and care provision, whilst understanding patient complexity has important implications for the planning and design of community-based services. Despite this, there is no validated instrument to capture the relationship between complexity of patient need and district nurse activity; neither is there currently a method to articulate the complexity of community-based patient care to managers or service planners.

Concept Mapping enabled several stages of instrument development to be addressed, including; theory development, items design, and items selection.

Method: 5 face-to-face consensus workshops were held and 29 nurses were asked ‘what specific information should a district nurse record as part of an assessment of patient complexity?’ in order to identify the necessary items for inclusion in the instrument. The results were mapped to an existing taxonomy to establish whether this contained the identified items and would be suitable for use.

Results: Results demonstrate that it is inadequate to consider clinical features alone in an assessment of complex patient need. Amendments were made to the existing taxonomy to reflect gaps found during the mapping exercise and the amended instrument is now known as the Patient Complexity Instrument.

Conclusion: Concept Mapping offered a mixed-methods approach to identifying factors considered essential for district nurses to identify community-based patient complexity. The stage of scale development is currently being addressed by using Rasch analysis of patient assessment data collected by district nurses.

References

Using Consensus Methods to evaluate an Erasmus Intensive Learning Project.

Professor David Pontin, Aneurin Bevan Chair of Community Health, USW United Kingdom; Dr Carolyn Wallace, Reader, USW United Kingdom; Dr Lisa Koskinen, Principal Lecturer, Savonia University, Finland; Dr Irma Mikkonen, Principal Lecturer, Savonia University, Finland; Dr Klara Dokova, Assoc. Professor, Faculty of Public Health Medical University, Varna, Bulgaria; Prof. Sonya Toncheva, Head of Department of Health Care, Faculty of Public Health MU-Varna; Ms Irene Hartigan, Lecturer, UCC Eire; Ms Aileen Burton, Lecturer, UCC Eire; Dr Angela Flynn, Lecturer, UCC Eire

Abstract
Supporting people to live well with chronic illness is challenging (Jakubowski & Saltman 2013). Caring work is shaped by changes in service structures, patient roles and working methods (Singh 2008). New practices are demanding different skills/competences (Welsh Government 2013; Ritsatsakis et al 2000). This challenges Universities to develop different pedagogical models/practices to help students support patients/families become empowered (Spence Laschinger et al. 2010; Nygardh et al., 2011).

We report on using consensus methods to evaluate an Erasmus funded intensive learning project (February 16-March 1 2014). Savonia University, Finland hosted. Partner universities were National University Ireland, Cork; Medical University Varna, Bulgaria, University of South Wales. Total student number = 31 (Finland 11, Ireland & Wales 7 each, Bulgaria 6). Programme focus ¬ – empowering service users through support/involvement in chronic illness management (ESSI). Students wrote letters of wisdom to future cohorts sharing their experiences, and thematic analysis via constant comparative technique was used to identify themes (Cohen & Crabtree 2006).

An inquiry-based learning pedagogical framework was used with cross-cultural student teams (one student per country per team) working with Finnish service-users. Learning objects were incorporated.
into the programme e.g. Chronic Care Model, Service Design Frameworks, Empowering Photography and Personal Learning Environments (Kelly et al., 2006). Didactic transmission was via lectures, and androgogic methods were used in workshops, independent team work sessions and cultural sessions. The programme culminated with a public exhibition of work jointly curated with service-user partners. USW Faculty Research Ethics Sub-committee granted ethical approval for evaluation. Students highlight the utility of cross-cultural inquiry-based learning with service-users. They provide insights into using photography to capture learning and promote personal/professional development. A key issue is learning to see things differently.

References
Jakubowski E & Saltman RB 2013 The Changing National Role in Health System Governance: A case-based study of 11 European countries and Australia. World Health Organization, Copenhagen

Symposium 3

Professional nursing identity & nursing values: innovation of the ‘Nurse Match’ instrument for future nurse selection & recruitment

Symposium lead: Dr Deborah Mazhindu

Paper One presents how ‘Nurse Match’ was developed using the ISA/Ipseus theoretical framework & measurement technology. Identity Structure Analysis (ISA), & its associated psychometric tool; Ipseus, have been employed in many applied areas, together with the ‘Match system’ for comparing the profiles of applicants, with the desired profile of an experienced & successful practitioner. An ISA/Ipseus instrument consists of a number of constructs, which respondents have to apply to a number of entities. Constructs are bi polar dimensions of thought and entities are objects of thought including members of significant social groups & aspects of self. The bi polar constructs are applied using a nine points scale for each judgement. The responses are inserted through an on-line program, then analysed by the Ipseus software to produce an identity profile using a number of ISA parameters.

Paper Two presents the research project, which followed established psychometric procedures to develop & field test an instrument & standardise a valid, reliable & feasible tool. In the context of a comprehensive literature review, research was conducted empirically with ethnographic focus groups with nursing students & qualified nurses to contribute to the content of the instrument. The refined instrument was then standardised on larger groups of students & clinicians to identify characteristic identity profiles. ‘Nurse Match’ was developed using dedicated software, establishing & testing a set of criteria which are able to effectively differentiate between poor & ideal nurses. The core of this is the instrument & the individual’s set of results which are then compared with the criteria discussed above.

Paper three discusses how the technology component is the Ipseus software & other automated online procedures can be used for comparing a set of results with a set of criteria for ‘poor’ & ‘ideal’ nurses, augmenting established VBR selection & recruitment protocols.

Paper 1

Recruiting For Tomorrows Nursing: The Challenges Of Globalisation.
Dr D. M. Mazhindu, Reader In Clinical Practice Innovation. Buckinghamshire New University & Imperial College Healthcare NHS Trust.
Dr Lauren Griffiths Head Of School Advanced
& Continuing Practice, Buckinghamshire New University.
Dr Carol Pook, Head Of Pre-Qualifying Nursing, Buckinghamshire New University.

Abstract
We present background & contextual data for the development of the ‘Nurse Match’ instrument, an innovation for enhancing Values Based Recruitment (VBR) (Mazhindu 2014) for future selection & recruitment of nurses. One of the challenges facing professional nursing is in selecting the right recruits, with the right values & identities commensurate with contemporary professional nursing. Modern global healthcare requires nurses to demonstrate skills of effective decision making, be intelligent emotionally, innovative & deliver sustained, safe, compassionate, patient-centred care. High profile cases of poor care have challenged thinking around systems of care delivery, emphasising a review of the working culture of services. Discussions of nursing’s professional identity & professional values are taking place worldwide in clinical, public & political areas. Professional nursing is often accused of lacking professional identity & disregard for nursing values, but it’s often difficult to define exactly what constitutes nursing’s professional identity & values. A novel instrument; ‘Nurse Match’ was constructed & piloted to measure & explore the values of pre-qualifying nurses & the professional identities of post qualifying nurses, to clarify & closely align the values & identity attributes of pre-registration applicants with the professional identities & professional values of senior practicing nurses. ‘Nurse Match’ tool is based on an established approach to identity measurement: Identity Structure Analysis (ISA), & its associated psychometric tool; Ipseus, & have been employed in many applied areas, together with the ‘Match System’ for comparing the profile of a nurse applicant, with the desired profile of experienced & successful nurse practitioners.

References
Paper 2

What Does Good Look Like? Innovation In Selection & Recruitment For A Career In Professional Nursing
Dr D. M. Mazhindu, Reader In Clinical Practice Innovation. Buckinghamshire New University & Imperial Healthcare NHS Trust.
Dr Lauren Griffiths Head Of School Advanced & Continuing Practice, Buckinghamshire New University.
Dr Carol Pook, Head Of Pre-Qualifying Nursing, Buckinghamshire New University.

Abstract
We present data from research conducted between July 2013 – October 2014

Aims:
1. To review literature for tools, scales & methods of measuring key features of nursing’s professional identity & professional values.
2. Identify key features of nursing’s professional identity & professional values from practicing Clinical Nurses with over 5 years professional experience & compare with student nurses, years 2-3.
3. Pilot & refine the newly developed ‘Nurse Match’ Instrument

Methodology, methods and tools: Following successful Ethical approval from BNU & participating NHS Trusts, a co-participatory Action Research (Whyte 1991) elicited professional identities & professional values from a purposive, voluntary, convenience sample drawn from North West London. A wide variety of multi-cultural views from staff & service users were matched with pre-qualifying nurses on existing nurse education programs. 3 Focus Groups of practicing nurses & service users (n=20), Post Graduate Diploma Nurses in Mental Health (PG DIP) & third year adult mental health branch students (n=20), Adult & Child pre-registration nurses years two & three, (n=20) were facilitated using ‘Sticky Note technique (Peterson & Barron 2007) to elicit KQI’s concerning professional identity & nursing values.

Data analysis: Thematic analysis assisted by NVivo 10 (QSR International 2014) distilled Key Quality Indicators (KQI) & compared them to evidence from the preliminary literature review. KQI’s were incorporated into the ‘Nurse Match’ tool, which measures several key features of nursing’s professional identity & allows the comparison of values & attributes of new entrants to nursing to be compared with the values & attributes of professional identities of experienced & successful nurse practitioners. ‘Nurse Match’ was developed in response to the demand for assurance that only those candidates with the right value base are selected for nursing & that nurse education achieves its objective in developing these core values in students.

References

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Paper 3

Recreating Nursing Ideologies: Evidence & Innovations In Recruitment & Selection Strategies.
Dr Carol Pook, Head Of Pre-Qualifying Nursing, Buckinghamshire New University. Dr D. M. Mazhindu. Reader In Clinical Practice Innovation. Buckinghamshire New University & Imperial Healthcare NHS Trust.
Dr Lauren Griffiths, Head Of School Advanced & Continuing Practice, Buckinghamshire New University.

Abstract
We present the findings of ‘Nurse Match’, to measure & explore the values of pre-qualifying nurses & the professional identities of post qualifying nurses, to clarify & closely align the values & identity attributes of pre-registration applicants with the professional identities & professional values of senior practicing nurses. An ISA/Iapseus instrument such as Nurse Match consists of a number of constructs & entities, which are bi-polar dimensions of thought. The bi-polar constructs are applied using a nine point scale for each judgment. The responses are inserted through an on-line program, & then analyzed by the Iapseus software to produce an identity profile using a number of ISA parameters, which include evaluation & identification of entities & the use of constructs. Nurse Match instrument is now being further developed on line, through Iapseus – Software for Identity Exploration following the completion of the initial phase for use in future nurse selection as from 1st April 2015, all NHS employing organisations are encouraged to, & all United Kingdom (UK) Higher Education Institutions (HEIs) are expected to adhere to the National Core Requirements of Health Education England Values Based Recruitment (HEE VBR) & ensure that local values can be mapped to those of the NHS Constitution. Health Education England (HEE) support these ideals & values (Francis, 2013). Nurses require uncompromising emotional integrity & enduring physical & mental resilience (Day et al 2011), to insulate against often appalling working conditions & emotional labour (Mazhindu 2003) & to withstand criticisms & blame, when healthcare systems go wrong. Nurses require attitudinal attributes, which indicate: willingness to think critically & be reflective, whilst interacting effectively with others & demonstrate support for corporate structures, whilst maintaining an individual identity attuned to the requirements of professional nursing. Nurse Match offers on line testing possibilities for future selection & recruitment.

References
Symposia 4-6
Wednesday 22 April 2015 13.40 – 15.10

Symposium 4

Developing nursing research capacity and capability in clinical settings: overcoming barriers and developing opportunity

Symposium lead: Prof Lesley Baillie

This symposium will be chaired by Professor Lesley Baillie and will comprise of five papers that focus on developing nursing research capacity and capability within clinical settings. The symposium will start with a paper that explores the contribution of the clinical academic role to building research capacity and capability amongst nurses in clinical practice and an analysis of the developments and progress made so far in the UK. The second paper will explain how a UK charity, the Florence Nightingale Foundation (FNF), which awards scholarships to advance the study of nursing and to promote excellence in practice, developed a model for academic chairs in joint appointments between Higher Education Institutions and National Health Service (NHS) Trusts. The FNF chairs have an explicit objective to support developments that will increase nursing research capacity and capability. In the three subsequent papers, presenters will share experiences, models and frameworks used to increase research capacity and capability of clinical nurses and the implementation of research into practice. The conclusion of the final paper will synthesize key aspects from each paper and draw conclusions.

Paper 1

Clinical academic roles and their contribution to increasing research capability and capacity of clinical nurses

Professor Christine Norton (Florence Nightingale Foundation Chair of Clinical Nursing Research, Kings College London & Imperial College Healthcare NHS Trust)
Debbie Carrick-Sen (Senior Lecturer/Head of Research for Nursing and Midwifery, Newcastle University)

Abstract

This paper will define and explore progress in clinical academic roles for nurses. Clinical academics have been proposed as a solution to increasing research capacity in nursing. They challenge practice, raise standards and make a significant contribution to evidence based practice. This is particularly important when there are challenges redesigning care pathways, moving care closer to home and coping with increasing complexity in healthcare demands. We know that research improves patient outcomes and experience, gives patients more treatment options and closer monitoring, and makes effective use of available resources. Clinical academics are ideally placed to facilitate the adoption and spread of best practice, innovation and new technology. Many policy documents endorse and encourage the development of the clinical academic workforce. The Association of UK University Hospitals Clinical Academic Group was established to act as an expert reference group to encourage and facilitate the growth of the clinical academic nurse, midwife and allied health professional (NMAHP) and to influence development of an optimal research rich environment. Outputs developed by the group include a Clinical Academic Training (CAT) and role pathway, a capabilities framework, a case study template to articulate outcome and impact on improved patient care and outcome. Despite some evidence of growth in the NMAHP clinical academic workforce, a tiny fraction of the NMAHP workforce is a senior clinical academic compared to 3% in the medical profession. The NIHR CAT scheme is valued and offers a research training pathway from pre Masters to Professor, although the total number of completed or current trainees at doctoral level or above is only 110. There is a need to continue the growth of the clinical academic and explore options for local as well as national schemes, as well as developing other routes to the development of research capacity and capability in nursing.

Paper 2

Establishing a collaborative network of clinical academic chairs: the Florence Nightingale Foundation model for increasing research capability and capacity of clinical nurses.

Professor Elizabeth Robb, Chief Executive, Florence Nightingale Foundation

Abstract

This paper will explain how and why a UK charity, the Florence Nightingale Foundation (FNF), developed a model for a collaborative network of jointly appointed clinical academic posts. The FNF has a long history in providing research scholarships and encouraging novice and expert researchers undertaking clinical research that makes an impact on patient care and nursing practice. Despite the well-known achievements of Florence Nightingale that include her use of evidence to influence policy, practice and the knowledge base of healthcare, no Florence Nightingale Chair of Nursing had been previously appointed in the UK (Robb 2013). In 2010, the FNF set out a strategic vision to establish a geographically diverse virtual network of tripartite collaborative Chairs, with each post jointly appointed between the FNF, a Higher Education Institution and a clinical practice provider organisation.

The FNF Chair’s role includes: 1) promotion, supervision and conduct of research into key areas of clinical practice that will impact on clinical care and professional practice; 2) the encouragement and further development of nursing research activity in practice environments and their local communities; 3) provision of support and supervision to researchers within their local areas and the promotion of scholarly research activity; 4) collaboration with other FNF Chairs as a group of independent experts able to give advice and promote evidence on key challenges in nursing; 5) the practical engagement at all levels in helping put evidence into practice; 6) promoting clinical academic roles.

The first Chair was appointed in October 2012 and six have now been appointed across England and Wales, with other such posts in discussion. The paper will provide a reflection and analysis of the implementation of the FNF model and how it has been received in practice. Subsequent symposium papers will provide some examples of the FNF Chair’s role in practice.

Reference

Applying a facilitative model for increasing research capability and capacity of nurses and midwives.

Professor Lesley Baillie (Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University & University College London Hospitals NHS Foundation Trust), Kay Mitchell (Acting Managing Director Centre for Nurse and Midwife led Research, UCLH and University College London) Natasha Phillips (Assistant Chief Nurse, UCLH)

Abstract

This paper explains developments for increasing research capacity and capability of nurses and midwives within a large NHS Trust in London, where one of theFNF Chairs is based. Despite a world-wide reputation for research, the Trust had relatively few nurses and midwives actively leading research or focusing on research related to nursing and midwifery practice. Findings from an action research project in the Trust indicated a need for long term strategic planning and operational development including more Trust support (Bellman and Wiseman 2010). The project findings also revealed that involvement in research was perceived to be a struggle and there was a lack of visibility of nurse and midwife-led research in the Trust.

The Trust has since applied a facilitative model for increasing research capacity and capability of nurses and midwives. The facilitative model's key features are: research leadership, a designated unit that facilitates research activity, mentorship and resources, and a flexible approach to supporting individual nurses at every stage of the research process while developing the wider workforce through educational strategies (O’Byrne and Smith 2010). A Centre for Nurse and Midwife-led Research (CNMR) in the Trust is well established and continues to develop. The CNMR offers accessible support for research activities, promotes visibility of research being led by Trust nurses and midwives, and provides coordination and leadership for research capacity and capability building, which is helping to build a community of researchers and support the development of a research culture amongst nurses and midwives. In 2014, a revised research strategy included five key themes for nurse and midwife-led research; these are a focus for researchers to pool efforts and develop programmes of research as well as providing further support to individuals. An annual research conference provides opportunity to showcase research and provides networking opportunities.

References


Cooke Framework for research capacity building.

Jo Cooke, Programme Director and Capacity Lead, NIHR CLAHRC Yorkshire and Humber STH NHS Foundation Trust

Abstract

Research capacity building (RCB) is an important aspect of any health services research and development strategy as it can promote problem solving in clinical care, reduce the gap between evidence and practice, and promote health gain.

This presentation will briefly describe the evidence-based 'Cooke' framework for RCB (Cooke 2005). It advocates that RCB takes place at multiple levels: in individuals, teams, organisations and within networks, and proposes that mechanisms for capacity building should be guided by six principles that operate at all levels. These are:

- building skills and confidence in applied research activity
- developing research ‘close to practice’
- constructing supportive infrastructures
- establishing effective dissemination for practice
- nurturing linkages and collaborations
- and planning for sustainability

Although initially developed to support multi-professional development in primary care, the framework has proved theoretically robust and transferable to different clinical settings, including uni-professional groups, and in international contexts. A tool for planning and evaluating research capacity at an organisational level has been developed from the framework (Sarre and Cooke 2009), which has been widely used in NHS organisations and research networks, and in other countries (Canada, Australia, Scotland and Finland).

This paper will explore the implications for research capacity building in clinical nursing from this comprehensive body of work. In particular, the learning will be shared from its use in the collaboration in Leadership in Applied Health Research and Care for South Yorkshire. The presentation will focus on activities that build confidence and skills in research activity and ‘boundary spanning’, expand on the ‘close to practice’ principle to incorporate ‘co-production’, and highlight the emergence of ‘actionable tools’ as a mechanism for knowledge mobilisation. The development of an additional principle of ‘leadership and culture’ will be proposed for the next iteration of the framework. Understanding appropriate resources for such activity will also be explored.

References


Adapting the Cooke Framework for Research Capacity Building

Professor Christi Deaton (Florence Nightingale Foundation Chair of Clinical Nursing Research, University of Cambridge and Cambridge University Hospitals NHS Foundation Trust) Professor Angela Tod (Florence Nightingale Foundation Chair of Clinical Nursing Research, University of Manchester & Central Manchester NHS Foundation Trust)

Abstract

Challenges to developing research capacity in the nursing workforce are well documented. The NIHR Clinical Academic Training (CAT) scheme supports a small cadre of nurses and other health professionals (< 20 doctoral fellowships per year, fewer at higher levels) in developing research careers. On its own the CAT pathway cannot develop research capacity across the nursing profession: 1) The focus in the CAT pathway is where the recipient engages with Higher Education Institutions (HEIs) – not NHS organisations. It is not clear how the newly acquired research skills and findings of NIHR CAT scholars can be best utilised and applied in clinical practice. 2) There is a need to develop research capacity in others who do not aspire to become research leaders or who are not successful in obtaining NIHR awards. 3) Research capacity building is broader than nurse investigators conducting research, but should include questioning practice and appraisal, synthesis and implementation of evidence. Nurses need to be supported in this broader research engagement activity to improve patient care.

NHS organisations need to adopt other strategies to develop and use research capacity across its nursing workforce. FNF Chairs employed across HEIs and NHS Trusts have a remit for strategic leadership in and support for the development of research capacity in nurses in their NHS organisations. This paper summarises the approach taken by two of the FNf chairs who adopted the Cooke Framework for research capacity building (RCB) as a strategy to facilitate research engagement and activity (Cooke 2005). The Cooke framework addresses RCB at multiple levels, and is adaptable to different environments. The paper will explain why the Cooke framework was adopted. The authors will describe the use of the framework to drive strategy and infrastructure development, summarise progress and the advantages of using this approach.

Reference

Symposium 5

EURECA: Exploring, Understanding and Reducing Emergency Cancer Admissions: a critical case study

Symposium lead: Dr Cara Bailey

Despite the substantial increase in emergency admissions for patients with lung cancer and Chronic Obstructive Pulmonary Disease (COPD), policy focuses on community care provision, rather than in the hospital. If the number of emergency admissions is to be reduced, there is a need to explore the admission process, understand the reasons for admission, and most importantly understand the patients’ needs and experiences. Using a critical incident case study exploring emergency admissions amongst patients with advanced lung cancer and end stage COPD, the EURECA project aimed to understand the decision making process and patients’ experiences of the time leading up to admission, the admission process and the immediate period following admission from the patients’ perspective and that of their carers, close persons and healthcare professionals. It has illustrated the complex nature of the situation patients face and the ways they try to avoid emergency admission.

The symposium will report the findings and discuss implications for practice identified from EURECA and a further study involving secondary analysis of the dataset. This is one of the few studies that have analysed the discussions between researchers and lay advisors, and explored the mechanisms of public and patient involvement in research which is also reported here.

The symposium presents the findings from 5 distinct stages in the project:
1. A systematic review of the reasons for emergency admissions amongst patients with cancer.
2. Complex decision making before emergency admissions by patients with lung cancer and advanced COPD.
3. Experiences of hospital care following emergency admissions amongst patients with cancer.
4. The role of community healthcare professionals in reducing emergency admissions of people with advanced COPD and lung cancer.
5. Patient and public involvement in the EURECA study

**Paper 1**

A systematic review of the reasons for emergency admissions amongst patients with cancer.

Daniel Munday, Nepal; Eleni Karasouli, United Kingdom; Cara Bailey, United Kingdom; Alistair Hewison, United Kingdom; Roberta Lovick; United Kingdom; Sophie Staniszewska, S, United Kingdom; Frances Griffiths, United Kingdom.

**Abstract**

**Aim:** To systematically review the UK literature describing the reasons for emergency admissions of patients with cancer.

**Methods:** A systematic review was conducted including a search of Medline, Embase, Cinahl, PsycInfo and IBSS electronic databases between January 1990 to September 2011 using search terms relating to emergency admissions in combination with cancer. Keywords were identified by reviewing relevant papers and consideration of MESH headings and free-text terms. One reviewer initially screened titles and abstracts of papers, excluding irrelevant abstracts. Two reviewers independently read full-text papers for relevance and potential inclusion. Hand searches of relevant journals from 1990 to 2011 were conducted and reference lists examined.

**Inclusion criteria:** Quantitative or qualitative design that presented empirical data related to the reasons for emergency hospital admission of cancer patients (articles looking at patients diagnosed with cancer as a result of emergency admission were excluded).

A data extraction form was used to record study details developed by the research team based on the Cochrane Collaboration, and the CRD guidelines for systematic reviews (NHS Centre for Reviews and Dissemination, 2009). A narrative review was also conducted on the reasons and experience of emergency admissions amongst patients with COPD as a comparison group. A narrative analysis was conducted.

**Findings:** Out of 693 papers identified in the database search, 83 papers were potentially relevant but only three met the inclusion criteria. A further nine papers were identified through hand searching. All 12 studies included descriptions of the reasons for emergency admission into hospital of patients previously diagnosed with cancer. Only one study specifically aimed to explore the reasons for emergency admissions to hospital, the others explored reasons within a wider study using a variety of quantitative and qualitative methods. Reasons for admission were complex and resulted from a variety of physical, psychological social and organisational factors.

**Paper 2**

‘Holding on or letting go’ – complex decision making before emergency admissions by patients with lung cancer and advanced COPD.

Daniel Munday, Nepal; Cara Bailey, United Kingdom; Eleni Karasouli, United Kingdom; *Alistair Hewison, United Kingdom; Roberta Lovick; United Kingdom, Sophie Staniszewska, S, United Kingdom; Frances Griffiths, United Kingdom; Daniel Munday, Nepal.

**Abstract**

**Aim:** To understand the decision making process leading to emergency admission to hospital and to explore the experiences of patients and their carer’s advanced lung cancer or COPD, from the patient’s and their family carer’s perspective.

**Methods:** A qualitative, critical incident case study was conducted involving semi-structured interviews with 39 patients (15: COPD, 24: lung cancer), 50 health care professionals, and 20 informal carers. Patients were recruited from three National Health Service Trusts in England. An initial interview took place soon after emergency admission and a follow-up interview after discharge or admission onto a hospital ward. Each participant was asked to nominate a family member/informal carer and a community and hospital health care professional for interview. Data were analysed thematically.

**Findings:** Breathlessness was the most common reason for admission in both groups. Pain was also common in the lung cancer group. Most were admitted after worsening symptoms over hours or days. A descriptive model has been constructed to show the three distinct stages of the decision making process. It involves three distinct stages; self management, negotiated decision making and letting go. These were dynamic, characterised by a rapidly changing clinical condition, uncertainty and anxiety – what we have called unstable complexity. Patients used past experience to weigh up their options, trying to avoid admission into hospital until a threshold was reached and patients relinquished care to ambulance and emergency staff.

**Conclusion:** Patients use logical and complex decision making before emergency admission. Clinicians and policy makers need to understand this process in order to design and offer more effective services that address the needs in the complex and unstable trajectory.
Paper 3

‘It seemed like a long wait!’ – Experiences of hospital care following emergency admissions at the end of life.
Cara Bailey, United Kingdom; Eleni Karasouli, United Kingdom; Alistair Hewison, United Kingdom; Roberta Lovick, United Kingdom, Sophie Staniszewska, S., United Kingdom; Frances Griffiths, United Kingdom; Daniel Munday, Nepal.

Abstract

Aim: To explore the experience of patients with advanced Lung Cancer or advanced COPD following an emergency admission to hospital.

Design and methods: A qualitative, critical incident case study was conducted involving semi-structured interviews with 39 patients (15: COPD, 24: lung cancer), 50 health care professionals, and 20 informal carers. Patients were recruited from three National Health Service Trusts in England. An initial interview took place soon after emergency admission and a follow-up interview after discharge or admission onto a hospital ward. Each participant was asked to nominate a family member/informal carer and a community and hospital health care professional for interview. Data were analysed thematically.

Findings: Patients were satisfied with their initial emergency treatment; however they expressed concerns about the care received in the subsequent phase of their hospital admission. Thematic analysis revealed a lack of attention to everyday needs by nursing staff, lack of recognition of the potential contribution of the expert family, poor communication, and a lack of continuity between primary and secondary care.

Discussion: The complex nature of illness for patients with advanced respiratory disease makes emergency admissions to hospital likely. Whilst patients report good quality care during the acute phase of their admission more attention needs to be given to the organisation and delivery of care during the recovery phase and on discharge. Patients with advanced disease who experience a respiratory emergency are admitted to the ED in the spectacular trajectory of care (Bailey et al. 2011) but rapidly transition to the less attentive suboptimal trajectory of care (Bailey et al. 2011) when rescue care is complete. Here we see a lack of attention to supportive and palliative care needs. This has implications for service development in the organisation and delivery of care in this phase of admission.

Paper 4

At the ‘crisis point’ – The role of community healthcare professionals in reducing emergency admissions of people with advanced COPD and lung cancer: a secondary analysis.
Gemma Chance, United Kingdom; Cara Bailey, United Kingdom; Alistair Hewison, United Kingdom; Daniel Munday, Nepal.

Abstract

Aim: This study investigates the role of healthcare professionals and community services in emergency admissions of advanced COPD and lung cancer.

Methodology: Secondary analysis of the healthcare professionals’ transcripts within the Primary dataset collected in the EURECA study.

Findings: Understanding the scope of the role of healthcare professionals and community services in emergency admissions was complex, influenced by environmental factors. Some patients were subject to a change in normal support, gaps in service provision and being left with no alternative to hospital, contributing to emergency admission.

Discussion: An absence of key healthcare professionals or services triggered an admission. The perception of what home meant was different to patients, healthcare professionals and government. This study highlights the importance of consistency in care organisation within community settings. A risk of absence in key caregivers or fragmented care delivery has implications in triggering emergency admissions. Strategies need to be implemented to manage patient expectations and promote understanding of community support.

Paper 5

The ‘glue’ to insightful understanding in research – Patient and public involvement in the EURECA study
Sophie Staniszewska United Kingdom; S., Li Gunn, United Kingdom; Daniel Munday, Nepal; Roberta Lovick, United Kingdom; Eleni Karasouli, United Kingdom; Cara Bailey, United Kingdom.

Abstract

Background: Patient and public involvement has become an important element within healthcare research. It aims to enhance the relevance, acceptability and appropriateness of research (INVOLVE 2012, Staniszewska et al 2011). The EURECA study Patient and Public involvement (PPI) reference group had a significant and valuable contribution to the study, particularly to the data analysis.

Aims: To understand the impact of the EURECA Patient Reference Group, particularly in relation to the discussion, interpretation and synthesis of study data.

Methods: In total 3 EURECA Reference Group meetings were recorded and transcribed, in addition to the final meeting. Data analysis was conducted using NVivo qualitative analysis software to help organise the data. Codes were identified from the data, agreed in discussion between members of the research team, and applied across transcripts. Key themes were identified and confirmed after further discussion with the Reference Group.

Results: A number of themes were identified which reflect the different ways in which the Reference Group contributed to the study, particularly to the analysis of data. These include: Responding to presentation of specific emerging findings, identifying and considering solutions, raising additional concerns, providing a different perspective and contributing to patient and public involvement.

Conclusion: Overall, the Reference Group provided reassuring confirmation and validation of the researchers’ developing understanding of the data. Discussions also allowed for a useful exploration of issues, anomalies, and potential recommendations. In addition, members of the group provided their own particular insights, based on personal experience and supported by interaction within the group.
Symposium 6
Exploring techniques and considering the potential of modelling and simulation in nursing and healthcare

Symposium Lead: Dr Ann McMahon

The potential of simulation and modelling techniques in support of the development facing nursing and health care is yet to be fully realised. This symposium offers 5 papers from individuals who initially came together directly or indirectly under the auspices of the ‘Festival of Evidence 2014’, an event organised by the UK Cumberland Initiative – that seeks to transform the quality and cost of NHS care delivery through simulation, modelling and systems thinking. The symposium will explore a range of methodological approaches to modelling including problem structuring, conceptual modelling, mathematical modelling and simulation (RIGHT 2009, and consider their application in nursing and health care.

Paper 1

Models of messes: problem structuring methods
Jonathan H. Klein, (Senior Lecturer & Academic Resource Co-ordinator, Southampton Management School, University of Southampton)

Abstract
Problem structuring methods (PSMs) are modelling methods designed to represent complex problem situations which generally present as 'messes' rather than as potentially tractable problems. Such messes are typically characterised not only by their complexity, but also by uncertainty and subjectivity. They resist straightforward solution, and they are generally not, at least in the first instance, amenable to 'traditional' quantitative modelling and analysis. PSMs are qualitative modelling methods, often centrally employing pictures and diagrams to represent their content. PSMs, when used as the basis for facilitator-led participative workshops, offer methods supporting the articulation and exploration of concerns and issues, negotiation of jointly-held views, and reflection on situations. Such methods enable the recasting of messes into better-structured representations which may either in themselves 'finish' problems or provide bases for more formal analysis. In the context of examples in the area of frail elderly care, this paper briefly introduces three general purpose PSMs: Soft Systems Methodology (Checkland & Poulter, 2006), an approach to designing (and redesigning) systems in which people are central; cognitive mapping (Ackermann, Eden & Brown, 2004), a method of representing complex and detailed knowledge about systems which forms the basis for approaches to supporting strategy-making; and the Strategic Choice Approach (Friend & Hickling, 2004), which offers a systematic approach to working with situations in which a number of inter-related decisions are required. All three approaches (and a few others) are described in an edited text (Rosenhead & Mingers, 2003) which has become the standard reference in the field.

References

Paper 2

Modelling as a technique for understanding and improving the value of nursing in a 'whole system' context
Dr Chih Hoong Sin, Director, Office for Public Management, United Kingdom

Dr Ann McMahon, Research and Innovation Manager, Royal College of Nursing, United Kingdom

Abstract
In the UK, the financial challenges confronting the National Health Service (NHS) is a major issue requiring urgent and sustainable solutions. The National Audit Office (NAO) repeatedly questioned the sustainability of savings made to date (NAO, 2012). The NHS made the easiest savings first through the pay freeze for public sector staff, reductions in the prices paid for healthcare, and cutting back-office costs. Savings have yet to be driven by fundamental service transformations (NAO, 2013).

This paper describes a programme developed by OPM, and refined and delivered in partnership with the RCN, aimed at building the capability of nurses to be able to model a whole system approach towards understanding the value of nursing innovations, and to model the likely impact of service improvements.

By drawing on specific case study examples produced by nurses who have completed the programme, this paper describes a simple ‘pathways to outcomes’ framework for helping nurses understand their innovations in a whole system and outcomes focussed manner. It then describes how this framework provides the basis on which nurses can audit for the range of direct and indirect costs as well as benefits, allowing them to better understand ‘who puts in what’, and ‘who benefits from what’ (HM Treasury, 2002). By better appreciating the interconnections within and across different parts of the system, the paper goes on to describe how nurses are able to formulate recommendations for how service quality and/or efficiency may be improved by modelling potential costs and benefits prospectively. It concludes by making the case that modelling can take the form of pragmatic approaches that are accessible to the nursing workforce, with direct applications to practice improvement (McMahon and Sin, 2013).

References
**Paper 3**

**System Dynamics – the Model as Integrator of Diverse Sources of Evidence**

Douglas McKelvie, Partner, The Symmetric Partnership LLP

**Abstract**

System Dynamics is a type of simulation particularly applicable to ‘whole systems’ and strategic issues. Using a diagrammatic approach, processes are first mapped to show a high-level stock/flow/feedback structure. Then data and equations are entered/formulated to create a simulation model. The purpose is to discover how a complex system behaves over time. Practitioners explore how a system’s behaviour depends on its structure; simulation enables a range of scenarios to be tested. SD is especially powerful when encountered in a structured group learning process.

The unique contribution of an SD model is as an integrator of a diverse range of evidence.

**Stock/flow chains can represent multiple processes, such as:**
- People ageing
- People moving through states of ill health (acute or chronic), dependence or wellbeing
- Service pathways, including capacity, length of stay, waiting lists/times, service utilisation
- Multiple pathways where delays in one service create bottlenecks (e.g. delayed discharge)
- Financial flows, for example where costs are a function of service capacity and revenue is a function of service utilisation (pbt)

To explore how a whole system responds to a change requires a method capable of representing complexity rather than, say, linear-extrapolation. For example, a new intervention typically incurs costs before savings elsewhere are realised, or there might be ‘limits to growth’ (making the relationship between an input and an output non-linear).

Drawing on a range of studies across the health and social care fields, this presentation will show an innovative, generalisable approach to modelling economic impact of new interventions over time that integrates sub-models of:
- Population demand
- Use of existing service
- Impact of new service on population, changing existing service utilisation
- Costs of both services over time
- Summary measures of population wellbeing, and change in wellbeing/expenditure

**References**


Morecroft J (2007) Strategic modelling and business dynamics: a feedback systems approach Chichester, Wiley


**Paper 4**

**Simulating the impact of improvements in wound care treatments on community nursing workload and patient care.**

Claire Cordeaux, Executive Director, Health and Social Care, SIMUL8 Corporation

**Abstract**

A central tenet of quality improvement is that early adopters will trial and then diffuse effective interventions. However, it has been estimated that only 30% of organisations involved in collaboratives achieve significant improvements and another 30% drop out before the end (Øvretveit 2002). Demming’s adage, if you are not measuring it you are not managing it, is essential to knowing whether a change is an improvement. Other safety critical industries use safety cases to model and test their system prior to implementation (Maxwell and Marciano 2013) thus adopting the philosophy of Hollnagel (2012) who draws a distinction between two approaches to safety. Safety 1 focuses on what goes wrong and assumes a linear cause and effect for any error and that the root cause can be put right. This has been the predominant paradigm in healthcare and remains the main driver in the NHS in England. Safety 2, on the other hand, recognises that healthcare is an open system and seeks to be vigilant and predict outcomes in order to build system resilience. Simulation and modelling is used in high risk industries to test improvements in a virtual environment prior to implementation in order to predict impacts and provide an evidence-base for change. There is great potential for wider use of this technique to test and measure the likely outcome of improvement strategies in healthcare on patients as well as on cost and workload (Pitt 2008).

We examine the potential of this approach using a simulation of a community nursing team which tests how an improvement in wound care could reduce length of stay, and what this means for nursing workload and patient care.

**References**


**Paper 5**

**Using mathematical modelling to understand and stratify the complexity of specialist nursing practice in the UK.**

Professor Alison Leary, Chair of Healthcare & Workforce Modelling, London South Bank University and Tony Leard

**Abstract**

There is no routine data collection on specialist nursing work in the UK apart from cancer (Macmillan 2014) however there have been recent doubts about the value of these roles based on misperceptions (Vidali et al 2011). This study seeks to clarify the role by examining the complexity of the work undertaken by this group of nurses. As there is no regulation of specialist or advanced practice in the UK there are also no minimal educational requirements thus job titles such as Clinical Nurse Specialist might not offer a consistent level of practice. The data from 12,042 specialist and advanced practice nurses across thirty specialisms and representing approximately fifty million hours of work was placed into a data repository for secondary analysis. These data have been collected since 2006 as part of forty eight national and local studies. Data from bespoke relational databases were collected in sets of interventions and then subjected to affinity analysis using RapidMinerTM. These data were then categorised by complexity including areas where roles abut or blend in terms of complex nursing interventions. Affinity analysis is an association data mining technique which allows an understanding of associations and patterns in big data sets (Witten et al 2011). As a group there is little homogeneity in terms of complexity of practice. However there is a pattern or stratification to this work. The group can be divided into proactive case managers, consulting specialists and facilitative roles each group with its own attributes and subgroups.

This was a secondary analysis of previously collected data. The data varied by the study design. Although all intervention fields were constant others such as demographics were not. The work of specialist nurses in the UK can be stratified into varying levels of complexity. Understanding this could make studies such as impact more feasible.
References
The aim of this study was to describe the impact of breathlessness on Jordanian patients with COPD and their spouses’ perception of the patients’ breathlessness.

Methods: a cross-sectional, descriptive, correlational design was used with a sample of 67 Jordanian patients with COPD related breathlessness and their spouses. The Dyspnoea 12 Scale (D-12) and Hospital Anxiety and Depression Scale (HADS) were administered to both patients and spouses. There was a significant positive correlation between total patients’ D-12 scores and total HADS scores. Spouses who perceived the patients to have more severe breathlessness affect (D-12 affect subscale) were more likely to experience a higher level of psychological distress (HADS total).

Background: Breathlessness is the most common and troublesome symptom experienced by people with chronic obstructive pulmonary disease (COPD). Family caregivers have been found to experience distress and a feeling of helplessness when caring for a loved one with COPD.

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

Methods: A cross-sectional, descriptive, correlational design was used with a sample of 67 Jordanian patients with COPD related breathlessness and their spouses. The Dyspnoea 12 Scale (D-12) and Hospital Anxiety and Depression Scale (HADS) were administered to both patients and spouses. There was a significant positive correlation between total patients’ D-12 scores and total HADS scores. Spouses who perceived the patients to have more severe breathlessness affect (D-12 affect subscale) were more likely to experience a higher level of psychological distress (HADS total).

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

Key words: breathlessness, chronic disease, COPD, Jordan, psychological distress, spouses.

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Key words: breathlessness, chronic disease, COPD, Jordan, psychological distress, spouses.
**Theme: Nurse leadership**

**Poster number 5**

**‘Empty Conformity?’ A Qualitative Account of Ward Sisters Views on Ward Level Leadership in the Current NHS Context.**

*Dr Anne Scott, DhSc(RA),RGN, University Hospitals NHS Trust, Nottingham, United Kingdom*

**Abstract**

The role of the ward sister is sighted within governmental reports as a pivotal leadership role for ensuring quality care at ward level (DoH 2010, DoH 2013). However, research into nursing leadership has been inconclusive with regard to how this should be developed and supported within the current market-based healthcare management context.

This study explored leadership experiences from the ward sister perspective within one acute NHS trust in the UK, addressing inconsistencies of policy versus practice with regard to this role leading quality care and the future of ward leadership within the NHS. It also considered the impact of gender and identity on the enactment of nursing leadership at ward level, given the female dominance of the profession and the ethic of caring integral within nursing; drawing on the work of Carol Gilligan and Celia Davies to offer an underpinning theoretical framework.

A generic qualitative methodology was used, informed by an understanding of phenomenology. Using one-to-one in-depth interviews and some documentary evidence, personal accounts were explored with 15 ward sisters and 4 matrons from the study site.

Using thematic analysis, 3 main themes were generated from the data: ‘leader of quality’, ‘a struggle for balance’ and ‘the future of the role’. The findings demonstrate the passion of ward sisters operating at the ‘coal face’ of nursing leadership, continually striving to improve patient care.

However, the findings also offer a picture of role ambiguity, lack of authority, autonomy, support and preparation, with a failing capacity for leadership within the ward sister role. This study revealed that ward sisters had developed their own way of driving quality care; ‘leading by example’ coupled with a sense of ’empty conformity’ to the political and organisational targets and performance challenges they faced.

I wish to present a poster presentation of my study.

**Poster number 6**

**The effects of working 12 or more hours on a single shift in an acute care hospital setting on rates of error among nurses: a systematic review**

*Dr Jill Clendon, RN, BA, MPhil, PhD, 1. Nursing policy adviser/researcher 2. Adjunct professor, New Zealand Nurses Organisation, New Zealand*

**Abstract**

Objectives: to determine the effect of working 12 hours or more on a single shift in an acute care hospital setting compared with working less than 12 hours on rates of error among nurses.

**Design:** Joanna Briggs Institute Systematic Review

**Methods:** A three-step search strategy was utilized. An initial search of MEDLINE and CINAHL was undertaken. A second search using all identified keywords and index terms was then undertaken across all included databases (Embase, Current contents, Proquest Nursing and Allied Health Source, Proquest Theses and Dissertations, Dissertation Abstracts International). Thirdly, the reference lists of identified reports and articles were searched for additional studies. Studies published before May 2014 were included. Quantitative data was pooled in statistical meta-analysis using JBI-MAStARI.

**Findings:** Following review of title and abstract of 5429 publications identified using the initial search strategy and removal of duplicates, 26 studies were identified as suitable for review and selected for full retrieval and assessment for methodological quality. Of these, 13 met the inclusion criteria and were included in the review. Six studies reported significant rises in error rates for nurses working greater than 12 hours on a single shift, three reported no difference, and four reported higher rates of error on shifts of up to eight hours. Meta-analysis of five of the studies where data could be extracted indicates that the risk of error is significantly higher for nurses working greater than 12 hours than for those working less than 12 hours (risk ratio = 1.51, 95% CI, 1.35, 1.72; z = 6.30, p = <.0001).

**Conclusion:** Hospitals and units currently operating 12 hour shift systems should review this scheduling practice due to potential negative impact on patient outcomes. Further research is required to consider factors that may mitigate the risk of error where 12 hour shifts are scheduled and this cannot be changed.
PC6 acupressure to prevent postoperative nausea and vomiting. A randomized clinical trial

Jung Hyun Ryu, Dip Bsc Msc, Critical Care Research, 703 University College Hospital, UCLH NHS Foundation Trust, London, United Kingdom

Abstract

Propofol is a commonly used sedative on the Critical Care Unit. It is easy to titrate, metabolised by the liver into inactive metabolites and highly lipophilic. Following termination of a prolonged infusion, the lipid rich, and poorly perfused tissues in the critically ill may act as a reservoir to maintain plasma levels. Altered protein binding and hepatic blood flow may also impact on the kinetics of propofol during critical illness.

The aim of the study was to determine the elimination profile of propofol following the termination of a long-term infusion in critically ill patients. This is an observational prospective cohort study. The target population was adult patients who received a continuous propofol infusion. Total 21 patients were enrolled into this study between Jan 14 and May 14. 12 patients were excluded from the analysis because of conversion to abdominal hysterectomy, missing data (n=3) and re-operation (n=1). There was no statistically significant difference in complete response (n=3) and re-operation (n=1). There was no statistically significant difference in complete response (n=3) and re-operation (n=1). There was no statistically significant difference in complete response (n=3) and re-operation (n=1). There was no statistically significant difference in complete response (n=3) and re-operation (n=1). There was no statistically significant difference in complete response (n=3) and re-operation (n=1). There was no statistically significant difference in complete response (n=3) and re-operation (n=1).

Method: Randomized controlled non-blinded, single centre trial. The patients were randomized using a computer generated sequence.


Participants: Seventy-two patients scheduled for vaginal or laparoscopic hysterectomy of benign indication, were allocated either to PC6 group or to control group.

Interventions: The PC6 group wore Sea-Band® wristband bilaterally for 24 h. The Sea-Band® is a single sized elastic wristband with a plastic button to apply pressure on the PC6.

Main outcome measure: Complete response, i.e. no PONV and rescue medication. PONV was determined by self-assessment on a 0-100 mm VAS-scale (where 0 = no nausea, 100 = worst imaginable nausea). Consumption of antiemetic was recorded from the medical record. Follow-up was 24 h.

Result: Sixty-two participants (PC6 n=32; control n=30) were analyzed. Ten participants were excluded from the analysis because of conversion to abdominal hysterectomy (n=6), missing data (n=3) and re-operation (n=1). There was no statistically significant difference in complete response between the groups [PC6 group, 43% (95% CI 25.5–61) versus control group 44% (95% CI 26.6–62), P=0.9] or the incidence of non-PONV within the first 24 h postoperatively [PC6 group, 53% (95% CI 35.7–71) versus control group 43% (95% CI 25.6–63), P=0.6] or time to oral food intake [PC6 group 146 min. (95% CI 116.175–175.824) versus control group 284 min. (95% CI 132.436–436.978), P=0.3].

Conclusion: The Sea-Band® did not result in significant preventive effects in PONV through patients undergoing hysterectomy effective in preventing PONV in patients undergoing hysterectomy.

Keywords: PC6, acupressure, alternative therapy, postoperative nausea and vomiting.
Poster number 10

Emergency Department Research Nursing: Time and Motion – A Pilot Study
Rachel O’Brien, BA, BN, Lead Research Nurse, EMeRGE, NHS Lothian, United Kingdom

Abstract

Aims: This is a prospective observational study with the aim of exploring the effectiveness and efficiency of patient recruitment by Emergency Department (ED) research nurses. Challenges to recruitment and methods to optimise processes were also explored.

Methods: Research staff recorded the length of time they believed it took to recruit patients with and without a template of recruitment activities for three studies. The actual time taken to recruit patients was also recorded. Three comparisons were made between: 1) Perceived recruitment time with and without the template, 2) Perceived time and actual time using the template and 3) Total time from screening to completion and actual recruitment time. Interruptions during recruitment were also documented.

Results: In recording perceived time, five estimations were made for the studies with and without the template. Study 3 was an exception where ten estimations were made with the template. The actual length of time taken to recruit seven participants was recorded for studies 2 and 3, and for three participants in study 1. There was a difference for all studies between the mean perceived time with and without the template and between the mean perceived time and actual time. In study 2 and 3 there was a wide range in the time taken to recruit individual participants. The differences shown between ‘time from screening to completion’ and actual recruitment time show that the interruptions to recruitment were lengthy.

Conclusion: This small pilot study showed that the perceived time versus the actual time of recruitment can vary dramatically. This finding will influence budgeting for research nurse time in the future. The range in actual recruitment times and the number of interruptions recorded reflect the challenging environment of the ED and the heterogeneity of the patients involved. From the results, ways were identified to optimise recruitment.

Poster number 11

Level Of Hepatitis B Virus Protection Of First Year Medicine And Nursing Students In Mbarara University
Samson Wakibi, Mbarara University, Mbarara Uganda, Uganda

Abstract

Background: Worldwide 2 billion people are exposed to hepatitis B virus (HBV) infection, 65 million in Sub-Saharan Africa. In Uganda the prevalence of hepatitis B Infection is estimated at 11%. A 2010 Ugandan study found that 60.1% of healthcare workers had evidence of hepatitis B infection and only 6.2% of the health workers were vaccinated. A 2005 Makerere University study in Uganda indicates an exposure rate of 79.6% in medical students during their first clinical year. Therefore, health students, in clinical rotation are at high risk of acquiring HBV infection. Although HBV immunization for students is recommended, it is not available at the university. Aim: To examine the level of HBV protection of current first year medical and nursing students at Mbarara University. Methods: An exploratory study in Mbarara University of Science and Technology, Uganda, convenience sample of first year medical and nursing students, used questionnaire. Results: Data was entered into excel. 73 students completed the questionnaires, 29 females, 44 males, average age 23.2 years, 49 first year medicine and 24 first year nursing students, 78.1% had never been vaccinated (n=57), 2.7% had received one dose (n=2), 6.8% had received two doses (n=5), and 12.3% were fully immunized with three doses (n=9). Reasons for not receiving vaccine included: lack of information (n=20), lack of access (n=29), lack of money (n=4) and indifference (n=2).

Discussion: Only students who had a prior diploma in medicine or nursing had received any HBV vaccine. Of those the majority had not been fully immunized. The data indicates that entering medical and nursing students had inadequate HB protection.

Conclusion: There is need to fully vaccinate all first year medical and nursing students in Uganda. Additional examination of HB vaccination status of entering medical and nursing students throughout Sub-Saharan Africa is needed.

Poster number 12

Body weight perception and dietary control methods among Egyptian university students
Dr Doaa yacout, PHD of Community Health Nursing, Lecturer, Community Health Nursing Department, Faculty of Nursing, Damnhour University Egypt, Egypt

Abstract

Background: Most countries in the Middle East are becoming part of the global obesity pandemic, and becomes significant when the trend towards a more ‘Western’ lifestyle is considered in developing countries. Body weight and its perception play an important role in the well-being of a person. Weight perception is found to be a better predictor of weight management behavior as compared to actual weight. The aim of the study was to explore relationships between body weight perception, actual weight and weight control measure among students of Alexandria and Damnhour universities.

Methods: A cross sectional study was carried out during year 2013/2014, 400 college students from two Egyptian universities Alexandria and Damnhour, aged 18 to 24 years male and female students were participated. A structured questionnaire used to collect demographic, weight perception and weight control practices history. Height, weight and waist circumference were measured, overweight and obesity was calculated according to body mass index (BMI) WHO standard 2002. Descriptive statistics included means, standard deviations, and frequency. Pearson test used to measure the significance.

Results and discussion: A high percentage of college students consider themselves overweight or obese, despite having a BMI in the normal range. More than one third of them was practicing Dieting reducing measures. And were more prevalent among female than male students. Reducing fat and sugar intake, stop eating for a period of day, were the most commonly reported methods to lose weight.

Conclusion: Body weight perception was poorly associated with actual weight status. Gender difference was observed in body weight perception

Key words: body weight and image, university students
Theme: Women’s health and midwifery
Poster number 13

Breast or cervical cancer screening? Preventive behavior of Hong Kong community-dwelling Chinese Women
Besty Pui Ying Cheng, RN, The Chinese University of Hong Kong, Hong Kong

Abstract

Purpose: The aims of this study were to explore factors associated with the likelihood of undergoing a breast(mammogram) and cervical(Pap-test) cancer screening among Hong Kong community-dwelling Chinese women aged 50 years or above and examine factors associated with the disparity between these two screening utilization.

Methods: The study was based on a cross-sectional population-based cancer screening telephone survey conducted in Hong Kong in 2007. Random-digit-dialing was used to recruit participants. A structured questionnaire was used to collect socio-demographics information, perceived health status, use of complementary therapy, family history of cancer, perceived susceptibility to cancer and their cancer screening behavior. Logistic regressions were used to examine factors associated with an uptake of mammogram and Pap test and disparity between two screening utilization.

Results: Total 1002 women aged 50 or above completed the survey with a response rate of 67%. Of them, 45% had neither had a mammogram nor Pap-test, 9%, 21% and 25% had ever had a mammogram only, a Pap-test only and both tests respectively. Educational level, marital status, family history, recommendation from health professionals were common factors significantly associated with both screening tests. Age and smoking status were significantly associated with Pap-test uptake. Logistic regression revealed that age and recommendation from health professionals were independently associated with the choice of two screening tests between those who had ever had a mammogram only and those who had ever had a Pap test only. Younger age group(50-59 years) was more likely to have Pap test only. The effect of health professionals’ recommendation was more promising in Pap test than mammogram.

Conclusion: Although uptake rates of mammogram and Pap-testing in this study population were low, results of this study allow us to understand more thoroughly the factors influencing their cancer screening behavior. The findings of this study can help formulating effective tailor-made cancer-screening promotion strategies.
Abstract

Asthma is especially common in Saudi Arabia, affecting 13% of children aged 6-10 years. This makes asthma one of the most common illnesses among children in Saudi Arabia (Al Frayh et al., 2001; Ministry of Health, 2010). Little emphasis has been placed on educating Saudi children themselves to learn more about their asthma and its control. This study was designed to assess the impact of a school-based, nurse-delivered asthma health education programme on asthmatic children's knowledge and attitude towards asthma, quality of life, anxiety level, and school absenteeism.

A quasi-experimental, non-equivalent group, pretest-posttest design was used. The education programme was developed from existing evidence. The Paediatric Asthma Quality of Life Questionnaire, Spence Anxiety Tool, Asthma Knowledge Questionnaire, and Asthma Attitude Questionnaire were employed for data collection in 2013. Intervention (n=130) and control (n=98) groups were drawn from 30 schools in Hail region, Saudi Arabia. Both descriptive and inferential statistics were used to examine differences between groups.

The level of asthma knowledge was increased significantly more in the intervention group than in the control group, but there was no significant effect on children's attitudes toward asthma. The programme led to significantly decreased anxiety and absenteeism from school in children of the intervention group compared to those on the control group. Quality of life increased significantly more in the intervention group than those on the control group, but there was no significant effect on children's attitudes toward asthma.

Asthma education will now be integrated into the national child health programme, emphasizing the provision of health education directly to children as well as measures to inform their parents.

Making and revising end-of-life care decisions: Parents' experiences

Emma Popejoy, Master of Nursing Science, Master of Research Methods, The University of Nottingham, United Kingdom

Abstract

Background: The number of children with life-limiting illnesses (LLI) is increasing (Fraser et al., 2012). Having a plan of care regarding what type of life-sustaining treatment, if any, is to be provided and where care is to be delivered at the end of the child's life ensures that families are aware of the appropriate options for care and that professionals are aware of families' preferences (ACT, 2004).

Aim: To explore the experiences of parents in making and revising end-of-life care decisions for their child with a LLI.

Methods: Semi-structured interviews were conducted with three bereaved parents of children with LLI between April and July 2014. Data were analysed using Interpretative Phenomenological Analysis. Eligible families were invited to participate by the child's main consultant. Approval for the study was granted from the National Research Ethics Service and written informed consent was obtained immediately prior to the interview.

Results: Two themes were identified: 'Making Decisions' and 'Revising and Implementing Plans'. These included issues related to the preferred time for initiating discussions, who should make the decisions, the importance of family values, changes to plans and barriers and facilitators to planning.

Discussion: Some important findings were identified that have not been previously reported. Firstly parents reported having thoughts or informal discussions about end-of-life decisions prior to formal discussions, which may suggest that they are ready to have these discussions earlier than professionals currently initiate them. Secondly parents identified difficulty in verbalising the decisions they want to make, suggesting that professionals should consider making some decisions on the parents' behalf. These require further investigation.

Conclusion: There is a lack of research internationally into paediatric palliative care and specifically paediatric end-of-life care decision making. This research provides information regarding families' experiences in end-of-life care decision making and identifies additional areas in need of research.
**Poster number 17**

**Comparison of the expressed experiences of survivors of childhood medulloblastoma with measures of health & quality of life, and with issues identified during consultations: improving rapid and proactive response to problems**

*Professor Tony Long, SRN, RSCN, RNT, BSc (Hons), MA, PhD, Professor of Child & Family Health, University of Salford, United Kingdom*

**Abstract**

**Background:** Children diagnosed with a central nervous system tumour experience many sur- vivorship problems with neurological function- ing, epilepsy, vision, hearing, short stature, and endocrinopathy, and they face many challenges that relate to psychosocial functioning (Anderson et al., 2001). For children with medulloblastoma, the cognitive sequelae of therapy are well-docu- mented, with problems of attention, memory and intellectual functioning all leading to poorer educa- tional attainment, adverse employment prospects and peer relationships an inactive lifestyle and poorer health-related quality of life (Maddrey et al., 2005; Mulhern et al., 2004).

**Aim:** To identify discrepancies in family narratives; measures of health, quality of life and psychologi- cal wellbeing; and hospital records to provide for the development of an informatics-based system that can inform more effective follow-up strategies.

**Method:** Twenty-one patients aged 11-39 years of age (6 months to 12 years at diagnosis of medulloblas- toma) attending follow-up clinic were recruited. Seven were between 11 and 16 years, and seven were between 18 and 24 years to ensure inclusion of issues at times of transition such as changing school or starting employment. The remaining seven patients were from other age ranges. The seven patients were from other age ranges.

**Health status (HUI), health-related quality of life (PedsQL for children; EORTC QLQ-C30 for adults) and psychological wellbeing (PI-ED for children and HADS for adults) were measured. Patients and their parents or carers were interviewed to elicit the problems experienced since diagnosis, and digital recordings were professionally transcribed. Relevant clinical and medical records (discharge summaries, psychology reports, etc) were scanned into electronic format. All data was then subjected to text mining in order to inform decision-support software for clinicians in follow-up clinics.

**Selected outcome:** This presentation focuses on unexpected problems identified from the measure- ment and interview data. A role is proposed for nurses in eliciting more information periodically than can be gathered in time-limited clinic appoint- ments.

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**Poster number 18**

**The challenges and reality of patient and public involvement (PPI) with teenagers and young adults**

*Anita Solanki, BSc, University College London Hospitals, United Kingdom*

**Abstract**

Patient and public involvement (PPI) is central to health research, considered imperative to improve the quality and relevance of evidence- based studies (Thomson et al., 2013). With this in mind, BRIGHTLIGHT (the national evaluation of cancer services for 13-24 year olds in England) set out to adopt a multi-pronged approach to our PPI strategy, working collaboratively with young people to maximise engagement. While much of the literature stresses the benefits of PPI with young people (Moore and Kirk, 2010), in reality working with this population presents many practical challenges, which requires alternative strategies, encourage sharing and evaluation of methods used.

Based on our experience of involving young people in research this poster aims to outline how the BRIGHTLIGHT team have adopted PPI in all stages of the study and the practical implications involved. The following challenges were identified as key barriers to involving young people in study develop- ment and management:

- Supporting PPI takes unexpectedly large amounts of time and resources
- Relevance and contribution made clear, i.e. what young people get out of it
- Identifying appropriate methods of contact and engagement
- Explaining and understanding the difference between participation and involvement
- Measuring impact to the study and to young people
- Incorporating diversity- hard to reach populations
- Low or unpredictable engagement rates
- Reporting PPI activities

Our poster will discuss practical strategies employed to overcome some of these challenges.

**Conclusion:** Working with young people is rewarding but requires significant resources to overcome the challenges we have encountered. We argue the need for increased dissemination of peer-reviewed PPI articles to enable other researchers to overcome barriers and improve the academic credibility of PPI activities. Dissemination should include exploration and sharing of novel innovative methods, inclusive and effective ways of imple- menting PPI, how to make PPI sustainable, and measuring impact.

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**Poster number 19**

**The Obstacle Course: An exploration of the obstacles to BME health care support staff accessing training opportunities**

*Sarah Rutherford, MSc; BAhons; RMN; RGN, Manchester Metropolitan University, Manchester, United Kingdom*

**Abstract**

This paper will present the data, key conclu- sions and consequent recommendations from a completed study funded by a Mary Seacole Development Award. 25-30% of support workers identify as BME, however their representation on the Trainee Assistant Practitioner programme at a university in North-West England is less than 2%. The study explored the factors that affect the access of BME healthcare support workers from a Foundation Trust in the North-West of England to the Assistant Practitioner Training programme. Mixed methods were used. The paper will present the results of a survey with both white and BME support worker staff, and focus groups with BME support workers. The study investigated their knowledge and experiences of the Assistant Practitioner training programme, and explored the key issues and barriers to access to the training.

Quantitative data was analysed with Microsoft Excel using simple cross tabulations. Qualitative data was analysed using thematic analysis. Five key themes emerged from the data:

- A lack of information about opportunities.
- A lack of transparency about recruitment.
- Unintended & inadvertent racial discrimination
- A lack of Information about opportunities.
- A need for BME role models in senior positions

Support workers from BME backgrounds are as keen to develop as their white colleagues but are hindered by barriers to progression. The study found that the issue of patronage is a significant factor in imposing a barrier to development for the BME community. BME Staff need additional support to access recruitment opportunities. In the interests of equality, staff well-being and care delivery, NHS Trusts, Higher Education Institutions and Health Education North-West need to collab- orate to ensure that there is open advertisement and dissemination of information about training and development. Key Recommendations arising out of the study will be presented.
To address this issue we carried out a comprehensive literature review yielding 463 studies for further consideration. After reading titles and abstracts and following the application of eligibility criteria, 8 independent studies were deemed relevant for further review. All 8 studies were cross sectional studies conducted between 1997 and 2010 in 6 different countries (Canada, Sweden, Ireland, USA, Finland, UK). Sample size ranged from 101 to 1889 and total response rate varied between 21.3% and 98%. Among the parameters that were evaluated in these studies included the awareness of the concept of EBP, the frequency of research utilization, the most frequent sources of knowledge and the nurses’ attitude to research. Our results indicated that most mental health nurses consider themselves as a beginner in reviewing research findings, and only about one third of them reports frequent use of nursing journals. Interestingly, an increase in the awareness of the concept of the EBP is also remarked. Conclusions: This review highlighted the lack of research on this field and the urgent need of future intervention studies to increase nurses’ knowledge, awareness and therefore implementation of EBP in mental health care settings, which will therefore enhance the provision of high quality nursing care.

**Poster number 21**

**The implementation of evidence-based practice among mental health nurses**

**Dr Evridiki Patelarou**, King’s College London, United Kingdom

**Abstract**

**Introduction:** The implementation and dissemination of evidence-based practice (EBP) is closely related to the quality of care provided in health services. However, EBP has not been routinely adopted in mental health organizations despite the support of scientific evidence towards the importance of EBP.

**Methods:** To address this issue we carried out a systematic literature search of MEDLINE and EMBASE databases with the aim of summarizing and evaluating the results of studies regarding the implementation of EBP in mental health nursing settings. Bibliographies of all retrieved studies and reviews were also checked by hand for additional studies.

**Results:** A comprehensive literature review yielded 463 studies for further consideration. After reading titles and abstracts and following the application of eligibility criteria, 8 independent studies were deemed relevant for further review. All 8 studies were cross sectional studies conducted between 1997 and 2010 in 6 different countries (Canada, Sweden, Ireland, USA, Finland, UK). Sample size ranged from 101 to 1889 and total response rate varied between 21.3% and 98%. Among the parameters that were evaluated in these studies included the awareness of the concept of EBP, the frequency of research utilization, the most frequent sources of knowledge and the nurses’ attitude to research. Our results indicated that most mental health nurses consider themselves as a beginner in reviewing research findings, and only about one third of them reports frequent use of nursing journals. Interestingly, an increase in the awareness of the concept of the EBP is also remarked. Conclusions: This review highlighted the lack of research on this field and the urgent need of future intervention studies to increase nurses’ knowledge, awareness and therefore implementation of EBP in mental health care settings, which will therefore enhance the provision of high quality nursing care.

**Poster number 22**

**What is meant by quality nursing care for people with dementia in a day hospital setting?**

**Darren Prince**, University of South Wales, United Kingdom

**Abstract**

As the United Kingdom sees growth in the older adult population, there is an expected increase in numbers of individuals with dementia. Alzheimer’s Society 2014). This client group are often highlighted as a vulnerable group whose views are often not sought in identifying what constitutes a quality care encounter and are frequently cited as recipients of poor quality care. As the majority of individuals with dementia reside in the community, day hospital services are often cited as one means of helping this client group remain in their own homes for as long as possible. However, little is known about how day hospitals achieve this or how the care-givers or care-receivers view a quality care encounter within this setting. This project seeks to address this gap.

The approach was qualitative and the methodology was interpretive. The method used was Situational Analysis (Clarke 2005), a postmodern interpretation of the Grounded Theory Method developed originally by Glaser and Strauss (1967). This provided high compatibility with the theoretical underpinnings which were learning from the experiences of service users, carers, and nursing staff. Data collection was carried out by unstructured in-depth interviews with nine individuals with dementia and eight family carers utilising day hospital service provision and seven qualified nurses working within this setting. The participants were interviewed over three years covering five day hospital services within three different health boards as part of theoretical sampling.

A reframing of a quality care encounter as being more than an adherence to prescribed quality care standards is proposed. The articulation of a theoretical understanding gained in this project has the potential to influence practice and provide important elements to consider in the education and training of nurses seeking to provide care for this client group.
Several studies indicate poor oral health care in patients living in nursing homes. Studies show that nursing educations do not give nurses competence to provide professional dental and oral health care.

**Aims:** To report on a Norwegian study examining the quality of oral care provided to elderly living in nursing homes, and to evaluate if the teaching in oral health in the nursing program at Sogn og Fjordane University College holds professional level.

**Methods:** A descriptive cross-sectional survey design was employed. Data were collected in December 2012 and January 2013 using a self-administered questionnaire. Sample selection was determined by purposive sampling. Sample size was 106 nurse managers, and the response rate was 50%.

**Results:** More than 50% of nursing home units did not have routines to ensure that nursing staff were given training in dental and oral care. Sixty-five percent of the respondents said that elderly's dental and oral status were not examined when they were admitted to the nursing home. Fifty percent of nursing home units documented patients' dental care and oral health, while 37% complied with the procedures for dental and oral care provided by the Public Dental Health Service.

**Discussion:** Our study shows that elderly living in nursing homes are provided inadequate oral health care. That is consistent with previous studies. Insufficient focus on oral health care in our nursing education may be a factor contributing to nurses not focusing sufficiently on oral health and providing inadequate oral health care.

**Conclusion:** Our study shows shortcomings in oral health care provided to elderly living in nursing homes. The nursing program does not give students the necessary skills and competence to provide professional dental and oral care. Thus, oral health care must be given more focus in nursing education.

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**Moderately increased day time activities for elderly women do not change sleep quality in nursing homes**

*Dr Keiko Tanida, College of Nursing Art & Science, University of Hyogo, Japan*

**Abstract**

Seniors with dementia and low activities of daily living (ADL) in long-term care facilities tend to sleep during the daytime and wake frequently during the night. Nighttime waking can lead to delirium. This study evaluated the effects of moderately increased daytime activities on sleep quality among elderly women in a Japanese nursing home.

Six seniors aged 81, 85 with mild dementia participated in this study. After a 1-week pre-intervention period, we increased their afternoon activities by introducing 60-90 min conversations, paper weaving, and picture colouring at least four times weekly to their usual recreation activities for 2 weeks.

Sleep/wake patterns were observed by nursing staff and analysed using a wrist actigraph, a sheet-type sleep-assessment instrument. In addition, we collected 24-h heart rate variability data at each period with a Holter ECG monitor to assess autonomic nervous system activity by frequency-domain analysis of heart rate variability.

The results showed no differences in total sleep time, sleep/wake patterns, time and length of wake after sleep onset, or autonomic nervous activity rhythm between pre-intervention and intervention periods. This study identified some obstacles in this type of intervention methods and in sleep assessment in this population.

In conclusion, moderately increased daytime activities were not effective in improving nighttime sleep in elderly individuals with dementia and low ADL.
Ward discharge planning program on medication management for older patients admitted to acute medical unit

Hiu Kiu Leung, The Chinese University of Hong Kong, China

Abstract
Background: Medication-related problems are an important cause of admission in Hong Kong related to monitoring and adherence and much of them are preventable. Discharge planning in acute hospital has been promoted in the past few decades to facilitate efficient utilization of resources and improvement of care.

Objectives: The objectives were to conduct a comprehensive review of the related literature to the significance of promoting early discharge planning in acute hospitals to meet the post-discharge needs of older patients and to identify the implications of new evidence for development of medication education program in acute hospital settings.

Design: A search of the recent literature related to issues of medication discharge management and education at acute hospital were undertaken to review findings published in the past ten years.


Review methods: Keyword searches were conducted for literature published in 2004 or later that examine the medication adherence and the designs, tools and strategies of patient education programme or model currently available. Literature findings are presented using a table format to report individual studies.

Results: From about 1100 abstracts that were initially searched for content relevance, 16 studies were included in this review. The predominance of studies focuses on predisposing factors of elderly discharge medication errors and the benefits of early discharge planning. Studies provided insights into factors that should be considered in strategies to develop medication education program during acute hospitalization.

Conclusions: Many studies suggested that nurses act an important initiation role in providing education to carry out a comprehensive discharge plan. The development of a medication management program can be a way of better transition of care from acute hospital to home. Further study can be carried out to determine whether such program will reduce hospital re-admissions related to medication-related problem.

Development of a Hospice Research Strategy through organisational consensus

Dr Elizabeth Reed, RGN BSc PhD, Princess Alice Hospice, United Kingdom

Abstract
Background: A strategic approach to the development of a portfolio of research gives direction and enables an organisation to plan and conduct research systematically (Payne et al, 2013). At Princess Alice Hospice a strategic approach to research development was tailored from the organisational 5 year strategy which in turn aims to translate into quality of palliative and ends of life care locally as well as contributing to the wider evidence base.

Aims:
• Identify gaps in palliative and end of life care evidence
• Develop an organisational research strategy

Methods: A gap analysis of evidence in palliative and end of life care was undertaken though a review of literature on areas identified through the organisational strategy. This was circulated to staff, and staff from different disciplines were recruited to attend a workshop. The workshop was convened with multiprofessional representation to determine the focus for research over the next 2-3 years through consensus decision making.

Results: Priorities identified in order were: partners and families; non-malignant disease and health promotion. Through discussion in the workshop, compassion and dignity were highlighted as topical issues of life care research allowed us to focus on organisational research priorities. A multiprofessional consensus approach allowed diversity and representation which translates into a richer decision making process as well as interest and engagement throughout disciplines in future research activity at the Hospice.

Increasing research capacity and capability: The role of the research assistant

Rhian Bull, Research Assistant, Chelsea and Westminster Hospital, London, United Kingdom

Abstract
Introduction: In 2013, a 1 week review of the Research Associate (RA) workload was conducted whereby research nurse and midwife activity was recorded in a tracker to highlight how much time was being allocated to patient recruitment, patient follow-up, administration and education.

The review highlighted that the administrative component associated with the RA role had become overburdening, often taking these health professionals out of the clinical environment, resulting in missed participant recruitment, reduced time spent with patients and less integration with multi-disciplinary teams. This led to the appointment of 2 research assistants.

The Research Assistant Role

The role commenced initially with a remit to support the administrative component, centring on data management, investigator site file maintenance and general administrative support for RAs. However, through the provision of increased professional development and the utility of the RCN research competency framework, the roles developed to become more diverse, now also including duties such as patient recruitment, clinical assessments and laboratory support.

Benefits include increased flexibility enabling deployment of research nurse and midwife support to complex and high risk studies only, varied skill mix and increased professional development of these nurses and midwives (which is rare within research roles) through supervision/mentorship of the research assistants. In addition there was an increase in patient recruitment (research assistants alone contributed to 10.5% of organisations overall recruitment to NIHR portfolio adopted studies in 1 year) and cost savings were made.

Challenges include the under-recognition of the role by industry or other research teams and hospitals and the risk of a heavy workload due to these roles being a minority within a big team.

Conclusion: Since the first research assistant role was advertised within our organisation, it received 73 applications and has remained invaluable. There is clear scope for further development and such can be adopted elsewhere.
Little is known about the end of life care experiences of Black Asian Minority Ethnic (BAME) groups although it seems that key outcomes such as place of death, access to palliative care and perhaps intensity of treatment are different and most likely worse.

This study adopted participatory approaches to deal with IPV related issues in marginalised groups such as Muslim communities in UK. Practitioners, who at times, may not feel prepared to deal with IPV, and ways through which culturally sensitive services can be provided. One key outcome of the study was the development of appropriate strategies to support IPV victims in a culturally appropriate and sensitive manner.

Methods: This study adopted participatory research methodology. Data was collected through fifteen individual interviews and three focus group discussions with Muslim men and women, religious leaders, interpreters, practitioners such as community workers dealing with IPV in this community. In addition, three participatory workshops were conducted to develop culturally sensitive information resources for victims as well as practitioners to help them culturally appropriate and sensitive services to the IPV victims. A novel approach ‘Personas’ was used to facilitate discussion and development of resources according to existing guidelines used by local organisations to ensure sustainability and maximum impact of the project findings.

Study Findings and Conclusion: Four themes emerged from the data. These include ‘is it IPV’, ‘Who will help’, ‘Barriers to access help’, and ‘Strategies to overcome barriers’. Findings highlight the importance of improving awareness about IPV for not only general public, and victims but for the practitioners, who at times, may not feel prepared to deal with IPV related issues in marginalised groups such as Muslim communities in UK.
Theme: Cardiovascular disease and stroke

Poster number 32

Use and access of primary healthcare services in rural areas in Southern Greece

Professor Zacharenia Androulaki, RN, PhD, Technological and Educational Institute of Crete, Greece

Abstract

Introduction: In Greece there is a lack of knowledge regarding the frequency and aetiology of use of primary healthcare services. We aimed to evaluate the most frequent reasons for seeking healthcare advice and help by accessing a healthcare center in district areas of Greece and to explore other factors that may act as determinants of this use.

Methods: For the purposes of this study a random sample of 6 primary healthcare centers serving the wider rural areas of Crete was selected. Data collection was performed retrospectively from May to June 2013 and medical records for the years 2010-2013 were reviewed by two independent reviewers. A data collection form was established following an experts’ consensus. The International Classification Primary Care was used to classify cases into broader disease categories based on the information available. This study was approved by the Ethics Committee of the Cretan Health Region. The Statistical Package for the Social Sciences (version 19.0) was used for the analysis of our data.

Results: The symptoms from the respiratory system and the symptoms from the musculo-skeletal system represent the most frequent reasons for seeking healthcare advice and help by accessing healthcare centers. Other reported symptoms of high frequency are the digestive symptoms and the skin related symptoms. Significant differences in the distribution of the main symptomatology and related diseases in different age and sex groups were observed. Spatial and temporal variations particularly for occupational and traffic accidents were found. Furthermore, the increase of the number of people who visited healthcare centers due to neurological symptoms from 2010 to 2013 raises issues related to the impact of economic crisis on human’s health.

Conclusion: A deeper understanding of the epidemiological profile of users in primary health care is recommended and the urgent need for the adaptation of electronic health records is highlighted.

Poster number 33

Arrhythmias perceptions, quality of life, and associated factors of cardiovascular patients before pacemaker implantation

Professor Shu-Fen Su, PhD, MSc, RN, CCN, Associate Professor, Hungkang University, Taiwan

Abstract

Background: Cardiac arrhythmias might become life-threatening emergency, resulting in cardiac arrest or death. Arrhythmias, such as bradycardia, atrioventricular block, sick sinus syndromes, atrial fibrillation with slow ventricular response, need pacemaker implantation as a treatment for saving life. However, very little study is conducted in this field in Taiwan.

Objective: This study aimed to examine arrhythmias perceptions, quality of life, and associated factors of cardiovascular patients before pacemaker implantation.

Methods: A cross-sectional study was carried out on cardiovascular patients in a 1000-bed teaching hospital in Taiwan. 90 arrhythmias patients were recruited between July 2012 to July 2014. Before they received pacemaker implantation, 3 reliable questionnaires: arrhythmias perception questionnaire, quality of life questionnaire (SF-36), and demographic questionnaire were used to collect data. Data were analysed through Correlation coefficient, Independent T-test, One-Way ANOVA.

Results: 37% of the participants are female, 63% are male within an average age of 73 years old. 52.2% participants (n=47) often perceived dysrhythmias, and 55.6% participants (n=59) had continuous tachycardia, resulting in dizziness, headache, sweating, fatigue, or trouble concentrating. Physical health scores (PCS) was positively related to mental health scores (MCS) (r=−0.744*). Arrhythmias perception was positively related to suffering from arrhythmia period (r=−0.248*), and negatively related to physical health scores (PCS) (r=−0.503*) and mental health scores (MCS) (r=−0.650*). Age was negatively related to arrhythmias perception (r=−0.248*). Also, ANOVA confirmed a significant difference in different age classes and arrhythmias perception (F=2.365*, p=1.667).

Conclusions: Arrhythmias influenced cardiovascular patients’ quality of life and caused uncomfortable symptoms, such as dizziness, headache, sweating, fatigue, or trouble concentrating. The older the patients, the more arrhythmias they perceived. The more arrhythmias the cardiovascular patients perceived, the less physical health and mental health they felt themselves. We suggest that doctors and nurses need to provide sufficient arrhythmias knowledge to patients for preventing arrhythmias and its complications.

Theme: Workforce issues

Poster number 34

The use of ‘pop-up education’ to raise nurses’ awareness of research being conducted in the emergency department

Harriet Couper, Bachelor of Nursing (Hons), Clinical Research Nurse (Emergency Department), King’s College Hospital NHS Foundation Trust, United Kingdom

Abstract

This abstract examines how a pop-up research event increased awareness amongst clinical staff in an Emergency Department (ED). The intention is to share one means of integrating research into the culture of a busy clinical area.

Research must be undertaken in EDs: without it, practice in certain clinical situations and patient groups cannot develop. Research nurses working in EDs often rely on ‘bedside’ staff to refer eligible patients (Reimer et al 2012): if nurses and doctors lack knowledge of research or perceive no value in it, recruitment suffers, to the detriment of individual studies and the wider advancement of practice. Staff may associate research with increased workload or interference with patient care (Devon et al 2013). These barriers can be overcome through education; education of nurses, a more constant workforce than regularly-rotating junior doctors, is crucial to effecting change in culture. However, in a busy clinical environment where nurses’ priorities are subject to constant competition, a novel approach to education is required.

The ACET (anaesthetic, critical care, emergency and trauma) research team applied this principle to a trauma) research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma research team applied this principle to a trauma
This study aimed to investigate the process in applying sedation guidelines.

Consistent and successful sedation guidelines implementation can improve patient safety and quality of nursing care. We recommend that strong nursing leadership, sufficient nurse continuing education, and use of guidelines standard orders can facilitate ICU nurses in applying sedation guidelines.

Abstract

Background: Studies revealed proper implementation of sedation in critically ill patients can reduce time of mechanical ventilator use and length of hospital days. However, there is a lack of related research in exploring the process in applying sedation guidelines in the ICUs (intensive care units).

Aims: This study aimed to investigate the process in applying the sedation guidelines for critically ill patient among ICU nurses.

Methods: Qualitative research of grounded theory was used as the design for this study. A total of 25 ICU nurses from 6 ICUs were recruited from a 1000-beds hospital in Taiwan participating in the semi-structured interviews. Data were analyzed by using Strass and Corbin's grounded theory analysis. Methods of asking questions, reviewing references, constant comparison, and theoretical sampling were utilized throughout the data collection process for achieving theoretical saturation and research trustworthy.

Results: Seven categories, 12 subcategories and 20 concepts emerged from study to explain the sedation guideline applying processes. ‘Strong leadership’ and ‘ward cultural’ were found to increase nurses’ intentions in using sedation guidelines. Various strategies were developed by the participants to improve nurses’ guideline applying motivation, such as fully authorization, providing continuous education, and effective communication. The barriers of implementing sedation guidelines were found as the indicators, including effect of outcome expectation, lose control of patients, fear of responsibility, and lack of clear task allocation. Good evidence levels, computer-assisted tools developments, and standard order guidelines were found to enhance the compliance of sedation guideline.

Discussion and Conclusion: Consistent and successful sedation guidelines implementation can improve patient safety and quality of nursing care. We recommend that strong nursing leadership, sufficient nurse continuing education, and use of guidelines standard orders can facilitate ICU nurses in applying sedation guidelines.

Poster number 36

Findings from a global peripheral intravenous catheter prevalence study

Gillian Ray-Barruel, RN, BSN, Grad Cert ICU Nursing, BA(Honours), Senior Research Assistant, NHMRC Centre for Research Excellence in Nursing (NCREN), Centre for Health Practice Innovation, Griffith Health Institute, Griffith University, Australia

Abstract

Background: More than one billion peripheral intravenous catheters are inserted each year in hospitalised patients worldwide. Despite being one of the most common procedures performed in the hospital setting, international data on the prevalence and management of these devices is lacking, particularly in developing countries.

Objective: To conduct an international observational pilot study and assess the feasibility of conducting a large, international, multi-centre investigation on the prevalence of peripheral intravenous catheter use.

Methods: Pilot sites were sourced through international vascular access networks. During the study conducted in December 2013—January 2014, hospital sites were asked to screen adults patients in general wards with or without a peripheral intravenous catheter. Data collected included demographics, catheter characteristics, site assessment, and dressing and securment details. Multiple language options were provided.

Results: A total of 479 patients from 14 hospitals in 13 countries were screened for the presence of a peripheral intravenous catheter. Of these, 55% (n = 261) had at least one peripheral intravenous catheter (95% CI 54.2–65.3); 16% (n = 76) had another vascular access device (95% CI 12.9–19.4), and 25% (n = 122) had no vascular access device (95% CI 21.7–29.6). The majority of peripheral intravenous catheters were inserted using a catheter insertion kit and an 18 gauge needle. The prevalence of peripheral intravenous catheters in place with no fluid or medication order was 17%. The majority (89%) of peripheral intravenous catheter sites assessed had no symptoms of phlebitis or infiltration.

Conclusion: More than half of hospitalised patients screened had a peripheral intravenous catheter in place. The findings suggest that a larger global study is warranted to assess differences in practice for peripheral intravenous devices and complications associated with their use.

Poster number 37

Facing life’s realities after the stroke

Rochelle Colas, Saint Louis University, Philippines

Abstract

The quality of life of a stroke survivor is reduced by permanent neurological disability. Associated health problems further diminish quality of life and worsen over time. The complaints of stroke survivors are manifold and a challenge for health care providers. The study aimed to determine the lived experience of post-brain stroke clients. The study utilized qualitative phenomenological research design using unstructured interview. The research had 9 participants who were chosen using purposeful convenience referral method. The Colaizzi method was used. The rigor of the study was also established. Credibility, dependability, confirmability and transferability were observed. The major themes of the study are ‘Struggling with the disability’, ‘Dealing with emotional baggages’, ‘Complying with lifestyle changes’ and ‘Finding meaning and hope.’ They have undergone ups and downs emotionally and psychologically. Their positive outlook toward life and presence of support system motivated them to continue life through their compliance to their own treatment regimen, aiming to have balanced nutrition and to be cautious in all their moves and activities. It is concluded that post-brain stroke participants have diverse experiences. They constantly need the support system in order to meet their physical and financial needs. Their diverse experiences made them strong in their search of hope through their faith in God, always trusting the significant other and exercising the attitude of thankfulness. It is recommended that the family members enhance their caring behavior by implementing interventions and getting involved in the therapy of the client. Holistic reinforcement of the skills and knowledge of nurses in the care of these clients should be done. Provision of health education and referrals should be continued in the community. Importance of health teachings for clients should also be reiterated to nursing students. Government and Non-Government organizations can extend help in the continuous rehabilitation of the clients and provide seminars.
Effectiveness of nurse-led person-centered behavioral risk modification on secondary prevention of coronary heart disease: A systematic review.

Chung Van Chiang, RN, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong

Abstract

Background: Person-centered care (PCC) is beneficial to enhance the patients’ outcomes in secondary prevention of coronary heart disease (CHD). However, the effectiveness of PCC intervention varies among studies and this may be related to variations in intervention modalities and design or different emphasis on outcome evaluation.

Aim: The aim of this review was to identify, appraise, and evaluate the effectiveness of nurse-led person-centered interventions in changing behavioral risks and cardiac physiological parameters in patients who have CHD.

Methods: A three-step search strategy was used to identify both English and Chinese published and unpublished trials which evaluated the effect of nurse-led PCC on secondary prevention of CHD. A computerized search was conducted on 23 English and 7 Chinese databases for published trials and 20 electronic databases for grey literature from their inception till April 2014.

Results: 13 randomized controlled trials were identified comprising with 2,205 CHD patients. The pooled results showed that PCC has improved patient's smoking cessation (RR: 1.36, 95% CI: 1.14 to 1.63; p=0.0008), reduced smoking prevalence (OR: 0.60; 95% CI: 0.40 to 0.89; p=0.01), and improved adherence to physical activities advice (OR: 1.96; 95% CI: 1.35 to 2.85; p=0.0004). For the physiological outcomes, the pooled result showed PCC with medical regime optimization was favorable in improving patients' total cholesterol level (MD: -0.61; 95% CI: -0.76 to -0.45; p =0.000001). Due to variations in reported measures and considerable statistical heterogeneity, pooling of patients' alcohol consumption, exercise frequency, diet, blood pressure and body mass index was impossible.

Discussion: The results showed a promising effect of nurse-led PCC in secondary prevention of CHD. Therefore, intervention actively engaged patients' in healthcare planning according to one's needs is necessary to be adapted in services providing cardiac care.

Conclusion: This review provides complementary information to support the favorable effects of PCC in secondary prevention of CHD.

Documentary analysis of 100 palliative day-care records provides complex baseline data

Professor George Kernohan, BSc PhD, Professor of Health Research, Ulster University, United Kingdom

Abstract

People living with advanced diseases report palliative day care to be a positive experience (Kernohan et al, 2006), find benefit in engaging with others and tend to feel supported (Hyde et al, 2011). This innovative outpatient service incorporates interventions provided by nurses, doctors, allied health and social care professionals (Jones et al, 2012). These very diverse interventions include initial assessment and review, symptom management, psychological support, creative therapy, referral to other services and carer respite.

Hence, to better understand the model of palliative day care provided by a regional hospice, following ethical clearance, documentary manifest content analysis was applied to the complete anonymised records of 100 patients, referred for weekly outpatient palliative care, over 12 months.

We present data on gender, age, diagnosis and interventions. All received a holistic assessment by nursing staff with follow up care provided as required. Most common physical concerns were dyspnoea (42), pain (47) and mobility difficulties (12). Staff liaised with patients' families, and other health care professionals. Almost all cases (94) received psychological support.

The service aims to maintain or improve quality of life of patients via the provision of multi-disciplinary holistic care and this is comprehensively addressed. However, the data betrays a complexity of patients' needs and the number of interventions required to address them (total for 100 cases 6,671).

In spite of commonly held belief, day care is more than a venue for social support of patients and carers as a range of holistic interventions take place to meet the complex needs of patients. Further research will explore the appropriateness and efficacy of individual interventions.

Assessment of safe prescribing in final year undergraduate medical students

Selina Jarvis, BA, MA Psych, BSc (Hons), MSc Nursing, Kings College Hospital, London, United Kingdom

Abstract

Background: Medication errors are a major concern with ~50,000 medication-related incidents reported by the NPSA. Safe prescribing is complex requiring attention to detail. The GMC highlights the urgent need to test prescribing skills during medical training.2 Poor prescribing has implications for nursing staff adversely affecting workload. 19% of nursing time is spent on medication tasks with interruptions for prescription clarification affecting time spent with patients. 3

Aims and Objectives: To assess prescribing behaviour in final year medical students using clinical scenarios after a pharmacist-led teaching session.

Methods: A senior pharmacist delivered a focused 1-hr teaching session to medical students approaching the final 1-2 months of training followed by a safe prescribing test 24-hrs later allowing access to the BNF. Accuracy of completion of a range of sections in a standard hospital prescription chart, with particular emphasis on antibiotics, anticoagulants, insulin and appropriate dose adjustment for renal dysfunction was tested.

Results: 118 students attended the course and sat the test (315 min questions). The majority of students correctly documented allergy status with type of reaction (99%) and prescribed medications in correct sections (80%). Antibiotic prescribing errors were observed in 42.3% in terms of administration frequency. Dangerous incorrect spelling of insulin (3.8%), route of administration (7.7%) or timing i.e. with meals or bedtime (14.6%) were seen. Low molecular weight heparin was written incorrectly by 20.3% (either wrong route, incorrect preparation or dose). Notably 44% of students inappropriately prescribed ACE inhibitors in a scenario involving acute kidney injury, dehydration and hypotension.

Conclusions: Despite relevant structured teaching, senior medical students struggle with prescribing common medications. Drug rounds are lengthy and time spent on these problems may increase with an aging population with multiple co-morbidities and poly-pharmacy. Intensive integration of safe prescribing at earlier stages of training and national standardised prescription charts may reduce error.
Abstract

**Background:** The Kingdom of Saudi Arabia (KSA) has a chronic and severe shortage of Saudi trained nurses, accompanied by high rates of turnover. Expatriate nurses comprise the majority of the nursing workforce in Kingdom of Saudi Arabia (KSA). This provides challenges in healthcare delivery. To formulate strategies to promote and encourage Saudi students to choose nursing as their career path it is imperative to understand community attitudes and perceptions toward the nursing profession.

**Aim:** The overall aim was to explore the perception of the Saudi community towards the nursing profession in Riyadh City, KSA. This presentation will focus on secondary school students’ perceptions.

**Methodology:** A sequential exploratory mixed method study. The quantitative aspect of the study is the topic of this presentation. Final year secondary school students in Riyadh were surveyed by a questionnaire, in Arabic, that comprised: demographic items and a 43 item Likert-scale about nursing as a career choice.

**Results:** 554 (86.6%) of students completed the questionnaire in October 2014. While school students had a respect for the nursing profession, they indicated a lack of awareness in the community about nursing. Students concerns about nursing were around potential of marriage, the risk of infection and the lower financial remuneration compared to other professions.

**Discussion:** The findings of this study support the previous studies, which reveal that the poor image of nursing and choosing nursing as a career affected by society and family attitude towards nursing in KSA.

**Conclusion:** Saudi Policy makers must set up plans encompassing high schools, the community, media and religious leaders to improve the image of nursing profession and encourage Saudi nationals to consider nursing as a career option to increase the delivery of nursing by a KSA derived workforce.