Emotion work
Taylor, Jilly

Published: 22/04/2015

Document Version
Publisher's PDF, also known as Version of record

Link to publication on the UWS Academic Portal

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the UWS Academic Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
If you believe that this document breaches copyright please contact pure@uws.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
RCN international nursing research conference 2015

Book of Abstracts

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

Keynotes/plenary .................................................. 4
Monday 20 April 2015 10.20 – 11.00 ......................... 4
Tuesday 21 April 2015 09.10 – 09.50 ......................... 4
Wednesday 22 April 2015 09.10 – 09.50 ..................... 5
Wednesday 22 April 2015 15.35 – 14.15 ..................... 5

Fringe/networking sessions .................................... 6
Monday 20 April 16.50-17.50 ................................. 6
Tuesday 21 April 16.30-17.30 ................................. 7

Concurrent session 1 ............................................. 9
Monday 20 April 2015 11.30 – 12.55 ......................... 9
  Theme: Phenomenology ......................................... 9
  Theme: Measurements ........................................... 10
  Theme: Documentary research ............................... 11
  Theme: Thematic analysis .................................... 12
  Theme: Focus groups .......................................... 13
  Theme: Issues in research .................................... 14
  Theme: Statistical analysis .................................. 15

Concurrent session 2 ............................................. 16
Monday 20 April 2015 13.55 – 15.20 ......................... 16
  Theme: Systematic reviews .................................. 16
  Theme: Grounded theory ..................................... 17
  Theme: Mixed methods ...................................... 18
  Theme: Thematic analysis .................................... 19
  Theme: Case study .............................................. 20
  Theme: Phenomenology ...................................... 21
  Theme: Measurements ........................................ 22

Concurrent session 3 ............................................. 23
Monday 20 April 2015 15.50 – 16.45 ......................... 23
  Theme: Delphi method ........................................ 23
  Theme: Mixed methods ...................................... 23
  Theme: Narrative approaches ............................... 24
  Theme: Questionnaires/surveys .............................. 25
  Theme: Thematic analysis .................................... 25
  Theme: Questionnaires ...................................... 26
  Theme: Focus groups and statistical analysis .......... 27

Concurrent session 4 ............................................. 28
Tuesday 21 April 2015 10.05 – 11.00 ......................... 28
  Theme: Phenomenology ...................................... 28
  Theme: Mixed methods ...................................... 28
  Theme: Ethnography .......................................... 29
  Theme: Thematic analysis .................................... 30
  Theme: Mixed methods ...................................... 30
  Theme: Thematic analysis .................................... 31
  Theme: Thematic analysis .................................... 32

Concurrent session 5 ............................................. 33
Tuesday 21 April 2015 11.30 – 12.55 ......................... 33
  Theme: Phenomenology ...................................... 33
  Theme: Mixed methods ...................................... 34
  Theme: Focus groups .......................................... 35
  Theme: Grounded theory ..................................... 36
  Theme: Mixed methods ...................................... 37
  Theme: Issues in research .................................... 38
  Theme: Other research methods ......................... 39

Concurrent session 6 ............................................. 40
Tuesday 21 April 2015 14.00 – 14.55 ......................... 40
  Theme: Mixed methods ...................................... 40
  Theme: Narrative .............................................. 40
  Theme: Thematic analysis .................................... 41
  Theme: Discourse analysis ................................... 42
  Theme: Mixed methods ...................................... 42
  Theme: Thematic analysis .................................... 43
  Theme: Mixed methods ...................................... 44

Concurrent session 7 ............................................. 45
Wednesday 22 April 2015 09.50 – 10.45 ....................... 45
  Theme: Mixed methods ...................................... 45
  Theme: Thematic analysis .................................... 45
  Theme: Thematic analysis .................................... 46
  Theme: Mixed methods ...................................... 47
  Theme: Observation .......................................... 48
  Theme: Thematic analysis .................................... 48
  Theme: Mixed methods/patient experience ............. 49

Concurrent session 8 ............................................. 50
Wednesday 22 April 2015 11.15 – 12.40 ....................... 50
  Theme: E-research ............................................. 50
  Theme: Questionnaires ...................................... 51
  Theme: Systemic review ..................................... 52
  Theme: Interviewing ......................................... 53
  Theme: Statistics .............................................. 54
  Theme: Mixed methods ...................................... 55
  Theme: Mixed methods/patient experience ............. 56

Symposia 1-3 ...................................................... 57
Tuesday 21 April 2015 15.25 – 16.25 ......................... 57

Symposia 4-6 ...................................................... 62
Wednesday 22 April 2015 13.40 – 15.10 ....................... 62

Posters ............................................................ 69
Monday 20 April 2015 ............................................. 69

Posters ............................................................ 74
Tuesday 21 April 2015 ............................................. 74

Posters ............................................................ 79
Wednesday 22 April 2015 ....................................... 79
Keynotes/Plenary

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 healthcare 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:

1. Reflect on nursing care quality and what influences this
2. Describe environments that enhance care for older people
3. 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, 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 businessisation 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 joining of morality and efficiency relates, first, to a fundamental downgrading of the status of nurses through changes to the organisational structure and the institutions within which they work and, second, to a devaluation 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 heterogeneous, 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 reenvision 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

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

Biography
Joanna Latimer is Professor of Sociology at Cardiff University. Joanna studied English at London University and then worked as a cleaner and auxiliary nurse in a hospital for older people, going on to train as a nurse at UCH, London. Joanna worked as a nurse for ten years, including helping found the first nurse-led Community Hospital, and ending as a ward sister of an acute medical ward. She won a Scottish Home and Health Department Fellowship to train in Social Science research at Edinburgh University and then went on to complete her doctorate on the assessment and care of older people in acute hospitals. Joanna has published widely on medicine, nursing, science, technology, the body, genetics, ageing, care and culture and contributed to publications at the cutting edge of debates in sociology of nursing and medicine. Her early work on the politics of health care organization and practice explored mundane processes of social in/exclusion including ‘The Conduit of Care’ (Blackwell). Her more recent research offers a new theory of medical dominance, including the prize-winning book ‘The Gene, The Clinic and The Family’ (Routledge). Joanna edits the Sociology of Health and Illness, and is on the board of The Sociological Review. She is currently writing her most recent ethnography of ageing, medicine and biology.

15.35 – 14.15

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

Presenter(s): Professor Hugh McKenna, CBE, PhD, B.Sc(Hons), RMN, RGN, RNT, DipN(Lond), AdvDipEd, FPN RCSI, FEANS, FRCN, FAAN, 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

Revised: 2015-04-22
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 is 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 6000 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.

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.

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 question 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 collaborating 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!
Tuesday 21 April 16.30-17.30

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 PVC 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 partnerships

---

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
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.
1.1.2 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)/DiplHE 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.

**Key words:** Emergency nurses, alcohol consumption, education
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 Elderly study recruited residents (≥65 years) without cardiac or renal failure, from 56 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 →300mosm/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.
11:30am

**Nursing history: new approaches to dissemination**

**Author(s):** Jill Clendon, New Zealand, Linda Bryder, New Zealand, Debbie Dunsford, New Zealand, Margaret Horsborough, New Zealand, Kate Prebble, New Zealand

**Abstract**

**Background to the Method:** 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 platform used for the website enables nurses, researchers and family members to load their oral histories to the website.

**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.

---

11.30 – 12.55 Concurrent session 1 – Monday 20 April 2015

**1.3.2 Abstract number 152**

**12:00pm**

**Through the looking glass: Transforming children’s nursing research culture within a healthcare organisation through an innovative leadership approach**

**Author(s):** Joseph Manning, United Kingdom; Jane Coad, United Kingdom

**Abstract**

**Background:** Nationally, high quality, translational research that has a tangible impact on lives and outcomes is demanded by service users, commissioners and research funders (NIHR, 2013). However, without strong research leadership within healthcare organisations, the practice of children’s nursing research will remain the domain of higher education.

**Aim:** This presentation will critically review the experiences of employing an innovative leadership approach to progress children’s nursing research and evidence-based practice (EBP) culture, capacity and capability within a children’s hospital, situated within a large NHS Trust.

**Discussion and evaluation of approach:** Despite demonstrable commitment from the senior nursing management, local implementation of the nursing research vision remained under-developed. Consequently, a local strategy that engaged key stakeholders and PPI was devised during 2013/4 to operationalise the vision within the children’s hospital.

An innovative approach was employed to fulfill this multifaceted and diverse remit. Activities included: identifying research areas that aligned to local and national service priorities; the appointment of a clinical-academic children’s nurse; the implementation of a training programme in knowledge translation and scholarly activities; and a funded partnership between a senior children’s nursing research leader/professor and the healthcare organisation. Subsequently, small studies and larger grants have been sought with potential for national multi-centre studies with other specialist children’s health settings. PhD students have been identified and supported.

**Conclusion:** The strategy employed contributes to transforming the children’s nursing research and EBP culture within a healthcare organisation in the UK through an innovative leadership approach. This visionary strategy will be shared with delegates with the rationale for appointments and support, and there impact on organisational culture, outlined. Challenges and successes will be discussed including early exemplars and high level impact results. The results and presentation will be useful for all delegates in supporting and developing the culture of nursing research within healthcare organisations.

---

11.30 – 12.55 Concurrent session 1 – Monday 20 April 2015

**1.3.3 Abstract number 35**

**12:30pm**

**The art of maintaining creativity in a risk averse culture.**

**Author(s):** Austyn Snowden, Scotland

**Abstract**

**Introduction:** Creative nursing research is grounded in the ethics of current care. In light of current concerns about the state of care and compassion in UK National Health Services such activity is absolutely essential. However the process of obtaining ethics permissions to do research can be so daunting as to prevent difficult problems being investigated (Wilson, 2011). Students and experienced researchers alike are much more likely to choose research questions they know they can safely get through ethics committees. A serious consequence is that more difficult questions grounded in the real life experience of nurses may not be being asked (Snowden, 2014). This presentation challenges this view and offers strategies to support and encourage colleagues to keep asking difficult questions.

**Method:** Reflective case study approach. The ethics permission processes of four current studies led by the presentation author are compared and contrasted.

**Results:** In one of the studies permissions took over two years, three protocol iterations, eight different research committees and over 500 document drafts. The other three studies were unproblematic to the committees.

**Discussion:** The study that took the longest entailed the least potential for risk. The complexity of the protocol was therefore not related to successful ethics permissions. The difference between the experiences seemed rather to be one of trust-worthiness. Once this is lost it is difficult to recover.

**Conclusion:** Researchers can help themselves by developing a solid understanding of the ethics governance process. They need to build authentic relationships with relevant ethics committees. They need to know what to expect and to know how to act. They need to be able to predict when and why ethics committees may adopt risk-averse positions and what they can do to assuage these anxieties. This presentation concludes by exploring positive experiences supporting these claims.
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; Remijn, 2000; Doran, 2004a; Ommrod et al., 2005; Komanjie 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 consent analysis approach to collect and report 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.
### 1.5.1 Abstract number 191

**Theme: Focus groups**

#### 11:30 am

**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, MA (Health Research); BSc (Hons); Dip Community Health Studies, SCPHN (HV), 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=3), 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.

---

### 1.5.2 Abstract number 162

**12:00 pm**

**An exploratory study to investigate the role of ‘Volunteer Dementia Champions’ in providing encouragements with eating and drinking as well as a companionship for patients with dementia in acute hospital wards**

**Author(s):** Ruth Davies

**Presenter(s):** Dr, Ruth Davies, RN MA PhD, Associate Professor, CHSS, Swansea University, Swansea, United Kingdom

**Abstract**

A report by the Alzheimer’s Society (2009) estimated that 25% of all patients over the age of 65 years, in UK hospitals, suffer from dementia and a survey by them revealed that 97% of nurse respondents had cared for someone with dementia. Many patients will have difficulties with eating and drinking (Manthorpe and Watson, 2003) and this area of clinical practice is now a priority for nursing research (Liu et al., 2012). In Wales ‘Volunteer Dementia Champions’ aged 16 – 75 years, who have undergone a rigorous interview process and training programme, visit wards to specifically encourage patients with dementia to eat and drink as well as provide companionship.

To research this novel programme an exploratory study took place across three hospitals in rural and urban areas during 2014. Through focus groups the contribution of volunteers was explored from the perspectives of volunteers themselves (n=12) and health workers (n=25) and investigated not only patient outcomes but the working practices of hospital wards. Findings showed that registered nurses, and particularly ward sisters, were positive about the contribution volunteers made but health care assistants were more likely to be negative. Volunteers themselves found intrinsic and extrinsic rewards in their role and this may be framed within the context of ‘Dementia Supportive Communities’ which owes much to increasing public awareness of the growing population of people with dementia worldwide and the need to respond compassionately to their needs in hospital. It has to be acknowledged that hospitals are busy places where health care workers do not always have the time to sit with patients and encourage them with eating and drinking or provide companionship. Researching the role of volunteers is vital given they are likely to become an increasingly invaluable resource to an overstretched health services at a time of economic austerity.

---

### 1.5.3 Abstract number 141

**12:30 pm**

**Silent voices: exploring women’s experience of health care professionals responses to domestic violence and abuse**

**Author(s):** Julie McGarry, United Kingdom and Kathyn Hinds-Smith, United Kingdom

**Presenter(s):** Dr, Julie McGarry, DHSci, MMEdSci, BA (Hons), PGCHE, Associate Professor, School of Health Sciences, University of Nottingham, United Kingdom

**Abstract**

**Background:** Domestic violence and abuse (DVA) exerts a devastating impact on the lives and health of those who experience abuse. Many survivors of abuse will access health services, either as a direct result of their injuries or through associated health related issues for example, self-harm or substance misuse. There has been growing recognition globally of the role of health services in identification and support for survivors of DVA. In the UK, the recent publication of National Institution for Health and Care Excellence (NICE) guidelines has also emphasised the role of all health professionals in effective DVA support and management. Evidence suggests that survivors do not always receive appropriate or sensitive responses from health care professionals (Trevillion, et al. 2012). However, to date there is a relative absence of survivor voices with regard to their own experiences.

**Aim:** The aim of the research was to explore survivors’ experiences of encounters with health care professionals in order to examine barriers and opportunities for effective support and management of DVA within health care.

**Methods** Focus group with survivors (n=6) during June 2014. This approach was taken as valuable in supporting those who may not feel comfortable in a one-to-one interview, where participants who may not feel they have anything of value to contribute and a social forum of interaction whereby the perspectives of the participants are dominant over the agenda of the researcher (Kitzinger, 1994). Data were analysed using content analysis (Ziebland et al, 2013)

**Findings and discussion:** The findings have been organised into the four main themes that were identified from the focus group discussions:

- The pathology of abuse
- Time wasting
- Normalising and blame
- Professionals and disclosure

An examination of these themes and discussion of the wider implications for nursing and health care practice development will form the basis of the presentation.
Seeds For The Future: Developing Arts-Based, Creative Approaches for Researchers engaging with Children

**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 requires a clear understanding of the context in which the work is carried out. The presentation will therefore be of interest to doctoral candidates, supervisors and examiners.

**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. Questionnaires and observations 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.
Nurses’ Attitudes Towards Intellectual Disability

Author(s): Martin McMahon, States of Jersey
Presenter(s): Martin Joseph McMahon, RNLD, RCN, Nurse Independent and Supplementary Prescriber, Higher Education Department and Vocational Training Centre, Harvey Besterman Education Centre, Health and Social Services, Jersey

Abstract
There is consistent evidence that the health needs of individuals with intellectual disability are unmet by mainstream healthcare services. Mencap’s recent report ‘Death by Indifference’ highlights the failure of staff in understanding the needs of individuals with an intellectual disability, while the Confidential Inquiry (Heslop et al. 2013) attributed 1,238 children and adults dying each year to inadequate healthcare. To date, research assessing nurses’ attitudes towards people with an intellectual disability has reported predominantly negative findings. Despite this, the attitudes of nurses have not been thoroughly researched from a multidimensional attitudinal perspective.

The Attitudes Toward Intellectual Disability Questionnaire (ATTID’s) validity, with two principal revisions applied. This included the collapsing of the sensitivity/tenderness component into a single discomfort component allowing for the affective dimension of attitudes to be assessed as one. The second revision was the creation of the knowledge of capacity component. A total sample of 213 nurses (n-150 generic nurses, n-50 mental health nurses and n-13 learning disability nurses) was included for analysis.

Mental health nurses have more positive attitudes than generic nurses across the knowledge of rights, interaction and discomfort components. Learning disability nurses have significantly more positive attitudes towards the discomfort component. There is no difference between any nurses’ attitudes towards the knowledge of capacity and knowledge of causes of intellectual disability components. More recent contact with individuals with an intellectual disability is correlated with more positive attitudes on the cognitive and affective model of attitudes. This is potentially a very valuable indicator for informing future interventions.

Keywords: Attitudes, ATTID Questionnaire, Principal Component Analysis, Nurses, Contact Hypothesis.
What factors influence the attitudes of Health Care providers in the pain management of Sickle Cell Disease?

**Author(s):** Sittana Abdelmagid, United Kingdom  
**Presenter(s):** Sittana Abdelmagid, BSc. Physiology & Pharmacology, BSc. Adult Nursing (PENDING), City University London, London, United Kingdom

**Abstract**

**Background:** Pain is recognised as the leading feature of Sickle Cell Disease (SCD) and severe acute painful episodes, known as an Acute Sickle Cell Crisis (ASC), account for 90% of admissions to the emergency department for adult patients with the disease. Yet pain management often falls short of established treatment guidelines, with both patients and healthcare providers (HCP) expressing dissatisfaction with this aspect of care.

**Aims:** This paper will present a systematic literature review exploring the attitudes of healthcare providers regarding pain management of Sickle Cell Disease.

**Methods:** Electronic database searches were conducted for English, peer-reviewed, quantitative, primary research, published between 1994 and 2014. The CASP tool was used to assess rigour of papers. It included research that identifies Health care provider attitudes, directly linked to ASCC in hospital, and links it to implications for practice.

**Results:** A total of 7 papers were included in the literature review. Findings that showed factors that influenced attitudes towards patients with SCD were categorised into 3 topics: provider characteristics; patient characteristics and perception of addiction to opioid analgesia. Provider characteristics included: race, age, frequency of contact with SCD, profession (nurse or physician) and gender. Patient Characteristics included: Sociocultural factors and pain coping behaviours. HCP often misinterpreted pain coping behaviours of patients as drug seeking.

**Discussion:** This review highlighted the largely negative attitudes of HCP towards patients with SCD and how it impacts on their pain management practice. This included being less likely to re-dose opioids within 30 minutes, which is the recommended practice; and less likely to discharge patients with analgesic prescriptions.

**Conclusion:** Provider education is critical to allow HCP to examine internal barriers to their attitudes towards pain management in SCD. Rigorous implementation of clinical practice guidelines has been found to improve the treatment of an ASCC.
The experiences of ST-elevation myocardial infarction (STEMI) patients who are readmitted within 6 months of primary percutaneous coronary intervention (PPCI) treatment

**Abstract**

Background: Following STEMI and treatment with Percutaneous Coronary Intervention (PPCI), 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 PPCI patients readmitted due to potential Ischaemic Heart Disease (p-IHD) symptoms within 6 months of STEMI.

**Method:** 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 PPCI, 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 cogent 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 adapting to life after an STEMI.

**Conclusion:** The experiences of PPCI patients readmitted due to potential ischaemic heart disease require further investigation to ascertain the long-term benefits of the tentative yet promising results of the most effective intervention i.e. structured management.
2.3.2 Abstract number 192

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

Author(s): Karen Spilsbury and Sue Pender, United Kingdom

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 to 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 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.
To investigate the Paediatric Nurses’ perceptions of healthcare services for foreign patients. Paediatric Nurses felt that foreign patients could not be managed as usual due to gaps in understanding. This was particularly true for languages and cultural differences. The authors of the study used an ethics committee to access the data and obtained informed consent from the nurses. Results: The study found that Paediatric Nurses felt that foreign patients could not be managed as usual due to gaps in understanding. They also felt that the cultural differences between foreign patients and the nurses were significant. Discussion: The study suggests that more research is needed to understand the cultural differences between foreign patients and nurses. It is important for nurses to be trained in cultural competence to provide better care to foreign patients. Conclusion: The study highlights the need for more research in this area to improve the care of foreign patients.
Talent Management (TM) has been defined as the process of attracting, developing and retaining high-potential, high-performing people (Blass, 2007). The NHS Leadership Academy advocates an inclusive approach to TM (NHS Leadership Academy, 2014). Within healthcare there is evidence of inconsistency in definitions and little evaluating outcomes (Haines, 2013). In a contemporary context of global nursing shortages, an aging population and increasing complexity in care needs, nursing must attract and retain a diversity of talent.

**Aim:** To gain new insights and knowledge in to TM as an emerging concept within nursing.

**Methods:** An qualitative case study of one acute Trust, including focus group interviews with Bands 5-7 nurses, professional knowledge and skills, and career aspirations. Developing effective TM requires an understanding of professional identity. The findings will be published in 2015.

**Results:**

1. Nursing as Talent: a multiplicity of talents emerged which were contextual in nature.
2. Ward leadership and culture: Participants' experiences of support and development were variable and influenced by the skills and style of leadership on the ward.
3. Career Development: there was a lack of awareness of career pathways in nursing. This created a limited and confusing picture for participants and a need for careers guidance.

**Discussion:** Nursing talent is contextual in nature. However, four overarching domains have been identified; leadership qualities, a person-centred approach, professional knowledge and skills, and personal values. Developing effective TM requires organisational strategy and further consideration of:

- An individual's motivation, strengths and career aspirations
- Managers' skills as talent spotters and developers
- Organisational context, a culture of staff engagement and learning, with clear career pathways.

**Conclusion:** Further study of TM in nursing as a process to attract, develop and retain the full potential of the nursing workforce is recommended.
Abstract

Background: 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 consenting 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 – 0.3819 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.

**Aim:** This study explored the construct of mentorship. Various aspects of the interchangeability between the measurements are debatable, with no research supporting the widespread use of PV-LACT instead of A-LACT.

**Methods:** We performed a prospective observational cohort study of 304 consented patients attending the Emergency Department (ED). 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 – 0.3819 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.

**Conclusion:** Mentorship can be perceived as a tool to assess students' expectation and reliability of ordering mentoring quality. A-LACT samples had a concentration >= 4mmol/L.

**Discussion:** 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.

**Aim:** The aim of this study is to determine if CAP-LACT measurement gives the same results as arterial lactate (A-LACT) measurement. The results show that there is potential for CAP-LACT to replace other methods of lactate measurement.

**Methods:** We performed a prospective observational cohort study of 99 consented patients requiring PV-LACT measurement as part of their routine clinical care to a single UK NHS ED (110,000 adult attendances annually). Paired CAP-LACT and PV-LACT was recorded, and level of agreement determined by Bland-Altman analysis. Data was collected between October and December 2014.

**Results:** Bland-Altman analysis noted a mean difference (CAP-LACT – PV-LACT) of 0.2328 mmol/L, with 95% limits of agreement from – 1.864 to 2.330. Only 4 samples had a concentration greater than 4 mmol/L.

**Discussion:** The results show that there is potential for CAP-LACT to replace other methods of lactate measurement, however the lack of high lactate values means further studies are required. The data will allow the design of a definitive study. CAP-LACT has the potential to allow quick lactate recording by all triage staff with minimal equipment whilst being more acceptable to the patient as an investigation.

**Conclusion:** There is potential for CAP-LACT to be used for lactate measurement in the healthcare system however further definitive studies need to be conducted.
The role and competencies of Advanced Nurse Practitioners working with frail older people: A Delphi study.

Abstract

Methods: Initially a literature review was completed and workshops arranged with multi-professional and lay individuals to identify possible competencies and a role description. A Delphi process was then conducted with three rounds involving a panel of 30 national experts including representation from the British Geriatric Society (BGS) Education and Training Committee, the BGS Senior Nurses and Practitioners Group, the RCN, Allied Health Professionals and lay representatives. Consensus was deemed reached when 70% of the panel agreed.

Results: Data was collected between July and November 2014. The initial role description was considered both too senior and broad. Through two rounds of rewording, a role description was developed which reached 100% agreement. 31 essential competencies were agreed after round one, 40 after round two and 51 after round three. Modifications were suggested by the panel for rewording, combining and adding additional competencies. Seven competencies reached consensus as ‘not essential’ and consensus could not be reached on nine competencies.

Conclusion: This Delphi study has allowed clinical experts and lay representatives to refine and agree on a set of competencies for ANPs working with frail older patients and is the first step towards ensuring consistency in the training of ANPs in geriatric medicine.
Effect of Renal Rehabilitation on Quality of Life Among Dialysis Patients

**Author(s):** Eileen V. Lazarus, Oman
**Presenter(s):** Dr, Eileen Victoria Lazarus

**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, Social 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<0.001). 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.

---

Exploring the impact of the environment for those on an alcohol recovery journey through Photovoice

**Author(s):** Aisha Holloway, Scotland; Sarah Rhynas, Scotland; Eva Silverinha de Oliveira, Scotland; Niamb Shortt, Scotland; Angela Gallone, Scotland; Laura Tully, Scotland

**Abstract**

**Background:** Photovoice is an innovative qualitative methodology of engaging with marginalised groups whereby participants use cameras to document their lives and use the images with accompanying stories to inform others in relation to public health issues (Wang & Burris, 1997; Wiersma 2011). Many people recover from alcohol problems, however how the environment impacts on their recovery journey from their perspective remains unknown. The high number of premises selling alcohol within the environment has been linked to higher levels of alcohol consumption, frequent alcohol consumption and increased alcohol-problems (Campbell 2009). Innovative methods are needed to begin to explore what role the environment plays in the recovery journey.

**Aim:** To explore how the environment and location of alcohol outlets impacts and influences those on an alcohol recovery journey through the use of Photovoice

**Methods:** Utilising Photovoice, photographs were taken by participants who accessed a local 3rd sector voluntary organisation for those recovering from alcohol-related harm. Twelve participants took part in the study, attending 3 Workshops. Workshop 1: Introduction of the project and digital cameras. Workshop 2: Viewing photographs with artist (Selecting); Exploring meaning through interviews (Contextualising). Workshop 3: Photographs and narratives (Coding). Data were collected during October-November 2014.

**Results:** The images taken by the participants representing their thoughts, perceptions and feelings about particular issues in their community and environment in relation to their alcohol recovery journey will be presented.

**Discussion:** Photovoice is an emerging, innovative methodology providing community members with training on photography, ethics, critical discussion and policy advocacy. This paper therefore contributes to our current knowledge base and understanding of those on a alcohol recovery journey and offers a unique way for us to hear their voice.

**Conclusion:** The pictures and accompanying narratives from the study will be shared with key stakeholders and policy makers to advocate for community change in a round table event to be held in March 2015.
Valuing Patient and Public Involvement (PPI) in Patient-Reported Outcomes (PRO) Research: an international PPI Café.

**Presenters:** Dr. Kirstie Haywood, DPhil, BSc (Hons), Senior Research Fellow (Patient Reported Outcomes), RCN Research Institute, Warwick Medical School, Warwick University, United Kingdom

**Abstract**

**Background:** PRO-research involves the development, application and/or evaluation of PRO measures (PROMs) questionnaires which seek to assess how patients feel, function and live. There is a need for well-developed PROMs that can provide nurses with evidence that may enhance patient-centred care. The active involvement of patients as partners is increasingly viewed as essential to ensuring that PROMs capture issues that really matter [1, 2]. However, guidance for active PPI in PRO-research does not exist and the evidence-base is limited [2].

**Aims:** To explore the values that should underpin PPI in PRO-research and inform development of a good practice framework.

**Methods:** A ‘World Café’ format was developed as a collaborative activity between patient partners and researchers [2]. Delegates at the 2014 International Society for Quality of Life Research (ISOQOL) conference used a small table group format to explore three ‘menu’ questions associated with the values underpinning the doing and/or consequence of PPI in PRO-research: i. Views, opinions and concerns were captured. A thematic analysis was undertaken and key values listed.

**Results:** Eighty participants – 12 of whom were patient partners communicated a diversity of views, values and opinions during the 90-minute event. The Public Involvement Impact Assessment Framework (PiIAF) [3] value systems informed the analysis: i. Process why we do PPI; ii. Substantive PPI impact; iii. Normative moral, ethical and political concerns.

**Discussion:** This study provides the first international exploration of values which should underpin PPI in PRO-research. Discussions highlighted the challenges of exploring and understanding the many values that underpin PPI. However, an explicit statement of values should include concern over respect, equity and trust. The application of PROMs developed/evaluated with patients as equal partners will provide nurse practitioners with a powerful resource for their routine practice, and one that is equally valued by patients.
Satisfaction and perception with pain management among Palliative Patients with Breakthrough Pain

**Author(s):** Subramanian, PI, Kuala Lumpur, Malaysia; Tan SB, Kuala Lumpur, Malaysia; Supermainan, S, Nottingham, United Kingdom; Boey CM, Kuala Lumpur, Malaysia  
**Presenter(s):** Dr. Pathmanathi 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: (i) pain viewed as an unbearable experience causing misery in the lives of patients, (ii) deterioration of bodily function and no hope of recovery, (iii) receiving inadequate pain control for breakthrough pain, (iv) insensitivity of health care providers towards patients’ pain experience, and (v) 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.

---

Do nurse led foot checks result in improved reported foot self-care behaviour in haemodialysis patients with diabetes?

**Author(s):** Sarah Brand, United Kingdom, Nadine Lincoln, United Kingdom, Alison Musgrove, United Kingdom  
**Presenter(s):** Sarah Brand, BA (Hons), Diploma in Nursing, MSc, MA Research Methods, Nottingham University Hospitals Trust, United Kingdom

**Abstract**

**Background:** Diabetic patients requiring haemodialysis are at particularly high risk of foot ulcers (Game, 2012). Despite this, patients rarely have their feet checked for foot problems whilst attending for dialysis (Schomig et al., 2000).

**Aim:** Conducted as a service evaluation, the aim was to evaluate the effect of education for dialysis nurses on the need to examine patient’s feet whilst on dialysis. Outcomes were frequency of foot examination by health care professionals and reported foot self-care behaviour of diabetic haemodialysis patients as measured by the Nottingham Assessment of Functional Footcare (NAFF).

**Methods:** A non-randomised stepped wedge design was used. Data were recorded from all diabetic patients on dialysis willing to participate attending four dialysis units at baseline (June 2013) and at two monthly intervals (final assessment February 2014). Education was delivered sequentially in each dialysis unit.

**Results:** 95 patients agreed to participate. There were no significant differences between the four dialysis units at baseline in frequency of foot examination (chi-squared p=0.05) or in foot self-care behaviour (NAFF p=0.57). Comparison of scores between initial and final assessment showed a significant improvement in foot care behaviour (p=0.001) and a significant increase in foot examination by nurses (p=0.003).

**Discussion:** Analysis of all assessments showed improvements in foot self-care behaviour were unrelated to implementation of the educational intervention as behaviour improved at all units between baseline and second assessment despite the intervention only having been implemented at a single unit.

**Conclusion:** It would appear that raising awareness of foot self-care behaviour by administration of the NAFF was the stimulus for improved behaviour. Use of the stepped wedge design enabled closer analysis of the relationships between intervention implementation and outcomes.
Are we failing to prepare nursing and midwifery students to deal with domestic abuse? Findings from a qualitative study

**Aim:** 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 (McCarthy et al. 2005). Theoretical preparation is significantly under-investigated.

**Methods:** A qualitative study was undertaken in the UK. Theoretically we drew on a model of nursing practice and on their own ability to support nursing and midwifery students of the future. The Attitudes To Mental Illness 2011 (Feder et al. 2011). But the issue of undergraduate preparation is significantly under-investigated.

**Design:** A qualitative study was undertaken in the UK. Theoretically we drew on a model of nursing practice and on their own ability to support nursing and midwifery students of the future.

**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.

---

**Time to Change? An exploration of attitudes towards mental illness and social contact**

**Aim:** To address existing methodological issues and further explore social contact as a stigma reduction intervention.

**Methods:** The Attitudes To Mental Illness 2011 Survey data set was analysed using a nationally representative sample of 1,741 UK respondents. Exploratory factor analysis was employed to identify attitudinal constructs related to mental illness. Using regression modelling, existing social contact was added into this analysis. Exploratory factor analysis was employed to identify attitudinal constructs related to mental illness. Using regression modelling, existing social contact with mentally ill individuals was analysed for an association with willingness to engage in future contact. Attitudinal constructs were also added into this analysis.

**Findings:** Existing contact with individuals experiencing 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.

**Discussion:** Social contact is associated with more tolerant attitudes towards mental illness across a range of social relationships as well as positivity towards future interactions, suggesting that contact has the ability to change attitudes and therefore reduce stigma.

**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.
Management of acute stroke has
Pilot studies remain uncommon in
Semi-structured interviews were
Participants ages ranged from 68 to 94
these themes capture the experience of the partici
Background: Management of acute stroke has
treatment, which has
The expectancy of recovery has
Aim: To explore the experiences of patients
Method: Semi-structured interviews were
Results: Participants ages ranged from 68 to 94 years, the emergent super-ordinate themes from this older sample receiving a diagnosis of an acute stroke included:
Models: Acculturation (Phinney 1993),
Discourse: Participants included caregivers of individuals with dementia and health care professionals (nurses and doctors)
Discussion: The literature on lifestyle factors and their impact on cognitive function in dementia is vast. However, research on lifestyle factors post-diagnosis is limited. In this study, we aimed to explore the experiences of caregivers in implementing lifestyle changes in people with dementia.

Abstract
Background: Alzheimer's disease (AD) is the most common cause of dementia. The incidence of AD increases with age and affects millions of people worldwide. Early diagnosis and intervention are crucial for improving quality of life and delaying the progression of the disease. Lifestyle factors, such as diet, exercise, and social engagement, have been shown to have a positive impact on cognitive function and delay the onset of dementia. However, research on the implementation of lifestyle changes in people with dementia post-diagnosis is limited.

Purpose: The purpose of this paper is to explore the experiences of caregivers in implementing lifestyle changes in people with dementia post-diagnosis.

Methods: This study employed a qualitative research design, utilizing semi-structured interviews to collect data. Participants were recruited through a local support group for caregivers of people with dementia and through referrals from healthcare professionals. Data collection included open-ended questions to explore caregivers' experiences in implementing lifestyle changes.

Results: The findings from the interviews revealed several key themes: 1) Access and support: Caregivers faced challenges in obtaining information and resources to implement lifestyle changes, with many reporting a lack of access to reliable and comprehensive information. 2) Barriers: Caregivers encountered various barriers, including time constraints, financial limitations, and personal health conditions. 3) Benefits: The implementation of lifestyle changes was perceived as beneficial in improving the caregiver's mental health and reducing stress. 4) Challenges: Caregivers reported challenges in maintaining lifestyle changes, with some experiencing relapse.

Conclusion: The findings suggest that implementing lifestyle changes in people with dementia post-diagnosis is possible but requires support and resources. Caregivers highlighted the importance of tailored support and education to facilitate the implementation of lifestyle changes. Future research should focus on developing tailored interventions to support caregivers in implementing lifestyle changes, taking into account their specific needs and challenges.
Nurses take a leading role in the observations (n=83) and interviews to examine nurses’ decisions, aims and survey results. Q-methodology is ideal for healthcare research to capture subjective views and present them as a coherent and rational accounts which may not necessarily accurately reflect their actual responses in a qualitative manner. It is proposed that this research can have a significant impact on a woman (Boyle, 2001). 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 positivist 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-concourse 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 summarising contribution of paper: Q-methodology is ideal for healthcare research to capture subjective views and present them as tangible outcomes and offers an alternative to surveys.
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 Scailth, 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 1 in 600 births are affected by cleft palate (CP), with a late diagnosis (i.e. >24 hours after delivery) occurring in around 7% of cases. The James Lind Alliance has identified improving the 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. Interviews were conducted with parents of children with CP, and data were analysed using thematic analysis.

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. The results 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

Aim: 1. to describe the development and use of the PAONCIL method, as 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).

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=1307) to the open ended question of nurses’ experiences of total NWL. 7 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.

To stay or not to stay – children’s nurses’ perspectives regarding parental presence during resuscitation

Aim: To stay or not to stay – children’s nurses’ experiences of parental presence during resuscitation

Methods: A questionnaire exploring hospital nurses’ experiences of parental presence that affect nurses’ total workload (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=1307) 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.

To stay or not to stay – children’s nurses’ perspectives regarding parental presence during resuscitation

Aim: To stay or not to stay – children’s nurses’ experiences of parental presence during resuscitation

Methods: A questionnaire exploring hospital nurses’ experiences of parental presence that affect nurses’ total workload (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=1307) 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

**Author(s):** Moses Murandu (United Kingdom)
Professor Carol Dealey (United Kingdom)
Professor Tom Marshall (United Kingdom)

**Presenter(s):** Dr, Moses Murandu, PhD, PGCert.
ENB100, ENB15, IMHM, Cert. Poeds, RGM,
RGN, University of Wolverhampton, Faculty of
Education, Health and Wellbeing, West-Midlands,
United Kingdom

**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, comorbidities 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 exuding necrotic or sloughy wounds.
Exploring the lived experience of dementia: Methodological challenges of interviewing people living with dementia of black ethnicity

**Author(s):** Trinitega Perfect Mawaka
**Presenter(s):** Perfect Trinitega 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.

**Objectives:**

- To explore how individuals of black ethnicity living with dementia see themselves
- 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 of 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.
Reducing the rates of healthcare-acquired infections requires efforts that focus on changing professional behaviour as well as providing strategies for practice (Huis et al., 2011). The term intermediary has been used to refer to individuals ‘within the practice environment who can influence nurses toward specific goals’ (Ferguson et al., 2004: 325).

Aim: to evaluate the role of the intermediary in promoting best practice in infection prevention and control.

Methods: Realist evaluation (Pawson & Tilley, 1997) was used to elicit an explanation of the contexts in which, and mechanisms through which, intermediaries support infection prevention and control best practice. A realist synthesis of the literature was conducted, and mixed methods case studies were undertaken within two NHS hospitals in the United Kingdom, with data comprising of interviews, non-participant observations, and documentation review. Data were integrated and analysed to develop a refined set of findings that explained the intermediary’s role in promoting best practice. Stakeholders’ involvement throughout the study was important.

Discussion: Findings showed that intermediary proximity and presence in clinical areas is important, and together with ways in which intermediaries ‘watch over’ practice, can promote better adherence to infection control practice. Intermediaries’ styles and approaches are influential, and can lead to clinical staff feeling individually supported. Policy discourse and enforcement, and the ways in which intermediaries provide feedback contribute to promoting good habitual behaviours.

Conclusion: The findings of this study are informative for both policy and practice because they identify factors that could be built into future intermediary programmes. Fundamentally, organisational commitment to invest in programmes that are clinically embedded and which support the development of individuals who have the potential to influence practice is warranted.
Flexible working hours and career planning for nurses over 50: an exploratory study

**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.

**Method:** Framed within a positive ageing approach, this explorative, qualitative study used 5 focus groups with RNs and 15 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 post-graduate 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.
11:30 – 12.55 Concurrent session 5 – Tuesday 21 April 2015

Theme: Grounded theory

5.4.1 Abstract number 86

11:00am

Situational Analysis: Its use in reflexivity, reviewing the literature and preparing for data collection.

Author(s): Dr Alison Steven
Presenter(s): Sarah Morey, RGN, BA(Hons) MSc, Northumbria University, United Kingdom

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 understanding 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 GeniussÂ©) 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 open up prior to and throughout the literature review, data collection and analysis activity. In concordance with Clarkes (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.

5.4.2 Abstract number 27

12:00pm

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

Author(s): Dr Abigail Barkham, Hampshire, United Kingdom
Presenter(s): Dr Abigail Barkham, PhD, BSc(Hons), Dip PHON, RGN, Integrated Services Matron, Southern Health NHS Foundation Trust, Tatchbury Mount, Calmore, Southampton, Hampshire, United Kingdom

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 storytelling 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 three 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.

5.4.3 Abstract number 229

12:30pm

Human factors affect the response of doctors and nurses to a high MEWS score.

Author(s): Jane Greaves, United Kingdom
Presenter(s): Jane Greaves, RGN, DPSN, BSc(Hons), PIDAPL, MSc, Senior Lecturer, Northumbria University, Newcastle Upon Tyne, United Kingdom

Abstract

Background: MEWS is a protocol invoking a cascade of responses from a multi-professional team. The cascade often stalls 1. MEWS has not shown the expected benefits in terms of patient outcomes 2.

Aims: To explore how human factors influence the operation of MEWS 3.

Method: Permissions and ethical approval were obtained from two NHS Trusts, and forty staff were interviewed. They included Health Care Assistants, Registered Nurses, Trainee Doctors, Consultants and Trust Board Members. Attention was directed towards relationships between members of the team and how they prioritise their tasks. The interviews were transcribed and methodology using the principles of grounded theory used to identify themes.

Results: One theme was the importance of knowing other team members. Health Care Assistants and registered nurses say that when they know and trust the doctor they will discuss patients with them rather than simply reporting the high score. Junior medical staff are more likely to go and see the patient if a nurse they know and trust is reporting the problem.

The grade of the referring nurse and whether they are a healthcare assistant, or registered nurse does not influence the doctors.

Another theme relates to the doctor's workload. The Board Members and Consultants believed that the first responder doctor would see all referred patients. In fact selection was reported by the nurses, and the first responder doctors and some cases were dealt with over the phone.

Discussion: It is assumed that MEWS is an algorithm that will operate mechanically in any situation. This study demonstrates that the working of the protocol is significantly affected by human factors notably personal relationships between team members and their perceptions of one another's workloads.

Conclusions: When designing protocols it is important to consider how human factors, particularly the sociology of the group, may influence their operation.
Women's experiences of trained volunteer doula support during pregnancy, labour and the postpartum

Presented by: 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 and April 2013, through the doula service known to them. Questionnaires were returned directly and April 2013, through the doula service known to them. Questionnaires were returned directly and April 2013, through the doula service known to them. Questionnaires were returned directly

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.

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
Presented by: 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.
New understandings have been gained of working participatively with Gypsies and Travellers: insights from a study exploring immunisation in the Travelling community

**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 community and of successfully conducing PPI with disadvantaged groups.

**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

Author(s): Jennie Walker, United Kingdom; Roger Bayston, United Kingdom; Brigitte Scammell, United Kingdom
Presenter(s): Jennie Walker, Msc, BSc Hons, PGcert Medical education, Dip counselling, RGN, Clinical Educator, Nottingham University Hospitals NHS Trust, United Kingdom

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 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 guidelines. Significant differences (p<0.05) were identified in frequency of care, cleansing agents, and use of dressings, although responses were not consistent with current consensus guidance. 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.

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.

The experience of moral distress in undergraduate nursing students

Author(s): Annamaria Bagnasco, Italy; Monica Bianchi, Switzerland; Valentina Dressan, Switzerland; Milko Zanini, Italy; Franco Camevale, Canada; Loredana Sasso, Italy
Presenter(s): Annamaria Bagnasco, RN, MSc, PhD, Department of Health Sciences, University of Genoa, Italy

Abstract
Background: Undergraduate nursing students during their clinical learning experience may encounter particularly complex and critical situations that raise ethical dilemmas, which if left unresolved can eventually lead to ‘moral distress’, a term coined by Andrew Jameton in 1984. The consequences of moral distress can lead to frustration, loss of self-esteem, depression, and desire to abandon nursing studies.

Design: A systematic review.

Aims: Describe how ethical dilemmas and environmental, relational and organizational factors contribute to moral distress in undergraduate nursing students, during their clinical experience and professional education.

Method: We conducted a systematic review using the assessment sheet designed by Hawker et al. in 2002. An expert of moral distress, who provided an independent quality check, supervised the review process and the data analysis.

Results: We initially retrieved 157 papers published between 2004. Of these, only four papers (one qualitative and three quantitative studies) matched between 2004. Of these, only four papers (one qualitative and three quantitative studies) matched between 2004 and 2002. The consequences of moral distress can lead to frustration, loss of self-esteem, depression, and desire to abandon nursing studies.

Discussion: In the literature there were very few studies dealing with moral distress in the undergraduate nursing education setting leaving a wide knowledge gap about this phenomenon in students. The results of this work underline the need for further research regarding specific education strategies that would enable to prevent or successfully manage moral distress in undergraduate nursing students.

What does 'good' look like? How qualitative methods revealed the effects of Meaningful Activity Training (MAT) for older people with dementia

Author(s): Deborah M Mashindu, Reader in Clinical Practice Innovation, Buckinghamshire New University & Imperial College Healthcare NHS Trust, United Kingdom; Nicky Hayes, Consultant Nurse for Older People, Kings College NHS Trust, United Kingdom; Sarah Bartlett, Project Manager, Kings College NHS Trust, United Kingdom
Presenter(s): Dr Deborah Mashindu, DPSN, RN, Reader in Clinical Nursing Practice Innovation, Buckinghamshire New University & Imperial College Healthcare Trust, Faculty of Society & Health, Uxbridge, United Kingdom

Abstract
A Burdett Trust for Nursing (2002) funded project to ensure Dignity in Care for Older People with Dementia was conducted using qualitative, co-participatory Action Research (AR), to evaluate the effect of innovative Meaningful Activity Training (MAT) for staff, undertaken from January 2004 to December 2004, in a large Teaching Hospital in London, United Kingdom (UK). The methodology encompassed the principles of translational & transformational qualitative research, where improvements were made to existing practice as the project progressed.

Aims: To empower nurses to incorporate meaningful patient activity as part of planned care.

Sample: A purposive, voluntary, convenience sample of co-participants (n=59) recruited from 5 ward areas underwent MAT, Pre-intervention (MAT) data collection using Survey Monkey & Ward based Observations (WBO’s) with 5 ward areas formed the basis of Key Quality Indicators (KQIs) of what ‘good’ care looked like. MAT intervention was then initiated in collaboration with Age Exchange UK. Post-intervention data was collected from WBO’s (n=5), Facilitated Reflective Activity Learning & Critical Analysis Exercises (CAE) used in Focus Groups (n=3) that were facilitated to collect data from staff (n=9) who had undergone MET. The project also gathered post-intervention service user/patient feedback, using semi-structured one to one qualitative interview methods, appropriate for older people with dementia (n=8).

Data were analysed thematically using Nvivo 10 (QSR International 2014) and revealed 5 main themes:
1. What Good Dignity Care Looks Like
2. Staff Feeling Empowered
3. Qualities Of Dignified Care
4. Improving The Patient Experience
5. Consequence To Staff Of Dignity Training

Findings: Staff demonstrated critical self-scrutiny, identified changes in attitudes, identified new learning & applied new learning to clinical practice. Qualitative methods illuminated the impact MAT had on empowering staff, serving to broaden theoretical & practical understanding of what ‘Good Dignified Care for Older People with Dementia looks like in an acute hospital environment.
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 MacIntyre, University of Ulster, Belfast, United Kingdom; Ahmad Alsamadi American University of Madaba, Madaba, Jordan

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. A purposive sample of 18 patients (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 decision to seek help to hospital arrival. Qualitative analysis produced five gender-related themes: (a) women require a male relative's permission to seek medical help; (b) women cannot travel to hospital unless accompanied by a male relative; (c) women prioritise family responsibilities over seeking help; (d) women lack knowledge of myocardial infarction (MI) symptoms and treatment; and (e) perception that women should not attract attention.

Conclusion: This study provides new insight into how cultural factors increase pre-hospital delay for women within Saudi Arabia. While the quantitative data demonstrates that women experience much longer delays, the qualitative interviews confirm that cultural factors are implicated. Further research is urgently needed.

Testing and evaluating a person centred care complex intervention in relation to dignity and palliative care in the acute hospital setting

Author(s): Bridget Johnston England United Kingdom, Margaret McGuire, Scotland United Kingdom, Jan Pringle, Scotland United Kingdom, Marion Griffin, Scotland United Kingdom, Melanie Narayanasamy England United Kingdom, Deans Buchanan, Scotland United Kingdom

Methods: Mixed method pilot study. Outcome measures were used pre and post intervention. Primary outcome: Person-centred Climate Questionnaire (PCQ-P); Secondary outcome: Consultation and Relational Empathy (CARE) measure; PDQ feedback questionnaires were used for all participants post intervention, in addition to qualitative interviews.

Results: 30 patients, 17 HCPs, and 4 family members participated. Results showed a positive correlation between higher PCQ-P scores and higher CARE scores, indicating that the PDQ can make improvements to a person-centred environment and levels of empathy perceived by patients. The PDQ supported disclosure of information previously unknown to HCPs, which has implications for improving person-centred care. Positive results from PDQ feedback questionnaires were received from all participants.

Discussion: The PDQ has potential to improve patients' perceptions of care, and HCP attitudes. It was well received by participants. The PDQ could be incorporated into clinical practice for the care of palliative care patients in the acute setting to the benefit of personalised and dignified care.

Conclusion: Further research using the PDQ across wider geographical areas, and more diverse settings, is indicated and planned.

siblings talking the visual:
Narrative accounts of children’s everyday lives. Living with a brother or sister with cystic fibrosis.

 Author(s): Amie Hodges, South Wales, United Kingdom

Methods: This qualitative project has engaged non-CF siblings in participatory research methods. Children have been asked to formulate pictures/collages or take photographs to create their own visual interpretation of their world in relation to two research topics ‘me and my family’ and ‘future selves’. Their creations formed the basis for two separate narrative interviews, which took place between February and November 2014 in the sibling’s home.

Results: This project is still ongoing in terms of narrative analysis. Early findings suggest that within their ‘normal’ family life, siblings encounter the ‘complex’ and ‘chaotic’ moments that can arise in their brother/sister cystic fibrosis trajectory. They also verbalized or demonstrated their emotional upset relating to significant moments in their life. As one child commented ‘I am an angry child’.

Discussion: Using creative research methods with non-CF siblings, to elicit information through narrative inquiry was an effective way for siblings to have their voices heard. Whilst siblings presented pictures of a ‘perfect family’, when they actually talked through these pictures they were able to tell their stories to provide powerful insight into their lives.

Conclusions: Even though data analysis is still ongoing, early findings suggest:

The psychosocial wellbeing of siblings needs to be recognised and addressed within the CF trajectory.
A Voice for the child. Blue’s story of managing her illness at home.

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

**Presenter(s):** Dr, Marie Bodycombe-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 of the outcome of which is an individual story built around a plot which gives meaning to the experience. Patient narratives are a powerful means 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.
The Good Old Days? Constructions of nurse education in British national newspapers

**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 creating 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’ means 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:** Uncritically accepting 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 marginalizes 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.

---

**Assertive community treatment case managers’ moral decision-making**

**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 relationships and close connections with 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.
### Ward culture and pressure ulcer prevention: barriers and enablers to care?

**Author(s):** Eleanore Dring, England, United Kingdom  
**Presenter(s):** Eleanore Dring, BA Hons Sociology, Diploma in Nursing, MA Research Methods, Practice Development Matron, Nottingham University Hospitals Trust, United Kingdom

**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 account organisational clinical governance and the 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. ‘documentati"ion, 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 reflexive position of the nurse/researcher compromised the ‘bracketing’ of knowledge and preconceptions with regard to pressure ulcer prevention.**  
**Conclusion:** The 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 study 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.

### What leaders describe as affecting the adoption of healthcare improvements

**Author(s):** Michael Sykes, England; Lisa Webster, England  
**Presenter(s):** Michael Sykes, DipN (adult), BSc(Hons), MBA, Tees, Esk & Wear Valleys NHS FT, United Kingdom

**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 students 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 Rubin’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 due to the complexities and boundaries of professional nursing roles in contemporary healthcare. Specifically I argue that the experience of these gay students in university life is very different to their experience of clinical practice. I argue that the negotiation of the public and the private in clinical practice is a complex endeavour.  
**Conclusion:** What this study has unearthed is 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.
Concurrent session 7
Wednesday 22 April 2015 09.50 – 10.45

7.1.1 Abstract number 255
9:50am

Nursing interventions for the care of young rural people with early mental health problems
Author(s): Dr Rhonda Wilson, Australia; Prof Kim Usher, Australia
Presenter(s): Dr, Rhonda Wilson, BNSc MN(Hons) PhD, School of Health, University of New England, Armidale, New South Wales 2351, Australia, Australia

Abstract
This paper presents the findings of research about the mental health help-seeking experiences of young rural people in northern New South Wales, Australia.

A rural socio-ecological health theoretical framework and a mixed methods case study research design were selected to answer a research question: How can young rural people with emergent mental health problems be helped? Survey and in-depth interview data were collected and analysed using descriptive, content and thematic techniques.

Results:
• Theme 1: Characteristics of emergent mental health problems of young rural people.
• Theme 2: Characteristics of helping young rural people with mental health problems.
• Theme 3: Lack of meaningful connection with mental health services.
• Theme 4: Characteristics of health, welfare and social service providers.

Findings:
• Providing positive first mental health encounters for young rural people in their rural communities enables successful initial and ongoing mental health helping.
• Rural nurses are mental health capital in rural communities.
• Barriers to mental health help-seeking for young rural people persist.

The primary recommendation from this research is a co-location model for nursing assets in rural communities to promote the early engagement of young rural people into appropriate mental health care when it is required. Rural nurses are ideal in rural settings because nurses contribute expertise by paying adequate attention, careful listening, provide authentic care which is mindfully present and understand the local context for young rural people. The outcomes of this study provide new insights about the emergent mental health problems of young rural people.

7.2.1 Abstract number 124
10:20am

Domestic violence and abuse (DVA) in acute care settings: findings from a qualitative study exploring health care responses
Author(s): Dr Julie McGarry, United Kingdom, Maggie Westbury, United Kingdom, Bella Furse, United Kingdom
Presenter(s): Dr, Julie McGarry, DHSci, MMedSci, BA (Hons), PGDip (Med Ethics), RN (adult and mental health), PGCHE, Associate Professor, School of Health Sciences, University of Nottingham, United Kingdom

Abstract
Background: 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 maximise 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 analyzed 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.

10:20am

7.1.2 Abstract number 58
10:40am

Adhering to anti-depressant medication: A medication-taking career
Author(s): Niels Buus, Denmark
Presenter(s): Dr, Niels Buus, RN, MN, PhD, Associate professor, University of Southern Denmark, Institute of Public Health, Denmark

Abstract
Background: The study of medicine taking is controversial as it often reveals a discrepancy between healthcare professionals’ advice and patients’ actual behaviour. Qualitative researchers have examined depressed people’s adherence to prescribed antidepressants by exploring the meaning they impute to the medicine and their use of medicine in the wider context of their everyday lives.

Aim: This study contributes to this area of research by examine people’s perspectives on taking anti-depressants and how their perspectives change during a 12-month period after a hospital admission for depression.

Methods: The study included consecutive semi-structured interviews with 16 people four times during the year following an admission to hospital for depression. Data were collected in 2008-2009 in the Region of Southern Denmark. The study was based on an interactionist conception of social career and data were analysed thematically.

Results: Participants were confronted with recurrent challenges related to being depressed and taking medicine, and they learned to manage these challenges in a post-admission career with two distinct stages: the basic restitution stage and the frustrated search stage. The basic restitution stage was characterised by the participants’ readiness to take medicine in accordance with healthcare professionals’ prescriptions and advice. Half of the participants experienced being challenged by unacceptable prolonged mental, social, and/or physical distress, and they moved to the frustrated search stage, which was characterised by an alternative perspective on taking medicine that included increased self-regulation and less involvement of healthcare professionals and next of kin. Healthcare professionals played a very peripheral role in most participants’ lives and unsatisfactory interactions often isolated participants and left them to solve their own problems.

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.
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

**Author(s):** Daniel Kelly, United Kingdom; Aled Jones, United Kingdom; Annette Lankshear; United Kingdom

**Presenter(s):** Professor, Daniel Kelly, PhD MSc BSc RN PGCE NDNCert, RCN Chair in Nursing Research /Director of Research & Innovation, School of Healthcare Sciences, Cardiff University, Cardiff, United Kingdom

### 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 health care 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.
To evaluate and categorise interruptions – Lower registered hospital nurse
An observational study collected data – 74% reported
The study aimed to explore, describe and examine ‘care left undone’ by registered
Range of factors are associated with

Conclusions: 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.
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 thematic analysis 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**

**Objective:** The RCN have conducted an Impact Evaluation assess the effectiveness of First Steps as a learning resource.  
**Design:** Our mixed methods multi-phased Impact Evaluation was constructed around the 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:  
**1) Self reported learning outcomes were significantly higher in the period after 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=0.689) had no effect on learning outcomes.  
**2) Health care knowledge scores were significantly higher in the period after using First Steps than in the period before for each of the six modules:**  
- Principles of quality care (Z=−2.667, p<0.01)  

**Conclusion:** Our thematic analysis explored caveats relating to the success of First Steps as a learning resource.  
**Conclusion:** Our results indicate that the use of First Steps is associated with improvements in health care knowledge for HCAs under specific contextual conditions.
Towards burnout prevention in nursing

**Author(s):** Nina Geuens, Belgium; Monique Braspenning, Belgium; Peter Van Bogaert, Belgium; Erik Franck, Belgium

**Presenter(s):** Nina Geuens, Karel de Grote University college, Belgium

**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 concerning individual, organisational and job-related factors as well as in-depth 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 for burnout prevention in nurses were identified, including perfectionism, self-esteem and having a positive outlook on life. 

**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.
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 a 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.
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).

**Author(s):** Pauline Caulfield, Scotland, United Kingdom; Diane Willis, Scotland, United Kingdom

**Presenter(s):** Pauline Caulfield, 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.

**Aim:** To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.

**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: (1) ‘HSV The Facts’, explored the medical aspects of HSV; (2) ‘Stigma and Psychological Aspects of HSV’, explored participant’s experiences of the emotional aspects of a HSV diagnosis; (3) ‘The Challenge of Disclosure’, explored participant’s experiences of discussing disclosure; (4) ‘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.

**Aim:**

To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.

**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: (1) ‘HSV The Facts’, explored the medical aspects of HSV; (2) ‘Stigma and Psychological Aspects of HSV’, explored participant’s experiences of the emotional aspects of a HSV diagnosis; (3) ‘The Challenge of Disclosure’, explored participant’s experiences of discussing disclosure; (4) ‘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.

**Aim:**

To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.

**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: (1) ‘HSV The Facts’, explored the medical aspects of HSV; (2) ‘Stigma and Psychological Aspects of HSV’, explored participant’s experiences of the emotional aspects of a HSV diagnosis; (3) ‘The Challenge of Disclosure’, explored participant’s experiences of discussing disclosure; (4) ‘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.

**Aim:**

To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.

**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: (1) ‘HSV The Facts’, explored the medical aspects of HSV; (2) ‘Stigma and Psychological Aspects of HSV’, explored participant’s experiences of the emotional aspects of a HSV diagnosis; (3) ‘The Challenge of Disclosure’, explored participant’s experiences of discussing disclosure; (4) ‘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.

**Aim:**

To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.

**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: (1) ‘HSV The Facts’, explored the medical aspects of HSV; (2) ‘Stigma and Psychological Aspects of HSV’, explored participant’s experiences of the emotional aspects of a HSV diagnosis; (3) ‘The Challenge of Disclosure’, explored participant’s experiences of discussing disclosure; (4) ‘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.
Theme: Statistics

8.5.1 Abstract number 67

11:15am

‘Yeah, it’s very hard for the women from Africa’: Understanding the health issues of circumcised migrant women in Australia.

Author(s): Dr. Olayide Ogunsiji, Australia; Professor Lesley Wilkes, Australia; Mr Harrison Ng Chok, Australia

Presenter(s): Professor, Lesley Wilkes, PhD UNSW, MHPFed, UNSW, GDipEd(Nurs) Sydney College of Advanced Education, BSc University of Sydney, Director of Centre for Nursing Research and Practice Development, Centre for Nursing Research and Practice Development, Nepean Hospital, Australia

Abstract

Background: Due to increased global instability and migration, the presentation of circumcised women to health care services has risen in most developed countries all over the world. Female Genital Circumcision (FGC) is associated with a number of emotional, physical, psychological, and reproductive health issues which affect women in the course of their migration. Studies have reported the short, medium and long term reproductive health issues experienced by circumcised women however there are no reported studies in Australia.

 Aim: The aim of the study was to explore the experiences of FGC for African women living in Australia.

Method: A survey using open and closed ended questions with a convenience sample of 40 women from Western Sydney, Australia and digitally recorded face-to-face interviews with five of these women were conducted in 2013. Descriptive statistics were calculated for quantitative data. Transcribed qualitative data were analysed for similar and contrasting themes.

Findings: Of the 40 women who returned surveys 12 (30%) had experienced FGC. The majority of these women had their circumcision before the age of 5 (9, 75%) and these were done for cultural reasons (10, 83%). These were mainly decided upon by the extended family. Interestingly almost all the women (31, 91.7%) were Christian. The in-depth interviews with the five women describe the circumcision process which usually included ritualised dancing, taking potions, health issues related to reproduction, sexual relationships and pregnancy. Some of the women also explain their health care experiences with the acknowledgements that nurses and midwives in Australia often did not understand FGC and the aftermath.

Conclusion: 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.

8.5.2 Abstract number 51

11:45am

Factors related to low compliance to iron supplements among pregnant women in Middle Eastern University hospital

Author(s): Esra Al Khasawneh, Oman; Vidya Seshan, Oman; Savithri Raman, Oman; Yahya Al Farsi, Oman

Presenter(s): Dr. Vidya Seshan, Sultan Qaboos University, Oman

Abstract

Introduction: Anemia in pregnancy is referred to as one of the most common widespread public health problem in the Middle East. This study aims to explore the factors related to non-compliance of iron supplementation during pregnancy among Omani women.

Methods: Using descriptive cross sectional design, data was collected from 165 women through convenient sampling technique, who were attending the outpatient department of a tertiary referral Hospital in Oman. Chi-square analysis was used to understand the association between variables and non-compliance to iron supplements. Logistic regression analysis was used to find out the most important predicting factors of non-compliance to iron supplements.

Results: In our study, 72.7% of the women were with compliance and 27.3% of them were with non-compliance to iron supplementation during pregnancy. A chi-square test was conducted and found that there were relationship between side effect and non-compliance to iron supplementation (X² (1, N=165) = 6.53, p = (.012)). Result of Logistic regression analysis shows that there is only one variable i.e., side effect significantly predicted non-compliance to iron supplementation (B = – 1.76, Wald X² (165) = 8.36, p = (.004). The finding from the study helps us to understand the level of non-compliance and factors related to non-compliance to iron supplement among prenatal Omani women. Increasing awareness among the public and especially with pregnant women and positive behavioral change are need of the hour.

8.5.3 Abstract number 135

12:15pm

Quality of life and self-care ability of patients with permeant pacemaker implantation

Author(s): Shu-Fen Su, Taiwan; Fen-Chiung Shih, Taiwan; Kuei-Chiao Liu, Taiwan

Presenter(s): Professor, Shu-Fen Su, PhD, MSc, RN, CCN, Associate professor, Hungkuang University, Taiwan

Abstract

Background: Permeant pacemaker is often used to treat arrhythmias patients for returning to normal activities and improving quality of life (QoL). However, limited study is conducted to investigate patients’ quality of life after pacemaker implantation in Taiwan. Objective: This study aimed to examine quality of life and self-care ability after pacemaker implantation.

Methods: This study used a longitudinal design with 90 arrhythmias patients recruiting in a 1000-bed teaching hospital in Taiwan from July 2012 to July 2014. Before and 3 months after pacemaker implantation, 3 reliable questionnaires; demographic questionnaire, quality of life questionnaire (SF-36), self-care ability questionnaire, were used to collect data. Data were analysed through correlation coefficient, Paired T-test, One-Way ANOVA and Linear regressions.

Results: The average age of 90 participants is 73 years old. 63% of them are male, and 37% are female. After pacemaker implantation, patients’ quality of life in physical health scores (PCS) and mental health scores (MCS) increased markedly, respectively t(88) = 10.156, p < .001 and t(88) = 9.738, p < .001. Female patients and patients without jobs displayed low QoL scores in both the SF-36 MCS and PCS. The most important predictors for improved QoL after pacemaker implantation were jobs, knowledge of pacemakers from media and Pacemaker Company. The Linear Regresion analysis revealed that age, job, pacemaker knowledge sources, and self-care ability, can explain 43.7% (p = .004), F(6, 83) = 23.740**, of the total variance of quality of life.

Conclusions: After receiving pacemaker 3 months later, arrhythmias patients’ QoL increased. Sufficient knowledge of pacemakers can help patients to have better self-care ability in improving their QoL. We suggest that doctor and nurses need to provide proper pacemaker knowledge to the patients.
A mixed-methods case study to examine ward leadership in the organisational context of an acute NHS Trust

**Abstract**

**Background:** Effective ward leadership has been recognised as central to the negotiation of care (Pembrey, 1980). However, there is evidence that, at present, frontline nurse leaders are ill equipped to lead effectively and lack confidence in their ability to do so (RCN, 2009).

**Aims:** 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 undertaking their ward leadership role. Leadership programmes have limited impact. Financial and operational targets are articulated as pressures and impact on behaviours in the case 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.

**Aim:** The aim of this study was to investigate the level and nature of nurse leader empowerment in a large NHS Foundation Trust in England.

**Method:** Mixed methods design, implemented in four phases conducted from March 2010 to September 2011. Phase 1: quantitative aspects using the Franche et al. (2001) instrument, phases 2 and 3 incorporated semi-structured interviews, conducted with senior nurse managers and nurse leaders (n=37). Phase 4: documentary analysis to contextualise the organisational culture of the Trust. Thematic analysis as defined by Downe-Wamboldt (1992).

**Results:** Four core themes were identified, relating to the nature of nurse leader empowerment. Nurturing and advocacy were vital aspects of support and development in empowering junior colleagues. Use of the term influence was preferred to that of power. Disempowering aspects of organisational culture included hierarchies, tight control and outcome drivers created by the pressure to maintain status, achieve targets and risk aversion. Positive, empowering aspects of culture were related to leadership behaviours; role modelling, credibility, collaborative team working and communication, beneficence and respect for opinions, passion, motivation and enthusiasm.

**Discussion:** Findings demonstrated the influence and inter-relationships of role responsibilities and hierarchical position, organisational constraints and cultural factors on organisational structural empowerment.

**Conclusions:** Findings have extended current knowledge on the nature of nurse leader empowerment and confirm that this is a complex, multi-faceted concept. Findings have contributed to further development of Kanter's theoretical framework and identified areas for further research, professional practice and service.

**Aim:** This study aims to examine ward leadership in the organisational context of an acute NHS Trust.

**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 undertaking their ward leadership role. Leadership programmes have limited impact. Financial and operational targets are articulated as pressures and impact on behaviours in the case 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.
An exploratory, descriptive, qualitative study to increase understanding around shared decision making in relation to health visitor practice

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 in order 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.
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 individual’s 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


The aftershock of deindustrialisation: trends in health.

Glasgow, Centre for Population Demography, 34: 251-256.


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 wellbeing 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 conclusions about nurses are critical for understanding the broader implications of social determinants of health.

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


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


Paper 1

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, RCN 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 (metric) 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 metric 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:


Paper 2

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 provision3,4, whilst understanding patient complexity has important implications for the planning and design of community-based services5. 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 selection6.

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 complexity7 in order to identify the necessary items for inclusion in the instrument. The results were mapped to an existing taxonomy8 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 nursing assessment of patient complexity. The stage of scale development is currently being addressed by using Rasch analysis9 of patient assessment data collected by district nurses.

References

Paper 3

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 Mikkanen, 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, Lecturers, UCC Eire; Ms Aileen Burton, Lecturers, 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; Rñosatikas 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; Nygårdh 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 (ESS). 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
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.

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, to 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 arenas. 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


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


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.
**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. 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**


---

**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/Ipseus 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 Ipseus 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 Ipseus – 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, one of the FNF 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

Natasha Phillips (Assistant Chief Nurse, UCLH)

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 on 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 and Support for the Development of Research Capacity (CLAHRC) in a Foundation Trust.

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 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 at the end of life.  
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 organisation 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 with 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.
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 subacute 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.

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.

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.
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 nursing and healthcare, 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 by Jonathan H. Klein, University of Southampton examines problem structuring methods (PSMs), designed to represent complex problematic 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, 2001) which has become the standard reference in the field.

References


Symposium 6
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 problematic 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, 2001) which has become the standard reference in the field.

References


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 (pbv)

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 and social care fields, this presentation will show an innovative, generalisable approach to modelling economic impact of new interventions over time. Using a simulation of a community nursing team (Pitt et al. 2011), we will show how a social model of intent (Pitt et al. 2012) can be used to evaluate the potential impact of an intervention on service delivery and costs.

References

Moredjåf (2007) Strategic modelling and business dynamics: a feedback systems approach
Chichester, Wilely

References
References


Perceived breathlessness and psychological distress among patients with chronic obstructive pulmonary disease and their spouses

Ekhlas Al-Gamal, The University of Jordan, Jordan

Abstract

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).

Both patients and spouses reported clinically significant levels of anxiety and depression. There was no statistical difference in total D-12 and HADS scores between COPD patients and their spouses.

Discussion and Conclusion: The finding 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.

Exploring the Experiences and Perceptions of Current Out-Patient Care for Adult Patients with Stable Compensated Cirrhosis

Andrea Bennett, Master in Research Methods, Senior Research Nurse, NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases, Nottingham University Hospitals NHS Trust, E Floor, West Block, Nottingham University Hospitals, Nottingham, United Kingdom

Abstract

Chronic liver disease is the 5th leading cause of mortality in the UK and nationally, liver service provisions are reported to be in decline with no community follow up available. Following the decision to abandon plans for a national liver strategy, NHS England now advocate a local approach to healthcare and suggest services are tailored to meet the needs of the local population.

In view of this approach, it was deemed appropriate to ascertain patient perceptions and experiences of current models of care for liver disease in Nottingham. The purpose for such inquiry was twofold. Firstly, whilst expert opinions have been widely publicised, there is no qualitative data that captures the experiences and perceptions of current models of care in Nottingham. In addition, it has been suggested that patients with stable compensated cirrhosis can have their health surveillance performed within the primary care setting if the requisite expertise is available and a fast track referral system for access to a liver specialist is made available.

Eight semi-structured interviews were conducted in June 2014 with patients diagnosed with stable compensated cirrhosis. Data were collected, transcribed verbatim and analysed thematically. The data identified a preference for consultant-led care in a hospital setting and unearthed a gap in our current care model signifying a lack of relevant patient information regarding liver disease management and self-care. This significant finding led to a newly formulated research focus to ascertain an appropriate self-management educational program to meet the identified needs and expectations of patients living with stable compensated cirrhosis. This work is deemed necessary in order to provide patients with the information and skills to facilitate informed decision making to ensure best patient outcomes.

Enabling patient-centred care in advanced COPD: identifying care and support needs

Dr Caroline Moore, RGN RSCN 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 chronic progressive condition with high symptom-burden, accounting for one death every 20 minutes in England and Wales.

Patient-centred care takes into account patient needs and preferences but we lack fundamental research on needs in advanced non-malignant disease and the clinical practice tools required to enable such care.

Aim and Method: To describe unmet care and support needs in advanced COPD and identify mechanisms for need-identification to enable patient-centred care.

Mixed-method interviews with the population-based Living with Breathlessness study cohort of patients with advanced COPD, their informal carers and key clinicians. Validated patient measures of function, need and service use analysed using descriptive statistics. Pursposely sampled multiple-perspective qualitative data on needs and experiences of care analysed using a framework approach.

Results: 235 patients recruited: mean age 71.6 years (SD 10.3), 61% male, mean MMRC dyspnoea scale 3.68 (SD 1.04) and CAT 23.4 (SD 7.5). Patients identified symptoms unreported to clinicians and unmet needs for support with practical tasks, personal care, psychological support and information. Patients’ ability to spontaneously articulate need was limited. Descriptions of service contacts could be characterised as predominantly reactive: ‘care’ was invisible to some. Service contacts appeared to be driven by organisational and medical agendas rather than patient-centred.

Conclusion: Shifting the focus beyond organisational and medical agendas in advanced COPD to more patient-centred approaches requires the proactive identification of need, prompted by clinicians. This could be facilitated by a brief structured holistic tool, grounded in patient data, yet feasible for use in clinical practice.
Advisement for Self-Management Support in Diabetic Kidney Disease

Dr Teresa Sakraida, PhD, RN, Associate Professor, Teresa J. Sakraida, PhD, RN, Associate Professor, Florida Atlantic University, Christine E. Lynn College of Nursing, 777 Glades Road, NU 139, Boca Raton, FL 33431, United States of America

Abstract

Background: A common theme in diabetes care world-wide is the provision of self-management support (SMS). In practice, the health care team implements standards for self-care. The Chronic Care Model (Wagner et al., 2001) includes brief advice as an intervention to evolve self-efficacy in patients (Bandura, 1997). The expanded 25-item Summary of Diabetes Self Care Activities (SDSCA) assesses SMS as advice for diet, physical activity, self-monitoring, prescribed medication, and smoking.

Aims: This report seeks to characterize SMS in specialty ambulatory care clinics, and to evaluate the effectiveness of the SDSCA to measure brief advice as a SMS.

Methodology: A convenience sample (N = 29) from western United States ambulatory clinics with T2DM and stage 3 CKD conditions completed the SDSCA and a sociodemographic profile HgbA1c was retrieved from records. Descriptive analyses per SPSSv.18 in this one time retrospective self-report was employed.

Results: The participants (N=29) had a mean age of 66.6 years (SD=9.8), 72.4% male, with a White majority (58.6%). Participants were married (62.1%) or divorced/widowed (34.4%). All were educated ≥ 12th grade. For 14 participants, the duration of T2DM was 14.9 years (SD = 10.3) and HgbA1c was 6.8 mg/dl (SD = 1.2).

Only 5 participants (17%) smoked and they received no advice. For diet, advice about complex carbs was least likely to occur with 7 participants (24%) indicating none. For 25 participants (86.2%), no advice about self-monitoring occurred. For 27 participants (93.1%), no advice about exercise was provided. All participants received advice about medication.

Conclusions: Assessing and advising about lifestyle factors according to diabetes standards of care specifies advising about smoking, self-monitoring, and exercise. The SDSCA was useful to identify advisement deficits/strengths in care standards. Recommendations include expanding the measure to address related comorbidities, i.e. diabetic kidney disease and other SMS strategies.

Poster number 5

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

Dr Anne Scott, Dhcsc/RnA, RGN, The 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 explored: 'leader of quality', 'a struggle for balance' and 'the future of the role'. These themes 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.

Theme: Nurse leadership

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

Objective: 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, 1.33, 1.72; z=6.30, p=<0.0001).

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.
Pharmacokinetics in critically ill adult patients receiving a long-term propofol infusion → 72 hours

Jung Hyun Ryu, Dip Bsc Msc, Critical Care Research, Toh University College Hospital, UK

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 → 72 hours.

Blood sampling obtained during the infusion: 1-2 samples q 12-24 hours, and following termination of the infusion: 10, 30, 60, 90, 120 min and q 12-24 hours until propofol was undetectable or sampling lines were unavailable. Propofol concentration was measured using the Pelorus 1500 (Sphere Medical, UK).

Total 21 patients were enrolled into this study between Jan 14 and May 14. 12 patients were included in data analysis. The median duration of the infusion was 93 hours (IQR, 72-143 hours). The concentrations decreased by 50% within the first 10 minutes in 42% of the patients, and much steady decline thereafter. No correlation between the concentration and sedation score (rho = -2.98%, p=0.778).

This data is preliminary but reveals a longer projected elimination time for propofol from the plasma of critically ill patients and a marked variation in half-life. Very low concentrations in the elimination phase represents the slow return of propofol from the poorly perfused tissue compartment. Although patients were rapidly awoken following termination of infusions, it remains unclear the neurological impact of low concentrations may have on higher functions, warranting for further investigation.

PC6 acupressure to prevent postoperative nausea and vomiting. A randomized clinical trial

Hrønn Thorn, Department of Gynaecology and Obstetrics, Horsens Hospital, United Kingdom

Abstract

Context: The effectiveness of stimulating the PC6 acupoint on reducing postoperative nausea and vomiting (PONV) after hysterectomy is still not clarified.

Objective: Effectiveness of bilateral PC6 acupoint stimulation and rescue medication compared with rescue medication alone on PONV.

Design: 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. 10 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;53) versus control group 44% (95% CI 26;62) P=0.9] or the incidence of non - PONV within the first 24 h postoperatively [PC6 group, 53% (95% CI 35;71) versus control group 43% (95% CI 25;63) P=0.6] or time to oral food intake [PC6 group 146 min. (95% CI 116;175 ) vs. control group 284 min. (95% CI 132;436 ) 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
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 for the studies with and without a template of recruitment activities. 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.

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

Nashi Alreshidi, University of Salford, United Kingdom

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 50 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 in the control group, but there was no significant effect on 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 and place of death, 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- viorship 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 medul-loblastoma) 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.

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 elic- it 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.

---

**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 litera- ture 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.

---

**Poster number 19**

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

Sarah Rutherford, MSc; B(ahons); RMN; RGN, Antrim Area Hospital, Antrim, and Health Education North-West 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 fear of ‘getting into trouble’.
- 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 collabo- rate 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.
Cognitive Behavioural Therapy: initial orientation and training for undergraduate mental health nursing students in the UK.

Stephen Bates, B.Sc, RMN, MA (Education), Lecturer, Mental Health Nursing, Faculty of Health Studies, School of Nursing, University of Bradford, Bradford, Yorkshire, United Kingdom

Abstract

Cognitive Behavioural Therapy: initial orientation and training for undergraduate mental health nursing students in the UK. It is recognized that there remains a national shortage of therapists delivering Cognitive Behavioural Therapy (CBT), though the evidence of its success in the treatment of a variety of mental health problems such as depression and/or anxiety has become increasingly clear (Clark, 2011). It has been suggested that some of the principles of CBT can be incorporated into everyday mental health nursing practice (Currid, 2011). There is evidence to suggest that CBT based strategies may be effective in other clinical areas such as pain management (Edhe et al 2014). In order to provide student mental health nurses with CBT based skills, which could safely be implemented within their practice, a programme of CBT education and assessment was designed and implemented within an undergraduate mental health nursing pathway in a higher education institution in the north of England.

This programme emulates a post registration M.A. level CBT course and is adapted to fit into the pre-registration programme, using a combination of seminars, skills sessions and video work. In the final year of the programme the work has been evaluated by a summative objective clinical skills examination using an adaptation of a well-established CBT assessment method used in CBT training courses. In addition to this the participants complete a reflection and action planning work sheet to evaluate the usefulness of the skills workshops in clinical practice.

This poster presentation provides evaluative evidence and examples from the implementation of this project. It will advocate for the incorporation of the teaching and assessing of CBT in undergraduate mental health nursing programmes, and suggest the incorporation of CBT strategies in everyday mental health nursing practice.

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 review 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.

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.

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 1, 85 with mild dementia participated in this study. After a 1-week pre-interventional period, we increased their afternoon activities by introducing 60 x 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.

Abstract

Recruitment of elderly patients in RCTs is difficult and factors that influence decision-making are not well known or understood. SORTED 1 study is a dual centre single blinded RCT of people aged over 80 years diagnosed with an underactive thyroid treated with levothyroxine. SORTED 2 is a qualitative sub-study of SORTED 1 which sought to understand participant’s willingness to take part in the RCT.

The aim was to explore patient’s perception of the design of the RCT study through face to face interviews with 18 patients aged between 80 and 93 years who accepted as well declined randomisation.

Findings

Numerous other non-trial appointments

Participants who took part in the follow-up interviews said that having home visits was a significant companion for support. Impact on significant others varies from being reliant on others for transportation to requiring a support system and most took place in the late morning or afternoon. We paid taxi fares from the study budget for those wishing to attend the hospital.
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.

**Poster number 26**

**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.

**Data sources:** Electronic databases: MEDLINE and PubMed, reference Library of The CUHK.

**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.

**Poster number 27**

**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 end 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 through 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 areas to focus for research over the next 2-3 years. The focus for research over the next 2-3 years was identified and was added to the research priorities.

**Conclusions:** By undertaking a gap analysis an overview of current evidence in palliative and end 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.

**Poster number 28**

**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 multidisciplinary 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.
Abstract

Background: Little is known about the end of life care experiences of Black Asian Minority Ethnicity (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.

Aim: This critical literature review collates and analyses existing knowledge about the factors that have been identified to influence accessibility and acceptability of advance care planning (ACP) in BAME groups. The literature on the explanatory models of illness, death and dying held by BAME groups is also discussed.

Method: Data searches were conducted between May to November 2013. Five databases were searched: EMBASE, Medline, PsycINFO, CINAHL, IBSS under 8 broad categories. A separate scoping exercise was also conducted by information specialists on the topic: ‘End of life care for Black and Ethnic Minorities’ searching additional eight databases. Selected/excluded articles were appraised by authors and checked until consensus was reached to achieve consistency of approach and ensure consensus about inclusion.

Results: 2583 abstracts were screened for inclusion of which 14 UK based studies were selected. The studies included suggest barriers to accessibility and acceptability of ACP for BAME groups include: reluctance to think about dying and cultural construction of disclosure; lack of knowledge and understanding of specialist palliative care services available, or their function; cultural explanatory models held on death and dying, as well as professional’s perceptions and lack of understanding of these.

Conclusion: The voices of BAME patients and their carers in research exploring ACP is almost absent in the UK. The few studies available suggest their experience is very different from the indigenous White British population. There is a need for further research to explore the experience of BAME patients and their families in order to meet their particular needs in discussions about future deterioration.

Theme: Health promotion

Where are the voices? Advance Care Planning and Black Asian and Minority Ethnic Communities in the UK: A Critical Review of Research

Dr Rachel Islam, LOROS Hospice, Groby Road, Leicester, United Kingdom

Abstract

Background: Exposure to secondhand smoke is the important information to be used for health promotion planning for people in the community. Educational program must be launched to prevent the problems consistent with life style of smokers and non-smokers living in the same family.

Aim: This research was conducted to study smoking behavior and exposure to secondhand smoke in smokers’ family.

Methods: Purposive samplings of 39 families were selected from a community in Ratchaburi province, Thailand, between January and December 2013. A qualitative research was conducted using questionnaire to assess smoking behavior and secondhand smoke exposure by interview and participatory observation.

Results: Most smokers were not aware of the effects of secondhand smoke to other people as well as smokers. Smokers visited many houses where most of them are relatives of one another, in which most exposure secondhand smoke occurred. Non-smokers found it was difficult to avoid exposure to secondhand smoke because they had to carry children, most less than 5 years old, to places where smokers got together.

Discussion and Conclusions: Nursing students should be encouraged to emphasize on providing knowledge to the community about secondhand smoke exposure and its effects, and advocate for quitting smoking. Nursing instructors should use the information on secondhand smoke exposure in smokers’ family to implement programs on smoking initiation prevention, to assist in smoking cessation, and surveillance of health status of smokers and non-smokers who are exposed to secondhand smoke. Thus, nursing instructor role should include coordinating with health workers, community health volunteers, and community leaders to establish team work to provide health education on harmfulness of secondhand smoke and counseling on cessation to the people in the community.

Posters

Wednesday 22 April 2015

Poster number 29

Where are the voices? Advance Care Planning and Black Asian and Minority Ethnic Communities in the UK: A Critical Review of Research

Dr Rachel Islam, LOROS Hospice, Groby Road, Leicester, United Kingdom

Poster number 30

Secondhand smoke exposure in smokers’ family: Nursing instructor role

Dr Vimolpun Nitipong, Nursing instructor, Community health and psychiatric nursing, Boromarajajornani College of Nursing, Ratchaburi, Thailand, Thailand

Abstract

Background: Exposure to secondhand smoke is the important information to be used for health promotion planning for people in the community. Educational program must be launched to prevent the problems consistent with life style of smokers and non-smokers living in the same family.

Aim: This research was conducted to study smoking behavior and exposure to secondhand smoke in smokers’ family.

Methods: Purposive samplings of 39 families were selected from a community in Ratchaburi province, Thailand, between January and December 2013. A qualitative research was conducted using questionnaire to assess smoking behavior and secondhand smoke exposure by interview and participatory observation.

Results: Most smokers were not aware of the effects of secondhand smoke to other people as well as smokers. Smokers visited many houses where most of them are relatives of one another, in which most exposure secondhand smoke occurred. Non-smokers found it was difficult to avoid exposure to secondhand smoke because they had to carry children, most less than 5 years old, to places where smokers got together.

Discussion and Conclusions: Nursing students should be encouraged to emphasize on providing knowledge to the community about secondhand smoke exposure and its effects, and advocate for quitting smoking. Nursing instructors should use the information on secondhand smoke exposure in smokers’ family to implement programs on smoking initiation prevention, to assist in smoking cessation, and surveillance of health status of smokers and non-smokers who are exposed to secondhand smoke. Thus, nursing instructor role should include coordinating with health workers, community health volunteers, and community leaders to establish team work to provide health education on harmfulness of secondhand smoke and counseling on cessation to the people in the community.

Poster number 31

Intimate Partner Violence: Exploring the Perspective of Practitioners Dealing with IPV Victims from Muslim Community

Dr Parveen Ali, PhD, School of Nursing and Midwifery, University of Sheffield, United Kingdom

Abstract

Background: Intimate Partner Violence (IPV) is a major public health and social problem. To develop any strategies against IPV for any specific population, it is important to gain insight in to the perspective of that population.

Aim of the study: This study sought to explore perspectives of practitioners dealing with the issues of IPV within Muslim community, in a city in the North of England. The study explored the practitioners’ perceptions of the factors considered to produce 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 appropriately and sensitive services to the IPV victims. A novel approach ‘Personas’ was used to facilitate discussion and development of resources according to reflect the needs of the practitioners. Following development and testing cycles, the developed information resource was incorporated into the 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.
Use and access of primary healthcare services in rural areas in Southern Greece

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 in rural health 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 health care 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.

Arrhythmias perceptions, quality of life, and associated factors of cardiovascular patients before pacemaker implantation

Background: Cardiac arrhythmias might become life-threatening emergency, resulting in cardiac arrest or death. Arrhythmias, such as bradyarrhythmias, atrioventricular block, sick sinus syndrome, 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 dysrhythmia, 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=0.2458), 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=0.2458). Also, ANOVA confirmed a significant difference in different age classes and arrhythmias perception (F=2.365*, p=1.607).

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.

The use of 'pop-up education' to raise nurses' awareness of research being conducted in the emergency department

Objectives: This study aimed to examine arrhythmias perceptions, quality of life, and associated factors of cardiovascular patients before pacemaker implantation.
Theme: Acute and critical care

Poster number 35

Exploration the process in applying sedation guidelines to critical care patients among ICU nurses

Chiu-Fen Shih, Head Nurse, Taichung Veterans General Hospital, Taiwan

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 securement 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, 59% (n = 281) had at least one peripheral intravenous catheter (95% CI 54.2-63.0); 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 by nursing staff or a specialist team, and 90% were inserted in the general wards. The prevalence of 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 purposive 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 2,905 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 in favor of improving patients’ total cholesterol level (MD: -0.61; 95% CI: -0.76 to -0.45; p<0.00001). 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 (52). 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 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. 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.

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 24hrs 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 (3x15 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.
Poster number 41

Saudi Students’ Perceptions of the Nursing Profession
Hammad Alroqi, PHD Candidats, Student, Angalia Ruskin University:
Supervisor 1 Professor Sharon Andrew.
Supervisor 2: Dr. Mansour Mansour.
Supervisor 3: Sara Burch, United Kingdom

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.