

RCN International Nursing Research Conference and Exhibition 2018

Monday 16 - Wednesday 18 April 2018

College of Medical and Dental Sciences, University of Birmingham, Edgbaston, Birmingham B15 2TT

Conference abstracts

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Keynote speaker abstracts

Monday 16 April
10.20-11am

Location: Leonard Deacon lecture theatre

Keynote lecture 1:

On the challenges and opportunities of seeing things differently

Professor Davina Allen, RN, BA(Hons), PhD, Deputy Head of School (Research and Innovation, School of Healthcare Sciences, Cardiff University, Wales, UK

Twitter: @davina-allen

Summary of session

Davina will draw on her ethnographic study on the invisible organising work of nurses to reflect on the challenges of seeing things differently.

Biography

Davina Allen is a Professor of Healthcare Delivery and Organisation and Deputy Head of School (Research and Innovation) in the School of Healthcare Sciences, Cardiff University. A medical sociologist with a clinical background in nursing, Davina has an international research profile spanning 26 years. Beginning with studies of inter-professional working and in particular the organisation of nursing practice, her work has evolved to include a combination of sociological studies of organisational phenomena and a growing portfolio of large-scale applied research projects.

Her current research includes the development and application of Translational Mobilization Theory, a programme of translational work on the organisational component of nursing practice, and empirical investigations of paediatric early warning systems, the use of patient experience data for quality improvement and referral pathways in the management of acute alcohol intoxication in the night-time environment.

She was elected as a Fellow of the Academy of Social Sciences in 2016, and is a Health Foundation Improvement Science Fellow, Q Community member and Health Social Care Wales Faculty Lead Researcher. She holds a Professor II post (Norwegian University of Science and Technology), Adjunct Professor (Faculty of Nursing, University of Alberta) and is an Editor of Sociology of Health & Illness.

Tuesday 17 April
10.45-11.30am

Location: Leonard Deacon lecture theatre

Keynote lecture 2:

Autonomy, caring and labour: taking the red pill

Professor Michael Traynor, MA (Cantab.), PhD, Professor of Nursing Policy, Middlesex University, UK

Twitter: @CritResNurse

Summary of session

Nurses cherish ideas of autonomy and caring in the labour of nursing. The profession promotes both as central features of its identity. In this talk Michael will draw on the approach of three key thinkers, Marx, Freud and Nietzsche, to look beyond the appearances of autonomy and caring in nursing work. Michael invites the audience to take the red pill offered to Neo in the film *The Matrix* (1999).

Intended learning outcomes

Understand what it feels like to walk through the desert of the real

Be able to recognise, and understand the work of, the three masters of suspicion

Be less attached to notions of autonomy and caring in professional practice

Biography

Michael Traynor was born in London. He read English Literature at Cambridge University, then completed nursing and health visiting training. He moved to Australia where he was a researcher for the South Australian Health Commission. He worked at the Royal College of Nursing in London and at the Centre for Policy in Nursing Research at the London School of Hygiene & Tropical Medicine. He is now Professor of Nursing Policy at the Centre for Critical Research in Nursing and Midwifery at Middlesex University. He is the editor of the journal *Health: an interdisciplinary journal for the social study of health, illness and medicine*. He recently wrote *Critical Resilience for Nurses*, published by Routledge in March 2017.

Tuesday 17 April
11.30-11.55am

Location: Leonard Deacon lecture theatre

Keynote lecture 3:

Janet Davies, Chief Executive and General Secretary, Royal College of Nursing, United Kingdom

Twitter: @janetRCN

Biography

Janet Davies is the Chief Executive and General Secretary for the Royal College of Nursing. The Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The key priorities for the Royal College of Nursing are to represent nurses and nursing, promoting excellence in professional and Trade Union practices and help to shape health and social care policies.

Prior to this appointment, Janet was one of the Executive Director's at the Royal College of Nursing (joining in September 2005) and had the strategic lead for nursing and service delivery to its members.

Previous to joining the RCN, she had a long career as a Nurse within the NHS. She was Director of Nursing in West Lancashire and Liverpool and Chief Executive of Mersey Regional Ambulance Service.

Janet holds a BSc (Hons) Degree and MBA. She is a qualified RGN & RMN and a Fellow of the RCN.

Wednesday 18 April
09.05-9.45am

Location: Leonard Deacon lecture theatre

Keynote lecture 4:

NHS workforce and financial sustainability

Professor Anita Charlesworth, CBE, Director of Research and Economics, the Health Foundation, UK

Twitter: @AnitaCTHF

Biography

Anita Charlesworth is the Director of Research and Economics at the Health Foundation, and Honorary Professor in the College of Social Sciences at the Health Services Management Centre (HSMC) at the University of Birmingham.

Before joining the Health Foundation in May 2014, Anita was Chief Economist at the Nuffield Trust (2010-14) where she led the Trust's work on health care financing and market mechanisms. Prior to that she had roles as Chief Analyst and Chief Scientific Advisor at DCMS (2007-10), Director of Public Spending at the Treasury (1998-2007), where she led the team working with Sir Derek Wanless on his 2002 reform of NHS funding and worked as an Economic Advisor at DH and for SmithKline Beecham pharmaceuticals. She has worked as a non-executive director in the NHS – for Islington PCT (2007-2011) and The Whittington Hospital (2011-2016). She was specialist advisor to the House of Lords' select committee on the long-term sustainability of the NHS.

Anita has an MSc in Health Economics from the University of York and is a Trustee of Tommy's, the baby charity. She was awarded a CBE in The Queen's 2017 Birthday Honours List for Services to Economics and Health Policy.

Concurrent session 1

Monday 16 April, 11.30am-12.55

Theme: Child Health

Session no: 1.1.1 Abstract number: 97

Time: 11.30-11.55am

Keywords

Research topic: Children and Young People; Patient Experience/Primary and Community Care

Methodology: Interviewing/Qualitative Approaches

Parent's experiences of caring for an extremely premature baby at home

Presenter: Julia Petty, BSc Hons, MSc, MA, PGCE, RGN/RSCN, Senior Lecturer in Children's Nursing, University of Hertfordshire, United Kingdom

Co-presenter(s): Lisa Whiting, UK

Co-author(s): Julia Petty, Lisa Whiting, all UK; Janet Green, Cathrine Fowler, Doug Elliott, Chris Rossiter; all Australia

Abstract

Background: Parenting vulnerable, premature babies has been described as challenging requiring increased professional (Boykova, 2016) and ongoing community support (Whittingham et al., 2014; Ingram et al., 2016). Questions exist as to how nurses can best prepare and support parents in caring for these babies after discharge.

Aim: Funding was granted by the University of Hertfordshire, England and the University of Technology, Sydney to:

- Gain insight into the post-discharge experiences of parents in relation to the adequacy of preparation for caring for their extremely premature baby at home.
- Facilitate insight into parental neonatal community nursing experiences.

Methods: This qualitative study utilised an interpretive narrative approach across two centres (UK and Australia). Purposive sampling was used to recruit parents of babies born at less than 30 weeks gestation, one to six years following discharge from a neonatal unit. A total of twenty-one sets of parents from across both countries participated in a semi-structured interview between July–October 2017.

Preliminary findings:

- Uncertain outcome - life versus death

- Emotional and mental health of parents
- The need for health professional education about prematurity
- The need for parental support and preparation
- The continuing health needs of the baby.

Full analysis will be completed by January 2018.

Discussion: The findings will enhance understanding of what is required in relation to tailored resources for both parents and health professionals to best meet the needs of parents of extremely premature babies. Research from both countries has enabled comparisons as well as facilitated collaborative learning. Recommendations for future nursing practice will be made.

Conclusion: Having an extremely premature baby has a substantial impact on parents, from birth and throughout early childhood; it is therefore crucial that this vulnerable group are provided with appropriate discharge preparation and subsequent community nursing support.

Recommended reading list

Boykova, M. (2016). Life After Discharge: What Parents of Preterm Infants Say about their Transition to Home. *Newborn and Infant Nursing Reviews*. 16(2), 58–65

Ingram JC, Powell JE, Blair PS, et al. (2016). Does family-centred neonatal discharge planning reduce health care usage? A before and after study in South West England. *BMJ Open*. 6(3), e010752. doi:10.1136/bmjopen-2015-010752

Whittingham, K., Boyd, R. N., Sanders, M. R., & Colditz, P. (2014). Parenting and prematurity: Understanding parent experience and preferences for support. *Journal of Child and Family Studies*. 23(6), 1050–1061

Biography

Julia Petty is a Senior Lecturer in Children's Nursing at University of Hertfordshire (UH) where she has worked since April 2013. Julia's role at UH comprises a combination of teaching and assessment for a variety of child nursing modules and research in the field of children's and neonatal care. She has an extensive educational and scholarly background in the neonatal specialty which includes being the Education Lead for the UK Neonatal Nurses Association and UK representative on the Board of the Council of International Neonatal Nurses. Julia is currently researching the experiences of parents following discharge home with their premature neonate along with a colleague, Lisa Whiting who is Professional lead for Children's Nursing at UH and a team of researchers in

Sydney, Australia. Julia has a keen interest in the development of digital learning resources in neonatal and children's nursing and has contributed regularly to publications in this as well as other related subjects. She is currently undertaking a Doctorate in Education exploring how storytelling from parent experiences can be used to understand the patient journey, enhance empathy and used to design digital resources for learning in neonatal care.

Session no: 1.1.2 Abstract number: 98

Time: 12-12.25pm

Keywords

Research topic: Children and Young People, Learning Disability, Methodology

Methodology: Focus Groups/Action Research

Sleep hygiene education (SHE) and children with developmental disabilities (DD) Findings from an experience based co-design (EBCD) study

Presenter: Dr Julie Sutton, RNLD, BSC (Hons), PGcertHE, PhD Lecturer in Practice Learning, Faculty of Health and Social Care, University of Chester, United Kingdom

Co-author(s): Dr Jaci C. Huws, Prof Chris R. Burton; all UK

Abstract

Background: SHE has been routinely implemented for years with families of children with DD and sleep problems, despite being an inadequately conceptualised intervention supported by theories based on popular wisdom. The UK's prudent health care agenda however, calls for a greater understanding of what makes interventions work effectively, so that professionals are more conscious of the care that is delivered.

Aims: The aim of this EBCD study (Kings Fund, 2014) was to develop a systematic understanding about what SHE does, how it is delivered and how it is supposed to work to improve sleep.

Method: Underpinned by a participatory methodology, this study brought together eight parents of children with DD and six sleep practitioners as equal research partners in June 2015. Co-designers debated an 'audio trigger podcast' and co-created a SHE tool, programme theory

and logic model (Funnell and Rogers, 2011) which explains how SHE works to improve sleep.

Findings: A systematically developed SHE tool underpinned by a programme theory and theories of change, explaining how the intervention should work to improve sleep.

Explanatory analytical themes demonstrating SHE complexity: the need to legitimise children's sleep problems, customise sleep advice, foster knowledge exchange between parents and professionals, manage health expectation and the impact of narrowing sleep service referral processes for families trying to access support.

Discussion: Implications for policy and practice include a more explicit understanding of what SHE is and how best to deliver it and for research, a theory-driven framework for evaluating SHE.

Conclusion: This study makes explicit the nature of complexity embedded in a SHE intervention and improves understanding of how best to implement it to improve sleep in children with DD.

Recommended reading list

Funnell, S.C., and Rogers, P.J. (2011). *Purposeful Program Theory: Effective Use of Theories of Change and Logic Models*. San Francisco: Jossey-Bass.

The King's Fund, (2014). *Experience based co-design toolkit*. Retrieved from The King's Fund website: <http://www.kingsfund.org.uk/projects/ebcd>

Biography

As a Learning Disability Nurse with over 20 years practice experience, Julie has a special interest in sleep interventions designed to meet the needs of children with disabilities and regularly delivers training focused in this area. In partnership with Team around the Child (TAC) Interconnections, Julie has developed the national Sleep Practitioner training programme which has trained care professionals in the assessment and treatment of sleep problems in children with disabilities since 2008. In 2012, she was awarded a Research Capacity Building Corporation (RCBC) Wales scholarship to undertake doctoral research developing sleep hygiene education interventions for children with developmental disabilities, at Bangor University. She completed her PhD in 2017 and now works as a Lecturer in Practice Learning with pre-registration student nurses at the University of Chester. Julie is also an experienced freelance trainer and fellow of the Higher Education Academy (HEA) of teaching fellows.

Session no: 1.1.3 Abstract number: 190

Time: 12.30-12.55pm

Keywords

Research topic: Children and Young People/ Patient Education/Service Innovation and Improvement

Methodology: Interviewing/Mixed Methods Research

Liminality as a framework to understand parent's experiences of going home after their infant's complex cardiac surgery: a conceptual model

Presenter: Dr Kerry Gaskin, PhD, MSc, BA (Hons) Principal Lecturer in Advancing Clinical Practice, Allied Health & Social Sciences Department, University of Worcester United Kingdom

Abstract

Background: Liminality, as a concept explores the 'rite of passage' through a transition (Turner 1969, Van Gennep 1960), in this case parent's experiences of the transition from hospital to home for the first time with an infant following cardiac surgery for complex Congenital Heart Disease.

Aim: To present a conceptual framework arising from empirical findings, as an interpretative approach to the phenomenon of liminality for a group of parents

Design: This was a longitudinal qualitative feasibility study, within a constructivist paradigm. Parents were asked to participate in self-report tools and semi-structured interviews at four timepoints: before discharge [T0]; two weeks after discharge [T1], eight weeks after discharge [T2] and after stage two surgery [T3]. Interviews were transcribed verbatim and thematically analysed.

Setting: One tertiary children's cardiac centre in the UK

Subjects: Eighty infants were screened during the 15 month recruitment period, of whom 47 parents were eligible for participation; parents of 13 infants were recruited; parents of 8 infants took part in interviews (8 mothers, 4 fathers), between August 2013 and February 2015.

Results: A betwixt and between time existed for parents, enabling them to develop, maintain and restore a sense of self and control, such that they were ready to face the hurdle of the transition from hospital to home with their fragile infant. Transition across the liminal space was a constraint for some and enabling for others. Parents were bounded by physical, emotional and social constraints in terms of their preparedness to go home.

Conclusion: The model represents the parent's experiences of transition through a pre-liminal phase (pivotal events), liminal phase (crossing

the threshold of the ward into the outside world) to the post-liminal phase (mastery, developing confidence over time). Simplification of the model for practice will enable assessment of each family's needs before discharge planning commences.

Recommended reading list

Van Gennep, A. (1960) *The rites of passage*. London. Routledge and Kegan Paul.

Turner V. (1969) *The Ritual Process: Structure and Anti-Structure*. Routledge, London.

Biography

Kerry Gaskin [RGN, RN (Child), BA(Hons) Paediatric Nursing, ENB 160 Paediatric Cardiothoracic Nursing, MSc Advanced Practice Nursing, PGCHE, FHEA], is a Principal Lecturer in Advanced Clinical Practice at University of Worcester. Kerry is the Chairperson of the Congenital Cardiac Nurses Association and worked clinically in children's cardiac services at several specialist children's cardiac centres in the UK before moving into academia in 2005; but has maintained a keen interest in the speciality. Kerry represented the RCN on the Health Impact Assessment Steering Group (2011-2012) commissioned by the National Specialist Commissioning Group during the Safe and Sustainable review of Children's Cardiac Services. She also led the development of RCN core competencies for children's cardiac nurses (RCN, 2014) which have influenced the draft standards and congenital heart service specifications (NHS England, 2014). Kerry's PhD explored parent's experiences of the transition from hospital to home with their infants, following first stage of cardiac surgery for complex congenital heart disease. Her continuing research focuses on parental home assessment using a Congenital Heart Assessment Tool, to enable parents to identify signs of deterioration in their infant and to make prompt contact with the appropriate health care professional.

Theme: Neuro/Rehab

Session no: 1.2.1 Abstract number: 300

Time: 11.30-11.55am

Keywords

Research topic: Chronic Illness/Patient Experience/Primary and Community Care

Methodology: Other Collection/Systematic Review and Other Secondary Research

Patient reported experiences of using community rehabilitation and/or support services whilst living with a long-term neurological condition: a qualitative systematic review

Presenter: Professor Sharon Hamilton, RN, PhD, BA(Hons), MA Professor of Nursing, Teesside University, Middlesbrough, United Kingdom

Co-author(s): Katherine Jackson, Steven Barr; all UK.

Abstract

Background: The prevalence of people living with long-term neurological conditions (LTNC) is increasing globally, particularly in the context of an ageing population. Despite policy and guidelines regarding community services, recent evidence indicates that they may not be adequately supporting quality of life for people with LTNC or preventing crises and/or acute admissions to hospital. Furthermore, discrepancies have been identified between people's experiences and commissioner's perceptions of how community services are being delivered. This therefore needs to be explored to inform further policy and practice.

Aim: To systematically review qualitative evidence relating to patient reported experiences of using community rehabilitation and/or support services whilst living with a long-term neurological condition.

Method: Electronic databases were searched to identify qualitative studies published in English between 2005 and 2016. Inclusion criteria were studies where experiences of community rehabilitation and support services were reported by participants who were >18, living with Multiple Sclerosis, Parkinson's Disease, Acquired Brain Injury or Dystonia. Critical appraisal, data extraction and quality assessment of papers were performed independently by 3 reviewers using Joanna Briggs Institute tools (JBI 2014). Following data extraction, a meta-synthesis of findings was conducted.

Results: Thirty-seven studies met the inclusion criteria. One hundred and one findings were extracted from which seven synthesised findings emerged. Findings highlighted that interactions with professionals which encourage self-efficacy, active participation (engagement) and self-

management were valued by people with LTNC. Participants felt that informal support and goals could be used more effectively to provide structure, satisfaction and motivation.

Conclusion: To our knowledge, this is the first systematic review to focus on this topic. It was conducted to rigorous international standards and has highlighted new knowledge to inform future policy and service provision for people with LTNC. This presentation will outline the systematic review process and discuss the 7 key synthesised findings and their implications.

Recommended reading list

Joanna Briggs Institute. JBI Reviewers Manual 2014 edition. JBI, University of Adelaide, Australia.

Biography

Sharon is a Professor of Nursing and the Director of a Joanna Briggs Institute Centre of Excellence. Her main research interests are focused around the evaluation of complex interventions and systematic reviewing. In 2014 Sharon was awarded a Winston Churchill Memorial Trust Fellowship to visit Australia to explore the Australian approach to reducing undetected deterioration in acutely ill patients.

Session no: 1.2.2 Abstract number: 224

Time: 12-12.25pm

Keywords

Research topic: End-of-Life Care/ Primary and Community Care

Methodology: Other Collection/Systematic Review and Other Secondary Research

Palliative care for people with Motor Neurone Disease; an integrative literature review

Presenter: Lorna Hollowood, MSc Advanced Practice, PG Cert Teacher in Health and Social Care, RN, Specialist Practitioner District Nurse, FHEA, BSc Nursing, Lecturer in Nursing, University of Birmingham, United Kingdom

Abstract

Motor Neurone Disease (MND) is a rare, progressive neurodegenerative disease, which results in muscle weakness, reduced mobility, dysphagia and speech and breathing difficulties with no curative treatment or remission, where 50% of patients die within three years of their first symptom and many dying within a year of diagnosis (Whitehead et al 2012, Wood-Allum 2014). Access to palliative care for people with Motor Neurone Disease (MND) is an area of concern for the person with the condition as well as the carers supporting them (NICE 2016). This literature review examines the specific chal-

lenges in palliative care for people with MND, and their carers.

A systematic search was undertaken of the literature yielding 534 articles. An inclusion and exclusion criteria was then applied limiting the search to articles published between 2005-2017, peer reviewed academic journals, those with empirical research, in English. 43 articles were then selected for critical appraisal for their relevance to the topic using MacKenzie et al's (2010) quality review tool resulting in 16 key articles and themed using Thomas and Harden's (2008) thematic analysis approach.

Four themes emerged from the literature: the specific needs of carers of people with MND; the service professions including professional awareness, information/communication; hope and depression and the ethical decision-making.

Despite a lack of quantifiable data relating to specialist palliative care to improve palliative outcomes in people with MND the literature shows that MND patients and their care-givers have a great need for integrated services which are equipped to deal with their very specific needs. The management of hope and depression should form an integral part of the palliative care provision. Advance care planning offers a framework to support communication between services and families.

The symptoms experienced at end-of-life require specialist skills to manage and needs the support of a multidisciplinary team.

Recommended reading list

Whitehead B, O'Brien MR, Jack BA, Mitchell D (2012) Experiences of dying, death and bereavement in motor neurone disease: a qualitative study. *Palliat Med.* 26(4):368-78

Wood-Allum CA (2014) Unanswered questions and barriers to research in the palliative care of motor neurone disease patients. *J Palliat Care* 30(4):302-306

NICE (2016) Motor neurone disease: non-invasive ventilation (NICE guidelines NG42) <https://www.nice.org.uk/guidance/cg105> (Accessed 05 Aug. 2017)

Biography

I am a lecturer in nursing at the University of Birmingham, specialising in complex community care and palliative and end-of-life care. Previously I held a teaching post at University of Worcester developing primary health care programmes, teaching in pre and post registration nursing and delivering inter-professional education within nursing, paramedics and care homes. My research interests are in provision of end-of-life care in home and community settings and teaching and learning strategies to enhance end-of-life care.

As a clinical associate with the Gold Standards Framework I support the care home sector in provision of gold standard end-of-life care and also assess them for accreditation.

I have recently successfully completed my MSc in Advancing Practice at Worcester. My dissertation explored the palliative care needs for people with MND and enabled me to develop both my research skills and clinical knowledge in this area. This has been submitted for publication.

I have fellowship with the Higher Education Academy, am a member of the RCN Education and District Nursing forums and a member of the National Association of Palliative Care Educators (NAPCE).

Session no: 1.2.3 Abstract number: 159

Time: 12.30-12.55pm

Keywords

Research topic: Rehabilitation

Methodology: Other Collection/Evaluation

Can care costs rise as patients gain independence through rehabilitation? A post hoc analysis of prospectively collected data

Presenter: Heather Williams, MSc Research Associate, London North West Healthcare NHS Trust, Northwick Park Hospital, United Kingdom

Co-presenter(s): Chris Dungea, UK

Co-author(s): Chris Dungea, Rita Santhirajah, Lynne Turner-Stokes; all UK

Abstract

Aim: A primary goal for inpatient rehabilitation is to increase independence. Paradoxically, however, this may lead to an increase in care-costs for some patients, as promoting independence can take longer than simply doing tasks for them. The aim of this study was to determine the proportion of patients whose care-costs rise with increased independence and to examine the reasons for this.

Methodology: The UK Rehabilitation Outcomes Collaborative (UKROC) database collates data on needs in puts and outcomes for all specialist in-patient neurorehabilitation units in England. The UK FIM+FAM measures functional independence and the Northwick Park Dependency Scale/Care needs assessment (NPDS/CNA) identifies care needs and calculates care costs through a computerised algorithm.

Data were extracted for all admissions to our specialist neurorehabilitation unit between 2010-2017. Episodes with both increased independence (higher FIM+FAM score) and care-costs at discharge were analysed. Change in individual item scores was examined using paired T-Tests (with bootstrapped samples N=1000) to identify specific care tasks associated with increased costs.

Results: For 608 admissions, mean overall costs of care fell by £541 (95%CI:£478,603) from admission to discharge. However, 103 (17%) had increased care costs of which 71 (12% overall) had increased independence. Their mean age was 44.8 (sd13) years; males:females 59%:41%; mean length of stay 102 (sd43) days; Mean increased care-cost £446 (95%CI:£371,521). 90% had acquired brain injuries.

Mobility, washing, bathing, dressing and communication all improved significantly from admission to discharge ($p<0.005$), but assistance for toileting (bladder) and behavioural management increased ($p<0.05$). In a stepwise linear regression model, Bowels/incontinence, Bladder and Safety management together predicted 81% of the variance in care-costs at discharge.

Conclusion: Whilst care-costs fell overall, they increased for 12% of patients despite improvements in mobility and independence for self-care, due largely to their higher care requirements for maintaining safety and continence, and managing unwanted behaviours. This resonates with clinical experience.

Biography

For approximately 13 years I worked within Orthopaedic nursing prior to moving into the field of audit and research, completing an MSc in 'Evaluation of Clinical practice'. Since then the main focus has been in Health Improvement and research with a particular interest in assisting in the development of assessment tools within the neuro-rehabilitation setting and working as a member of the United Kingdom Rehabilitation Outcome Collaborative (UK ROC) based at the Regional Hyper-acute Rehabilitation Unit at Northwick Park Hospital.

Theme: Safe Staffing

Session no: 1.3.1 Abstract number: 152

Time: 11.30-11.55am

Keywords

Research topic: Cardiovascular Disease and Stroke/Nursing, Midwifery or Support Worker Education/Methodology

Methodology: Questionnaires/Experimental Research

Medication adherence and predictive factors in patients with cardiovascular disease in Sydney, Australia

Presenter: Mr Ali Al-Ganmi, Master of Clinical Nursing/ School of Nursing, University of Sydney; Ph.D Student, University of Technology, Sydney, Australia

Co-author(s): Lin Perry, Leila Gholizadeh, Abdullellah Alotaibi; all Australia

Abstract

Background: Adherence to cardiac medications makes significant contribution to avoidance of morbidity and premature mortality in patients with cardiovascular disease (CVD).

Aim: To evaluate adherence to cardiac medications and associated factors in patients with CVD admitted to hospital and attending cardiac rehabilitation in Sydney, Australia.

Methods: A quantitative survey was conducted among 120 patients (cardiac rehabilitation=31; cardiac ward in-patients = 89) with CVD from October 2016 to June 2017. Adherence to medications was measured using the Medication Adherence Questionnaire (MAQ). Factors related to medication non-adherence were examined using the Adherence to Refills and Medications Scale (ARMS), the Belief about Medicine Questionnaire (BaMQ), the Medication Adherence Self-Efficacy Scale-Revised (MASES-R) and Medication Specific Social Support (MSSS). Bivariate logistic regression and multiple linear regression determined independently significant factors influencing adherence to cardiac medications.

Results: Compared to cardiac ward participants, those recruited from the cardiac rehabilitation had significantly lower adherence to cardiac medications (64.0% versus 58.1%, respectively; $\chi^2 = 28.033$, $df = 1$, $p = 0.001$). The ability to refill medications (ARMS) were more significantly and independently associated with participant's level of medication adherence (MAQ) than self-efficacy (MASESR) and beliefs (BaMQ), demonstrating positive moderate-strong correlations. Considering both groups of cardiac participants, younger age with non-Australian/New-Zealand backgrounds have lower ability to refill their cardiac medications and were less likely to report better medication adherence (OR = 0.45, 95% CI = 0.32-0.63).

Discussion: This study revealed that participants ability to refill medication was the sole predictive factor for adherence to cardiac medications. More attention should be paid to patients aged under 65 years and those with other ethnic backgrounds than Australia and New-Zealand in terms of the ability to refill cardiac medications/forgetfulness.

Conclusion: New strategies are required to improve patient's adherence to cardio-protective medications by addressing factors affecting of medication adherence in the different situations of cardiac rehabilitation and new cardiac events.

Biography

Ali Al-Ganmi a lecturer in the University of Baghdad/ College of Nursing and a PhD candidate and a casual lecturer at the University of Technology, Sydney UTS/ Faculty of Health, has clinical and research experience in the area of cardiovascular disease. My research focuses on primary, secondary, and tertiary prevention of cardiovascular diseases and, in particular, understanding individual, behavioural and environmental factors that influence heart-disease management, such as medication adherences self-efficacy, social support and beliefs.

Ali is collaborating with research scholars in Australia and internationally on several research projects that aim to improve outcomes for patients with heart disease and diabetes. These projects address cardiac rehabilitation, medication adherence, quality of life, and patient's experiences of living with heart disease.

Session no: 1.3.2 Abstract number: 135

Time: 12-12.25pm

Keywords

Research topic: Acute and Critical Care/ Patient Safety /Workforce and Employment Issues

Methodology: Statistical Analysis/Quantitative

Post-operative mortality, missed care and registered nurse staffing in nine countries: a cross-sectional study

Presenter: Dr Jane Ball, RN, BSc (Hons), PhD Principal Research Fellow, University of Southampton, United Kingdom

Co-author(s): Luk Bruyneel Belgium, Linda H Aiken USA, Walter Sermeus Belgium, Douglas M Sloane USA, Anne Marie Rafferty UK, Rikard Lindqvist Sweden, Carol Tishelman Sweden, Peter Griffiths UK

Abstract

Background: Variation in post-operative mortality rates has been associated with differences in registered nurse (RN) staffing levels

(1). When RN staffing levels are lower there is also a higher incidence of necessary nursing care being left undone ('missed care')

(2). Missed care may be a significant predictor of patient mortality following surgery, and may be a mediator between nurse staffing levels and patient mortality.

Aims: To examine whether missed nursing care mediates the observed association between registered nurse staffing levels and mortality.

Methods: Data on 422,730 surgical patients, in 300 general acute hospitals

(9 European countries), and a survey of 26,516 RNs were used to examine associations between 30-day case-mix adjusted in-patient mortality, nurse staffing and nurse reports of missed nursing care. A generalized estimation approach with random intercept model was used to examine the relationships between staffing and missed care on mortality. Bayesian methods were used to test for a mediating effect of missed care.

Results: RN staffing levels and missed care were significantly associated with 30-day case-mix adjusted inpatient mortality. A 10% increase in the percent of missed nursing care was associated with 16% (OR 1.159 95% CI 1.039-1.294) increase in the odds of a patient dying. Mediation analysis showed an association between nurse staffing and missed care and a subsequent association between missed care and mortality.

Discussion: Missed nursing care is associated with increased odds of patients dying in hospital following common surgical procedures. This is

the first international health services research study that points to a chain of systemic factors relating to in-hospital mortality.

Conclusion: The analyses support the hypothesis that missed nursing care mediates the relationship between registered nurse staffing and risk of patient mortality. Measuring missed care may provide an 'early warning' indicator of higher risk for poor patient outcomes.

Recommended reading list

Kane, R. L., Shamliyan, T. A., Mueller, C., Duval, S. & Wilt, T. J.(2007) "The association of registered nurse staffing levels and patient outcomes: systematic review and meta-analysis". *Medical Care*, 45, 1195-1204.

Ball, J. E., Murrells, T., Rafferty, A. M., Morrow, E. & Griffiths, P. (2014) "Care left undone' during nursing shifts: associations with workload and perceived quality of care." *BMJ Qual Saf*, 23, 116-25.

Biography

Jane Ball (PhD, BSc Hons, RN), Jane started her nursing career undertaking a degree in nursing at the University of Surrey. Her fourth year dissertation gave her a taste for research that she has never lost. She has surveyed nurses about their work lives and workloads ever since her first research job at the Institute for Employment Studies in 1990. Much of her research focusses on the relationship between nurse staffing and patient outcomes.

In 2011 She wrote national guidance on safe nurse staffing whilst working as policy adviser at the RCN. After three years as Deputy Director of the 'National Nursing Research Unit' at King's College London, she moved to the University of Southampton in 2014 and continues to research and write about nurse staffing.

She is currently leading an NIHR Policy Research Programme study to examine the implementation of safe staffing policies in the NHS.

Session no: 1.3.3 Abstract number: 120

Time: 12.30-12.55pm

Keywords**Research topic:** Older People/Patient Safety/Service Innovation and Improvement**Methodology:** Mixed/Evaluation**Development and piloting of a safe-staffing model for care homes: the Care Home Equation for Safe Staffing (CHESS)***Presenter: Dr Gary Mitchell, PhD, MSc, BSc, BA, RN, Lecturer, Queen's University Belfast, United Kingdom**Co-author(s): Carol Cousins, Ruth Burrows, Gary Cousins, Joanne Strain; all Northern Ireland.***Abstract****Background:** There is a focus on the provision of safe-staffing levels across care homes due to sub-optimal outcomes that have been reported as a result of inadequate staffing.**Aim:** The aim was to design a tool to guide the safe-staffing of nursing and care-assistant staff within the care home sector and pilot it in a number of care homes.**Literature Review:** A number of safe-staffing tools have been designed for use in older people's nursing including a variety of RCN Tool Kits including the Older People in Hospital's tool (2013) and Shelford's Safer Nursing Tool (2013). In a recent review of the literature it was found that there are no validated safe-staffing tools for care homes (Mitchell et al. 2017)**Methods:** The study took place between January 2016 and July 2017; methods employed include over 200 hours of observational data collection and 79 case-study questionnaires across eleven care homes in Northern Ireland and England. These findings would inform the development of a safe-staffing model for care homes which was later field-tested in 60 care homes, providing care to 3200 residents, in Northern Ireland over a period of 6 months. All steps of the process were guided with an expert steering group.**Results:** The care home equation for safe staffing was made up of sixteen separate domains such as elimination, hygiene, end-of-life care, communication, infection control and psychological needs. 9 key performance indicators were measured throughout the implementation of the model, the most notable include: 6.53% fall reduction, 12.5% pressure ulcer reduction and 12.47% weight-loss reduction**Conclusion:** The Care Home Equation for Safe Staffing is the first safe staffing model of its kind for care homes. Its implementation across sixty separate sites, over a six month period, has demonstrated significant quality of life improvement for people living in care homes.**Recommended reading list**

Mitchell, G., Cousins, C., Burrows, R. and Cousins, G. (2017) 'A review of safe-staffing models and their applicability to care home's Journal of Nursing Management, 25, (2), pp. 157-162

The Shelford Group (2013) Safer nursing care tool: Implementation resource pack. The Shelford Group: London.

Royal College of Nursing (RCN) (2012) Safe staffing for older people's wards: An RCN tool kit. RCN: London

Biography

Gary currently occupies the role of Lecturer in the Department of Nursing and Midwifery at the University of Belfast and was previously research coordinator for Four Seasons Health Care across a number of care homes in the UK. Gary, a qualified nurse, has published over 35 peer-reviewed papers on nursing, dementia care, palliative care and oncology. He was listed as one of the UK's Inspirational Nurse Leaders by the Nursing Times in 2015 and was named as the Nurse of the Year by the British Journal of Nursing in 2016. He serves on the editorial board of the Journal of Advanced Nursing, Nursing Standard and Nursing and Residential Care and has recently been appointed as a non-executive director of Age NI.

He is currently involved in research, education and practice development at a national level and his passion is helping to support people to live well within care homes.

Theme: Dementia

Session no: 1.4.1 Abstract number: 266

Time: 11.30-11.55am

Keywords**Research topic:** Acute and Critical Care/Dementia/Health and Social Policy/Patient Experience**Methodology:** Documentary Research/Interviewing/Observation/Case study/Evaluation/Mixed Methods Research**Meaning and enactment of 'person-centred' care for people in acute care living with dementia***Presenter: Ms Mary Godfrey, B.Social Science; M.Social Science, Reader in Health and Social Care, University of Leeds, United Kingdom**Co-author(s): Rosemary Shannan, Ann Skingley, Rosemary Woolley, John Young; all UK.***Abstract****Background:** Improving hospital care for people with dementia is a policy priority. 'Person-centred' care is conceived of as synonymous with care quality. Interventions to improve care quality need to consider what person-centred care is, and how one might recognise it in practice. In health policy, 'person-centred' has become a portmanteau term with multiple meanings; and different dimensions have assumed more or less emphasis in different policy contexts and over time. Although theoretical conceptions of personhood and person-centred care in dementia provide a powerful value base to inform practice, there is a dearth of research on what quality practice might actually look like in an acute care setting.**Study:** This paper describes how care was enacted for patients living with dementia in context of NHS acute wards. It draws on data from a process and outcomes evaluation of PIE (Person; Interaction; and Environment, aimed at improving dementia care practices.**Design:** A longitudinal mixed-method comparative case study design was used in 10 wards across 5 NHS Trusts and employed participant observation of routine care, interviews with staff and patient case studies.**Results:** Providing appropriate support to facilitate acute recovery of people with dementia and respond to the complexity of their needs required biographical knowledge to communicate with and interpret embodied communication; learned or experiential knowledge of how dementia affected the person; inter-personal skills to engage at a sensory, emotional and cognitive level with them; empathic connection with the person in 'their world' based on understanding that their actions and interactions were meaningful although the meaning might not be evident; a problem solving approach building on

these; and a facilitative organisational, spatial and care environment.

Conclusions: The study contributes understanding of person-centred care in an acute context and provides insight into the factors required to effect improvement in care quality.

Recommended reading list

Kitwood T.(1997). *Dementia Reconsidered; the person comes first*. Buckingham: Open University Press.

Sabat SR. (2001).*The experience of Alzheimer's Disease: life through a tangled veil*. Oxford: Blackwell Publishers Ltd.

Kontos P (2005). Embodied selfhood in Alzheimer's disease: Rethinking person-centred care. *Dementia: International Journal of Social Research and Practice*; 4: 553-570.

Biography

Mary Godfrey is a Reader in Health and Social Care in the Academic Unit of Elderly Care and Rehabilitation at the University of Leeds. She is a social scientist with substantive research interests in the experience of aging and chronic illness and in applied health research. Current and recent research studies include the development and evaluation of complex interventions to prevent delirium in acute care and long term care settings; reducing sedentary behaviour among residents in care homes as well as improving care of older people in hospital who are living with dementia.

Session no: 1.4.2 Abstract number: 90

Time: 12-12.25pm

Keywords

Research topic: Dementia/Service Innovation and Improvement

Methodology: Mixed/Case Study

Implementing the PIE programme to improve person-centred care for people with dementia on hospital wards

Presenter: Dr Ann Skingley, BA, RN, MSc, PhD, Cert.Ed, Principal Research Fellow, Canterbury Christ Church University, United Kingdom

Co-presenter(s): Joy Marshall, UK

Co-author(s): Mary Godfrey; John Young; Rosie Shannon; all UK

Abstract

Background: PIE (Person; Interactions; Environment) is a programme aimed at improving care practices for people on acute wards living with dementia. Comprising a set of tools (observation, action planning and review) in a manual,

and implementation strategies, PIE is a cyclical, systematic process with the content tailored to local need. It was developed from the observational tool used in the first National Audit of Dementia Care in NHS Hospitals (RCP 2011).

Aim: To provide a descriptive and explanatory account of how staff engaged with PIE in the real life context of acute ward delivery.

Methods: A longitudinal, mixed method design was adopted, incorporating multiple case studies. Ten cases (wards) were purposely selected in four trusts across three English regions. Data were collected between July 2013 and December 2015 and comprised: PIE observation notes; observation of action planning; interviews with implementation teams; a log of contemporaneous events that might affect implementation. These were drawn together to provide a descriptive account of the engagement of staff with each step in the cycle, using Normalisation Process Theory (NPT) (May and Finch, 2009) as a sensitising framework.

Results: Only two wards, in one trust, proceeded to full implementation, two to partial implementation and six were non-implementers. Factors found to be crucial to success were: active leadership; skilled facilitation; salience/meaningfulness to staff; collective team involvement; fit with strategic priorities; organisational stability and adequate resources. The main deterrent to implementation was organisational instability.

Discussion: NPT only partially helped explain the variable success of implementation through its four generative mechanisms: coherence, cognitive participation, collective action, reflexive monitoring.

Conclusion: Findings from this research suggest that the PIE programme has the potential to help staff improve person-centred care for people with dementia admitted to hospital wards. However, success is dependent on certain local conditions and readiness criteria.

Recommended reading list

May C. and Finch T. (2009) *Implementing, embedding and integrating practices: an outline of normalization process theory*. *Sociology*, vol 43, pp 535-554.

Royal College of Psychiatrists (2011) *Report of the National Audit of Dementia Care in general hospitals*. London: Royal College of Psychiatrists.

Biography

Ann is a registered nurse and Principal Research Fellow at the Sidney de Haan Research Centre for Arts and Health, Canterbury Christ Church University.

Joy is lead specialist dementia nurse at East Kent Hospitals University Foundation Trust and manages a team of three specialist dementia nurses across three acute hospital sites.

They continue to work together promoting the PIE programme across the acute trust.

Session no: 1.4.3 Abstract number: 54

Time: 12.30-12.55pm

Keywords

Research topic: Dementia/ Patient Experience

Methodology: Interviewing/Qualitative Approaches

Barriers to advance care planning for people affected by dementia: time for a rethink?

Presenter: Dr Tony Ryan, PhD, MA, Reader in Older People, Care & the Family, University of Sheffield, United Kingdom

Co-author(s): Dr Jane McKeown, UK

Abstract

Background: Advance Care Planning (ACP), in its various forms, remains the key mechanism through which people act to determine the important decisions made about their care at the end-of-life. There exists compelling evidence that ACP remains a key factor in the timely transition to palliative care for people with dementia (van der Steen et al 2014).

Aims: This study set out to explore the experiences in the use of ACP amongst spousal couples affected by dementia living in a northern city in the UK.

Methods: The study utilised a constructivist grounded theory (CGT) methodology (Charmaz 2014). CGT focuses agency; systematic and comprehensive analysis of interview data; places emphasis upon social and psychological processes. Sixteen participants (eight couples) living at home in the community were interviewed to gain insight into the process of planning for future and use of ACP.

Results: Participants were aged 65 or above and the minimum length of time since diagnosis was 18 months. There was limited evidence that ACP was being undertaken. A number of factors were identified to help explain why this was the case with a focus on the social process of 'postponement'. Important categories are noted: discordance between ACP and 'living well' with dementia; caregiver precedence in seeking to maintain an equilibrium in day to day life; maintaining couplehood; ageing and caregiving.

Discussion: ACP remained a difficult proposition for spousal couples. Reluctance to engage in ACP for them is grounded in the realities of living as a couple with dementia, perceptions of the planning process and caregiver priorities.

Conclusion: The findings will have implications for practice which may best facilitate actions enabling ACP to take place. The work also contributes to burgeoning discussion around the planning of future care in relation to the discourse of individual responsibility.

Recommended reading list

Charmaz K. (2014) *Constructing Grounded Theory*. Sage: London.

van der Steen, J.T., Radbruch, L., Hertogh, C.M., Den Boer, M.E., Hughes, J.C., Larkin, P., Francke, A.L., Jünger, S., Gove, D., Firth, P. and Koopmans, R.T. (2014) White paper defining optimal palliative care in older people with dementia: a Delphi study

Biography

My work in the field of older people and family care spans 20 years having worked on a number of large scale research studies and service development projects in the field of dementia, stroke and palliative and supportive care. My PhD in the field of stroke rehabilitation was undertaken in SchARR before a move to the School of Nursing and Midwifery in 2004 as a Lecturer in Rehabilitation and Family Care. I led the Stroke theme of the CLAHRC South Yorkshire between 2009 and 2013. I continue to undertake research and teaching activities in the field of long-term conditions and ageing, with current grants focusing upon dementia and advance care planning and older people and sexuality and intimacy.

I am Director of Research in the School of Nursing and Midwifery with responsibility for leading the Department's strategy, capacity development and research innovation and impact

Theme: Learning Disability

Session no: 1.5.1 Abstract number: 302

Time: 11.30-11.55am

Keywords

Research topic: Learning Disability/ Inequalities in Health/Primary and Community Care

Methodology: Mixed/Mixed Methods Research

An exploratory study to investigate how community learning disability nurses (CNLD's) support adults with learning disabilities in Wales to access secondary health care

Presenter: Stacey Rees, MSc, BSc, RN, University of South Wales, Pontypridd, United Kingdom

Abstract

Background: It has been clearly evidenced that people with learning disabilities have greater physical and mental health needs than the general population (Heslop et al 2013, Mencap 2007). Some of these health inequalities relate to the barriers that people with learning disabilities experience when accessing health care and

health screening services. These barriers are well documented within numerous reports including Death by Indifference (Mencap, 2007) and the Disability Rights Commission (DRC) report Equal Treatment (DRC, 2006). The barriers detailed within these reports include discrimination, indifference, lack of training and a very poor understanding of the needs of people with a learning disability by secondary health care services.

Aims: To explore how community learning disability nurses (CNLD's) support adults with learning disabilities in Wales to access secondary health care?

Methods: Using both qualitative and quantitative research methodologies, a sequential mixed method approach was used throughout this study. Stage one of this study included conducting 14 qualitative interviews within the Critical Incident Technique (Flanagan, 1954) approach. Data was analysed using thematic analysis, themes generated were used to inform the quantitative questionnaires as part of stage two of this study.

Results: Four overarching themes were generated as part of stage one of this study; 1) Proactive/Preparatory Work, 2) Therapeutic relationships, 3) Coordination, 4) Influencing health care outcomes. These themes were used to inform questionnaires which were completed by 121 CNLDs.

Discussion: CNLDs have a fundamental role in supporting adults access secondary health care. This information should feed in to an All Wales health liaison model for people with learning disabilities and potentially other vulnerable individuals.

Conclusions: An outline and evaluation of the findings of this research study will be presented. This paper will be useful to those wishing to undertake mixed method research in professional practice issues, especially those deemed to be of a sensitive nature.

Recommended reading list

Heslop et al (2013) Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) Final Report. Norah Fry Research Centre: Bristol.

Mencap (2007). *Death by indifference: following up the Treat me right! Report*. Mencap: London
Flanagan, J. (1954) The critical incident technique, *Journal of Psychological Bulletin*, 51 (4), pp. 327: 358

Biography

Stacey is a PhD student at the University of South Wales. Stacey qualified as a Registered Learning Disability Nurse in 2012. She has experience in community and forensic settings. Stacey's research interests include learning disabilities, health inequalities, community care and adverse childhood experiences.

2017 Abstract originally submitted and accepted - presenter withdrew

Session no: 1.5.2 Abstract number: 15

Time: 12-12.25pm

Keywords

Research topic: Learning Disability/ Nursing, Midwifery or Support Worker Education

Methodology: Focus Groups/Qualitative Approaches

The contribution of intellectual disability clinical nurse specialists in Ireland: focus group interviews

Presenter: Dr Owen Doody, PhD, MSc, BSc, RNID, Lecturer, University of Limerick, Ireland

Co-author(s): Dr Eamonn Slevin, Dr Laurence Taggart; all Northern Ireland

Abstract

Aims and objectives: To explore the contribution of intellectual disability clinical nurse specialists in Ireland.

Background: While the role of clinical nurse specialists exists since the 1940s, they only became a reality in Ireland in 2001. While the role of clinical nurse specialist has developed over the years, it still however is often seen as a complex multifaceted role that causes confusion, frustration and controversy and little is known regarding intellectual disability clinical nurse specialists.

Design: A exploratory qualitative approach using focus groups of intellectual disability clinical nurse specialists (n = 31) practicing in Ireland.

Methods: Five focus group interviews were conducted to gather qualitative data to gain insight into the attitudes, perceptions and opinions of the intellectual disability clinical nurse specialists. Data were audio-recorded, transcribed and analysed using Burnard's framework. Ethical approval was gained from the researcher's university and access granted by the national council for the professional development of nursing/midwifery in Ireland.

Results: The study highlights that intellectual disability clinical nurse specialists contribute to and support care delivery across a range of areas including; client focused and family-centred care, staff support, organisation support, community support and supporting other agencies.

Conclusions: Overall, the study shows the importance of intellectual disability clinical nurse specialists and their contribution across a range of services, care environments and the support they offer to clients/families/staff/multidisciplinary team members and outside agencies. Ireland is in a unique position to develop knowledge regarding specialist care for people with intellectual disability that can be shared and adapted by other health care profes-

sionals in other countries that do not have specialised intellectual disability nurses.

Recommended reading list

Burnard P (2011) A pragmatic approach to qualitative data analysis. In *Vital Notes for Nurses: Research for Evidence-Based Practice in Health care* (Newell R & Burnard P). Blackwell Publishing, Oxford, pp. 118-129.

Biography

Since qualifying as a registered intellectual disability nurse I have worked in both practice and education in Ireland. I completed my BSc at the University of Limerick in 2002, MSc at the Royal College of Nursing Institute in 2005 and later went on to compete my PhD at the University of Ulster in 2012. I teach undergraduate and post-graduate nurses/midwives and have represented the Education and Health Sciences Faculty in the 2014-2015 University Teaching Award and was the Faculty Teaching Award Winners (2015-2016). Research interests relate to specialist practice, community living for persons with an intellectual disability and supporting families.

to improvements in the quality of care for people with learning disabilities in England by supporting local areas to review deaths of people with learning disabilities.

Method: Initial reviews are undertaken of all deaths of people with learning disabilities aged 4 years and over. Where indicated, a full multi-agency review is conducted.

Deaths of young people aged 18-24, and of people from Black and Minority Ethnic communities are subject to priority themed review; each of these receive a full multiagency review.

Findings from the mortality reviews are collated and shared locally, regionally and nationally.

Results: In this presentation we will share some of the learning from reviews that are particularly pertinent to nurses, and some of the service improvements that have resulted.

Discussion: Mortality reviews can be a useful way for nurses to reflect on their practice and learn from what has gone well in addition to where improvements could be made in the care of people with learning disabilities.

Conclusions: To our knowledge, this is the first national programme of mortality reviews of people with learning disabilities in the world. Its focus is service improvement: it is about learning lessons and making changes to improve the lives of, and support for people with learning disabilities.

Recommended reading list

Glover, G., Williams, R., Heslop, P., Oyinola, J. & Grey, J. M. (2017) Mortality of people with intellectual disabilities in England. *Journal of Intellectual Disability Research* 61, 1, 62-74.

Biography

Professor Pauline Heslop is based at the University of Bristol's Norah Fry Centre for Disability Studies. Pauline led the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) from 2010-2013, which identified potentially modifiable factors associated with premature deaths in people with learning disabilities. She is now the Programme Lead for the national Learning Disabilities Mortality Review (LeDeR) Programme.

Theme: Ethical Issues

Session no: 1.6.1 Abstract number: 62

Time: 11.30-11.55am

Keywords

Research topic: Chronic Illness/ Ethical and Philosophical Issues/Health and Social Policy

Methodology: Mixed/Action Research/Participative Inquiry/Practice Development

Ethical issues in the use of financial incentives to improve hepatitis C clinic attendance

Presenter: Dr Ray Poll, RMN, RGN, BA (Hons), MA Public Health, DProf, Nurse Consultant for Viral Hepatitis, Sheffield Teaching Hospitals NHS Foundation Trust, United Kingdom

Abstract

In this critical reflection on a research related issue the author will explore the use of incentives in health services. This topic arose during the preparation for a feasibility study to test the offer of an incentive (voucher) and an enabler (return taxi) to increase attendance at hepatitis C clinics, but has wider implications across health service and nursing research.

The use of incentives to encourage people to adopt healthy behaviour is recognised as a successful approach and is supported by NICE (2007). However, there are some practical and ethical issues to consider. These will be discussed using a thematic framework of the acceptability of financial incentives for behaviour change (Relton et al, 2013).

For example, within the 'relationships with health care provider's theme, the NHS provides a service people neither pay for nor are paid to receive. For some, such payment would seem wrong in principle. For others, whilst it might have immediate benefits these may be outweighed by future outcomes; for example, people not given a voucher to attend appointments may see this as a disincentive to attend, perhaps a perception that the NHS views it as unimportant.

The monetary value of the voucher will be discussed under 'effectiveness and cost-effectiveness'. In some cases the voucher might be viewed as at risk of abuse, similar to giving money to a homeless individual. There might be a risk of inflationary pressure as departments compete to provide ever larger incentives to their patients; as such it may cease to be cost effective for the NHS.

In conclusion, the giving of a voucher to improve clinic attendance has to be carefully managed and well researched both empirically and ethically. This paper will explore these issues in more depth and provide some key guidance for those considering incentives in their practice or research.

ViPER

Session no: 1.5.3 Abstract number: 191

Time: 12.30-12.55pm

Keywords

Research topic: Learning Disability/Inequalities in Health/Service Innovation and Improvement

Methodology: Other Collection/Other approach

The Learning Disabilities Mortality Review (LeDeR) programme

Presenter: Professor Pauline Heslop, PhD, Social Policy, RGN, RSCN, Programme Lead, Learning Disabilities Mortality Review (LeDeR) programme, University of Bristol, United Kingdom

Co-presenter(s): Crispin Hebron, Lesley Russell UK

Abstract

Background: Since the 1990s reports have consistently highlighted health inequalities faced by people with learning disabilities. Data from the Primary Care Research Database suggests an all-cause standardised mortality ratio for people with learning disabilities of 3.18, and that people with learning disabilities die approximately 20 years sooner than people without learning disabilities.

Aims: The Learning Disabilities Mortality Review (LeDeR) programme aims to contribute

Recommended reading list

NICE. (2007) Drug misuse in over 16s: psychosocial interventions. <https://www.nice.org.uk/guidance/cg51>

Relton, Clare, Whelan, Barbara and Turton, Emily. (2013) Behaviour change in breastfeeding: are financial incentives acceptable? Invited presentation at the British Association for Behaviour Change and Cognitive Psychotherapies (BABCP) conference, July 2013, Imperial College, London.

Biography

Ray Poll has been a Nurse Consultant for Viral Hepatitis since 2002. He runs nurse-led clinics in the hospital and in the drug treatment service. Ray is nurse member of the National Strategy Group for Viral Hepatitis. He has published papers in medical and nursing journals, and a chapter in a public health book 'Health and Inequality'. He devises and delivers ongoing programmes of education and training, and is actively involved in service improvement and research. He completed a professional doctorate in 2014 which investigated reasons for missed appointments at a drug service hepatitis C outreach clinic. His current research interests stem from co-production work with service users and stakeholders developing and implementing strategies to improve access to hepatitis C services. One such strategy is the offer of financial incentives to patients and is the topic of this presentation.

Session no: 1.6.2 Abstract number: 41

Time: 12-12.25pm

Keywords

Research topic: Ethical and Philosophical Issues

Methodology: Mixed/Qualitative Approaches

The lived experiences and ethics of environmentally-engaged nurses

Presenter: Karen Bowman, Lecturer, University of Washington Bothell, U.S.A.

Co-presenter(s): Dr Louise Terry, PhD SFHEA LLB(Hons) FIBMS, Associate Professor and Reader in Law and Ethics, London South Bank University, UK

Co-author(s): Dr Louise Terry, UK

Abstract

Background: Globally, nurses are becoming involved with tackling environmental harms that impact upon health such as waste, pollution, contaminated water and climate change. To date, no research has been conducted into the lived experiences and ethical underpinning of nurses' engagement with environmental and sustainability issues.

Aims: To explore the lived experiences and ethics of environmentally-engaged nurses.

Methods: Nurses who were known to be engaged in sustainability or environmental activism in the USA and UK were recruited using purposive sampling. Two focus groups were held in March 2017 in the U.S.A. and two in the U.K. in May 2017. Individual interviews were conducted from June to October 2017 using mainly telephone or video-conference to recruit a greater geographic spread of participants. 23 USA nurses and 17 UK nurses participated. Transcripts were analysed using Gadamerian phenomenology to facilitate the development of a new 'horizon' related to being an environmentally-engaged nurse.

Results: Key findings related to how their interest in environmental and sustainability issues was awakened; how they have taken action, and the values that inspired and sustained their action. Participants revealed an impressive range of activities that are having positive environmental and health impact. Their experiences as environmentally-engaged nurses were mostly positive but frustration was frequently expressed. Some encountered hostility. Framing their engagement in ethical terms was challenging for many. Few mentioned the precautionary principle which is commonly associated with environmental ethics.

Discussion: The nursing skill set makes for effective leadership on environmental health issues and should be utilised more. Nurses hate that money often overrides concern for the environment. A strong case was made for incorporating sustainability and environmental issues into undergraduate nurse education.

Conclusions: Nurses are making a real difference to people's lives and the planet through their environmental engagement.

Biography

Karen Bowman has been advocating for safe and equitable working conditions and environmental health for over three decades. She is a certified occupational health nurse specialist. Karen splits her time between lecturing at the University of Washington, Bothell, running her own firm in Seattle that assists clients with health and safety compliance, regulatory and wellness education and onsite health care services, and carrying out environmental health advocacy for the global community. She is the past President of the Washington State Chapter of the Association of Occupational Health Nurses and is a certified occupational health nurse specialist. She has strong connections with the community and is very concerned about the health of our environment. Karen precepts nursing and environmental science students from Seattle University, Western Washington University and the University of Washington in environmental health policy and advocacy, giving students "hands-on" experience in the legislative arena where they learn that one person can actually make a difference. As the Environmental Health Specialist for the Washington State Nurses Association she

is strategically placed to advocate for State and Federal environmental health legislation that strengthens sustainable food systems, chemical policy reform and clean air, healthy jobs, etc.

Session no: 1.6.3 Abstract number: 10

Time: 12.30-12.55pm

Keywords

Research topic: Ethical and Philosophical Issues/Workforce and Employment Issues

Methodology: Mixed/Qualitative Approaches

Accountability in nursing clinical practice: decision making analysis in an English emergency department

Presenter: Alfonso Rubio Navarro, Degree in Nursing, University of Murcia; Master's Degree in Emergency Medicine and Critical Care in Nursing, European University of Madrid. Doctorate student at the University of Murcia, Deputy Charge Nurse/Honorary Research Fellow, University Hospitals of Leicester, United Kingdom

Co-author(s): Diego Jose Garcia Capilla, Maria Jose Torralba Madrid; all Spain.

Abstract

Background: Emergency departments in England are increasing their workloads at a constant rate, which impacts in how nurses take care of their patients. These pressures create an environment in which nurses have to prioritise tasks and make decisions based on legal, ethical and personal reasons that would not be applicable in less overcrowded environments. Due to this situation, nurses are forced daily to face ethical and legal challenges that affect the safety and quality of care in an emergency department and the safety of their careers as registered professionals.

Aims: Present the main factors that drive the challenges in legal and ethical accountability at emergency nursing in England.

Methods: Mixed qualitative study consisting of reflections on practice between 2014 and 2016, clinical policy analysis of 54 applicable policies and procedures using the newly developed Clinical Policy Ethics Assessment Tool (CliPEAT) and 34 semi-structured interviews. The data was analyzed using ethnographic content analysis as described by Altheide (2013).

Results: There are different issues related to skill mix and patient safety, triage time and assessment quality, time management and clinical documentation or medication administration and safety, to name a few. Conflicting policies or emergency situations showed that different nurses make different decisions despite following the same protocols, laws and code of

conduct due to the different factors that define those decisions.

Discussion: These results come from an emergency department, but some of the identified factors are common in some nursing settings, so these results could be extrapolated to other areas or countries.

Conclusions: Emergency nursing has numerous challenges to face, most of them being the result of poor staffing, inefficient training and inadequate social interactions. Taking into account which factors affect nursing decision making, we could shape policies that reflect the real context of nursing emergency care in England.

Recommended reading list

Altheide, D.L., Schneider C.J. (2013) Qualitative Content Analysis. 2nd ed. London: SAGE Publications

Biography

Alfonso Rubio Navarro is a Deputy Charge Nurse who works with a multidisciplinary team in the Leicester Royal Infirmary's Emergency Department to ensure the safety and expert care delivery to every patient that arrives. Alfonso is also an Honorary Research Fellow at De Montfort University and the Chief Investigator of a research project involving people from both England and Spain.

After being a nurse in Spain and England for several years, Alfonso has a broader perspective about which problems affect nursing care and how different environments can modify those problems. Alfonso works to solve those problems through research and practice to ensure that patients and staff are both safe and happy.

Alfonso holds a master's degree in Emergency Medicine and Critical Care in Nursing from the European University of Madrid. Alfonso is also doing this international PhD in the Doctorate Health care Sciences Programme at the University of Murcia.

Theme: Dementia/Older People

Session no: 1.7.1 Abstract number: 323

Time: 11.30-11.55am

Keywords

Research topic: Older People

Methodology: Interviewing/Qualitative Approaches

Facilitators and barriers to providing nutritional support to older people with dysphagia in care homes: a qualitative study

Presenter: Dr Julie Skilbeck, RN, RNT, EBD(Hons), M.MedSci in Nursing Studies, Senior Lecturer, Sheffield Hallam University, United Kingdom

Co-authors: Elizabeth Barnett, Melanie Gee, Professor Sue Pownall, all UK

Abstract

Background: Dysphagia is a common, potentially life threatening problem for older people in care homes. Providing nutritional support to older people with dysphagia is challenging; sub-optimal treatment can lead to malnutrition, chest infections, choking and unnecessary hospital admissions. Care homes are required to identify and take action to support residents with dysphagia (CQC 2010). However, evidence suggests that not all care homes follow safe practice guidelines.

Aim: To explore factors influencing the management of nutritional support for older residents in care homes with dysphagia.

Study Design: A prospective qualitative study, funded by Abbeyfield Research Foundation, was undertaken in four care homes in the North of England. Care homes purposively selected to reflect different care-provider models. Semi-structured interviews conducted with care home managers (n=4); quality managers (n=4); and residents (n=6). Eight focus groups conducted with 37 participants, including, nurses, carers, cooks, kitchen staff. Data were audio-recorded, transcribed verbatim and analysed using a thematic framework.

Findings: Four themes illuminated factors influencing nutritional support of older people with dysphagia. Maintaining quality and safety details how dysphagia is assessed and managed; Food management illustrates facilitators and barriers to optimising nutritional intake. Facilitating training and education demonstrates barriers to up-skilling care home staff; Managing staffing levels explores how workforce planning contributes to dysphagia management.

Discussion: Care home staff had good awareness of assessing dysphagia in older residents however providing food choice and mealtime assistance was difficult due to

workforce issues. A lack of flexible, work-based training/education for a largely non-professional workforce meant that keeping pace with increasing complexity of resident need was problematic. Care home managers found it challenging to adopt a strategic approach to workforce planning/education due to lack of focus at the organisation level. A co-ordinated organisational/care home approach to workforce planning and education is required to ensure residents receive optimal nutrition.

Recommended reading list

Care Quality Commission (2010) Summary of regulations, outcomes and judgement framework. London: CQC.

Biography

Julie Skilbeck is a Senior Lecturer in Adult Nursing at Sheffield Hallam University. She has a wealth of research experience in the field of palliative and end of life care and is currently leading a number of externally funded research projects exploring patient acuity and dependency within specialist palliative care nursing. Her PhD focused on how older people with complex health and social care problems experienced frailty in later life. Post-doctoral work is exploring the experience of frail older in care homes, particularly in relation to advance care planning.

Session no: 1.7.2 Abstract number: 122

Time: 12-12.25pm

Keywords

Research topic: Dementia/Ethical and Philosophical Issues/Methodology

Methodology: Observation

The challenges of involving patients with dementia in research on the acute hospital ward

Presenter: Miss Emily Oliver, Bsc Mental Health Nursing Clinical Academic PhD Student, University of Southampton, United Kingdom

Co-author(s): Professor Jackie Bridges Dr Ruth Bartlett, all UK

Abstract

One quarter of hospital beds are occupied by people with dementia aged over 65 (Department of Health 2009) and with the ongoing rise in diagnosis, this will only increase. The need to improve hospital care for patients with dementia is continuously documented in the literature, however, patients with a diagnosis are usually excluded from participating in research, particularly studies conducted in hospital wards (Hubbard, Downs et al. 2003). Involving

patients with dementia in research is essential to making improvements to care practice and to do this there is a need to identify any arising challenges and discuss ways in which they can be overcome.

Reflecting on an PhD Study involving, only, patients with a diagnosis of dementia, the researcher will discuss the challenges identified when recruiting this patient group on the acute hospital ward. Identifying a diagnosis, staff attitudes towards involvement, written consent, environmental factors and consultee involvement were all identified as barriers to involving patients with dementia in research

Recommended reading list

Department of Health (2009). Living well with dementia: A national dementia strategy, Crown Copyright.

Hubbard, G., et al. (2003). "Including older people with dementia in research: challenges and strategies." *Aging & Mental Health* 7(5): 351-362.

Biography

Emily is a NIHR funded Clinical Academic PhD Student at the University of Southampton. Emily is a mental health nurse working on an acute medicine for older persons ward at Queen Alexander Hospital in Portsmouth. She is passionate about improving the lives of people living with dementia and in particular improving hospital care for this patient group. Emily has worked on multiple research studies in this area including Creating Learning Environments for Compassionate Care and Improving Fundamental Care in Hospitals and her current PhD is exploring time on the acute ward and how this is effecting relational care.

Session no: 1.7.3 Abstract number: 146

Time: 12.30-12.55pm

Keywords

Research topic: Dementia/ Ethical and Philosophical Issues

Methodology: Focus Groups

Composition of focus groups when exploring the impact of cultural heritage on student nurse's beliefs and intentions to work with people with dementia

Presenter: Dr Joanne Brooke, Prof Doc, CPsychol, RN, MSc, PG Cert in HE, BSc (Hons), Reader in Older Persons Complex Care, Oxford Brookes University, Oxford, United Kingdom

Abstract

Background: Focus groups enable participants to discuss their experiences with their peers who share a common frame of reference. Guidance suggests focus groups should be homogenous (gender, age ethnicity) rather than heterogeneous, which has been described as 'undesirable' (Greenwood et al. 2014). Diversity of ethnicity especially needs to be acknowledged (Burton et al. 2010). The common frame of reference of being a student and ad hoc composition of focus groups through recruitment design occurred for our study exploring student nurse's cultural beliefs and intentions to work with people with dementia, but how does cultural diversity within focus groups impact on this frame of reference?

Method: Data collection were via focus groups (n=17) with student nurses studying in three countries: England, Philippines and New Zealand. Data collection continues in Slovenia, Kosovo and Australia. Student nurses self-defined their cultural heritage at the commencement of each focus group.

Results: The composition of focus groups in England and New Zealand (n=11) included student nurses from diverse cultural backgrounds, although five focus groups had a predominant representative of one culture: White British (n=4), Black African (n=1), the remaining 10 focus groups included student nurses from diverse cultures, ranging from three cultures (n=2), five (n=2), six (n=1) and even seven (n=1). However, student nurses in the Philippines (n=6) defined their cultural heritage at a village/city level.

Discussion: Student nurses within this study were interested in each other's culture, however previous research found focus group members challenged one another on their cultural beliefs (Hyde et al 2005). In the Philippines when cultural variation did not occur geographic locality became important and prominent. The frame of reference for these focus groups was being a student nurse; perhaps this common characteristic may have enabled them to override

the differences of their cultural heritage, creating a homogenous but heterogeneous group.

Recommended reading list

Burton, J., Nandi, A., Platt, L. (2010). Measuring ethnicity: challenges and opportunities for survey research. *Ethnic and Radical Studies* 33:1332-1349.

Greenwood, N., Ellmers, T., Holley, J. (2014). The influence of ethnic group composition on focus group discussions. *BMC Medical Research Methodology* 14: 107.

Hyde, A., Howlett, E., Brady, D., Drennan, J. (2005). The focus group Method: Insights from focus group interviews on sexual health with adolescents. *Social Science and Medicine* 61: 2588 - 2599.

Biography

Dr Joanne Brooke is a Registered Adult Nurse and a Chartered Health Psychologist. Joanne's research background includes work across medical, psychological and nursing fields, including the approaches of quantitative and qualitative designs from randomized controlled trials to epidemiological studies. Joanne's focus has been within dementia and diabetes, although now focuses on the wider aspect of mental health, cognitive impairment and delirium. Joanne has published a number of papers on the link of diabetes and dementia, and the importance of the development of cognitive screening tools that are validated for people with diabetes, and is currently exploring dementia and cognitive impairment in offenders serving a prison sentence.

Concurrent session 2

Monday 16 April, 11.30am-12.55pm

Theme: Older People

Session no: 2.1.1 Abstract number: 147

Time: 1.55-2.20pm

Keywords

Research topic: Dementia/ Primary and Community Care/Research Process Issues

Methodology: Questionnaires/Experimental Research

A quasi-experimental study of individual specific reminiscence

Presenter: Dr Elizabeth Laird, PhD, MSc, PGDip, BSc (Hons), RGN Lecturer of Nursing, Ulster University, Northern Ireland, United Kingdom

Co-author(s): Assumpta Ryan, Claire McCauley, Maurice Mulvenna, Kevin Curran, Aideen Gibson, Brendan Bunting, Finola Ferry, Raymond Bond, all N. Ireland, UK.

Abstract

Background: Reminiscence has been widely used as a therapeutic approach for people with dementia. There is evidence to suggest that when reminiscence materials and memory prompts are individual specific, immediate and longer-term psychosocial benefits can result (Subramaniam & Woods, 2012).

Objectives: This presentation will examine the impact of individual specific reminiscence on mutuality, care-giving relationships and emotional wellbeing among people living with dementia and their family carers.

Design: A quasi-experimental study was conducted of individual specific reminiscence facilitated by a programme of training. An innovative iPad app hosted on tablet software (Gibson et al., 2016) supported reminiscence engagement. Each participant served as his or her own control. Statistical analysis was used in an appraisal of outcomes.

Participants: Participants were recruited from a large health and social care trust in the UK. Thirty dyads were recruited, with each dyad comprising a person living with early to moderate dementia and his/her family carer.

Methods: The study incorporated repeated measures testing. Data were collected at baseline, midpoint and intervention close. The data collection period was May 2016 - February 2017.

Results: Among participants with dementia, there were statistically significant increases in mutuality ($p < .0005$), quality of care-giving relationships ($p < .0005$), and emotional wellbeing ($p < .0005$) from baseline to endpoint. Among the carer participants, there were non-significant increases in mutuality and quality of care-giving relationships, and a non-significant decrease in emotional wellbeing.

Conclusion: People living with mild to moderate dementia and their carers can be supported to engage with digital technology. A programme of training and individual specific reminiscence activity supported by an iPad app may be able to deliver positive impacts in the context of early to moderate dementia. A large randomised controlled trial of home delivered individual specific reminiscence is warranted.

Recommended reading list

Gibson, A., McCauley, C., Mulvenna, M. Ryan, A., Bunting, B., McCauley, C., Laird, E.A., Ferry, F., Curran, K., Bond, R. (2016) Assessing usability testing for people living with dementia. Proceedings of the 4th Workshop on ICTs for improving Patients. Rehab Res Tech, vol 6, no 16, pp 25 – 31.

Subramaniam, P., Woods, B. (2012) The impact of individual reminiscence therapy for people with dementia: Systematic Review. Expert Rev Neurotherapeutics, vol 12, pp 545-555.

Biography

Dr Liz Laird, BSc(Hons), MSc, PGDip, PhD, Fellow HEA, RGN, is a Lecturer of Nursing in School of Nursing at Ulster University, Northern Ireland. Liz's subject areas are interdisciplinary stroke care, dementia care, and care of older people. Her professional experience, expertise and accomplishments lie within 1) developing and facilitating high quality teaching and learning in pre-registration and post-registration nursing and inter-professional curricula, and 2) undertaking research and delivering strong internationally respected outputs. Liz is a member of the editorial Board of All Ireland Gerontological Nurses Association Journal and the International Dementia Education Forum.

Session no: 2.1.2 Abstract number: 168

Time: 2.25-2.50pm

Keywords

Research topic: Older People/Patient Experience/Patient Safety

Methodology: Questionnaires/Survey

Falls and falls prevention in residential care: perspectives of older people across two continents

Presenter: Dr Tessa Watts, PhD, MSc, BA(Hons), Associate Professor, College of Human and Health Sciences, Swansea University, Wales, United Kingdom

Co-Presenter: Dr Jacqui Francis-Coad, Grad Dip Physio (Wales), Master of Clinical Physiotherapy [Gerontology](Curtin University), Grad Cert University Teaching (University of Notre Dame Australia) APA Gerontological Physiotherapist PhD Candidate, Lecturer, Australia

Co-author(s): Christopher Etherton-Beer, Australia; Gerwyn Panes, Wales, UK; Howard Griffiths, Wales, UK; Michelle Anderson, Wales, UK; Tracy Williams, Wales, UK; Beth Griffiths, Wales, UK; Debbie Nobre, Australia; Anne-Marie Hill, Australia

Abstract

Background: Older people living in residential care face a 50% chance of falling annually (Nyman and Victor 2011). Reducing falls through a range of multi-factorial falls prevention interventions is a goal of most provider organisations. To be effective interventions need to be adopted and enacted in people's daily lives. However, there is limited evidence identifying what older people think and understand about falls and falls prevention or what may limit or enable adoption of interventions in residential care settings.

Aim: This study aimed to ascertain knowledge and awareness of falls risks and prevention strategies and opportunities, motivation and confidence to adopt falls prevention activities amongst older adults living in residential care.

Methods: A cross-sectional survey with a convenience sample of people ($n=70$) aged over 65 years living in residential aged care homes in Australia ($n=6$) and Wales ($n=6$) between May 2015 and October 2016. A customised questionnaire, developed using health behaviour change domains (Michie et al., 2011), incorporating

open and closed questions and Likert scales was administered by researchers. Data were summarised using descriptive statistics and compared using the Mann-Whitney U test. Open-ended responses were transcribed and content analysis utilised.

Results: Participants had limited knowledge about intrinsic falls risk factors and strategies to address these. They frequently expressed self-blame regarding falling. Almost all [n=67, (95.7%)] felt highly motivated to maintain their current functional mobility and independence in everyday tasks. Preferences for falls prevention messages favoured a positive approach promoting wellness and independence via pictorial posters or brochures [n=37 (52.9%)] and small group discussions with demonstrations [n=18 (25.7%)].

Conclusions: Clear, current information about evidence for falls and strategies most beneficial for falls prevention must be provided. To be meaningful falls prevention education should be co-produced and re-framed around what motivates older people using alternative formats for delivery. This should facilitate intervention uptake and longer term adherence.

Recommended reading list

Nyman, S.R. and Victor, C.R. 2011. Older people's recruitment, sustained participation, and adherence to falls prevention interventions in institutional settings: a supplement to the Cochrane systematic review. *Age and Ageing*, 40, 4, 430-36.

Michie, S., van Stralen, M.M. and West, R. 2011. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 1, e42.

Biography

Jacqui is a Lecturer in gerontological physiotherapy at Notre Dame University, Western Australia. Most recently Jacqui has been investigating the impact of a falls prevention community of practice in a residential aged care provider organisation. Tessa is an Associate Professor in the College of Human and Health Sciences at Swansea University. She leads the interprofessional MSc in Long Term and Chronic Conditions Management and supervises a number of doctoral candidates whose research pertains to aspects of living with and managing long term and chronic conditions. Tessa is connected with the Centre for Aging and Dementia Research and it is through this, and her connection with the Centre for Innovative Ageing at Swansea University that the collaboration with Dr Jacqui Francis-Coad was established. Jacqui is a Lecturer in gerontological physiotherapy at Notre Dame University, Western Australia.

ViPER

Session no: 2.1.3 Abstract number: 87

Time: 2.55-3.20pm

Keywords

Research topic: Older People/Patient Experience/Translational Research/Evidence Based Practice

Methodology: Other Collection/Systematic Review and Other Secondary Research

Uncertainty and unplanned hospital readmissions among older adults - exploring a concept in context

Presenter: Emma Pascale Blakey, MSc, RN, Staff Nurse & PhD Candidate, Oxford Institute of Nursing, Midwifery & Allied Health Research (OxINMAHR), Oxford Brookes University, Oxford, United Kingdom

Co-presenter(s): Dr Helen Walthall UK

Co-author(s): Emma Pascale Blakey, Professor Debra Jackson, Dr Helen Walthall, Dr Helen Aveyard, all UK.

Abstract:

Background: Adults over 65 experience high rates of unplanned readmission. These readmissions are associated with a variety of poor outcomes for patients and health systems (Kings Fund 2010). The vast majority of literature on readmissions relies on routinely collected data such as readmission rates by age or diagnosis (Horwitz 2016) rather than an in depth evaluation of the reason for readmission from the perspective of older adults themselves. There is some evidence that older adults experience feelings of exclusion and uncertainty during the hospitalisation and readmission process. It is important to understand this experience more fully in order to improve care and services for patients.

Aim: To explore the concept of uncertainty in the context of unplanned readmissions.

Uncertainty: In her concept analysis, Penrod (2001) describes uncertainty as a mature concept pertinent for consideration by nurses. She defines it as a dynamic state able to be mediated by how confident or in control an individual feels (Penrod 2001). Further research is required into how context can influence the state of uncertainty (Penrod 2001).

Discussion: Findings from a literature review on unplanned readmissions will be described to explore how this context impacts on patient uncertainty as defined by Penrod (2001). This ViPER will enable us to consider ways nurses can mediate perceptions of confidence and control and what impact this could have on readmission to hospital. A senior academic will lead the conversation alongside a PhD candidate. The following points will be used to generate discussion:

- How can the concept of uncertainty, as defined by Penrod (2001), be viewed in the context of an unplanned readmission to hospital?
- What particular issues surrounding unplanned hospital readmissions could exacerbate patients' perceptions of uncertainty?
- What can we do as nurses during our daily clinical practice to address patients' feelings of confidence and control?

Biography

Emma Pascale Blakey is a staff nurse and PhD candidate based in Oxford. Emma Pascale's research focuses on patient experience and perception of readmission to hospital. For her clinical role she is based in a large teaching hospital and has experience in both medical and surgical settings. Before becoming a nurse Emma Pascale worked in health promotion and outreach work, and brings knowledge of public health and health inequalities to her nursing. She is passionate about making research accessible and ensuring that research and practice are linked.

Theme: Critical Care Review

Session no: 2.2.1 Abstract number: 113

Time: 1.55-2.20pm

Keywords

Research topic: Acute and Critical Care/Cardiovascular Disease and Stroke/Workforce and Employment Issues

Methodology: Other Collection/Qualitative Approaches

Hyper acute stroke: the specialist nursing impact. Exploring feelings of secondary traumatic stress. A qualitative enquiry

Presenter: Mr Mark Wilkinson, RN, BA (Hons), ProfDip, PG Cert, MSc, NMP, PhD candidate (MMU). Lead nurse/ANP stroke services, Royal Liverpool and Broadgreen University Hospitals, Liverpool, United Kingdom

Abstract

Secondary Traumatic Stress (STS) has been defined as the natural consequent behaviours and emotions provoked by knowing about a traumatizing event experienced by a significant other - the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995). STS significantly impacts on nursing practice and performance, patient satisfaction and organizational negative implications (Cohen-Katz et al, 2004). Stroke specialist nurses are at risk of developing STS due to patients presenting with acute and often unpre-

dictable illness. However, the emotional impact on their practice has not been investigated. This study aimed to perform a qualitative exploration of UK stroke specialist nurses feelings of STS encountered in caring for patients with hyper acute presentations.

Design: Exploration using Narrative Methodology.

Methods: Following ethical approval, stroke specialist nurses from across the UK were asked to participate and were asked to provide stories of their traumatic or stressful experiences related to hyper acute stroke. Data was collected electronically where participants contributed their responses by email (n=9) and by audio-taped semi structured interviews (n=12). This data was collected over the time period of April 2016 to January 2017.

Results: Applying Polkinghorne's (1995) paradigmatic mode of analysis resulted in the emergence of four core themes: trigger situations- the context and cause of STS, stress reactions, factors which exacerbate STS reactions and coping strategies.

Discussion: The data suggests that stroke specialist nurses are exposed to traumatic events occasioned during the hyper acute care episode. This led them to describe feelings commensurate with STS. The physical and psychosocial effects have implications for nurses, patients and acute stroke services. This study offers a contribution to understanding stroke specialist nurses lived experience of the trauma realized by hyper acute stroke care.

Recommended reading list

Figley, C.R. (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York, NY: Brunner Mazel.

Cohen-Katz, J., Wiley, S.D., Capuano, T., Baker, D.M., & Shapiro, S. (2004). The effects of mindfulness-based stress reduction on nurse stress and burnout: A quantitative and qualitative study. *Holistic Nursing Practice*, Nov.-Dec., 302-308.

Polkinghorne, D.E. (1995). Narrative configuration in qualitative analysis. *International Journal of Qualitative Studies in Education*. 8 (1), 8-25.

Biography

The author has worked in stroke and care of the elderly services for the last 25 years and is based at the Royal Liverpool and Broadgreen University Hospitals.. His current areas of practice include hyper acute stroke/ TIA, stroke rehabilitation (inpatient and community) and nursing assessment and diagnosis of patients with stroke post cardiothoracic interventions at a local tertiary centre (Liverpool Heart and Chest Hospital). He has managerial responsibilities for the stroke specialist and stroke research teams. He is currently undertaking his doctoral thesis at Manchester Metropolitan University and is a lecturer at Liverpool John Moores University on their long term conditions modules.

Session no: 2.2.2 Abstract number: 19

Time: 2.25-2.50pm

Keywords

Research topic: Acute and Critical Care/ Translational Research/Evidence Based Practice

Methodology: Other Collection Method/Systematic Review and Other Secondary Research

Critical care outreach: a Cochrane systematic review update

Presenter: Dr Jennifer McGaughey, RGN, RMN, ENB 100, RNT, BSc, MSc, PhD, Senior Lecturer, Queen's University Belfast, N. Ireland, United Kingdom

Co-author(s): Prof Louise Rose, Canada; Dr Dean Ferguson, Canada; Prof Peter van Bogaert, Belgium

Abstract

Background: It is not known whether the implementation of Critical Care Outreach improves patient outcomes of deteriorating patients on general hospital wards. It is important to reassess the evidence in this Cochrane update.

Aim: To determine the effectiveness of Critical Care Outreach services on hospital mortality rates, ICU admission patterns, length of hospital stay and incidence of serious adverse events of adult patients who deteriorate on general hospital wards.

Methods: We searched Central, CDSR, DARE, HTA, NHSEED, Embase, CINHAL (EBSCO), Amed, Clinical Trails.gov, HMIC, Medline, PsychINFO and WHO International Clinical Trials Registry Platform (ICTRP), Science Citation Index databases (cited ref search) from 2006-2016 for relevant studies and searched reference lists of relevant articles, conference abstracts, and made contact with experts and critical care organisations for further information. All randomised controlled trials, controlled before and after and interrupted time series designs that met the inclusion criteria for the review were included. The inclusion and exclusion criteria for considering studies were identified a priori in a published protocol (McGaughey et al, 2005). All studies were screened, data extracted and quality assessed independently by two reviewers.

Conflicts were resolved by third party arbitration. Study quality was assessed using the Cochrane risk of bias tools for randomised and non-randomised studies.

Results: Seven studies which met the inclusion criteria were included in the review; five non-randomised studies from this update and two randomised studies from the previous version of the review. Meta-analysis was not possible due to clinical and methodological heterogeneity. We presented the quantitative results for each study

in tabular form and qualitatively synthesised data across studies.

Discussion: The findings from this systematic review highlight the heterogeneity and poor methodological rigour of current research. There is a need for core outcome sets to be developed to facilitate meaningful comparison and meta-analysis of Outreach data.

Recommended reading list

References: McGaughey J, Alderdice F, Fowler R, Kapila A, Moutray M. (2005) Outreach and Early Warning Systems (EWS) for the prevention of Intensive Care admission and death of critically ill adult patients on general hospital wards. The Cochrane Database of Systematic Reviews Issue 4; 1-10

Biography

Jennifer is a Senior Lecturer in The School of Nursing & Midwifery at Queen's University, Belfast. Her research and teaching interests in critical care nursing led to successfully attaining competitive awards to undertake a systematic review as part of an All Ireland Cochrane Fellowship and a PhD fellowship focusing on Critical Care Outreach. Jennifer continues to promote the production of systematic reviews as an All Ireland Cochrane Trainer.

Session no: 2.2.3 Abstract number: 277

Time: 2.55-3.20pm

Keywords

Research topic: Acute and Critical Care

Methodology: Interviewing/Qualitative Approaches

Challenges to person centred practice in critical care; nursing perspectives

Presenter: Dr Pamela Page, PhD, RN Academic Quality Manager, Anglia Ruskin University, Chelmsford, United Kingdom

Abstract

Background: Critical Care nursing is a multi-dimensional role with criteria that differentiate it from general nursing. Further, critical care nurses are frequently presented with unpredictable challenges both personally and professionally (Jakimowicz and Perry 2015).

Aims of the study: To understand the experiences of Registered Nurses delivering care in an adult critical care setting.

Method: As part of a wider constructivist grounded theory (Charmaz 2014) study and following ethical approval, eleven critical care nurses working within a general adult critical care unit were interviewed with respect to their experiences in meeting the psychosocial needs of patients and family members. Through the

process of constant comparative analysis an overarching selective code of crafting a cyborg ontology was constructed.

Findings: The data illuminates a path of developing expertise permitting integration of physical, psychological and family care with technology and humanity. Some experienced critical care nurses demonstrated an ability to transcend the obtrusive nature of the technological environment that constitutes critical care, others were still on that journey. Gaining such proficiency is demanding and the data presented here reveals the challenges that nurses experience along the way. Crafting a synergy of human and technological expertise may create a cyborg ontology (Lapum et al 2013) and can allow person and family centred care to flourish.

Conclusion: The study confirms that working within a critical care environment is an emotionally charged challenge and may incur an emotional cost. Nurses can find themselves bounded by the walls of the critical care unit and experience personal and professional conflicts in their role. The critical care environment is a demanding place of work which may limit nurses to immediacy of care; such is the proximity to death and the pressure of work. Theoretical insights are constructed to support the crafting of person centred practice in critical care.

Recommended reading list

Jakimowicz, S. and Perry, L., 2015. A concept analysis of patient-centred nursing in the intensive care unit. *Journal of Advanced Nursing*, 71 (7), pp.1499-1517.

Charmaz, K., 2014. *Constructing Grounded Theory*. 2nd ed. London: SAGE.

Lapum, J., Fredericks, S., Beanlands, H., McCay, E., Schwind, J. and Romaniuk, D., 2012. A cyborg ontology in health care: traversing into the liminal space between technology and person-centred practice. *Nursing Philosophy*, 13 (4), pp.276-288.

Biography

Dr Pamela Page is Academic Quality Manager and NMC correspondent at Anglia Ruskin University. Having qualified as a RN at University College London, she specialised in adult critical care and worked at Guys Hospital, London. Pam completed a BSc(Hons) Health Studies, registered her teaching qualification with the NMC and undertook a Higher Degree qualification in Physiology. She has recently completed her doctoral studies at City, University of London. Her research interests relate to the patient and relative experience in critical care, survivorship post critical care, patient safety and emotional resilience of nursing staff.

Theme: Sensitive Research

Session no: 2.3.1 Abstract number: 282

Time: 1.55-2.20pm

Keywords

Research topic: Ethical and Philosophical Issues/Patient Experience/Methodology

Methodology: Interviewing/Qualitative Approaches

Getting close enough to 'smell the real' with psychosocial, visual and longitudinal narrative research: implications for research and practice

Presenter: Susie Pearce, PhD, MSc, BSc(Hons), RN, Associate Professor (Reader) Clinical Nursing, School of Nursing and Midwifery, Plymouth University, United Kingdom

Co-author(s): Daniel Kelly, Jeremy Whelan, Faith Gibson, all UK

Abstract

Background to the Method: Narrative research is a method used to represent experience with an ability to display transformation and change. Since identity is configured over time through narrative and self-interpretation, longitudinal narrative research is an important method for understanding patient experience. In this study, collecting data over one year following a participant's diagnosis of cancer I attempted to go beyond text and the social construction of experience. Visual narrative, brought 'seeing' over time; free association narrative interviews and extensive reflexive researcher field notes demonstrated the relational and the centrality of the intrapsychic. The psychosocial was explored through principles of Kleinian psychoanalysis in a research group at the Tavistock Clinic.

Aims: This paper aims to demonstrate the value of methods which 'get beneath the surface' and get near enough to hear the grass grow; it will demonstrate the value of psychosocial, longitudinal and visual narrative methods for both research and practice using in-depth case study data from one study.

Methodological Discussion: The methods will be discussed using some data and reflections from participants. Narrative that was co-produced, accessed the intersubjective, and this with the use of images gave participants the control to tell their story. The temporal supported the development of deep trusting relationships and story-telling enabled the renegotiation of identity and self, overtime. The interview space became a container for the intolerable. Psychosocial reflexivity in the researcher was supported through a containing psychosocial research group, providing the power of the 3rd in analysis and supporting reflexive and ethical decision making.

Conclusions: This paper provides examples of methods for person centred research and practice. It highlights the importance of professionals and researchers being able to listen to and attend to difficult patient stories over time. This needs to be situated within wider psychosocial, supportive health care contexts.

Recommended reading list

Ricoeur, P. (1991a) 'Life in Quest of Narrative', in Wood, D. (ed.) *On Paul Ricoeur*. London: Routledge, pp. 20-34.

Clarke, S. & Hoggett, P. (2008) *Researching beneath the surface: a psycho-social approach to research methods in practice*. London: Karnac.

Cooper, A. (2009) 'Hearing the grass grow: Emotional and epistemological challenges of practice-near research'. *Journal of Social Work Practice*, 23 (4), pp. 429-442.

Biography

I have been a nurse for over twenty-three years. My clinical and research experience cuts across the specialist fields of cancer and end-of-life care and more generally multidisciplinary practice, chronic illness, integrated models of care. Posts over the years have included nursing leadership of practice based research and development in Trusts, development of practice and research in cancer, specifically teenage and young adults with cancer, and the strategic development of nursing, quality and safety across large organisations. I am now a Reader in Clinical Nursing, across Plymouth University and Torbay and South Devon NHS Foundation Trust. This is part of the SW Regional Clinical Academic School. Here I support nurses, midwives and allied health professionals to develop practice based research, clinical academic career pathways, together with developing nurse led programmes of research in practice. I am foremost a qualitative researcher with specific interests in innovative methods, patient and professional experience, the understanding and development of cultures of person centred, compassionate, effective and safe care. This paper is based on work for my PHD at UCL.

ViPER

Session no: 2.3.2 Abstract number: 184

Time: 2.25-2.50pm

Keywords**Research topic:** Children and Young People/ Primary and Community Care/Methodology**Methodology:** Evaluation**Development of a comparative analytic framework for assessing and evaluating research tools on sensitive issues***Presenter: Rafiyah Khan, BSc (Hons), MSc (Res), Research Associate, University of Birmingham, United Kingdom**Co-author(s): Catherine Powell, Julie Taylor, Caroline Bradbury-Jones, all UK***Abstract**

Background: Nurses, researchers and evaluators often focus on sensitive issues among vulnerable populations, but do not always have the appropriate evidence based tools upon which to frame their study. We draw on a recent example to provide a potential addition to the methodological toolkit for researching sensitive issues. Nurses have a critical role to play in appropriately recognising and responding to child sexual exploitation (CSE). A consistent theme amongst high profile serious case reviews is that survivors will have contact with a range of health providers in primary care and specialist services. Following the development of a local toolkit to improve health practitioner's responses to CSE, an impact evaluation was conducted wherein a comparative analytic framework was developed and applied to a selection of other CSE campaigns.

Aims: This paper will present an example of conducting evaluative studies on complex and/or sensitive issues by using a comparative analytic framework for assessing and evaluating the suitability of CSE campaigns and tools.

Discussion: As early recognition and identification of CSE is critical, it is crucial that all efforts designed to address this complex form of child maltreatment are in line with national guidance and best available evidence. This comparative analytic framework drew on national CSE guidance for England and enabled an objective approach to the evaluation. Furthermore, the comparative nature of the framework allowed for robust triangulation with other evaluation data as well as the benchmarking of a selection of national and local CSE campaigns against the index example. Finally, it presented an opportunity to appraise and promote best practice in improving recognition and responses to CSE.

Conclusion: The comparative analytic framework demonstrated traction in one example of sensitive issues research (CSE) and

may be particularly beneficial for nurses conducting evaluative work to ensure best practice with other vulnerable populations.

Recommended reading list

HM Government (2017) Child sexual exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation Department for Education.

Bradbury-Jones, C.; Herber, O.; Breckenridge, J.; Wagstaff, C.; Clark, M.; Taylor, J. (2017) The state of qualitative research in health and social care. Focused mapping review and synthesis International Journal of Social Research Methodology <http://dx.doi.org/10.1080/13645579.2016.1270583>

Bradbury-Jones, C. & Taylor, J. (2011) Sensitive issues in health care research: The protection paradox [Editorial]. Journal of Research in Nursing, 16: 303-306

Biography

Rafiyah Khan is a research associate within the risk, abuse and violence research programme at the University of Birmingham. She currently works on a range of projects with a particular focus on child protection, safeguarding and maltreatment. Prior to joining the University in 2017, she worked as a qualitative researcher within the NHS on a number of national NIHR funded clinical trials which focused on improvements to quality of life and has also held a teaching position at the University of Huddersfield. She has a BSc (Hons) in Psychology and was awarded the vice chancellors scholarship for academic excellence in 2013 which enabled her to conduct ethnographic, qualitative research on perceptions of honour and shame amongst British Pakistani men and women as part of an MSc (Res) in Psychology. Her research interests include the prevention of abuse and forms of violence, qualitative research methods, improving quality of life and exploring experiences of abuse.

Session no: 2.3.3 Abstract number: 145

Time: 2.55-3.20pm

Keywords**Research topic:** Nursing, Midwifery or Support Worker Education**Methodology:** Other Collection Method/ Qualitative Approaches**Giving voice - The use of audio-recorded diaries as a data collection method within a phenomenological study**

Presenter: Jon Harrison, B Nurs.(Hons.), MA Education, Registered Nurse - Child. FHEA., Senior Lecturer, Birmingham City University, United Kingdom

Abstract

Larkin et al. (2006) recognise the need to 'give voice' to participants, in order to understand and make sense of participant's lived experiences when undertaking research. Interpretive Phenomenological Analysis (IPA) has become an increasingly used methodology in order to achieve this goal. The data collection method that is often used within this methodological framework, is that of interviews. Interviews, though, are invariably led by an interviewer and whilst good interviewing techniques can help, opportunities to hear participant's own sense-making of their experiences can be missed (King and Horrocks, 2010). Smith et al. (2009) therefore suggests the use of diaries as a useful accompaniment to interview data. Diaries are completed by the participants themselves and therefore this method of data collection can often result in richer, more reflective data, when compared to interviewer led interviews.

This presentation intends to give an overview of the way in which audio-recorded diaries were used in a current study, which is exploring the understandings and experiences of student nurses and nurse mentors of the contribution that humour has to learning in clinical practice. The practicalities of using the participant's own technology in order to undertake audio-recorded diaries will be shared, alongside an exploration of the theoretical basis for this method of data collection. This presentation will show how data from audio-recorded diaries can be used to inform the interview stage of a study and in so doing, increasing not only the phenomenological rigour of the study, but further, enabling a more interpretive stance when it comes to data analysis. Additionally, through examples of participant's audio recorded diaries, the presentation will share the experiences of mentors and students, in relation to the ways in which an effective mentor/student relationship is developed, thereby 'giving voice' to the participants.

Recommended reading list

King, N. and Horrocks, C. (2010) Interviews in qualitative research. London: Sage Publications.

Larkin, M., Watts, S., and Clifton, E. (2006) Giving voice and making sense in Interpretative Phenomenological Analysis. *Qualitative Research in Psychology*, vol 3, pp 102-120.

Smith, J., Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE Publications.

Biography

Jon is a Senior Lecturer in Children's Nursing at Birmingham City University (BCU). Jon qualified as a Children's Nurse from the University of Birmingham in 2001 and enjoyed a number of years working in the Children's Unit at City Hospital, Birmingham.

Jon's main responsibility at BCU is that of module coordinator for a second year Nursing Practice module, on the BSc Children's Nursing Programme. In addition, Jon is also undertaking a PhD in Education and his study is using a phenomenological approach to explore the experiences that nurse mentors and student nurses have of humour, whilst learning in practice.

Theme: Education

Session no: 2.4.1 Abstract number: 198

Time: 1.55-2.20pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Workforce and Employment Issues

Methodology: Interviewing/Qualitative Approaches

The impact on nurse assessors of conducting assessments in clinical settings

Presenter: Dr Susan Armstrong, D Cur, MSc Nursing, B Ed (Hons), BA Cur Senior Lecturer, University of the Witwatersrand, Johannesburg, South Africa

Co-author(s): Pule Mothudi; Petro Deminey; Madeleen Jooste; Antoinette Price; Mary Isaacs, all South Africa

Abstract

Background: The academic and career progression of students often depends on the results of assessments conducted in clinical settings. The nurse assessor has a heavy responsibility in determining competence, but assessors have limited control over the development of the assessment tools and yet are held personally accountable for assessment outcomes.

Aim of the study: To determine an understanding of the challenges that face nurse assessors with a view to developing support systems to assist assessors.

Methods: This is a qualitative, exploratory study using story telling methodology (Smith and Liehr, 2005) in September 2017. Stories of assessment experiences were collected from a 23 nurse assessors. A thematic analysis was done according to the steps of content analysis suggested by Braun and Clarke (2006).

Results: Three themes, with seven categories emerged from the data. The three themes were the assessor, the student and the system. In the process of relating their stories, it was evident that assessment results in a great deal of conflict and anxiety and not enough time is spent preparing assessors or debriefing them.

Discussion: Assessors are aware of the problems and have a personal desire to make changes, but feel that the lack of resources and the educational system make it difficult to do this. Assessors are concerned that their difficulties relating to the process of assessment have negative consequences for their students.

Conclusion: Assessment is known to be stressful for students but the study shows that this stress is shared by their assessors resulting in potentially negative dynamics which could threaten the validity of assessments. Support systems should be aimed at both the individual assessor and those responsible for the development of assessment tools.

Recommended reading list

Smith, MJ & Liehr, P. 2005. Story theory. *Advancing Nursing Practice Scholarship. Holistic Nurse Practice* 2005; 19(6):272-276.

Braun, V and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*. Volume 3, 2006 - Issue 2

Biography

Sue Armstrong trained as a nurse at St Thomas' Hospital in London, England. On her return to South Africa she completed her midwifery course and worked at both Barberton Hospital and the Johannesburg Hospital before commencing her Diploma in Nursing Education at the University of the Witwatersrand. She also holds a BA Cur degree, a B Ed degree, an MSc Nursing and a Doctorate in Nursing. After many years in nursing education both at college and provincial level, Sue was appointed the Director of Quality Assurance at the Gauteng Department of Health where she worked for seven years, before moving to the University of the Witwatersrand where she is teaching and supervising post-graduate nursing students in the fields of nursing education and nursing practice. She is an author and reviewer of academic literature in the fields of nursing education, practice and quality assurance.

Session no: 2.4.2 Abstract number: 16

Time: 2.25-2.50pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Patient Safety/Quality Standards

Methodology: Interviewing/Qualitative Approaches

Do I tell my mentor? The mentor-student dynamic in raising concerns in clinical practice

Presenter: Tricia Brown, Registered Nurse, PGCE, MSc Nursing Clinical Teacher, Cardiff and Vale University Health Board, Cardiff, Wales, United Kingdom

Abstract

Background: Whistle-blowing in health care has been defined as any reporting of misconduct in the workplace (Ahern and McDonald 2002). Research studies internationally reveal that whistle-blowing is often perceived as a high risk-low reward activity for staff raising concerns (Jackson et al. 2010). Student nurses undertake half of their undergraduate nurse training in clinical settings, playing an important role in maintaining patient safety and escalating concerns if they observe poor care (Health Education England, 2016). Mentors are qualified nurses who support, facilitate and assess practice learning (Nursing and Midwifery Council, 2008). However, little is known about the mentor's role in supporting students who raise concerns.

Aim: To explore:

- The process of raising concerns from student's and mentor's perspectives and
- The effect of the mentor-student relationship on raising concerns by students.

Methodology and Method: Constructivist grounded theory approach guided concurrent data generation and analysis. Phase one data were collected from April 2016-February 2017. Student nurses (n=7) and nurse mentors (n=7) participated in individual interviews. Phase two data collected from July-December 2017, encompassing documentary analysis and theoretical sampling to conduct focused interviews with student nurses and nurse mentors.

Findings: Student's relationship with mentors is key in decision-making around raising concerns

Students bypass mentors or remain silent if a mentor is perceived to be unapproachable

Many students do not feel confident enough to raise concerns

With the support of their mentor, students do speak up and improve patient safety and enhance quality of care.

Discussion: Student nurses can play a vital role in enhancing patient safety, but they experience a conflict of interest when making decisions around raising concerns. Recommendations include strategies and support mechanisms to equip students to confidently raise concerns in a supportive environment and to support mentors to appropriately respond to student's concerns.

Recommended reading list

Ahern, K. McDonald, S. (2002) The beliefs of nurses who were involved in a whistleblowing event. *Journal of Advanced Nursing* 38 (3) 303-309

Jackson, D. Peters, K. Andrews, S. Edenborough, M. Halcomb, E. Luck, L. Salamonson, Y. Wilkes, L. (2010) Understanding whistleblowing: qualitative insights from nurse whistleblowers. *Journal of Advanced Nursing* 66 (10) 2194-201

Health Education England. (2016) Improving Safety through Education and Training. The commission on Education and Training for Patient Safety. London: Health Education England

Biography

Tricia Brown is a Clinical Teacher currently working for Cardiff and Vale University Health Board. The role involves training, supporting and assessing nurse mentors in clinical practice. Tricia also leads the Nurse Foundation Preceptorship Programme which provides newly qualified nurses with education, clinical skills and peer support through the transition from student nurse to registered nurse. Research interests include learning and teaching in clinical practice, mentorship and whistleblowing/raising concerns within health care. Tricia is currently undertaking a part-time PhD at Cardiff University and is exploring the process of raising concerns in clinical practice from a mentor and a student nurse perspective.

Session no: 2.4.3 Abstract number: 220

Time: 2.55-3.20pm

Withdrawn

Theme: Workforce

Session no: 2.5.1 Abstract number: 109

Time: 1.55-2.20pm

Keywords

Research topic: Workforce and Employment Issues / Research Process Issues

Methodology: Interviewing/Case study

Home from home? A case study of the first-year settlement experiences of EU nurses working in one NHS Trust in England

Presenter: Professor Magi Sque, PhD, BSc (Hons), Dip.N.Ed, RN1, LPE, FHEA, Professor of Clinical Practice and Innovation, The University of Wolverhampton and The Royal Wolverhampton NHS Trust, United Kingdom

Co-author(s): Wendy Walker, Amanda Rodney, Wendy Nicholls, Dariusz Galasinski, all UK.

Abstract

Background: The UK nursing workforce is facing significant change; it is aging, demand for part-time work is increasing and traditional entrants are choosing alternative careers. Recruiting nurses from the European Union (EU) can help, but such arrangements are not without their challenges.

Aim: To gain insight and understanding of EU nurse's experiences of settlement during their first year working in the NHS.

Methods: An instrumental case study was selected for its focus on investigating a particular case [European nurse]. Each nurse was studied as a single case and emergent issues collectively integrated. The study was conducted in one NHS Trust, in England. A convenience sample of 20 nurses from a cohort of 35 nurses arriving in 2015 from Europe was recruited. Data collection, 2015-2016, included prospective, serial interviews. Interview data were analysed using qualitative content analysis.

Results: Participant's motivation to migrate was driven by financial austerity in their home countries influencing a personal desire to obtain work in the UK, and new life experiences both sociocultural and educational. Participants desired a more personalised induction but were very appreciative of the support afforded to them by the Nursing Education Team and their mentors/buddies, if in place. The reported reaction of workplace staff to EU nurses was mixed and raised the questions as to whether and how staff had been prepared for their arrival.

Discussion: To assist acculturation all parties needed a clear understanding of EU nurse's scope of practice and anticipated duties in the workplace. The acquisition of a NMC PIN appeared to be the lynchpin to securing the trust, confidence and friendships between staff

and participants, by confirming participants' identities as qualified, registered nurses.

Conclusions: Formal and informal mechanisms of support are essential to making migration a lasting, positive and enriching experience for EU nurses and help to increase retention.

Recommended reading list

Alexis, O. (2013) Internationally educated nurse's experiences in a hospital in England: an exploratory study. *Scandinavian Journal of Caring Sciences* 27, 4, pp 962-968.

Buchan, J. Wismar, M. Glinos, I.A. Bremner, J. (Eds.) (2014) Health professional mobility in a changing Europe: new dynamics, mobile individuals and diverse responses. Vol II. *Observatory Study Series No.32*.

Gershlick, B. Roberts, A. Charesworth, A. Thorlby, R. Jones, H. (2017) Election briefing: A sustainable workforce- the lifeblood of the NHS and social care. The Health Foundation-17.

Biography

Magi Sque holds a joint appointment with the University of Wolverhampton and The Royal Wolverhampton NHS Trust as Professor in Clinical Practice and Innovation. She provides research leadership and support across both organisations for health practitioners working in the caring sciences. Magi studied nursing at Guy's Hospital, London, then working clinically for 17 years, in the UK and Canada. Supported by a DH Nursing Research Studentship she completed a PhD in 1996 at the University of Southampton on the organ donation experiences of 24 bereaved family members and the attitudes, knowledge and organ donation behaviour of 2,465 UK Registered nurses. This work was the springboard for a programme of research that gained international recognition and has contributed to policy on the care of bereaved families with whom organ donation is discussed. Whilst supporting others in their research ambitions Magi retains a research focus in organ donation, end-of-life care and bereavement.

Session no: 2.5.2 Abstract number: 214

Time: 2.25-2.50pm

Keywords**Research topic:** Leadership and Management/Workforce and Employment Issues**Methodology:** Mixed/Mixed Methods Research**Retaining nurses in the workforce: a mixed methods study***Presenter: Professor Vari Drennan, MBE, PhD, MSc, BSc, RN, RHV. Professor of Health Care & Policy Research, Centre for Health & Social Care Research,**Joint Faculty of Kingston University & St. George's University of London, United Kingdom**Co-author(s): Mary Halter, Julia Gale, Ruth Harris, all UK***Abstract**

Background: Retaining nurses in the workforce is a concern in health care systems internationally (World Health Organisation 2015). The United Kingdom National Health Service constitution ensures there is a strong suite of human resource policies (Department of Health 2013). However growing demand for nurses plus increased numbers leaving has focused attention on retention in recent years. This study addressed questions of evidence concerning turnover and strategies to retain nurses in a metropolitan area.

Aim: To investigate strategies for increased nurse retention in a metropolitan area

Method: Mixed methods including systematic reviews of reviews, semi-structured interviews, qualitative group interviews, secondary data analysis and testing interventions. Data collected 2015 and 2017.

Results: The systematic reviews demonstrated complex models of factors determining turnover and very limited investigation of and evidence for retention strategies. The strongest evidence relates to interventions to retain newly qualified nurses and the influence of leadership. The secondary data analysis demonstrated patterns in turnover and significant variation between health care organisations and specialities. The individual and group interviews identified the influence of a substantial labour market for nurses as a pull to leave but also the impact of good front-line nurse management in retaining nurses. Workshops with nurse managers tested methods for focusing on retention strategies at the front line.

Discussion and Conclusions: Retaining the nursing workforce is an enduring and international challenge at the health care system level and at the organisational level. It is therefore surprising that there is such limited research evidence on effective and ineffective strategies.

Studies such as this illuminate in particular types of labour markets but also raise questions that require investigation.

Recommended reading list

World Health Organisation (2015) Health Workforce 2030. URL www.who.int/hrh/documents/strategy_brochure2014/en/ Accessed 1-11-2017

Department of Health. (2015) The NHS Constitution. URL www.gov.uk/government/publications/the-nhs-constitution-for-england Accessed 01-11-2017

Biography

Vari started her career with an integrated sociology and social policy degree, registered nurse and health visitor course. She worked as a health visitor in inner London before moving into community nursing research, professional development and then senior NHS management posts. She was a member, then Director, of the Primary Care Nursing Research Unit at University College London before her current appointment in 2007. She has published widely on community nursing and her research has focused on nurse workforce development issues, health and social care of older adults, nurse prescribing, and the interface between health care and the criminal justice system. She was honoured with a MBE (Member of the Order of the British Empire) in 2016 for services to health policy research, development and nursing.

Session no: 2.5.3 Abstract number: 139

Time: 2.55-3.20pm

Keywords**Research topic:** Acute and Critical Care/Leadership and Management/Methodology**Methodology:** Other Collection Method/Evaluation**When did leadership become clinical? An evolutionary concept analysis of clinical leadership in health care and the implications for workforce culture and leadership programme development***Presenter: Helen Stanley, Senior Fellow HEA, RGN, RCNT, RNT, MA Nursing Studies, MA Applied Professional Research, BEd (Hons) Nurse Teacher, PGCEA PhD student, PhD Student Canterbury Christ Church University, Canterbury, United Kingdom***Abstract**

Background: Clinical Leadership is key to high quality clinical care and quality improvement but health and care services are working at full capacity causing increased pressure on staff at a time of severe financial and staffing challenges (Care Quality Commission 2017). Strong and effective clinical leadership is one of the most influential factors in transforming organisational culture (West et al 2015). Clinical leadership development in the past has focused on enabling participants to develop their leadership skills through participating in leadership programmes and despite vast investment made in leadership development, particularly following the Francis Report (2013), there is little understanding or robust evidence of the impact or what learning or development strategies are effective in Clinical Leadership Programmes in England (West et al 2015).

Method: This study uses Realist Evaluation (Pawson and Tilley 2004) that theorises the relationships between context, mechanisms and outcomes to identify what impact and in what ways, specific learning and development interventions and strategies within an organisational Clinical Leadership Programme in the context of an NHS acute provider has on workplace culture and person-centred practice. A concept analysis, using an evolutionary method (Rodgers 1989), was selected to clarify the defining attributes, enabling factors and consequences of clinical leadership to enhance methodological clarity and form part of the data collection.

Results: The concept analysis was organised into individual, team and service/organisation categories. The attributes were role modelling, interprofessional team working, influencing and supporting others, visibility and organisational knowledge. The enablers included personal

characteristics, values and beliefs, leadership skills, follower focus, educator roles, workplace culture and structures. The consequences were the impact on the individual, team and organisation, alongside measurable outcomes. The implications of this concept analysis for the role of clinical leadership in health care for workforce culture and clinical leadership development programmes will be explored.

Recommended reading list

Pawson, R. and N. Tilley. 1997. *Realistic Evaluation*. London: Sage.

Rodgers, B.L. 1989. Concepts, analysis and the development of nursing knowledge: the evolutionary cycle. *Journal of Advanced Nursing*, 14(4):330-335.

West, M. Armit, K. Loewenthal, L. Eckert, R. West. T. and A. Lee. 2015. *Leadership and Leadership Development in Healthcare: The Evidence Base*. London, Faculty of Medical Leadership and Management, Kings Fund. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf accessed 2.11.17

Biography

Helen qualified as a nurse from St. Mary's Hospital Paddington, London and quickly specialised in emergency and intensive care in London and the South East. Helen has held a number of senior academic roles in the School of Health Sciences at the University of Brighton, including Academic Lead for Nursing, Head of Continuing Professional and Postgraduate Education and Director of the Graduate Programme in the Faculty of Health and Social Science. She is a Senior Fellow of the Higher Education Academy and received the University of Brighton Award for Excellence in Facilitating and Empowering Learning. She is also an Independent Consultant and member of the RCN Education Forum Steering Committee.

Helen has extensive clinical and academic leadership experience and has designed a number of successful research and practice-development projects to support leadership initiatives for workforce development in the NHS. Her previous research has focused on the evaluation and impact of continuing and professional education, work-based learning, advanced practice and interprofessional learning. Her PhD is entitled, 'A Realist Evaluation of the impact on workplace teamwork and culture of the learning and development strategies in a Clinical Leadership Programme'.

Theme: Education

Session no: 2.6.1 Abstract number: 298

Time: 1.55-2.20pm

Keywords

Research topic: Women's Health and Midwifery/ Nursing, Midwifery or Support Worker Education/Translational Research/ Evidence Based Practice

Methodology: Questionnaires/Survey

Clinical simulation learning with actors: through the eyes of undergraduate nursing students

Presenter: Dr Faith Wight Moffatt, PhD RN Assistant Professor, School of Nursing, Faculty of Health & Department of Obstetrics & Gynecology, Dalhousie University, Halifax, Nova Scotia, Canada

Co-author(s): Dr. Jill Hatchette, Dr. Cathy Sheffer, all Canada

Abstract

Background: Postpartum home visits have positive impacts on health. However, there are now few learning opportunities for nursing students to work with families at home after childbirth. In one BScN program, after the end of home visits in our maternity nursing course, we introduced simulated postpartum home visits to replace that important experiential learning experience. To maximize immersion learning, we partnered with a Public Health Nurse and experienced professional actors to craft two authentic scenarios.

Aim of this presentation: To discuss learner survey results about their perceptions of this simulation lab, in relation to key simulation theory and literature.

Methods: During mixed-methods study of factors influencing learning in this simulation lab, we also collect data from students who are not in the formal study, but respond to a brief questionnaire and agree to have their data analyzed and reported. All necessary approvals were received. Eight 5-point Likert scale items measure extents to which learners perceive learning objectives are met, while 2 open-ended items focus on satisfaction. Sample size calculation was not undertaken for this survey. Data are analysed via descriptive statistics and thematically.

Results: The first of three semester cohorts responded to the survey in March 2017 (n=28). Most (96-100%) strongly agreed or agreed that each of the lab objectives were met. Predominant themes included "realism" and "meaningful debriefing". While there were suggestions for improvement, eight respondents indicated nothing should be changed.

Discussion/Conclusion: Learners highly rated this postpartum home visit simulation lab with actors in supporting their learning,

and identified valuable features of this learning experience. Although learning outcomes are being objectively measured in the mixed methods study, this survey data provides additional insights, and can be useful to educators who may be considering or already use simulation as a learning-teaching strategy, in any area of nursing care.

Biography

Dr. Faith Wight Moffatt is an Assistant Professor at the School of Nursing, Faculty of Health and the Department of Obstetrics & Gynecology, Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada. She is a graduate from Memorial University of Newfoundland, Boston College and the University of Toronto. In her educator role, she teaches research methods and evidence-based practice in the graduate nursing programs, and nursing of the childbearing family in the undergraduate program, and fetal health surveillance in the Faculty of Medicine. Faith has recently co-chaired the national Canadian Association of Schools of Nursing (CASN) Task Force for Development of Entry-to-Practice Competencies for Nursing of Childbearing Families. Her research passions include investigating effectiveness of specific nursing interventions in strengthening physical and psychological health outcomes of childbearing women, their babies and families, and in testing new ways of supporting student learning.

Session no: 2.6.2 Abstract number: 255

Time: 2.25-2.50pm

Keywords

Research topic: Translational Research/ Evidence Based Practice/Workforce and Employment Issues

Methodology: Mixed/Mixed Methods Research

Clinical Schools: enhancing research capacity in clinical settings

Presenter: Professor Bridie Kent, PhD, BSc(Hons), PGcert HE, RN, Interim Executive Dean, Faculty of Health & Human Sciences, University of Plymouth, United Kingdom

Co-author(s): Ruth Endacott, Jos Latour, Mary Hickson, Susie Pearce, all UK

Abstract

Background: Research is enshrined in the constitution of the NHS and there is a link between research activity and quality of care, which should encourage providers to find ways to enhance these skills in their staff. Investment in research capacity and capability has the potential to increase the production and use of research, as well as lead to improved care and clinical outcomes.

Aim: To present the South West Clinical School model, summarising its current structure and including reflections on the successes and challenges, activities and outcomes achieved over the last three years.

Discussion: The initiative commenced in 2013, when 4 Trusts volunteered to host the initial centres. Now clinical schools are in 5 locations, in which Plymouth University works in partnership with the following NHS Trusts. Each has access to a Professor, who provides leadership and expertise.

Key factors for success include: Visibility, both within the organisation and externally; Communication, particularly about the School help to ensure the School is visible to staff and allows it to share successes and opportunities; Identity; Infrastructure; and Board support. Identifying the School as focussed on research, not education, is crucial and gaining board support for the School aims supports the development and sustainability of the School. Other factors have also played a role, including having an annual event (conference or symposium), bringing together relevant researchers and aspiring researchers locally and showcasing their successes.

Challenges were not unexpected. These include time for staff to do research, a lack of vision for research, and a very low baseline for research within the nursing and allied health professions.

Achievements: Include a Delphi study to identify what aspects of acute care provide challenges for nursing care; grant capture; successful applicants to the NIHR MClInRes and CDRF; and establishing alumni grants linked to the Clinical School.

Recommended reading list

Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England.

NIHR www.nihr.ac.uk/our-faculty/documents/Building-a-research-career-handbook.pdf

O'Byrne, L. and Smith, S. (2011), Models to enhance research capacity and capability in clinical nurses: a narrative review. *Journal of Clinical Nursing*, 20: 1365-1371. doi:10.1111/j.1365-2702.2010.03282.

Biography

Bridie is interim Dean of the Faculty of Health and Human Sciences at Plymouth University in the UK. She is a Registered Nurse, with a background in both clinical and academic appointments, resulting in extensive experience in quality improvement, practice change, health services education and implementation research. For the last 20 years she has played a leading role in evidence-based practice uptake and implementation in the UK, New Zealand and Australia, leading Joanna Briggs Collaborating Centres in each of those countries - she is

currently the Director of the collaborating centre based in Plymouth.

Her research interests focus on knowledge translation (Implementation Science) and practice improvement, primarily in acute care settings. She is co-lead on the Plymouth University Clinical Schools initiative to increase research capacity and capability for nurses and midwives. This has seen the development of five professional-led units embedded within major health care organisations across the region.

Session no: 2.6.3 Abstract number: 269

Time: 2.55-3.20pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education

Methodology: Interviewing/Quantitative

The influence of memes on wider discourses associated with nurse education

Presenter: Sue Jackson, RGN, BSc, MPhil, PGCert, RNT, PDAPL, FHEA, Director of Learning and Teaching, Northumbria University, Newcastle upon Tyne, United Kingdom
Co-author(s): Dr Alison Steven, UK

Abstract

Background: Genes replicate information from generation to generation. Memes replicate to transmit cultural elements, such as stories, gossip, or imitation (Dawkins 1976), which serve to maintain certain perspectives (discourses). Memes spread within communities of practice and discourse groups. Memetic theory suggests successful memes need to be easily communicated, understood and remembered (Blackmore 1999). Nursing has unique memes contributing to perpetuation of myths, rituals, and traditions (Pediani and Walsh 2000).

This presentation, drawn from a PhD study (completed Autumn 2017), describes memes located within student and lecturer talk related to professionalism in nursing. Although UK based research, these memes have relevance for nurse education and professionalism globally.

Aim: To identify and explore memes associated with nurse education as discussed in relation to professionalism.

Methods: Interviews (n=17) were conducted with 8 lecturers and 7 student nurses multiple times over 3 years (between April 2013 - August 2016). Analysis employed a Discourse Analysis approach taken from Social Psychology (Potter and Wetherell 1987). Memes were located within participants talk by examination of their frequency of use, potential for spread and length of activity.

Results: Analysis surfaced three possible memes located within participant's talk.

1: Lecturers are not credible clinical practitioners

2: Student nurses are less capable and less respectful than when lecturers were students themselves.

3: Nurses are not valued by the public

Discussion and Conclusion: In today's global climate of austerity and scepticism towards the professions, understanding memes is important for nurse educators and researchers. Memes offer insight into wider discourses influencing nurse education. Findings suggest memes may negatively influence: the relationship between the educational domains of university and clinical practice; the relationship between lecturers and clinicians; the hidden curriculum in nurse education. Memes that spread a perceived negative public image of nursing may also impact on future recruitment of students into the profession.

Recommended reading list

Blackmore, S (1999) *The Meme Machine*. Oxford University Press

Dawkins, R (1976) *The Selfish Gene*. Oxford, Open University Press.

Pediani, R., Walsh, M. (2000) Changing practice: are memes the answer? *Nursing Standard*, 14(24), 36-40.

Biography

Qualifying in 1984 in London, my early career was neurosurgery. I became interested in research while coordinating an audit of head injury management in Cambridge. On moving to Newcastle upon Tyne, I worked as a regional mental health audit manager while completing an MPhil. I remained in mental health research for 11 years, researching the needs of people in suicidal distress. In 2006, I joined Northumbria University where I am now a Director of Learning and Teaching. I remain committed to research in my teaching and in investigating the student nurse experience. I submitted my PhD thesis in July 2017.

Theme: Career/Education

Session no: 2.7.1 Abstract number: 20

Time: 1.55-2.20pm

Keywords**Research topic:** Workforce and Employment Issues**Methodology:** Interviewing/Questionnaires/Mixed Methods Research**An investigation of assistant practitioners career progression***Presenter: Dr Camille Cronin, PhD Senior Lecturer, University of Essex Southend Campus, Southend on sea, United Kingdom**Co-presenter(s): Asha Parmar, UK.**Co-author(s): Petra Rosier, UK.***Abstract****Aim:** The Foundation Degree (FdSc) is a 2-year course for health care support workers (HCSWs), giving graduates the skills for progression to Band 4 Assistant Practitioner (AP) roles. This project aims to explore the career pathways of graduates with focus on the role of the AP.**Method:** A mixed method design was used with a questionnaire distributed via Facebook and Alumni, generating 29 responses (13%). This was followed up with interviews of 3 participants who have worked as APs and data was thematically analysed.**Results:** All participants were Band 2/3 support workers prior to studying the FdSc and becoming APs post-graduation. Participants reported confidence and being given more responsibilities since completion. All participants knew their limits in practice due to self-awareness and a defined job role. APs worked in various fields; haematology, community respiratory, sexual health and GP practices.

In-depth interviews highlighted themes regarding the AP role; accountability, registration, being misunderstood by employers and low academic background prior to starting. Participants expressed aspirations of being registered practitioners and implied that the FdSc is a stepping stone for becoming a nurse.

Discussion: Graduates are equipped with the knowledge and versatility to succeed in AP roles. The roles are tailored to fit the service delivery needs of a department with roles more common in community and day units thus indicating a lack of development of the inpatient setting. Furthermore, the role is unfamiliar to some managers and this has made it difficult and frustrating for graduates to find local AP jobs.**Conclusions:** Graduates are aware of the skills that they can deliver since completing the course and have a clear commitment to give back to the workplace from where they started, however it seems that there is a slow uptake of their skills and abilities from employers and concern about regulation of APs.**Biography**

Dr Camille Cronin is a Senior Lecturer and Subject Lead for Foundations in Health. Her nursing career spans through clinical practice, clinical and academic research and health care management. Her research interests include lifelong learning, workplace learning and workforce issues including the role of the assistant practitioner and qualitative methodologies. Current projects include oral health and dementia amongst care providers, oral health in the acute hospital and mentorship in the workplace. Camille is a Dementia Friend, a member of the Southend Dementia Action Alliance and a member of the International Dementia and Culture Collaborative (IDCC).

Session no: 2.7.2 Abstract number: 148

Time: 2.25-2.50pm

Keywords**Research topic:** Children and Young People/ Nursing, Midwifery or Support Worker Education/Primary and Community Care/ Public health**Methodology:** Focus Groups/Qualitative Approaches**Learning about and using therapeutic communication skills in Specialist Community Public Health Nursing: student's views of an innovative curriculum development***Presenters: Patricia Day, Senior Lecturer in Nursing, Gayle Hazleby, Senior Lecturer in Nursing, Sheffield Hallam University, Sheffield, United Kingdom**Co-author(s): Dr Sue Peckover, Pat Day, Gayle Hazleby, Hayley Chaudhry, Janet McAleavy, Lucy Kirkham, all UK***Abstract****Background:** As many contemporary public health issues such as obesity and smoking are lifestyle related all nurses require skills to promote behaviour change. This paper reports a study undertaken at a university in the north of England which has pioneered the teaching of motivational interviewing and behaviour change skills (Miller and Rollnick, 2013) within the Specialist Community Public Health Nursing (SCPHN) curriculum. The module has been running for 5 years and, although anecdotal evidence suggests a profound impact on practice, it had never been formally evaluated.**Aims:** This study aimed to examine student perspectives about if, and how, education in behaviour change skills impacts on the nature and effectiveness of consultations with clients.**Methods:** All SCPHN students from the 2016-2017 cohort were invited to participate in the study. In May 2017 two focus groups were held, conducted by researchers not involved in course delivery and attended by 11 students. The focus groups aimed to generate discussion (Barbour 2007) and examined student's views and perspectives about engaging with clients and utilising behaviour change skills in practice. Transcribed and anonymised data was analysed using a thematic approach (Braun & Clarke 2006). Before commencing the study received university ethical approval.**Results:** This paper will present the key themes arising from this study. These are changing approach; skills and techniques; education and learning; use in practice; and time.**Discussion and Conclusions:** Our findings suggest that an intensive and skills based approach has enhanced the therapeutic communication skills of SCPHN students. A shift towards client-led consultations rather than advice giving is evident. Time constraints and competing practice priorities can be challenging. In order to ensure all health and social care practitioners are equipped to address behaviour change with clients consideration should be given to including a skills based approach within future education programmes.**Recommended reading list**Barbour, R. (2007) *Doing Focus Groups*. Sage Publications, London.Braun, V. and Clarke, V. (2006) "Using thematic analysis in psychology". *Qualitative Research in Psychology*, vol 3, no 2, pp 77-101.Miller, W. and Rollnick, S. (2013) *Motivational Interviewing*. 3rd ed. Guilford Press, New York

Session no: 2.7.3 Abstract number: 134

Time: 2.55-3.20pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education

Methodology: Questionnaires/Quantitative

Moving to a graduate nursing profession: examining nursing student's engagement in college after a decade of all graduate education in Ireland

Presenter: Ms Mary Clynes, MSc, BA, RGN, RCN, RNT, Lecturer, Dublin City University, Dublin, Ireland

Co-author(s): Ann Sheridan, Ireland; Kate Frazer, Ireland.

Abstract

Introduction: Although a substantial body of evidence identifies the factors that impact, positively and negatively, on student engagement within higher education (Baik, Naylor & Arkoudis, 2015), little attention has been paid to the transferability of this evidence to nursing students whose degree programmes are structurally different to other non-professional degrees. In Ireland, fifteen years have now elapsed since the integration of undergraduate nursing education within higher education and it is now timely to explore nursing student's engagement. This is important internationally as many European countries are moving towards a graduate profession (Aiken et al., 2014).

Aims: This national study measured the construct of engagement and the impact of independent variables including employment during term and caring responsibilities.

Methods: A cross-sectional survey, using the national survey of student engagement (NSSE) self-report questionnaire, of first and final year undergraduate nursing students (n= 634) in four higher education institutions in Ireland was conducted in the academic year 2014/2015.

Results: Term-time employment had limited impact on student engagement; however, students who worked had more student faculty interaction when compared to non-working students but spent less time studying (Mean= 7.2, SD 5.9) than those who did not work (Mean = 8.7, SD= 7.6; $t(316) = 2.46$; $p=.014$). Students with caring responsibilities engaged more in effective learning strategies (Mean= 39.3, SD=13.9) when compared to students without caring responsibilities (Mean = 35.4, SD=13.9; $t(63) = -3.532$, $p = .000$). Students who had children were more positive about teaching practices and the quality of their interactions with staff and other students when compared to those without children. They also spent more time on campus, more time studying and less time engaged in co-curricular activities when compared to other students.

Discussion: Term-time employment, while having limited impact on many elements of student engagement, resulted in students spending less time studying. Being parents did not have an adverse impact on student engagement.

Recommended reading list

Aiken, L.H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kozka, M., Lesaffre, E., McHugh, M.D., Moreno-Casbas, M.T., Rafferty, A.M., Schwendimann, R., Scott, P.A., Tishelman, C., van Achterber, T., Sermeus, W. (2014) 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study', *The Lancet*, 383, pp.1824-1830.

Baik, C., Naylor, R., & Arkoudis, S. (2015). *The First Year Experience in Australian Universities: Findings from Two Decades, 1994-2014*. Melbourne: Centre for the Study of Higher Education.

Biography

Mary Clynes is lecturer in children's nursing at the School of Nursing and Human Sciences, Dublin City University. Mary has previously held a variety of clinical, management and education posts within the health services in Ireland. She is a registered children's nurse (RCN), a registered general nurse (RGN) and a registered nurse tutor (RNT). She has BA degree, MSc in Nursing and is currently a PhD student.

Concurrent session 3

Monday 16 April, 3.50-4.45pm

Theme: Practice/District Nursing

Session no: 3.1.1 Abstract number: 78

Time: 3.50-4.15pm

Keywords

Research topic: Primary and Community Care/Translational Research/Evidence Based Practice

Methodology: Mixed/Qualitative Approaches

Mindlines or 'Bricolage'- an ethnographic study of the social organisation of practice nurses' knowledge use

Presenter: Dr Judith Carrier, PhD, MSc, PGCE, RGN, Sp. practitioner (PN) Senior Lecturer/ Director, Wales Centre for Evidence Based Care, School of Healthcare Sciences/ Ysgol y Gwyddorau Gofal Lechyd, College of Biomedical and Life Sciences/ Coleg y Gwyddorau Biofeddygol a Bywyd, Cardiff University/ Prifysgol Caerdydd, Wales, United Kingdom
Co-author(s): Professor Davina Allen, Wales UK

Abstract

Background: Changes in health care delivery, particularly in primary care, have resulted in changes to practice nurse's (PNs) roles. Macro-level policy has focused increasingly on standardisation of care within the primary care environment, specifically in relation to management of chronic/long term conditions. Practice nurses have additionally taken on roles that include diagnostic and treatment elements for which they were not prepared for in their initial training.

Objectives: Do practice nurses make use of evidence-based guidelines (written and/or interactive) to inform the clinical encounter?

What other information sources do PNs use and what rationale do they provide?

How does context, specifically cultural and organisational issues influence knowledge utilisation?

Methods: Ethnographic data were generated relating to meso-level organisation of knowledge utilisation in 2 study sites. Interviews, observation and documentary analysis of available knowledge sources including guidelines and protocols were used to generate data relating to how knowledge is accessed and subsequently

used at the micro level of the clinical patient encounter.

Results: Findings illustrated that a mixture of organisational and individual factors impacted on knowledge utilisation. Practice nurses used a combination of knowledge which they applied within the context of the individual patient encounter. This was accessed partly through their 'mindlines' developed from education, clinical experience and social learning, and partly through accessing a 'bricolage' of knowledge which included seeking advice from a variety of sources.

Conclusions: Social learning influences the growth and development of knowledge, development of more formal multidisciplinary networks or communities of practice has the potential to enhance dissemination. Strengthened networking would encourage horizontal dissemination and provide the opportunity for all parties to discuss externally received information and translate it into a form that is useful for practice. Primary care practices should increase the opportunity for horizontal networking between members of the primary care team

Biography

Dr Judith Carrier is a senior lecturer at Cardiff University School of Healthcare Sciences. Her research and teaching interests include evidence synthesis, evidence utilisation and long term condition management, specifically diabetes. Her PhD focused on the social organisation of practice nurses' use of knowledge. Her clinical background is in practice nursing where she specialised in the care of people with diabetes. Judith is also Director of the Wales Centre for Evidence Based Care, a Joanna Briggs Institute centre of excellence and has published a number of systematic reviews. The 2nd edition of her book "Managing Long-term Conditions and Chronic Illness in Primary Care" was published in 2015 following a successful 1st edition published in 2009

Session no: 3.1.2 Abstract number: 218

Time: 4.40-4.45pm

Keywords

Research topic: Primary and Community Care/Methodology

Methodology: Mixed/Mixed Methods Research

Conceptualisation, development and validation of a community-based Patient Complexity Instrument (PCI) for district nurses

Presenter: Dr Sue Thomas, PhD, MSc, RGN, PGCE, PGDip Therapeutics, PGCert Research, INP NHS Wales Primary Care Cluster Lead & RCN Wales Primary Care Adviser, Aneurin Bevan University Health Board and Royal College of Nursing, Wales, United Kingdom

Abstract

Aim: This paper illustrates the process, from conceptualisation to validation, of a study to develop a clinical instrument for district nurses to identify and measure community-based patient complexity.

Background: Group Concept Mapping¹ (GCM) is a participatory consensus methodology which enables a participant group to develop a shared conceptual framework that can be used to identify the emergent properties associated with it. GCM was used to develop the construct of patient complexity and the content for the instrument. Rasch analysis² is a method of Item Response Theory that works on the premise that a person's responses to each item of an instrument can be linked to an underlying, unobservable trait. This is an important aspect of instrument development aimed at assisting with clinical assessments. Rasch analysis was used to establish the validity and reliability of each subscale within the PCI and was chosen for its support of an iterative approach to instrument development, rather than a one-off static analysis.

Method: During 2013/14, five GCM workshops were held across Wales, with a total of 29 expert participants who contributed their views on the content needed for the clinical instrument. Data was analysed using Global Max software. The instrument was tested by 219 district nurses during regular patient assessments. Scores from 1,400 patient assessments were analysed using RUMM2030 software.

Results: Results showed the PCI to have construct and content validity. The instrument is reliable for use with males and females of all age groups. Response options are discernible for differential selection by instrument users. There is good spacing between the instrument's response options.

Conclusion: GCM and Rasch analysis assisted in producing an instrument for district nursing clinical practice, from which clinical and managerial decisions will be made.

Recommended reading list

Kane M & Trochim W (2007). Concept Mapping for Planning and Evaluation. Applied social research methods series. Vol. 50. Sage Publications, London.

Rasch G (1960 & 1980) Probabilistic Models for Some Intelligence and Attainment Tests. University of Chicago Press, Chicago

Tractenberg R (2010) Classical and modern measurement theories, patient reports, and clinical outcomes. Contemporary Clinical Trials. Vol. 31(1), 1-4

Biography

Sue has worked in the field of primary health care and community nursing since 1987, in clinical, leadership, research and university teaching roles.

Her PhD research focused on developing a clinical instrument for district nurses to use in assessing complexity of community-based patient's health needs. This research, undertaken with district nursing colleagues from across Wales, resulted in the Patient Complexity Instrument (PCI).

Sue currently works as a Primary Care Cluster Lead for Aneurin Bevan University Health Board, where her aim is to encourage active involvement of all personnel, from all sectors and agencies, who have an interest in and a contribution to improving the health and well-being of people living within the Newport Cluster area. Sue also works for RCN Wales as Primary Care and Independent Sector Adviser, leading and supporting the development of community nursing in Wales.

Theme: End-of-Life

Session no: 3.2.1 Abstract number: 268

Time: 3.50-4.15pm

Keywords

Research topic: End-of-life care

Methodology: Interviewing/Qualitative Approaches

Qualitative evaluation of a multi-site implementation of the Macmillan Specialist Care at Home service using the Pictor interview technique

Presenter: Professor Bridget Johnston, PhD, RN, PGCE(FE) Florence Nightingale Foundation Professor of Clinical Nursing Practice Research, University of Glasgow, Scotland, United Kingdom

Co-author(s): Anne Patterson, UK, Gillian Mathews, Scotland UK, Eleanor Wilson, Kathryn Almack, Beth Hardy, Alison Bravington, Jane Seymour, all UK

Abstract

Background: Macmillan Specialist Care at Home seeks to enhance patient-centred care through community and home-based palliative and end-of-life care services. This article reports a qualitative study that formed part of a larger evaluation of a multi-site implementation of the specialist palliative care community service.

Aim: To examine caregiver, patient and carer experiences of service implementation and identify how its key features: early referral; clinical interventions at home; avoiding hospital admissions; and facilitating patients to die in their preferred place of death, worked in practice.

Setting/participants: Health professionals (n=18), volunteers (n=14), patients (n=9) and lay carers (n=8) from six community-based sites.

Methods: Qualitative component of a longitudinal, mixed methods programme evaluation using in-depth interviews (n=49) supported by a visual research method 'Pictor' to facilitate dialogue about experiences of care. The qualitative data were analysed using thematic analysis.

Results: A peer-driven approach based on mutual respect supports effective partnerships between generalist and specialist teams leading to improvements in the overall quality of community and home-based palliative and end-of-life care. Key themes were: 1) Early referral and rapport; Benefits of seamless care. 2) Averting crises situations; 3) Community consultant as catalyst; Home-based clinical interventions 4) Attending to wider aspects of care; Managing expectations through patient and carer engagement.

Discussion: The collaborative approach between services instils confidence and empowers patients and carers, principal factors

in crises-prevention and enabling home deaths. Joint education, training and continuing professional development for specialist teams and existing community staff is advocated to promote shared knowledge and to forge and strengthen bonds between specialist and generalist health and social care professionals. Further testing of the mechanisms involved in implementation will improve the wider transferability potential of this model.

Biography

Professor Bridget Johnston holds the post of Florence Nightingale Foundation Chair in Clinical Nursing Practice Research in the School of Medicine, Dentistry and Nursing, University of Glasgow, Scotland. This a joint post between the University of Glasgow and NHS Greater Glasgow and Clyde. Bridget is a registered nurse and has a clinical, educational and research background in palliative care.

Bridget has worked in the Universities of Stirling, Dundee and Nottingham. Bridget's research has centred on self-care and advanced cancer, tel-ehealth and palliative care symptom management in palliative care and laterally developing and testing interventions related to dignity and end-of-life care. She has a keen interest in supporting nurses to integrate and implement evidenced base practice and building clinical academic careers. Bridget supports a number of PhD students doing palliative care studies.

Session no: 3.2.2 Abstract number: 46

Time: 4.20-4.45pm

Keywords

Research topic: Chronic Illness/Respiratory

Methodology: Interviewing/Qualitative Approaches

The provision of generalist and specialist palliative care for patients with non-malignant respiratory disease in the North and Republic of Ireland: a qualitative study

Presenter: Dr Clare McVeigh, RN, BSc, MSc and PhD Lecturer in Adult Health, School of Nursing and Midwifery, Queen's University Belfast, N. Ireland, United Kingdom

Co-author(s): Dr Clare McVeigh, Northern Ireland UK, Dr Joanne Reid, Northern Ireland UK, Prof Philip Larkin, Republic of Ireland; Prof Sam Porter, UK, Prof Peter Hudson, Australia

Abstract

Background/Aims: Potential models of palliative care for patients with COPD and interstitial lung disease have been previously highlighted amongst international research and key strategic

guidelines. However, these recommendations are often not effectively implemented in clinical practice and are void of guidance regarding bronchiectasis, another form of non-malignant respiratory disease. This research aimed to explore generalist and specialist palliative care for people with non-malignant respiratory disease and their bereaved carers in the North and Republic of Ireland.

Methods: Qualitative study involving convenience sample of 17 bereaved carers and 18 health care professionals recruited from rural and urban sites in the North and Republic of Ireland. Data was collected between March 2012 and October 2013 and consisted of semi-structured interviews with bereaved carers of patients with non-malignant respiratory disease; and 4 focus groups with health care professionals. Data were analysed using thematic analysis.

Results: Findings highlighted the lack of a clear model of holistic care delivery for patients with non-malignant respiratory disease, and illuminated the varying levels of palliative care provision across two European health jurisdictions. Additionally, ambiguity amongst health care professionals regarding prognostication illuminated the importance of the provision of palliative care being needs based.

Discussion: This research developed a potential model of holistic care which may help health care professionals introduce palliative care, and specialist respiratory care, early in the disease trajectory of non-malignant respiratory disease, whilst also encouraging the involvement of specialist palliative care for complex symptom management.

Conclusion: Future care to patients with non-malignant respiratory disease must acknowledge the important role of palliative care and generalist providers must have access to specialist input, and advice when needed. This research provides an important insight into a potential model of palliative care for this client group which is inclusive of bronchiectasis. However, the feasibility of integrating this model into clinical practice requires further exploration.

Biography

I recently joined Queen's University Belfast, School of Nursing and Midwifery as a Lecturer (Education) in Adult Health. Prior to this I worked as a registered nurse in the Northern Ireland Regional Cancer Centre, and most recently as a Lecturer in Palliative Care/Nurse Research Lead for the Northern Ireland Hospice Education and Research Centre. I recently received my PhD in palliative care exploring the experiences of palliative care health service provision for patients with non-malignant respiratory disease and their caregivers in rural and urban areas and received the runner-up Nurse Researcher of the Year Award at the RCN Northern Ireland Nurse of the Year Awards 2014. In September 2015, I was awarded the title of Researcher of the Year at the International Journal of Palliative Nursing Awards and also received several funding awards that have

allowed me to attend as a visiting scholar to places such as the Centre for Palliative Care in Melbourne, Australia. In 2014, I was awarded a Florence Nightingale Foundation Travel Scholarship, funded by the DHSSPSNI. This enabled me to travel to the USA to study the palliative health provision experienced by veterans with non-malignant respiratory disease in rural areas of America.

Theme: Nursing Work / Identity

ViPER

Session no: 3.3.1 Abstract number: 130

Time: 3.50-4.15pm

Keywords

Research topic: Leadership and Management/Nursing, Midwifery or Support Worker Education/Workforce and Employment Issues

Methodology: Other Collection/Systematic Review and Other Secondary Research

What do nurses do? A meta-narrative review of the literature of nursing work

Presenter: Miss Jennifer Jackson, RN, BScN, MN, PhD(c), Registered Nurse, PhD Student, King's College London, London, United Kingdom

Co-author(s): Dr Janet Anderson, Professor Jill Maben, all UK

Abstract

Background: Different aspects of nursing work have been studied to determine the scope and nature of the profession's role in health care delivery. This has been difficult to establish, as there are numerous unrecognized, unappreciated, and difficult aspects of nursing work (Nelson and Gordon 2006, Perry and Fairbanks 2015).

Aims: The aims of this review were to understand how nursing work has been conceptualized and researched, and to identify opportunities to develop the understanding of nursing work through further research.

Methodology: Meta-narrative reviews are effective when the taxonomy of a topic does not lend itself to a unified set of search terms, and in this instance, involved historical documents that are not available online. Six phases were undertaken: planning, searching, mapping, appraisal, synthesis, recommendations (Greenhalgh et al. 2005). Seventy-two documents were included in the review, from 1950-present.

Results: There were 2 major findings from this review: nursing work is understood as different domains of labour, and that nursing

work includes labour beyond caring for patients. There are 5 main narratives about nursing work: integrated views of labour, physical labour, emotional labour, cognitive labour, and organisational labour. The role of nurses is distinct because nurses sustain health care organisations in addition to caring for patients. As a result, a new definition of nursing work is needed to reflect the reality of nursing clinical practice.

Conclusion: The definition of nursing work should encompass the fact that nursing requires different types of labour, and helps to perpetuate health care systems in addition to caring for patients. There are implications for a new view of nursing work for workforce planning and professional identity.

Recommended reading list

Nelson, S. & Gordon, S. (eds.) (2006) *The complexities of care : nursing reconsidered*, ILR Press, London

Perry, S.J. & Fairbanks, R.J. (2015) *Tempest in a teapot: Standardisation, and workarounds in everyday clinical work*. In *Resilient Health Care: The Resilience of Everyday Clinical Work* (Wears, R., Hollnagel, E. and Braithwaite, J. eds.) Ashgate, Farnham, Surrey, pp. 163-176.

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., Kyriakidou, O. & Peacock, R. (2005) *Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review*. *Social Science & Medicine*, 61(2), 417-430.

Biography

Jennifer is a Registered Nurse, with a clinical practice background in critical care, and a passion for social justice. As a doctoral researcher at King's College London, she is studying organisational resilience in nursing. She believes in supporting health care professionals to provide safe care through organisational efforts. In Canada, Jennifer worked in tertiary facilities in clinical practice, education, research, and management.

Jennifer also connects innovative technology with clinical education. Her most recent example is leading the development of a video game, *Resilience Challenge*, for clinical education. She also has extensive experience with social media, and using different platforms to educate and inspire.

Session no: 3.3.2 Abstract number: 53

Time: 4.20-4.45pm

Keywords**Research topic:** Leadership and Management/Research Policy/Workforce and Employment Issues**Methodology:** Focus Groups/Qualitative Approaches**Professional identity revisited: an emerging narrative of individual, organisational and national leadership influences impacting on clinical research delivery***Presenter: Mrs Linda Tinkler, MCLinRes (Leadership), BSc (Hons), Academic Research Nurse, Visiting Lecturer, County Durham and Darlington NHS Foundation Trust, Darlington, United Kingdom, Guest Lecturer, Newcastle University, United Kingdom**Co-author(s): Professor Yan Yiannakou, Aileen Burn, Dr Lisa Robinson,***Abstract**

Introduction/Background: Successful clinical research delivery is fundamental to high quality, evidence-based health care. Every area of medicine and health care is driven by research, and every NHS organisation has a duty to be involved in research delivery. Delivering research can be challenging, and recruiting and retaining sufficient research participants remains an area of particular interest. Efforts to understand and address these recruitment challenges generally focus on the practical aspects of the research process. The research delivery workforce is a key element of successful clinical research delivery, yet their perceptions and experiences are frequently overlooked. This qualitative study investigated influences impacting on successful clinical research delivery, through the narratives of clinical research nurses (CRNs). This builds on a previous study which identified the existence of a caring-recruiting dichotomy, impacted by a range of intrinsic feelings and extrinsic discourses in the conduct of clinical research.

Methods: Focus groups (7 groups, total 25 participants, split by time in post <7 years >7 years) and 1-1 interviews (2 participants) were conducted in a large North-East NHS Foundation Trust. Thematic analysis identified CRN's perceptions and experiences of research delivery.

Results: A theoretical model informed by the results of this study, illustrates three elements under the overarching theme of leadership, with the potential to impact on successful research delivery:

- The individual (feelings, professional experiences, leadership capacity, behaviours)

- The organisation (Culture, awareness of research delivery activity, engagement with research teams)

- National drivers (High Level Objectives, funding, targets)

Conclusion: The successful recruitment and retention of sufficient research participants is one of the intended outcomes of clinical research delivery. This research has demonstrated that achieving this outcome relies on a multi-faceted and complex range of leadership influences. These influences should be explored further to enable a range of support mechanisms to be designed and implemented to improve research delivery.

Recommended reading list

Raftery, J., Young, A., Stanton, L., Milne, R., Cook, A., Turner, D., et al (2015). Clinical trial metadata: Defining and extracting metadata on the design, conduct, results and costs of 125 randomised clinical trials funded by the national institute for health research health technology assessment programme. Health Technology Assessment 19(11) 1-166. [DOI: 10.3310/hta19110]

Houghton C, Dowling M, Meskeel P, Hunter A, Gardner H, Conway A, Treweek S, Sutcliffe K, Noyes J, Devane D, Nicholas JR, Biesty LM. (2017) Factors that impact on recruitment to randomised trials in health care: a qualitative evidence synthesis (Protocol). Cochrane Database of Systematic Reviews, Issue 5. Art. No.: MR000045. DOI: 10.1002/14651858.MR000045.

Tinkler L, Smith V, Yiannakou Y, Robinson L. (2017) Professional identity and the Clinical Research Nurse: A qualitative study exploring issues impacting on participant recruitment in research. J Adv Nurs;00:1-11. <https://doi.org/10.1111/jan.13409>

Biography

I started my NHS career as a Health Care Assistant on a surgical ward in 1998. I qualified as an adult nurse in 2003, and have worked in various NHS and industry roles since then. I moved into research in 2008, delivering research in Primary Care, before moving back into the acute sector in 2013.

My current role involves supporting a specialist Gastroenterology team with the development and delivery of research, including supporting clinical fellows, and specialist nurses with grant applications, protocol development, and Patient and Public Involvement. I also work closely with my organisational R&D department, assisting with the leadership and development of our Clinical Research Nurse workforce.

In 2016 I completed a Master of Clinical Research (Leadership) through an NIHR Fellowship, and have since taken up a Guest Lecturing post at Newcastle University, assisting with Post Graduate Leadership Modules. I am a trainee Coach currently undertaking the ILM 5 certificate in Coaching and Mentoring.

I am currently developing further research into the range of leadership issues that impact on clinical research nursing, and research delivery in the NHS.

Theme: Cancer

Session no: 3.4.1 Abstract number: 33

Time: 3.50-4.15pm

Keywords**Research topic:** Cancer/ Patient Experience**Methodology:** Interviewing/Qualitative Approaches**Experiences, coping and holistic needs assessment in UK breast cancer survivors***Presenter: Lydia Briggs, RN, BSc (Hons), MRes Oncology Nurse/PhD Student, Nottingham University Hospitals NHS Trust, University of Nottingham, United Kingdom**Co-author(s): Dr Joanne Cooper, Professor Karen Cox, Dr Holly Blake, all UK***Abstract**

Background: Breast cancer represents 25% of all cancer female diagnosed worldwide (WCRF International, 2017). There are significant physical, psychological and social concerns associated with this diagnosis, which have been found to continue well into the 'survivorship' period (Macmillan Cancer Support, 2013). Various coping mechanisms can be adopted to address these issues, and Macmillan Cancer Support developed an electronic Holistic Needs Assessment (eHNA) as a tool to assess and address these as part of the Recovery Package (NCSI, 2013).

Aims: To explore the experiences and coping mechanisms of breast cancer survivors in their first 12-18 months after treatment, and to investigate their experiences of completing the eHNA.

Methods: A qualitative approach was adopted. Semi-structured interviews were undertaken with fifteen women treated surgically for invasive breast cancer. Interviews were undertaken either in the patient's home or in hospital, and all were recorded and transcribed. Thematic analysis was adopted in order to determine key themes.

Results: Four themes emerged around capturing experiences, coping with breast cancer, psychological effects of surviving cancer, and perceptions of the eHNA as a supportive tool in their recovery. Psychological concerns were frequently reported with varying degrees of severity. Subthemes included perceptions of locus of control, the stigma of cancer, positive and negative emotions and factors affecting ability to cope. Perceptions of the eHNA varied, and some women perceived the eHNA as a

research tool for the hospital rather than a useful aspect of their care. Several participants felt unable to raise psychological concerns on the eHNA.

Conclusion: There are significant individual differences between breast cancer survivors, although psychological issues are a key factor lasting well into the survivorship period. Further research is needed into how the eHNA can be effectively used to capture psychological concerns and to determine how the tool is best implemented from a staff perspective.

Recommended reading list

World Cancer Research Fund (WCRF) International (2017) Breast Cancer Statistics. [online]. Available at: <http://www.wcrf.org/int/cancer-facts-figures/data-specific-cancers/breast-cancer-statistics> [Accessed 3rd October 2017].

Macmillan Cancer Support (2013) Cured, but at what cost? England: Macmillan Cancer Support.

National Cancer Survivorship Initiative (NCSI) (2013) Living with and beyond cancer: Taking action to improve outcomes. London: Department of Health.

Biography

Lydia graduated from the University of Nottingham in 2015 as a Registered Nurse. Since then, she has worked at Nottingham University Hospitals NHS Trust with breast cancer patients admitted for surgery and now on a female Oncology ward. She completed her NIHR funded Masters in Research Methods in 2016-2017, and has research interests around cancer survivorship and Macmillan's Recovery Package. Lydia has now been awarded funding from the ESRC to undertake her PhD, which she commenced in October 2017.

Session no: 3.4.2 Abstract number: 92

Time: 4.20-4.45pm

Keywords

Research topic: End-of-Life Care/Pain Management/Service Innovation and Improvement

Methodology: Mixed/Mixed Methods Research

An evaluation of palliative care nurse prescribing: a mixed methods study in Uganda

Presenter: Professor Julia Downing, PhD, RGN, Professor of Palliative Care, Makerere University, Kampala, Uganda/Chief Executive, International Children's Palliative Care Network, South Africa and United Kingdom

Co-author(s): Elizabeth Nabirye, Alex Ojera, Rosemary Namwanga, Roselight Katusabe, Matthias Dusabimana, Kelet Kalema, Biira Yayeri, Apollo Arishaba, Mwazi Batuli, Charlotte Komunda, Uganda; Rashidah Nabukalu, Jane Mwesige, Margaret Sekyondwa, Margaret Kasirye, Amoris Jane Okoth, Edith Nandutu, Wilson Acuda, Dorothy Adong, Emmanuel Luyirika, Eve Namisango, Fatia Kiyange, Rose Kiwanuka, Jacinto Amandua, all Uganda; Janice Logan, Haraldsdottir Erna, Berit Moback, Claire Lesley, Liz Grant, and Mhoira Leng, all UK.

Abstract

Background: Palliative care trained nurses in Uganda have been able to prescribe since 2004, thus increasing access to palliative care around the country. PC stakeholders in the region are advocating for trained PC nurses to be able to prescribe however, no evaluation had been undertaken. This evaluation aimed to determine the effectiveness of nurse prescribing in PC in Uganda, and assess the transferability to other countries.

Methodology: A mixed methods evaluation was undertaken in three parts: 1) Preparation of the nurses for the role; 2) The process of assessing and managing the patient's pain, including the prescription of oral morphine; 3) An appraisal of the system in which the nurses are working. Ethical approval was gained from HAUREC and UNCST.

Results: Results show nurses are able to assess and manage pain. The curriculum prepares the nurses well, although a few minor adaptations are recommended to strengthen it further. Themes identified from 18 interviews included: the training itself, supervision and mentorship, competency, and beliefs. 22 nurses were recruited to manage 20 patients each, assessing and managing their pain and other symptoms, and utilizing the APCA POS on three occasions. Analysis demonstrates nurses are able to assess and manage pain, giving appropriate medications and reassessing. The appraisal in 10 districts, showed nurses are working in a system

where access to medications varies. There is still limited understanding of PC generally, and many myths exist re the use of morphine.

Conclusion: Trained palliative care nurses can assess and manage patients pain, prescribing morphine and associated medications appropriately. Whilst challenges exist and recommendations are made to improve the system, this evaluation has clearly shown the benefit and safety of nurse prescribing for PC in Uganda. This study has important implications for the global debate on issues of access to oral morphine and task shifting.

Recommended reading list

Downing J, Leng M and Grant L. (2016). Implementing a Palliative Care Nurse Leadership Fellowship Program in Uganda. *Oncology Nursing Forum* 43(3) 395-398.

Downing J, Batuli M, Kivumbi G, Kabahweza J, Grant L, Murray SA, Namukwaya E, Leng M (2016) Evaluation of a palliative care link nurse programme in Mulago hospital, Uganda: An evaluation using mixed methods. *BMC Palliative Care* 15:40

Knaul FM, Farmer PE, Krakauer EL et al on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group. (2017) Alleviating the access abyss in palliative care and pain relief - an imperative of universal health coverage: the Lancet Commission report. *The Lancet*. Published online October 12, 2017

Biography

Professor Downing is an experienced palliative care nurse, educationalist and researcher. She has been working within palliative care for 27 years, in the UK, Uganda, Africa, Eastern Europe and globally. She is an Honorary Professor at Makerere University and works with the Mulago/Makerere Palliative Care Team. She is also the Chief Executive of the International Children's Palliative Care Network and a Visiting Professor at the University of Belgrade, along with several universities in the UK. She is a board member of the Palliative Care Association of Uganda (PCAU) along with the International Association of Hospice and Palliative Care, the Worldwide Hospice and Palliative Care Alliance, and the Palliative Care Research Society. She has been working in palliative care in Uganda since 2001.

Theme: Learning Disability

Session no: 3.5.1 Abstract number: 57

Time: 3.50-4.15pm

Keywords**Research topic:** Disability/Health and Social Policy/Patient Experience**Methodology:** Interviewing/Qualitative Approaches**Disabled people's experiences of accessing reasonably adjusted hospital care***Presenter: Dr Stuart Read, PhD; MSc; BSc, Senior Research Associate, University of Bristol, United Kingdom**Co-author(s): Pauline Heslop, UK***Abstract**

Background: The UK Equality Act (2010) specifies that health organisations must provide 'reasonable adjustments' or changes to their standard service to ensure that disabled people are not disadvantaged when accessing care. However, existing evidence suggests that disabled people may be denied access to reasonably adjusted health care, which in turn, may promote negative health outcomes.

Aims: This study sought to explore disabled people's own experiences of accessing reasonably adjusted hospital care.

Methods: Semi-structured interviews were completed with nineteen disabled people between November 2016-January 2017. During these interviews, participants discussed whether and how hospitals had provided reasonably adjusted care to support their health care needs. The interviews were transcribed, and then analysed using thematic analysis.

Results: Overall, participants reported a mixed picture in terms of their reasonably adjusted hospital care. Specifically, some disabled people shared positive examples of how their hospital had made reasonable adjustments, such as by offering pre-admission support to discuss their needs or by ensuring that carers were allowed to support with care. However, other disabled people reported that their hospital had made little or even no attempt to provide reasonably adjusted care. Disabled people also highlighted a lack of clarity about what constitutes a 'reasonable' adjustment within hospital care, and what should be regarded as good quality person-centred care.

Discussion and Conclusions: Our research suggests that while hospitals are obliged to provide reasonably adjusted care to disabled people, gaps remain in terms of how this is enacted. It is important that the nursing and wider medical profession continue to learn from, and embed, positive examples of reasonable adjustments into their own practice, so that disabled people can have consistent access to quality health care.

Recommended reading list

UK Equality Act. 2010. Available at: http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf (Accessed 14 October 2017)

Biography

Stuart is disabled researcher at the Norah Fry Centre for Disability Studies, University of Bristol. He is currently employed on a research programme called "Getting Things Changed: Tackling Disabling Practices", which aims to explore the possible difficulties - or "disabling practices" - that disabled people encounter in various different contexts. His role on the programme is to explore how hospital services provide reasonable adjustments for disabled people accessing care. He will be sharing findings from this research today.

His broader research interests focus on disability identity presentation, stigma, and help-seeking behaviours. He completed his PhD in Psychology in 2015, which explored the possible identity dilemmas disabled people experience as they: a) attempt to access needed support; but also b) ensure that they protect themselves from the stigma associated with this support.

Session no: 3.5.2 Abstract number: 246

Time: 4.20-4.45pm

Keywords**Research topic:** Learning Disability/Inequalities in Health/Patient Experience**Methodology:** Interviewing/Qualitative Approaches**Experiences of adults with learning disabilities: views of patients, family carers and paid support staff following acute hospital admission***Presenter: Karen Thomson, Learning Disability Specialist Nurse, Addenbrookes Hospital, Cambridge, United Kingdom**Co-author(s): Isabella Lancaster, Sara Jones, Angela Thompson, Bernadette Herbert, Marcus Redley, all UK***Abstract**

People with learning disabilities (LD) are known to experience inequalities in health outcomes. In the UK a number of initiatives including employment of LD liaison nurses, electronic 'flagging' to identify patients, hospital 'passports' and carer's agreements have been implemented, but their effectiveness in practice and impact on patient experience has not been fully evaluated. This work was undertaken as part of the NIHR-funded HEALeD study, a collaboration between front line nursing teams and researchers with

expertise undertaking research with people with LD.

Aim: To understand the experience of adults with LD, family carers (FC) and paid support workers following recent acute hospital admission.

Method: Semi-structured qualitative interviews with 9 patients, 20 FCs and 8 paid support workers, recruited after discharge from one of two acute UK Trusts (2015-6) following ethical approval.

Transcripts were examined for content with emergent themes identified and coded.

Results: Patients stressed the importance of social interaction with visitors and staff. FCs see themselves as playing a vital role during hospital admissions. This included being actively involved in care and treatment decisions; being a source of clinically important information; and where necessary protecting their family member from perceived weaknesses in the hospital environment. PSS felt they had to justify their presence on a ward, despite their intimate knowledge of the patient, while also managing the expectations that they would provide high levels of support.

Conclusions: FC and PSS feel that hospital staff do not fully understand their concerns for the patient, nor fully appreciate the extent to which they can contribute. This research provides insight into the aspects of the experience which matter most to people with LD and their carers and reveals the many complexities in caring for this potentially vulnerable patient population.

Recommended reading list

Mencap (2012) Death by Indifference: 74 deaths and counting. A progress report 5 years on. London: Mencap

MacArthur, J. Brown, M. MCKechanie, A. Mack, S. Hayes, M. Fletcher, J., (2015) making reasonable and achievable adjustments: the contributions of Learning disability nurses in 'getting it right' *Journal of Advanced Nursing* 71:1552-1563

Kelly, C., Thomson, K., Wagner, A., Waters, J., Thompson, A., Jones, S., Holland, A. J., Redley, M., (2015) Investigating the widely held belief that men and women with learning disabilities receive poor quality healthcare when admitted to hospital: a single-site study of 30 day readmission rates. *Journal of Intellectual Disability Research* <https://doi.org/10.1111/jir.12193>

Biography

Karen Thomson began her career in 1988 as a community nurse for adults with learning disabilities, a post she first held in the Barking, Havering & Brentwood Health Authority before moving to Cambridge & Peterborough Mental Health Partnership NHS in 1994 where she held the same role. In 2002 Karen became an associate lecturer at Homerton School of Health studies in Fulbourn and a year later was promoted to lecturer status. In 2006 Karen moved to Anglia

Ruskin University where she was employed as a senior Lecturer. From 2010 to present day Karen has been employed as a learning disability specialist nurse at Cambridge University Hospitals NHS Foundation Trust.

Karen has a BA(Hons) in Health Studies from the Open University and an MA in Health Services Research from the University of Kent. Karen has had publications in the Journal of Advanced Nursing and the British Journal of Nursing among others.

Theme: Nurse Workforce

Session no: 3.6.1 Abstract number: 235

Time: 3.50-4.15pm

Withdrawn

Session no: 3.6.2 Abstract number: 291

Time: 4.20-4.45pm

Keywords

Research topic: Workforce and Employment Issues

Methodology: Questionnaires/Mixed Methods Research

The clinical research nurse workforce - an insight into the national organisational structure

Presenter: Dr Helen Jones, DHC, MSc, BSc (Hons), RGN, The Royal Free London Hospital, United Kingdom

Co-author(s): Glenn Robert, Julia Philipou, all UK

Abstract

Background: Clinical Research Nurse (CRN) workforce has developed alongside a growth in the research infrastructure, a significant catalyst being the set-up of the National Institute of Health Research (NIHR) in 2006 and a national system of research delivery networks. It lacks empirical study with only sporadic publications examining individual workforces (Ledger 2008, MacArthur et al 2014).

Aims: A mixed methods study to explore the organisational structure of the national CRN workforce.

Methods: Research active trusts (n=173) were identified using NIHR recruitment figures. The Lead CRN/individual responsible for the workforce was identified in 83% (n=144/173). Between April-July 2015 they were sent a national online survey, structured around the

Organising for Quality framework (Bate et al, 2008).

Results: Response rate of 77% (n=111/144) demonstrates an inconsistent picture, locally and nationally. A range of structures including clinically specific research teams, CRNs embedded and working alongside non-research colleagues and smaller teams attached to a sole consultant are additionally working within defined research structures including attached to NIHR local research networks, NIHR Biomedical Research Centres/Units or based within a Clinical Research Facility (CRF). Postholders are mainly band 6/7 with 50% (n=55/111) organisations having band 5 posts. Smaller organisations favoured a generic workforce covering many clinical areas. In addition 53% (59/111) had reviewed their workforce to further improve recruitment of which 25% (15/59) had subsequently re-structured.

Discussion: This study provides the first ever national overview of the CRN workforce and identifies the reactive and inconsistent nature of its growth in response to external and internal influences. This seminal work can be used as the foundation for further indepth analysis of this established workforce to develop a more consistent structure and so support NIHR objectives and ongoing developments in evidence based care.

Conclusion: This dedicated workforce is crucial. In depth understanding of factors supporting an effective structure will support ongoing progress in future research delivery ensuring continued patient safety.

Recommended reading list

Ledger, T, Pulfrey, A and Luke, J (2008) Developing Clinical Research Nurses. *Nursing Management*, 15(2) pg 28 - 33.

MacArthur, J, Hill, G and Callister, D (2014) Professional issues associated with the Clinical Research Nurse. *Nursing Standard*, 29(14) pg 37-43.

Bate, P, Mendel, P and Robert, G (2008) *Organising for Quality: the improvement journeys of leading hospitals in Europe and the United States*. Radcliffe Publishing, Oxford.

Biography

Dr Helen Jones has spent much of her nursing career working as a Clinical Research Nurse (CRN) across various clinical areas. Recently in an academic role of Senior Lecturer in Adult Nursing at the University of Hertfordshire, prior to taking up her role at the Royal Free London Hospital. She was formerly the Research Matron at Guys and St Thomas's NHS Foundation Trust for 7 years where she supported and led a workforce of 150 research nurses. Having experienced first hand the growth and development of the CRN role and workforce, and the development of the national research infrastructure supported by the National Institute of Health Research (NIHR), she carried out the first national study to examine the organisational

structure of the national CRN workforce and the experience of CRNs working in research delivery.

Helen has a national presence within research nursing which includes sitting on the NIHR Research Nurse Strategy group, the CRUK Senior Research Nurse Advisory panel and has judged the Research Nurse category of the Nursing Times awards for the past 3 years. She has published and presented on aspects of the CRN role and workforce

Theme: Resilience

Session no: 3.7.1 Abstract number: 205

Time: 3.50-4.15pm

Keywords

Research topic: Primary and Community Care/Public Health (including health promotion)

Methodology: Questionnaires/Quantitative

Psychometric evaluation of the traditional Chinese version of Resilience Scale-14 in assessing the resilience level of Hong Kong adolescents

Presenter: Dr Oi Kwan Joyce Chung, Assistant Professor, The University of Hong Kong, Hong Kong, China

Co-author(s): Dr William Li, Hong Kong; Dr Eva Ho, Hong Kong, all China

Abstract

Background: Mental health problems in adolescents reflect a global problem that is becoming more prevalent in Hong Kong. The rising incidence of emotional disturbance, adjustment and eating problems, depression and suicidal tendencies have become major public health concerns. It is of paramount importance for health care professionals to develop and evaluate appropriate interventions that can enhance the resilience of adolescents and foster the development of their coping mechanisms and positive mental well-being. Before any interventions can be planned or evaluated, a reliable and valid instrument that accurately measures resilience in adolescents must be developed. Unfortunately, assessment tools with effective psychometric properties for adolescents in the Hong Kong Chinese context are lacking. This study aimed to evaluate the psychometric properties of the Chinese version of Resilience Scale-14.

Methods: The instrument was first translated from English into traditional Chinese. A cross-sectional study with a within-subjects design was then conducted. Four hundred Form 1 students (Grade 7, 12 to 13 years of age) from six secondary schools across three major districts in

Hong Kong were randomly selected and invited to participate in the proposed study. Exploratory and confirmatory factor analyses were conducted to test the construct's validity. Participants were asked to respond to the Chinese version of the Resilience Scale-14, Center for Epidemiologic Studies Depression Scale for Children, and Rosenberg's Self-Esteem Scale. The internal consistency, content validity and construct validity and test-retest reliability of the Chinese version of the Resilience Scale-14 were assessed.

Results: The newly-translated scale demonstrated adequate internal consistency, good content validity and appropriate convergent and discriminant validity. Exploratory and confirmatory factor analyses added further evidence of the construct validity of the scale.

Discussion and Conclusions: Results suggest that the newly-translated scale can be used as a self-report assessment tool in assessing the resilience level of Hong Kong Chinese adolescents.

Biography

Dr Joyce Chung is an Assistant Professor of the School of Nursing, Li Ka Shing Faculty of Medicine, HKU. She is an experienced nursing educator with over 10 year's experience in clinical nursing education and teaching. She was trained as a Registered Nurse in Hong Kong, and went to Australia to further her studies obtaining a first degree in nursing from the University of Western Australia and a Masters degree in Public Health at the University of New South Wales. She obtained her PhD at the Medical School, Australian National University in 2014. Dr Chung's research interests involve providing physical and psychological care to children and adolescent, in particular to those with cancer and surviving cancer.

Session no: 3.7.2 Abstract number: 169

Time: 4.20-4.45pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education

Methodology: Questionnaires/Experimental Research

The effectiveness of using adventure-based training in enhancing the self-efficacy, resilience and competency among nursing students for clinical practicum

Presenter: Dr Sharis Kwan, BSC, MN, The University of Hong Kong, Hong Kong, China

Co-author(s): Dr William Li, Hong Kong, China

Abstract

Background: Clinical practice is a vital component in nursing education that provides students with real-life opportunities to practice in hospital and community settings. Nevertheless, with an increasing complexity of the health care system, accountability for patient care and expectations for higher-quality service from the general public, clinical practicum can be a very stressful experience for nursing students. This study aimed to examine the effectiveness of using adventure-based training in enhancing the self-efficacy, resilience and competency among nursing students towards clinical practicum.

Methods: A pilot randomized controlled trial (RCT), two-group pretest and repeated post-test, between-subjects design was conducted in a tertiary institution. Twenty baccalaureate nursing students were invited to participate, with 10 students receiving 1-day adventure-based training (experimental group) and another 10 students receiving the same amount of time and attention as the experimental group but not in such a way as to have any specific effect on the outcome measures (placebo control group) before clinical practicum. Adventure-based training was based on the experiential learning theory that emphasize on physical challenge, periods of reflection, overcoming adversity and team work building. Most importantly, the training allowed students to experience the 'cannot' and learn to achieve the 'can'; such experience could enhance student's self-efficacy and resilience, consequently improving their competency for clinical practicum. Participant's self-efficacy, resilience and competency were assessed at the time of recruitment, 1 week, 3- and 6- month after clinical practicum.

Results: Participants in the experimental group reported statistically significant higher levels of self-efficacy ($p < 0.01$), resilience ($p < 0.01$) and competency ($p < 0.01$) than those in the placebo control group.

Conclusions: Adventure-based training was found to be effective in enhancing nursing student's self-efficacy, resilience and competence towards clinical practicum. The findings of the pilot study support for a large RCT on the effectiveness and sustainability of such training.

Biography

Ms. Sharis Kwan is now in her second year as a doctoral student at The University of Hong Kong. Her research interests is nursing education, in particular related to clinical competency of nursing students.

Concurrent session 4

Tuesday 17 April, 9.15-10.10am

Theme: Child Health

Session no: 4.1.1 Abstract number: 76

Time: 9.15-9.40am

Keywords

Research topic: Cancer/Children and Young People/Pain Management

Methodology: Questionnaires/Survey

Attitudes towards pain expression and pain management in parents of children with cancer

Presenter: Mrs Roses Parker, PG Dip (child), BSc Staff Nurse and Doctoral Candidate, London South Bank University and Royal Marsden NHS Trust, London, United Kingdom

Co-author(s): Alison Twycross, Stephen McKeever, Theresa Wiseman, all UK

Abstract

Background: Children with cancer experience pain throughout their cancer trajectory. There is growing emphasis on delivering care for children with cancer at home (Fortier et al., 2011). As a result, parents are increasingly responsible for pain management. Little is known about parent's attitudes towards pain medication and pain expression in children.

Aim: To explore attitudes of parents of children with cancer towards children's pain and analgesic medications.

Methods: A convenience sample of parents of children, less than 16 years, were recruited from one NHS hospital in 2017. Parents completed a survey containing the Parental Pain Expression Perception (PPEP) (Zisk et al., 2007), Medication Attitudes Questionnaire (MAQ) (Forward et al., 1996), and demographic questions. Descriptive and inferential statistics examined how parental scores varied with child factors (age, gender, diagnosis, time since diagnosis) and parent factors (ethnicity, age).

Results: Parental scores (n=101) did not vary statistically significantly with any child factor. A difference was found between Asian parents and white parents on four sub-scales (PPEP: h=24.2, p=.037; PPEP active loud: h=31.5, p=.004; MAQ: h=25.2, p=.015; MAQ avoidance: h=27.8, p=.01) and Asian parents and other parents on two sub-scales (MAQ: h=40.5, p=.039; MAQ avoidance: h=42.2, p=.048). There was a negative correlation between parent age and scores (r=-.213, p<.05). 73% of parents worried

about side-effects when giving children analgesics and only 10% disagreed that children in pain have trouble sleeping.

Discussion: Parental pain management attitudes and misconceptions did not improve with time since diagnosis although there were improvements with parent age. Parents in this sample held more negative attitudes and misconceptions than other populations in which PPEP and MAQ have been used.

Conclusion: Nurses need to continue to disseminate advances in pain management knowledge to parents. Parents continue to hold negative attitudes and misconceptions and there is a need to explore whether these attitudes impact on children's pain management.

Recommended reading list

Fortier, M. A., Sender, L. S. and Kain, Z. N. (2011) Management of Pediatric Oncology Pain in the Home Setting: The Next Frontier, *Journal of Pediatric Hematology/Oncology*, 33, 4, pp. 249-250.

Zisk, R. Y., Grey, M., Medoff-Cooper, B. and Kain, Z. N. (2007) Accuracy of parental-global-impression of children's acute pain, *Pain Management Nursing*, 8, 2, pp. 72-76.

Forward, S. P., Brown, T. L. and McGrath, P. J. (1996) Mother's attitudes and behavior toward medicating children's pain, *Pain*, 67, 2, pp. 469-474.

Biography

Roses Parker is a children's cancer nurse working at The Royal Marsden Hospital and a doctoral candidate at London South Bank University. Her mixed methods research focuses on how parents of children with cancer manage their child's pain at home.

As well as nursing experience, she has worked as a research assistant in the UK and New Zealand, has clinical experience in the London Ambulance Service, and holds a BSc in Psychology from the University of Warwick.

Her passion is to eliminate all unnecessary pain experienced by children.

Session no: 4.1.2 Abstract number: 208

Time: 9.45-10.10am

Keywords

Research topic: Cancer/Rehabilitation/Patient Experience

Methodology: Questionnaires/Experimental Research

Effectiveness of musical training in improving psychological well-being and quality of life in childhood brain tumour survivors: a randomized controlled trial

Presenter: Miss Tan Cheung, MPhil Student, Research Postgraduate Student, The University of Hong Kong, Hong Kong, China

Co-author(s): Dr. William Li, Prof Godfrey Chan, Hong Kong, China

Abstract

Background: It is well-documented that the psychological health of childhood brain tumour survivors is being adversely affected due to the tumour itself and its treatment, which negatively affects their quality of life. Evidence indicated that depression was the most common psychological sequelae experienced by the children surviving from brain tumours. Increasing evidence suggests the use of musical training to improve psychosocial well-being in children with autism and reduce the anxiety level of cancer patients undergoing breast surgery. Nevertheless, the effectiveness of musical training in enhancing psychological well-being and quality of life among childhood brain tumours survivors remains relatively unknown.

Aims: This study aimed to examine the effectiveness of musical training in reducing depressive symptoms, enhancing self-esteem and quality of life in childhood brain tumours survivors.

Methods: A pilot randomized controlled trial, two-group pre-test and repeated post-test design was conducted. Fifty-eight children surviving from brain tumours having medical follow up at the outpatient clinic of an acute-care hospital were invited to participate in the study and randomly allocated to the experimental (n=30) and control groups (n=28). Subjects in the experimental group received a weekly 45-minutes lesson on musical training for 52 weeks, whereas the control group received usual care. Subject's depressive symptoms, level of self-esteem and quality of life were assessed at

the time of recruitment, 6- and 12-month after starting the intervention.

Results: Subjects in the experimental group reported statistically significant fewer depressive symptoms, higher level of self-esteem and quality of life than children in the control group who received usual care at 6- and 12-month follow up.

Discussion and Conclusion: The musical training was investigated to be effective in reducing the depressive symptoms, improving self-esteem and quality of life in childhood brain tumours survivors. The findings support for a large RCT on the effectiveness and sustainability of such programme.

Biography

Miss Cheung Tan is a registered nurse graduated from the University of Hong Kong. She is now a postgraduate research student at the University of Hong Kong. Her research interests is pediatric oncology, in particular related to psychological health and quality of life of childhood brain tumours survivors.

Theme: Secondary Care

Session no: 4.2.1 Abstract number: 38

Time: 9.15-9.40am

Keywords

Research topic: Acute and Critical Care/ Renal/ Patient safety/Translational Research/ Evidence Based Practice

Methodology: Mixed/Mixed Methods Research

A behavior change approach to managing acute kidney injury in secondary care

Presenter: Sally Moore, RGN, BA, MSc, Patient Safety Research Nurse, Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, United Kingdom

Co-author(s): Dr Jane O'Hara, Dr Kate Connolly, Dr Andrew Lewington, Professor Rebecca Lawton, all UK.

Abstract

Background: 'Adding insult to Injury' (NCEPOD, 2009) found that a fifth of post-admission acute kidney injury in England (AKI) was predictable and avoidable. Worldwide, acute kidney injury (AKI) is associated with hypovolemia and sepsis resulting in poor patient outcomes (Lewington et al 2013).

Aim: To reduce the incidence of AKI by applying behaviour change methodology to identify key behaviours in fluid management on in-patient wards and examine barriers to practice

Methods: Case notes from patients (n=40) receiving intravenous fluids were audited for: patient assessment, fluid prescription and fluid balance. These were measured against NICE and Trust guidelines.

Multidisciplinary focus groups (n=3) were held to identify the barriers to effective fluid management.

4 barriers questionnaires (Taylor et al 2013) focusing on fluid balance measuring, recording, requesting and fluid prescription (n=50 for each questionnaire) were distributed.

Results: Audit demonstrated poor compliance with guidelines - only 28% of patients with fluid balance records had oral fluid intake consistently monitored, 52% had urine output measured.

The focus groups indicated that behaviours associated with fluid management could be associated with AKI.

We identified poor practice across 4 behaviours: intravenous fluid prescription, fluid balance recording, measurement and requesting of fluid balance measurement. Barriers to these were explored during a final focus group and formed questions for the barriers questionnaires.

The barriers: Across all 4 behaviours questions emerged around beliefs and consequences. For measuring and documenting, environmental context and resources were highlighted. Responses to prescribing fluids and requesting fluid balance showed motivation and goals, cognitive memory and decision making as emerging barriers.

Implications: Staff behaviour has an effect on the care of patients. With better understanding of the barriers we hope to develop interventions to support frontline staff in improving fluid management and therefore reducing the risks for patients of developing AKI.

Recommended reading list

NCEPOD. 2009. Adding Insult to Injury.

Taylor, N. Parveen, S. Robins, V. Slater, B. & Lawton, R. 2013. Development and initial validation of the Influences on Patient Safety Behaviors Questionnaire. Implementation Science. 8:81

Lewington, AJP, Cerdai J, & Mehta, RL. 2013. Raising Awareness of Acute Kidney Injury: A Global Perspective of a Silent Killer. Kidney International. 84(3): 457-467.

Biography

Sally is a Patient Safety Research Nurse working at the Yorkshire and Humber Patient Safety Translational Research Centre at the Bradford Institute of Health Research. She is a registered nurse who until 5 ago worked as the Matron for the Operating Theatres and the Endoscopy Unit at a District General Hospital.

She has many year's experience in practice development, including staff development, patient quality, safety and satisfaction across operating departments, endoscopy units, pre-operative

assessment, day surgery and outpatient environments.

She has been part of the research team on the following projects:

A behaviour change approach to preventing acute kidney injury

Supporting ward teams to use patient feedback to improve the quality and safety of patient care

Developing a patient led classification of patient incident reports

Patient Involvement in Patient Safety: developing an intervention to promote organisational learning using patient reports of organisational safety and patient safety incidents

A behaviour change approach to implementing patient safety guidelines with the Yorkshire Health Innovation and Education Cluster.

Session no: 4.2.2 Abstract number: 321

Time: 9.45-10.10am

Keywords

Research topic: Acute and Critical Care/ Patient Experience/Methodology

Methodology: Interviewing/Qualitative Approaches

Recovery experiences of patients under 60 with fragility hip fracture: a qualitative study

Presenter: Dr Gillian Janes, PhD, RGN, MA, SFHEA, Senior Research Fellow, Bradford Teaching Hospitals NHS Foundation Trust, Bradford, United Kingdom

Co-presenter(s): Laura Serrant, UK

Co-author(s): Laura Serrant, Magi Sque, all UK

Abstract

Background: Isolated hip fracture following a minor fall (fragility hip fracture) is a serious injury, requiring urgent treatment and complex recovery. Associated with the elderly, impact in adults under sixty may be underestimated. The literature, policy and dominant social discourse focus on the elderly, surgical interventions and short-term outcomes. Young adults therefore represent a silent sub-subset of the fragility hip fracture population, whose recovery experiences and needs remain largely unknown.

Aims: To:

1. explore the recovery experiences of young adults with fragility hip fracture;
2. identify potential service improvements;
3. test The Silences Framework (Serrant Green, 2011), designed for researching the health care needs of marginalised or under-represented groups, in a new context.

Methodology/Method: A critical interpretivist approach. Thirty participants, one to ten years post injury, completed an in-depth, minimally structured interview (between July–November 2016) recounting their experiences. Inductive, thematic analysis integrated Braun and Clarke (2006) and The Silences Framework (Serrant-Green, 2011) cyclical analysis process.

Findings: One cross-cutting: Communication and four main themes: Experience of care, Impact on self, Impact on others and Moving forward emerged. Variation in care quality, influenced by social and professional norms was found, along with long term, physical, social and psychological impact on participants, families and social. These included Post Traumatic Stress Disorder type symptoms; work, finance and relationships impact.

Discussion: The study confirmed silences identified initially and uncovered new silences, including: limitations in the care pathway and outcome measures for younger people, informing recommendations for research, practice and policy. It also demonstrated the appropriateness of The Silences Framework (Serrant-Green, 2011) for guiding a person-centred, experience-based, acute orthopaedic/rehabilitation study.

Conclusion: Offering the first long term, experience based exploration of the impact of fragility hip fracture in young adults, using a new research framework, this study contributes to the hip fracture and methodological evidence base.

Recommended reading list

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3:2, pp77-101.

Serrant-Green, L. (2011) The Sound of 'Silence': A Framework for researching sensitive issues or marginalised perspectives in health. *Journal of Research in Nursing*, 16:4, pp347-360.

Biography

Gillian is a Senior Research Fellow in a National Institute for Health Research funded Patient Safety Translational Research Centre in England. Her main focus is on workforce engagement and wellbeing for enhancing patient safety. Her PhD focused on silences research and specifically, the recovery experiences of younger people following hip fracture. Gillian brings a range of experience to her current role. Following almost 20 years nursing experience as a clinician and service manager in acute, community and public health settings, she taught leadership and service improvement across all health and social care disciplines and a range of academic levels for 18 years. She is a licensed Myers-Briggs Personality Type Indicator (MBTI) Step II practitioner and accredited NHS Health care Leadership Model facilitator. Her interests include person-centred quality improvement, action learning, action research and inter-disciplinary education. She has provided consultancy for the NHS Institute for Innovation and Improvement and was a member of the National Reference Group for

Service Improvement. Gillian is a Senior Fellow of the Higher Education Academy, a past fellow of the Centre for Excellence in Teaching and Learning (CETL4HealthNE).

Theme: Evaluating Complex Health Care Interventions

Session no: 4.3.1 Abstract number: 179

Time: 9.15-9.40am

Keywords

Research topic: Acute and Critical Care/Leadership and Management/Service Innovation and Improvement

Methodology: Mixed/Case Study

Exploring the long-term impacts of the Productive Ward: Releasing Time to Care™ programme in English acute hospitals

Presenter: Jill Maben, OBE, RN, BA(Hons), MSc, PhD, PGCE Professor of Nursing, School of Health Sciences, University of Surrey, Guildford, United Kingdom

Co-author(s): Glenn Robert, Jill Maben, Rosemary Chable, Peter Griffiths, Sophie Sarre, all UK

Abstract

Background: the 'Productive Ward: Releasing Time to Care™ programme (PW) was developed in 2006-08 to give ward staff the tools, skills and time needed to implement local improvements to: (1) increase time nurses spend in direct patient care, (2) improve experience for staff and patients, and (3) make structural changes on wards to improve efficiency.

Aims: to explore any sustained impacts and wider legacies in adopting hospitals over a ten-year period.

Methods: based on a national survey, four acute hospitals in England were recruited as case studies. Data collected March–September 2017 comprised: 58 interviews (with a range of staff); ward manager questionnaires and observations on 2 randomly selected wards in each hospital; and documentary analysis.

Results: In all four hospitals, material legacies (display of metrics data; standardised patient information boards; storage systems) remained, as did processes that had resulted from past PW activity (e.g. protected mealtimes). However, direct, ongoing engagement of nursing staff in PW activities requires more time than staff feel is possible; PW tools are now rarely used to identify problems and potential solutions. Ward managers and more senior staff involved in the initial implementation of PW identified wider legacies, namely: ward level responsibility for

service improvement; the use of ward-level data; and their own quality improvement knowledge and skills. None of the hospitals had sufficiently robust data collection systems to allow an objective assessment of the impact of the PW programme on its stated aims.

Discussion: Those originally involved in implementing PW remain broadly positive. In the face of staff turnover, the challenge of embedding the learning from PW into routine practice across an organization remains.

Conclusions: PW has had a lasting impact on some specific ward practices. As an ongoing service improvement approach - continually used to address new challenges - it has been less successful.

Biography

Professor Jill Maben is a nurse and social scientist at the University of Surrey, since September 2017 having been a researcher and Professor in the Florence Nightingale Faculty of Nursing and Midwifery at King's College London. Jill is passionate about supporting staff to care well. Her research focuses on the health care workforce, particularly the quality of the work environment and the effects of these on patient care quality and experience. In 2012 Jill completed a national research study in the UK examining the links between staff well-being and patient experience and has just completed an NIHR national evaluation of Schwartz Rounds in the UK.

In 2013 Jill was in the Health Services Journal 'Top 100 leader's and their inaugural list of Most Inspirational Women in Health care. Jill was awarded an OBE in June 2014 for services to nursing and health care.

Session no: 4.3.2 Abstract number: 117

Time: 9.45-10.10am

Keywords**Research topic:** Workforce and Employment Issues /Methodology/Research Process Issues**Methodology:** Focus groups/Interviewing/ Observation/Qualitative Approaches**Ongoing learning and reflections from undertaking a realist evaluation of Schwartz Rounds: an health care intervention to promote compassionate care***Presenter: Jill Maben, OBE, RN, BA(Hons), MSc, PhD, PGCE Professor of Nursing, School of Health Sciences, University of Surrey, Guildford, United Kingdom**Co-author(s): Leamy, M., Reynolds, E., and Taylor, C.***Abstract**

Realist Evaluation provides a much needed, theory-based method for establishing and testing causal explanations of how and why health care interventions work. Yet many researchers struggle with how to undertake such studies. Published studies which claim to have used realist evaluation methodologies often seem to have little in common.

In this paper, we identify the analytical steps we took and reflect upon the challenges faced and lessons learnt from our 27 month realist evaluation of Schwartz Rounds focussing upon our data collection and analysis.

We began by interviewing programme architects in the USA and key stakeholders in the UK with the aim of developing our initial programme theories.

In 9 case studies, interviews were served different purposes at different phases - theory gleaning; theory refining; theory testing and consolidating interviews (Manzano 2016).

We drew upon our observation data to help us develop, test and refine our candidate programme theories (Context (C) - Mechanism (M) - Outcome (O) configurations (CMOC)).

We analysed our interview data for full and half nuggets of illustrative text (containing full or partial CMOC) and developed more than 30 CMOC to generate our causative explanations of how and why Rounds work.

We undertook repeat interviews with key respondents and asked different questions in interviews with additional respondents to refine, test and consolidate our thirty CMOCs.

Further analysis cycles used an iterative analytical process to refine, combine and generate new CMOCs through inductive analysis of our interviews and by testing causative configurations with well informed 'experts' in focus groups.

Challenges included; Defining and searching for CMOC nuggets of illustrative text and deciding which CMOC they best illustrated/fitted; collapsing CMOCs and identifying core CMOC in such a complex intervention; CMOC are often connected and require linkage to identify full ripple effects (Jagosh et al 2015).

Recommended reading list

Jagosh J. et al (2015) A realist evaluation of community-based participatory research: partnership, synergy, trust building and related ripple effects. *BMC Public Health* 15: 725.

Manzano A. (2016) The Craft of Interviewing in Realist Evaluation. *Evaluation* 1-19.

Wong, G. Westhorp, G. Manzano, A. Greenhalgh, J. Jagosh J. and Greenhalgh T. (2016) RAMESES II reporting standards for realist evaluations. *BMC Medicine* 2016 14:96 <https://doi.org/10.1186/s12916-016-0643-1>

Biography

Professor Jill Maben is a nurse and social scientist at the University of Surrey, since September 2017 having been A researcher and Professor in the Florence Nightingale Faculty of Nursing and Midwifery at King's College London. Jill is passionate about supporting staff to care well. Her research focuses on the health care workforce, particularly the quality of the work environment and the effects of these on patient care quality and experience. In 2012 Jill completed a national research study in the UK examining the links between staff well-being and patient experience and has just completed an NIHR national evaluation of Schwartz Rounds in the UK.

In 2013 Jill was in the Health Services Journal 'Top 100 leader's' and their inaugural list of Most Inspirational Women in Health care. Jill was awarded an OBE in June 2014 for services to nursing and health care.

Theme: Mental Health

Session no: 4.4.1 Abstract number: 226

Time: 9.15-9.40am

Withdrawn

Session no: 4.4.2 Abstract number: 327

Time: 9.45-10.10am

Keywords**Research topic:** Mental Health/ Patient experience**Methodology:** Questionnaires/Survey**Development of the Violence Prevention Climate scale (VPC-14)***Presenter: Dr Nutmeg Hallett, PhD, BNurs, Lecturer in Mental Health Nursing, University of Birmingham, United Kingdom***Abstract**

Background: Violence can have negative consequences for health care organisations, staff and patients. Violence prevention initiatives in mental health settings are usually evaluated using violent incident data. However, this does not capture the subjective experience of people on the ward. Behaviour is linked to how the environment, or ward atmosphere, is perceived (Insel and Moos, 1974). One distinct element of ward atmosphere is the violence prevention climate (VPC; Spector et al., 2007), comprising perceptions of organisational, staff and patient activities. Whilst the Violence Climate Survey (Kessler et al., 2008) measures the VPC at an organisational level, no valid measure has been identified that captures staff and patient activities.

Aim: To develop a scale to measure the VPC in mental health inpatient settings.

Method: Items were developed from a literature review, patient focus groups and staff interviews. Items were subject to expert review and pilot testing for face validity and test retest reliability. Subsequently, all eligible patients and staff in one mental health trust were invited to complete a 40-item scale. Some participants completed two other scales to assess convergent and discriminant validity. The factor structure was tested using Principal Components Analysis (PCA) and Rasch analysis using PCA of the residuals (PCAr). Items that didn't fit the factor structure were removed, as were redundant items as measured by item-item correlation.

Results: Overall response rates were 66% (n=95) and 93% (n=326) for patients and staff respectively. PCA yielded a 16-item, two-factor structure: 'staff actions' and 'patient actions'. PCAr corroborated that each factor was unidimensional. Two items with high inter-item correlations were removed.

Conclusion: The VPC-14 comprises two factors: staff actions and patients' actions. It demonstrates good psychometric properties. The VPC-14 has the potential to measure trends over time, as well as evaluate violence prevention initiatives in mental health inpatient settings.

Recommended reading list

Insel, P. M. & Moos, R. H. (1974) "Psychological environments: Expanding the scope of human ecology". *American Psychologist*, vol 29, no 3, pp 179-188.

Kessler, S. R., Spector, P. E., Chang, C.-H. & Parr, A. D. (2008) "Organizational violence and aggression: development of the three-factor violence climate survey". *Work and Stress*, vol 22, no 2, pp 108-124.

Spector, P. E., Coulter, M. L., Stockwell, H. G. & Matz, M. W. (2007) "Perceived violence climate: a new construct and its relationship to workplace physical violence and verbal aggression, and their potential consequences". *Work and Stress*, vol 21, no 2, pp 117-130.

Biography

Nutmeg Hallett is a registered mental health nurse. She worked as a staff nurse in a medium secure hospital before undertaking her doctoral research. Her PhD investigated staff and patient perceptions and practices of violence prevention in secure mental health care. She is currently working as a lecturer in mental health nursing at the University of Birmingham. Within that role she is also a member of the Risk, Abuse and Violence (RAV) research programme, continuing her research into violence and violence prevention in mental health settings.

Theme: Ethnicity

Session no: 4.5.1 Abstract number: 306

Time: 9.15-9.40am

Keywords

Research topic: Cancer/Men's Health/Inequalities In Health

Methodology: Interviewing/Qualitative Approaches

Perceptions of prostate cancer risk in white working class, African-Caribbean and Somali men living in south east Wales: a constructionist grounded theory

Presenter: Dr Sarah Fry, Bsc Nursing, Bsc Psychology, PhD completion 2017, Lecturer, Cardiff University, Wales, United Kingdom

Abstract

Background: Men of African and African-Caribbean origin (black men) have twice the risk of prostate cancer compared to that of white men (UK National Screening Committee 2014), and are more likely to be diagnosed with an aggressive form of prostate cancer (Benarif and Eeles 2016). Despite this, black men are underrepresented in prostate cancer clinics when compared

to other men. The reasons for this appear complex and may be related to the high number of black minority ethnic populations living in areas of deprivation, and to the cultural understandings of prostate cancer risk.

Aims: This research aimed to understand the differences in perceptions of prostate cancer risk between black and white men without a diagnosis of cancer, living in areas of deprivation in South East Wales.

Methods: This research used a constructivist grounded theory methodology to examine the men's understanding of prostate cancer risk through their everyday lives.

A total of 17 men took part in semi-structured interviews and a further 17 men took part in three focus groups during 2015. Data analysis followed the fluidity of constructivist grounded theory methodology and this allowed for changes to the data collection method during theory generation.

Discussion: This research has generated theory relating to masculinity, embodiment and Bourdieu's field and habitus theory. The social construction of the body is seen as important in understanding the ways in which men are socialised to understand and accept their risk for prostate cancer.

Conclusion: This research has added to our understanding of social differences in constructions of the body. This work has influenced thinking of how men might differently understand their risk for prostate cancer as related to their expectations and social experiences. The clinician is encouraged to consider these differences in their interactions with patients.

Recommended reading list

Benarif, S. and Eeles, R. 2016. Genetic predisposition to prostate cancer. *British Medical Bulletin* 120, pp. 75-89

UK National Screening Committee. 2014. UK NSC prostate cancer screening recommendation. www.legacyscreening.phe.org.uk/prostate-cancer: NHS England.

Biography

I have worked as a nurse in the NHS since graduating from St Mary's Hospital in London in 1995. My early career was focused in Accident and Emergency before moving to oncology as an uro-oncology Research Nurse in 2009. I quickly developed an interest in prostate cancer and men's health, and since a six-month volunteering trip to Uganda in 1998 had harboured an interest in ethnic minority health and health inequalities in the UK.

The experience of working in a research environment developed an interest in research and it seemed inevitable that I would pursue a career as an academic. I left the NHS in 2015, after 20-years, and started working as a Lecturer in Adult Nursing at Cardiff University. I used my interest in oncology, men's health and health inequalities to complete a PhD focusing on cultural differences in perceptions of prostate cancer risk. The PhD was awarded in 2017.

When I am not working I enjoy running and have completed 11 marathons during what I hope is the start of my running career.

Session no: 4.5.2 Abstract number: 23

Time: 9.45-10.10am

Keywords

Research topic: Dementia/Under-represented Groups (including black and minority ethnic)/Methodology

Methodology: Interviewing/Qualitative Approaches

Exploring the lived experience of dementia within individuals of black ethnicity: a phenomenological study

Presenter: Dr Tiritega Perfect Mawaka, London South Bank University, United Kingdom

Abstract

Background: In the UK, Black and Minority Ethnic (BME) groups are more at risk of developing Vascular Dementia and experience a higher rate of young-onset dementia (≤ 65 years) compared with the majority ethnic White British population. Despite this, BME people living with dementia in the UK, are underrepresented in health services, they receive a diagnosis later in their disease progression and are less likely to access dementia services. There is a growing body of work in the UK exploring dementia experiences within Asian communities. However, there is limited research, considering the experiences of individuals of Black ethnicity living with dementia in the UK.

Aims: The investigation sought to provide an understanding of what constitutes 'living with dementia as a person of Black ethnicity'; and presents an interpretation of this.

Methods: Interpretive phenomenology based on the work of Heidegger (1927) was used to explore the experiences of six participants. Data were collected through a series of three semi-structured interviews with each participant, audio recorded and transcribed verbatim. Thematic data analysis was conducted, using a framework by Braun & Clarke (2006).

Findings: A phenomenological interpretation identified three overarching themes: Life before Dementia, Journey to Diagnosis and Living with Dementia. Each theme had a number of subordinate themes. The role of God and Religion was significant throughout the different stages in life and influenced the decision making process to access health services. In totality, the themes with interrelated subthemes represented the lived experience of living with dementia for the individuals of Black ethnicity who participated in this study.

Conclusion: Through exploring the lived experience of dementia, this study provides some insight into the barriers to dementia service uptake in this population and their understandings of dementia.

Recommended reading list

Berwald, S., Roche, M., Adelman, S., Mukadam, N. and Livingston, G. (2016) 'Black African and Caribbean British Communities' perceptions of memory problems: "We don't do dementia", *PLoS ONE*, 11(4), pp. 1–15. doi: 10.1371/journal.pone.0151878

Johl, N., Patterson, T. and Pearson, L. (2016) 'What do we know about the attitudes, experiences and needs of Black and minority ethnic carers of people with dementia in the United Kingdom? A systematic review of empirical research findings' *Dementia* 15(4), pp. 721–742. doi: 10.1177/1471301214534424.

Mukadam, N., Cooper, C. & Livingston, G. (2013) Improving access to dementia services for people from minority ethnic groups. *Current Opinion Psychiatry*. 26(4), pp. 409–14.

Biography

Ms Tititega Perfect Mawaka has recently completed the Professional Doctorate Programme at London South Bank University. She is a previous winner of the Mary Seacole Leadership award and HSJ BME Pioneer.

Theme: Literature Review

Session no: 4.6.1 Abstract number: 47

Time: 9.15-9.40am

Keywords

Research topic: Ethical and Philosophical Issues/Nursing, Midwifery or Support Worker Education/Methodology

Methodology: Other Collection/Systematic Review and Other Secondary Research

Different methods for doing a literature review - how useful are they?

Presenter: Dr Helen Aveyard, PhD, MA, PDCE, BSc(Hons) RGN Senior Lecturer, Oxford Brookes University, Faculty of Health and Life Sciences, Oxford, United Kingdom

Co-presenter(s): Presenter: Dr Caroline Bradbury-Jones University of Birmingham, UK

Abstract

Background: In recent years there has been increasing interest in different approaches to doing a literature review. While a meta-analysis has long been the preferred way to undertake a numerical analysis of quantitative data where appropriate, many different approaches that

facilitate the analysis of qualitative and mixed method literature have developed. These include meta-ethnography, integrative review, critical interpretative synthesis to name but a few (Grant and Booth 2009). These approaches are suitable for the analysis of different types of data, some focus on interpretation whilst others focus on describing the concepts under review.

Aim: The aim of this discussion is to explore the use and relevance of different methods for doing a literature review

Discussion: It is generally accepted that students at postgraduate level and undergraduate level should attempt to adhere to a systematic process when they do a literature review (Aveyard, Payne and Preston 2016). However concern has been expressed that despite this, many of those doing a literature review achieve a formulaic result, typified by lists of findings rather than an in-depth examination of the review question (Thorne 2017). In other words whilst we may be on the way to enhancing a systematic approach, this does not necessarily contribute to a depth of analysis, despite the increasing focus on methods that should aid with this.

Conclusion: In this session, we will explore the uses of different approaches to doing a literature review, their popularity in the literature, what they add to a study and the extent to which they can be useful at undergraduate and postgraduate level study. The session should appeal to students of all levels and also to nurse educators who supervise student reviews.

Recommended reading list

Grant MJ & Booth A (2009) "A typology of reviews: an analysis of 14 review types and associated methodologies". *Health Information and Libraries Journal*, 26, 2 91-108

Aveyard H, Payne S, Preston N (2016) "A postgraduate's guide to doing a literature review in health and social care". Open University Press. Maidenhead

Thorne S (2017) "Metasynthetic madness". *Qualitative Health Research*. January 27(1) 3-12

Biography

Dr Helen Aveyard is a Senior Lecturer in the Department of Nursing at Oxford Brookes University. After completing her undergraduate nursing degree, she worked clinically for five years with patients with HIV/AIDS. Combining clinical duties with study, Helen completed her MA in Medical Law and Ethics and PhD in which she explored the way in which informed consent is obtained prior to nursing care procedures. In her academic post, Helen has focussed on the development of research education and is the author of the best selling text book 'Doing a literature review in health and social care' and other texts including 'A postgraduate's guide to doing a literature review' with Sheila Payne and Nancy Preston, and 'A beginner's guide to evidence based practice' with Pam Sharp, all published by Open University Press.

Session no: 4.6.2 Abstract number: 301

Time: 9.45-10.10am

Keywords

Research topic: Methodology

Methodology: Other Collection/Systematic Review and Other Secondary Research

Advancing the science of literature reviewing in nursing and health care: the focused mapping review and synthesis as a novel approach

Presenter: Dr Caroline Bradbury-Jones, Reader in Nursing, School of Nursing, University of Birmingham, United Kingdom

Co-presenter(s): Maria T Clark, UK

Co-author(s): Julie Taylor, UK

Abstract

Background: Literature reviews are an important and popular part of synthesising evidence across a range of disciplines, including nursing (Aveyard 2010). There are numerous approaches, each with their distinctive features and purposes (Grant and Booth 2009). Most types of review involve exhaustive searching and retrieval of as much relevant evidence as possible on a particular subject and from this, firm conclusions can be drawn or gaps in evidence identified. In this session we present and critique a new form of review: The 'Focused Mapping Review and Synthesis' (FMRS).

Methods: We draw on illustrative examples from our published FMRS papers to present this as a new review type within the literature review landscape in nursing and health care. We critique the approach and highlight how it is distinct from existing review methodologies (Kraemer et al.2012).

Results: Rather than synthesising evidence of 'what works', a FMRS approach aims to identify the contours, boundaries or assumptions associated with a subject within a specific body of literature. This is achieved by focusing on specific sources of information such as journals, and grey or fugitive literature from websites and policy documents, within a predetermined timeframe. The retrieved information is then mapped to create a contemporary synthesis of information within that field.

Conclusions: Delegates will hear about how the FMRS can be used to answer questions that existing review types cannot and how it offers a useful addition to the methodological toolkit of researchers.

Recommended reading list

Aveyard H (2010) *Doing a Literature Review in Health and Social Care: A Practical Guide*. Berkshire: Open University Press.

Grant MJ, Booth A (2009) A typology of reviews: an analysis of 14 review types and associated

methodologies. *Health Information & Libraries Journal*, 2009, 26(91-108).

Kastner M, Tricco A, Soobiah C, Lillie E, Perrier L, Horsley T, Welch V, Cogo E, Antony J, Straus SE (2012) What is the most appropriate knowledge synthesis method to conduct a review? Protocol for a scoping review. *BMC Medical Research Methodology*, 12(114)

Biography

Caroline Bradbury-Jones is a Reader in Nursing at the University of Birmingham where she leads the Risk, Abuse and Violence research programme. Her research interests are focused on issues of family violence and child abuse and neglect. She has a keen interest in advancing health care research through developing and critiquing new methodologies and has published a number of methodological-focused articles.

method as cathartic and beneficial. The method is applied within a group setting and involves up to six participants for three hours on a single occasion and is suitable for sensitive and difficult topics.

The presentation will describe the method, the data attainment steps and illustrate the method and poetic outcome using two diverse population groups related to nurse career opportunities in China and mothers experiencing perinatal mental health concern in the UK.

Biography

Debbie is a Florence Nightingale Foundation Clinical Chair in Nursing and Midwifery Research at University of Birmingham; a joint appointment with Heart of England NHS Foundation Trust. Her research interests include organisation transformation and role development including, the creation and sustainability of research clinical academic roles and complex maternal health, with a particular focus on perinatal mental health. She is currently leading the Birmingham and Solihull Perinatal Mental Health Transformation. Debbie has research expertise in mixed methodologies including the development and execution of randomised controlled trials and creative qualitative methods including poetic narrative story telling. She previously developed the first Masters Programme in Clinical Research and Leadership and has extensive experience in Research Governance and Ethics.

She is the founder of UK Nursing, Midwifery and AHP (NMAHP) Clinical Academic Roles and chairs the AUKUH National NMAHP Clinical Academic Role Implementation Network. She has a strong profile for the attainment of NIHR funding, especially, supporting NMAHP's to attain NIHR Clinical Academic Training fellowships and a growing publication and grant capture record. In 2011 she was nominated by the Department of Health as one of the top 100 nurse leaders in the NHS and in 2012 attained a National Florence Nightingale Foundation Executive Leadership Scholarship.

Session no: 4.7.2 Abstract number: 270

Time: 9.45-10.10am

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Methodology

Methodology: Interviewing

Using Bourdieu's 'Thinking Tools' in nursing research: exploration of concepts and applicability with reference to two empirical studies

Presenter: Nigel Davies, MSc, BSc (Hons), RN, FHEA Head of Pre-Registration Nursing, School of Health, Sport and Bioscience, University of East London, United Kingdom

Abstract

Pierre Bourdieu was a French sociologist and anthropologist who developed theories usually associated with and used in the field of education. This paper will argue that Bourdieu's concepts (Bourdieu, 1977; Grenfell, 2012) are relevant to nursing and explore their utility during the collection and analysis of interview data.

Two studies will be used as exemplars to illustrate how Bourdieu's concepts can provide a lens through which new insights may be illuminated: (1) A small exploratory study (data collection: 2014) exploring how NHS nurse executives influence nursing education in universities; (2) A qualitative study (data collection: 2015) of clinical manager's perspectives of employment opportunities for graduating nurses and physiotherapists from black and minority ethnic backgrounds.

In the studies used as exemplars participant's beliefs and feelings had contextual, relational and personal aspects. Therefore, it was thought that Bourdieu's concepts of habitus, capital and field would help generate greater exploration of the influence and interaction of the participant's personal and professional backgrounds (habitus), capital (especially social capital and distinction) and field (e.g. the juxtaposition with other health care professions and the interaction between university and health sectors).

Two themes central to Bourdieu's work, 'reproduction' and 'distinction' (Bourdieu, 1984), were evident. Firstly, the nurse executives' accounts of their current influence and the clinical manager's perspectives on 'team fit' of prospective employees were shaped by their own previous experiences (habitus). Secondly, ideas of social and cultural capital were articulated with descriptions of influence, the value of nursing degree preparation, the perceived prestige of universities, and honorary university appointments presented as providing 'distinction'.

There is little contemporary literature internationally using Bourdieu's theories in nursing research despite its widespread use in other

Theme: Methodological

Session no: 4.7.1 Abstract number: 103

Time: 9.15-9.40am

Keywords

Research topic: Patient Experience

Methodology: Other Collection/Qualitative Approaches

Poetic narrative storytelling - A new powerful and cathartic research method

Presenter: Professor Debbie Carrick-Sen, Certificate PhD, Postgraduate Certificate in Education, MSc - Health Sciences, Advanced Diploma - Health Sciences, ENB Short Course - Diabetes Care, ENB 901 - Family Planning, ENB 997; Registered Midwife, RGN; Florence Nightingale Professor of Nursing and Midwifery, University of Birmingham and Heart of England NHS Foundation Trust, United Kingdom

Abstract

Over the last decade, the use of storytelling has been successfully developed and utilised by health care service users and health professionals. The process encourages patients to share their experience when having a particular condition and/or disease. The stories are used via multiple media formats including paper, online including podcasts and/or face to face interaction.

Building on this methodology, a new creative and impactful research method has been developed. It consists of a three layered data collection approach. These include; a) creation of an individual's storyboard, b) telling the story and c) poetic interpretation. The end output is a powerful, researcher constructed poem for each attendee. Participants to-date report the

practice disciplines. This paper will help develop a collective narrative adding to the few current studies illustrating how Bourdieu's theories may be relevant in nursing.

Recommended reading list

Bourdieu, P (1977) *An Outline of a Theory of Practice*, Cambridge: Cambridge University Press. [Trans: R.Nice, original French publication 1972]

Bourdieu, P (1984) *Distinction: A Social Critique of the Judgement of Taste*, Oxford: Routledge, Kegan and Paul. [Trans: R. Nice, original French publication 1979]

Grenfell, M. (Ed.) (2012) *Pierre Bourdieu: Key Concepts* (2nd edn.) London: Acumen Publishing

Biography

Nigel qualified as a nurse in 1990 and worked clinically in general medicine and cardiac nursing in a number of London hospitals. He moved to the university sector initially as a lecturer practitioner and then as a senior lecturer. He returned to the NHS working in practice development and senior manager roles which included ten years experience as a trust Chief Nurse. Since 2013 he has undertaken education, research and consultancy roles. He is currently heading-up the new nursing provision at the University of East London. His teaching and research interests include nursing policy and practice and inter-professional education. Nigel has a BSc (Hons) in Nursing gained at the Polytechnic of the South Bank, a MSc in Health Sciences from St George's Hospital Medical School and is currently undertaking an EdD at the Institute of Education, University College London.

Concurrent session 5

Tuesday 17 April, 12-12.55pm

Theme: Clinical Academic Careers

Session no: 5.1.1 Abstract number: 276

Time: 12-12.25pm

Keywords

Research topic: Research Policy/Workforce and Employment Issues

Methodology: Other Collection/Systematic Review and Other Secondary Research

Nursing clinical academic careers ten years on: what have we learnt and what can we do differently?

Presenter: Professor Annie Topping, RN PhD PGCE BSc (Hons) Professor of Nursing, University of Birmingham/University Hospitals Birmingham NHS Foundation Trust, United Kingdom

Co-presenter(s): Dr Amelia Swift, UK

Co-author(s): Jenny Hiley, UK

Abstract

It is a decade since the publication of the Finch Report (UK CRC 2007) heralded the introduction of a clinical academic career pathway to build research capability and capacity in nursing and the other non-medical health professions in England. Since inception of the scheme nurses and midwives have been less successful in contrast to allied health professionals (AHPs) in capturing doctoral and postdoctoral awards from the National Institute for Health Research (NIHR). Despite year on year increase in number of awards granted the conversion rate from application to award for nurses remains disproportionately low.

This performance raises numerous questions and fertile ground for remedies. One such was the introduction of regionally funded internship schemes to prepare nurses, midwives and AHPs to apply for funded Masters in Clinical Research and doctoral fellowships. A recent evaluation of participants who completed an intern programme provided in the West Midlands illuminated some of the challenges associated with translating aspiration into a tangible research career. More structurally the review conducted by the NIHR (2017) resulted in funding being redirected to a different type of award designed to embed 50:50 clinical: academic careers at an earlier stage.

The future global workforce challenge will require nurses to innovate and lead on service design and delivery. Postgraduate education, particularly at doctoral level, fashions clinical leaders who can shape care and policy. This is illustrated in the US National Institutes of Health 'Stories of Discovery' (2017) and nurse doctoral led services such as those in Southampton UK.

This presentation will present an overview drawing on available NIHR data to fuel discussion about what can be done differently to enable a greater number of nurses build clinical academic careers? Mindful this 'under-performance' may be uniquely an English or UK problem we welcome critical perspectives offered by international delegates.

Recommended reading list

National Institutes of Health (2017) Stories of Discovery [online] <https://www.ninr.nih.gov/stories-of-discovery>

NIHR Trainees Coordinating Centre (2017) Ten Tears On: Adapting and Evolving to new challenges in developing tomorrow's health leaders [online] <https://www.nihr.ac.uk/our-faculty/documents/TCC-NIHR-Strategic-Review-of-Training-2017.pdf>

UK Clinical Research Collaboration (2007) Developing the best research professionals - qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future UK Clinical Research Collaboration [online] <http://www.ukcrc.org/wp-content/uploads/2014/07/Nurses-report-August-07-Web.pdf>

Biography

Annie Topping holds a joint appointment with University Hospitals Birmingham NHS Foundation Trust and the University of Birmingham.

Dr Amelia Swift is Senior Lecturer at the University of Birmingham and is seconded to lead clinical academic career developments.

Jenny Hiley coordinates the West Midlands Clinical Academic Careers Programmes and non-medical clinical academic careers.

Collectively they provide a clinical academic intern programme (CAIP) and a masters to doctorate bridging programme (MDBP) for nurses, midwives, AHPs, pharmacists and health care scientists. These are funded by HEE - West Midlands and hosted by Birmingham Health Partners. They also provide a range of research and evidence based activities, offer support for potential NIHR candidates, maintain the infrastructure, orchestrate collaboration, for inte-

grated clinical academic careers for non-medical staff as part of a Birmingham and West Midlands strategic approach to capacity building.

Session no: 5.1.2 Abstract number: 126

Time: 12.30-12.55pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Research Policy/Workforce and Employment Issues

Methodology: Interviewing/Qualitative Approaches

Barriers and enablers to support Clinical Academic Careers in the NHS: learning from experience

Presenter: Dr Ros Kane, PhD, MSc, BSc, RGN, Reader in Healthcare, University of Lincoln, United Kingdom

Co-presenter(s): Dr Ian McGonagle UK

Co-author(s): Holly Hamer, Shona Maclean, Heidi Green, Trish Tsuro, Emily Scott, all UK

Abstract

Internationally the need for the development of clinical academic careers for nurses, midwives and allied health professionals apparent. Clinical academics maintain their practice whilst also carrying out research, placing them in a unique position to make connections between the two fields.

Integrated academic training pathways were introduced in the UK in 2006; however, aspiring clinical academics still face a range of challenges in balancing the clinical and research aspects of their careers and there is a lack of evidence to demonstrate impact of clinical academic career pathways.

Aims: This research aimed to follow up scholars from a Pre-Masters and Pre-PhD Clinical Academic Training Programme delivered since 2013, to investigate the extent to which their training has been implemented in clinical practice and to explore the extent to which it enabled them to move on to develop and support subsequent research activity in the clinical setting.

Methods: This qualitative study followed up participants from the Health Education England: East Midlands funded Bronze and Silver Scholar Clinical Academic Careers training programme.

All previous scholars were contacted and invited to take part. Data were collected from May to July 2017. Ethical approval was granted by the host Higher Education Institution. 18 in-depth interviews were conducted, transcribed verbatim and thematically analysed.

Results: The results of the study will be presented at the conference. Key barriers and facilitators to accessing and sustaining, both initial research training and on-going implementation have been identified.

Discussion: This research highlights the importance of clinical academic training programmes in developing and supporting an environment conducive to research in the clinical health care setting.

Conclusion: There is a need for on-going work to support both clinical academic scholars and also managers working in the health care setting, to overcome some of the practical and financial barriers to the development of clinical academics.

Recommended reading list

Department of Health (2012) Developing the role of the clinical academic researcher in nursing, midwifery and allied health professions. London. Department of Health.

United Kingdom Clinical Research Collaboration (2007). Clinical academic careers for nurses, midwives and allied health professionals. London. UKCRC

Health Education England (2016) Clinical Academic Careers Framework: A framework for optimising clinical academic careers across health care professions.

Biography

Ros Kane is a Reader in Health Care in the College of Social Science at the University of Lincoln. She is a member of both the Community and Health Research Unit (CaHRU) and Mental Health, Health and Social Care Research Group (MH2aSC). With a background in nursing, Ros later graduated from University College London (UCL) with a BSc (Hons) in Anthropology and Geography and from The London School of Hygiene and Tropical Medicine (LSHTM) with an MSc in Medical Demography. Ros worked for ten years in the Centre for Sexual and Reproductive Health Research at LSHTM where she completed her PhD in 2005. She has a strong interest in quality improvement as well as service and policy evaluation, particularly in relation to sexual and reproductive health.

In recent years Ros has been working in supporting Clinical Academic Careers in the East Midlands Region of England. She is a member of the Clinical Academic Careers Steering Group and is currently the lead for the Health Education England funded Clinical Academic Bronze award (a pre-masters programme to support aspiring non-medical clinical academics).

Theme: Sexual Well-being

Session no: 5.2.1 Abstract number: 274

Time: 12-12.25pm

Keywords

Research topic: Mental Health/Sexual Health/ Service Innovation and Improvement

Methodology: Systematic Review and Other Secondary Research

When holistic care is not holistic enough: the role of sexual health in mental health settings

Presenter: Avril Hendry, MSc, PgCert TLHE, PgCert TQFE, BSc, TCH, RMN, FHEA Lecturer, Edinburgh Napier University, Scotland, United Kingdom

Co-presenter(s): Austyn Snowden, Scotland

Co-author(s): Avril Hendry, Austyn Snowden, Michael Brown, all Scotland

Abstract

Background: People who use the mental health services often have complex sexual health needs. Mental health nurses (MHNs) are well placed to offer support. However, this rarely happens in international practice and therefore people's sexual health needs are not being routinely addressed. It is not known why this is the case.

Aim: to explore the preparation that mental health nurses receive to address sexual health in practice.

Design: Systematic review and meta-ethnography.

Method: CINAHL, PsychINFO, Medline were searched iteratively using keyword combinations in 2016. Inclusion/exclusion criteria are detailed using PRISMA flowchart.

Results: Seven studies were included for analysis. Five key themes emerged: the (not so) therapeutic relationship; personal values dictating professional ones; institutionalised fear; being human; education: the answer but where is it?

Discussions: The findings illustrate the complexity of supporting people with mental health and sexual health needs. They show the discomfort many nurses have about broaching sexual health. Arguably more than with most issues, personal values impacted strongly on professional practice. This presentation provides evidence of the correlation between mental health and sexual health issues in practice, illuminating the current gap in service provision which directly impacts on the delivery of holistic care in mental health settings.

Implications for practice: Mental health nurses around the world need to be more responsive to concerns around sexual health. It should be routinely included in their practice. The presentation concludes by detailing the necessary

educational and support needs of practitioners in order to address these issues in practice.

Biography

Avril Hendry is a lecturer in the mental health theme and Programme Leader for the Graduate Certificate in Sexual and Reproductive Health, both at Edinburgh Napier University. She has a background in acute mental health admissions, prison health care and sexual health education. Having gained her MSc Advanced Practice in Nursing and Applied Education, she now intends to pursue the research in her thesis further, mainly around the preparation of mental health nursing students to address sexual health in clinical practice

Session no: 5.2.2 Abstract number: 240

Time: 12.30-12.55pm

Keywords

Research topic: Women's Health and Midwifery/ Methodology

Methodology: Systematic Review and Other Secondary Research

Factors affecting recruitment and attrition in randomised controlled trials of complementary and alternative medicine for pregnancy-related Issues

Presenter: Dr Ciara Close, PhD, MSc Research Fellow, Queen's University Belfast, N. Ireland, United Kingdom

Abstract

Background: Pregnant women frequently experience aches and pains. However, they are limited in the analgesics they can use, with many turning to Complementary and Alternative Medicine (CAM) for relief. However, trials investigating CAM for pregnancy-related issues encounter issues with recruitment and attrition.

Aim: To explore factors related to recruitment and attrition in pregnancy CAM trials.

Methods: Data was gathered from an antenatal CAM trial. During foetal anomaly appointments, women meeting inclusion criteria were invited to participate in a trial exploring the CAM for pregnancy back and pelvic pain. Numbers of women invited and eligible were recorded. Reasons for noninterest were noted and analysed. Focus groups exploring trial experience of participants were also conducted.

Results: Of the 428 women invited to participate, 376 were eligible and just under a quarter participated. Reasons for non-participation included concerns about CAM and lack of interest in participation in research. Other factors negatively affecting recruitment included recruitment timing, competition for partici-

pants, limited support from staff, and inadequate trial promotion. Factors encouraging recruitment included being interested in research and seeking pain relief. Reasons for dropping out were time constraints, travel issues, work commitments, and pregnancy issues. Several women in the sham and usual care group dropped out due to dissatisfaction with treatment allocation.

Discussion: Recruitment in this CAM trial mirror those on non-CAM trials in pregnancy, highlighting the challenges of engaging pregnant women in research. Consideration needs to be given to strategies to reduce the burden of study participation during pregnancy. Women were not always informed about the study. This is common in trials due to understaffing. The key issue for attrition was the sham treatment was unacceptable to many women.

Conclusion: CAM researchers must explore problems encountered with recruitment and attrition so that evidence-based implementation strategies to address the issues can be developed.

Biography

I completed my undergraduate degree in Food and Nutrition at the Ulster University and during my studies and soon after completed an MSc in Health Promotion and Public Health.

In 2008 I worked in Dietetics specialising in weight management. In 2009-2012 I expanded my skills and knowledge in the field of behaviour change by moving into a new role as a Smoking Cessation Specialist.

In my pursuit of a new challenge and with a keen interest in research in 2011 I returned to complete a PhD at the School of Nursing at Ulster University. My PhD investigated treatments for back pain in pregnancy and equipped my with an array of research skills including statistical and data analysis skills. After my completion of my PhD in 2014, I began work as a Research Fellow at Queen's University Belfast. My research interests at QUB include behaviour change, alcohol, pregnancy, mental health and migrant well-being.

In 2017 I returned to study for a degree in Midwifery Sciences and continue working in research part-time.

Theme: Education

Session no: 5.3.1 Abstract number: 258

Time: 12-12.25pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Workforce and Employment Issues

Methodology: Mixed/Mixed Methods Research

The impact of Nursing and Midwifery Council (NMC) revalidation on the identity of academic staff in a higher education institution in the United Kingdom: a mixed-methods study

Presenter: Ms Julie Attenborough, RMN; BSc (Hons); MSc; PGCE Associate Dean: Director of Undergraduate Studies, City, University of London, United Kingdom

Abstract

Background: The introduction of revalidation by the NMC for nurses and midwives in the UK in 2016 caused some anxiety amongst registrants working in higher education in relation to clinical credibility and professional identity (Attenborough, 2017).

Aim: To examine the experience of revalidation on registrants employed in a university in an academic role, the impact on their identity, and the value of registration to academic staff. The study also examines the impact of staff identity on students.

Methods: 43 registrants completed an online survey; ten registrants and five students completed a semi-structured interview between May and August 2017. Participants were NMC registrants employed on academic contracts and students studying pre-registration nursing and midwifery programmes in a School of Health Sciences in a London university.

Results: Academic staff were positive about NMC revalidation, which had an affirmative impact on their identity as registrants working in higher education. Participants identified strongly as nurses and midwives first and academics second. Students valued the clinical experiences of lecturers but did not expect them to have clinical currency, whereas academic staff were self-conscious about the amount of time away from practice.

Conclusions: The identity of registrants in higher education is widely reported (Andrew et al, 2014; Lopes et al 2014); many of the findings replicate what is already known about identity in higher education. This study reveals the initial impact and contribution of revalidation to professional identity amongst nurses and midwives working in universities in the United Kingdom. The contribution of revalidation to the identity

of registrants may contribute to the lack of academic progression of registrants employed in academic roles.

Recommended reading list

Attenborough, J., 2017. Enabling revalidation for registrants working in an education setting. *Nursing Times*, 113(4), pp.34-35.

Andrew, N., Lopes, A., Pereira, F. and Lima, I., 2014. Building communities in higher education: the case of nursing. *Teaching in Higher Education*, 19(1), pp.72-77.

Lopes, A., Boyd, P., Andrew, N. and Pereira, F., 2014. The research-teaching nexus in nurse and teacher education: contributions of an ecological approach to academic identities in professional fields. *Higher Education*, 68(2), pp.167-183.

Biography

Julie is a mental health nurse who has worked primarily in substance use and services for the homeless mentally ill. She joined City, University of London in 1997 where she is currently the Associate Dean for Undergraduate Programmes working with a number of health services providers across London and the South East.

Successfully introducing Nursing and Midwifery Council revalidation across the university stimulated her interest in revalidation, the position of nursing and midwifery programmes in universities and the professional identity of registrants in nursing and midwifery employed in higher education. She has undertaken research about the relationship between homelessness, sexuality and mental illness, student preferences in assessment, the use of audio feedback for formative assessment, and health students' use of mobile devices. In 2017 she became a Principal Fellow of the Higher Education Academy.

Session no: 5.3.2 Abstract number: 212

Time: 12.30-12.55pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education

Methodology: Focus Groups/Case Study

Strengthening research capacity of nurse educators

Presenter: Dr Nelouise Geyer, M Cur, PhD, CEO, Nursing Education Association, Pretoria, South Africa

Co-presenter(s): Dr Sue Armstrong, South Africa

Co-author(s): Gisela van Rensburg, South Africa

Abstract

The transition of all nursing education programs to the higher education sector requires strengthening of the research capacity of nurse educators in South Africa. Research capacity development is essential for quality and cost-effective health care, and well-prepared health care professionals. A professional organisation has initiated a Novice Researcher program with this objective in mind. This presentation will focus on gaining insight into the contribution this project has made to strengthening of research capacity. The development that took place was evaluated using the Cooke integrated framework for research capacity building in health. Data were collected from the reports to the board of the professional organisation and three reflection workshops. Data were collected from reports to the board of a professional organisation acting as custodian of the project and three reflection workshops. The findings of the analysis are described and discussed according to the dimensions of the Cooke framework. The novice program fulfilled all dimensions of the Cooke framework.

Recommended reading list

Blaauw, D., P. Ditlopo, and L. C. Rispel. (2014) "Nursing Education Reform in South Africa - Lessons from a Policy Analysis Study". *Global Health Action* 7(1). <https://doi.org/10.3402/gha.v7.26401>

Cooke, J. (2005) "A Framework to Evaluate Research Capacity Building in Health Care". *BMC Family Practice* 6:44. <https://doi.org/10.1186/1471-2296-6-44>

Edwards, N., D. Kaseje, and E. Kahwa. (2016) *Building and Evaluating Research Capacity in Health care Systems: Case Studies and Innovative Models*. Ottawa: UCT Press.

Biography

Nelouise currently holds the position of Chief Nursing Officer at the Nursing Education Association (NEA). Previous experience include lecturer University Pretoria (intensive care and second year nursing students). Significant time

was spent with the organised nursing profession including transitioning of the SA Nursing Association to DENOSA where she was responsible for education, practice, ethics and law, research and quality assurance related to nursing and midwifery. Employment at Public Services International (PSI) involved project management for strengthening public sector trade unions to enable HIV/AIDS workplace policy. One year was spent at the Charisma Health care Solutions as business development and project manager before joining NEA as the CEO to formalise the organisation. Current professional membership includes Vice-chair of the Forum for Professional Nurse Leaders (FPNL), membership of NEA, Sigma Theta Tau International (STTI) and Primary Healthcare Association of SA (PHASA); Fellow of the Academy of Nursing of South Africa (FANSA). Nelouise holds the positions of Deputy Editor-in-Chief for the *International Journal of Africa Nursing Science* (IJANS) and member of the Editorial Boards of the *Africa Journal of Nursing and Midwifery* (AJNM) and the *SA HIV Clinicians Society's Nursing Matters* magazine. She has published widely and presented papers at national and internal level.

Theme: Nursing Practice

Session no: 5.4.1 Abstract number: 96

Time: 12-12.25pm

Keywords

Research topic: Disability/Nursing, Midwifery or Support Worker Education/ Workforce and Employment Issues

Methodology: Focus Groups/Qualitative Approaches

Nurses with dyslexia: innovative approaches to maintaining their voice in narrative research

Presenter: Dr Rachael Major, EdD, MA, BSc(Hons), DipHE, RN Senior Lecturer, Institute of Health and Social Care Studies, Guernsey, Channel Islands, United Kingdom

Abstract

The aim of this paper is to present the methodology used within a research study to investigate the professional and learning experiences of registered nurses with dyslexia, which was undertaken from January 2014 - December 2015. The research was conducted using a narrative life-course approach with 14 registered nurses and 9 lecturers from across Great Britain.

In keeping with the interpretive paradigm and the narrative approach, the experiences and voice of the participants are of utmost importance and should not be lost in the data (Atkinson, 2012). To maintain this voice, an approach was needed

to allow participants to agree the themes that had identified through template analysis, while appreciating that everyone's experiences would be individual to them. This paper will discuss the use of an asynchronous online discussion forum to allow busy professionals to contribute to the discussion while maintain confidentiality for those who did not want to disclose their dyslexia. While having many of the characteristics of a traditional focus group (Stancanelli 2010), this method allowed participants to add to or moderate their own responses, giving them plenty of time to consider the themes that had been developed and allowed for the production of rich responses (Watson et al., 2006).

The paper will discuss the benefits of this approach, as well as the difficulties encountered. It will discuss the effort that was required to maintain confidentiality within the forum and the unexpected benefits that the participants experienced from contributing to verifying the themes. It will also consider how this method could be used in other contexts, especially where geographical location, shift patterns or issues of confidentiality might restrict the ability for participants to meet in a traditional focus group.

Recommended reading list

Atkinson, R. (2012) 'The Life Story Interview as a Mutually Equitable Relationship', in Gubrium, J.F., Holstein, J.A., Marvasti, A.B. & McKinney, K.D. (eds.) *The SAGE Handbook of Interview Research: The Complexity of the Craft*. Thousand Oaks, CA: SAGE.

Stancanelli, J. (2010) 'Conducting an Online Focus Group', *Qualitative Report*, 15(3), pp. 761-765.

Watson, M., Peacock, S. and Jones, D. (2006) 'The analysis of interaction in online focus groups', *International Journal of Therapy & Rehabilitation*, 13(12), pp. 551-557.

Biography

Rachael is a Senior Lecturer at the Institute of Health and Social Care Studies in Guernsey where she is currently the Preregistration Nursing Programme Lead and the Disability Lead. She has 16 year experience in nurse education, supporting both student and qualified nurses with and without dyslexia to achieve their academic ambitions. Rachael has recently completed a Doctorate in Education exploring registered nurse's personal and professional experiences of dyslexia in lifelong learning.

Session no: 5.4.2 Abstract number: 182

Time: 12.30-12.55pm

Keywords**Research topic:** Nursing, Midwifery or Support Worker Education/Patient experience**Methodology:** Interviewing**Stories untold - the impact of adverse events in nursing in sub-Saharan Africa***Presenter: Dr Susan Armstrong, D Cur, MSc Nursing, B Ed (Hons), BA Cur Senior Lecturer, University of the Witwatersrand, Johannesburg, South Africa**Co-author(s): Lizelle Crous and Nokothula Mafuta, South Africa***Abstract**

Background: Nurses are often involved in adverse events, sometimes of their own making but many times as a result of health systems problems or management failures or as a result of the negligence of others. In Sub-Saharan Africa, cultural factors confound an already challenging situation and these events are often not shared and those involved carry the burden alone. Studies seldom address the impact on nurses and nursing which can be profound.

Aim of the study: To determine the impact of adverse events on nurses practicing in Sub-Saharan Africa.

Method: Smith and Liehr's(2008) five steps to guide research enquiry were used namely gathering a story, deciphering the challenge, describing the story, identifying movement towards resolving the problem and synthesizing the findings to address the research question. Students (n = 18) from five different countries in sub-Saharan Africa collected stories from nurses of an adverse event. The data was collected during the month of October in both 2016 and 2017. The data was analysed by means of a summative content analysis (Hsieh and Shannon, 2005).

Results: Three themes, namely the impact on the patients and family members, the nurses, and the health services were identified. All adverse events that the nurses shared were preventable which added to their distress. Failure to debrief and/or to be allowed to discuss the events with the patients and family members added to their distress. These events foster distrust and a reluctance to take future accountability.

Discussion: The story telling method lent itself to the participants sharing stories that they had not discussed previously and would otherwise have been unheard.

Conclusion: The impact of adverse events has far reaching and long-term consequences both for individuals and the profession as a whole.

Recommended reading list

Smith, MJ & Liehr, PR. (eds) 2008. Middle range Theory for Nursing. Springer. New York. 3rd edition.

Hsieh, H. & Shannon, SE. 2005. Three Approaches to Qualitative Content Analysis. Qualitative health Research. Vol 15, No.9, November 2005 1277-1288

Biography

Sue Armstrong trained as a nurse at St Thomas' Hospital in London, England. On her return to South Africa she completed her midwifery course and worked at both Barberton Hospital and the Johannesburg Hospital before commencing her Diploma in Nursing Education at the University of the Witwatersrand. She also holds a BA Cur degree, a

B Ed degree, an MSc Nursing and a Doctorate in Nursing. After many years in nursing education both at college and provincial level, Sue was appointed the Director of Quality Assurance at the Gauteng Department of Health where she worked for seven years before moving to the University of the Witwatersrand where she is teaching and supervising post-graduate nursing students in the fields of nursing education and nursing practice. She is an author and reviewer of academic literature in the fields of nursing education, practice and quality assurance.

Theme: Mental Health

Session no: 5.5.1 Abstract number: 30

Time: 12-12.25pm

Keywords**Research topic:** Rehabilitation/Translational Research/Evidence Based Practice**Methodology:** Questionnaires/Experimental Research**The effectiveness of a mindfulness-based bibliotherapy group programme in early-stage psychosis: a multi-center RCT***Presenter: Professor Wai Tong Chien, PhD, MPhil, BN (Hons), RMN, The Hong Kong Polytechnic University, Kowloon, Hong Kong, China**Co-author(s): Karatzias Thanos; Yip L.-K. Annie***Abstract**

Psychoeducation and other psychosocial interventions in schizophrenia are evidenced to improve patient's knowledge about the illness, mental state and relapse rate. Nevertheless, other benefits to patients such as their functioning and insight into illness, or to be substantive

in a longer term (>12 months), are inconsistent and thus uncertain, especially in non-Western countries. This single-blind multi-site RCT was to test the effects of a 6-month mindfulness-based bibliotherapy (self-help) group programme (MBGP) for adult patients with early-stage psychosis over an 18-month follow-up, in comparison to a conventional psychoeducation group and treatment-as-usual only (TAU). The controlled trial (ClinicalTrials.gov: NCT01667601) was conducted with repeated-measures, three-arm design at six psychiatric outpatient clinics across three countries (two from Hong Kong, mainland China and Taiwan). A random sample of 342 adult outpatients with early stage of psychosis/schizophrenia (114 from each country; from which, 38 assigned into each of three arms). After baseline measurement, patients were randomly assigned into the MBGP, conventional psychoeducation group or TAU. Primary outcomes, including psychosocial functioning and re-hospitalisation rate, and other patient outcomes were measured and compared between three study groups over the 18-month follow-up (at baseline and 1-week, 6-month and 18-month following intervention). Three hundred and twelve (91%) patients completed the three post-tests. Their mean age and duration of illness were about 24-25 years and 28-30 months (range 4-60 months), respectively; and about 58% were male. Results of multivariate analyses of variance showed that the MBGP got significantly greater improved in psychosocial functioning ($p=0.0009$), average length of psychiatric hospitalisations ($p=0.004$), psychotic symptoms ($p=0.002$), and insight into illness/treatment ($p=0.008$) than the other two groups over the 18-month follow-up. Mindfulness-oriented self-help bibliotherapy for adults with psychosis/schizophrenia was an effective psychosocial intervention providing several long-term positive effects in patient's mental health, re-hospitalisations, functioning, and even insight/acceptance of their illness/treatment.

Recommended reading list

Wang, L.-Q., Chien, W.T., Yip, L.K., Karatzias, T. (2016) "A randomized controlled trial of a mindfulness-based intervention program for people with schizophrenia: 6-month follow-up". Neuropsychiatric Disease & Treatment, vol 12, pp 3097-3110.

Lam, A.H.Y., Chien, W.T. (2016) "The effectiveness of mindfulness-based intervention for people with schizophrenia: a systematic review". Neuropsychiatry (London) vol 6, no 5, pp 208-222.

Chadwick, P., Strauss, C., Jones, A.-M., Kingdon, D., Ellett, L., Dannahy, L., Hayward, M. (2016) Group mindfulness-based intervention for distressing voices: a pragmatic randomised controlled trial. Schizophrenia Research, vol 175, no 1-3, pp 168-173.

Biography

Professor Wai Tong Chien is a professor in mental health nursing at School of Nursing, The Hong Kong Polytechnic University for six years and the Associate Head for Research and Scholarship since 2014. As an advanced mental health nursing practitioner and active researcher, Prof. Chien has strived to improve mental health in his native Hong Kong SAR, China in the past 25 years by establishing psychoeducation, motivational interviewing, mindfulness-based, mutual support group, and other psychosocial interventions to community-resided people with mental health problems and their family members, as well as through research, advocacy and mental health promotion. He has also served as editor and editorial board member of international refereed nursing/health care journals, as well as an invited speaker at international conferences/seminars. He has obtained over 30 health research grants with >HKD20,000,000 (>US\$2,500,000) and published over 140 articles in peer-reviewed international nursing/psychiatric/health care journals and substantial numbers of conference papers and book chapters.

Session no: 5.5.2 Abstract number: 280

Time: 12.30-12.55pm

Keywords

Research topic: Children and Young People/ Patient Experience/Public Health Methodology: Documentary Research/Systematic Review and Other Secondary Research

How do parent's perceive and utilise knowledge of their infant's mental health: a systematic review

Presenter: Jane Peters, MSc, BSc (Public Health Nursing) RN, SCPHN (Health Visiting) Lecturer in Public Health Nursing, Programme Lead MSc Advanced Professional Practice, PhD Student, School of Nursing and Midwifery, Faculty of Health and Human Sciences, Plymouth University, United Kingdom

Co-author(s): Heather Skirton, Julia Morgan, Maria Clark, all UK

Abstract

Infant mental health is a growing area of practice for health, education and social care practitioners, as links are increasingly made between experiences in the early years and subsequent child development, mental health and wellbeing. It is unclear how parents perceive infant mental health and use knowledge relating to infant mental health with their children. We conducted a systematic review, the aim of which was to determine parent's perceptions of infant mental health and how they utilize this knowledge with their infants. Using the guidance provided

by the Centre for Reviews and Dissemination (2009) a search of the literature was undertaken using both electronic and manual methods to find empirical studies in peer reviewed English language journals published between January 1992 and March 2015. The search was conducted between December 2014 and March 2015. An initial list of 3562 potential papers was identified, 77 papers were assessed for eligibility and after exclusions, and 42 papers were appraised for quality using the QualSyst tool (Kmet et al., 2004). Subsequently 15 papers were included in the review. Original data were extracted and presented in a table, and the content of all papers was analysed thematically (Dixon-Woods et al., 2004), and presented in narrative form. Three main themes emerged from the available research: influences of society and culture; knowledge and understanding of child development; interpretation of emotions and expressions. Our results indicate that although the research included in this review provides some indications as to how parents, mostly mothers perceive and utilise knowledge of their infant's mental health, some of the instruments used to measure behaviours in this area may not be culturally relevant to the participants. Further research is needed to investigate this topic to maximise mental wellbeing in infancy and later life.

Recommended reading list

Centre for Reviews and Dissemination. (2009) Systematic Reviews; CRD's Guidance for Undertaking Reviews in Health Care, York: University of York.

Dixon-Woods M, Agarwal S, Young B, et al. (2004) Integrative approaches to qualitative and quantitative evidence. London: Health Development Agency.

Kmet LM, Lee RC and Cook LS. (2004) Standard quality assessment criteria for evaluating primary research papers from a variety of fields. Paper prepared for HTA

Biography

I work as a Lecturer in Public Health Nursing at Plymouth University, where I am the programme lead for the MSc in Advanced Professional Practice. My clinical background is primarily in Midwifery and Health Visiting, and the time I spent as a Sure Start Midwife and Health Visitor sparked my interest in the subject of infant mental health. I am particularly interested in the views of service users, with my PhD focusing on an exploration of the factors that influence maternal perceptions and use of knowledge relating to their infants mental health.

Theme: Ethical Issues

Session no: 5.6.1 Abstract number: 119

Time: 12-12.25pm

Keywords

Research topic: Ethical and Philosophical Issues/Inequalities in Health

Methodology: Other Collection/Other approach

Development of an ethical framework to support nurse-led health care research with prisoners

Presenter: Dr Joanne Brooke, Prof Doc, CPsychol, RN, MSc, PG Cert in HE, BSc (Hons) Reader in Older Persons Complex Care, Oxford Brookes University, Oxford, United Kingdom

Co-author(s): Professor Debra Jackson, UK

Abstract

Background: The need to improve the health of prisoners has been widely recognised. Evidence-based interventions developed through research have been recommended to address this issue. However, the formulation of a robust ethical framework to support health care research in the prison setting is currently lacking (Silva et al. 2017). This has led prisoners to have 'limited access' to participate in research, and ethics committees to be 'insufficiently informed' on issues of health care research in prisons (Charles et al. 2016).

Development of an ethical framework:

The four pillars of biomedical ethics have been widely explored in health care research and embedded into guidelines and policies. The four pillars of ethics, of which none is more important than the other include: autonomy, beneficence, non-maleficence, and justice (Beauchamp and Childress 2001). In the prison setting, how can autonomy be obtained when there is a power imbalance and difficulty in obtaining informed voluntary consent which protects the prisoner's anonymity and confidentiality? There is a need for: unbiased risk benefit analysis for prisoners to encapsulate the concepts of beneficence and non-maleficence, and assurance prisoners are equally and equitably involved in research to ensure justice.

Conclusions: The theoretical approach of the four pillars of ethics has provided the foundation for a framework to support the understanding of ethical research within prisons, and to support the participation of prisoners in research, and ethics committees with the tools to critically evaluate health care research, with the ultimate aim of improving the health of this vulnerable under-researched population.

Recommended reading list

Beauchamp, T.L., Childress, J.F. (2001). Principles of biomedical ethics, 5th ed. New York City, NY: Oxford University Press.

Charles, A., Rid, A., Davies, H., Draper, H. (2016). Prisoners as research participants: current practice and attitudes in UK. *Journal of Medical Ethics* 42:246-252. doi: 10.1136/medethics-2012-101059.

Silva, D.S., Matheson, F.I., Lavery, J.V. (2017). Ethics of health research with prisoners in Canada. *BMC Medical Ethics* 18:31. doi: 10.1186/s12910-017-0189-6.

Biography

Dr Joanne Brooke is a Registered Adult Nurse and a Chartered Health Psychologist. Joanne's research background includes work across medical, psychological and nursing fields, including the approaches of quantitative and qualitative designs from randomized controlled trials to epidemiological studies. Joanne's focus has been within dementia and diabetes, although now focuses on the wider aspect of mental health, cognitive impairment and delirium. Joanne has published a number of papers on the link of diabetes and dementia, and the importance of the development of cognitive screening tools that are validated for people with diabetes, and is currently exploring dementia and cognitive impairment in offenders serving a prison sentence.

Session no: 5.6.2 Abstract number: 101

Time: 12.30-12.55pm

Keywords

Research topic: Acute and Critical Care/Ethical and Philosophical Issues/Nursing, Midwifery or Support Worker Education

Methodology: Interviewing/Qualitative Approaches

An exploration of the experiences, beliefs and perceptions of nurses and midwives about responding at situations during 'off duty' time where first aid may be required: a grounded theory study

Presenter: Carolyn Crouchman, MSc, BSc Hons., RN Senior Lecturer, School of Health & Social Sciences, Bucks New University, Uxbridge Campus, London, United Kingdom

Abstract

Aim: To explore the nature of UK nurses and midwives experiences, beliefs and perceptions about responding at off duty situations where first aid may be required.

Methodology: A constructivist grounded theory approach was employed to provide an in-depth exploration of 16 nurses and midwives views about responding at off duty situations where first aid may be required. Within

this broad context the research focus is one of open inquiry as there was a paucity of primary evidence. The main sample was selected via a participant referral process. Loosely structured interviews enabled the excavation of rich data resulting in theme construction that led to the emergence of a substantive grounded theory.

Findings: A core enduring invivo theme, 'the right thing to do' emerged as a central concept supported by three key invivo themes: 'something I've heard'; 'am I covered?'; 'It's who I am'; with a number of sub-themes. This study suggests that there is a powerful sense of moral agency among these nurses and midwives despite underlying anxiety surrounding broader issues of professional protection and personal and professional identity.

Implications for practice and education curricula are discussed together with potential future research directions.

Recommended reading list

Charmax K. (2014) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. 2nd Ed. Sage.

Fischer P. et al. (2011) The Bystander Effect: A meta-analysis review on bystander interventions in dangerous and non-dangerous emergencies. *Psychological Bulletin*. 137 (4) pp517-537.

Hyder G. and Devereux J. (2007) A brief primer on Good Samaritan law for health care professionals, *Australian Health Review* 31 (3) August pp478-482

Biography

Lyn is currently course leader for the return to practice programme and leadership and management module at Bucks New University. Recent achievements/activity include:

Guardian Teaching Excellence Award, Higher Education - winner 2016 (Simulation for Professional Practice Team)

'Freedom of the City' of Belfast 2016 - RCN (services to nursing during 'the troubles')

External academic reviewer (inter -professional critical care courses) - Plymouth University 2016.

Student Nursing Times Awards 2015 - winners of the Post Registration Education Provider of the Year.

Lyn has held a variety of cross professional strategic and teaching roles including resuscitation training officer and clinical quality lead. Her nursing background in London, Birmingham and Belfast encompassed emergency, critical and renal care.

Theme: Nursing Work

Session no: 5.7.1 Abstract number: 116

Time: 12-12.25pm

Keywords

Research topic: Acute and Critical Care/Leadership and Management/Workforce and Employment Issues

Methodology: Mixed/Mixed Methods Research

The cost of transferring a patient on nurses and nursing work

Presenter: Dr Nicole Blay, PhD, BHA, RN, Research Fellow - workforce, Western Sydney University, Liverpool, Australia

Co-author(s): Christine Duffield, Robyn Gallagher, Michael Roche, all Australia.

Abstract

Background: Increasingly in Australia and elsewhere, patients are being transferred between and within wards during their inpatient episode (Blay et al. 2017). Transferring patients is considered to be part of the nursing role, although many nurses believe that some transfer activities could be delegated to others (Bruyneel et al. 2013). This study explores patient transfers in terms of nursing roles and nursing work.

Aims: To explore the impact of transferring patients on medical-surgical nurses and nursing work in a tertiary level hospital in Australia.

Methods: A direct observational-timing study of nurses undertaking transfer-associated activities between June and August 2013. Observed nursing activities were timed and categorised into pre-determined categories (Administration, Communication, Direct care, Documentation, Indirect care and Other) based on work sampling methods. Case studies were used to detail the sequence of nursing activities and nursing roles. Field notes recorded at the time of observation provide insight into the transfer process.

Results: Nurses were observed and timed undertaking transfer-associated activities (n=868). Communicative activities were the most frequently undertaken activity (36%) followed by direct care 31%. The majority of nurse's time (46%) was spent on direct care. Escorting a patient was the most time-consuming, taking nurses away from the ward for 19 minutes on average. Similar proportions of time were spent on documentation (13%) and administrative (11%) activities. Experienced nurses spent 17% of their time on indirect care and other activities such as moving beds and bedside lockers.

Discussion: The frequency of patient transfers is such that nurses are spending considerable time moving patients. Results have highlighted that many transfer-associated activities were costly in terms of nursing time and could be undertaken by others.

Recommended reading list

Blay, N., Roche, M., Duffield, C. & Gallagher, R. 2017, 'Intra-hospital transfers and the Impact on Nursing Workload', *Journal of Clinical Nursing*, DOI: 10.1111/jocn.13838

Bruyneel, L., Li, B., Aiken, L., Lesaffre, E., Van den Heede, K. & Sermeus, W. 2013, 'A multi-country perspective on nurse's tasks below their skill level: Reports from domestically trained nurses and foreign trained nurses from developing countries', *International Journal of Nursing Studies*, vol. 50, no. 2, pp. 202-9.

Biography

Dr Nicole Blay is a nurse researcher with a clinical and nursing management background, primarily in cardio-thoracic and intensive care. Nicole's cardio-thoracic career commenced at The Harefield Hospital and continued in several hospitals in Sydney, Australia.

After a period in management, Nicole moved into nursing research. Her research interest focuses on how the management of health services impacts on nursing work and patient outcomes. She is experienced in quantitative and qualitative research methods with the analysis of large datasets and observational research being areas of expertise. This presentation focuses on her doctoral work that highlighted the frequency that patients are transferred between wards and beds in Australia and the impact that patient transfers have on nursing workload.

Session no: 5.7.2 Abstract number: 4

Time: 12.30-12.55pm

Keywords

Research topic: Older People/Primary and Community Care/Public Health

Methodology: Interviewing/Qualitative Approaches

Promotion of oral health by community nursing teams

Presenter: Mr Brendan Garry, MSc, BSc, RN, DN, Clinical Teacher, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London, United Kingdom

Abstract

Background: The neglect of oral health promotion in community nursing care has received considerable critical attention recently (National Institute for Health and Care Excellence, 2016). Worldwide concern has prompted numerous oral health care strategies (De Lugt-Lustig, 2014). England and Wales have witnessed marked improvements in periodontal disease; however, no improvements have been seen in older people (Public Health England, 2015).

Aim: To explore the enablers and barriers perceived by community nurses in the promotion of oral health in an Adult Community Trust Directorate.

Method: A qualitative methodology was employed, where eight nurses from Band 5 to 7 were interviewed using a semi-structured approach. The data were analysed thematically.

Findings: Data analysis was organised into four themes: Professional self-concept and the development of knowledge, skills and attitudes necessary in the promotion of oral health; the impact an organisation has on the promotion of oral health and an exploration of the enablers and barriers identified by the community nurses while delivering care; the relationships between the nurse and patient and the potential impact on oral health promotion; the concept of self-regard in relation to the promotion of oral health and its overall impact.

Discussion: A commitment to improving oral health and requests for additional educational input was apparent. Organisational enablers and barriers were identified, alongside the crucial role a positive self-regard for oral health care may play in the promotion of oral health.

Conclusion: Nurses need relevant education, organisational support, adequate resources and support from a multi-disciplinary team to deliver optimal oral health promotion.

Recommended reading list

National Institute for Health and Care Excellence (2016) Oral health promotion in the community: NICE Quality standard [QS139]. Available from: <https://www.nice.org.uk/guidance/qs139> [Accessed 16 January 2017]

De Lugt-Lustig, K. H. M. E., Vanobbergen, J. N. O., van der Putten, G. J., De Visschere, L. M. J., Schols, J. M. G. A. and de Baat, C. (2014) Effect of oral health care education on knowledge, attitude and skills of care home nurses: a systematic literature review, *Community Dentistry and Oral Epidemiology*, 42 (1), pp. 88-96. DOI: 10.1111/cdoe.12063

Public Health England (2015) What is Known About the Oral Health of Older People in England and Wales. London: PHE.

Biography

Brendan is a Clinical Teacher in the Adult Nursing department of the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London. He has a clinical background extending across a wide range of acute and community care settings in general medicine, surgical urology, emergency care and advanced practice as a qualified District Nurse.

Concurrent session 6

Tuesday 17 April, 2.15-3.10pm

Theme: Patient Experience

Session no: 6.1.1 Abstract number: 281

Time: 2.15-2.40pm

Withdrawn

Session no: 6.1.2 Abstract number: 296

Time: 2.45-3.10pm

Keywords

Research topic: Disability/Genetics/Patient Experience

Methodology: Other Collection/Qualitative Approaches

“EB isn’t just a bit of flaky skin”: a qualitative study of patient experiences of living with Recessive Dystrophic Epidermolysis Bullosa

Presenter: Miss Magdalena Martinez-Queipo, Diploma in Nursing, BSs(Hons) in Critical Care, MRes in Clinical Research, Clinical Research Nurse, Guy’s and St Thomas’ NHS Foundation Trust, London, United Kingdom

Abstract

Background: Occurring in approximately 1 in 17,000 births, Epidermolysis Bullosa (EB) is a rare genetic extreme skin fragility disorder. Recessive dystrophic EB (RDEB) is the most severe disease variant (1). Skin shears from the dermal-epidermal junction. Resulting second-degree type wounds are painful and difficult to heal. It is estimated that approximately 5000 people have some form of epidermolysis bullosa in the UK (2).

Aims: To explore the lived experience of adult individuals with RDEB.

Methods: Solicited 7-day audio diaries followed by interview were used on ten adults with RDEB recruited between August 2015 and October 2016. Recordings were transcribed verbatim and analysed using thematic analysis. Data was managed using NVivo 10 during coding and analysis.

Results: Three distinct themes related to participants were identified; physical symptoms, psychological effects and interactions with others. The themes EB as an entity and time as

a ticking clock overlap across the previous three themes.

Discussion: The unknown nature of EB can be a source of conflict with non-EB others who can, through ignorance or outright discrimination, harm patients physically or in their sense of self. However, it is institutional ignorance about the disease that is probably currently most threatening.

EB was described as a vicious controlling entity that attempts to foil participant’s efforts to engage in everyday life. When participants feel the entity is gaining control, they feel less in control of themselves and their lives, increasing stress and their sense of powerlessness.

The study highlighted a number of themes previously undiscussed in the literature.

Conclusions: Some of the themes had been previously discussed in the literature, but a number of novel ones were also coded. Some of these may have been highly sensitive for researcher to ask about, even if prior knowledge existed about them.

Recommended reading list

Fine, JD., Bruckner-Tuderman, L., Eady, RA., Bauer, EA., Bauer, JW., Has, C., Heagerty, A., Hintner, H., Hovnanian, A., Jonkman, MF., Leigh, I., Marinkovich, MP., Martinez, AE., McGrath, JA., Mellerio, JE., Moss, C., Murrell, DF., Shimizu, H., Uitto, J., J., Woodley, D. & Zambruno, G. (2014) “Inherited epidermolysis bullosa: updated recommendations on diagnosis and classification”. *Journal of the American Academy of Dermatology*, vol 70, no 6, pp 1103-1126.

Dystrophic Epidermolysis Bullosa Research Association - DEBRA. (2015) “What is EB?”[Online]. Available: <http://www.debra.org.uk/what-is-eb/what-is-eb> [Accessed 3 November 2017].

Biography

After obtaining a Diploma of Nursing in Spain in 2003, I came to work for the NHS, initially in a Recovery Unit and later in Intensive Care. I completed a BSc(Hons) in Critical Care at KCL in 2010. Meanwhile, in 2008 I started working as a Bank Nurse for a Contract Research Organization where I gained experience in phase I clinical trials.

In 2011 I sought a permanent NHS Clinical Research Nurse post, where I continue to work. In this role I have mostly been involved in all stages of phase I/II clinical trials in rare genetic dermatological diseases. This includes two completed and published cell-therapy clinical

trials for Recessive Dystrophic Epidermolysis Bullosa, one in adults and the second in children. It was this work, and the perception of a possible literature gap that inspired this MRes in Clinical Research project, funded via a NIHR Fellowship and a BRC STEM Early Career award from the NIHR Biomedical Research Centre at Guy’s and St Thomas’ NHS Foundation Trust and King’s College London

I am also a co-investigator in the UK team collaborating in the European Genegraft/EBGene cell therapy trial and a collaborator in the Spanish MesenSistemEB trial.

Theme: Nurses in Research

Session no: 6.2.1 Abstract number: 304

Time: 2.15-2.40pm

Keywords

Research topic: Women’s Health and Midwifery/ Leadership and Management/ Nursing, Midwifery or Support Worker Education

Methodology: Other Collection/Other approach

Research nurse and nurse researcher: making it happen

Presenter: Emma Munro, RN, BSc(Hons), MSc, Head of Nursing/Professions - Research, University Hospital Southampton NHS FT, United Kingdom

Co-presenter(s): Dr Sarah Bailey UK

Co-author(s): Dr Sarah Bailey UK

Abstract

Clinical research nurses (CRNs) are experts in delivering research, providing high quality patient care, whilst simultaneously coordinating the complexities of research processes. Their role has become an established, fundamental component of research delivery.

In response to an increasing portfolio of research studies in the NHS, there has been significant growth in the number of CRNs. Alongside this expansion in the research nurse workforce has been the development of clinical academic training pathways designed to create an environment in which health care professionals are attracted to clinical academic careers and to encourage non-medical health care clinicians

to combine clinical activity with patient-focused research (NIHR 2016).

Despite the fact that CRNs possess comprehensive and specialist research skills, it appears that only small numbers access the available clinical academic training pathways, undertaking doctoral training, to make the transition from research nurse, to nurse researcher.

This presentation will explore how the specialist research skills of CRNs, and their operational understanding of research processes, can ease and benefit their transition to research leader and examines how both roles complement each other.

When research nurses do decide to follow a clinical academic pathway and become independent researchers in their own right, there is a risk that their expertise will be lost to research nursing as they choose to take up solely 'academic posts'. This is partly due to a lack of available joint nurse researcher/research nurse posts, so that the only option appears to be full-time nurse researcher posts.

This presentation will give consideration to the practicalities and advantages of developing post-doctoral joint clinical academic roles, whereby a link with research nursing is maintained. Creating these joint roles requires vision and leadership and the presentation will conclude by describing how the development of one such role in Southampton has benefitted research delivery and patient care.

Recommended reading list

Gerrish, K; Chapman, H (2017) Implementing clinical academic careers in nursing: an exemplar of a large health care organisation in the UK. *Journal of Research Nursing*, 22 (3), 214-225

NIHR (2016) Building a research career. A guide for aspiring clinical academics (excluding doctors and dentists) and their managers

Munro, E; Tacchi, P; Trembath, L (2016) A baseline for nurse education on research. *Nursing times* 112 (19), 12-14

Biography

Emma has responsibility for the management and leadership of over 250 nurses, midwives and allied health professionals working on research studies, both commercial and non-commercial, within the SCBR incorporating the BRC, BRU, NIHR WTCRF, cancer and trust-wide nursing teams. Emma has a wealth of experience in research nursing and her clinical specialism was breast cancer and cancer genetics. She has a strong belief in providing a supportive and educational environment to foster excellence in nursing care and following a Florence Nightingale Foundation Scholarship to the NIH in the US, she led the development of the NIHR Fundamentals of Clinical Research Nursing course. Her postgraduate qualifications include a post graduate diploma in counselling and a masters in social research awarded with merit, by the University of Surrey.

Emma qualified as a nurse at The Middlesex Hospital, London and her career in research includes senior roles at the Royal Marsden and Addenbrookes Hospital, Cambridge. She is a member of the International Association of Clinical Research Nurses and of the steering group of the UK forum for research nurses, midwives, AHPs and CTA's.

Session no: 6.2.2 Abstract number: 286

Time: 2.45-3.10pm

Keywords

Research topic: Leadership and Management/Workforce and Employment Issues/Research Process Issues

Methodology: Other Collection/Other approach

Imposter syndrome; why is it so common in nursing research and is it really a problem?

Presenter: Dr Paul Gill, RN, BSc (Hons), MSc (Oxon), PhD, Senior Lecturer, School of Healthcare Sciences, Cardiff University, Wales, United Kingdom

Abstract

Background: The concept of 'imposter syndrome' was first properly identified by the psychologists Clance and Imes (1978) and essentially relates to the fear of being exposed as a 'fraud'. This commonly results in feelings of inadequacy, incompetence, self-doubt, uncertainty and anxiety. Although no definitive data exist, it is estimated that up to 70% of successful people have experienced imposter syndrome, at some point in their working lives (Buckland 2017). While there has been much debate about this concept in the wider literature, relatively little has been discussed within the nursing literature, despite anecdotal evidence, which suggests that such feelings are both common and pervasive, especially among doctoral candidates and early to mid-career researchers.

Aim: To critically explore the concept of imposter syndrome among doctoral and post-doctoral nurse researchers and to outline constructive approaches to managing and (re)conceptualising fraudulent feelings.

Discussion: This critical discussion paper builds on existing, related literature and will explore what imposter syndrome is, how and why it occurs, especially within nursing, and the potentially detrimental impact it can have on nurse researchers and nursing research. The paper will also outline strategies for managing such feelings and will suggest that, contrary to current thinking, feeling like an imposter is not necessarily harmful or problematic but, when managed appropriately, is actually essential for conducting scholarly activity.

Conclusion: This paper will highlight that imposter syndrome is complex, multifaceted and has considerable potential to adversely affect personal and professional development. However, it is important for nurse researchers to acknowledge that feeling like a fraud is normal and not therefore a sign of weakness but, instead, is actually integral to scholarly activity. The presentation will therefore be of interest to doctoral and post-doctoral researchers, as well as those who supervise, support and manage nursing research.

Recommended reading list

Clance RR, & Imes S (1978). The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy Theory, Research and Practice*, 15(3), 1-9.

Buckland F (2017) Feeling like an impostor? You can escape this confidence-sapping syndrome. *The Guardian* <https://www.theguardian.com/commentisfree/2017/sep/19/fraud-impostor-syndrome-confidence-self-esteem>

Biography

Paul is a Senior Lecturer in Adult Nursing at the School of Healthcare Sciences, Cardiff University and has a special interest in chronic conditions and service user experiences

Theme: Ethical and Philosophical

Session no: 6.3.1 Abstract number: 27

Time: 2.15-2.40pm

Keywords

Research topic: Ethical and Philosophical Issues/Methodology/Research Ethics & Governance

Methodology: Mixed/Mixed Methods Research

Issues of protection and societal responsibility in nursing research: theoretical discussion

Presenter: Professor Julie Taylor, Professor of Child Protection, University of Birmingham, United Kingdom

Co-presenter(s): Charlotte Clarke, UK

Abstract

Background: There is increasing recognition that people are risk experts in their own right, exercised through self-management and what services can perceive to be 'non-compliance' or disguised compliance. However, differentiating between strategies for self-management in the face of an adverse health situation (for example) and attempts to conceal mistreatment is an ever-

present challenge for practitioners and policy-makers as they seek to balance promotion of autonomy and protection.

Discussion: Drawing on nursing research in child protection and in dementia care, we aim to compare and contrast the following tensions, each with clear policy and practice implications:

Location of responsibility and risk expertise - highlighting the policy shift between societal and individual responsibility, and the challenge to the dominance of professionalised knowledge holders

Human rights and citizenship - highlighting the tensions between the societal mandate to protect vulnerable citizens and the right to be protected, including the right to protect freedoms

Agency and independence - highlighting the complexity of maintaining self-agency and independence if others judge you to require protection.

Conclusion: Risk is used to promote safety but is also, and in contradiction, used to promote autonomy. The perpetual tension between these uses of risk is manifest in accounts of people seeking to maintain their wellbeing and in the desire to maintain independence which can lead to engaging in 'risky' activities and in which others collude. It is through such sense-making processes that people rationalise their engagement with (potentially) health-harming activities. Crucially, as nurse researchers we need to consider where the responsibility for the management of risk rests - who assumes or relinquishes responsibility for the balance of protecting safety and promoting autonomy.

Recommended reading list

Clarke, C.; Taylor, J.; Schwannauer, M. (Eds) Risk and resilience. Global Learning across the Lifespan London: Dunedin Academic Press

Brown, P. (2014). Risk and Social Theory: the legitimacy of risks and risk as a tool of legitimization. *Health, Risk & Society*, 16(5), 391-397.

Daniel B, Bowes A. (2011) Rethinking harm and abuse: insights from a lifespan perspective, *British Journal of Social Work* 41 pp820-36

Session no: 6.3.2 Abstract number: 11

Time: 2.45-3.10pm

Keywords

Research topic: Ethical and Philosophical Issues/Quality Standards

Methodology: Other Collection/Mixed Methods Research

CliPEAT: an ethical assessment tool for clinical policies, procedures and guidelines

Presenter: Alfonso Rubio Navarro, Degree in Nursing, University of Murcia; Master's Degree in Emergency Medicine and Critical Care in Nursing, European University of Madrid. Doctorate student at the University of Murcia, Deputy Charge Nurse/Honorary Research Fellow, University Hospitals of Leicester, United Kingdom

Co-author(s): Diego Jose Garcia Capilla, Spain; Maria Jose Torralba Madrid; Spain.

Abstract

Background: Clinical policies control several aspects of clinical practice, including individual treatment and care, resource management and health care professionals' etiquette. We present the Clinical Policy Ethics Assessment Tool (CliPEAT), an ethical assessment tool for clinical policies that could be used not only for CECs but also for policies and guidelines committees or another relevant institutions or groups.

Aims: Examine the Clinical Policy Ethics Assessment Tool CliPEAT and its possible applications in the creation, update and evaluation of clinical policies and guidelines.

Methods: CliPEAT was primarily created as a modification from the assessment tool RePEAT (Roberts, 1999) to triangulate clinical policies with interviews and reflections on practice through ethnographic content analysis as described by Altheide (2013). CliPEAT was trialled assessing 54 policies and guidelines applicable to nursing practice in Leicester Royal Infirmary Emergency Department. These policies and guidelines were divided into three groups: clinical techniques and competencies, general clinical practice and nursing resources management.

Results: After applying CliPEAT to 54 policies and guidelines, 85,7% of the clinical techniques and competencies policies and 10% of the general practice clinical policies did not meet minimum ethical criteria.

Discussion: The findings shown could have a different meaning if we consider CliPEAT to be accurate with all clinical policies or that it is only applicable to clinical policies that involve direct patient interaction.

Conclusions: CliPEAT has the potential to detect ethical issues and facilitate the correction and improvement of clinical policies and guide-

lines in a structured way. It has shown great accuracy detecting issues in clinical policies involving human participants, but it needs to be trialled in different health care institutions to measure its possible uses with other clinical policies.

Recommended reading list

Altheide, D.L., Schneider C.J. (2013) *Qualitative Content Analysis*. 2nd ed. London: SAGE Publications

Roberts L.W. (1999) "Ethical dimensions of psychiatric research: a constructive, criterion-based approach to protocol preparation. The research protocol ethics assessment tool (RePEAT)". *Biological Psychiatry*, vol 46, no 8, pp 1106-1119.

Biography

Alfonso Rubio Navarro is a Deputy Charge Nurse who works with a multidisciplinary team in the Leicester Royal Infirmary's Emergency Department to ensure the safety and expert care delivery to every patient that arrives. Alfonso is also an Honorary Research Fellow at De Montfort University and the Chief Investigator of a research project involving people from both England and Spain.

After being a nurse in Spain and England for several years, Alfonso has a broader perspective about which problems affect nursing care and how different environments can modify those problems. Alfonso works to solve those problems through research and practice to ensure that patients and staff are both safe and happy.

Alfonso holds a masters degree in Emergency Medicine and Critical Care in Nursing from the European University of Madrid. Alfonso is also doing this international PhD in the Doctorate Healthcare Sciences Programme at the University of Murcia.

Theme: Cancer

Session no: 6.4.1 Abstract number: 71

Time: 2.15-2.40pm

Keywords**Research topic:** Cancer/Ethical and Philosophical Issues/Patient Experience**Methodology:** Interviewing/Qualitative Approaches**A longitudinal narrative study exploring representations of identity for young adults with cancer***Presenter: Susie Pearce, PhD, MSc, BSc(Hons), RN, Associate Professor (Reader) Clinical Nursing, Plymouth University, United Kingdom**Co-author(s): Faith Gibson, Daniel Kelly, Jeremy Whelan, all UK***Abstract****Background:** The impact of cancer on young people is well documented. But despite an increasing international awareness of the importance of cancer into young adulthood, there has been limited in-depth research to understand their particular experiences.**Aims:** This study aimed to explore the impact of cancer on young adult's evolving sense of self and identity over one year from the time of diagnosis.**Method:** In depth, free association narrative interviews at three points in time were undertaken alongside photographs taken by participants; and extensive reflexive field notes. Forty interviews were conducted between May 2012 and December 2013 with eighteen young adults, aged 16 to 30. Eight of the participants took part in three interviews, six participants in two interviews. Eight longitudinal cases were analysed in-depth, visual images were analysed from discussion in the narrative text. Through memoing, coding and comparison, themes were developed across all cases.**Results:** Themes illustrated the renegotiation of self over time through narrative, biographically in terms of developmental and 'cancer time' through the core components of: the inner world, (psyche, emotion and coping); self as embodied; self as relating to others, and self as relating to place. A conceptual framework was developed.**Discussion:** Novel methods created a new window into the enormity and depth of experience for young adults with the juxtaposition of cancer on developmental stage. The co-construction of narrative over time supported the renegotiation of identity and identified critical moments in terms of coping and the recovery of self. Biographical stage was fluid suggesting services need reflexivity to manage this. Strategies

that reinforce the conceptual framework relationally and organisationally are key.

Conclusion: This study highlights the importance of developing health care which enables the narrative and the patient's voice; and supports professionals to 'be with' and 'walk alongside' through the intensity of biographically changing illness.**Biography**

I have been a nurse for over twenty-three years. My clinical and research experience cuts across the specialist fields of cancer and end-of-life care and more generally multidisciplinary practice, chronic illness, integrated models of care. Posts over the years have included nursing leadership of practice based research and development in Trusts, development of practice and research in cancer, specifically teenage and young adults with cancer, and the strategic development of nursing, quality and safety across large organisations. I am now a Reader in Clinical Nursing, across Plymouth University and Torbay and South Devon NHS Foundation Trust. This is part of the SW Regional Clinical Academic School. Here I support nurses, midwives and allied health professionals to develop practice based research, clinical academic career pathways, together with developing nurse led programmes of research in practice. I am foremost a qualitative researcher with specific interests in innovative methods, patient and professional experience, the understanding and development of cultures of person centred, compassionate, effective and safe care. This paper is based on work for my PhD at UCL.

Session no: 6.4.2 Abstract number: 288

Time: 2.45-3.10pm

Keywords**Research topic:** Cancer/Children and Young People/Patient Experience**Methodology:** Focus Groups/Action Research/Participative Inquiry/Practice Development**Young people with cancer accessing online information and support: a complex process***Presenter: Sarah Lea, BSc(Hons), Sports Therapy, PGDip Children's Nursing, in final year of PhD in Nursing Research, Facilitator, University College London Hospitals NHS Foundation Trust, United Kingdom**Co-author(s): Ana Martins, Sue Morgan, Joanna Poole, Jamie Cargill, Jennifer Cheshire, Rachel M Taylor, Lorna A Fern, all UK***Abstract****Background:** For young people, the internet is a fully-integrated part of life and it is important that online services are developed specifically to support them. We know that young people with cancer access the internet for information and support. However, there is a dearth of evidence surrounding the barriers/facilitators to access and the effectiveness of existing online information and resources in meeting the needs of young people with cancer.**Aims:** We sought to understand current digital/online needs of young people with cancer and if these needs were being met. Furthermore, we aimed to explore online information delivery preferences.**Method:** This was a Participatory Action Research study with four workshops and six interviews involving 22 young people with a range of cancers diagnosed aged 13-24 years, carried out January-May 2017. Workshops consisted of participatory methods including focus groups, interactive activities and individual thought, encompassing: online resources used, when, how and what they were searching for, whether these resources were helpful and how they could be improved.**Results:** Seven themes emerged which influence a young person's decision-making and actions when accessing online resources:

1. Where young people are on their cancer timeline
2. External influencing factors
3. Emotional drivers of online searching
4. What young people search for online
5. Resources used by young people
6. Availability, accessibility and assessment of online information/support
7. Emotional responses to using online resources

Discussion: The way young people access and engage with online resources is complex with multiple influencing factors including emotional drivers and responses to searching; furthermore these factors can vary along their cancer timeline.

Conclusion: Health care professionals should consider all influencing factors when discussing potential online resources with young people. Future research will explore the views of professionals caring for young people with cancer on accessing online information and support.

Biography

Since qualifying as a children's nurse in July 2013, and concurrently embarking upon my Doctorate in Nursing, I have taken on roles in three 'avenue's of nursing: clinical, research and education. I was awarded a PhD Studentship in 2013 and became a member of the BRIGHT-LIGHT study team, endorsed by London South Bank University. For my PhD, I travelled across the country to many different health services that care for teenagers and young adults with cancer to collect data about their experiences of care.

I previously worked as a Staff Nurse in the Teenage and Young Adult Cancer Service, and now work as a Research Facilitator, at University College London Hospitals NHS Foundation Trust. I also have a sessional contract at Canterbury Christ Church University where I lecture on their Children's Nursing degree, and work on a project hosted at Great Ormond Street Hospital NHS Foundation Trust called 'Me First' which advocates a model of child and young person-centered communication in health and social care.

Theme: Advanced Nursing Practice

Session no: 6.5.1 Abstract number: 256

Time: 2.15-2.40pm

Keywords

Research topic: Nursing, Midwifery or Support Worker Education

Methodology: Other Collection/Systematic Review and Other Secondary Research

Is there a future for advance practice nurses in South Africa? A situational analysis

Presenter: Mrs Lizelle Crous, MSc Nursing Education, Lecturer, University of the Witwatersrand, South Africa

Co-author(s): Dr. Sue Armstrong, South Africa

Abstract

Background: There is an urgent need to introduce Advanced Practice Nursing (APN) in South Africa to deal with the rapidly evolving specialist health care services. It is intended that these nursing specialists are prepared at a post graduate diploma or masters-degree level. While specialist categories of nurses do exist, their training has been at diploma level and there has not been a clear career pathway available to them. As a starting point to developing a curriculum for advance practice courses a scoping review and a situational analysis was conducted.

Aims: To explore the international literature on the roles, competencies and practice standards of APN to guide the development of a curriculum for advance practice nursing.

To conduct a situational analysis of the feasibility of introducing an APN curriculum in South Africa.

Methods: A scoping review was conducted using advanced practice nursing and roles as keywords. Databases used for the literature search were: CINAHL, Medline, ProQuest and ScienceDirect. Inclusion criteria were peer reviewed, English journal articles during 2012 to 2017. Forty-two articles were selected and analysed.

A situational analysis of the data of the Nursing Council, and projections were done to determine future needs for this category of nurse.

Results: Two themes emerged namely, establishing the role of an APN and maintaining the role of the APN.

International literature indicates that there is a great deal of role confusion and many challenges that go beyond teaching or preparing APN's for practice.

There is a marked deficit of registered nurses with the capacity to train at the level required for advance practice.

Discussion: Lessons learned from the international literature indicates that this will be a long

and difficult road to implement this category of nurse and curriculum development is only small part of establishing advance practice nursing in South Africa.

Recommended reading list

Hamric, A.B., Hansen, C.M., Tracey, M.F. and O'Grady, E.T. 2014. Advance practice nursing. An integrative approach. Elsevier. Missouri.

Biography

Lizelle Crous's nursing career started at the University of the Free State where she completed a B.Soc.Sc. Nursing degree. She filled various positions in her career starting off as a paediatric nurse, filled the position of a unit manager first at a private laboratory and then commissioned a short stay unit for a private hospital. Before joining the teaching staff of the University of the Witwatersrand, Lizelle completed her Masters degree in Nursing Education and is currently enrolled for a PhD. Lizelle is teaching undergraduate nurses and supervising post graduate nurses in the nursing education field. She is also appointed as chairperson for the Johannesburg Nursing Educators Association Chapter.

Session no: 6.5.2 Abstract number: 88

Time: 2.45-3.10pm

Keywords

Research topic: Acute and Critical Care/Chronic Illness/End-of-life care/Translational Research/Evidence Based Practice

Methodology: Interviewing/Evaluation

Implementing plans for treatment and care in a future emergency: what are the implications for nursing roles and practice?

Presenter: Dr Michelle Myall, PhD, MA, BSc(Hons), Senior Research Fellow, Faculty of Health Sciences, University of Southampton, United Kingdom

Co-presenter(s): Dr Susi Lund, UK

Co-author(s): Carl R. May, Natasha Campling, Amanda Cummings, Alison Richardson, all UK

Abstract

Background: Increasing evidence supports the desirability of documenting care plans for patients at risk of deterioration, or in a future emergency, which address options about treatment escalation and minimise risk of potential harm from unwanted and futile investigations and treatments. Known as Treatment Escalation Plans, TEPs have been in operation internationally since the 1990s. In the UK TEPs vary in design and use, and often completed by a senior doctor.

Drawing on findings from an evaluation to understand barriers to implementing complex and contentious health care interventions, such as TEPs, we discuss nursing roles in the implementation process and consider implications for their clinical practice.

Aims: To identify, characterise and explain nurse's contribution to the implementation process of complex and contentious interventions, using TEP as an exemplar, and understand the implications for nursing roles and practice.

Methods: A qualitative design using semi-structured interviews with health care professionals and observational field-notes. Directed content analysis was used to analyse data and analysis was informed by Normalisation Process Theory.

Results: Contribution to the implementation process varied and was context dependent. In some organisations nurses had a leading role, or contributed to tasks associated with implementation. Nurses were keen to participate in training for TEPs. Implications for nursing roles included adapting current practice and recognising their role in initiating discussions and building trusted relationships with patients and families.

Discussion: Findings suggest recognising TEPs as a process, not a single event, relies on negotiating roles and responsibilities of all stakeholders.

Conclusion: Understanding factors that impede or facilitate implementation of complex and contentious interventions, provides an opportunity to recognise the skills and knowledge nurses can contribute to the process.

Biography

Michelle Myall is a social scientist with a background in Sociology and Gender Studies. She has worked as a researcher investigating issues related to health care research and medical sociology for over 15 years. Her current role is Senior Research and Implementation Fellow for the Complexity at End-of-life Theme of the National Institute for Health Research Collaboration for Leadership in Applied Health Research Care Wessex (NIHR CLAHRC Wessex) at the Faculty of Health Sciences, University of Southampton. She is part of a team working on a programme of work to develop, understand and evaluate the implementation of complex health care interventions into health organisations.

Dr Susi Lund has worked as a Nurse Consultant in Palliative and End-of-life Care for over 20 years. She is currently a Visiting Research Fellow with the Complexity at End-of-life Theme of NIHR CLAHRC Wessex at the Faculty of Health Sciences, University of Southampton.

Theme: Patient Outcomes

Session no: 6.6.1 Abstract number: 142

Time: 2.15-2.40pm

Keywords:

Research topic: Learning Disability/Inequalities in Health/Workforce and Employment Issues

Methodology: Mixed/Mixed Methods Research

Learning disability nurse provision in children's hospitals in England: does it make a difference?

Dr Kate Oulton, Senior Research Fellow/Clinical Academic Programme Lead, Centre for Outcomes and Experience research in Children's Health, Illness and Disability (ORCHID), Great Ormond Street Hospital, London, UK

Co-author(s): Jessica Russell, England, UK; Charlotte Kenten, England, UK; Jo Wray, England, UK; Faith Gibson, England, UK

Abstract:

Background: Until recently, the focus of ongoing calls for the appointment of learning disability (LD) liaison nurses in hospitals has been predominately on ensuring patient safety and equality of access to healthcare for adults with LD [1,2]. Current best practice guidelines issued by the Care Quality Commission, however, include all children's units having access to senior LD nurse provision [3]. Little evidence exists of the extent of LD nurse provision in children's hospitals or the nature and impact of their role.

Aim: To report findings from a study of hospital care for Children and Young People (CYP) with LD in fifteen children's hospitals in England, comparing perceptions of staff working in hospitals with LD nurse provision with those working in hospitals without.

Methods: Face to face and telephone interviews were conducted with senior hospital staff and focused on the delivery of services at the organisational level. Interviews were transcribed verbatim and analysed using the Framework approach. An anonymised survey, focused on seven elements of care, was sent to clinical and non-clinical staff.

Results: 1681 staff completed the survey, of which 999 worked in a hospital with a dedicated LD Nurse. Forty-eight senior staff participated in interviews, including eight nurses employed specifically to work with CYP with LD. LD nurse provision was in place in seven (47%) children's hospitals.

Compared with staff working in hospitals without an LD nurse, those working in hospitals with an LD Nurse reported higher levels of capability and capacity about caring for CYP with LD but not higher levels of confidence. With regards

perceptions of how CYP with LD are valued, their safety and access to appointments, no significant differences existed between staff working in a hospital with or without LD nurse provision.

Conclusion: Dedicated LD nurse provision in children's hospitals remains sparse and their impact requires further investigation.

Recommended reading list

1. Mencap Death by Indifference. London: Mencap; 2007
2. Michael J. Healthcare for All: Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities. London: DH; 2008
3. Glasper A. Optimising the Care of Children with Intellectual Disabilities in Hospital. *Comp Child Adolescent Nurs.* 2017;doi:10.1080/24694193.2017.1309827

Biography

Kate Oulton (RN Child, BA Hons, MA, PhD) is a Senior Research Fellow and Clinical Academic Programme Lead in the Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID) at Great Ormond Street Hospital. Since completing her PhD in 2012, Kate has led a programme of research focusing on children and young people with long-term conditions and their families, particularly those with learning disabilities and those whose condition is rare or undiagnosed. Patient and public involvement in research is a key part of her work. She is passionate about ensuring children and young people with learning disabilities have equal opportunity to take part in research and uses creative and digital research methods to facilitate their inclusion.

Kate is the Chief Investigator on the Pay More Attention Study focused on ensuring equal access to high quality hospital care for children and young people with and without learning disabilities. Other projects underway include an evaluation of a specialist nursing post for children and young people without a diagnosis and their families and the use of art and photography to explore happiness, fulfilment and resilience in children and young people with rare conditions and their families.

Session no: 6.6.2 Abstract number: 138

Time: 2.45-3.10pm

Keywords

Research topic: Acute and Critical Care/
Patient Safety /Translational Research/
Evidence Based Practice

Methodology: Other Collection/Evaluation

Making nursing matter - using actionable data to improve patient outcomes

*Presenter: Dr Jenny Sim, RN, BAppSc(Nurs),
Grad Dip Bus Admin, Grad Dip Clinical
Nursing, PhD Senior Lecturer, University of
Wollongong, Wollongong, Australia*

*Co-author(s): Joanne Joyce McCoach, Patrick
Crookes, Rob Gordon, all Australia*

Abstract

This presentation will describe the development of the Australian Nursing Outcomes Collaborative (AUSNOC). AUSNOC is a data registry and implementation science centre that assists health care organisations to measure the quality and safety of nursing care with the aim of improving patient outcomes. The indicator set is founded upon a conceptual framework that explores nursing care using the following constructs: Care and Caring; Communication; Coordination & Collaboration; and Safety. Data collected includes administrative data, adverse events (falls, pressure injuries, medication errors, staphylococcus blood stream infections), observational studies of processes of care and the use of three periodic surveys that use validated tools (Nursing Work Index - Revised: Australian; Caring Assessment Tool; and one of a number of approved Patient Experience Surveys). Feasibility testing of the AUSNOC indicator set was undertaken in three hospitals in New South Wales, Australia in 2016. AUSNOC has now expanded into a collaborative research centre that assists a growing number of health care services in Australia to improve patient outcomes through recording, evaluating and benchmarking nursing care at the unit level. This presentation will present key findings from the feasibility study and highlight how organisations are using data from AUSNOC to improve patient outcomes and make nursing matter within their care environments. In addition, the presentation will explore the ongoing development of AUSNOC as a collaborative research centre and the potential for measuring both the quality and safety of nursing care at the unit level.

Biography

Dr Jenny Sim is a Senior Lecturer in the School of Nursing at the University of Wollongong in Australia. Jenny has extensive experience as a clinician, nurse manager, educator and an academic and has developed a program of research on measuring both the quality and the safety of nursing care. Jenny is the Director of

the Australian Nursing Outcomes Collaborative also known as AUSNOC and is empowering nurses in Australia to use data to measure the impact nursing care has on patient outcomes.

Theme: Enhancing Care Through Change

Session no: 6.7.1 Abstract number: 326

Time: 2.15-2.40pm

Keywords

Research topic: Health and Social Policy/
Leadership and Management/Methodology

Methodology: Mixed/Evaluation

Modelling evaluation of a political leadership programme: behavioural change to make the case for antimicrobial stewardship

*Dr Androniki Bayliss, BSc Psychology and
Education, MSc Industrial Psychology, PhD
Research and Innovation Manager – Evidence,
Royal College of Nursing, UK*

*Co-author(s): Toni McIntosh, Rose Gallagher,
all UK*

Abstract:

Background: Antimicrobial resistance is recognised as one of the biggest threats to global health (WHO, 2017). Antimicrobial Stewardship (AMS) describes a system-wide approach to promoting and monitoring judicious use of antimicrobials in order to protect their future effectiveness. An interdisciplinary training programme was piloted in 2017 to support the political leadership, knowledge and activity of senior health professionals (nurses, pharmacists and public health) as 'system leaders' in AMS. It comprised a two-day course, service improvement project, a masterclass and online community.

Aim: To describe the evaluation of the programme.

Methods: Based on the Kirkpatrick Model for evaluation of learning (Kirkpatrick and Kirkpatrick, 2006) and behavioural change theory (Michie et al, 2011) a two-phase approach to measuring impact was adopted: 1) self-completed questionnaire before and after the two-day course (N=9, Agenda for Change band 7 or 8); 2) focus group at five months (N=4). The questionnaire measured perceptions on multi-item five-point scales (f.e. agreement, satisfaction and confidence) and analysis produced means and percentages. The focus group was recorded and thematically analysed.

Results: Questionnaire responses demonstrated a positive shift following the course. Perceptions exceeded expectations in most areas.

The largest gains came in knowledge and understanding followed by reported confidence. The focus group reported the programme met their needs and gave examples of using their learning to move forward service improvement projects. Suggestions for course improvement included media training, a 'suite of tools' for future use, and increased input from non-nursing professionals.

Discussion and Conclusion: It appeared that the pilot programme was received positively. The main impact was on cognitive aspects like understanding the system, while increased confidence in own capability to influence was noted after the opportunity to apply learning. The need for multimodal approaches to training and the benefit of having an impact model to inform learning design were demonstrated.

Recommended reading list

World Health Organisation (2017) Antibiotic Resistance [online]. Available: <http://www.who.int/mediacentre/factsheets/antibiotic-resistance/en/> [Accessed: 23 January 2018].

Kirkpatrick, D. and Kirkpatrick, J. (2006). Evaluating training programs. San Francisco, CA: Berrett-Koehler.

Michie, S., van Stralen, M.M. and West, R. (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implement Sci.* 6:42. Published online 2011 Apr 23

Biography

Dr Anda Bayliss works at the Royal College of Nursing in the UK as a Research and Innovation Manager leading a team of analysts providing evidence, research and advice to support RCN policy, professional practice and member engagement. She is a Chartered Psychologist and an Associate Fellow of the British Psychological Society with a background in occupational psychology. She has a particular interest in evaluation of learning and improvement programmes and interventions and systematic reviews of evidence. Prior to joining the RCN, Anda worked as a government social researcher at the College of Policing and in training design at the National Policing Improvement Agency, while she also held research psychology and consultancy positions. She has secondary school and University teaching experience. She has a BSc in Education and Psychology, an MSc in industrial psychology and a PhD in psychometric and performance assessment in the service industries. Anda is on Twitter @POL_Research.

Session no: 6.7.2 Abstract number: 66

Time: 2.45-3.10pm

Keywords

Research topic: Cancer/Chronic Illness

Methodology: Interviewing/Qualitative Approaches

Restructuring relationships in cancer survivorship: changes in social support and engagement with self-management practices

Presenter: Dr Catherine Henshall, MN, RGN, MA, PhD, Senior Nursing Research Fellow, OxINMAHR, Oxford Brookes University, Oxford, United Kingdom

Co-author(s): Sheila Greenfield, Nicola Gale, all UK

Abstract

Background: Cancer survivors with good social support are generally more motivated to undertake self-management behaviours and make lifestyle changes. However, the impact of changes in social support over time, from pre-diagnosis through treatment and into survivorship, on the health and recovery of cancer survivors with a range of cancer diagnoses has not been explored.

Aim: This aim of this presentation is to report on a study carried out to examine how temporal changes in social support offered to cancer survivors by family and friends influences their engagement with self-management practices - such as diet, exercise, complementary and alternative therapies, psychological therapies, support groups, spirituality and religion - as well as their adaptation to lifestyle changes.

Methods: The interview study took place in a teaching hospital in the West Midlands, United Kingdom in Spring 2013. Forty participants were purposively sampled. A narrative approach to data collection was chosen, and data were thematically analysed.

Results: Six typologies of restructuring relationships post-cancer were identified. A greater understanding of the changes to social relationships that a cancer diagnosis can incur and the impact of this on people's outlook and ability to self-manage was developed.

Discussion: The restructuring of social relationships by cancer survivors over time can impact their outlook and ability to self-manage in survivorship, shaping their engagement with health promoting activities and reconciling cancer within the wider context of their lives.

Conclusion: This is of international relevance as appropriate clinical nursing processes and tailored interventions are required to support cancer survivors and promote engagement with self-management practices. Nurses are a vital component of the social support that enables

patients to make the best health and lifestyle choices available to them.

Recommended reading list

Foster C, Breckons M, Cotterell P, et al. (2015) "Cancer survivors' self-efficacy to self-manage in the year following primary treatment." *J Cancer Surviv.* 9:11-19.

Gallant MP.(2003) 'The influence of social support on chronic illness self-management: a review and directions for research'. *Health Educ Behav.*;30(2):170-195.

Pearce G, Parke HL, Pinnock H, et al.(2016) The PRISMS taxonomy of self-management support: derivation of a novel taxonomy and initial testing of its utility. *J Health Serv Res Policy.*21(2):73-82.

Biography

Dr Cathy Henshall MN, RGN, MA, PhD is a Senior Nursing Research Fellow and holds a joint post between Oxford Brookes University and Oxford Health NHS Foundation Trust. Cathy's background is in oncology nursing and she has worked previously on surgical and oncology wards, in chemotherapy clinics and latterly as a cancer research nurse. Cathy's mixed methods PhD explored the self-management patterns of cancer survivors over time, from pre-diagnosis, through treatment and into survivorship. It involved a survey and interviews with cancer survivors and explored their reasons for using certain self-management practices (diet, exercise, psychological therapies, complementary and alternative medicine, support groups, spirituality and religion) at different times in their cancer pathway.

In addition to her involvement in developing and undertaking research, Cathy's role includes the supervision of PhD students and teaching on the undergraduate and post-graduate nursing degree programme. She is also the Senior Nurse and Manager of the Oxford cognitive health Clinical Research Facility at the Warneford Hospital in Oxford. Her role also involves collaborating with clinicians and academics to raise the profile of clinical academic nursing careers and nursing research within. Cathy has a number of publications in peer-reviewed academic journals.

Concurrent session 7

Wednesday 18 April, 9.50-10.15am

Theme: District Nursing

Session no: 7.1.1 Abstract number: 165

Time: 9.50-10.15am

Keywords

Research topic: Primary and Community Care/Service Innovation and Improvement/Workforce and Employment Issues

Methodology: Mixed/Evaluation

District nursing using an adapted Buurtzorg model: an evaluation in England

Presenter: Professor Vari Drennan, MBE, PhD, MSc, BSc, RN, RHV, Professor of Health Care & Policy Research, Centre for Health & Social Care Research, Joint Faculty of Kingston University & St. George's University of London, United Kingdom

Co-author(s): Fiona Ross CBE, Mary Saunders, Peter West, all UK.

Abstract

District nursing as a home visiting service is facing increasing demands and difficulties in recruiting and retaining staff in many areas of the United Kingdom UK. The Dutch social enterprise company, Buurtzorg, offers one model that emphasises patient centred care and has self-managing teams (de Blok 2015). It is reported to achieve high levels of patient and staff satisfaction (Grey et al 2015). The Buurtzorg model is being introduced in a number of countries, including the United States, Norway, Scotland, England and China (Buurtzorg 2017). This presentation reports on the evaluation of the introduction of an adapted Buurtzorg model in one team in the National Health Service in England.

Aims: To evaluate the impact of introducing an adapted Buurtzorg model to a district nursing team for patients, nurses, general practitioners, managers and on service delivery.

Methods: Mixed methods including semi structured interviews, observation of nursing practice and analysis of anonymised patient records. Data collection was January- August 2017.

Results: The evaluation reported positive experiences and outcomes from patients, specialist nurses, general practitioners in comparison with currently organised district nursing. The nursing practice included provision of personal care and meal preparation for short periods which is usually undertaken by social care in England. The nurses reported great satisfaction but also

challenges. Not all nurses offered posts took them and nurses starting also left the team

Discussion and Conclusion: The early view evaluation demonstrates a model that shows promise. It raised questions as to whether some of the innovation and efficiencies in this team's nursing practice were transferable more widely to the district nursing service. Not all nurses are comfortable with non-hierarchical, self-management. Further investigation is required in answering questions of cost effectiveness over a longer period.

Recommended reading list

De Blok J. (2015) Buurtzorg: humanity above bureaucracy in a teal organization presentation at Chief Nursing Office England Summit Meeting 2015 Accessed last 8-10-2017 <https://www.slideshare.net/NHSEngland/cnu-summit-2015-buurtzorg-humanity-above-bureaucracy-in-a-teal-organization-jos-de-blok>

Buurtzorg . (2017). Collaboration in other countries. URL <https://www.buurtzorg.com/collaboration/> accessed last 30-10-2017

Gray, B. H., Sarnak, D. O. & Burgers, J. S. (2015) Home Care by Self-governing Nursing Teams. [online] The Commonwealth Fund. Last accessed 8-10-2017 at : <http://www.commonwealthfund.org/publications/case-studies/2015/may/home-care-nursing-teams-netherlands>

Biography

Vari started her career with an integrated sociology and social policy degree, registered nurse and health visitor course. She worked as a health visitor in inner London before moving into community nursing research, professional development and then senior NHS management posts. She was a member, then Director, of the Primary Care Nursing Research Unit at University College London before her current appointment in 2007. She has published widely on community nursing and her research has focused on community and primary care nurse workforce development issues, health and social care of older adults, nurse prescribing, and the interface between health care and the criminal justice system. She was honoured with an MBE (Member of the Order of the British Empire) in 2016 for services to health policy research, development and nursing.

Session no: 7.1.2 Abstract number: 107

Time: 10.20-10.45am

Keywords

Research topic: Chronic Illness/Primary and Community Care/Quality Standards

Methodology: Mixed/Mixed Methods Research

Quality measurement: whose perspective counts in community nursing?

Presenter: Dr Sue Horrocks, DPhil, MSc, BA Hons ,HV, RGN, RNT, Senior Lecturer, Primary Care, Academic in Practice, University of the West of England, Bristol, United Kingdom

Co-author(s): Lorna Duncan, Kathy Pollard, Christina Petsoulas, Jane Cook, all UK

Abstract

Background: With an ageing population and government policy to provide home-based services for patients with complex conditions, provision of high quality community nursing services is crucial. Community nursing quality is difficult to assess as care given is hidden from managers and patients may be too frail to complain. In the English NHS Service quality is currently measured by application of a range of indicators and schemes but their usefulness for community nursing has not been assessed.

Aim: To investigate the processes involved in the selection, application and perceptions of usefulness of quality indicators for community nursing

Methods: A collaborative mixed methods study design in three phases was used: 1) a national survey of indicators in use for community nursing (2014/15); 2) a case study in five case sites, utilising in depth interviews, focus groups, observations and documentary analysis. Each site comprised a Clinical Commissioner Group and its main community nursing service provider (2015/16); 3) ten stakeholder workshops to test study findings and draft good practice guidance (2016).

Results: A large number of quality measures applying to community nursing were identified. While some benefits were reported, frontline staff questioned the validity of data collected for quality indicator schemes. Both frontline community nurses and their patients placed emphasis on structural and process measures as indicators of community nursing quality rather than health outcomes favoured by commissioners.

Discussion and Conclusion: There was some evidence that the focus of incentivised indicators was linked insufficiently to issues of importance to community nurses and had potential for unintended consequences that might be detrimental to patients. Greater public and frontline staff involvement in indicator selection and use of a wider range of measures including observation and patient goal-setting were regarded as offering a way forward in assessing quality of community nursing.

Biography

I have been involved in research since 1995, when I began working at the University of Bristol and my career in research has focused on health care service evaluation with a focus on quality and patient experience. I recently led a collaborative project funded by the National Institute for Health Research (NIHR) that aimed to investigate how quality measures applying to community nursing services are selected and implemented in practice, and how useful these are from the perspectives of commissioners, managers, frontline staff, patients and carers. My professional background is in nursing and health visiting and I have experience in service and project management in both community health services and primary care where I supported practice nurses with their roles in health promotion and long term conditions management. I work at the University of the West of England in Bristol as Senior Lecturer in Primary Care, and as an Academic in Practice supporting nurse students in community settings. I am also a mentor for the HEE/NIHR Integrated Clinical Academic Programme for non-medical health care professionals <http://www.healthresearch-mentor.org.uk/website/dr-sue-horrock/>

Theme: End-of-Life

Session no: 7.2.1 Abstract number: 17

Time: 9.50-10.15am

Keywords

Research topic: Acute and Critical Care/End-of-Life Care/ Service Innovation and Improvement

Methodology: Interviewing/Qualitative Approaches

Nurse-identified barriers and facilitators to delivering end-of-life care in a cardiac intensive care unit

Presenter: Miss Elena Ivany, BSc, MA (Oxon), MRes (Clin Res), Staff nurse, St Christopher's Hospice, London, United Kingdom

Co-author(s): Leanne Aitken, UK

Abstract

Background: Mortality in the cardiac intensive care unit (CICU) is reported to be as high as 28% (1). CICU nurses state that providing end-of-life care to patients dying in the CICU can be challenging (2) but little is currently known about the barriers and facilitators that CICU nurses face in the provision of end-of-life care.

Aims and objectives: Identify the barriers and facilitators that CICU nurses face in the delivery of end-of-life care

Identify whether any of the barriers and/or facilitators are specific to the CICU setting.

Methodology: An exploratory qualitative study using convenience sampling, individual interviews as the data collection method and thematic data analysis. The setting of the study is a large CICU in Southeast England with a mortality rate of 35% amongst cardiac patients (cardiac surgery and cardiology) for the period 1/9/16-31/8/17.

Findings: Six CICU nurses participated in the study. Five key themes emerged, each theme containing both barriers and facilitators. No CICU-specific barriers or facilitators were identified but participants identified barriers associated with delivering end-of-life care to surgical patients. The five key themes are: patient-centred care, emotional challenges, reaching concordance, nursing contribution and end-of-life care in the intensive care unit.

Discussion: Participants identified challenges associated with caring for surgical patients who are at the end of their life. Participants in this and other studies also identified that the curative ethos of surgical intensive care units is not always compatible with delivering end-of-life care to patients. Secondly, participants discussed the emotional challenges of caring for dying patients in the CICU. A dichotomous view of the emotional challenges emerged: some participants accepted that caring for dying patients is emotionally difficult whereas other partici-

pants advocated emotional detachment and professionalism in the face of emotional challenges.

Recommended reading list

Zobel C, Dörpinghaus M, Reuter H, Erdmann E. 2012. "Mortality in a cardiac intensive care unit." *Clinical Research in Cardiology*, vol. 101 (7), pp. 521-524.

Calvin A, Lindy C, Clifton S. 2009. "The cardiovascular intensive care nurse's experience with end-of-life care: a qualitative descriptive study." *Intensive and Critical Care Nursing*, vol. 25 (4), pp. 214-220.

Blinderman C, Billings A. 2015 Comfort care for patients dying in the hospital. *The New England Journal of Medicine*, vol. 373, pp. 2549-2561.

Biography

Elena Ivany is a staff nurse at St Christopher's Hospice, having come to nursing after a career in public relations. Before joining St Christopher's, Elena worked in cardiology and cardiac intensive care in one of Europe's largest specialist cardiac centres. Elena's research interest is in the provision of specialist palliative care services to cardiac patients. In September 2017, Elena completed a Masters in Clinical Research at City, University of London.

Session no: 7.2.2 Abstract number: 93

Time: 10.20-10.45am

Keywords

Research topic: End-of-Life Care/Ethical and Philosophical Issues/Workforce and Employment Issues

Methodology: Focus Groups/Qualitative Approaches

Nursing's professional dignity in palliative care

Presenter: Dr Alessandro Stievano, PhD, MScN, RN, MA, Ed, MA., Soc Nurse Research Fellow, Centre of Excellence for Nursing Scholarship - Ispasvi Rome - Italy

Co-presenter(s): Laura Sabatino, Italy

Co-author(s): Gennaro Rocco, Italy; Douglas Olsen, USA

Abstract

Background: Dignity is a valued concept in the ethical discourse of many professions. The term is also variously used in scholarly literature. In moral discourse, there are two manifestations of dignity. First is an intrinsic worth of humanity in which the dignity of every person is inherent in its quintessence. The second, conditional dignity, increases with praiseworthy achievements and is decreased when the humanity of one's personhood is impugned.

Aims: This study explored the experiences of nursing's professional dignity in palliative care.

Methods: Qualitative data was collected through 12 focus groups with 69 nurses from January 2014 to January 2015. All participants worked in Italy in either home-care or hospices. Data was analyzed by coding responses with inductive content analysis and developing themes. Trustworthiness was guaranteed by applying Lincoln and Guba's principles of credibility, dependability, confirmability and transferability.

Results: Dignity of persons as persons in their integrity emerged as the primary theme. Five dimensions connected to conditional dignity were discussed: palliative care organizations and acute health care facilities, professional intra and inter-relationships, expressions of nursing professionalism, ethical dilemmas in palliative care, relationships with patients and their families.

Discussion: Regarding professional dignity in palliative care, nurses interviewed claimed that were more respected than in hospitals. This dignity was mainly based on mutual relationships and this was perceived more in home-care than in hospices. Teamwork enhanced dignity when nurses reported being listened to and trusted as an equal. The relations with patients and their families were based on a common respect even if, sometimes, especially at the beginning of these interactions, were present some incomprehension. Many ethical dilemmas were lived by nurses especially regarding the overtreatment of patients.

Conclusions: In comparison with acute care facilities, nursing's professional dignity in palliative care was better practiced especially in home-care situations.

Recommended reading list

Bolton, S.C. (2007). Dignity in and at work: why it matters. In: Bolton, S.C. (Ed.), *Dimensions of dignity at work*. Oxford: Butterworth-Heinemann, pp 3-16.

Lucas, K. (2015). Workplace dignity: Communicating inherent, earned, and remediated dignity. *Journal of Management Studies*, 52, 5, pp 621-646. doi: 10.1111/joms.12133

Stievano, A., De Marinis, M.G., Russo, M.T., Rocco, G., Alvaro, R. (2012). Professional dignity in nursing in clinical and community workplaces. *Nursing Ethics*, 19, 3, pp 341-356. doi: 10.1177/0969733011414966.

Biography

Alessandro Stievano is currently research coordinator of the Centre of Excellence for Nursing Scholarship of Ipasvi Rome - Italy. He is also a researcher for Tor Vergata University - Rome - Italy and Adjunct Assistant Professor for Michigan State University USA. He has just been appointed Chair of the Research for an initial two year term for the Commission on Graduates of Foreign Nursing Schools CGFNS (USA)

The Centre of Excellence for Nursing Scholarship Ipasvi Rome - Italy- is a novel project of the IPASVI Nursing College of Rome - Italy. The Centre represents a unique venture for Italy, and one of the first to be set up in Europe, in line with the positive experiences matured in this direction in the United States, which will definitely contribute to the development of competences and performances of both individual professionals and health care teams.

Theme: Older People

Session no: 7.3.1 Abstract number: 111

Time: 9.50-10.15am

Keywords

Research topic: Mental Health/Older People/ Service Innovation and Improvement

Methodology: Observation/Evaluation

Nurse-led medicine's monitoring in care homes study: a process evaluation of the impact and sustainability of the Adverse Drug Reaction (ADRe) Profile

Presenter: Dr Sherrill Snelgrove, Associate Professor, Public Health, Policy and Social Sciences, University of Swansea, Wales, UK

Co-author(s): Professor Sue Jordan, Medications Management Team, S.Wales, UK

Abstract

Introduction: Improved medicine's management could lead to real and sustainable improvements to the care of older adults. The over-use of mental health medicines is widely reported and insufficient patient monitoring has been identified as an important cause of medicines-related harms. Nurse-led monitoring using the structured Adverse Drug Reaction (ADRe) profile identifies and addresses the adverse effects of mental health medicines [Jordan 2015]. We aim to understand what is needed to sustain this in routine practice, and how ADRe can assist in pharmacist's medication reviews.

Methods: A process evaluation using interviews, observations and reflective accounts with participants of 10 homes caring for people with permanent cognitive impairment prescribed mental health medicines. The ADRe Profile is implemented by nurses to check for signs and symptoms of adverse drug reactions, and share findings with pharmacists and prescribers. Outcomes are the numbers and nature of problems addressed (including prescription changes), and understanding of the synergy between ADRe and pharmacist reviews. We report on the first 16 of 30 observations of the use of ADRe in 2017.

Results: By using the ADRe to communicate resident's signs and symptoms, nurses helped the pharmacist to identify potential adverse drug reactions in all 16 residents. The ADRe was important in recognising: under-treated asthma; weight gain, linked to mirtazapine; hypoxia, dizziness and risk of falls linked to AEDs; postural hypotension and falls linked to antihypertensives; possible hypothyroidism; posture and movement problems risking falls linked to antihypertensives; tremor due to multiple medicines.

Discussions/Conclusions: The ADRe has the potential to a) improve the lives of patients b) assist nurses and pharmacists in early identification of problems caused by ADRs. c) promote prudent health care [WG2004] and contribute to the WHO Medication Safety Challenge to reduce medication-related harm by 50% in 5 years [WHO2017]. Electronic versions warrant development.

Recommended reading list

1. Jordan S, Gabe-Walters ME, Watkins A, Humphreys I, Newson L, Snelgrove S, et al. (2015) Nurse-Led Medicines' Monitoring for Patients with Dementia in Care Homes: A Pragmatic Cohort Stepped Wedge Cluster Randomised Trial. *PLoS ONE* 10(10): e0140203. doi: 10.1371/journal.pone.0140203 <http://dx.plos.org/10.1371/journal.pone.0140203>

2. Welsh Government 2004 National Minimum Standards for Care Homes for Older People. WG, Cardiff, <http://cssiw.org.uk/docs/cssiw/general/131009nmsolderadultsen.pdf>

3. WHO 2017 Medication without harm. WHO, Geneva <http://apps.who.int/iris/bitstream/10665/255263/1/WHO-HIS-SDS-2017.6-eng.pdf?ua=1&ua=1>

Biography

I am an Associate Professor and Chair of the Research Ethics Committee in the College of Human and Health Sciences Swansea University. I am a long standing member of the University Medicines Management Group. The group is headed up by Professor Sue Jordan and we have been conducting research into nurse-led medication monitoring for over ten years (Website <http://www.swansea.ac.uk/adre/>). I also conduct my own research into chronic pain and medication beliefs and pedagogical research into teaching psychology to health professionals. I am a qualitative and quantitative researcher with experience of IPA research methods.

Session no: 7.3.2 Abstract number: 51

Time: 10.20-10.45am

Keywords**Research topic:** End-of-Life Care/Older People/Pain Management**Methodology:** Statistical Analysis/Quantitative**Can death rattle be prevented?***Presenter: Professor Austyn Snowden, BA(Hons), BSc(Hons), PhD, PgCert TLHE, PgCert Res Meth, PgCert Res Super'n, RMN, FHEA, Edinburgh Napier University, School of Health and Social Care, Scotland, United Kingdom***Abstract**

Background: Respiratory tract secretions, often called 'death rattle', are among the most common symptoms in dying patients. It is unknown whether death rattle causes distress in patients, but it certainly distresses family members. Treatment with antimuscarinic medication is standard practice, but not always effective. Prevention would be preferable. A systematic review was therefore conducted to identify risk factors. A retrospective case review then provided the data to examine their predictive power.

Aim: Identification of risk factors that predict the development of death rattle.

Design: Binary logistic regression.

Method: A retrospective analysis investigated potential risk factors such as weight, smoking habits, final opioid and Midazolam dose. Their association with death rattle was analysed using Pearson's Chi-square and Mann-Whitney U test.

Setting/ Participants: Two hundred consecutive medical records of patients who had died in a Scottish hospice between 2009 and 2011. 95.5% of the participants had a primary cancer diagnosis.

Results: The univariate analysis showed death rattle was significantly associated with final Midazolam ($p=0.001$) and final opioid doses ($p=0.013$), length of dying phase ($p=0.013$), and anticholinergic drug load in the pre-terminal phase ($p=0.036$). In the logistic regression model only Midazolam was statistically significant ($p=0.03$). The model explained 9.7% (RN2) of the variance. An odds ratio of 1.024 (95%CI 1.002/ 1.047) indicated that with an increase of Midazolam by 1mg the odds of developing death rattle were raised by 2.4%. As the odds to develop death rattle increased exponentially this means in practice that a 2mg increase would raise the odds by 4.9%, 10mg by 26.8%, and 20mg by 60.7%.

Conclusions: Clinicians should be mindful that dying patients with an increasing requirement for Midazolam have a higher risk of developing death rattle. Future research should pro-

spectively investigate the relationship between death rattle development and administration of Midazolam.

Biography

Professor Austyn Snowden is chair in mental health at Edinburgh Napier University. Hildegard Kolb was staff nurse at Ayrshire Hospice, where this research was undertaken. Austyn and Hildegard have previously worked together on investigating why it took so long for an electronic health record to become accepted as a means of everyday communication. They discovered adoption followed a 'J' curve, rather than the hypothesised 'S' curve. This allowed for other organisations going through change to better understand the likelihood that they too were going through a 'J' curve. This year they present findings from Hildegard's Master of Research thesis, examining death rattle. The first section is a systematic review of risk factors in death rattle, the second a retrospective case analysis examining the risk factors found in the systematic review. The third section puts it all together by constructing a binary logistic regression, designed to ascertain key predictors. Results, clinical implications, and strengths and weaknesses of the research will be discussed. See you there!

Theme: Compassion

Session no: 7.4.1 Abstract number: 245

Time: 9.50-10.15am

Keywords**Research topic:** Acute and Critical Care/Chronic Illness/Older People/Service Innovation and Improvement**Methodology:** Questionnaires/Survey**What UK health care undergraduates fear about expressing compassion: a survey***Presenter: Leslie McKinlay, Programme Lead, School of Health Sciences, Queen Margaret University, Edinburgh, United Kingdom**Co-presenter(s): Ruth Magowan, Scotland, UK**Co-author(s): Fiona Kelly, Anne Williams, David Banks, Lindsey Regan, all Scotland; Dr Russell Ashmore, Sheffield Hallam University, UK***Abstract**

Background: Compassion as an expressed value is recognized to be rooted in the work of all Health Professionals in NHS services across England, Scotland, Wales and Northern Ireland, not only in the way they work with patients, but also how they work with their colleagues (Department of Health, 2008).

How compassion is understood, and enacted by health and welfare professionals, is clearly important with regard to how they collaborate with each other and their patients. The Francis Inquiry (2013) found lack of compassion to be a fundamental issue affecting caring professionals involved in poor quality practices.

More specifically, practitioner's fears of expressing compassion for others and their fears of receiving compassion for themselves may well impede them from building effective therapeutic relationships (Gilbert et al., 2011). A further facet of compassion here is the ability to express compassion towards oneself as a professional practitioner.

Aims: This study explored how professional health care undergraduate students perceived their fears of compassion at a Scottish University.

Methods: The convenience sample was drawn from three cohorts of first (N= 382) and final year (N=103) students from Adult Nursing, Occupational Therapy, Physiotherapy, Radiography, and Podiatry programmes. The participants completed questionnaires, as part of a series of workshop activities, from March 2016 to October 2017, designed to address self-awareness and reflexive practice. This self-assessment instrument utilized for collecting data drew on three Likert scales addressing fears of compassion, which totalled 48 items (Gilbert et al., 2011).

Findings: Key findings, reported in the form of descriptive statistics and means, show significant variations within, and between, groups by profession and year. The implications for intra professional practice, maintaining authentic person-centered care relationships and sustaining personal mental wellbeing will also be discussed.

Recommended reading list

Francis Inquiry Report (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Report). House of Commons. ISBN 978-0-10-298147-6

Gilbert, P., McEwan, K., Matos, M. and Ravis, A. (2011) Fears of Compassion: Development of three self-report measures Psychology and Psychotherapy: Theory, Research and Practice (2011), 84, pp 239 - 255

Department of Health (2008) 'A consultation on the NHS Constitution' 30 June 2008 DOH London

Biography

Lesley McKinlay is currently programme leader for the BSc (Hons) Nursing undergraduate programme at Queen Margaret University, Edinburgh.

Lesley is interested in developing person centred values in nursing practice. This paper contributes to that stream of research at QMU.

The Undergraduate programme performed exceptionally well in the NSS results for 2017, First equal in Scotland and first equal in the UK.

Session no: 7.4.2 Abstract number: 250

Time: 10.20-10.45am

Keywords

Research topic: Leadership and Management/Patient Safety

Methodology: Survey

Cross-sectional survey of British newly-qualified nurses' experience of organizational empowerment and assertive communication behaviors

Presenter(s): Roslyn Mattukoyya, Senior Lecturer, School of Nursing and Midwifery, Anglia Ruskin University, UK

Co-author: Dr Mansour Mansour, PhD Associate Professor, Fundamentals of Nursing Department, College of Nursing, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

Abstract

Background: Newly-graduated nurses perceive the transition into their new professional role as highly stressful, which may impact on their organizational empowerment and assertive communication skills. This study examined the newly-graduated nurses perceived level of organizational empowerment, as well as their perceived assertive communication skills in given hypothetical scenarios.

Methods: A cross-sectional survey was carried out on 85 newly-graduated nurses in four hospitals in the East of England. The study took place between June 2015- January 2016.

Results: 51 nurses completed the survey, with 61% response rate. The participants reported a moderate level of organizational empowerment, but a high level of perceived assertive communication skills. A statistically significant correlation was found between the participants perceived empowerment average score, and their average score on the given hypothetical speaking up scenarios ($r = 0.472$, $p < 0.01$). Statistically significant correlations between were also found between the participant speaking up attitudes and their reported access to opportunity, access to information and informal power.

Discussion: The findings confirmed previously reported moderate organizational empowerment of the newly-qualified nurses. While the findings demonstrated correlation between the participants reported level of organizational empowerment and their assertive communication skills, further research is needed to better understand the contextual factors which drive for such high

assertiveness skills, given the evidence from the literature which suggest otherwise.

Conclusions: This study underscored the importance of empowering the newly-graduate nurse in their work setting, and its association with consolidating their assertive communication behavior.

Biography

Roslyn Mattukoyya is a senior lecturer in nursing at the School of Nursing and Midwifery, Anglia Ruskin University. She is currently undertaking her PhD in the experience of overseas nurses in challenging unsafe practice in UK.

Mansour Mansour is an associate professor in nursing at the College of Nursing, Imam Abdulrahman Bin Faisal University, Saudi Arabia. He authored and co-authored several research projects in patient safety and patient safety education. He is currently leading a cross country project to examine the newly-qualified nurses experience of organizational empowerment and assertive communication skills (UK, Saudi Arabia and Jordan).

Theme: Cancer

Session no: 7.5.1 Abstract number: 59

Time: 9.50-10.15am

Keywords

Research topic: Acute and Critical Care/ Patient Experience/Translational Research/ Evidence Based Practice

Methodology: Other Collection/Action Research/Participative Inquiry/Practice Development

Examining the evidence base for venepuncture in patients with previous mastectomies

Presenter: Ms Irene Mabbott, MEd, (Lifelong Learning), BaHons, Dip Ed, Cert Ed, Post Grad Cert Clinical Effectiveness, RGN, EN(G), ENB 998, 182, 934, C&G 7307, D32/33, D34. Practice Development Co-ordinator (Evidence Based Practice), Learning and Development Department, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom
Co-presenter(s): Angela Bennett, Sheffield, UK

Abstract

Within clinical practice, if a patient with previous bilateral mastectomies presents for venepuncture, there is a dilemma for the staff about performing that task. The fear is that venepuncture in these patients carries a high risk of lymphoedema - an incurable condition severely affecting the person's quality of life. This staff fear can lead to variances in patient experience and treatment options. Discussions within the

Practice Development Team led to a methodical review of available current literature to support and finalise an evidence based venepuncture process within the organisation.

An initial search via NHS Evidence using the terms: mastectomy; mastectomy radical; blood specimen; collection; lymphoedema and primary prevention elicited a variety of substantial and anecdotal evidence, (usually historic single case studies) as well as multiple organisational guidance documents. Secondary searching, including hand searching found more evidence specifically directed literature reviews, highlighting how globally, authors have sought specific guidance for clinical practice. All the evidence in this review was assessed using the same framework to aid consistency of approach and understanding. Themes that emerged from reviewing the evidence in this literature review included:

- Levels of surgery associated with mastectomy
- Actual and perceived risks of triggering lymphoedema
- Other causes of lymphoedema
- The expert patient's role
- Timings of the mastectomy surgery
- Patient assessment and identification
- Alternative sites/procedures for venepuncture and permissions required for these.

Guidance varied across the evidence found with flaws and conflicting advice cited. In view of this, the results of this literature review were discussed by a Trust wide expert panel and used to create a multidisciplinary evidence based decision tool to support staff and patients. This presentation will outline the literature review process, the findings, including the weaknesses of the evidence and the changes made to reduce inconsistencies in practice from this project.

Recommended reading list

- Cemal, Y, Pusic, A, & Mehrara, B, J, (2011) Preventative measures for lymphedema: Separating fact from fiction, *Journal of American College of Surgeons*, Vol. 213, No. 4, pp543-551.
- Bates, S, & Sedgwick, R, (2013) Decreasing the risk of iatrogenic lymphoedema after axillary surgery: a threefold intervention, *British Medical Journal Quality Improvements Reports*, Vol. 2, No.1 pp1
- Higton, M, & Valadares, D, (2011) le Risks, what are they and how can they be reduced? *Journal of Lymphoedema*, Vol. 6, No. 2, pp5559.

Biography

Irene Mabbott: Irene has been in nursing since 1982 and have worked in a variety of areas including post anaesthetic care and ophthalmology. Her current role of Practice Development Co-ordinator (Evidence Based Practice) enables her to encourage EBP at a grass roots level working with clinicians to help them examine their own practice. She enjoys demystifying research and EBP for all staff and is heavily involved with the Trust's Evidence Based

Council. She teaches on a variety of courses including Writing for Publication workshops and Evidence Based Practice courses. She facilitates an annual Trust wide 'Sharing Good Practice Festival' day which enables staff to access the great works that are being undertaken across the areas and disciplines.

Angela Bennett: Angela Bennett qualified as a Registered Nurse in Sheffield in 1991 and acquired 15 year's experience in cardiothoracic surgery and 10 years in Coronary Care nursing at Sheffield Teaching Hospital NHS Foundation Trust, before moving into the Learning and Development Department as a nurse specialist in moving and handling and clinical skills. Her role includes developing the Trust wide training system for clinical skills including, amongst other clinical skills, teaching and assessment of competence for venepuncture and peripheral venous cannulation for non-medical staff.

Session no: 7.5.2 Abstract number: 123

Time: 10.20-10.45am

Keywords

Research topic: Cancer/Patient Education/Patient Experience

Methodology: Observation/Qualitative Approaches

Health care professional-patient communication about oral chemotherapy: an ethnographic study

Presenter: Dr Gary Mitchell, PhD, MSc, BSc, BA, RN, Lecturer, Queen's University Belfast, N. Ireland, United Kingdom

Co-author(s): Sam Porter, UK; Elizabeth Manias, Australia.

Abstract

Aim: To illuminate the processes of communication between health care professionals, patients and informal carers during oral cancer drug therapy in order to identify factors that promote or inhibit concordance and appropriate medication administration.

Background: Communication about medications can be one-sided, leaving the patient to take a passive role in discussions about medications. In relation to oral chemotherapy, there is a paucity of research in this area, which is surprising given the extremely narrow therapeutic index of oral chemotherapy and subsequent high risk of toxicity (Mitchell et al. 2014).

Design: A critical ethnographic design was undertaken incorporating observations, semi-structured interviews and focus-groups as data collecting methods.

Methods: Over 60 hours of observational data was digitally recorded from interactions between fifteen health care professionals and

eight patients over a period of six months in outpatient departments within one hospital in Northern Ireland (Mitchell et al. 2015). In addition, semi-structured interviews were conducted with patients during and after their treatment. Focus-groups were carried out with health care professionals at the conclusion of the study. These data were analysed using thematic analysis.

Results: The key themes that emerged from the patient journey related to the uncertainty of prognosis, health care professional prioritisation of the medical management of side-effects, the emergence of patient-led communication processes, patient regimen adherence challenges and post-treatment isolation.

Discussion: This study found that the main communication priority for patients, their family members and health care professionals, was medical management of side-effects. Communication about oral chemotherapy is an extremely important area in relation to management of patient safety and maintenance of one's psychological and social needs. Importantly, communication about oral chemotherapy is not an isolated event. It occurs over a long period, is preceded by important communication processes through the diagnosis period and succeeded by supportive communication in the period after treatment.

Recommended reading list

Mitchell, G., Porter, S. and Manias, E. (2015) 'A critical ethnography of communication processes involving the management of oral chemotherapeutic agents by patients with a primary diagnosis of colorectal cancer: study protocol', *Journal of Advanced Nursing*, 71, (4), pp. 922-932.

Mitchell, G., Porter, S. and Manias, E. (2014) 'Adherence to oral chemotherapy: A review of the evidence', *Cancer Nursing Practice*, 13, (4), pp. 25-28.

Biography

Gary currently occupies the role of Lecturer in the Department of Nursing and Midwifery at the University of Belfast and was previously research coordinator for Four Seasons Health Care across a number of care homes in the UK. Gary, a qualified nurse, has published over 35 peer-reviewed papers on nursing, dementia care, palliative care & oncology. He was listed as one of the UK's Inspirational Nurse Leaders by the Nursing Times in 2015 & was named as the Nurse of the Year by the British Journal of Nursing in 2016. He serves on the editorial board of the *Journal of Advanced Nursing*, *Nursing Standard* & *Nursing and Residential Care* & has recently been appointed as a non-executive director of Age NI.

This presentation reports key study findings from Gary's PhD at Queen's University in Belfast.

Theme: Health Care Professional

Session no: 7.6.1 Abstract number: 239

Time: 9.50-10.15am

Keywords

Research topic: Acute and Critical Care/Mental Health/ Nursing, Midwifery or Support Worker Education/Workforce and Employment Issues

Methodology: Interviewing/Qualitative Approaches

Does caring affect the carers? A qualitative study to explore the psychosocial effects of operating as part of a Medical Emergency Response Team (MERT)

Presenter: Professor Di Lamb, PhD, MA, MEd, BSc(Hons), Defence Professor of Nursing, Ministry of Defence, Royal Centre for Defence Medicine (Research & Academia), Birmingham, United Kingdom

Abstract

Background: Repeated exposure to the immediate aftermath of traumatic incidents and the role of caring for those having sustained life-changing injuries is undoubtedly impactful on specialist medical teams. It can be assumed that personnel undertaking such a role might be at heightened risk of adverse stress reactions; however, this had never been investigated within a UK military context.

Aim: This study aimed to explore the psychosocial effects of operating in such an environment, which would inform the development of a Resilience Model. This would then establish a structured and consistently applied process that was contextually relevant for a team's preparation, delivery and recovery from their operational duties.

Method: A qualitative cross-sectional design used semi-structured interviews and 15 multi-disciplinary team members participated. Interviews were transcribed verbatim and data were systematically analysed using constructivist grounded theory.

Findings: Emergent theory postulates that developing resilience against the demands of MERT duties is dependent upon personnel having a realistic understanding of the operational environment. Their phased emersion within it enables them to gain the prerequisite high standards of competence and confidence. This training generates trust, camaraderie and strong team cohesion, which together with peer and organisational support are important factors that are necessary to cope with the associated stressors of the role from a day-to-day basis.

Conclusion: There is a need for MERT personnel to segregate the physiological and

emotional aspects of delivering care to the injured; those unable to do so may be at greater risk of poor mental health outcomes. Work to further improve the pre-deployment training of MERT personnel is ongoing and progress to date will also be discussed.

Biography

Group Captain Di Lamb qualified as a Registered General Nurse in 1988 and specialised in critical care before joining the Royal Air Force in 1995. She combined her nursing experience with aeromedical evacuation as a member of the RAF Critical Care Air Support Teams. Thereafter, she was responsible for transfer training for critically ill adults at the John Radcliffe Hospital in Oxford and it was at Oxford Brookes University where she commenced her academic career.

In 2004, she was awarded a BSc with first class honours. This was followed with a full-time MA in Research Methodology at Nottingham University in 2005. Her passion for aeromedical evacuation and human factors prompted her desire to further her academic studies to a PhD.

In May 2013 she was posted to the Royal Centre of Defence Medicine (Academia & Research) as the Senior Research Fellow. She has continued to develop her understanding of the aeromedical specialty by studying the psychosocial effects of personnel undertaking a forward aeromedical role and has a particular interest in resilience and wellbeing. In July 2015 she was appointed the Defence Professor of Nursing. She is married and has a passion for photography and road cycling.

Session no: 7.6.2 Abstract number: 219

Time: 10.20-10.45am

Keywords

Research topic: Dementia/Older People/Quality Standards

Methodology: Focus Groups/Qualitative Approaches

A qualitative study of health care worker's perceptions and experiences of using personal information documents for people with dementia

Presenter: Dr Lesley Baillie, PhD, RN, MSc, BA(Hons), Qualifications Lead for Nursing, Open University, Milton Keynes, United Kingdom

Co-author(s): Nicola Thomas, Eileen Sills, all UK

Abstract

Background: Globally, there are growing numbers of people living with dementia and an estimated third of hospital inpatients in high income countries have dementia (Alzheimer's

Disease International, 2016). Internationally, person-centred care is considered best practice for people with dementia but is often not well delivered in hospitals (Dewing & Dijk, 2016). Personal information documents could support person-centred care by communicating personal information that helps staff approach each person as a unique individual. However, there has been little research about how they are used in practice.

Aim: The aim was to analyse health care staff's perceptions and experiences of using personal information documents for people with dementia.

Methods: This paper presents findings from a secondary thematic analysis of data from a larger qualitative study that was based in a National Health Service Trust in England. Data were collected from April-September 2014. There were 16 focus groups and 3 individual interviews, with clinical (nurses, allied health professionals, medical) and non-clinical staff.

Results: There are four themes: Understanding the rationale for personal information documents; Completing personal information documents; Location for personal information documents and transfer between settings; Impact of personal information documents in practice.

Discussion: Participants gave rich examples of how the documents supported person-centred care for people with dementia, by acting as a communication tool and assisting them to understand the individual person. They also revealed practical issues influencing the use of the documents and the need to complete them at an early stage following diagnosis of dementia. Findings indicated the importance of embedding their use across care settings, to support communication and integrated care.

Conclusion: The findings provide insights into how health care staff use personal information documents in practice in ways that support person-centred care. Further research should include people with dementia and carers to gain their perspectives about personal information documents.

Recommended reading list

Alzheimer's Disease International (2016). World Alzheimer Report 2016: Improving health care for people living with dementia coverage, Quality and costs now and in the future. London: Alzheimer's Disease International. Retrieved from:

<https://www.alz.co.uk/research/WorldAlzheimerReport2016.pdf>

Dewing, J. & Dijk, S. (2016). What is the current state of care for older people with dementia in general hospitals? A literature review. *Dementia*, 15(1), 106-24.

Biography

Dr Lesley Baillie is Qualifications Lead for Nursing at the Open University, which delivers distance learning programmes across the UK

and internationally. She has many years of experience working in clinical practice, health care education and research. Her nursing background is in acute hospital care and she has a particular interest in quality care and dignity and improving care for people living with dementia. Lesley has published widely in a range of academic and professional journals, particularly on the topic of dignity in care and nurse education, and has also published many book chapters and several books.

Theme: Undergraduate Research/Education

Session no: 7.7.1 Abstract number: 155

Time: 9.50-10.15am

Keywords

Research topic: Children and Young People/Leadership and Management/Nursing, Midwifery or Support Worker Education

Methodology: Mixed/Evaluation

Developing research knowledge and capability in undergraduate nurses: a pilot research elective

Presenter: Miss Julie Menzies, MSc (Health Sciences), ENB 415, B.Nursing (Hons) Nurse Researcher, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, United Kingdom

Co-author(s): Karl Emms, Tracey Valler-Jones, Sue Neilson, all UK.

Abstract

Background: Research awareness and an ability to engage in critical inquiry are essential features of our future nursing workforce (Willis, 2015). It is the responsibility of approved education institutions to provide the right learning opportunities for students, however, undergraduate nursing students have few opportunities to become involved in audit/research making it difficult for them to acquire skills required for evidence-based care.

Aim: To evaluate a pilot project offering undergraduate nursing students from a UK university the opportunity to participate in audit/ service improvement projects within a regional children's hospital.

Method: Second-year nursing students (n=113) were offered a four-week research elective option (July-August 2017), under the supervision of a named inter-professional, hospital-based, supervisor. Students were formally inducted, received individualised timetables with scheduled supervision sessions and formally presented their work at the end of the elective. An anonymised electronic survey, com-

prising open and closed questions was used to collate student evaluations. Data analysis was through simple descriptive statistics and thematic analysis of free-text responses.

Results: 6 students undertook a research elective. Projects included: an audit of paediatric hydration assessment tool (3 students), audit of vascular access (1 student), audit of pain, sedation and withdrawal assessment (1 student) and an audit of endotracheal tube fixation practice (1 student). Students were involved in data collection, data entry and preliminary data analysis. All students (n=6) felt they had been well supported and had gained research knowledge. Personal gains were improved organisational skills and time management (n=6), confidence in communication with staff (n=6) and ability to work autonomously (n=5). 100% of students would recommend a research elective to other students.

Conclusion: The pilot research elective enabled nursing students to undertake high-quality, clinically-focused audits and service improvement projects. The pilot scheme was evaluated extremely positively by students and supervisors and further placements are planned for 2018.

Recommended reading list

Willis (2015). *Raising the Bar- Shape of Caring: a review of the future education and training of Registered Nurses and Care Assistants*. Health Education England (HEE) & NMC, London

Biography

Julie Menzies qualified as a Registered Nurse in 1997 and began her professional career working in General Paediatrics at Birmingham Children's Hospital (BCH), before transferring to the Paediatric Intensive Care Unit (PICU) in 1999. After completing an MSc she consolidated research knowledge and principles by working for the NIHR Medicines for Children Research Network (MCRN) 2007-2008, before re-joining PIC as the Nursing Research lead to set up and support national and international research projects. In 2010 she was awarded a Research Training Fellowship to undertake a PhD, exploring the feasibility and optimum design of paediatric pharmacokinetic research studies. Submission is scheduled for December 2017. Her research interests include patient and public involvement in research design, the patient and family experience and outcomes following PIC.

Session no: 7.7.2 Abstract number: 278

Time: 10.20-10.45am

Keywords

Research topic: Mental Health/Nursing, Midwifery or Support Worker Education

Critical reflection on a research internship as a student nurse

Presenter: Ms Felicity Allman, BA(Hons) English Literature, PgDip Psychology, BSc (Hons) Nursing (Mental Health) [2nd Year] Student Mental Health Nurse, Plymouth University, United Kingdom

Abstract

This is a critical reflection on having completed a paid summer internship at a medical school under the guidance of a consultant psychiatrist as a first-year student mental health nurse. The focus of this internship was to research the link between depression, obesity and early puberty, working alongside established professors and research fellows.

Internships differ from placement practice in several ways, not least of all in that the intern is an equal member of the team, and that they are paid for their contributions (Budgen & Gamroth, 2008), therefore offering a valuable addition to compulsory practice experience (Budgen & Gamroth, 2008). Internships are infrequent in nursing practice, and this was a rare opportunity for a student mental health nurse looking for an experience in clinical research. Although our findings were non-significant, and the paper was not submitted for publication, this was a valuable insight into clinical academic research.

NHS Health Education England offers research internships to registered professionals, and several charitable organisations offer unpaid internships to student nurses, but a paid internship for student nurses is yet to be publicised. Nursing internships have been found to promote evidence-based practice (Cullen & Titler, 2004) and to improve clinical skills (Lee & Fitzgerald, 2008). This is hopefully the beginning of a movement towards internships in nursing, at least between my nursing school and the medical school in this example.

Recommended reading list

Budgen, C., & Gamroth, L. (2008) 'An overview of practice education models', *Nurse Education Today*, 28(3), pp. 273-283.

Cullen, L., & Titler, M.G. (2004) 'Promoting evidence-based practice: an internship for staff nurses', *Worldviews on Evidence-Based Nursing*, 1(4), pp. 215-223.

Lee, G.A., & Fitzgerald, L. (2008) 'A clinical internship model for the nurse practitioner programme', *Nurse Education in Practice*, 8(6), pp.397-404.

Biography

Over my first year as a student mental health nurse, I have been a research assistant on six clinical academic research projects, I have also worked on research with the RCPsych and CQC (including the recent CAMHS thematic review), and built enduring relationships with these organisations. The faculty at my university have nominated me for Student Nurse of the Year: Mental Health, and I'm now an SIO for the RCN. My latest publication in the *Nursing standard* was well received, and I can't wait to see what my second year will bring.

Concurrent session 8

Wednesday 18 April, 11.15am-12.40pm

Theme: Workforce

Session no: 8.1.1 Abstract number: 36

Time: 11.15-11.40am

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Translational Research/Evidence Based Practice/Workforce and Employment Issues

Methodology: Statistical Analysis/Survey

Being sick of work leads to being sick off work

Presenter: Professor Austyn Snowden, BA(Hons), BSc(Hons), PhD, PgCert TLHE, PgCert Res Meth, PgCert Res Super'n, RMN, FHEA, Edinburgh Napier University, School of Health and Social Care, Scotland, United Kingdom

Co-author(s): Jan Savinc, Scotland and Slovenia.

Abstract

Background: Staff absence in NHS England cost £2.6 billion in 2016; £1 of every £40 spent. Nurse managers are advised to monitor staff for engagement, and to develop strategies to help staff improve resilience to prevent burnout (NHS Employers, 2017). Emotional intelligence is also deemed protective, such that emotionally intelligent, resilient staff should be less likely to burnout and go off sick.

Aim: This study examined the relationship between staff engagement, emotional intelligence, resilience, burnout and sickness/absence in a cohort of newly graduated nurses in Scotland over a 12-month period 2016-2017.

Design: Self-report survey

Method: 350 newly qualified nurses and midwives were invited to complete an online survey consisting of Trait Emotional Intelligence Scale (short form) (TEIQue-SF), Brief Resilience Scale (BRS), Maslach Burnout Inventory (MBI), and iMatter personal engagement questionnaire. Sickness/absence episodes and days off were recorded. Correlations between all measures were conducted in SPSS version 23.

Results: 110 nurses (13 male, 97 female) returned questionnaires. All respondents had been qualified for 12 months with mean age 28 and all worked in NHS Scotland as band 5 nurses in a range of specialities. There was a weak to moderate negative correlation between personal engagement scores and sickness days

($r = -0.343$, $p < 0.001$); and sickness episodes ($r = -0.275$, $p = 0.005$). Emotional intelligence, burnout and resilience were not associated with either measure of sickness, but they were all associated with engagement scores and each other.

Discussion: Employee engagement levels are associated with sickness levels. Attributes such as emotional intelligence, resilience and burnout seem to mediate engagement, but from a practical perspective employee engagement scores appear to be a much more direct indicator of likely absenteeism. Clinical implications and strategies are discussed along with strengths and weaknesses of the study. Further planned research is introduced.

Recommended reading list

Albrecht, S. L., & Anglim, J. (2017). Employee engagement and emotional exhaustion of fly-in-fly-out workers: A diary study. *Australian Journal of Psychology*, (September 2016). <http://doi.org/10.1111/ajpy.12155>

NHS Employers (2017) Preventing absence: engagement and communication <http://www.nhsemployers.org/sickness-absence/preventing-absence/engagement-and-communication> (last accessed 20th October, 2017)

Snowden, A., & MacArthur, E. (2014). iMatter: Validation of the NHS Scotland Employee Engagement Index. *BMC Health Services Research*, 14(535). Retrieved from <http://www.biomed-central.com/1472-6963/14/535>

Biography

Professor Austyn Snowden in chair in mental health at Edinburgh Napier University. Dr Rosie Stenhouse is lecturer at Edinburgh University. They have been working together since 2012, examining attributes associated with success or otherwise of nurse education. Their longitudinal study, involving nearly 1,000 student nurses and midwives, focused on the 'valued based recruitment' agenda, examining emotional intelligence and previous caring experience as likely candidates for predictors of future success. Their findings, broadly that neither really were, have been influential in Scotland in particular. This presentation introduces the latest results, from the first cohort of nurses and midwives to qualify and begin their careers in NHS Scotland. Austyn and Rosie really hope you will come along and ask some difficult questions!

Session no: 8.1.2 Abstract number: 195

Time: 11.45-12.10pm

Keywords

Research topic: Acute and Critical Care/ Nursing, Midwifery or Support Worker Education/Workforce and Employment Issues
Methodology: Statistical analysis/Survey

Workplace stress amongst nurses in paediatric intensive care units in Saudi Arabia

Presenter: Ms Amany Alabdullah, PhD Student, University of Hertfordshire, Hatfield, United Kingdom and Nursing Lecturer, College of Nursing, Princess Nourah bint Abdulrahman University, Riyadh, Saudi Arabia.,

Co-presenter(s): Brian Littlechild - UK

Co-author(s): Lisa Whiting - UK

Abstract

Background: Research relating to workplace stress amongst nurses has shown that its prevalence in intensive care units affects the quality of care. In addition, the paediatric intensive care unit (PICU) environment can exacerbate workplace stress (Mokhtar et al., 2016). Transnational research studies (Mokhtar et al., 2016; Milutinovi, et al., 2012; Lin et al., 2016) focussing on workplace stress amongst PICU nurses have been sparse, and to date, no published evidence is available on this issue in the context of Saudi Arabia.

Aim: To explore and investigate perceptions of workplace stress amongst nurses within PICUs in Saudi Arabia.

Methods: This research consisted of a cross-sectional study. Data was collected from 1 April 2017 to the end of June 2017 via the distribution of the Expanded Nursing Stress Scale along with basic demographic and work characteristics questions among a purposive non-probability sample population of 172 nurses working within six Saudi Arabian PICUs.

Results: The highest levels of workplace stress responses were associated with the 'workload', 'death and dying' and 'patients and their families' subscales. The lowest levels were related to the perception of 'discrimination' in the context of work. Male nurses and those with a Bachelor of Science in nursing perceived higher levels of workplace stress ($p < 0.001$). Moreover, expatriate nurses perceived more workplace stress than Saudi nurses. There was no statistical correlation regarding years of PICU work experience and perceived workplace stress.



Discussion: Workplace stress among Saudi Arabian PICU nurses has been a neglected phenomenon, which has potential serious professional consequences. The present study suggests an urgent need to revise nursing management policies in Saudi Arabian PICUs in order to enhance work environments and the quality of care.

Conclusion: Nurses in PICUs across Saudi Arabia perceive a significant level of workplace stress triggered by tangible workplace stressors, demographic factors and workplace characteristics.

Recommended reading list

Lin, T., Lin, H., Cheng, S., Wu, L. and Ou-Yang, M. (2016). "Work stress, occupational burnout and depression levels: a clinical study of paediatric intensive care unit nurses in Taiwan". *Journal of Clinical Nursing*, Vol.25, No. 7-8, pp.1120-113

Milutinović, D., Golubović, B. Brkić, N. and Prokeš, B. (2012). "Professional Stress and Health among Critical Care Nurses in Serbia". *Archives of Industrial Hygiene and Toxicology*, Vol. 63, No. 2, pp. 171–180. DOI: 10.2478/10004-1254-63-2012-2140.

Mokhtar, K., El Shikieri, A., El Muntasir, T. and Ahmad, R. (2016). "The Relationship between Occupational Stressors and Performance amongst Nurses Working in Pediatric and Intensive Care Units". *American Journal of Nursing Research*, Vol. 4, No 2, pp. 34–40. DOI:10.12691/ajnr-4-2-2.

Biography

Education and Qualifications: PhD in Nursing (in progress), University of Hertfordshire, United Kingdom, 1st February 2016 - in progress; MSc. Clinical Nursing Pediatric, University of Dammam, Saudi Arabia, April 2011; B.S.N., King Faisal University, Dammam, Saudi Arabia, August 2007

Professional Experience: Nursing Lecturer, Princess Nourah bint Abdulrahman University, Riyadh, Saudi Arabia; October 2013 to present, Nursing Lecturer, Saad College of Nursing and Allied Health Sciences, Al-Khobar, Saudi Arabia, January 2012 - January 2013; Registered Nurse, King Fahd University Hospital, Al-Khobar, Saudi Arabia, November 2007 - November 2008

Achievements: Member of Saudi Nursing Regulation, 2013; Member of a Research Club, King Fahd University Hospital, Al-Khobar, February - June 2011; Registered with Saudi Commission for Health Specialties, 2007; Member of the Saudi Cancer Foundation, 2007.

Oral presentation in conferences: The Health and Social Work Research Conference, UK, July 2017; The 6th Hot Topics in Pediatrics, March 2012; The International Student Congress of Medical Sciences, ISCOMS, Netherlands, June 2011; The Second Scientific Conference for Students in Higher Education, Jeddah, Saudi Arabia, March 2011.

Session no: 8.1.3 Abstract number: 243

Time: 12.15-12.40pm

Keywords

Research topic: Patient Safety /Workforce and Employment Issues

Methodology: Questionnaires/Mixed Methods Research

Exploring resilience of contemporary nursing roles in Wales: a mixed methods study

Presenter: Mrs Judith Benbow, RGN, Msc Senior Lecturer, School Of Healthcare Sciences, Cardiff University, Wales, United Kingdom

Co-author(s): Professor Daniel Kelly and Dr Aled Jones, all UK

Abstract

Background: Nursing is categorised as a highly stressful occupation (Mark and Smith 2011). Stress and burnout are known consequences of health care workplace adversity which can negatively affect care. Resilience is known to buffer the negative effects of stress through behaviours that facilitate adaptation in the context of adversity, resulting in the ability to function above the norm in spite of significant stress (Masten 2001).

Resilience may positively influence the wellbeing of nurses (e.g. Mealer et al, 2014). Nurses' ability to perform is inextricably linked to challenges and support available (Maben, 2012). However, limited research exists that examines nurse's understanding of resilience and its relevance to workplace environments.

This paper partially addresses this gap by answering the research question: - What is the relevance of resilience to nurses?

Methods: Mixed methods two phased design consisting of a purposely designed questionnaire and analysis of free text responses exploring perceptions of resilience and work environments. Participants included Registered Nurses (n=1459) from all fields, pay bands, job roles/ settings in both urban/rural locations. Survey responses including 8, 000 free-text comments totalling 89,000 words, were descriptively analysed utilising 'Smart Survey', SPSS and Microsoft word.

Findings: Nurses provided clear insights and perceptions of resilience and hundreds of examples of resilience and lowered resilience in practice. Frequently nurses recognised the challenge of not merely keeping calm but keeping calm and professional. Therefore, emergent linkages and novel insights between emotional and professional efficacy, that can promote resilience, within regulatory frameworks, will be discussed.

Conclusion: These unique insights open the door for resilience to be redefined and conceptualised, within a professional/employment frame

that is less psychologically orientated and more focussed on the realities of practising nurses. This improved understanding of resilience can lead to better workplace support for nurses as they strive to deliver excellent care for patients.

Recommended reading list

Maben J et al. 2012. Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing Final report. NIHR

Masten, A. 2001. Ordinary Magic, resilience processes in development *American Psychologist* 56 (3), pp. 227-238.

Mealer, M., Conrad, D., Evans, J., Jooste, K., Solyntjes, J., Rothbaum, B. and Moss, M. 2014 Feasibility and Acceptability Of Resilience Training Program For Intensive Care Unit Nurses. *American Journal of Critical Care* 23 (6), pp. 97-105.

Biography

Judith Benbow has a background in adult critical care nursing and has enjoyed a variety of clinical and educational roles. Judith is currently Senior Lecturer at Cardiff University's School of Healthcare Sciences and Royal College of Nursing Wales PhD Research Fellow.

Theme: Workforce

Session no: 8.2.1 Abstract number: 131

Time: 11.15-11.40am

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Patient Safety/ Translational Research/Evidence Based Practice

Methodology: Mixed/Mixed Methods Research

Resilience challenge: using an evidence-based video game as a reflexive tool in clinical practice

Presenter: Miss Jennifer Jackson, RN, BScN, MN, PhD(c), Registered Nurse, PhD student, King's College London, United Kingdom

Co-author(s): Professor Jill Maben, Dr Janet Anderson, all UK

Abstract

Background: Resilience Engineering (RE) is a framework for supporting safety in complex adaptive systems, including health care (Hollnagel, Woods & Levenson 2006). RE is theoretically well developed but has limited implementation in clinical settings. In order to translate the concepts from RE to clinicians, a

video game was created as a reflective tool. Video games impact upon behaviours and attitudes, which suited the engagement needs for this population.

Aims/Objectives: The aim of this study was to create a clinical engagement tool to raise awareness of the value of RE in clinical work, and support clinicians to reflect on their practice, and evaluate a video game to a rigorous standard.

Methods: The game was created by using a focus group of clinicians, academics, and digital media experts. "Resilience Challenge" (<http://game.resiliencecentre.org.uk/>) presents a series of scenarios where a player guides a patient's journey through a hospital. Resilience Challenge was shared online through websites, social media, and blog posts. The game was evaluated by the analytic data from gameplay, a cross-sectional survey with Likert-style and free-text responses.

Main Findings: Resilience Challenge has been played over 2,700 times. Survey participants (n=137) almost universally agreed that the game was engaging and they would recommend it to others. 82% of clinician participants agreed or somewhat agreed that the game helped them to reflect and 63% agreed that the game introduced them to RE concepts. Qualitative analysis included the theme of finding the 'right' answer to complex scenarios.

Conclusions/Recommendations: Resilience Challenge has demonstrated effectiveness as a reflective tool. Video games are an important medium to engage with clinicians, start conversations about pressures and adaptations in clinical work, and transfer research findings to clinical practice.

Recommended reading list

Hollnagel, E., Woods, D.D. & Leveson, N. (2006) Resilience engineering: Concepts and precepts, Ashgate Publishing, Ltd., Hampshire.

Biography

Jennifer is a Registered Nurse, with a clinical practice background in critical care, and a passion for social justice. As a doctoral researcher at King's College London, she is studying organisational resilience in nursing. She believes in supporting health care professionals to provide safe care through organisational efforts. In Canada, Jennifer worked in tertiary facilities in clinical practice, education, research, and management.

Jennifer also connects innovative technology with clinical education. Her most recent example is leading the development of a video game, Resilience Challenge, for clinical education. She also has extensive experience with social media, and using different platforms to educate and inspire

Session no: 8.2.2 Abstract number: 118

Time: 11.45-12.10pm

Keywords

Research topic: Workforce and Employment Issues

Methodology: Mixed/Mixed Methods Research

Schwartz Center Rounds: a UK evaluation of a complex intervention to support health care staff deliver compassionate care

Presenter: Jill Maben, OBE, RN; BA(Hons); MSc; PhD; PGCE Professor of Nursing, School of Health Sciences, University of Surrey, Guildford, United Kingdom

Co-author(s): Mary Leamy; Cath Taylor; Imelda McCarthy; Jeremy Dawson; Ellie Reynolds, Shilpa Ross; Caroline Shuldham; Laura Bennett; Catherine Foot

Abstract

Background: First introduced to the UK by the Point of Care Foundation (PoCF) in 2009, there are now over 140 providers running Rounds (Robert et al 2016). Evidence of their implementation and effect is lacking.

Aims: Examine how, in which contexts and for whom, participation in Rounds affects staff wellbeing at work, social support for staff and improved relationships between staff and patients

Methods: Realist informed mixed-methods approach to data collection was adopted, comprising: (i) online cross-sectional survey (n=42) and telephone interviews (n=49 from 46 providers) conducted with clinical leads or facilitators from providers running Rounds at September 2014 (n=77); ii) two-wave survey (baseline and eight-month follow-up) of staff new to Rounds (attenders) (n=256) and non-attenders (controls) (n=233) in ten health care sites (iii) in nine case study sites; observations of Rounds (n=42), panel preparation (n=29) and steering group meetings (n=28) and interviews with clinical leads, facilitators, panellists, and members of steering groups, audiences, organisation Boards and non-attenders (n=177).

Results: Implementation rapidly increased 2013-2015; Rounds were implemented variably; challenges included ward staff attendance, and workload and resources required to sustain Rounds; Survey showed no change in work engagement, but poor psychological wellbeing (GHQ12), reduced significantly (p < .05) in Rounds attenders (25% to 12%) compared with non-attenders (37% to 34%); Rounds described as interesting, engaging and supportive; we identified four stages of Rounds; 'core' and 'adaptable' components of Rounds fidelity; and nine CMOs. Rounds impact is cumulative and reported outcomes included increased

empathy and compassion for colleagues and patients, support for staff and reported changes in practice.

Conclusion: Schwartz Rounds implementation has been variable. Rounds offer unique support for staff and positively influence staff wellbeing, empathy and compassion for patients and colleagues. Attention must now focus on ensuring that adequate time and resources are provided to support the sustainability of Rounds.

Recommended reading list

Robert G., Phillpou J., Leamy M., Reynolds E., Ross S., Bennett L., Taylor C., Shuldham C., Maben J. 2017 Exploring the adoption of Schwartz Center Rounds as an organisational innovation in England to improve staff wellbeing in England 2009-2015. *BMJ Open* 7(1)1-10. e014326

Biography

Professor Jill Maben is a nurse and social scientist at the University of Surrey where she started working in September 2017. Previously she was a Professor and Researcher in the Florence Nightingale Faculty of Nursing and Midwifery at King's College London since 20017. Jill is passionate about supporting staff to care well. Her research focuses on the health care workforce, particularly the quality of the work environment and the effects of these on patient care quality and experience. In 2012 Jill completed a national research study in the UK examining the links between staff well-being and patient experience and in 2017 completed an NIHR national evaluation of Schwartz Rounds in the UK.

In 2013 Jill was in the Health Services Journal 'Top 100 leader's and their inaugural list of Most Inspirational Women in Health care. Jill was awarded an OBE in June 2014 for services to nursing and health care.

Session no: 8.2.3 Abstract number: 203

Time: 12.15-12.40pm

Keywords**Research topic:** Ethical and Philosophical Issues/Nursing, Midwifery or Support Worker Education/Workforce and Employment Issues**Methodology:** Interviewing/Qualitative Approaches**A grounded theory of courage in nursing - a complex, multi layered phenomenon***Presenter: Mrs Fiona Barchard, RN, PGCTHE, BSc in Health care studies, MA in Clinical Leadership, Senior Lecturer in Adult Nursing/ Curriculum lead, The University of Northampton, United Kingdom**Co-author(s): Dr Sarah Neill, Professor Judith Sixsmith, Dr Clency Meurier, all UK***Abstract****Background:** The nursing vision outlined the 6 C's; one being courage (Cummings and Bennett 2012). 'Leading change, adding value' (NHS England 2016) reaffirmed courage. There is a dearth of research on courage in nursing, and little mention as to how courage may be realized, strengthening the study's rationale. The thesis and grounded theory is now complete and ready for presentation.**Aim:** To develop a theoretical understanding of the meaning and use of courage in nursing.**Methods:** A social constructionist grounded theory approach, was used. This comprised: purposive sampling, theoretical sampling, constant comparative analysis, clarification of categories and finally an emergent theory. Following ethical approval, in 2015 -2016, 12 initial unstructured interviews were undertaken with nurses, focused on their understanding and use of courage. Four further semi-structured interviews, clarifying early themes were conducted. An iterative analytical process resulted in emergence of a co-constructed, theoretical model of courage.**Findings and Discussion:** Courage is a complex, multi layered phenomenon. Several categories were identified contributing to the emerged theory: being socialized into nursing, the impact of personal life, learning about courage, the psychological, social, moral and professional meaning of courage, doing something for the patient and themselves, and the consequences of using courage. These were presented as, where nurses courage comes from, the meaning of courage, using courage and what needs to be in place for nurses to use courage.

The emergent theory of courage in the context of nursing, suggests nursing as a profession continues to be constrained by its history, as a socially constructed, gendered female, caring occupation.

Conclusions: Nurses need a positive psychology and psychological support, socializing into nursing, a strong social identity, team support, and a conducive organizational culture to be able to develop and implement courage in practice. The context is the UK but may resonate with International colleagues.**Recommended reading list**

Cummings, J. Bennett, V. (2012) "Compassion in practice" Department of Health.

NHS England (2016) Leading Change, Adding Value: A framework for nursing, midwifery and care staff.

Charmaz, K. (2014) 'Constructing grounded theory', in Constructing grounded theory. London: Sage.

Biography

I am a senior lecturer in adult nursing and programme leader for pre-registration nursing. I began working at the University of Northampton in 2006 where I teach across pre-registration and post registration nursing courses from level 4 - level 7. The subjects I teach include pathophysiology, recognition of the deteriorating patient, leadership, reflection and complex care. I successfully completed my PGCTHE and I was also awarded a teaching fellowship by the University in 2008. In 2011, I commenced my Professional Doctorate and have completed the two years of taught modules and I am now completing the write up of the thesis element. Clinically I am a registered adult nurse with sixteen year's experience in acute nursing practice. The majority of this time was in critical care in a range of roles: staff nurse, junior sister, senior sister and practice development nurse. During this time, I gained my ENB 100, 931 and 998 and a Degree in Health Care studies and a Masters in Clinical Leadership.

Theme: Child Health

Session no: 8.3.1 Abstract number: 83

Time: 11.15-11.40am

Keywords**Research topic:** Children and Young People/ Public Health**Methodology:** Focus Groups/Qualitative Approaches**Experiences of school nurses on guiding adolescents on their decision-making about reproductive health in Nigeria***Presenter: Dr Abayomi Ogunyewo, PhD (Nursing Science) Lecturing, University of Jos, Plateau State, Nigeria***Abstract****Background:** School health nurses have a responsibility to guide adolescents in their decision making about reproductive health. This is necessary because studies have established that risky decision-making in reproductive health accounts for a large proportion of adolescent mortality. Adolescent reproductive health entails unprotected sex, unsafe abortion, and HIV/AIDs. Guiding adolescents in their decision making about reproductive health is an adaptive role of school health nurses which requires they are prepared to take up the role.**Purpose:** The purpose of the study was to explore the experiences of school health nurses on the provision of guidance to adolescents in their decision making about reproductive health.**Methods:** This is an exploratory, descriptive and contextual study. The study took place in the secondary school environment. Qualitative research approach was used for the study. The participants for the study were purposively selected from among school health nurses and adolescents. Semi-structured interviews and focus group discussions were used to obtain data for school health nurses and school adolescents respectively. Interview guide was developed to direct the questions during the interview. The data collected was in March, 2015. The collected data was transcribed in verbatim, and inductive content analysis which entails coding, and organizing the texts into meaningful sub-categories and categories to form themes, was employed.**Results:** The findings from the data showed that what school health nurses provide is not proximate to guidance rather some form of health talk which has no bearing on decision-making process of adolescents in reproductive health. Findings further show that they lack adequate skills and the knowledge of processes involved in guidance. Furthermore, there is a reflection of poor communication between school health nurses and adolescents which eliminated the trust and confidence school

health nurses needed to gain in adolescents before dyadic guidance session could take place.

Biography

My name is Oluwatoyin Abayomi Ogunyewo. I am a lecturer at the University of Jos, Nigeria. I hold BSc, Nursing, MSc, Nursing, MSc, Health Sociology degrees awarded by the University of Ibadan. I undertook my PhD programme at the University of the Western Cape, Cape Town, South Africa between 2013 and 2016, and graduated on April, 2017. My work experience indicates that I have been an academic for upwards of ten years. My focus is Community Health Nursing with special interest in adolescent sexual/reproductive health. In effect, I teach Community health nursing, health sociology, and nursing research. I intend to attend this conference in order to augment my research knowledge, and have a cross-current of ideas on the best global nursing research trajectory.

Session no: 8.3.2 Abstract number: 293

Time: 11.45-12.10pm

Keywords

Research topic: Cancer/Children and Young People/Patient Experience

Methodology: Mixed/Mixed Methods Research

“No Peppa Pig!": Conceptualising age-appropriate care for teenagers and young adults with cancer

Presenter: Sarah Lea, BSc (Hons) Sports Therapy, PGDip Children's Nursing, in final year of PhD in Nursing Research, Facilitator, University College London Hospitals NHS Foundation Trust, United Kingdom

Co-author(s): Rachel M Taylor, Ana Martins, Lorna A Fern, Jeremy S Whelan, Faith Gibson, all UK

Abstract

Introduction: Teenage and young adult (TYA) cancer care in England, broadly those aged 13-24 at diagnosis, is centralised around 13 principal treatment centres with linked designated hospitals. National guidance(1) in 2005 shaped this organisation of care and recommended access to ‘age-appropriate care’. This phrase is now the accepted term when describing specialist care for this patient group, however it is not clearly defined.

Aim: We aim to present an evidence-based and contextually relevant model of age-appropriate care for TYA with cancer.

Methods: This was a mixed methods study comprising (i) semi-structured interview data from TYA (n=17) and health care profession-

als (n=29) involved in their care across a range of settings (ii) integrative literature review to identify current understanding and use of the term age-appropriate care (iii) synthesis of both data sets to form a conceptual model. Interview data were collected October 2014-November 2015. A combination of qualitative content, thematic and framework analysis techniques were employed to analyse and integrate data.

Results: Seven core components of age-appropriate care were identified: treatment; health care professional knowledge; communication, interactions and relationships; recognising individuality; empowering young people; promoting normality; and the environment. Sub-themes were health care professional clinical and holistic expertise, and the environment comprising of both physical and social environments. Themes, sub-themes, detail and relationships are presented as a conceptual model.

Discussion: Caring for TYA with cancer is complex and cannot be explained with a simple one-line definition of age-appropriate care, therefore the proposed model presents an evidence-based and comprehensive structure for understanding this concept. It will be useful to clinicians, health managers and researchers who are designing, implementing and evaluating the provision of age-appropriate care.

Conclusion: While the individual elements of age-appropriate care can exist independently or in part, age-appropriate care is optimal when the seven elements of the model are present.

Recommended reading list

National Institute for Health and Clinical Excellence. (2005) “Guidance on Cancer Services: Improving Outcomes in Children and Young People with Cancer”. London: NICE.

Biography

Since qualifying as a children's nurse in July 2013, and concurrently embarking upon my Doctorate in Nursing, I have taken on roles in three ‘avenue’s of nursing: clinical, research and education. I was awarded a PhD Studentship in 2013 and became a member of the BRIGHT-LIGHT study team, endorsed by London South Bank University. For my PhD, I traveled across the country to many different health services that care for teenagers and young adults with cancer to collect data about their experiences of care.

I previously worked as a Staff Nurse in the Teenage and Young Adult Cancer Service, and now work as a Research Facilitator, at University College London Hospitals NHS Foundation Trust. I also have a sessional contract at Canterbury Christ Church University where I lecture on their Children's Nursing degree, and work on a project hosted at Great Ormond Street Hospital NHS Foundation Trust called ‘Me First’ which advocates a model of child and young person-centered communication in health and social care.

Session no: 8.3.3 Abstract number: 112

Time: 12.15-12.40pm

Keywords

Research topic: Children and Young People/ Public and Patient Involvement/Methodology

Methodology: Mixed/Quantitative

From the mouths of babes: researching with, not on children

Presenter: Philip Darbyshire, Director PDC Ltd, RNMD, RSCN, DIP N, RNT, MN, PhD, Part time Lecturer, Monash University, South Australia

Abstract

Health services are replete with rhetoric about ‘patient-centeredness’, ‘consumer involvement’ and ‘participation’, but for many children and young people (CYP), these notions may seem many miles away from their experiences of health care provision and health research.

This presentation shows pragmatic, ‘real-world’ examples of how to actively involve CYP in research as an exemplar of how new approaches to research thinking and practice can help develop the vibrant and participatory research and inquiry cultures and detailed understandings that we all wish to see (1,2).

I will draw on over 20 years of conducting competitively funded research with CYP (eg 3) to show pragmatic, ‘real-world’ examples of how to actively involve them in research and to highlight how CYP can be actively involved in research from conceptualisation to translation.

Key areas discussed will be:

- How can meaningful children and young people's participation be incorporated into a successful grant?
- How do researchers ensure that children's involvement in research is truly ‘participatory’, not tokenistic?
- How can researchers invite CYP participation in ethical and non-coercive ways?
- How can CYP make a meaningful contribution to all ‘stages’ of child health research?
- What does meaningful participation by CYP look like when audited or evaluated?
- Four critical areas of research significance for CYP involvement will be explained:
- Clinical practice significance
- Theoretical significance
- Methodological significance and
- Policy significance

Although this session is focused on research with CYP, there are clear lessons for any researcher who wants to move research participation and involvement from rhetoric to research reality.

**Recommended reading list**

Darbyshire P., MacDougall, C., Schiller, W. (2005) Multiple methods in qualitative research with children: more insight or just more? *Qualitative Research* 5(4): 417-436

Houston R. & Coad J. (2007) Voices of children and young people. Involving children and young people in the decision-making processes of health care services. A review of the literature. *Action for Sick Children* <http://eprints.uwe.ac.uk/1472>

Fereday J., MacDougall C., Spizzo M., Darbyshire P. & Schiller W. (2009) 'There's nothing I can't do--I just put my mind to anything and I can do it'; a qualitative analysis of how children with chronic disease and their parents account for and manage physical activity. *BMC Pediatr* 91 <http://eutils.ncbi.nlm.nih.gov/entrez/eutils/efetch.fcgi?dbfrom=pubmed&id=19117528&retmode=ref&cmd=prlinks>

Biography

Philip Darbyshire has been a children's nurse, educator, writer and researcher for over 40 years, working across many clinical, education, research leadership and consulting areas. He is internationally recognised as a leader in nursing and health care research promotion and service development. For 13 years he led one of Australia's most successful practice-based research departments at Women's & Children's Hospital in Adelaide, described by the Australian Council on Healthcare Standards as, "an example of excellence in research leadership". He is a part-time Professor of Nursing at Monash University and a proud AWCH (Association for the Wellbeing of Children in Healthcare) ambassador. His book 'Living with a sick child in hospital' (<https://goo.gl/0f9HLA>) helped change children's nursing care in hospitals. The Australian College of Health Service Management called Philip: "the 'go-to' person for hospitals and health care organisations who want research and evidence-based practice demystified and moved out of the 'too-hard basket' and into the hearts and minds of clinicians who will use it make a real difference".

Philip's current consulting work involves creating research and evidence-based cultures, evaluating and reviewing existing organisations and services, and especially, helping organisations "change how they change".

Theme: Education

Session no: 8.4.1 Abstract number: 260

Time: 11.15-11.40am

Keywords

Research topic: Health and Social Policy/ Nursing, Midwifery or Support Worker Education/Workforce and Employment Issues

Methodology: Focus Groups/Qualitative Approaches

Prior care experience as prescription for nursing's caring and compassionate ills: weighing up the benefits, risks and side-effects

Presenter: Dr Sarah Field-Richards, PhD, MNurSci (Hons), RN, Research Fellow, University of Nottingham, United Kingdom

Co-author(s): Field-Richards, S.E., Callaghan, P., Keeley, P., Lymn, J., Redsell, S., Simpson, A., Spiby, H., Stacey, G., all UK.

Abstract

Background: Identification of failings in nursing care quality led Francis (2013) to recommend that care experience should form a prerequisite for entry into nurse training in the UK. There is however little evidence regarding the impact of prior care experience (PCE), on the subsequent development of student's caring and compassionate values and behaviours. The effectiveness of PCE, as a means of addressing concerns raised by Francis (2013), is therefore unknown.

Aim: To explore the perceptions of first-year nursing students (both those with and without PCE), surrounding the impact of PCE on aspects of caring and compassionate practice.

Methods: This research was undertaken as part of a wider mixed-methods longitudinal study, exploring the impact of PCE upon student nurse's caring and compassionate attributes. Four focus groups were undertaken with 8 purposively sampled first-year students (5 with and 3 without PCE), at two UK universities, between March and August 2016. Focus groups were audio-recorded, transcribed verbatim and thematically analysed (Braun and Clarke, 2006). The values and behaviours defining the 6Cs (Department of Health, 2012) were employed as an interpretive framework.

Results: Benefits, potential risks and indirect impacts of PCE on care, compassion, competence, communication, courage and commitment, were identified. The perceptions of students with and without PCE largely converged. Although the impact of PCE was perceived to be multi-faceted, significantly, participants doubted its efficacy as an intervention to directly improve caring and compassion.

Discussion and Conclusion: PCE can be understood as proffering benefits, in addition

to entailing potential risks, in the context of fostering aspects of compassionate care. This research makes an early, evidence-based contribution to political, educational and academic debates, surrounding the issue of the impact of PCE, and its potential as a prerequisite for pre-registration nursing education, as a means of fostering compassionate practice.

Recommended reading list

Francis, R. (2013). "Report of the Mid Staffordshire NHS Foundation Trust public inquiry". London: The Stationary Office.

Braun, V., Clarke, V. (2006). "Using thematic analysis in psychology". *Qualitative Research in Psychology*, vol 3, no 2, pp77-101

Department of Health. (2012). "Compassion in practice: nursing, midwifery and care staff. Our vision and strategy". London: The Stationary Office.

Biography

Dr Sarah Field-Richards is a Registered Nurse and Research Fellow at the University of Nottingham. She is currently working on a four-year mixed-methods longitudinal study, funded by a Department of Health funded Policy Research Programme grant. The research aims to explore the impact of care experience prior to undertaking nurse training, on student nurse's caring and compassionate skills, values and behaviours. Today, Sarah will be sharing some qualitative findings from this research.

Session no: 8.4.2 Abstract number: 244

Time: 11.45-12.10pm

Withdrawn

Session no: 8.4.3 Abstract number: 9

Time: 12.15-12.40

Keywords

Research topic: Nursing, Midwifery or Support Worker Education/Patient Safety/ Research Process Issues

Methodology: Focus Groups/Questionnaires/ Mixed Methods Research

Interprofessional learning - evaluation of a large-scale initiative

Presenter: Dr Joan Maclean, PhD, RGN, Cert Ed. Senior Healthcare Lecturer, University of Leeds, United Kingdom

Co-author(s): Dr Janet Holt, Shelley Fielden, Naomi Quinton, Dr Anne-Marie Reid, all UK

Abstract

Background: Despite the relatively slow growth of evidence of the impact of interprofessional learning (IPL), it remains a curriculum requirement in health professional programmes delivered by UK universities (General Medical Council 2015, Health and Care Professions Council 2017, Nursing and Midwifery Council 2010).

This presentation will discuss the findings of a study carried out in a large university faculty. The aim was to evaluate the response to a large-scale IPL event delivered in 2015 to first year students from ten pre-registration health professional programmes, housed in two schools within the faculty. The focus of the event was safety and risk management, deemed to be of importance to all the programme groups.

Methods: A three hour IPL session was delivered to 630 students, facilitated in mixed groups of around 25. Each group was taught by two facilitators, themselves drawn from different professional groups. Immediate student feedback was obtained by way of a questionnaire completed at the close of the session. Two months later four uniprofessional focus groups were held with volunteer students. Questionnaire responses were statistically analysed and qualitative responses from the focus groups analysed thematically.

Results: The questionnaire data indicated differences in appreciation of the session, depending on a student's professional programme. From analysis of the qualitative focus group data four key themes emerged: 'Social roles and culture', 'Stereotypes', 'Value and impact' and 'Content and process'. The students taking part supplied some illuminating comments, which will be used in the presentation.

Discussion/conclusions: IPL can be a positive and facilitative experience, yet this study has demonstrated a need for caution. Of particular interest were the observations about culture, hierarchy and stereotyping, made by students at an early stage in their programmes of study.

Recommended reading list

General Medical Council (GMC) 2015. Promoting excellence: standards for medical education and training. London. GMC.

Health and Care Professions Council (HCPC) 2017. Standards of education and training. London. HCPC.

Nursing and Midwifery Council (NMC) 2010. Standards to support learning and assessment in practice. London. NMC.

Biography

Joan Maclean and Janet Holt are from the School of Healthcare at the University of Leeds. Joan is a Senior Healthcare Lecturer. She is a registered nurse with a PhD in Psychology. Janet is a Senior Lecturer. She is a registered nurse and midwife and holds an MPhil in Applied Philosophy and a PhD in Psychology.

Both teach students on a range of health professional programmes.

Theme: Research Participation

Session no: 8.5.1 Abstract number: 261

Time: 11.15-11.40am

Keywords

Research topic: Cancer/Patient Experience/ Research Ethics & Governance

Methodology: Interviewing/Qualitative Approaches

Patient experience of trial participation: implications for nursing

Presenter: Ms Clare Warnock, MSc, BSc, Practice Development Nurse, Sheffield Teaching Hospitals NHS Trust, United Kingdom

Co-author(s): Karen Lord, Angela Tod, Peter Almark, Liz Darlison, all UK.

Abstract

Introduction: Qualitative research methods can make a positive contribution to the conduct, design and evaluation of randomized controlled trials (Audrey 2011). The MARS2 trial was established in the UK to evaluate the use of surgery and chemotherapy versus chemotherapy alone in the treatment of mesothelioma. Challenges have been identified with recruitment to trials for surgery (Treasure and Morton 2012) and a nested qualitative study was designed to investigate participant's experiences of trial procedures and interventions.

Aim: To explore patient's experiences of recruitment, consent and participation within the MARS2 trial.

Methods: A longitudinal qualitative study was designed using semi-structured interviews with 14 participants. 7 had been randomised to chemotherapy and 7 to chemotherapy. Interviews were conducted following randomisation, post treatment and 6 and 12 months after the initial interview. Interviews took place between August 2015 and July 2017 and were analysed using Framework analysis (Ritchie et al 2014).

Results: Trial information was introduced following multiple episodes of new and challenging information during a prolonged investigative and diagnostic process. Evidence was found of misunderstanding regarding the purpose and conduct of clinical trials, particularly the concept of randomisation. Diverse reasons for trial participation were identified including altruism and the influence of information provided by medical staff. Preferences for treatments were described and patients used a range of strategies to adapt to non-preferred outcomes.

Discussion: The study revealed that decision making regarding trial participation was influenced by multiple objective and subjective factors. Concerns were identified regarding patient's understandings of trial procedures. Communicating equipoise was challenged when information is provided by treatment specialists.

Conclusion: By exploring patient's perspective, this nested study provides insights into the challenges they face when deciding to participate in a clinical trial. Findings can be used to develop strategies to support understanding and decision making that reflects patient's priorities and concerns.

Recommended reading list

Audrey, S. (2011) Qualitative research in evidence based medicine. Improving decision making and participation in randomized controlled trials of cancer treatments. Palliative medicine, 25(8), 758-765.

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014) Qualitative research practice: a guide for social science students and researchers. 2nd Edition. Sage Publications. London

Treasure T, Morton D (2012) GRIST: Growing Recruitment in Interventional and Surgical Trials. Journal of the Royal Society of Medicine, 105 (4), 140-141.

Biography

Clare Warnock has worked in oncology for over 25 years in London and Sheffield in a variety of clinical settings and roles, moving into practice development in 1999. She currently works at Weston Park Hospital, Sheffield, the cancer services centre for the South Yorkshire region.

Clare has been involved in a diverse range of local and national service evaluation, audit and research projects with a focus on patient experience, clinical practice and improving patient care. Research topics have included malignant spinal cord compression, neutropenic sepsis, competences for late effects care, high-dose chemotherapy and breaking bad news.



Session no: 8.5.2 Abstract number: 253

Time: 11.45-12.10pm

Keywords**Research topic:** Genetics/Translational Research/Evidence Based Practice**Methodology:** Statistical Analysis/Quantitative

All for one and one for all: positive impact of the Musketeer's Memorandum Consortium on participant recruitment for a rare disease study

Presenter: Miss Magdalena Martinez-Queipo, Diploma in Nursing, BSc(Hons) in Critical Care, MRes in Clinical Research, Clinical Research Nurse, Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom

Co-author(s): Jacqueline Simpson, Simon Tso, John A. McGrath, all UK

Abstract

Recruiting large cohorts for research studies can be problematic. For rare diseases, defined as conditions affecting less than 5 per 10,000 of the population(1), this process can be even more difficult given the small pool of potential participants. Faced with this challenge, we began recruitment in 2014 for a UK study to deep phenotype a rare skin disease, autosomal recessive congenital ichthyosis (ARCI). This genetic disorder affects all ethnic groups and current data estimate the prevalence to be less than 1 in 150,000(2).

To obtain sufficient numbers of participants, recruitment was opened in multiple NHS hospitals across the UK. Practically, however, waiting for bespoke R&D permissions at each individual site became an obstacle to recruitment. Notably, from the 3 original pilot sites that gave approvals in December 2014 only 2 more approvals were granted by summer 2015.

To accelerate the process of recruitment, we sought universal ethics approval in the form of the NIHR UK Rare Genetic Disease Research Consortium Agreement (Musketeer's Memorandum). Established in April 2014, the Consortium operates on the principle of "all for one and one for all", whereby a unique R&D approval process grants access for multiple sites. By December 2015 we had more than doubled the number of sites to 12, with 7 additional sites added by the summer of 2016 and a total of 24 approved sites by November 2016. The use of the Musketeer's Memorandum allowed rapid expansion of the number of recruiting sites, increasing the pool of study participants.

Similar initiatives to the Musketeer's Memorandum could be reproduced in other countries, speeding up the multisite approval process and rapidly increasing the pool of eligible participants for recruitment to research studies.

Recommended reading list

Audrey, S. (2011) Qualitative research in evidence based medicine. Improving decision making and participation in randomized controlled trials of cancer treatments. Palliative medicine, 25(8), 758-765

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014) Qualitative research practice: a guide for social science students and researchers. 2nd Edition. Sage Publications. London

Treasure T, Morton D (2012) GRIST: Growing Recruitment in Interventional and Surgical Trials. Journal of the Royal Society of Medicine, 105 (4), 140-141.

Biography

After obtaining a Diploma of Nursing in Spain in 2003, I came to work for the NHS, initially in a Recovery Unit and later in Intensive Care. I completed a BSc(Hons) in Critical Care at KCL in 2010. Meanwhile, in 2008 I started working as a Bank Nurse for a Contract Research Organization where I gained experience in phase I clinical trials.

In 2011, I sought a permanent NHS Clinical Research Nurse post, where I continue to work. In this role I have mostly been involved in all stages of phase I/II clinical trials in rare genetic dermatological diseases. This includes two completed and published cell-therapy clinical trials for Recessive Dystrophic Epidermolysis Bullosa, one in adults and the second in children. This inspired my MRes in Clinical Research project, funded via a NIHR Fellowship. Between September 2015 and April 2017 I worked on this national observational study looking at the correlation between phenotype and genotype for Autosomal Recessive Congenital Ichthyosis (ARCI). We have to date recruited the largest known cohort in the UK.

I am also a Co-investigator in the UK team collaborating in the European Genegraft/EBGene cell therapy trial and a collaborator in the Spanish MesenSistemEB trial.

Session no: 8.5.3 Abstract number: 56

Time: 12.15-12.40pm

Keywords**Research topic:** Dementia/Public and Patient Involvement/Methodology**Methodology:** Other Collection/Action Research/Participative Inquiry/Practice Development

Involving people living with dementia in research: collaboration and facilitation

Presenter: Miss Katie Davis, MSc Advanced Nursing, BN Nursing (Mental Health), PhD Student, University of Manchester, United Kingdom

Co-author(s): Dr. Caroline Swarbrick, Dr. Penny Bee, and Professor John Keady, all UK.

Abstract

Dementia is a neurodegenerative condition which currently affects over 850,000 people in the UK. It is estimated that worldwide, there is a new diagnosis every four seconds (World Health Organisation, 2016). Within the literature, it is noted that although participatory approaches to enquiry are being adopted to study the experiences of people with dementia, the voice of people with dementia is often lost. Therefore, it is important to utilise methodologies that enhance the inclusion of people living with dementia in research, not simply as participants in the research, but as co-researchers. The term 'co-researchers' is used to emphasise the collaborative nature of the research (Swarbrick, 2015). It describes members of the public and experts by their own lived experience, actively working in partnership with 'academic researchers' in all - or parts - of the research process.

Heron and Reason (2006) propose a model of co-operative inquiry, whereby the traditional research roles of researcher and participant are replaced by a partnership that fosters a creative, practical collaboration. Co-operative inquiry is an emerging approach within dementia research that involves cycles of action and reflection and aims to address the concerns of the population being researched 'with' them, as opposed to 'on' them.

This presentation will draw on the formation of a co-operative inquiry with people living with dementia in the North West of England and will explore how such a group is facilitated and the contributions it can make to the dementia research field. Methodological challenges will be explored along with the facilitators and challenges of this kind of participatory research with people living with dementia including that of capacity, consent, and reflexivity.

Recommended reading list

World Health Organization (2016). Dementia: FactSheet. Geneva: World Health Organisation.

Swarbrick, C. (2015). "The quest for a new methodology for dementia care research". *Dementia*, vol 14, no 6, pp 713-715.

Heron, J. & Reason, P. (2006). "The practice of co-operative inquiry: Research 'with' rather than 'on' people". *Handbook of action research*, pp 144-154

Biography

Katie Davis is a registered mental health nurse with a passion for research and working with people living with dementia. She was originally inspired to work with people living with dementia after an input from the Scottish Dementia Working Group as a student nurse and since then has worked in the NHS and with Alzheimer Scotland. After completing her MSc Advanced Nursing at Glasgow Caledonian University in 2014, she was awarded a studentship to start her PhD in Nursing at the University of Manchester as part of the Neighbourhoods and Dementia study.

Specific Aims: To explore the outcomes related to well-being, stress, and comfort in patients who participate in the dog pet therapy program.

Methodology: This study employed a descriptive non-experimental design and a convenience sample to explore the experience of dog pet therapy program on well-defined outcome measures pre - and post a pet therapy visit. The sample included patients on four inpatient surgical units. Measures included: vital signs, visual analog scale (VAS) of comfort and well-being, the Spielberger state anxiety and salivary cortisol levels. Demographic variables related to the sample were also captured. Data was collected between January-April, 2017.

Results: Data was analyzed using SPSS with a series of paired t-tests. The sample included 55 subjects, 25 males and 30 females who were predominately Caucasian, 52 were pet owners. Results: significant reduction in pulse, blood pressure and respiratory rate $p < .05$, improved levels of comfort and wellbeing $p < .000$, improved levels of anxiety $p < .000$, non-significant results-salivary cortisol $p = .769$.

Discussion/Conclusion: A dog pet therapy program in the hospital setting is beneficial to patients in regards to their level of comfort and well-being. Further research is needed to determine if this program is beneficial to patients across other settings.

Recommended reading list

Coakley, A.B. (2009) Creating a Therapeutic and healing environment with a Pet Therapy program, *Complementary Therapies in clinical practice*, Vol15, no3 pp 141-146

Cole, K.M. (1995) Animal assisted therapy in the intensive care unit: a staff nurse's dream come true, *Nursing Clinics of North America*, vol3, pp529-36.

Coakley, A. (1993) Hospital-based pet therapy. *Alpha Chi News*, vol26, no1, pp4-5

Biography

Amanda Bulette Coakley RN, PhD, FNAP, AHN-BC. Amanda is a staff specialist and nurse scientist in Nursing Administration at Massachusetts General Hospital where she has worked for 36 years and is an adjunct professor at the MGH Institute of Health Professions and Endicott College.

She received her Associate Degree in nursing from Lasell Junior College, her Bachelor of Science in Nursing and her Master of Science in Nursing from Northeastern University and her PhD in nursing from Boston College. She is a 2016 graduate of the Mind Body Spirit program at the Massachusetts General Hospital Institute of Health Professions. Her area of research interest is complementary and integrative therapies such as Therapeutic Touch and Pet Therapy. She is a Fellow in the National Academies of Practice.

She has a program of research focused on complementary therapies, is the author of multiple research articles and she has presented locally, nationally and internationally on her research studies.

Session no: 8.6.2 Abstract number: 252

Time: 11.45-12.10pm

Withdrawn

Session no: 8.6.3 Abstract number: 294

Withdrawn

Theme: Health Promotion

Session no: 8.7.1 Abstract number: 157

Time: 11.15-11.40am

Keywords

Research topic: Inequalities in Health/Public Health/Service Innovation and Improvement

Methodology: Observation/Quantitative

A nurse led Fibroscan® outreach clinic encourages socially deprived heavy drinkers to engage with liver services

Presenter: Karen Matthews, MSc, BSc, RGN, Hepatology Nurse Practitioner, Centre for Liver and Digestive Disorders, Royal Infirmary of Edinburgh, Scotland, United Kingdom

Co-author(s): Alastair MacGilchrist, Margaret Coulter-Smith, Jacklyn Jones, Roseanne Cennarskyj, all Scotland, UK

Abstract

Background: Alcohol related liver disease, including cirrhosis, is a major cause of death in the UK (Williams et al 2014). Liver disease is silent and usually presents late. Fibroscan® is a non-invasive tool for measuring liver stiffness; an indicator for fibrosis/cirrhosis. Socially deprived patients with alcohol related liver disease are a "hard to engage" population (Watt 2013) therefore, simple screening methods may help early identification of liver disease.

Aims:

1. Monitor uptake of Fibroscan® in individuals accessing one community alcohol support service in a deprived area.
2. Determine prevalence of undiagnosed fibrosis/cirrhosis in study sample.
3. Monitor engagement following referral to specialist liver services.

Method: A prospective observational study recruited self-identified harmful drinkers between November 2014 and April 2015 for a liver Fibroscan®. Participants with a Fibroscan® reading of $>7\text{kPa}$ were referred to a nurse-led liver clinic for further investiga-

Theme: Innovative Alternative Therapies

Session no: 8.6.1 Abstract number: 24

Time: 11.15-11.40am

Keywords

Research topic: Acute and Critical Care/ Patient Experience/Research Process Issues

Methodology: Mixed/Mixed Methods Research

The experience of a pet therapy visit on patients in an acute care setting

Presenter: Dr Amanda Coakley, RN, PhD, FNAP, AHN-BC, Nurse Scientist, Massachusetts General Hospital, Boston, MA, United States of America

Co-presenter(s): Joanne H. Empoliti, USA

Co-author(s): Jane Flanagan, Christine D. Annese, all USA

Abstract

Background: Limited research supports pet therapy for people who are hospitalized. Findings from one study indicated that pet therapy was beneficial to patient's post-vascular surgery (Coakley & Mahoney, 2009). Earlier research indicated that following pet therapy visits, patients reported feeling happier, calmer and less alone (Cole & Gawlinski, 1995). Another study with patients on general care units found that they reported feeling comforted, satisfied, relaxed, attached, and peaceful after dog visits (Coakley 2003).



tions, results of which determined referral to a liver specialist in secondary care. Participants referred were monitored for engagement over 6 months. Descriptive statistics were used to determine prevalence of undiagnosed cirrhosis and to determine engagement.

Results: Seventy-nine consented individuals participated, an uptake of 67% of those informed of the study (n=118). Of the 79 scans performed, three were unreliable leaving 76 participants. After scanning, 20/76 (26%) had a Fibroscan® reading >7kPa requiring referral on to the nurse led clinic. All 20 (100%) engaged in further assessment. Of those, 12 required onward referral to specialist services. Subsequent compliance with specialist services in this sample (n=12) was ≥ 90%.

Discussion: This nurse-led, multi-component complex intervention demonstrates high uptake and subsequent engagement; giving potential for early intervention and improved health outcomes in a hard to engage population.

Conclusion: A nurse led Fibroscan® outreach clinic enables early identification of liver disease and encourages socially deprived drinkers to engage with liver services.

Recommended reading list

WATT, G., 2013. What can NHS Scotland do to prevent and reduce health inequalities? Proposals from General Practitioners at the Deep End. *British Journal of General Practice*. 2013 September; 63(614): 494-495.

Williams R., Aspinall R., Bellis M., Camps-Walsh G., Cramp M., Dhawan A., Ferguson J., Forton D., Foster G., Gilmore I., Hickman M., Hudson M., Kelly D., Langford A., Lombard M., Longworth L., Martin N., Moriarty K., Newsome P., O'Grady J., Pryke R., Rutter H., Ryder S., Sheron N. and Smith T., 2014. Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis. *Lancet*. vol. 384, pp. 1953-1997.

Biography

I currently work full time as a Hepatology Nurse Practitioner while studying part time towards a Professional Doctorate in Health and Social Sciences within the Centre for Applied Social Sciences in Queen Margaret University, Edinburgh. I qualified in general nursing in 1990 and achieved a Masters with distinction in Professional and Higher Education in 2010.

My interests lie in health inequalities and improving access to services for deprived and hard to engage groups.

Session no: 8.7.2 Abstract number: 177

Time: 11.45-12.10pm

Keywords

Research topic: Patient Education/Public and Patient Involvement/Public Health

Methodology: Questionnaires/Experimental research

The effects of brief intervention in promoting smoking cessation among people attending emergency departments: a randomized controlled trial

Presenter: Dr Ho Cheung William Li, PhD, Associate Professor, School of Nursing, University of Hong Kong, China

Co-author(s): Dr Joyce Chung, Dr Eva Ho, Hong Kong, China

Abstract

Background: Smokers who are in physical discomfort attended to in emergency departments present an excellent 'teachable moment' for smoking cessation interventions. Nevertheless, most cessation programs generally take 20 to 30 minutes or more to implement and are thus not feasible in busy clinical settings. This study aimed to evaluate the effectiveness of using a brief, self-determination intervention on smoking cessation among people attending emergency departments.

Methods: A multi-centre randomized controlled trial was conducted in emergency departments of four acute hospitals in Hong Kong. A total of 1571 patient were recruited, with 787 being randomized into the experimental group and 784 into the control group. Subjects in the experimental group were allowed to select their own schedules of quitting (immediate or progressive). They received a leaflet plus a brief intervention on smoking cessation. Subjects in the control group received a leaflet on smoking cessation. Four consecutive (1, 3, 6 and 12 months) follow-ups were conducted over the telephone. The primary outcome measure was biochemically validated abstinence at 6 months. Secondary outcomes included (i) biochemically validated abstinence at 12 months and (ii) self-reported 7-day point prevalence of abstinence at 6 and 12 months. Intention-to-treat analysis was adopted.

Results: Subjects in the experimental group had a statistically significantly higher self-reported quit rate than those in the control group at 12 months (11.2% vs 6.8%, $p=0.03$). The biochemically validated abstinence was also statistically significantly higher in the experimental group than in the control group at 6 (6.6% vs 2.6%, $p<.001$) and 12 months (6.0% vs 3.0%, $p=0.04$).

Discussion and Conclusions: The brief, self-determination intervention was shown to be effective in promoting smoking cessation for

people attending emergency departments. Such intervention should therefore be a more cost-effective and sustainable approach to helping smokers quit smoking, and consequently may save more lives.

Biography

Dr William LI is currently an Associate Professor and the Director of the Doctor of Nursing Programme at the School of Nursing, the University of Hong Kong. Dr Li has a strong research interest in the field of child and adolescent care, and has much skill and knowledge in developing, validating and testing the psychometric properties of instruments for children. Specifically, Dr William Li's research interests focus in two distinct areas. The first research area involves providing physical and psychological interventions to those children required hospitalization or surgery, children with cancer and children surviving from cancer. The second research area involves promoting smoking cessation to the youth, helping smokers with chronic diseases, such as cancer and diabetic patients, quit smoking.

Session no: 8.7.3 Abstract number: 206

Time: 12.15-12.40pm

Keywords

Research topic: Patient Education/Primary and Community Care/Public Health

Methodology: Questionnaires/Experimental research

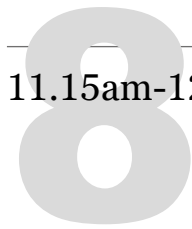
A comparison of two approaches (quit immediately and cut down to quit) in achieving smoking abstinence among patients in an outpatient clinic: a randomized controlled trial

Presenter: Dr Ka Yan Ho, PhD, MPhil, BNurs Research, Assistant Professor, School of Nursing, the University of Hong Kong, China

Abstract

Background: Having a disease and requiring medical attention presents an excellent 'teachable moment' for smoking cessation interventions. Our previous smoking cessation projects in the community have revealed that many smokers who are reluctant to quit are interested in reducing the number of cigarettes they smoke per day. Therefore, smoking reduction may be an important alternative strategy for promoting smoking cessation among smokers who have follow-up in outpatient clinics.

Aims: This randomized controlled trial compared the effectiveness of two approaches - quit immediately (QI) and cut down to quit (CDTQ) in achieving smoking abstinence among



patients undergoing follow-up in a General Out-patient Clinic.

Methods: A total of 100 smokers who had medical follow-ups in an outpatient clinic were recruited. They were then randomized into two groups, 50 in the QI group, who received an intervention on abruptly quitting, and 50 in the CDTQ group, who received an intervention on gradual reduction.

Results: On average, subjects had smoked 11.31 cigarettes per day over 37 years and 96% had mild nicotine dependence. All subjects were followed up at 6 and 12 months via telephone, and their smoking status was assessed. At the 6-month follow-up, the self-reported quit rate of subjects in the QI group was significantly higher than in the CDTQ group (18.0% vs. 4.0%, $p = 0.04$). However, this difference was not significant at the 12-month follow-up (12.0% vs. 4.0%, $p = 0.16$).

Discussion and Conclusion: These data suggest that QI might be more effective than CDTQ in smokers who need to quit sooner, such as those with diseases requiring medical attention. Nevertheless, the effectiveness of the CDTQ approach requires further testing.

Biography

Dr. Eva Ho is a research assistant professor at the School of Nursing, the University of Hong Kong. She completed both her Master of Philosophy degree and Doctor of Philosophy degree at the School of Nursing, the University of Hong Kong. Her research areas include psycho-oncology and smoking cessation. In particular, she is specialized in conducting randomized controlled trials to test the effectiveness of different psychosocial interventions. She also has a considerable experience in examining the psychometric properties of various kinds of measuring tools.

Symposia 1 – 4**Tuesday 17 April 2018 3.40-5.10pm****Symposium 1**

Time 3.40pm

Room: Forum Lecture Theatre

Abstract number 143

Ladders and snakes? Influencing and supporting clinical academic researcher development to make a real difference to patient outcomes across the life course

Lead:

Jane Coad, Associate Dean of Research, Professor in Children and Family Nursing, Coventry University, UK

Symposium Chair:

*Professor Annie Topping, Professor in Nursing, University Hospital Birmingham and University of Birmingham, UK***Symposium statement:**

In the current dynamic healthcare climate, supporting clinical academic researcher development can be challenging. However, in order to meet the health care needs of populations now and for the future, it is imperative that we continue to develop a non-medical clinical academic workforce.

The National Institute for Health Research (NIHR) was established in 2006 to provide a structure to enhance the development, delivery and implementation of research within the NHS. This includes supporting the NIHR Integrated Clinical Academic Training Pathway which aims to provide personal research training for nurses, midwives and allied healthcare professionals who wish to develop careers that combine clinical research and research leadership with continued clinical practice and clinical development (NIHR 2017). However, in line with the NHS Mandate 2017-2018, there is much consideration of the efficiency, impact, value for money, and sustainability of this program. Consequently, new solutions need to be considered.

This symposia brings together a series of very experienced speakers who are committed to improving clinical academic research careers across nursing, midwifery and allied health professionals in order to improve and make a real difference to patient outcomes. We will take a life course approach to our symposia across four papers which will finalise with delegates having an opportunity to share common issues that have arisen in their own clinical academic research developments and consider how these might be overcome.

Paper 1**Getting on the ladder: Developing an innovative Clinical Academic Researcher Development (CARD) programme in order to make a real difference**

Authors and affiliation

*Professor Jane Coad, Professor in Children and Family Nursing, Coventry University and Clinical Nursing Professor, Nottingham Children's Hospital, UK***Abstract**

Background: Coventry University are currently one of the ten funded sites for the HEE/NIHR MRES (2015-2009). In the programme, the team have worked to deliver flexible post-graduate learning including taught modules, research thesis and a unique clinical portfolio to ensure that a stimulating programme was developed. Following on, during 2016/7 the team conceptualised and developed an innovative, interdisciplinary Clinical Academic Researcher Development (CARD) programme which consists of three levels of award: Bronze, Silver and Gold.

Aims: The aim will be to present a partnership approach with local key NHS providers to support development of an innovative CARD programme.

Approach: All levels provide a theoretical underpinning to clinical research in combination with experience of "real life" practical understanding of clinical research using an innovative research portfolio approach. This seeks to take nurses, midwives and allied health professionals from introduction to clinical research to post graduate health professionals, offering Clinical MRES programmes and more recently post-doctoral clinical fellowships shared between trusts and the university. Each level and the associated portfolio will be set out in the presentation including the joys and challenges (and how they were overcome).

Results: Results will be shared across the three levels but in short we have developed the following: 40 Bronze level clinical academic staff; 32 HEE/NIHR MRES students, six full time fellowship PhDs and six post-doctoral clinical fellowships shared between trusts and the university. Evaluations have been outstanding (100% positive) and support from the team includes a clinical supervisor and academic supervisors.

Conclusions: Our innovative approach has aimed to deliver a high quality, patient-centred care service, underpinned through clinical

research and building a clinical academic health-care workforce for now and the future.

References

<https://www.nihr.ac.uk/funding-and-support/funding-for-training-and-career-development/training-programmes/nihr-hee-ica-programme/>

Accessed Oct 2017.

Paper 2**Up the snakes and down the ladders: Reversing the directions in midwifery research**

Authors and affiliation

*Dr Elizabeth Bailey, Clinical Midwifery Research Fellow, University Hospital Coventry & Warwickshire and Coventry University, UK***Abstract**

Background: A shared clinical academic role was born from a strong partnership between Coventry University, a higher educational institution, which provides undergraduate midwifery education; and University Hospitals Coventry and Warwickshire NHS trust which delivers both obstetric and midwifery-led care. Jointly, and through strong leadership, these two organisations were driving a partnership approach to increasing Nursing Midwifery and Allied Health professional research. The often highlighted 'Gap' between research and clinical practice is usually described in one direction with academic research seeks to drive its findings into practice and clinicians look to academics to provide evidence on which to base their clinical decision making.

Aims: The aim of the paper is to highlight the real world benefits to both organisations of a clinical academic midwifery role in initiating midwifery research and impacting care for women and babies.

Approach: Clinical midwives are ideally placed to relay the immediate research priorities to academics and by taking a midwife-led and indeed, woman-led approach to research clinically relevant studies can be undertaken and findings embedded into practice more readily. A successful and niche Faculty Research Centre, through mentorship and team-working supports research skills and methods. In turn, sharing of clinical experience with non-clinical researchers can occur. Thus, the clinical academic role

is ideally placed to draw these two domains together.

Results: This seminar will share examples of projects that have developed as a result of the role and illustrate how this has led to the emergence of a research culture in clinical colleagues and supported academic activity with access to maternity services and service users for a family-led perspective.

Conclusions: The role of the clinical academic midwife has allowed for dual directional flow of skills, knowledge and methods which are working to close the clinical-academic 'Gap'.

References

<https://hee.nhs.uk/our-work/developing-our-workforce/clinical-academic-careers>

Accessed October 2017

Department of Health 2015a. Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2015 to March 2016 In: ENGLAND, H. E. (ed.). London

the scope and focus of the research programme. Specific examples of the research undertaken and its clinical alignment as well as its impact on enhancing the lives, experiences and outcomes of children and families will be presented. A discussion of the organisational and individual enablers that have supported the development of the clinical-academic, and their research programme, will be provided.

Conclusions: Developing an impactful programme of clinical research can be challenging for non-medical clinical academics due to a number of organisational and individual factors. However, clear clinical alignment and relevance to establishing the focus, as well as positioning oneself amongst supportive individuals and infrastructures are imperative.

References

Glasper, A (2013) Escaping the ivory tower: emancipation of the modern clinical academic. <https://doi.org/10.12968/bjon.2012.21.8.496>

Published Online: August 16, 2013

Department of Health 2015b. Raising the Bar; Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. In: ENGLAND, H. E. (ed.). London

Paper 3

Surrounded by ladders: Developing a post-doctoral programme of impactful clinical-academic research with children, young people and families

Authors and affiliation

Dr Joseph Manning, Clinical-Academic Senior Research Fellow in Children, Young People and Families Nursing, Coventry University; Nottingham Children's Hospital and Neonatology, Nottingham University Hospitals NHS Trust and The University of Nottingham, UK

Abstract

Background: The development and implementation of high quality research that has a tangible impact on the experiences, outcomes and lives of children, young people and their families is the focus of clinical-academics in children's nursing. Therefore explicit synergies between clinical and research activity needs to occur. However, when embarking on a post-doctoral clinical-academic career it is unclear how to establish focus, coherence and momentum in activity and outputs. This can be further complicated when working across multiple Higher Education Institutions (HEIs) and NHS organisations with differing strategic and operational objectives and expectations.

Aims: The aim of this paper is to critically reflect on the experiences of a post-doctoral clinical-academic children's nurse in developing a programme of impactful clinical research. This paper will explore drivers and facilitators for

Paper 4

Traversing the ladders, embracing the snakes: Developing a programme of research, building capacity and caring for older people and those at the end of life.

Authors and affiliation

Dr Louise Bramley, Clinical Academic Lead Nurse, Nottingham University Hospitals NHS Trust, Honorary Research Fellow, School of Health Sciences, University of Nottingham, UK

Abstract

Background: The recent HEE/NIHR investment in clinical academic careers has enabled nurses to access research training and begin to develop their own programmes of research whilst working in clinical practice. However, attracting funding for such opportunities is highly competitive and success does not guarantee career progression within the NHS or Higher Education Institutes (HEIs). This is often exacerbated by a mismatch in clinical knowledge and skill versus research 'know how' and profile. Nevertheless, where there is uncertainty, there is also opportunity to create bespoke roles that traverse across organisations and impact on the profession as well as patient care.

Aims: This paper discusses the experiences and expectations of moving through the training pathway to PhD and beyond from a lead nurse working with older people and those at the end of life. It will also discuss how taking advantage

of, but also looking wider than the HEE/NIHR training pathway can bring success in achieving clinical academic aspirations.

Results: Retaining skills and demonstrating clinical expertise is challenging when climbing the ladder to academic success, especially when there is little clarity nationally over the clinical component of this role. These challenges will also be discussed, with examples of innovative clinically driven projects, centred on implementing improvements in care of older people that bridge the gap between research and practice.

Conclusion: Continuing to build and sustain capacity whilst striving towards achieving the 1% of the workforce in this role nationally is essential. Harnessing the voice of this group and demonstrating impact of clinical academic roles on the wider NHS as a whole is the next step. This paper concludes with early thoughts on these issues from the East Midlands Clinical Academic Practitioner Network that is the first of kind in the UK.

References

<http://aukuh.org.uk/index.php/affiliate-groups/nmahps>

Accessed October 2017

Paper 5

Debate and discussion

Led by Professor Joanne Cooper: Assistant Director of Nursing (Research, Innovation and Professional Regulation); Visiting Professor Coventry University and Senior Research Fellow, University of Nottingham, UK

Following the series of papers, a facilitated critical reflection and discussion will be undertaken with the speakers and audience. It will provide an opportunity for collectively thinking through practical and sustainable solutions to enable the further development of nursing, midwifery and allied health clinical academic roles.

Salient points raised from the papers will be identified for debate which will include the following questions:

- Should there be greater support for establishing more devolved and sustainable models of clinical-academic career development?
- What other sustainable models for clinical-academic career development are available and are recommended?
- How do clinical and academic components effectively combine and how do we capture this impact?
- And overall from our symposium - How do we facilitate the reduction of snakes and enhance the ladders?

References

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NIHR TCC (2017). Ten Years On: Adapting and evolving to new challenges in developing tomorrow's health research leaders

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Symposium 2

Time: 3.40-5.10pm

Room: LT3

Abstract number: 140

Leading the delivering of high quality research in the NHS – the FRONT group

Lead:

Dr Heather Iles-Smith, PhD, MSc, Head of Nursing Research and Innovation, Leeds Teaching Hospitals, UK

Symposium statement:

This symposium is presented by the UK Forum for Trust/Healthboards Research Leads (nursing) – FRONT. The FRONT Nurses group comprises of around 100 UK senior NHS nurses (across England, Scotland, Wales and Ireland) who are responsible for leading the clinical research delivery workforce in their respective organisations. The purpose of the group is to share good practice and ways of working related to research delivery at a strategic level.

The aim of the symposium is to cover the current and future evolution of the research delivery service and workforce within the NHS, academia and internationally, and highlight the opportunities for advancing nursing, midwifery and the non-registered clinical research roles.

The three presentations explore, 1) the use of emerging tools to aide understanding and influence acuity and skill mix for the research delivery workforce, and, 2) the elements of research delivery that are unique to nursing and midwifery in contrast to new and evolving roles such as the Research Practitioner role (unregistered). The aim being to ensure a highly trained and quality workforce with appropriate skill mix and able to mature and evolve during an ever changing environment.

Presentation one discusses the BrisTool an acuity tool created to identify skill mix, likewise presentation two explores an alternative acuity tool and its use within shaping the research delivery workforce. The third presentation discusses and compares the unique elements of the Clinical Research Nurse role and integration of the workforce considering new and evolving roles such as the Research Practitioner, a non-registered role.

Paper 1

Evolution of the research workforce

Authors and affiliation

Nicolas Aldridge, Lead Nurse Research and Development, University Hospitals Coventry and Warwickshire, UK

Abstract

Background: Historically clinical research delivery has been predominately supported by nurses and midwives. The RCN estimated in 2014 that around 10,000 nurses and health care workers made up the research workforce. A national shortage of nurses (Centre for Workforce Intelligence (2014)) – predicted 47500 fewer nurses by end 2016, and difficulty recruiting Research Nurses, along with a changing research portfolio, prompted a research workforce review.

Methods: We utilised a locally developed program/app – Care Contact Time, originally introduced as a method to determine percentage of time nurses spent delivering direct patient care within the ward setting. The R&D team adapted it by creating research codes relating to direct and indirect patient care together with research activities.

Findings: 10 research nursing teams (36 staff) completed the app daily for 2 weeks. The results demonstrated that Research Nurses and Midwives spend 50% of their time on patient related activities, 25% on direct care, and their remaining time on non-patient activities, such as data input. Research assistant practitioners spend a total of 75% of their time on patient related activities. Closer review of the data demonstrated that some tasks being performed were not being carried out by the most appropriate team member.

Conclusion: These findings resulted in creation of a new post locally, a Clinical Research Co-ordinator with the intention of the post holder leading complex non-interventional studies. Previous research and clinical experience was therefore required, but not a nursing qualification. Additionally, the post enabled the department to recruit from a new pool of talent. Findings that qualified staff were carrying out many administrative activities, prompted an admin review and provision of appropriate admin and data support. These changes resulted in a cost saving of £76,000 within the first year and aids in addressing the shortage of Nurses.

Paper 2

The unique role of the nurse in delivering clinical research

Authors and affiliation

Kay Walker, Clinical Research Nurse Manager, University of Dundee, Scotland, UK; Co-author F Kinnaird

Abstract

Background: Clinical research nurses are specialist nurses who play a pivotal role in the delivery of clinical trials within the health-care setting. The National Institute for Health Research (NIHR) Clinical Research Network has launched a new strategy outlining a vision for the future of clinical research nurses, and highlighting their potential impact over the next five years (2017).

The specialist clinical research nursing role brings traditional nursing skills into an environment that provides opportunities for these highly qualified and experienced nurses to cross boundaries with other specialist nursing disciplines. Clinical research nurses are increasingly accepting responsibility for a wider range of clinical tasks, providing continuity of care to patients and streamlining care delivery. By allowing clinical research nurses to work in an extended role, they are then cast into the role of active decision makers.

Historical and current research delivery: There is an increasing emphasis on clinical research within the NHS, which has led to an increase in demand for research delivery staff and a growth in the variety of roles and titles. The resulting lack of clarity around roles and responsibilities can potentially result in reductions in efficiency within the clinical research team.

Defining the concept of research nursing is complex, and research nurses themselves often struggle to identify the unique contribution they make in comparison with other members of the research delivery team. They are unique because, having acquired an expert knowledge base with highly specialist skills, they are able to incorporate clinical care with a detailed understanding of the research pathway, and adopt an extended role.

Conclusion: This presentation will describe the unique role of the Clinical Research Nurse within the research delivery team, and how this is distinct from other roles.

Paper 3

Discussion

Following these papers, a facilitated reflection and discussion will be undertaken with the speakers and audience.

Symposium 3

Time: 3.40-5.10pm

Room: WF15

Abstract number 199

Intimate Partner Violence (IPV): evolving policy landscapes and growing complexity in healthcare contexts

Lead

Dr Julie McGarry, Associate Professor and Deputy Director for Postgraduate Research and Environment, Chair of the Domestic Violence and Abuse Integrated Research Group, Institute of Mental Health, Nottingham and University of Nottingham School of Health Sciences, UK

Symposium statement:

Intimate partner violence (IPV), referred to in the United Kingdom (UK) as domestic violence and abuse (DVA) is recognised as a significant global societal/health concern (World Health Organisation, 2017). IPV exerts a significant impact on the health and wellbeing of all of those who experience abuse.

It is now well established that healthcare professionals, including nurses, have a pivotal role to play in recognising, reporting and responding to IPV among those who they encounter as part of their everyday practice. In the UK, The National Institute for Health and Care Excellence (NICE, 2014) has published clear guidance for health professionals, and other associated professional groups, in terms of their professional responsibility for the effective identification and management of IPV in practice situations.

IPV is inherently complex and contemporary policy landscapes continue to evolve with healthcare professionals working within new and developing fields of IPV practice. One example is Article 16 of the recently published Istanbul Convention (2016) which advocates the necessity of engagement with perpetrators of IPV as part of a wider strategy for professionals in combating IPV. However, this and other developing areas of practice are largely uncharted territory with a paucity of education or training for those on the frontline of healthcare provision in meeting this evolving care agenda (Williamson, et al 2015).

This symposium will therefore provide a forum for nurses from across a range of backgrounds both within the UK and internationally to come together in order to critically examine contemporary IPV health care landscapes, identify existing deficits and emerging approaches to IPV in increasingly complex contexts.

Drawing on their collective experiences and current research, the presenters have identified clearly emerging, yet hitherto little researched areas of IPV with particular significance for nursing and health care within one overarching theme of 'exploring complexity in IPV'.

Paper 1

Complexity of IPV within families and working with perpetrators

Authors and affiliation

Dr Julie McGarry, Associate Professor, University of Nottingham, UK

Abstract

DVA/IPV exerts a detrimental impact on the lives and health of all those who experience abuse and this includes wider family members and especially children (Westmarland and Kelly, 2012). The consequences for children includes immediate physical risk alongside significant immediate and longer-term harm to emotional health and wellbeing. Correspondingly, there has been a growing recognition of the key role that both health and social care professionals have to play in responding to DVA/IPV within families. While there have been a number of positive developments in the working practices of health and social care professionals, researchers have also drawn attention to a number of deficits, including: the lack of cohesion between services (Hester, 2011); limited understanding among professionals regarding why women may not be able to leave abusive relationships and the emphasis placed on mothers in terms of a 'failure to protect' children within the family (Hester, 2011). Moreover, it has been argued that fathers as perpetrators of abuse have been rendered largely invisible and have in effect 'deflected the focus of social work attention away from themselves and onto mothers' (Hester, 2011, p845). Article 16 of the recently published Istanbul Convention (2016) advocates the necessity of engagement with perpetrators of IPV as part of a wider strategy for professionals in combating IPV. However, many health and social care professionals have not been professionally prepared to work in these contexts and as such may lack professional confidence to do so. These observations formed the overarching impetus for the development of a novel initiative involving the co-location of survivor and perpetrator specialist workers within community teams. The aim of this session is to present the findings of this study in terms of barriers and enablers among professionals working with families and to identify how this initiative may be utilised elsewhere. (300 words excluding references)

References

- Hester, M. (2011) The three planet model: Towards and understanding the contradictions and approaches to women and Childress safety in contexts of domestic violence. *British Journal of Social Work* 41, 837-853
- McGarry J & Watts K, 2016. Strengthening Interventions to Reduce Domestic Abuse (STRIDE) Project Report Executive Summary
- Westmarland, N. & Kelly, L. (2012) Why Extending Measurements of 'Success' in Domestic Violence Perpetrator Programmes Matters for Social Work. *British Journal of Social Work*. 1-19

Paper 2

Hidden IPV: What do we mean by 'coercive control' and how can we recognise it

Authors and affiliation

Dr Parveen Ali, Lecturer, University of Sheffield

Abstract

Coercive control is one of the very common, yet least recognised manifestations of violence and abuse in intimate relationships. This is because the abuser/perpetrator can be very good at hiding it and may appear as very charming, caring and considerate individual to people - except their own partner - including health care professionals and others. Even during a casual conversation within a group, the abuser/perpetrator can exercise their control and convey their message with subtle gestures and words that only their partner will understand and may become frightened (Hamberger, Larsen & Lehrner 2017). In this way, the perpetrator does not necessarily have to use physical abuse to cause fear in their partner and the relationship carries on. As coercive control is very subtle, professionals and especially health care professionals often find it challenging to identify it. Health care professionals and especially nurses can play a very important role in identifying such abusive behaviour and therefore, can contribute to early identification and management of IPV (Ali, McGarry & Dhingra, 2016). Based on the findings of research with domestic violence practitioners, perpetrators, and victims of IPV, this presentation will explore the issue of coercive control, its manifestations, how it can be identified and measured and how victims can be empowered to recognise its signs.

References

- Ali, P., McGarry, J., & Dhingra, K. (2016). Identifying signs of intimate partner violence: Parveen Ali and colleagues explain how nurses in urgent care settings can recognise and manage different types of physical abuse. *Emergency nurse*, 23 (9), 25-29.
- Hamberger, L. K., Larsen, S. E., & Lehrner, A. (2017). Coercive control in intimate partner violence. *Aggression and Violent Behaviour*, 37, 1-11.

Paper 3

Drawing the strands together and future directions: A discussion of the evidence

Authors and affiliation

Dr Julie McGarry and Dr Parveen Ali, Universities of Nottingham and Sheffield, UK

Abstract

Nurses and midwives working in any health care settings can play a crucial role in identification, prevention and management of intimate partner violence (IPV) as they may regularly come across and provide care to IPV victims, who may visit health care settings frequently (Ahmad, et al., 2017). There is a need to explore IPV related knowledge, attitude and skills of nurses, midwives and other health care professional. Such knowledge will help in identifying the training and education needs. Following two presentations exploring 'Complexity of IPV within families and working with perpetrators' and recognition of coercive control by health care professionals 'and building on a study exploring nurses knowledge and understanding of IPV via twitter chat, this session aims to facilitate discussion among participants to explore factors affecting nurses and other health care professionals' abilities to work with perpetrators of IPV in various context, identify challenges and strategies to overcome these challenges. The session will also help participants to explore ways through knowledge and understanding on these issues can be raised among pre-registration students, other healthcare professionals and the general public.

Reference

- Ahmad, I., Ali, P. A., Rehman, S., Talpur, A., & Dhingra, K. (2017). Domestic violence and abuse screening in emergency department: a rapid review of the literature. *Journal of clinical nursing*. DOI: 10.1111/jocn.13706

Symposium 4

Time: 3.40-5.10pm

Room: WF19

Abstract number 222

Using participatory, practice development, Delphi and realist research approaches to understand how frontline teams can use the workplace to make sustainable improvements in the quality of their practice

Lead

Professor Kim Manley CBE, Professor Practice Development, Research and Innovation and Co-Director England Centre for Practice Development, Canterbury Christ Church University and Associate Director, Transformational Research and Practice Development, Clinical Quality, East Kent Hospitals University NHS Foundation Trust

Symposium statement

The symposium will share the approaches and findings from three funded national and international research studies which all contribute to the body of knowledge about how to support person-centred, safe and effective care in the workplace. The final presentation will integrate the theoretical insights emerging from the three studies to present a model for sustainable transformation in frontline teams.

Paper 1

Safety culture, quality improvement, realist evaluation

Authors and affiliations

Professor Kim Manley CBE, (Presenter), Carolyn Jackson, Christine McKenzie, Anne Martin, Dr Toni Wright

Abstract

Safety in health care is an international concern with impact on quality of care (Hollnagel, et al, 2015). A Regional Patient Safety Collaborative (PSC), one of 15 nationally set up to place patients, carers and staff at the heart of quality improvements in patient safety, supported four large acute NHS hospital trusts with a PSC model to help facilitators use safety and quality improvement tools with frontline teams and to be mutually supported through action learning.

The evaluation used realistic evaluation (Pawson & Tilley, 2004) (and the study and its findings are reported using the RAMESES 11 international standards (Wong et al, 2017). The study took place between June 2016-October 2017. Its aim was to understand what works for whom

and why, when: working with frontline teams in large acute hospitals to embed a safety culture, and grow leadership and quality improvement capability. Specifically, to identify which strategies are effective in supporting front line teams to sustain bottom up change and quality improvement driven by the needs of patients and practitioners. The study drew on ethnographic principles across study sites using descriptive case study design. Mixed methods of critical observation of frontline practice, stakeholder evaluation, emotional touch points, self-assessment; qualitative 360 degree feedback; and the Texas safety culture survey tool were used to facilitate the development of a rich picture for each team and each context so as to answer the evaluation questions. In tandem, interrogation of the literature to distilled relationships between context, mechanisms and outcomes generating hypotheses at individual, team and organisational level factors for safety culture.

Key findings identified an interdependence between clinical leadership within frontline teams, safety culture, safety behaviours and teamwork echoed in microcosm through safety huddles; the skills and attributes of facilitators; and the impact of organisations on microsystems. Theories of culture change at the microsystems level are further embellished.

References

Hollnagel E., Wears R.L. and Braithwaite J. From Safety-I to Safety-II: A White Paper. The Resilient Health Care Net: Published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.911.6550&rep=rep1&type=pdf> (accessed 1st November 2017)

Pawson, R. & Tilley, N. (2004) Realist Evaluation. [Online]. Available at: < http://www.communitymatters.com.au/RE_chapter.pdf>. Accessed: 14th November 2014.

Wong, G.; Westhorp, G.; Greenhalgh, J.;Manzano, A.; Jagosh, J.; Greenhalgh, T. (2017) Quality and reporting standards, resources, training materials and information for realist evaluation: the RAMESES II project. Health Services and Delivery Research, 5(28) National Institute for Health Research October ISSN 2050-4349 DOI 10.3310/

Paper 2

Developing integrated facilitation standards to embrace the facilitation of learning in the workplace using e-Delphi

Authors and affiliations

Professor Kim Manley CBE, (Presenter), Carolyn Jackson, Anne Martin, Dr Toni Wright

Abstract

This paper shares insights into the impact of system wide leadership initiatives that develop the facilitation capacity of the workforce to be effective clinical leaders in a time of increasingly complex system wide change (Manley et al, 2016, Crisp & Wilson 2011).

The aim of this Delphi study (2015-16), was to develop a set of standards that could be used to guide an integrated approach to facilitation in and about the workplace. This includes the key qualities and skills required of facilitators who aim to integrate learning, development, improvement, inquiry, knowledge translation and innovation in and about the workplace.

The study influenced by the knowledge base underpinning practice development methodology engaged international facilitation expertise. Three e-Delphi rounds involved participants from ten countries with expertise in facilitating either one or more of the purposes in work and/or about the workplace. The result, a set of standards builds on the current knowledge base about facilitation. The standards clarify the key components that facilitators need to attend to when supporting individuals, teams, organisations and services to achieve higher order learning in and about the workplace and positively impact on person centred cultures and health outcomes. The contribution of practice development as a discipline that integrates all the agendas was highlighted and needs to be promoted more explicitly at the policy level. The key messages from this work are that:

Facilitators work within different contexts and help staff appreciate the broader contexts in which they work. These contexts impact on both facilitator and staff purposes within and across each context

An integrated approach to facilitation aims to support a number of purposes. Enablers, skills and strategies for achieving these purposes are identified in the set of standards developed

Facilitators need to attend to the evaluation of outcome and impact in the given context whilst keeping focus on constantly refining the processes that are effective.

References

Crisp, J., & Wilson, V. (2011). How do facilitators of practice development gain the expertise required to support vital transformation of practice and workplace cultures? Nurse Education in Practice, 11(3), 173-178.

Manley, K., Martin, A., Jackson, C., & Wright, T. (2016). Using systems thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: a multiple case study. BMC Health Services Research, 16(1), 1

Paper 3

Developing theoretical insights into sustainable transformation in front line teams – the Venous model

Authors and affiliation

Carolyn Jackson, Director, England Centre for Practice Development, Canterbury Christchurch University, UK (Presenter), Professor Kim Manley CBE, Anne Martin, Dr Toni Wright

Abstract

Definitions for continuous Professional Development (CPD) tend to focus on individual objectives, yet the goals of CPD activity are mutually interdependent on individual and system aspects (Billet, 2002)

This paper presents the theoretical and practical insights gathered from a realist synthesis and evaluation (2014-2015) that led to a tool designed to measure the impact of learning on individual, team and organisational effectiveness in relation to improvements in quality of care and patient outcomes in the workplace.

The aim of the project was to develop and test a CPD Impact Tool that identifies mechanisms for measuring the impact of learning on individual, team and organisational effectiveness and the indicators useful for providing information on individual and team effectiveness in relation to outcomes in the workplace?

The study used mixed methods across two phases with different stakeholder groups to first develop theories about the relationship between contexts, mechanisms and outcomes for CPD to help understand which strategies work best for whom in what circumstance and why?

Phase 1 methods included: a literature review, underpinned by 12 critical questions, to identify what is known about CPD across three broad themes 1) What is CPD and why it is important? 2) Purpose and impact of CPD, and 3) Facilitating and Judging the Effectiveness of CPD. This together with a stakeholder survey analysis and documentary analysis of CPD learning outputs informed the development of the CPD framework and indicators which was then further tested in phase 2 with CPD providers, learner and an expert international reference group.

Key findings centre on four transformation theories that underpin an overarching framework for understanding effective CPD and a set of Impact indicators for guiding evaluation

In order for CPD to be effective it has to address all of the interdependent outcomes for individual, team, service and organisational transformation.

Reference

Billett S. Critiquing Workplace Learning Discourses: Participation and Continuity at Work. *Stud Educ Adults*. 2002; 34(1):56-67.

Paper 4

Developing theoretical insights into sustainable transformation in front line teams – the Venous model

Authors and affiliation

Carolyn Jackson, Director, England Centre for Practice Development, Canterbury Christchurch University, UK (Presenter), Professor Kim Manley CBE

Abstract

This paper presents a synthesis of the theoretical insights emerging from the three research studies together with outputs from a workshop for an international network of fellows. This synthesis is presented as a theoretical framework – the Venus Model for sustainable person centered transformation. This framework describes the key elements and linked concepts (and relationships) required to support front line teams (micro-systems) transform practice through interprofessional learning, development, improvement and innovation, and the essential organisational and systems factors required to enable this.

The five key elements of the model are 1) supporting development of facilitation skills across a continuum of complex purposes, 2) leadership development at clinical to systems levels, 3) practice development - a complex methodology that focuses on collaborative, inclusive and participative approaches with stakeholders, to develop person-centred, safe and effective cultures, 4) using quality improvement skills and tools, and 5) the culture change skills at the front line of practice. Bottom up, as opposed to top down models for supporting complex change in organisations are crucial to understand how to transform systems, services and cultures of care within and across organisations to deliver new models for 21st century health and well-being.

The symposium will conclude by sharing implications for practice based research and inquiry, workforce development and new emergent roles by considering how best to support and evidence the contribution of nurses to the future workforce on a global platform. This will include consideration of how nurses can take a leadership roles in both the delivery and evaluation of sustainable transformation across the health economy to impact on future new models of care.

S6-10

Symposia 6-10

Wednesday 18 April 2018, 1.45-3.15pm

Symposium 6

Time: 1.45-3.15pm

Room: LT3

Abstract number: 217

Creative and person-centred approaches for studying health experiences of vulnerable individuals across the lifespan

Lead

Dr Lesley Baillie, Senior Fellow of the Higher Education Academy, PhD, MSc, BA(Hons), Qualifications Lead for Nursing, The Open University, Milton Keynes, UK

Symposium statement:

Patient-reported outcome (PRO) and patient experience is now established as essential for defining quality of care in the UK's National Health Service and experience surveys are used routinely to inform this. These have been developed on the NHS Patient Experience Framework with a specific focus on experience of healthcare delivery. However, it could be argued that patients are more than their illness and relating experience solely on health and healthcare delivery fails to reflect the complex range of physical, emotional and social issues that could be of more importance to patients. There is a wealth of literature exploring patient experience across many diseases, often using in-depth qualitative methods; however, these often focus on common diseases or use convenience samples of patients who are easily available. The aim of this research methods-focused symposium is to showcase a series of five studies representing research undertaken in populations generally described as 'vulnerable' or challenging. The presentations are focusing on the challenges faced researching these patient groups and the diverse, innovative methods used to overcome this.

Paper 1 explores experiences of using creative, arts-based methods to capture the voices of young children, rather than the parents; paper 2 describes the use of qualitative methods to inform the development of a survey to measure experience in young people with cancer; paper 3 reports from a study that used multi-sensory communication and interview methods with deafblind people to understand the experience of living with Usher syndrome; paper 4 presents the challenge of working through gatekeepers and using translators to understand the experience of people from the Bangladeshi community who have ankylosing spondylitis; and finally,

paper 5 presents a study undertaken in people of black ethnicity who are living with dementia, and used a series of interviews to capture their experiences.

Paper 1

Child Talk: using creative, arts-based methods with children under five

Authors and affiliation

Professor Jane Coad, Professor in Children and Family Nursing, Centre for Innovative Research Across a Life Course (CIRAL), Faculty of Health and Life Sciences, Coventry University and Clinical Nursing Professor, University Hospital Coventry and Warwickshire and Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust.

Abstract

Background: This paper will share one stream of work from a large nationally funded National Institute of Health Research project led by the University of the West of England (Roulstone et al. 2015) known as 'Child Talk: What Works'. Overall, Child Talk aimed to develop an evidence-based framework to support interventions appropriate to the needs of children with primary speech and language impairments and their families. The need for early identification and effective intervention for these children continues to be a Government policy priority because of the link between children's early speech and language skills and their broader health and well-being outcomes in later life.

Aims: The aim of this paper will be to share how the team explored the perspectives of preschool children aged 2 to 5 years, in order to have their perspectives represented in the development of an evidence based typology of activities that health professionals could use in their work.

Methods: A qualitative, observational methodology was developed with 24 children ranging from 26 to 47 months using fun, arts-based activities (Coad 2007) in three locations. Workshops included art, games, music and innovative matchstick cameras worn by the children. Overall, children expressed enjoyment and engagement in the activities. A framework analysis was developed to analyse the data based on body movement, vocalisation and visual attention of the children. As part of that the study revealed interesting issues about level of interest (fidgeting); confidence and willingness to participate and how young children interacted with others.

Conclusion: In terms of stakeholder engagement it is important to capture voice but often young children are overlooked. This national study was important to develop and critically reflect on using innovative methods to capture young children's views that aimed to make a difference.

References

Coad, J 2007, 'Using art-based techniques in engaging children and young people in health care consultations and/or research' *Journal of Research in Nursing*, vol 12, no. 5, pp. 487-197. DOI: 10.1177/1744987107081250

Roulstone, S.E., Marshall, J.E., Powell, G.G., Goldbart, J., Wren, Y.E., Coad, J., Daykin, N., Powell, J.E., Lascelles, L., Hollingworth, W., Emond, A., Peters, T.J., Pollock, J., Fernandes, C., Moultrie, J., Harding, S.A., Morgan, L., Hambly, H.F., Parker, N.K. and Coad, R. (2015) Evidence-based intervention for preschool children with primary speech and language impairments: Child Talk – an exploratory mixed-methods study, *Programme Grants for Applied Research*, 3(5)

<https://www.journalslibrary.nihr.ac.uk/programmes/pgfar/RP-PG-0109-10073/#/>

Paper 2

The challenge of measuring teenage and young adult experience of cancer in a longitudinal survey

Authors and affiliation

Dr Rachel M Taylor (Presenter) (Director, CNMR/Senior Research Fellow), Lorna A Fern (R&D Coordinator), Jeremy S Whelan (Professor of Medical Oncology) on behalf of the BRIGHTLIGHT Team, University College London Hospitals NHS Foundation Trust, London

Abstract

Background: Survival from cancer in young people aged 15-24 years is lower than for children and older adults. Services have been configured to provide age-appropriate services specific for this population (NICE 2005). This recommendation was made based on expert opinion rather than empirical evidence. BRIGHTLIGHT, an NIHR funded programme of work, was designed to develop evidence to support the NICE recommendations. Central to this body of research is a longitudinal cohort study evaluating cancer services based on the experience of 1,114 young people collected through a bespoke survey.

Aim: This paper presents a description of the development of a quantitative survey to reflect patient experience as described in existing evidence and through qualitative methods, and a critical reflection on the strategy to retain young people in a longitudinal survey over 3 years.

Methods: A systematic review and meta-synthesis of literature followed by semi-structured peer-to-peer interviews with eleven young people was undertaken to add detail to the existing evidence and address issues not referred to in previous studies. This underpinned the development of a conceptual framework of young people's experience of cancer, on which to base the survey. Questions in the survey were developed to reflect the characteristics of the framework and the responses came from young people's interviews using their own words wherever possible, forming the theoretical basis of the survey, which identified the core domains (Taylor et al. 2015). To support the administration of the survey a retention strategy was developed with young people (Taylor et al. 2017).

Conclusion: Capturing an accurate reflection of patient experience using quantitative methods is difficult, which was followed by the challenge of retaining young people over 3 years. Data collection ends on 28th February 2018 so a reflection of the methodological process will be presented with guidance for future cohort studies.

References

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Taylor RM, Fern L, Solanki A, Hooker L, Carluccio A, Pye J, Jeans D, Frere-Smith T, Gibson F, Barber J, Raine R, Stark D, Feltbower R, Pearce S, Whelan J. (2015) Development and validation of the BRIGHTLIGHT Survey, a patient-reported outcome measure for young people with cancer. *Health and Quality of Life Outcome* 13: 107

Taylor RM, Aslam N, Lea S, Whelan JS, Fern LA. (2017) Optimising a strategy with young people to retain young people in a longitudinal cohort study: BRIGHTLIGHT. *Journal of Adolescent and Young Adult Oncology* DOI: 10.1089/jayao.2016.0085

Paper 3

Using Multiple Sensory communication and interview methods for researching experiences of people with deafblindness

Authors and affiliations

Michelle Evans, Senior Lecturer in Social Work, London South Bank University, UK

Abstract

Background: Usher syndrome is a rare inherited disease that is a leading cause of deafblindness (Genetic Alliance UK 2012). Due to the rarity of the condition, experiences of Usher syndrome have received limited attention in the UK and internationally. This phenomenological study aimed to develop an understanding of the experiences of diagnosis of, and living with, Usher syndrome, from the perspective of adults in England. Twenty males and females with Usher syndrome, aged 18-82 years, were interviewed using multiple sensory communication and interview methods (MSCIM), which were chosen by research participants.

Aim: This paper aims to reflect on the benefits of using multiple sensory communication and interview methods when conducting research with people who have communication differences.

Methods: In my professional role as a sensory worker it was natural for a service user to choose their interview and communication method and I therefore applied this same approach during my research. The chosen communication methods included visual frame British Sign Language, deafblind manual, clear speech and written word, which were used with interview methods via face to face, email, telephone and Skype. Some participants selected a combination of MSCIM within one interview. The use of MSCIM provided a flexible and individualized approach that enabled participants to share their sensitive experiences, resulting in rich data and greater awareness of what life is like to live with Usher.

Conclusion: The learning from using MSCIM for researching experiences of people living with Usher (Evans 2017) could be applied to future research with people who have communication and/or language differences, and where populations are hard to reach. Few studies have focused on experiences of people with Usher and international collaborative research using MSCIM could further increase awareness and enhance support for people living with the condition globally.

References

Evans, M. (2017) Empowering people experiencing Usher syndrome as participants in research *British Journal of Social Work*, Published: 01 February 2017 available at: DOI: <https://doi.org/10.1093/bjsw/bcw147>.

Genetic Alliance UK (2012) Genes and You: Usher Syndrome [online] Available at http://www.geneticalliance.org.uk/genesandyou_usher_syndrome.htm [Accessed 10/04/2012]

www.geneticalliance.org.uk/genesandyou_usher_syndrome.htm [Accessed 10/04/2012]

Paper 4

Accessing the 'hidden voices': Experiences of recruiting and interviewing within the Bangladeshi community with Ankylosing Spondylitis

Authors and affiliations

Debbie Chagadama, Lead Rheumatology Nurse, Barts Health, London, UK

Abstract

Background: There are longstanding calls for research to give a voice to and empower minority groups (Nichols-Casebolt and Spakes 1995). However, researchers continue to struggle to access, engage and retain participants from ethnic minority groups, resulting in exclusion from research (Hussain-Gambles et. al 2006). Reasons include: a lack of English language proficiency, mistrust of research, healthcare providers' lack of attention to cultural factors, little awareness of health research, cultural beliefs prohibiting participation, and gate keepers (health professionals and key community figures) restricting access (Sheikh et.al 2009). This study explored the lived experiences of health-related quality of life in Bangladeshi patients with Ankylosing Spondylitis (AS), which is a complex systemic rheumatologic condition, often resulting in severe disability. There has been little research into the difficulties faced by Bangladeshi people with AS in the United Kingdom.

Aim: This paper will discuss experiences of preparing for, and conducting, a study using in-depth interviews with Bangladeshi patients with AS.

Methods: Engagement and building trust with community gatekeepers was essential and they also acted as cultural mediators, helping me to become more culturally competent. All study documentation was translated to Bengali and interpreters were incorporated as research partners. Despite the potential challenges of recruiting from this 'hard-to-reach' group, I successfully managed to build trust and develop a rapport, collecting rich and meaningful data from 20 men and women, aged 25-54 years, over 7-months. Six interviews were conducted in Bengali, with interpreters; the rest were in English.

Conclusion: Participants expressed that they had never had the opportunity to relate their experiences before and spoke openly and in depth about struggling to gain a diagnosis, how the condition affected their lives and how they were managing. Through this research, the 'hidden voices' of the Bangladeshi patients are being heard and will inform healthcare for this population.

References

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Nichols-Casebolt, A. & Spakes, P. (1995) Policy research and the voices of women. *Social Work Research*, 19(1): 49-55

Sheikh, A., Halani, L. Bhopal, R. et. al (2009) Facilitating the recruitment of minority ethnic people into research: Qualitative care study of South Asians and asthma. *PLoS Med*; 6: e1000148

of capacity, communication and consent challenges due to dementia was essential in order to develop effective techniques to complete data collection. More importantly, having an awareness of cultural nuances brings richness to the data collected. Through exploring the lived experience of dementia, this study provides some insight into conducting future qualitative studies within this population group.

References

Hellström, I., Nolan, M., Nordenfelt, L. and Lundh, U. (2007) Ethical and methodological issues in interviewing persons with dementia. *Nursing Ethics*, 14 (5) pp. 608-619.

Pratt, R. (2002). 'Nobody's ever asked how I felt'. In H. Wilkinson (Ed.), *The perspectives of people with dementia. Research methods and motivations* (pp. 165-182). London: Jessica Kingsley Publishers.

Shanley, C., Leone, D., Santalucia, Y., Adams, J., Ferreros-Rojas, J. E., Kourouche, F., Gava, S. and Wu, Y. (2013) Qualitative research on dementia in ethnically diverse communities: fieldwork challenges and opportunities, *American journal of Alzheimer's disease and other dementias*, 28(3), pp. 278-83. DOI: 10.1177/1533317513481099

Paper 5

Exploring the lived experience of the individual of Black ethnicity living with dementia: the interview process.

Author and affiliation

Dr Tiritega Perfect Mawaka, Head of CHC, NHS Lewisham Care Commissioning Group, London

Abstract

Background: In the United Kingdom(UK), Black and Minority Ethnic(BME) groups are more at risk of developing Vascular Dementia and experience a higher rate of young-onset dementia (≤ 65 years), compared with the majority ethnic White British population. However, there is limited research considering the experiences of individuals of Black ethnicity living with dementia in the UK, which may be due to the challenges involved (Pratt, 2002; Hellström et al., 2007; Shanley et al., 2013).

Aim: The purpose of this paper is to discuss the issues concerning data collection when conducting a qualitative study involving individuals living with dementia of Black ethnicity. The study sought to provide an understanding of what constitutes 'living with dementia as a person of Black ethnicity' within 4 North East London Boroughs.

Methods: Data were collected through a series of three semi-structured interviews with each participant, audio recorded, transcribed verbatim and analysed thematically. Participants were supported by Consultees during the interviews. Seeking Informed consent was an on-going process during this study. Time was required to build rapport between the interviewer and the participants as well as their Consultee. Questions used in the interviews were developed with consideration to the use of language and terminology.

Conclusion: This paper shares a personal experience of the challenges faced and the lessons learned while conducting qualitative interviews investigating the lived experience of dementia of individuals of Black ethnicity. An understanding

Symposium 7

Time: 1.45-3.15pm

Room: Forum lecture theatre

Abstract number 95

Building research capacity in nursing, midwifery and the allied health professions through a dedicated funding scheme: Lessons from Wales

Lead:

Professor Daniel Kelly, FRCN, holds the Royal College of Nursing Chair of Nursing Research at the School of Healthcare Sciences, Cardiff University.

Symposium statement:

Building research capacity and capability in nursing, midwifery and the allied health professions is essential for developing an evidence base, which can inform clinical practice, policy, education and further related research. However, developing research capacity in healthcare remains a significant challenge in the UK and beyond. This symposium therefore brings together several, related papers that report on the Research Capacity Building Collaboration (RCBC) Wales, which was set up over a decade ago, to help develop research capacity and capability in nursing, midwifery and the allied health professions, across Wales.

The aim of the symposium is to provide an overview of the RCBC Wales initiative, focusing on three specific areas:

- The nature and purpose of the scheme, how it is funded, organised, managed and administered
- A reflective account, from a previously funded post-doctoral fellow, of the personal and professional benefits of the programme
- Demonstrable achievements and impact of the RCBC Wales programme to date and future proposed developments.

The symposium will highlight feasibility and practicality challenges associated with developing and managing the scheme, as well as the benefits and achievements of such a dedicated programme. This symposium will therefore be of interest to doctoral and post-doctoral candidates and those who undertake, support and/or host healthcare research.

Paper 1

The Research Capacity Building Collaboration (RCBC) Wales initiative

Authors and affiliations

Dr Emma Tonkin, (Presenter), Senior Research Fellow, Faculty of Life Sciences and Education, University of South Wales, UK

Co-authors: Professor Maggie Kirk, Retired, University of South Wales, Dr Sion Williams, Senior Lecturer, Bangor University; Dr Robert Mayr, Senior Lecturer, Cardiff Metropolitan University; Professor Daniel Kelly, Royal College of Nursing Chair of Nursing Research, Cardiff University, Dr Joanne Pike, Programme leader MSc Health Sciences, Glyndwr University; Professor Jaynie Rance, Professor of Public Health, Policy and Social Sciences, Swansea University, Wales, UK

Abstract

The aim of this session is to provide an overview of the Research Capacity Building Collaboration (RCBC) Wales initiative. RCBC Wales was originally created in 2005 to help develop research capacity and capability in nursing, midwifery and the allied health professions across Wales. RCBC Wales is now primarily funded by the Welsh Government through Health and Care Research Wales. The scheme is a collaboration between six Welsh Universities (Bangor, Cardiff, Cardiff Metropolitan, Glyndwr, Swansea and University of South Wales) that provide nursing, midwifery and/or allied health education and is administered by the Faculty of Life Sciences and Education, at the University of South Wales.

The scheme provides funding to support a range of research fellowships across the career trajectory, such as first into research, PhD, post-doctoral and a senior health career research fellowship. Funding is allocated in phases via open, competitive calls. To date, there have been four separate funding phases, which have supported 73 fellowships over five cohorts.

Funding allows fellows to undertake an appropriate empirical study of their own choosing, which must align with the thematic priorities of the funder and the relevant host institution. The programme allows fellows to develop their research skills, confidence and expertise, while also helping to improve the quality and quantity of health care research in Wales. Consequently, the scheme also helps to ensure that fellows are equipped to lead and facilitate high quality research, which can help inform practice, policy, education and further research.

Funded fellows are also required to join the RCBC Wales Community of Scholars scheme, which further helps to promote a collegiate environment to nurture researchers across disciplines. The Community of Scholars adds value to the fellowships by providing mentorship and masterclasses in research methods and research leadership throughout the year, including in engaging with and influencing policy.

Paper 2

Reflections on an RCBC Wales post-doctoral fellowship

Author and affiliation

Dr Paul Gill, Senior Lecturer, School of Healthcare Sciences, Cardiff University, UK

Abstract

The aim of this symposium session is to provide a reflective account of the personal and professional benefits of the RCBC Wales scheme, primarily from the perspective of a previously funded, post-doctoral fellow. The presentation will outline how my post-doctoral research built on my PhD research and what the scheme has helped me to achieve during and following the funded fellowship.

The post-doctoral fellowship was funded over a three year period, from 2007 to 2010, and allowed me to build on my (then) recently completed doctoral research, undertake further, related empirical work and helped to develop a nascent programme of related research in the fields of chronic conditions and service user experiences. The fellowship was integral to my on-going personal and professional development and allowed me to network and collaborate more widely, publish extensively and facilitate the transition towards becoming an independent researcher. Key aspects of the Community of Scholars training programme, notably media and political awareness training, also helped me to start thinking about research differently; particularly in relation to the importance of focus, necessity, potential impact and understandability of research to a non-academic audience.

This presentation logically builds on the previous session and further highlights additional benefits of the programme, focusing specifically on the importance of post-doctoral development for healthcare researchers and healthcare research.

been successfully completed and 30 are still in progress.

RCBC Wales has made a significant contribution to building research capacity and capability across Wales. So far, the scheme has funded one senior career researcher, nine post-doctoral fellowships, 46 PhDs (including 6 early career PhDs), 2 MPhils and 15 first into research fellowships, across the nursing, midwifery and allied health professions.

Since 2006, RCBC fellows have collectively published over 342 papers, presented 456 conference papers, contributed to 41 media outputs and subsequently secured 37 research funding grants, which helps to demonstrate the considerable and on-going impact of the programme.

The session will also highlight future proposed developments and initiatives of the scheme. This presentation builds on the previous two sessions and aims to draw the symposium together into a meaningful, coherent whole.

Paper 3

Achievements, impact and future developments of the RCBC Wales programme

Author and affiliation

Professor Joyce Kenkre, Professor of Primary Care, Faculty of Life Sciences and Education, University of South Wales

Abstract

The final paper in this symposium will outline what the RCBC Wales programme has achieved to date and provide a critical overview of the demonstrable impact of the scheme. Since 2006, RCBC Wales has awarded 73 funded fellowships over four separate funding phases, in five cohorts. Of these awards, 70 fellows were subsequently appointed and 63 studies have since been undertaken. To date, 33 studies have

Symposium 8

Time: 1.45-3.15pm

Room: WF15

Abstract number 170

Ethical encounters in a transitional era: research with millennials and other generations

Lead

Dr Nigel Cox, Senior Lecturer in Nursing, Manchester Metropolitan University, UK

Symposium statement:

This symposium addresses the theory, methodology and practice of ethical, person-centred nursing research in an era where the expectations of the millennial generation - digital natives who have grown up in the digital age - need to be anticipated alongside those of earlier generations who encountered digital technology only as adults. Collectively, the papers in this symposium describe the emergence of new types of research participant, the impact of their emergence upon the ethical considerations we need to make and, indeed, who might be 'left behind' in this new epoch. Individually, each paper problematises a different but complementary aspect of the overarching symposium focus.

The opening paper by Cox, a nursing/healthcare researcher and anthropologist, considers ways in which researchers of the future may need to theoretically and methodologically reformulate their understanding of the concept of 'research participant' and, correspondingly, how they understand themselves as ethical, person-centred researchers of people across digital 'generations'.

The second paper by Miller, an educational researcher and mental health practitioner, considers emerging professional and ethical challenges facing educational and mental well-being research. Drawing upon learning from research and education fields, Miller reflects upon the ethical intersection of mental health, digital skills and vulnerability in contemporary research.

The closing paper by Haigh, a professor of nursing and leader in healthcare ethics, draws together the symposium strands and presents scholarly and personal reflections on emerging opportunities and challenges for research ethics. Haigh discusses trends, including research governance in the digital epoch, and considers new opportunities presented by the emergence of digitally-native participants.

This symposium will be of interest to nurse researchers, practitioners and educators who are interested in the challenges and opportunities that are emerging amidst the confluence of research ethics, digital methodologies and generational shifts in identity, expectations and involvement in research.

Paper 1

Making the orthodox obsolete: new kinds of ethical practice for a new kind of participant

Author and affiliation

Dr Nigel Cox, Senior Lecturer, Manchester Metropolitan University, UK

Abstract

Nurse researchers are very familiar with the orthodox processes of research ethics, for instance their submission of a research proposal for ethical scrutiny, or the seeking of written consent from their proposed participants. In addition, nurse researchers also strive to comply with the key principles of biomedical ethics, such as respect for autonomy and attention to justice (Beauchamp and Childress, 2012; Page, 2012). But new contexts bring new challenges, and digital research in particular brings with it a new generation of research participants, and new ways in which we need to understand, from an ethical standpoint, the people and communities who we invite to participate in our research. In this symposium paper, Dr Nigel Cox will discuss the ways in which digital technologies and digital research offer to radically reframe what it means to be a research participant. He will argue that not only do a new generation of research participants bring with them an experiential familiarity with digital technology and culture, but their engagement may also reveal a radical reconception of what it means to be an individual, ethical subject. Nurse researchers, therefore, will need to consider how their processes impact upon their ethical relationship with research participants, particularly in a research environment where digital co-production and public involvement/engagement in research (Cox et al, 2016) is increasingly endorsed by key stakeholders. Drawing upon theoretical discussion and fieldwork experience of digital co-production and its ethical dimensions, Cox will then outline and propose some critical questions and potential departure points for future nursing research and practice.

References

- Beauchamp, T.L. & Childress, J.F. 2012, Principles of biomedical ethics, 7th edn, Oxford University Press, Oxford; New York
- Cox, N., Clayton, A., & Webb, L. (2016). A safe place to reflect on the meaning of recovery: a recovery community co-productive approach using multimedia interviewing technology. *Drugs and Alcohol Today*, 16(1), 4–15. <https://doi.org/10.1108/DAT-08-2015-0044>
- Page, K. (2012). The four principles: Can they be measured and do they predict ethical decision making? *BMC Medical Ethics*, 13, 10. <https://doi.org/10.1186/1472-6939-13-10>

Paper 2

New ways to be vulnerable: mental health research and the ethical subject

Author and affiliations

Dr Eula Miller, Senior Lecturer, Manchester Metropolitan University, UK

Abstract

Giving credible and authentic consideration to participant engagement in research has been increasingly championed since 1996 (Involve, 2012). In her paper, Dr Eula Miller reflects upon the preparation and consultation that she undertook prior to performing a review that explored the effectiveness of a student counselling/support service in one college in the North West of England. The process of participant engagement provided useful insight into the vulnerabilities (Bracken-Roche et al, 2017) which young people perceived they would experience in using an online tool as mode for data collection. This challenged contemporary stereotypes of the millennial generation and their willingness to engage with digital technologies. This scenario also served to provide a 'wake-up call' as to the intricacies, gravity and depth of detailed attention needed when considering the ethical aspects of research - notably when working with those who in terms of safeguarding could be deemed as vulnerable (DfE, 2016). This preparatory process stimulated exploration of participants' vulnerability, but also highlighted researcher vulnerability and responsibilities when engaging with members of the public. Such considerations led Dr Miller to make major revisions in the approach to be taken whilst collecting 'sensitive data' during engagement with this participant group. It is the insights afforded, discussions had, and the ethical considerations given as a consequence of this engagement process which will become the focus of this presentation.

References

- Bracken-Roche, D., Bell, E., MacDonald, M.E., Racine, E. (2017). The concept of Vulnerability in Research ethics: An in depth analysis of policies and Guidelines. *Health Research policies and Systems*, (15:8), 1-18 <https://doi.org/10.1186/s12961-016-0164-6>
- DfE (2016). Keeping children safe in education statutory guidance for schools and colleges. London: Department for Education
- Involve, NIHR. (2012). Briefing notes for researchers: involving the public in NHS, public health and social care research. INVOLVE: Eastleigh, UK

Paper 3

**Notes from the field:
contemporary trends in
the ethical governance of
research**

Author and affiliation

*Professor Carol Haigh, Professor of Nursing,
Manchester Metropolitan University, UK*

Abstract

The development of Internet technology has seen a corresponding growth in the development and use of Internet-based research methodologies. Although health research has been slow to recognize the advantages of techno-research, there is some evidence that the Internet is now been seen as a useful research resource, which in turn presents new ethical challenges for nursing researchers. Professor Haigh will explore emerging issues of concern surrounding techno-research, and will reference a cyber-ethics framework that will allow techno-researchers to identify the potential threats and hazards inherent in their study. This element of the symposium will focus closely upon issues such as privacy and veracity, building upon the work of Waskul (1996). Waskul suggests that definitions of 'public' and 'private' do not translate so neatly to cyberspace. He argues that cyberspace defies locality and that online interaction cannot be defined as either public 'or' private, but both public 'and' private. He goes on to put forward the view that 'public' and 'private' are mere metaphors when applied to cyberspace, thus it can be argued that online environments which are described as 'public' may not necessarily match the social definition of that environment. This is further confounded by the fluidity of identity in cyberspace and the challenges that this mutability of self can present in terms of veracity and rigour. The metaphorical nature of key elements of research inherent in online research provides a challenge to traditional ethical thinking and it is time to begin the conversation about how the research community rises to these challenges. [253 words]

References

Haigh, C. and Jones, N.A., 2005. An overview of the ethics of cyber-space research and the implication for nurse educators. *Nurse Education Today*, 25(1), pp.3-8.

Waskul, D. (1996). *Ethics of Online Research: Considerations for the Study of Computer Mediated Forms of Interaction*. <http://venus.soci.niu.edu/~jthomas/ethics/tis/go.dennis>

Symposium 9

Time: 1.45-3.15pm

Room: WF19

Abstract number 55

**Action Research in practice:
Evaluating a novel approach
to teaching communication
skills around paediatric end-
of-life care to pre-registration
student nurses**

Lead

Susan Neilson, Lecturer, PhD, MSc, BSc (Hons), DPSN (DN), RSCN, RGN, School of Nursing, University of Birmingham and Honorary Senior Lecturer (Nursing), Palliative Care Team, Birmingham Women's and Children's Hospital

Symposium statement

This seminar explores the processes involved in developing and undertaking an Action Research project using a novel approach to teach effective communication around paediatric end of life care to student nurses. An interdisciplinary communication workshop comprising taught theoretical and participatory performance components was developed and evaluated from both nursing and drama student perspectives.

The rarity of involvement in paediatric palliative care during student nurse practice placements can make it difficult for them to develop, and maintain, effective communication skills in this arena. Identifying and evaluating innovative ways of providing students with the tools to apply in practice is therefore imperative if we are to effectively prepare them for caring for these children and families.

The first paper will explore the Action Research process, detailing the communication workshop and examining findings from the student nurse perspective. The second paper will explore the development of the participatory performance, its application in teaching effective communication and findings from the drama student perspective. The final paper will explore the practical and ethical challenges of using real-life scenarios in developing a participatory performance for teaching effective communication from a student perspective.

Paper 1

**Teaching effective
communication around
paediatric end of life care
to pre-registration student
nurses: An Action Research
project.**

Author and affiliation

Susan Neilson, (Presenter), Lecturer, School of Nursing, Institute of Clinical Sciences, College of Medical & Dental Sciences, University of Birmingham and Alison Reeves, Senior Lecturer, Institute of Humanities and Creative Arts, University of Worcester, UK.

Abstract

Background: Action Research, a method of examining practice in order to refine and develop it, encompasses a spiral of steps: planning, action, reflection and evaluation (Smith and Doyle, 2007).

The ability to communicate well is a core nursing skill and a mandatory professional standard that all UK registered nurses must uphold (Nursing and Midwifery Council, 2015). For university lectures teaching communication skills around end-of-life care can be a challenge.

This paper explores the first cycle of an Action Research Project: the effectiveness of a novel workshop for teaching clinical communication skills in paediatric end-of-life care settings to first year nursing students at a UK University.

Methods: A purposeful sample of student nurses across all fields of practice, (adult, mental health, child), attending a communication workshop in March and April 2017 (n=158) were invited to participate. The workshop comprised a taught theory session followed by a participatory performance. Participants (n=100) were asked to complete a survey at the beginning and end of the workshop.

Data analysis was through thematic analysis of qualitative data using a recognised six-step guideline (Braun and Clark, 2006) and standard descriptive statistics.

Results: Findings demonstrate the value of the novel approach in both engaging students and informing learning through the visual application of a taught theoretical concept (communication tool) and student-directed re-enactment of scenarios depicting stepped improvements in communication.

Conclusions: A structured educational programme, interweaving novel communication training throughout the course with opportunities for reflection and consolidation in practice, aligns with the Action Research cyclical spiral of steps undertaken in this project. The next steps include evaluating the use of a digital teaching resource (developed during the project) and an interdisciplinary workshop incorporating adult and mental health end of life-scenarios.

References

- Smith, M. and Doyle, M. (2007) *Action Research: Traditions and Perspectives*. Teaching and Learning, 4 (2)
- Nursing and Midwifery Council (NMC) (2015) *The Code: Professional standards of practice and behaviour for nurses*. London, NMC
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2): 77-101

conjunction with findings from pre and post intervention student feedback, demonstrate and exemplify how performance can offer new ways of understanding the caring encounter.

There is a growing body of practice across the international Higher Education sector focusing on the use of interactive drama techniques in Arts and Health work and this paper contributes to this research.

References

- Boal, A. (1979) *Theatre of the Oppressed*. Pluto Press
- Noddings, N. (2002) *Starting at Home*. University of California Press, California

waits a nurse attempts ineptly to comfort the father. The actors not only need to empathise with the characters portrayed but also need to elicit an empathetic response from the audience of nurses to help the nurse communicate with the father.

Conclusions: In order for the simulation or role-play to be effective the actor needs to give a truthful and sincere performance and 'the quality of fidelity or authenticity is a critical factor in the exchange between simulated patient and health-care student' (Loth, Anderson and Mitchell, 2015, p.291).

References

- Stanislavsky, K. & Hapgood, E.R. (2013) *An actor prepares*, Bloomsbury, London
- Mitchell, K. (2009) *The director's craft: a handbook for the theatre*, p.183. Routledge, London.
- Loth, J., Andersen, P. and Mitchell, P. (2015), 'Acting for health: Effective actor preparation for health-care simulations', *Applied Theatre Research*, 3: 3, pp. 291. [downloaded October 11th 2017]

Paper 2

Development of communication skills through the use of interactive performance

Authors and affiliation

Alison Reeves, (Presenter) Senior Lecturer, Institute of Humanities and Creative Arts, University of Worcester and Susan Neilson, Lecturer, School of Nursing, Institute of Clinical Sciences, College of Medical & Dental Sciences, University of Birmingham, UK.

Abstract

Background: Could drama and performance students help pre-registration nursing students to develop communication skills for the potentially difficult situations they face working with children in palliative and end of life care? Would they develop their own communication skills, focusing on the ability to lead a workshop, facilitate group discussion and take on a role in an Applied Theatre context?

This paper explores the practical development of an interactive performance, *Don't Talk Like That!* and the Action Research project that was embedded in the process.

Methods: Students working with Dr Sue Neilson completed a clinical scenario outlining a challenging situation they had experienced. These were used by drama students as initial stimulus material to devise the performance. Data was collected in pre and post questionnaires to try and establish whether drama students felt their communication skills had improved as a result of participation in the project.

Results: Extracts from *Don't Talk Like That!* illustrate how re-enactment of their real-life scenarios allowed nursing students to discuss and experience nurse:patient interactions, reflecting on how caring and uncaring communication sounds and feels. Using a Forum Theatre technique (Boal, 1979) drama students facilitated student nurses to practice the communication skills of pausing, empathy, acknowledging, summarizing and picking up on cues.

Conclusions: Noddings recognized the importance for students to practice and embed the act of caring intuitively as a way of thinking and acting so they learn what it means to care (Noddings 2002). The project development in

Paper 3

Don't Talk Like That! The student experience of portraying empathy in a participatory performance

Authors and affiliation

Katisha Harris, (Presenter) Student, Institute of Humanities and Creative Arts, University of Worcester; Co-authors: Jessica Bishop, Student, Institute of Humanities and Creative Arts, University of Worcester; Noah Kilworth, Student, Institute of Humanities and Creative Arts, University of Worcester; Will Moore, Student, Institute of Humanities and Creative Arts, University of Worcester, UK.

Abstract

Background: Drama students involved in developing the participatory workshop component of the Action Research project will describe their experience of portraying empathy in drama based on real-life clinical scenarios.

Empathising with a character is part of an actor's toolkit and at the heart of Stanislavski's techniques for creating a role and living the part of a character is 'emotion memory' (Stanislavsky and Hapgood 2013). This involves the actor using their own memories to build belief in the life of the character they are playing. Directors still use these techniques in rehearsal with the aim of making the glimpse of the character you see on stage 'as precise as possible and true to the biography' (Mitchell 2009, p.183).

Methods: Portraying the real people outlined in the clinical scenarios was particularly challenging for the students. Individual students were interviewed by the researchers and their responses and reflection on the practicalities and ethics of embodying real situations are outlined and discussed.

Results: The Forum Theatre technique involves the actor responding in-role to suggestions from the participating audience members. This will be demonstrated through re-enactment of one of the scenarios from *Don't Talk Like That!* In this scenario, a father waits in a paediatric ward for the results regarding his son's health. As he

Symposium 10

Time: 1.45-3.15pm

Room: CPD5

Withdrawn

Posters

Monday 16 April 2018

All poster tours will leave from the poster point in the Common room at 1.25pm

Poster tour A

Theme: Professional Practice 1

Poster 1 (Abstract 80)

An exploratory study to review written nursing documentation

Elizabeth Lumley, MSc in Clinical Research, BA (Hons) in Professional Practice, RGN Research Associate, Sheffield Teaching Hospitals NHS Foundation Trust/The University of Sheffield, United Kingdom

Co-presenter(s): Clare Warnock UK

Co-author(s): Dan Wolstenholme UK

Abstract

Background: Nursing documentation may provide an opportunity to define the particular contribution of nursing to healthcare (Paans et al, 2010). Reviews of nursing documentation have often used audit methodology, evaluating the process against pre-determined standards. Less is known about the ways in which the content describes the contribution of nursing to patient care (De Marinis et al, 2010).

Aim: To explore the language, content and themes present in clinical nursing documentation.

Methods: Content analysis (Hsieh and Shannon, 2005) was used to analyse anonymised written nursing records in two in-patient wards between July and October 2016. Ten patient records from each ward were reviewed, each record containing seven consecutive days of nursing documentation.

Results: A diverse range of subjects were identified within the nursing records. Overall there was a lack of coherence regarding the style of writing and the objectives of the entries, for example whether they aimed to describe, evaluate or recommend care. A high 'of repetitive statements with an unclear purpose were present; many of these replicated aspects of care documented elsewhere. Examples of statements that reflected nursing activity more effectively were present.

Discussion: The analysis of clinically derived nursing records did not identify the presence of a shared, cohesive approach within nursing documentation. There was evidence that this may have contributed to poor documentation practice. The findings suggest that nursing may not have an agreed approach to documentation,

unlike that which is seen in other healthcare professions, such as medicine and physiotherapy.

Conclusion: This objective analysis of nurses' written records provides useful insights into current practice in nursing documentation. The findings will be used to support the next phase of the project; working with nurses at a local and national level to achieve a consensus on exemplars of statements that make a positive contribution to patient care.

Poster 2 (Abstract 173)

Development and implementation of a quality assurance framework in nursing and midwifery practice

Hilary Lloyd, MSc, Director of Nursing, Midwifery and Quality, Gateshead health NHS Foundation Trust, United Kingdom

Abstract

Improving Quality in Practice

Background: The drive for high quality care in the NHS comes from a national and professional level, however it remains the responsibility of health care providers to demonstrate and provide evidence for how they deliver high quality care within a local setting. This study set out to design and implement a structured framework to improve the quality of care across wards and departments, and to measure and evaluate this.

This work is relevant to those who seek to improve the quality of patient care, both within the UK and internationally.

Aim: The aim of this study was to support nurses and midwives in delivering a nursing and midwifery strategy to improve the quality of patient care through the development and implementation of a quality assurance framework.

Methods: An action-research approach was utilised to facilitate the development, delivery and evaluation of a quality assurance framework. This included the development of quality assurance standards and programme of assessments: observations, questionnaires and examination of portfolios. The evaluation was supplemented by thematic analysis of qualitative interviews with participants.

Results: A total of 122 assessments were conducted over a 4 year period, from 2012 to 2016, across 33 clinical areas. The findings demonstrated an improvement, in relation to patient outcomes and experience (measured by the standards) across all areas.

Discussion: This contributes to knowledge by providing an evidence based standardised approach to supporting the delivery of a nursing strategy to improve quality. Strong clinical leadership, a supportive culture, and staff engagement were identified as key enablers which facilitated improvements in the quality of care.

Conclusion: The outcomes found that a structured approach to developing a quality assurance framework is an important feature of improving the quality of care for patients in a local hospital setting.

Poster 3 (Abstract 154)

The multi-disciplinary team members' use of the electronic patient record within one Emergency Medical Assessment Unit (EMAU)

Dr Pauline Chai Tin Tang, RN, RM, ONC, Cert Ed (FE), RCNT, RNT, MN, DN, Nurse Lecturer, School of Healthcare Sciences, Cardiff University, Wales, United Kingdom

Abstract

Healthcare is a vital service that touches the lives of millions of people at significant and vulnerable times. Wales, like other countries is grappling with the rising demands for healthcare and changing public expectations. A series of published policy reports has placed information technology as central to the process of providing quality patient experience and optimising clinical services (NHS Wales 2003, WG 2011, 2013). This study is about how the multi-disciplinary team members within one Emergency Medical Assessment Unit (EMAU) went about using a new technological tool (the Welsh Individual Health Record /electronic patient record) in their work. The research site was the EMAU within an acute District General Hospital, which is part of NHS Wales. The impetus for this study was to learn about the fit between the system and its organisational use situation. The intention of this instrumental case study was to provide

insight into an issue (Stake 1995), in the hope of learning something practical (context-dependent knowledge) - of what is going on between the people (multi-disciplinary team members) in the EMAU (an organisation) and the electronic patient record system. It was a qualitative case study of socio-technical work. Purposeful sampling was used. Data collection methods were interviews, informal observations and documents. Complex Adaptive Systems Theory was used as the lens during data analysis. Three main themes emerged: Managing the dynamic context of the EMAU; Patient safety; and Issues with the adoption of the IHR. Clear findings emerged on the usefulness of electronic patient record re: medication safety, bridging the intersection of care, as a vessel for information in the case of patients unable to give their medical histories and facilitating co-production to enhance safe, patient-centred care. Using electronic patient record system in real time practice can mediate the information gaps.

fessional group routinely checking patients for the full range of possible ADRs. ADRe fulfilled an unmet need to support communications between nurses, doctors and pharmacists and bring nurses' first-hand knowledge of residents to the fore. Staffing issues made introduction difficult in some homes. Nurses viewed ADRe as more than a tick box exercise, and a trade-off between clinical gains and nurses' time. Incorporation into regulatory requirements would allow consolidation of clinical gains.

Discussions/Conclusions: Regulation, organizational commitment, morale and flexible levels of engagement are key to determining whether ADRe is sustained in practice. The interview, observational and clinical data illustrate how to integrate medicines' monitoring into routine care, ADRe could contribute to the WHO 'Medication without Harm' challenge, reinforcing error-reduction strategies (WHO 2017). Electronic versions warrant development.

PubMed, PsycINFO, Embase and Health B Elite in between 2005-2016. Primary data from non-critical care areas, neonatal and paediatric critical care areas were excluded. Comprehensive supplementary searching was performed.

Methods: Papers were critically appraised using the NICE (2012) checklists. Data were analysed using Braun and Clarke (2006) thematic analysis.

Results: A total of 15 studies, including 13 cross sectional and 2 qualitative studies were reviewed. Three main themes emerged following data analysis. These were quality of work environment, nature of working relationships and traumatic/stressful workplace experiences.

Conclusions: The literature review highlighted the need for further research and greater understanding of how these themes may impact critical care nurses. Nurse Managers and leaders should consider these findings when developing strategies to improve nurse retention.

Relevance to practice: The shortage of critical care nurses is currently a global issue impacting costs and efficiency.

Poster 64 (Abstract 196)

A process evaluation of nurse-led medicines monitoring using the Adverse Drug Reaction (ADRe) Profile in care homes

Dr Sherrill Snelgrove, Associate Professor, Public Health, Policy and Social Sciences, Swansea University, Wales, United Kingdom

Background/aim

Improved medicines' management could lead to real and sustainable improvements to the care of older adults in care homes. Insufficient patient monitoring has been identified as a cause of medicines-related harms. Research on nurse-led monitoring using the structured Adverse Drug Reaction (ADRe) profile identified and addressed the adverse effects of mental health medicines (Jordan et al 2015). We explore what is needed to embed ADRe into routine practice, and barriers to and facilitators of implementation.

Methods: A process evaluation with participants of 10 homes caring for people with permanent cognitive impairment prescribed mental health medicines. Outcome measures are the numbers and nature of problems addressed, and understanding of changes needed to optimise clinical gain.

Data were collected during 30 non-participant observations and 30 semi-structured interviews throughout 2017. We report on interviews with care home staff, healthcare professionals (nurses, pharmacists, doctors), and service users on use of ADRe.

Interviews were analysed using the constant comparative method (Glaser & Strauss 1967).

Results: Thematic analysis indicated that medicines monitoring is a 'care gap', with no pro-

Poster tour B

Theme: Professional Practice 2

Poster 4 (Abstract 22)

Factors influencing nurses' intentions to leave the adult critical care areas-a systematic literature review

Nadeem Khan, PhD (current), Professional Development Nurse and part time PhD student, Oxford University Hospital, United Kingdom

Co-author(s): Debra Jackson, Helen Walthall, Louise Stayt, UK

Abstract

Background: The shortage of critical care and specialist nurses has been an ongoing issue for many decades. Although all areas of nursing are affected, critical care areas are especially vulnerable to recruitment and retention problems. Although high nursing turnover in critical care areas is evident, research into the factors that influence nurses' intentions to leave the adult critical care areas is limited, particularly in the UK. This review aims to explore literature about the factors which may influence nurses' intentions to leave the adult critical care areas.

Aim: To explore factors which may influence nurses' intentions to leave the adult critical care areas.

Objectives: To appraise existing evidence and highlight gaps in knowledge regarding factors which may influence nurses' intentions to leave the adult critical care areas.

Search strategy: The Search strategy was developed using the List, Keep and Delete approach. The following key words were used, intentions to leave, nurses, adult and critical care. Databases searched were BNI, CINAHL,

Poster 6 (Abstract 175)

An exploration of the factors that influence the development of professional values in pre-registration nursing students

Liz Gormley-Fleming, MA, PG Dip, PG Cert, BSc (Hons), RNT, RGN, RSCN, SFHEA, Head of Department, University of Hertfordshire, United Kingdom

Abstract

The aim of this study is to explore the factors the influence the development of professional values in pre-registration nursing. This is important as a number of public inquiries and reports have highlighted the importance of values being embedded in the culture of healthcare practice. It is considered that professional values develop through the education process and are an essential outcome in undergraduate nursing education.

Following an integrative review of the literature, it was identified that no clear standard of reference exists to evaluate student nurse competency in relation to professional values (Elliott, 2017). However, professional values are frequently referred to in policy and professional standards. In the current NMC education standards (2010) professional values are the first of four competency domains that underpin nursing care. Students must achieve competency in all by the end of their programme to meet the standard of proficiency required to be eligible to enter the NMC register. Professional values are considered to be derived from personal and social experiences that are subsequently modified through experiences (Parandeh et al,

2015). Thus the clinical learning environment is influential in the development of one's professional values.

As the case is rooted in the natural setting and requires a holistic elucidation of the phenomena being studied, case study is the methodology. Intrinsic case study design is used as the aim is to explore rather than measure (Stake, 1995). Semi structured interviews have been employed as primary method of data collection. 12 students have been interviewed. Full ethical approval was granted.

Thematic analysis is being used to analyse the data. Early analysis indicates that clinical practice positively influences the development of professional values with students citing "role models" in practice as key in their professional value development.

Poster tour C

Theme: Mental Health/Older People

Poster 8 (Abstract 183)

Pain in older adults with dementia: A mixed methods exploration from the perspective of caregivers.

Rebecca Chandler, BSc Hons Psychology, MSc Research Methods in Psychology, Research Assistant, Anglia Ruskin University, United Kingdom

Abstract

Under-assessed and poorly treated pain is common issue for older adults with dementia (OAWD). Despite growing recognition of this issue and developments to assist in the identification and management of pain, it continues to be a clinically significant issue. This may in part be attributed to knowledge deficits and negative attitudes among caregivers which can be implicated in their pain-related practice behaviours. This study aimed to explore the assessment and management of pain in OAWD from the perspective of front-line caregivers. A total 62 care home staff, 34 informal caregivers and 19 nursing students were invited to complete an interview or survey, collecting data on open-ended responses and the Pain Knowledge & Beliefs Questionnaire (Zwakhalen et al., 2007). Thematic analysis of qualitative data revealed 4 main themes: dementia vs. pain; pain prioritisation; pain detection; and treatment challenges. Regression analysis of PKBQ scores indicated no significant differences in level of knowledge or beliefs between caregivers groups, irrelevant of nursing education or years experience as a caregiver. PKBQ results did however indicate caregivers across groups endorsed some concerning beliefs towards use of pain management and pain experience in dementia. It was concluded that caregivers encounter pain frequently in OAWD, unfortunately their level of

knowledge in some areas and attitudes may contribute to poor pain-related practice behaviours at the expense of OAWD. Importantly, there is recognition among caregivers that pain could be unnoticed and as such a willingness to learn and do more is present. This study's findings will be important for development of educational pain programmes, which caregivers appear to want to engage with, and in the development of pain protocols, guidelines and PATs.

Poster 9 (Abstract 70)

How do mental health nurses experience caring for people with delirium superimposed on dementia: Initial qualitative findings from a mixed methods study

Claire Pryor, MSc Advancing Clinical Practice, PGCert TLPP, PGCert Advanced Clinical Practice, BSc (Hons) Adult Nursing, Senior Lecturer in Adult Nursing, Northumbria University, United Kingdom

Abstract

Introduction: Delirium superimposed on dementia (DSD) is not uncommon and potentially fatal. Associated with increased length of stay in acute care settings and worsening cognitive and physical function it is paramount that it is recognised early and treated appropriately. International research shows nurse recognition of DSD is poor, and changes in behaviour are often attributed to dementia in isolation. Compounding this is the dearth of research pertaining to the unique position of UK nurses who hold specific fields of registration (e.g. Adult/Mental health).

Aim: The study aimed to explore if mental health nurses had knowledge of DSD care and treatment in practice, and their experiences of caring for people with DSD. The researcher was motivated to understand what impacted on nurses using their knowledge of DSD with a view to produce strategic guidance, education and policy recommendations.

Method: Registered mental health nurses were invited to participate in a mixed methods study. Grounded in pragmatism and following an exploratory sequential design, seven semi structured interviews were conducted between December 2016 and February 2017 in one NHS Foundation Trust specialising in Mental Health. Data was analysed using the principles of framework analysis. This was supported by NVIVO computer software.

Results and discussion: Six key themes were found to be pertinent to the mental health nurse experience of caring for someone with DSD; awareness of guidance, tools as a paper exercise, knowing the individual, multi-disciplinary team participation, burden of care and splitting of mental and physical care.

Conclusion: Key areas for further quantitative exploration were noted, with pertinent insight into what impacts upon mental health nurses care of people with DSD and their clinical decision.

Poster 10 (Abstract 158)

Discharge planning in mental healthcare settings: A concept analysis

Sarah Xiao, RN, BNSc (Hons), MSc (Nursing) PhD Candidate, Lawrence S. Bloomberg, Faculty of Nursing, University of Toronto, Canada

Co-author(s): Kimberley Widger, Whitney Berta, Ann Tourangeau, Canada

Abstract

Background: According to the World Health Organization (WHO, 2013), mental, neurological, and substance-use disorders account for 13% of the total global burden of disease. To ensure a safe transition of mental health patients from hospital to community settings, greater attention has been given to discharge planning. However, assessing the quality of discharge planning has been challenging due to variations and ambiguities emerging from its definition and approaches.

Aim: To facilitate its evaluation in mental healthcare settings, the meaning of discharge planning in the mental health literature was systematically explored. This concept analysis is part of a larger study to develop and test an instrument to measure discharge planning processes in mental health care.

Methods: Walker and Avant's (2011) eight-step concept analysis approach was adopted to provide a comprehensive definition of discharge planning. Electronic databases and grey literature were searched and analyzed according to Grant and Booth's (2009) systematic search and review process. Literature published between 1800 and 2016 were reviewed. Fifty-nine articles were included in the analysis.

Results: Defining attributes of discharge planning are comprehensive needs assessment, collaborative patient-centered care, resource availability management, care coordination, discharge planner role, and a written discharge plan. Discharge planning is a dynamic concept with integrated components. It emerges from the initial assessment and symptom stabilization of a patient on admission and coincides with treatment planning. Discharge planning is associated with positive consequences such as reducing hospital readmissions and improving aftercare compliance.

Implications: This conceptual definition of discharge planning can assist healthcare providers, organizational leaders, and policymakers to design and implement more effective

health policies or evidence-based guidelines related to discharge planning.

Conclusion: The mental health literature was systematically reviewed to analyze different interpretations of discharge planning. Providing clarity regarding discharge planning enables improvements in the delivery of discharge planning in mental health care.

Poster 63 (Abstract 305)

Integrating research findings into an implementation narrative

Dr Elaine Maxwell, PhD, RN, Clinical Advisor, NIHR Dissemination Centre Wessex Institute, University of Southampton, United Kingdom

Abstract

Lord Rosenheim told the WHO in 1968 that widespread improvement in world health would happen if no further research were undertaken in the next twenty years but what is already known was fully implemented.

Rutter et al (2017) observe that most evidence is based on the effectiveness of clinical interventions, and grounded in linear models of cause and effect, whereas improvement requires an understanding of the complex systems that the interventions take place within. This highlights the problem that however well a single study is communicated, it is unlikely that it will lead to change in practice.

This presentation will describe the development of a research narrative that was published on 5th December 2017, incorporating 53 UK studies on caring for older people living with frailty attending hospitals. The review is not a systematic review, nor a meta-analysis; instead it demonstrates the state of knowledge across the whole patient pathway and highlights four themes that providers of secondary hospital care should address. By integrating the current state of knowledge across the hospital system, it is anticipated that holistic quality improvement can be facilitated.

The development of the review report will be described and the use of different channels of communication, including social media will be discussed. The presentation will describe how the review is being used to develop an improvement collaborative with an Academic Health Science Network, combining research evidence base with quality improvement methodology.

Poster tour D

Theme: Children

Poster 11 (Abstract 156)

Endo-tracheal tube (ETT) fixation practice on Paediatric Intensive Care (PIC): a quality improvement project to address unplanned extubation

Lucy Mason, MSc (Health Sciences), ENB 415, B.Nursing (Hons), Nurse Researcher, Birmingham Women's and Children's NHS Foundation Trust, United Kingdom

Co-author(s): Harriet Ferguson, Julie Menzies, Richard Neal, UK

Abstract

Background: Unplanned removal of an ETT ("unplanned extubation") in Paediatric Intensive Care (PIC) can have serious implications for patient morbidity and mortality (Razavi et al, 2013). Rates are monitored as a quality marker of care and a trend of increased incidence was noted at a single-site UK PIC

Aims:

1. Review local practice surrounding the re-strapping of patients' ETT
2. Determine multi-disciplinary (MD) staff perceptions of fixation practice, concerns and areas for improvement.

Method:

1. Daily audit of ETT fixation on PIC (17.06.17-11.08.17), with direct observation of re-strapping episodes. Data collection included time re-strapping requirement was identified and time conducted
- 2a. Short, open-ended questionnaire to MD staff involved in observed episodes
- 2b. Electronic survey of MD PIC staff regarding ETT re-strapping practice.

Results:

1. 326/741 patient bed-days an ETT was insitu. 14 ETT re-strapping episodes were directly observed
- 2a. 100% of staff involved with these episodes (n=30) felt these had gone well
- 2b. 118 staff (Medical= 24, Nursing=90, Physio=4) completed the e-survey.

ETT fixation was regarded as extremely important by all participants. Of respondents, 90%(n=95) felt adequately prepared for roles in fixation and 83%(n=87) felt the procedure of re-strapping was safe and controlled most to all of the time. However, 35%(n=34) were unaware of re-strapping guidelines and 53%(n=54) felt fixation was not always tackled in a timely manner. This was confirmed in observed re-strapping episodes, with a mean of 3.5hours from identification of requirement to action; most often due to a lack of medical staff availability.

Conclusion: Management of patients' ETT was regarded as an essential element of patient care on PIC by MD staff. Staff felt confident in the process of re-strapping ETT and were satisfied this procedure was conducted safely. Areas for improvement reflect education surrounding the use of guidelines and the importance of timely action to tackle unsafe fixation.

Poster 12 (Abstract 187)

"Spread the word": Disseminating research findings to children and young people

Sheila Roberts, BSc (Hons), MA, RSCN, RNT, RN, Senior Lecturer, University of Hertfordshire, United Kingdom

Co-presenter(s): Lisa Whiting UK

Co-author(s): Julia Petty, Gary Meager UK

Abstract

This poster represents an initiative that was used to disseminate research findings to children and young people [CYP] via nurse managers in NHS Trusts.

The study used an evaluative mixed methods approach to examine the role of NHS England Youth Forum [NHSEYF] members and the strategies used to influence service provision for CYP. The research team involved the NHSEYF (young people aged 14-25 years) at every stage of the study by meeting with them at their residential weekends; it was therefore imperative that they were also involved in the dissemination process. Shaw et al (2011) comment that CYP want to be involved in the sharing and dissemination of research that they have participated in; however, it was also important to ensure that a wide range of other CYP had an opportunity to access the findings - van Blerk and Ansell (2007) suggest there is an expectation that research dissemination will extend beyond academic outputs.

The agreed method of non-academic dissemination was a poster that was sent to all 150 NHS England Trusts that provided inpatient health-care for CYP.

Designing the dissemination poster

2 workshops were held with over 50 primary school children to:

- Seek ideas for the poster
- Ascertain opinions related to two research summary leaflets, accessed via a QR code on the poster
- Ask the children to draw pictures to illustrate the research summary leaflets

The NHSEYF members acted as an advisory group throughout the design process and, following consultation, amendments were made to both the poster and the research summary leaflets.

Follow-up enquiries with NHS Trusts highlighted that the poster was eye-catching, displayed within children's clinical areas and had been seen and read. The poster facilitated the dissemination of the research findings, but also raised awareness of the Youth Forum.

Poster 13 (Abstract 106)

Micro-analysis of simulated paediatric resuscitations to determine hierarchy for drug information in medication safety mobile application

Calandra Feather, BSc in Childrens Nursing, Paediatric Clinical Research Nurse, Department of Surgery and Cancer, Imperial College London, United Kingdom

Co-author(s): Nicholas Appelbaum, Sara Vrbinc, Phillip Pratt, John Morrell, Michele di Cosmo, Ara Darzi, UK

Abstract

Background: Medication errors are alarmingly common, and three times more common in children than in adults (1). Errors are yet more common in paediatric emergencies. One element that adds complexity to the safe administration of medications in emergencies is 'finding the right information at the right time'. After a medication order is issued by a doctor, the nursing team need to both confirm that the dose and route are correct for the clinical indication, and determine the correct preparation and administration parameters before proceeding. In order to retrieve the correct information, teams in our hospital generally refer to the British National Formulary for Children, and the digital Injectable Medicine Guidance resource Medusa.

Method: We conducted 24 immersive simulations of paediatric resuscitation scenarios at a London teaching hospital between April and October 2017. A total of 48 participants consisted of teams of 2 doctors and 2 nurses from the Paediatric Emergency Department, Paediatric ICU and General Paediatrics.

Simulations were video recorded using high-definition video cameras. Over 280 medications were administered during the simulations. Video recordings were examined using task micro-analysis by an experienced nurse. Each medication event was analysed as part of a comprehensive Hierarchical Task Analysis (HTA), with a particular focus on the time spent by staff searching for clinical information. Systematic Human Error Reduction and Prediction Approach (SHERPA) error-modes were applied to define process vulnerabilities to error.

Results: The top three problems identified were:

1. Excessive time taken to identify correct information

2. Isolating instructions for child age and weight bands

3. Inconsistent data representation across resources.

Conclusion: We applied a Human Centered Design methodology to transform the HTA findings into an optimised user-journey, identifying touch-points for design solutions, followed by design-test-iterate cycles. This process ultimately yielded novel mobile application designed to support the safe preparation and administration of drugs to children.

Poster tour P

Theme: Patient Experience

Poster 52 (Abstract 314)

Advancing practice using patient-reported outcome measures: a national collaboration to develop SAM

Rachel Taylor, PhD, MSc, DipRes, RSCN, RGN, Director, CNMR/Senior Research Fellow, University College London Hospitals NHS Foundation Trust, United Kingdom

Co-author(s): Ana Martins, Jeremy Whelan, Lindsey Bennister, Lorna Fern, Craig Gerrand, Maria Onasanya, Lesley Storey, Mary Wells, Rachael Windsor, Julie Woodford, UK

Abstract

Background: Introducing patient-reported outcome measures (PROM) into clinical practice is known to improve patient-clinician communication and patient experiences and outcomes (Greenhalgh, 2009). While there are many generic cancer PROMs these may not capture issues that are important to patients with sarcoma and there is currently no sarcoma-specific PROM. Sarcomas are a multitude of rare diseases with a range of features determining that they are unfamiliar in routine cancer care. Management is frequently complex and pathways of care are complicated and individualised. Disease and treatment morbidity is high and many clinical outcomes are poor.

The aim of this poster is to describe the process of developing and validating the National Sarcoma Assessment Measure (SAM) and the strategy for its adoption into clinical practice. This is a mixed methods study based on recommended methodology for developing a PROM (Streiner and Norman, 2014). It is being conducted over three phases:

Phase 1: developing the questionnaire through semi-structured interviews with a large 'of patients from across the UK to account for variation in age, tumour, treatment and consequences

Phase 2: psychometric testing of the questionnaire to establish reliability and validity

Phase 3: developing an implementation strategy through a series of workshops with patients, healthcare professionals and other stakeholders.

As well as the development of a sarcoma-specific PROM, we will have a detailed understanding of patients' experiences of sarcoma and outcomes that are most relevant and important to them. Collaboration with patients, charities and healthcare professionals across the UK will ensure SAM reflects patients' experiences and involvement of healthcare professionals will optimise the implementation of the strategy to incorporate SAM into clinical practice.

Poster 53 (Abstract 325)

Why women aren't ideal candidates for reperfusion therapy

Assistant Professor Dr Hanem F. Mohamed, Chairperson, College of Nursing, King Saud Bin Abdul-Aziz University for Health Sciences, Kingdom of Saudi Arabia

Abstract

Coronary Heart Diseases (CHD) especially Acute Myocardial Infarction (AMI), is considered one of the most common cause of morbidity and mortality among women all over the world including the Eastern countries. Data from research and clinical trials revealed the importance of reperfusion therapy for the management of AMI to reduce mortality and improve patients' outcomes. In spite of the benefits of reperfusion therapy, existing research evidence supports that women are less likely to receive reperfusion therapy for the symptoms of AMI. Reasons behind why women usually receive less reperfusion therapy are not well-understood. The objectives of this integrative review were to report results of nursing researches that might clarify why women are not ideal candidates for reperfusion therapy when they experience symptoms of AMI.

A comprehensive search in MIDLINE, CINAHL, PsychInfo, and hand search were conducted using keywords: acute myocardial infarction, women, coronary heart disease, and reperfusion therapy. Search results included publications between 1995 and 2016 in English. A total of 41 studies were identified, 15 studies were excluded and a narrative review was conducted.

Womens biology, unawareness of CHD and AMI risk factors and symptoms, perception of personal risk of coronary artery disease, ambiguous presentation of AMI in women, perceptions of AMI symptoms seriousness, women's treatment-seeking behavior, health care providers unawareness of women AMI presentation were factors that negatively impact the decision of using reperfusion therapy for women when they experience AMI.

Although the reasons why women were not sent to reperfusion therapy when they experience

AMI are clear, the decision of using reperfusion therapy for women with AMI is still underutilized. Chance of survival and better outcome could be improved if women receive equal intervention for AMI like men. Effective interventions are to be developed to track gender disparity in using reperfusion therapy for management of AMI.

Poster 15 (Abstract 162)

Fear of birth “Tokophobia” in China

Yuan Mengmei, Bachelor of Medicine
(Nursing) Masters Student, Tongji Hospital
affiliated to Tongji Medical College, Huazhong
University of Science and Technology, China

Co-presenter(s): Professor Debbie Carrick-Sen,
UK

Co-author(s): Debbie Carrick-Sen, UK; Tieying
Zeng, China; Chaohua Peng, China

Abstract

Fear of birth “tokophobia” is an interesting and new phenomena. It is classified as an intense fear of pregnancy or birth. It can be divided into primary tokophobia (1st birth) or secondary tokophobia (2nd and sequence birth). Tokophobia results in intense and significant emotional and behavioural symptoms, these include severe anxiety, depression and avoidance. In China, the first tokophobia related fatality recently occurred. In August 2017, a pregnant laboring woman committed suicide by jumping off a hospital building as she was so fearful of the impending birth. People living in China have been shocked by this case and have expressed a significant interest in understanding maternal mental health with a particular focus on tokophobia.

Poetic narrative storytelling is a new, creative, impactful and cathartic research method. Data is collected through three steps, a) creation of an individual's storyboard, b) telling the story and c) poetic interpretation. The end output is a powerful, researcher constructed poem. This method is appropriate to capture sensitive stories. In November 2017, five pregnant women booked for care in Tongji Hospital, Wuhan, China, consented and participated in a poetic narrative storytelling session. The women created their storyboard through pictures and words to express their emotions and feelings including fear of birth. Women then told their story in Mandarin. The storytelling was audio-visually recorded and translated into English. All participants were asked about the acceptability of this new and creative method. During the third phase, the two lead researchers constructed a poem to reflect each story told and this was then translated into Mandarin. Participants each received a copy of the poem in English and Mandarin.

During the presentation, the lead researchers will describe the process, method and outcome including the five poems.

Poster 65 (Abstract 189)

Impact of venepuncture training in the reduction of pre-analytical blood sample haemolysis: systematic review

Nellie A. Makhumula-Nkhoma, MSc, EBP,
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Trust, James Cook University Hospital,
Middlesbrough, United Kingdom

Background: Venepuncture involves the introduction of a needle into a vein to collect a representative blood sample for laboratory testing. There are reports of errors in the conduct of venepuncture. Haemolysis, the breakdown of erythrocytes into the extracellular compartment, is the problem of greatest concern in the pre-analytical phase. Haemolysis has safety, quality and cost implications. Training in correct venepuncture practice has the potential to reduce rates of haemolysis. Nevertheless, currently there is no synthesised evidence on the effectiveness of venepuncture training for reducing haemolysis rates.

Aims: To investigate the effectiveness of venepuncture training in the reduction of pre-analytical blood sample haemolysis, and to explore the underlying reasons for effective/ineffective training.

Method: A search was conducted through BNI, CINAHL, EMBASE, Medline and PubMed Databases. Studies that were published in 1996 to 2017 and involved investigations into training and haemolysis rate were included. Methodological quality and potential biases were examined using McMaster critical appraisal tool for the assessment of quantitative studies.

Results: From the 183 studies that were retrieved, nine met the inclusion criteria. Heterogeneity in the study design, the characteristics of the intervention, and even the biochemical threshold for haemolysis precluded a meta-analysis. Post-training reductions in haemolysis rates (19.8 - 0.4%) were reported in four of the studies, which tended to have a clearly-reported evidence-base and included mentoring in the intervention. Nevertheless, a rise in haemolysis rate (1.3-1.9%) was reported in two studies. In another two, findings were equivocal. There was a negligible change reported in one other study.

Conclusion: The effects of venepuncture training on haemolysis rates are unclear presently. The main factor precluding a quantitative synthesis of evidence was the substantial variation in the biochemical threshold for haemolysis. Standardisation of factors that influence venepuncture training and content could have positive results in the reduction of haemolysis rate.

Tuesday 17 April 2018

All poster tours will leave from the poster point in the Common room at 1.45pm

Poster tour F

Theme: Cardiac Care

Poster 17 (Abstract 241)

Critical care and outcome differences for elderly major trauma patients: comparing the 'younger' with the 'older' elderly

Bebhinn Lernihan, BA, MAJ, BSc, Critical Care Research Nurse, Centre for Trauma Sciences, Queen Mary University of London, United Kingdom

Co-presenter(s): Robert Christie, UK

Co-author(s): Dr Elaine Cole, UK

Abstract

Background: Major trauma in elderly people is increasing (Kehoe et al, 2015). Seemingly innocuous mechanisms such as low-level falls result in severe injury, necessitating admission to critical-care at a major trauma centre (MTC) (TARN, 2017). However, the characteristics and outcomes of these patients are currently under-reported.

Aims: To identify the characteristics of elderly trauma patients admitted to critical-care.

To evaluate resource use and outcomes following critical-care admission in elderly trauma patients.

Methods: An eight-month prospective observational study of all elderly trauma patients admitted to critical-care within London's MTCs. To evaluate age-related differences, 'Younger elderly' (YE) were those between 65-74 years, and 'Older Elderly' (OE) were ≥ 75 years. Data included admission physiology, injury severity score (ISS), critical-care resources and in-hospital outcomes. Categorical data were analysed using chi-square test and presented as percentages; continuous data with Mann-Whitney U-test and presented with median (inter-quartile range). Significance was $p < 0.05$.

Results: 171 patients were enrolled, of which there were 72 (42%) YE and 99 (58%) OE. Both groups were severely injured (YE: ISS 23 vs OE: ISS 22, $p=0.40$), however a third of each initially presented to a non-MTC hospital. YE were more likely to be admitted for level three care (YE: 85% vs OE: 65%, $p<0.01$), with longer ventilation periods (YE: 5 days [1-12] vs OE: 1 day [0-4], $p<0.01$) and greater inotrope use, (YE: 3 days [0-5] vs OE: 1 day [0-4], $p<0.01$). Whilst mortality rates were similar (YE: 33% vs OE: 38%, $p=0.52$), YE were twice as likely to be discharged home directly from the MTC (YE: 25% vs OE: 12%, $p=0.04$).

Conclusions: Elderly people sustain severe injury, however one-third had delays to MTC admission. There were age related differences in critical-care resource use. This did not affect in-hospital survival but may influence discharge destination and longer-term outcomes. Admission pathways for elderly trauma patients require further investigation.

Poster 18 (Abstract 79)

Using public preferences to quantify the burden of travel to specialist vascular centres for abdominal aortic aneurysm treatment in the UK

Patrick Phillips, RN, MSc, Research Nurse/Research Associate, The University of Sheffield, United Kingdom

Co-author(s): Phillips P, Wickramasekera N, Howard A, and Shackley P, UK

Abstract

Background: International evidence from retrospectively collected administrative data suggests that hospitals that conduct higher volumes of abdominal aortic aneurysm (AAA) procedures have lower treatment associated mortality rates (Phillips et al 2017). This evidence does not account for the wider impacts of centralisation on patients or the general public.

Aim: To quantify the burden of travel to specialist AAA treatment centres, in terms of mortality rates, using public preferences.

Methods: 201 healthy individuals, recruited from 9 sites in England, participated in structured telephone interviews between June and October 2017 to ascertain:

- Preferences for local or specialist hospitals
- The reduction in mortality rates required to compensate for additional travel of up to 60 miles to a specialist centre for an AAA procedure.

Results: Preliminary descriptive analyses suggest that 11% of study participants would choose to attend their local hospital if it had a 5% mortality rate, rather than travel to a specialist hospital with zero mortality; conversely 38% of participants reported a willingness to travel to a specialist hospital even when there was no associated reduction in risk; both hospitals having a hypothetical 5% mortality rate. The remaining 50% of participants reported a willingness to travel up to 60 miles to a specialist hospital for

treatment contingent upon a mean reduction in mortality of at least 2.15%.

Discussion: In line with national guidance (NICE 2013), we have elicited public preferences for the organisation of AAA treatment provision in relation to travel distances. These suggest a willingness to travel to access specialist services. Further detailed analyses of data are planned to investigate variations according to treatment options, age, gender, access to transport and geographical location.

Conclusions: The centralisation of treatment provision for elective AAA is broadly in line with U.K. public preferences, which has implications for future service organisation.

Poster 19 (Abstract 178)

Improving a local rapid access chest pain clinic through service evaluation

Diane Morgan, University of Worcester, United Kingdom

Co-presenter and author: Dr Kerry Gaskin, UK

Abstract

Rapid Access Chest Pain Clinics (RACPC) were introduced by the Department of Health (2000) as part of the NHS modernisation plan, to improve diagnosis and treatment of coronary artery disease (CAD). The RACPC provides rapid assessment and treatment of patients with suspected angina.

Aim: The aim was to evaluate a local RACPC in England, to determine whether patients with CAD are appropriately identified and treated, and to identify areas for practice improvement.

Design: A service evaluation framework.

Method: A data collection tool was developed to retrospectively analyse patient records from a convenience sample of consecutive referrals to the service between April 1st and 31st July 2015. The time frame was selected so that 12-month outcome data would be available.

Results: 154 patient records were analysed. 55% were male; the mean age was 65. 40% of patients were diagnosed with CAD, 64% male and 36% female. 28% ($n=17$) of men had severe CAD and 88% ($n=15$) of these had revascularisation. 51% were diagnosed with non-cardiac chest pain, 48% male and 52% female. 19% were discharged following initial assessment. No patients discharged with a diagnosis of non-cardiac chest pain died or had readmission with acute coronary syndrome in the 12 months following RACPC assessment.

Conclusion: The findings reflect other published literature on RACPC outcomes. Patients are appropriately risk stratified and those diagnosed as low risk non-cardiac chest pain (NCCP) have not demonstrated significant cardiac events in the 12 months post discharge. However, opportunities to further refine and ensure consistency in the assessment process were identified. Obtaining feedback from service users would be useful to guide future developments and a more holistic approach is needed for patients with NCCP, to prevent ongoing health anxieties and to support patients in the appropriate use of health services.

Poster tour G

Theme: Mental Health

Poster 20 (Abstract 44)

Withdrawn

Poster 22 (Abstract 225)

Withdrawn

Poster tour H

Theme: Community

Poster 23 (Abstract 34)

Evaluating the effectiveness of a community partnership to raise toxic stress awareness in early childhood

Michelle A Beauchesne, Associate Professor and Director, Doctor of Nursing Practice Program, School of Nursing, Bouve College of Health Professions, Northeastern University, United States of America

Co-author(s): Patrice Farquharson, USA

Abstract

Background: Exposure to adverse childhood experiences (ACEs) places children at higher risk for developing both short-term and long-term negative physical and psychological health outcomes.

1 Toxic stress is defined as the prolonged activation of stress response systems in the absence of protective relationships

2 Research has shown that children who have protective factors that promote resilience, defined as the ability to overcome serious hardship, do not experience negative consequences to such stress.

Aims: The purpose of this poster is to share the evaluation of the effectiveness of a community partnership to 1) raise awareness of toxic stress

in early childhood, and 2) increase resilience and protective factors in children and families.

Methods: The setting for this 15-month project (June 2016-August 2017) is an early child and education center located in a suburban city in northeastern United States serving 130 children ages 3-6 years of low or moderate income working families from culturally diverse backgrounds. All children completed designated social emotional development activities. The Ages and Stages Social Emotional Questionnaires (ASQ-SE), with areas specific to identifying protective factors and resilience, were administered at recommended intervals. Additional family, community and staff activities were implemented.

Results: The Center for Disease Control (CDC) Six-Step Public Health Program Evaluation Framework was followed. Multiple measures including parent and staff surveys and key informant focus groups were analyzed. Families identified 'at-risk' met with the social worker to develop individualized plans. Of the 75 children who completed all ASQ-SE (response rate =57%), 12 were identified as 'at-risk' and referred for appropriate follow-up.

Discussion: Strategies to ensure continuity of prevention education in the home, classroom and broader community utilizing the existing social media resources are explored.

Conclusion: Utilizing existing structures and measures to bring a new message is a positive step toward achieving feasibility and sustainability of innovative programs.

Poster 24 (Abstract 108)

District nurse views on improving the transfer of care from hospital to home

Dr Marie Girdham, RGN, D/N, PhD, MSc, BA (Hons), Research and Development Lead Manager (Humber), East Riding of Yorkshire Clinical Commissioning Group, United Kingdom

Abstract

Background: The move towards healthcare being delivered predominantly in people's own homes has been seen as creating more choice and giving patients better access to care. How this is delivered in practice is under question as district nursing teams endeavour to meet a range of needs and coordinate the transfer of care from hospital to home. The research project undertaken aimed to explore this area further.

Aim: The main aim of the research was to explore the views of nurses in district nurse teams by asking them what were the enablers and barriers to the transfer of care from hospital to home and the important issues in coordinating it.

Methods: To gain a deeper understanding of the district nurses thoughts, feelings and views

and gain an insight into their experiences a qualitative research design was applied. The method used was semi structured interviews and thematic analysis was used to identify codes, analyse and report patterns or themes from interview transcripts.

Results: The research project highlighted the challenges in the current service and what the barriers were to the smooth transfer of care from hospital to home. Positive examples were shown where it did work well and changes or improvements could be made to aid the smooth transfer of care.

Discussion: Key practice based recommendations were identified which could help to inform future practice models.

Conclusion: The study showed that the most important issue in the smooth transfer of care from hospital to home was communication. Although other factors were highlighted the importance of good communication between primary and secondary care providers was crucial. Practical methods for translating the findings into daily practice were identified which will help to inform practice.

Poster 25 (Abstract 303)

Rural mothers caring for children with chronic health conditions

Professor Debra Jackson, PhD, FACN, Director, OxINMAHR, Oxford Brookes University, United Kingdom

Co-author(s): Kim Usher Australia; Debra Jackson UK; Linda Sheilds Australia

Abstract

Families living with a child who has a chronic health condition experience many challenges; these are often amplified for families living in rural areas, where issues such as the distance from services adds further challenges that families must manage. Like many children, rural children with chronic health conditions are primarily cared for by their mothers. The additional strain of geography creates its own unique experiences for mothers who need to access the high-quality care that their child requires. Although similar issues are faced by their urban counterparts, this literature review focuses on rural mothers' experiences to assist in answering the research question: What are the experiences of rural mothers caring for a child with a chronic health condition? A search of databases (Cochrane, CINAHL, Ovid, PubMed, ProQuest Health and Medicine, Informit and Scopus) for studies published between 2005-2016 was undertaken using an integrative review approach. Seven studies were identified and subjected to critical evaluation using the Critical Appraisal Skills Programme. The mothers' experiences were synthesised into five themes: 'struggling for resources', 'barriers in

accessing services', 'strain of decision-making', 'mother's physical and emotional breakdown' and 'the daily management of family activities'. The findings indicate that mothers from rural areas face additional barriers related to their rurality, including transportation difficulties, socioeconomic status and social isolation, and are challenged by limited access to specialty medical services, educators and allied health professionals.

Poster tour I

Theme: Patient Experience

Poster 26 (Abstract 284)

Patient and public involvement, engagement and patient experience of taking part in a clinical trial within a NHS Trust

Linda Coughlan, DIP HE Nurse, Queen Elizabeth Hospital, Birmingham, United Kingdom

Co-presenter(s): Joanna Gray, UK

Co-author(s): Linda Coughlan, Joanna Gray, Sarah Dhariwal, Joanne Plumb, Margaret O'Hara, Diana Hull, UK

Abstract

In 2010 the Department of Health emphasised the importance of making sure that patients were at the heart of the service that the NHS delivers; that patients were involved in the decision making process concerning their health and that patient experiences and outcomes were improved (DoH, 2010). This is irrespective of the patients' ethnicity, culture, gender, race, socioeconomically background or disability.

With over 19 research specialities at the University Hospital Birmingham (UHB) NHS Foundation Trust the need to ensure that patient and public involvement (PPI) is fully embedded in research helps to place patients at the centre of the research cycle and agenda. This is from the design stage of a grant application, development of patient information sheets, reviewing of documentations, carrying out surveys right through to the patient receiving treatment. The contributions that PPI members bring to this process helps to increase patient participation and retention in trials. Public engagement events, including the annual research showcase, provide an opportunity for the research community to showcase the wealth of research that is carried out.

The authors will present the findings from, (a) survey instigated by the Liver PPI group who were interested in ascertaining if patients were aware of opportunities to partake in clinical trials and (b), a patient research experience survey which identified the importance of PPI members being involved in study design; the need for patient information sheets to be in plain

English; the patients' experience of being a trial participant, the importance of good communication during trial participation and after study completion and ensuring that research is representative of the local population. Understanding and recognising these factors allows the team to see weaknesses in practice and where recommendations can be made, to enhance standards of practice, whilst taking into consideration "you said we did".

Poster 27 (Abstract 91)

The elements of self-care in patients with urostomy: a phenomenological study

Alessandro Stievano, PhD, MScN, RN, MA(Ed), MA(Soc), Nurse Research Fellow, Centre of Excellence for Nursing Scholarship, Ispasvi, Rome, Italy

Co-presenter(s): Giulia Villa, Italy

Co-author(s): Gennaro Rocco, Vellone Ercole, Rosaria Alvaro, Italy

Abstract

Background: The creation of a urostomy results in the loss of important bodily functions and an alteration of the body image. Self-care is considered essential for the maintenance of psychological stability and quality of life among individuals with urostomy, and most care activities associated with urostomy are performed at home by patients and their families or other caregivers. Promotion of effective self-care among individuals with urostomy is extremely important for the optimal ostomy adjustment.

Aims: The elements of self-care in patients with urostomy have not been studied so far. Therefore, the purpose of this study was to explore the experiences of self-care of patients with a urostomy and to identify the influencing factors of self-care.

Methods: In this qualitative design, an interpretative phenomenological analysis was used. Eleven people living with urostomies took part in semi-structured interviews consisting of open-ended questions about their self-care experience. Data were collected between March and September 2016.

Results: Six themes emerged from the data analysis: Surgery impact, body image, daily and social-life activities, stoma and sexuality, managing stoma education, family and friends' support.

Discussion: Before the surgery, the quantity and quality of information played an important role in shaping the patient's expectations. Regarding body image perception, the research showed opposite results: some patients affirmed that the stoma did not change the way they saw themselves, while others asserted that it was both aesthetically and visually disturbing. Patients affirmed that the stoma clashed with their previous customs, leading to a difficult

adaptation process to manage the stoma the best they could. Speaking of sexuality, the patients referred to having physical and psychological difficulties, as a result of a body image alteration.

Conclusions: The results show that a urostomy brings important changes in all possible aspects of a person, resulting in the need for a relational support system.

Poster 28 (Abstract 237)

Patients and informal caregivers' experiences of burden of treatment (BoT) in lung cancer and chronic obstructive pulmonary disease (COPD): a systematic review and synthesis of qualitative research

Kate Lippiett, RN, BA (Hons), MSc, PhD candidate, University of Southampton, United Kingdom

Co-author(s): Alison Richardson, Michelle Myall, Amanda Cummings, Carl May, UK

Abstract

Patients and informal caregivers' experiences of burden of treatment (BoT) in lung cancer and chronic obstructive pulmonary disease (COPD): a systematic review and synthesis of qualitative research.

Background: Increasing numbers of people live with illness, with multiple healthcare contacts, creating a treatment workload in addition to their illness workload. A workload exceeding capacity (the personal and collective resources available to individuals) may create BoT.

Method and findings: We searched for qualitative studies on patient and informal caregivers' interactions with healthcare systems in order to identify, characterise and explain common and specific features of the experience of BoT.

We searched multiple electronic databases from 2006-2015. Search terms were based on: lung cancer/COPD, qualitative research and patient/informal caregiver experience. Data were analysed using directed qualitative content analysis and constant comparison.

We identified 127 articles with 1,769 patients and 491 informal caregivers.

Patients, informal caregivers and healthcare professionals (HCPs) acknowledged lung cancer's existential threat. Managing treatment was a priority in this condition, characterised by a short illness trajectory. Treatment workload was generally well supported by immediacy of access to healthcare systems and clear treatment pathways. Conversely, patients, informal caregivers and HCPs typically did not recognise or understand COPD. Treatment workload was balanced with demands of everyday life through-

out a characteristically long illness trajectory. Treatment workload was complicated by difficulties of access to, and navigation of, healthcare systems, and fragmented treatment pathways. In both conditions, patients' capacity to manage workload was enhanced by the support of family/friends, peers and HCPs and diminished by illness/smoking related stigma and social isolation.

Conclusion: This synthesis reveals significant differences in treatment workload between lung cancer and COPD. It demonstrates the importance of the capacity patients have to manage their workload in both conditions. This suggests a workload which exceeds capacity may be the primary driver of BoT.

Poster 29 (Abstract 42)

Patients' perspective of living with Inflammatory Bowel Disease. A literature review

Simona Fourie, RN, Research Manager/
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Co-author(s): Helen Aveyard, Debra Jackson,
Alison Simmons, UK

Abstract

Background: Inflammatory Bowel Disease (IBD) is a chronic condition represented by two illnesses, Crohn's Disease and Ulcerative Colitis. Symptoms include abdominal pain, diarrhoea and weight loss, and follow a pattern of remission-relapse episodes (Kaplan, 2015). Despite an estimated 5 million people living with IBD in well-developed industrialised countries, and the significant impact of symptoms on the patient's quality of life, little is known about patients' experiences of living with IBD.

Aim: To explore patients' perspectives and experiences of living with IBD

Methods: An integrative review. CINAHL, Medline, British Nursing Index Database, Psych INFO were searched which identified 24 qualitative and mixed methods studies published in English from 2000 to 2017.

Results: Data from a total of 868 research participants identified that fatigue, fear of incontinence, uncertainty about future, body image, and lack of information from healthcare professionals dominated the experiences of those living with IBD. Also, most of the studies identified that IBD patients were reluctant to disclose their illness due to lack of public awareness and stigma surrounding symptoms. From this, the following themes emerged: Living in isolation and exclusion, living in secrecy, living with fear, living with a flawed body and living with restriction.

Discussion: There is evidence that those living with IBD have significant life changing symptoms. IBD patients face a variety of problems and challenges. Their condition

reduces their quality of life with significant psycho-emotional consequences. Healthcare professionals have little evidence needed to provide adequate, holistic care to this group, especially to those aged 16-24, where a significant evidence gap was identified (Andrews et al, 2010).

Conclusion: More evidence is needed to understand what is important to this group as the world faces an increase of IBD morbidity coupled with longevity.

Poster tour J

Theme: Communication/Patient Experience

Poster 30 (Abstract 172)

How and to what extent do patients with kidney disease value the use of PatientView in their self-care practice?

Claire Hudson, MRes Clinical Research, BSc (Hons) Nursing Studies, Renal Audit and Research Investigator, Brighton and Sussex University Hospitals Trust, United Kingdom

Co-author(s): Mary Darking, Jane Cox, UK

Abstract

Introduction: The increasing prevalence of long-term health conditions such as Chronic Kidney Disease represents a challenge for ongoing health care provision (Ham, Dixon and Brooke, 2012). Individual responsibility and self-care have become key mandates within health care policy, with patients being encouraged to take an active role in their health care.

Access to health information via a portal is an innovative way for patients to engage in self-care. The renal community has developed PatientView (RIXG 2010) to allow patients access to parts of their health record. It is thought that use of PatientView will improve self-care activity but there is no evidence to support this claim.

Aim: To gain an understanding as to how and to what extent do patients with kidney disease value the use of PatientView in their self-care practice?

Method: 6 users and 4 non-users of PatientView were recruited during September 2015-February 2016.

A qualitative, practice-based approach involving semi-structured interviews and participant observation was used. Users of PatientView, were invited to 'show the researcher' how they use PatientView in 'the way they normally would'.

Results: Inductive analysis identified four key themes.

PatientView:

- creates a broader understanding of health for patients
- supports ways of knowing that are important to self-care activity

- provides information which is translated into actions that support self-care
- allows family involvement in care.

Conclusion: The findings illustrate that patient interactions with PatientView are inter-related, multi-dimensional and differ according to the individual's positioning within a continuum of care. Practice theory supports the articulation of 'knowledgeable practices' and has been used to identify the intricate hidden work involved in self-care practice. Capturing these processes is important because it enables an understanding of how patients create and sustain opportunities for care through information technology and its value according to those who use it.

Poster 31 (Abstract 65)

Can patients be the smoke detectors for the NHS?

Sally Moore, RGN, BA, MSc, Patient Safety Research Nurse, Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, United Kingdom

Co-author(s): Caroline Reynolds, Jane O'Hara, Professor Rebecca Lawton, Professor Gerry Armitage, UK

Abstract

Background: The National advisory group for the safety of patients in England, (Berwick, 2013) recommended that 'patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of Trusts', this is reinforced globally by the World Health Organisation. Research has discovered that patients can identify, experience and observe safety incidents during a hospital stay (Wright et al 2017).

Methods: Patient safety incident reports (PIRs) were collected as part of a multi-centre, cluster, wait-list design, randomised controlled trial conducted in 33 wards across three NHS Hospital Trusts to assess the efficacy of the Patient Reporting and Action for a Safe Environment intervention (Wright et al 2017).

1155 PIRs were collected from patients and reviewed in a 2 stage process by clinicians against a nationally accepted definition for patient safety incidents (PSIs); 'any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.' (National Patient Safety Agency, 2011).

Results: Nurse/health care professional reviewers classified 603 (52% of the total PIRs) PIRs as PSIs. Medical reviewers (doctors) classified 405 of these 603 as PSIs (35% of the total PIRs).

The PIRs were categorised into 14 patient derived categories, the 'of PSIs in each category was calculated. Some categories, e.g. medication issues, had a lot of PSIs, 83%, others e.g. communication had much fewer, 21.5% of PSIs.

Discussion: Patients can and do observe patient safety incidents, they should be regarded as a unique source of safety information. We must remember that many PIRs although not identified as PSIs are still a rich source of information about patients priorities that we cannot afford to ignore; 22% (215) PIRs highlighted patient concerns regarding communication, only 54 of these were identified as PSIs.

Poster 32 (Abstract 52)

Communicating a diagnosis of mesothelioma: implications for nurses

Angela M Tod, PhD, MSc, MMedSci, BA (Hons), RN, Professor of Older People and Care, School of Nursing and Midwifery, The University of Sheffield, United Kingdom

Co-presenter(s): Clare Warnock, UK

Co-author(s): Hannah Ball, Liz Darlison L, Helena Stanley, Beth Taylor, UK

Abstract

Introduction: Breaking bad news (BBN), such as communicating a diagnosis of mesothelioma, is a complex and highly skilled activity. If done badly 'it can cause long lasting distress, confusion and resentment'. There is a lack of evidence focusing on the nursing contribution to breaking bad news, the role of the clinical nurse specialist (CNS) or the unique challenges of communicating a diagnosis of mesothelioma.

Aim: Radio Meso aims to identify ways to improve the patient and family carer experience of receiving a diagnosis of mesothelioma by generating evidence based recommendations for practice. This poster presentation will focus on the findings that inform nursing practice.

Methods: 13 Lung CNS, 1 medical consultant and 1 support worker participated in semi-structured telephone interviews. Participants were recruited through mailshots about the study distributed to members of professional groups (National Lung Cancer Forum for Nurses and British Thoracic Oncology Group). Interviews took place between July and September 2017. Framework analysis was used to interpret the data and identify key themes.

Findings: The data reveals the challenges associated with communicating a mesothelioma diagnosis. These included the complexity of the disease and treatment process, reactions to the information given, and balancing the needs of patient and family. The challenges were exacerbated when there was a delay in referring to a nurse specialist. The importance of honesty and clarity in information giving was emphasised, as was being patient focused and flexible when communicating with patients to meet their individual needs. Reflection was used by the nurses to manage patient's responses to diagnostic information and for managing future events.

Conclusion: The study will help to inform decisions and practice regarding communicating a diagnosis of mesothelioma and improve patient experience. The project is now consulting with patients and staff to develop recommendations for good practice when delivering a mesothelioma diagnosis.

Poster 33 (Abstract 74)

What do patients want? Information and Communication in the Emergency Department

Jo Blackburn, BSc, MSc, PhD, Research Fellow, School of Human and Health Sciences, University of Huddersfield, United Kingdom

Co-presenter(s): Emma Goodwin, UK

Abstract

Aims: This study aimed to understand the interaction of knowledge transfer between patients, their families and health care professionals in the Emergency Department (ED) in a local hospital, to understand how the needs and requirements of patients could be used to inform and be achieved in practice.

Background: An effective patient-health care professional communication strategy in the ED is central to enhancing the patient experience, decreasing readmissions, improving patient outcomes and limiting frustration towards staff (Frank et al., 2009). Effective, accurate and timely information and efficient and meaningful communication is fundamental to patients feeling informed and involved in decisions about their care (Marshall et al 2012). Many patients do not feel they are provided with enough information about their condition, treatment or waiting times whilst in the ED and not sufficiently educated on discharge (National Accident and Emergency Patient Survey; Care Quality Commission, 2014). Understanding and improving this process could facilitate a positive patient experience, increasing their health and wellbeing.

Methods: Action Research methodology incorporating individual qualitative interviews with patients and their families and staff focus groups were used to gain a holistic understanding of the knowledge and information transfer in the ED.

Results: Expectations of care, a lack of communication, explanations of a patients' condition and written information were all identified as key themes supporting the patient and family experience of attending the ED. Staff focus groups identified several caveats for improving communication, highlighting avenues for developing transferable knowledge to enhance the patient experience.

Discussion and conclusions: Understanding the needs of patients presenting in the ED is central to improving patient experience. This study identified several areas where communi-

cation is lacking between patients and health care professionals and helped to identify several strategies for improving their overall experience of care.

Poster tour Q

Theme: Professional Issues

Poster 55 (Abstract 312)

Development and validation of a resilience model

Sandra Ramey, PhD in Education, Researcher funded by the US Dept. of Justice, The University of Iowa, United States of America

Abstract

Police officers have a higher rate of cardiovascular disease compared to the general population. Resilience training has been shown to reduce stress and improve performance: one expected outcome was to modify stress, using resilience training. Data collection began September 7, 2017 at a large Police Academy. Recruits (n=48) attended a 2.5-hour class that imparted the physical and mental aspects of developing resilience, based on research and science. A battery of 5 surveys querying psychological and physical aspects of stress (e.g. PTSD, Vital Exhaustion.) was completed at 3 time periods, 8 weeks apart. iPads were used with a sensor, daily for 16 weeks to practice heart focused breathing (HFB): a technique that includes intentional deeper breathing coupled with mental focus on positive emotions to build coherence.

Coherence, a variable extrapolated from heart rate variability measurement, is defined as synchronization of breathing, heart rate and blood pressure. Recruits attend (4) tele-mentor sessions; conducted in small groups by telephone, led by an experienced mentor. These sessions served as booster sessions for the practice. The model involved 1) education, 2) practice of resilience building tools with real time feedback, 3) tele mentoring to reinforce concepts and 4) mentorship for leadership at the Academy. Quantitative results included T-tests to compare the first week baseline data with time point 2, at week 8 which showed significant improvement in the emotional stress variable ($p=.05$) measured by survey and trend improvement in coherence from baseline was found. Qualitative feedback included practicing HFB at home has helped them be calmer and more patient; improved sleep, relaxation, headache relief, lessened anxiety and increased calmness. Recruits report shifting from feeling upset to calm more quickly and also heart rates came down faster after work situations when practicing HFB. We conclude these methods, conducted by nurses, help decrease perceived stress and improve coherence.

Poster 56 (Abstract 316)

Assessment of depression and its contributing factors among undergraduate nursing students

Eman Dawood PhD, Associate Professor,
King Saud bin Abdelaziz University for Health
Sciences, College of Nursing, Kingdom of Saudi
Arabia

Abstract

Depression is one of the foremost causes of social exhaustion worldwide. Nursing is a stressful profession, it is essential to scrutinize psychiatric morbidity among nursing students as various psychiatric disorders' first onset is typically during study period. The aim of this study was to assess the level of depression and its contributing factors among undergraduate Saudi nursing students. A descriptive correlation, cross sectional research design was utilized to conduct this study on a convenience sample of 149 nursing students, who gave voluntary consent to participate in the study. The data collection instruments used were a demographic data sheet and Beck's Depression Inventory. IRB approval for the study was obtained and participants were assured about the confidentiality and anonymity of the collected data. The result's revealed that only 1.3% of the participants experienced extreme depression, 4.7% experienced severe depression, 8.1 % experienced moderate depression, 18.1% experienced mild mood disturbance, and the majority of the participants (65.1%) had moderate normal mood. A significant relationship was evident between positive family history of depression or any psychiatric disorder, physical illness, consultation with a psychiatrist and level of depression, in addition, statistically significant negative correlations were detected between students Grade Point Average, parents' level of education and depression scores reflecting lower depression scores and vice versa among the undergraduate nursing students included in the current study. Bearing in mind this study outcomes, it is obvious that along with physical health, mental health of nursing students should also be given more importance, based on which the students may reflect and find healthy solutions for their distress.

Poster 57 (Abstract 320)

Professionalism in social media: The 3Cs rule

Dr Gemma Ryan, DHSci, MSc, PGCertHE,
BSc(Hons), DipHE, QTLS, Lecturer in Nursing,
Open University, United Kingdom

Abstract

Introduction: The concept of e-professionalism relates to the attitudes and behaviours that reflect professional values in the online environment. Despite professional guidance and organisational policy being in place for several years, literature outlines issues associated with e-professionalism in nursing still remain.

Aim: To explain the complex relationships that exist between professionalism, accountability and social media and, make recommendations about how this might be managed consistently.

Method: Critical realist ethnography. Use of secondary sources of evidence: professional guidance and published research. Focus groups with registered nurses (n=8) and observation of nursing related, publicly accessible Facebook groups/pages over 3 months. A realist approach to analysis and concept mapping explained the complex interaction of components within social networks: entities, structures, tendencies, actions and events.

Results: Issues with context, clarity and confirmability:

Actions such as breach of confidentiality, 'friending' patients (breach of boundaries) were unanimously 'unprofessional'. Other behaviours were more subjective, with no consensus about whether individuals should be held to account e.g. being obviously drunk, pole dancing. Differences of opinion were best explained by background, personal values and also the difficulties with 'confirming context' in social media (e.g. the currency of the post, the person who actually posted it).

Influencing factors: External factors changed behaviours the concept of 'acceptability' e.g. there was initially consensus that posting pictures at work and in uniform was unprofessional. However, in response to politician comments nurses were actually doing this publicly; accepting and promoting such behaviour.

Conclusion: Three core considerations for online behaviours and assessing incidents in social media were 'The 3Cs': context, clarity and confirmability. These are presented in an 'Awareness to Action' (A2A) tool that facilitates 1) reflection about use of social media and, 2) decisions about whether an incident is unprofessional (warranting further action) or unacceptable (warranting less severe or no action).

Poster 58 (Abstract 324)

Effect of simulation based practice on attitude, confidence and perception of learning outcomes of nursing students

Assistant Professor Hanem F. Mohamed,
Chairperson, College of Nursing, King Saud
Bin Abdul-Aziz University for Health Sciences,
Kingdom of Saudi Arabia

Abstract

Simulation in nursing education has detonated recently and the use of high fidelity simulators is growing. The clinical experience is a significant part of nursing education and students' preparation for future practice as nurses. However, nursing students sometimes lack self-confidence and experience fear and stress about meeting performance expectations. It is important for nursing curricula to incorporate educational strategies that foster learning, decrease anxiety and stress, strengthens critical thinking and increases self-confidence.

The objective of this study was to examine the effect of simulation based practice on attitude, confidence and learning outcomes among nursing students. A descriptive design with pre and post-test was employed with a convenience sample of 68 nursing students from college of nursing at King Saud Bin Abdul Aziz University for Health sciences, Riyadh, KSA. The Simulation Effectiveness Tool was used to collect data plus demographic profile.

Results: Results showed a mean age of 20.26 (.75) years old and a mean of 3.1 out of 5 for GPA. Majority were singles, had no previous hospital experience and few previous simulation experience. Students showed positive attitude toward the use of simulation in the pre-test. Students reported improvement in their confidence in preparation for real patients, decision making, what to tell health care providers, recognizing and predicting changes in patients' condition. Regarding learning outcomes, majority reported that they developed critical thinking abilities, better understanding of clinical experience, assessment skills, decision making skills, and learned from debriefing, observation and peer. Existing evidence from the current study support that the use of simulation is tangible teaching and learning methods and students can get many benefits not limited to knowledge gain, application of knowledge, and self-confidence. Application of simulation in all nursing courses, with more training is highly recommended. Studying effect of simulation on specific competence and patients outcomes is also crucial.

Wednesday 18 April 2018

All poster tours will leave from the poster point in the Common room at 1.15pm

Poster tour K

Theme: Innovative Methods

Poster 34 (Abstract 197)

Does the presence of a tracheostomy determine care costs in a hyper-acute rehabilitation ward? A post hoc analysis of prospectively collected data

Rita Santhirarajah, RN, RM, Ward Manager, London Northwest Healthcare NHS Trust, United Kingdom

Co-presenter(s): Chris Dungca UK

Co-author(s): Heather Williams, Lynne Turner-Stokes, UK

Abstract

Aim: The presence of a tracheostomy is often considered to be an important factor determining nursing care needs and costs in a rehabilitation ward. However, many patients with tracheostomies are severely disabled and also have other care requirements. The aim of this study was to examine the relationship between tracheostomy and other care requirements and to evaluate its role as an independent predictor of care-costs.

Methodology: The UK Rehabilitation Outcomes Collaborative (UKROC) database collates data on needs, in-puts, costs and outcomes for all specialist in-patient neurorehabilitation units in England. The Rehabilitation Complexity Scale (RCSv13) measures resource requirements for medical, nursing and basic care. The Northwick Park Dependency Scale (Hospital)/Care needs assessment (NPDSH/CNA) identifies care needs and calculates care costs through a computerised algorithm.

Data were extracted for all admissions (n=420) to our specialist hyper-acute neurorehabilitation unit between 2012-2016. Tracheostomy patients were identified through the NPDSH-Tracheostomy item. Between group differences were tested with independent T-Tests (with bootstrapped samples N=1000). Relationships between measures were examined using Spearman rho correlations.

Results: Sample demographics: mean age 43(sd13) years; Males:females 65%:35%; 93% had acquired brain injuries. One-third (133/420(32%)) had a tracheostomy on admission. These had significantly greater overall dependency and care hours (p<0.001). Their care-costs/week averaged £904(95%CI £781,1032) more than those without tracheostomies.

Tracheostomy care needs correlated significantly (p<0.001) with resource requirements for Medical (rho 0.488), Nursing (0.487) and Care (0.337) care. In a stepwise linear regression model, 'care' and 'nursing' needs predicted 47% of the variance in care-costs, with tracheostomy care adding just a further 3% to the model (50% of variance in total).

Conclusion: Whilst tracheostomised patients have generally higher resource requirements for medical, nursing and basic care in a rehabilitation ward, care requirements for the tracheostomy itself predict only a small proportion of the overall care costs.

Poster 35 (Abstract 185)

The effect of social history taking mechanisms on discharge planning for adult patients admitted to the medical unit: a Service evaluation

Christine Anstey, University of Worcester, United Kingdom

Co-presenter(s): Dr Kerry Gaskin, UK

Abstract

Background: With the escalating demands on the National Health Service (NHS) patient flow and early discharge planning are significant pressures. Studies suggest the medical profession leave discharge planning to nurses and rarely get involved (Burley, 2011; Graham et al. 2013) and social history is often reduced to three hurried questions limited to smoking, alcohol and drug use, usually attached on at the end of the medical interview (Anderson and Schieder-mayer, 2010, Alex et al. 2013, Ingles and Burns, 2015).

Aim: To explore how thoroughly the social history (SH) is completed and whether a detailed social history helps to expedite early discharge planning.

Design: A service evaluation, using a retrospective study design to analyse history taking documentation.

Method: A sample of medical notes for patients over 30 years of age, requiring an acute adult medical emergency admission were reviewed over two timeframes; corresponding with the new intake of Foundation Year 1(FY1) doctors each August (2015 and 2016). These two timeframes also compared the use of two styles of SH documentation, tick box versus free text.

Results: 220 sets of notes (CL 95%, CI +/- 5%) were reviewed for each timeframe. Both patient

samples were evenly represented by gender and age range. Clinicians (including ANP, FY1, FY2 and Registrars) generally did not explore SH at the time of admission. More SH was completed with a tick-box prompts (in 2015). Using free text (2016) >80% of SH did not ask about social skills, accommodation or home support.

Conclusions: Using a tick box system enhances the detail of SH collected by clinicians. Taking detailed SH at the time of admission, would enhance management of discharge plans, reducing discharge delays and positively impacting on patient flow.

Poster 36 (Abstract 232)

Human voices in the digital world

Professor Carol Haigh, Research Institute for Health and Social Change, Manchester Metropolitan University, United Kingdom

Co-author(s): Dr Nigel Cox, Dr Eula Miler, UK

Abstract

The Digital Human/Digital Health (DH2) group is a unique collaborative focused upon promoting the important conversations around digital health. It positions itself as an umbrella collective which supports and facilitates cross-departmental work around digital health across the research education and business domains. Since the first meeting in September 2016 the DH2 membership has grown to include MMU staff from most faculties, associate interest from colleagues in Denmark, Australia, Edinburgh and the United States. The underpinning philosophy of the DH2 is threefold - to promote the human voice in the creation, use and maintenance of digital health; to contribute to the democratisation of health and social care knowledge and information via technology and to facilitate digital technology and digital humans working together to support digital health and social care.

The aims of the DH2 Collaborative are:

- To provide a virtual community for cross disciplinary working in the Digital Health Domain
- To contribute to user-friendly development of systems and tools that support health and social care via technology
- To prepare the current and next generation of practitioners and service users
- To explore the wider ethical and societal impacts of the digital health agenda
- The work of DH2 currently coalesces around key work streams
- Public Involvement and debate

- Fully immersive high fidelity simulation
- Peer-to-Peer technology mediated support
- Education materials for the current and the next generation of practitioners and service users

The purpose of this poster is to stimulate debate about this evolving and important area of health care practice, education and research and to explore future collaborative opportunities.

Poster 37 (Abstract 133)

Methodological considerations, limitations and promises of using focus group data from two different countries

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Co-author(s): Debra Jackson, Joanne Brooke, Helen Aveyard, UK

Abstract

Background: Focus group is a research technique that collects data generated through group interaction and discussion. There is a wide body of literature that explores approaches to data collection using focus groups and subsequent analysis, and there is evidence that many different approaches are applied (Silverman, 2016). In this debate, I will explore the challenges of undertaking, presenting and analysing focus group data conducted in two different countries.

Debate: Focus groups generated data at three levels - individual (participant), group (participants), and the interaction (between participants). We conducted a CINAHL search for qualitative studies that used focus groups undertaken in different countries, identified that both thematic and content analysis were used. However, the process of analysing and presenting these outputs varied from one project to another. Further examination of the literature has not identified clear guidelines as to whether data extracted from two countries should be presented and analysed separately (Glavin et al., 2014) or together (Endacott et al., 2016).

Conclusion: This session will explore the methodological assumptions underpinning focus group methodology within a cross-cultural sample of nurses from two different countries. The process of transcribing and translating data extracted from two different countries, and how it dealt with raises issues of representation. The discussion will also explore the best possible methods to analyse and present data derived from cross-cultural focus group and whether the data should be combined or treated separately. Recommendations will be addressed and suggested, aiming to contribute to the best possible representation and understanding of the challenges correlated to conducting focus group discussion in two different countries.

Poster tour L

Theme: Recruitment/Clinical Trials

Poster 38 (Abstract 223)

Aligning patient recruitment with clinical pathways in an observational study in an acute cardiology setting

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Abstract

Background: Recruitment of patients to clinical research in acute settings presents many challenges. It is important that approaches adopted minimise disruption to the patient's clinical care and allow recruitment of patients, representative of the target patient population.

The aim of this project was to establish an effective approach to recruit patients with confirmed ST elevation Myocardial Infarction (STEMI) who present directly to the coronary catheterisation lab for emergency percutaneous intervention (PCI) and patients with non-ST Elevation Myocardial Infarction (NSTEMI) who receive inpatient angiogram.

Method: Time was spent with clinical teams and in clinical areas to understand the patient journey, establish relationships and map the recruitment process to fit into the current patient PCI pathway. Recruitment was reviewed on a regular basis to monitor progress and address any changes in the numbers of patients recruited. Patient characteristics were also reviewed to establish if the study population was representative of the NSTEMI and STEMI patient population, in particular with respect to gender and age.

Results: The percentage of male:female patients in our study population was similar to the patient population undergoing planned or emergency procedures. The over 65s population was under-represented in the research study. The recruitment of patients with STEMI was more difficult than those with NSTEMI. This could be because recruitment of patients with STEMI undergoing emergency PCI was reliant on clinical staff notifying research staff of eligible patients and this step was often missed. This could be due to prioritisation of clinical procedures over research activities, rather than lack of staff engagement as staff were very supportive of research procedures during PCI. Recruitment also improved with increased research nurse presence in the clinical area.

Conclusion: It is important to regularly review study recruitment, maintain good relations with clinical staff and to align recruitment with the patient's clinical pathway.

Poster 39 (Abstract 137)

Withdrawn

Poster 40 (Abstract 257)

The challenges of conducting an RCT in UK peritoneal dialysis units: the STOP study, a prospective, randomised controlled trial to determine the safety and efficacy of steroid impregnated tape compared to standard therapy with silver nitrate in the treat

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Co-presenter(s): Mary Dutton UK

Co-author(s): Kayley King UK; Foggensteiner L, UK

Abstract

Background: Over-granulating Peritoneal Dialysis (PD) exit sites can be uncomfortable, harbour infection or bleed. Complications can lead to interruption of dialysis. Standard treatment uses cautery with silver nitrate solution but possible side effects include irritation, ulceration and bleeding. Steroid impregnated occlusive tape is licensed for use in over-granulating wounds, but may increase risks of infection. In 2010, a nurse-led pilot study of fludrocortidone impregnated tape (Haelan Tape) was undertaken with favourable results leading to a multi-centre RCT.

Aims: The objective of this RCT was to evaluate the safety and efficacy of steroid impregnated tape compared to standard therapy, in the treatment of over granulating PD exit sites.

Methods: A multi-centre, prospective RCT aiming to recruit 80 participants (40 per arm) running from 2013 to 2017. Study data includes exit site photographs, standardised exit site assessment, microbiology results and patient assessment of pain and satisfaction. Response to treatment was assessed by examination of exit site photographs by 2 blinded independent assessors.

Primary endpoint was complete response rate in over-granulation severity at 14 days.

Secondary endpoints included partial response, recurrence, infection, pain and satisfaction rates.

Results: We will present data for 32 recruited patients. Preliminary analysis suggests that complete response rates for both treatments at 14 days were much lower than observed in the pilot study, used to derive the study power calculations. Therefore, a statistically significant dif-

ference in the primary outcome between the two arms was not demonstrated.

Discussion and Conclusion: Recruitment was challenging and lower than anticipated. Measures were taken to increase rates. Whilst unable to demonstrate overall efficacy of one treatment against another, important data on safety and compliance was gathered. This was the first RCT for this indication undertaken in UK PD units, with valuable information to share regarding the methodology and experience of a nurse-led multi-centre interventional study within this clinical environment.

Poster tour M

Theme: Care Homes

Poster 41 (Abstract 128)

Optimising dementia care in care homes using digital audits

Dr Gary Mitchell, PhD, MSc, BSc, BA, RN, Lecturer, Queen's University Belfast, Northern Ireland, United Kingdom

Co-author(s): Claire Royston UK, Colin Sheeran UK, Joanne Strain Northern Ireland

Abstract

Introduction: Approximately 500,000 people live in 20,000 care homes in the UK. With an increasing proportion of people living with dementia residing in care homes it is paramount that health care workers can deliver specialist dementia care (NICE 2015).

Service Development: The development of an audit tool known as TRaCad (Thematic Resident and Care Audit for dementia), underpinned by over 320 externally recognised standards, was developed by Four Seasons Health Care. This audit tool is available on internal iPads which care staff complete. The system then produces a report of actions that the member of staff (and care home unit) must complete to optimise the care that the resident living with dementia receives (Sheeran, 2017). The TRaCad is made up of almost 300 questions and focuses on a variety of areas relating to the person's holistic care including: washing and dressing, elimination, end-of-life care, activities, nutrition, cognition, capacity and mobility.

Sample: 20 care homes throughout the UK. 13 care homes were recruited from England, 4 from Scotland and 3 from Northern Ireland. 451 residents living with dementia lived across these 20 care homes.

Results: The TRaCad helped care teams identify 8,176 areas that could be improved within their dementia care units. Of these, 2,118 of these were fixed and resolved immediately once identified (25.91%). The remaining 6,084 actions were resolved within 18 weeks. Specifically, improvements were noted in the domains of spiritual care (47.89%), psychological care (43.68%) and social care (43.02%).

Discussion: The TRaCad audit helped care staff to improve quality of life for people living with dementia in care homes (Royston et al. 2016). The tool enabled care staff to facilitate care experiences which focused on broader aspects of holistic care such as a person's psychological, social and spiritual needs.

Poster 42 (Abstract 124)

Reasoning, reviewing and reducing antipsychotics in care homes using technology

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Co-author(s): Claire Royston UK, Colin Sheeran UK, Joanne Strain, Northern Ireland

Abstract

Introduction: Sustained administration of antipsychotic medications can be associated with adverse effects including accelerated cognitive decline and over-sedation (DOH, 2015). Despite this, there is evidence to indicate that 80% of people living with dementia, who receive these medications, may not derive appropriate therapeutic effect from these medications (Banerjee, 2009)

Service Development: The authors have developed a specialist medication management application (App) which prompts review of antipsychotic medication that a person is prescribed. The 'App', runs on standard iPads within care home settings (Royston et al. 2016). The standards set within the App are that each resident must have a documented annual review of medication from the resident's GP and a care plan that clearly indicates the rationale for prescription. If these standards are not met, a referral to the GP is created and, operating the find and fix principle that is central to the functionality of the system, the referral is tracked until it has been completed. The App records data on individual dose and uses a pre-programmed algorithm which automatically triggers an urgent review process if the dose exceeds the normal therapeutic range.

Sample: The App was operationalised in 143 care homes that provide care for 8,095 residents living with dementia throughout England, Scotland, Wales and Northern Ireland.

Results: Through our analysis we found that 1650 residents (20.38% of total sample) are currently prescribed antipsychotic medications. In addition it was found that following the use of the App, 1.27% where prescribed dose of medication exceeded the normal therapeutic range and 2.35% of residents did not have their medications care-planned and only 0.26% had not had a GP review within the last 12 months.

Discussion: The medication App has enabled care home nurses to detect and act on their resident's antipsychotic medication prescriptions.

Poster 43 (Abstract 129)

A review of the literature on restraint in care homes

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Co-author(s): Joanne Strain Northern Ireland

Abstract

Introduction: Restraint is a term that is used in healthcare to broadly describe the practice of restricting movement or liberty (RCN, 2008). It includes physical/mechanical (i.e. bed rails), technological (i.e. surveillance), psychological (i.e. telling someone they are unable to do something) & chemical (i.e. prescription of sedative medications). Older people who live in care home settings are at risk of being inappropriately restrained and the purpose of this review is to synthesise the empirical research on the phenomenon with regards to care home and residential settings.

Methodology: A review of the literature was conducted in May 2017 using five healthcare databases and following Aveyard's (2014) approach. A total of 53 empirical studies met the inclusion criteria and were included in this review. The findings were critically appraised using CASP tools and thematically analysed using Braun and Clark's (2006) framework. To the authorship team knowledge, this is the first review of its kind.

Results: Four main themes emerged from this review which related to the prevalence and practices of restraint, personal attitudes to restraint, the importance of organisational culture in influencing restrictive practice and interventions to reduce restraint.

Discussion: Restraint is undoubtedly a complex issue as evidenced by this review. The prevalence and practice of restraint is inconsistent and widespread. There are many different forms of restraint but it is a poorly defined and understood topic within care home settings. Despite often being used as a measure for safety, there is a strong evidence base to suggest that restraint usually causes more harm than good.

Poster tour N

Theme: End of Life Care

Poster 44 (Abstract 186)

Exploring the quality of the dying and death experience in the Emergency Department from the perspective of staff and carers: an integrative literature review

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Co-author(s): Debra Jackson UK; Helen Walthall UK; Helen Aveyard UK

Abstract

Background: Patients attend the emergency department (ED) for a variety of reasons. Some of these patients will not survive and little is known about the quality of their death and dying and how this impacts upon their carers.

Purpose: The aim of this review is to examine the quality of dying and death in the emergency department (ED) from the perspective of staff and carers.

Method: A systematic search of MEDLINE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), AMED, Magonline (internurse), EMBASE and the Cochrane library was undertaken during February-August 2017. Fourteen articles fit the inclusion criteria (papers published in the English language between 1995-2017).

Findings and Discussion: The overarching theme that emerged is that care in the ED is focused on living not dying. Because the ethos is about saving lives, those whose lives cannot be saved can be marginalised or side-lined, which may affect the quality of their dying and death and impact upon others (Bailey et al., 2011b). Further themes included staff stress and distress, and the difficulty of meeting the needs of the carers in this environment. Carers felt the staff had no time for them and that communication had been generally poor (Bailey et al., 2011a). However, there are minimal studies that asked the views of the carers and this is therefore an area in which further research is needed.

Implications for research and practice:

Findings suggest that there remains a gap in knowledge around the quality of dying and death in the ED from the perspective of carers of the dying patient.

Supporting staff in the ED to care effectively for patients who are dying whether from acute or no-acute causes is paramount.

Poster 45 (Abstract 161)

Validity and reliability of the modified Chinese version of the Patient Dignity Inventory (PDI) among advanced cancer patients in China

Professor Debbie Carrick Sen, Institute of Clinical Sciences, University of Birmingham, United Kingdom

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Abstract

Background: There are an increasing number of people with cancer in China. Ensuring dignity when dying is important. The Patient Dignity Inventory (PDI) is an instrument to measure sources of distress related to dignity. There has been no psychometric evaluation of the instrument in China to date.

Objective: To test the validity and reliability of a modified Chinese version of the PDI among patients with advanced cancer in Wuhan.

Method: The findings from semi-structured interviews with 21 patients with advanced cancer informed the analysis of the construct; personal dignity. New emergent themes emerged including stigma, Ah Q spirit (euphemism for self-talk and self-deception even when faced with extreme defeat or humiliation), family support, financial support and informed care decision making. Based on these, the PDI was modified and translated into Mandarin. The modified (31 items) PDI was then distributed to a convenience sample of 300 in-patients with advanced cancer. Validity was assessed through convergent validity and construct validity, while the reliability was evaluated by internal consistency. Patients also completed the single item Sense of Dignity questionnaire.

Results: 269 (89.67%) patients completed the study. Cronbach's alpha coefficient was 0.950. The split-half reliability was 0.872. The modified Chinese version of the PDI was significantly correlated with the Sense of Dignity questionnaire ($r=0.457$; $p<0.001$). Factor analysis indicated that five factors accounted for 66% of the variance. These included; the label of distress, spiritual distress, physical symptoms, social support and emotional distress.

Conclusions: The modified Chinese version of the PDI has acceptable validity and reliability when tested with patients with advanced cancer in China.

Poster 46 (Abstract 180)

A prospective research study to investigate the impact of complementary therapies on patient well-being in palliative care

Dr Brian Nyatanga, RGN Academic Lead, Centre for Palliative Care, University of Worcester, United Kingdom

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Co-author(s): Deborah Cook, UK

Abstract

The use of complementary therapies (CT) among patients, health care professionals and the public has been on the increase across the UK over the last two decades. Many health care providers including hospices offer complementary therapies through a team of specialist therapists based on their premises. The aim of this study was to investigate, through face to face interviews with patients, the perceived benefits of the different therapies in terms of their overall well-being. The main purpose was to have a deeper understanding from the patient's perspective, of what kind of experience they had while receiving complementary therapy. Therefore, interpretive phenomenology methodology was employed whereby the participants' lived experiences were elicited. With this approach, a minimum of 30 minutes was spent engaged in conversation with each participant, which allowed for 'interrogation', elaboration and clarifying to arrive at the essence of the experience of receiving complementary therapy. It was also important to understand whether the treatment had made a difference to the identified concerns/problems, and the nature of that difference. Eight patients; mean age 52.87 years, range 40-64 years presenting in the palliative care phase for life limiting conditions comprising one male and seven females agreed to participate in the study and were then interviewed, face-to-face at a hospice between March and August in 2015.

All eight participants reported perceived benefited from the therapies and that their identified concerns had been ameliorated. Most of the participants reported feeling relaxed, calmer and being able to carry on with their daily lives and in some cases focusing back on themselves and what is important. This positive experience would arguably be repeated by other patients in similar situations and hence the need to ensure that the service is readily available. Complementary therapies should be an accepted model of supporting patients in palliative care.

Poster 47 (Abstract 105)

Palliative care service provision for veterans with non-malignant respiratory disease and their carers, in rural America

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Co-author(s): Dr Clare McVeigh Northern
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Abstract

Background/aims: Globally, the majority of patients diagnosed with a malignant disease will have access to palliative care. However, although palliative care programs have mainly focused on the needs of people with a malignant disease in the past, the majority of those worldwide needing palliative care have a non-malignant diagnosis. Palliative care service provision can also often be fragmented and varied dependent upon geographical location. This study aimed to explore palliative care provision for veterans with non-malignant respiratory disease and their carers living in remote areas of America.

Methods: Explorative study consisting of 4 focus groups with 16 healthcare professionals, in September 2014, from a large rural veteran hospital in America. Purposive sampling was employed to recruit participants who were involved in the care of patients with bronchiectasis, chronic obstructive pulmonary disease and interstitial lung disease. Focus groups were transcribed verbatim and data analysed using thematic analysis.

Results/Discussion: The uncertain non-malignant respiratory disease trajectory caused ambiguity amongst participants regarding palliative care. Participants also perceived a lack of availability of local palliative service provision in remote areas as hindering holistic care delivery. Additionally, the misconceptions held by the veteran population, and healthcare professionals themselves, was perceived to have impacted on veterans' willingness to accept palliative care. Findings illuminated perceptions that some veterans viewed accepting palliative care as 'surrendering' to their disease. Healthcare professionals expressed that the use of telemedicine may be beneficial to facilitate future access to specialist respiratory and palliative care for veterans with non-malignant respiratory disease, living in rural areas with limited service provision.

Conclusions: Reasons for inequalities in palliative service provision for veterans with non-malignant respiratory disease in remote areas are multi-factorial. There is a need for a stronger and more dynamic model of palliative care delivery to enhance holistic care in rural America to this particular population.

Poster tour O

Theme: Learning Through Research

Poster 49 (Abstract 271)

Withdrawn

Poster 50 (Abstract 238)

"Identikit: make me a nurse." The use of imagery to inform construction of the professional self

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Abstract

Background: Stereotypical images of adult nursing abound in popular culture for consumption and commodification by the public including those who aspire to join the profession. Potentially, professional misrepresentation may cause confusion in roles and responsibilities (Ten Hoeve, et al 2013; Weaver, et al 2013). Literature confirms this misappropriation of identity through imagery yet it remains constant, perpetuating stereotypes.

Aim: To explore the perceptions of nursing stereotypes and the value they may bring to construction and sustainability of professional identity.

Methods: Drawing on co-collaboration with ten female pre-registration undergraduate adult nursing students (recruited through a UK higher education institution), this study applied a constructivist grounded theory approach. Participant selected imagery informed a series of three photo-elicitation interviews per participant over one year. Data analysis was applied using a constant comparative approach with concurrent memo writing, thematic sensitivity and researcher reflexivity (Charmaz, 2014).

Findings: Participants explored wide-ranging stereotypes of nursing which they considered simultaneously useful and problematic, such as power dynamics. This use of imagery enabled the discussion of an eclectic mixture of societal representations of nursing. Such constructs lie within the profession itself, offering an opportunity to consider how these stereotypes serve to re-affirm their professional identity.

Discussion: It appears that construction of self is multifaceted, comprised of numerous identities, representations and mis-representations. The presence of which appears to inform how participants interact within a wide range of environments. The poster will interrogate these issues, drawing out the nuances associated with participants' contributions and adding to existing literature by signalling the range of impacts arising from stereotypical representations of nursing.

Conclusions: Existing literature focusses on challenging stereotypes of nursing. This study illustrates how they also re-affirm professional identity. Extending understandings of perceptions of nursing stereotypes enables re-identification with professional selves which in turn informs recruitment, education and practice.

Poster tour R

Theme: Learning Through Research

Poster 61 (Abstract 319)

Comparison of social life and sleeping patterns among eight and twelve hours shift nurses

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Abstract

Objective: The objective of this study was to Investigate the relationship between shift length and Saudi nurses' social life and sleep pattern.

Methods: A descriptive correlation, cross-sectional research design was utilized to conduct the current study. A convenience sample of 200 Saudi nurses was involved in the study. Data was collected from three hospitals: King Fahd Hospital, Al- Shumaisi Hospital and Yammama Hospital. Data was collected over a seven month period from March 2012-October 2012. An explanation about the purpose and the nature of the study was offered to each individual potential participant. Agreement to complete the questionnaire worked as an informed consent. Subjects were assured about the confidentiality of the collected data and that it would only be used by the researchers for the purpose of the current study. Data was collected using a questionnaire survey designed by the researchers and consisting of three parts: Socio-demographic data, questions related to nurses' sleep pattern, and nurses' social life. Validity and reliability of the data collection tool were ensured. Data was analyzed using SPSS version 18.

Results: Current study findings reveal no statistically significant difference in relation to the Saudi nurses' preference of either 8 or 12 hour shifts. Saudi nurses who worked a 12 hour shift showed a statistically significant difference in relation to their satisfaction with their sleep quality than Saudi nurses who worked an 8 hour shift. Saudi nurses who worked an 8 hour shift had more time to spend with their families and were more satisfied than Saudi nurses who worked a 12 hour shift.

Conclusion: Shorter length shift work was considered more positive in terms of sleep pattern satisfaction and quality of social life.

Poster 62 (Abstract 322)

Violence experienced by preregistration nursing students on clinical placements: systematic literature review

Dr Nutmeg Hallett, PhD, BNurs, Lecturer in Mental Health Nursing, University of Birmingham, United Kingdom

Abstract

Background: Whilst there is a wealth of evidence suggesting that violence is frequently experienced by staff in a variety of healthcare settings (Spector et al., 2014), the literature on violence against nursing students on clinical placement is more limited (Tee et al., 2016). A brief scoping review found that nurses experience horizontal violence from peers and colleagues, i.e. bullying, and vertical violence perpetrated by patients and visitors including physical and non-physical violence. The research is fragmented; an integration of findings can explore exposure rates by settings, country and type of violence. This review focuses on vertical violence, and will be complimented by a further review focusing on horizontal violence.

Aim: To identify the prevalence and types of vertical violence experienced by nursing students.

Method: A systematic review was conducted according to PRISMA Preferred Reporting Items for Systematic Review and Meta-Analyses (Liberati et al., 2009) guidelines. No limits were set on publication date and the search was completed in January 2018. Search terms were framed around the phenomenon (violence), population (nursing students) and setting (clinical placement). Only primary quantitative research was included. Four databases were searched resulting in 397 unique papers; 7 papers were identified through other sources. The titles and abstracts were screened and 296 papers were excluded. Full text papers were assessed and 95 were excluded leaving 13 papers for review. These papers will be subject to critical appraisal.

Results: Initial reading of the papers suggests that violence is experienced by students in many different settings and countries, and that the types of violence experienced include verbal and physical, and sexual harassment. Some studies identified the effects of this violence including needing time off work as well as longer term psychological harm.

Conclusions: The findings of this review will have implications for preregistration nursing education.



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