



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

Accrue up
to 27 hours
of CPD

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Keynote speaker abstracts

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
dif erently

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

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

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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 Chil-
dren'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

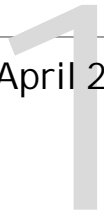
Ingram JC, Powell JE, Blair PS, et al. (2016). Does family-centred neonatal discharge planning reduce health care usage? A before and after study in South West England. *BMJ Open*. 6(3), e010752. doi:10.1136/bmjopen-2015-010752

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. Juliaurer in o04B00480003>-100.2 <00BF00jop parenActud Td [(wh



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].(stage 1 interviews a,)-0.7

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



I have recently successfully completed my MSc

Discussion: This study revealed that participants ability to ref ll 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 ref ll 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 dif erent 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 inf uence heart-disease management, such as medication adherences self-ef cacy, 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/

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

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 impli-

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 complete 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

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 Russ all 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.

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

issues was.9 (hos)-0.7 (sprehou)-0.91(, n)]Tuity(.)m th. ses who.1 (exph)-0. -0.01 T0w

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

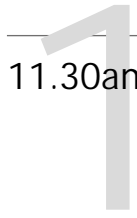
Presenter: Karen Bowman, Lecturer, University of Washington Bothell, U.S.A.

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.



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

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

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:

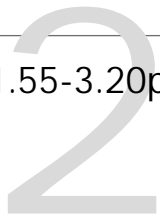
Background: Adults over 65 experience high rates of unplanned readmission. These readmissions are associated with a variety of poor outcomes for patients and health systems (Kings Fund 2010). The vast majority of literature on readmissions relies on routinely collected data such as readmission rates 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:

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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

Withdrawn

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-

Theme: Sensitive Research

Session no: 2.3.1

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

Recommended reading list

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 J48054.9 <0000480047000o05511

Studies such as this illuminate in particular

Theme: Education

Session no: 2.6.1 Abstract number: 298

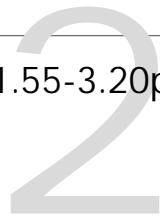
Time: 1.55-2.20pm

Keywords

Research topic: Women's Health and
Midwifery/ Nursing, Midwifery or Support

currently the Director of the collaborating centre
based in Plymouth.

Her research interests focus on knowledge trans-



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 Chauhdry, 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 ET yM.024otentiis.6tiisTj 0.yM

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

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

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.

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

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

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.

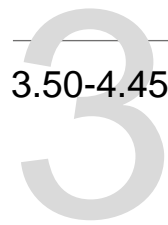
Methodology: A mixed methods evaluation was undertaken in three parts: 1) Preparation of the nurses for the role; 2) The process of assessing and managing the patient's pain, including the prescription of oral morphine; 3) An appraisal of the system in which the nurses are working. Ethical approval was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





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 Staf 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 c[*(with: 19.84251 scores)-ow*

Andrago, A. A. 2014. *Journal of Clinical Pharmacy and Therapeutics*, 39, 1-10. doi:10.1111/jcpt.12101

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

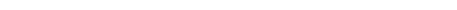


Recommended reading list

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



Conclusion: Through exploring the lived expe



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

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

Concurrent session 5

Tuesday 17 April, 12-12.55pm

Theme: Clinical Academic

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 me 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.

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

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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

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, F (ed) 2005. Multiple Case Studies. Thousand Oaks, CA: Sage.

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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.

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.

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

Recommended reading list

Centre for Reviews and Dissemination. (2009)

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

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 'of duty'

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Recommended reading list

Blay, N., Roche, M., Dufeld, 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*



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

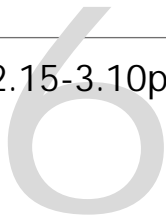
Keywords

Research topic: Disability/Genetics/Patient Experience

Methodology: Other Collection/Qualitative Approaches

“EB isn’t just a bit of f aky skin”: a qualitative study of patient experiences of living with Recessive Dystrophic Epidermolysis Bullosa

Presenter: Miss Magdalena Martinez-Queipo.



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 benefited 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 postgraduate 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

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

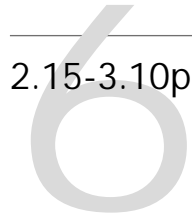
Agency and independence - highlighting the complexity of maintaining self-agency and independence if others judge you to require protection.

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

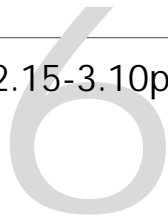
Clarke, C.; Taylor, J.; Schwannauer, M. (Eds) Risk and resilience. Global Learning across the Lifespan London: Dunedin Academic Press

Brown, P. (2014). Risk and Social Theory: the legitimacy of risks and risk as a tool of legitima-





Discussion: The way young people access and engage with online resources is complex with



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



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**

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-horrocks/>

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, Doringhaus 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, Clington 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

Withdrawn

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 Swanes, 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 mirtazipine;

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

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/

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, Shef eld Teaching Hospitals NHS Foundation Trust, Shef eld, United Kingdom
Co-presenter(s): Angela Bennett, Shef eld, 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) The 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 Shef eld in 1991 and acquired 15 year's experience in cardiothoracic surgery and 10 years in Coronary Care nursing at Shef eld 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, as Td(Rese& Acse mia(HonBirm)TnIh Ca1: Hmumploymes 91 Td057004B0048000tlf thetap0hr50.327 T49.

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.

prising open and closed questions was used to collate student evaluations. Data analysis

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 of 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-

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 Uni-
versity, 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*, 6.25-0.8 (and the medical journal) 397-404. <http://dx.doi.org/10.1016/j.nw.2004.08.001>



Concurrent session 8

Wednesday 18 April, 11.15am-12.40pm

Theme: Workforce

Session no: 8.1.1 Abstract number: 68

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 of 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: Staf absence in NHS England cost £2.6 billion in 2016; £1 of every £40 spent. Nurse managers are advised to monitor staf for engagement, and to develop strategies to help staf improve resilience to prevent burnout (NHS Employers, 2017). Emotional intelligence is also deemed protective, such that emotionally intelligent, resilient staf should be less likely to burnout and go of sick.

Aim: This study examined the relationship between staf 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 of 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

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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



games impact upon behaviours and attitudes,
which suited the engagement needs for this

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 emergent 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

Withdrawn

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 desig-



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.

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,



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

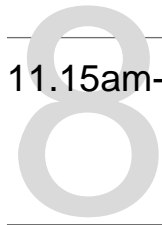
Keywords

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,



Recommended reading list



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

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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

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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?

Inf uencing and supporting
clinical academic researcher
development to make a real
dif erence 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, sup-
porting clinical academic researcher develop-
ment can be challenging. However, in order

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

Gasper, 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

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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

References

Fineout-Overholt, E., Melnyk B.M. & Schultz A. 2005. Transforming health care from the inside out: advancing evidence-based practice in the 21st century. *J Prof Nurs*, 21, 335-44

NIHR TCC (2017). Ten Years On: Adapting and evolving to new challenges in developing tomorrow's health research leaders

NHS England 2014. Five Year Forward View. In: ENGLAND, N. (ed.). London.

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

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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.

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 abeen (with perm,)JTJ 0.1py heini pu46e(t on the

Paper 3

Discussion

Following these papers, a facilitated reflection and discussion will be undertaken with the speakers and audience.

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

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 frontline 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/

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.

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

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

References

Hussain-Gambles, M. Atkin, K. & Leese, B. (2006) South Asian participation in clinical trials: the views of lay people and health professionals. *Health Policy*; 77:149- 65

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. *W 04 Tw-0.6 (and -1.25 Tdo gr)2054 Tw3hdata3hd-1..25 Td jes w v - (mo (,aud))TJ eKls re(*

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 8

Time: 1.45-3.15pm

Room: WF15

Abstract number 170

Ethical encounters in a
transitional era: research
with millennials and other
generations

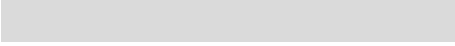
Lead

*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

S6-10



References

Smith, M. and Doyle, M. (2007) Action Research: Traditions and Perspectives. *Teaching and Learning*, 4 (2)



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

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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.

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 -

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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 P1995) e crecogc/0plor o8

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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

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.

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 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 Urbinc, 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

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

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 inter-



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

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.

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 tour 1

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

Poster 27 (Abstract 91)

Withdrawn

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 Burden of Treatment (BoT)

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 encour-

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.

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 communication is lacking between patients and health care professionals and helped to identify several strategies for improving their overall experience of care.

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

Poster tour Q

Theme: Professional Issues

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.

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 Santhirajah, 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 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

Stacey Stewart, Nursing BSc(Hons) & Master of Nursing in Clinical Research (MN), Cardiology Research Nurse, University of Edinburgh, Scotland, United Kingdom

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 artery unit.

Poster 37 (Abstract 133)

Methodological considerations, limitations and promises of using focus group data from two different countries

Mamdooh Alzyood, MSc, BSc, RN, Doctoral Researcher, Oxford Brookes University, United Kingdom

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 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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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 met 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.

