Book of Abstracts

10th Annual Interdisciplinary Research Conference
4th & 5th November 2009

Transforming Healthcare through Research and Education

Important: please read before using this document

The page numbering used in the Contents Section (alphabetical and session type) is relevant to the printed version of this document.

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i.e. Page 1 in the printed version is Page 15 in the PDF document
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DIABETES AND DEPRESSION IN HISPANICS AT A COMMUNITY HEALTH CENTER

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Background: Diabetes mellitus is a common, chronic condition affecting 18 million Americans and an additional 5.2 million were affected but undiagnosed. Diabetes ranks as the fifth leading cause of death among people of Hispanic origin. Depression is one of the most common psychiatric disorders worldwide. There is substantial evidence that rates of depressive disorders are higher among adults with diabetes than in the general population. Depressive symptoms in type II diabetics are associated with significantly poorer physical and mental functioning, decreased adherence to dietary recommendations and oral medications, higher health costs and increases in HgbA1c. To date, the research related Hispanic diabetics in the U.S. has largely focuses on Mexicans, the largest Hispanic subgroup. However, attention must be paid to people from other Hispanic sub-groups with varying practices and beliefs relating to health and self-care.

Aim of the Study: This phase of the study will describe the makeup of a sample of New York Hispanics with Type II diabetes, in order to help nurses provide care that is culturally sensitive and sub-group specific.

Method: This paper reports on baseline data from an ongoing longitudinal randomized study measuring the effect of depression screening and subsequent referral for mental health services on health outcomes in Hispanics with diabetes, specifically: HgbA1c levels, lipid profile, blood pressure and Body Mass Index

Findings/Conclusions/implications: A total of 100 patients (46 subjects in the Control and 54 Intervention groups) were included in this study. Demographics: Language: English 36%, Spanish 64%; Sex : Female 69%, Male 31%, Education: 63% < 9th grade; Ethnicity: Puerto Rican 73%, Dominican 22%, Central American 4%, South American 1%; Marital Status: Single 28%; married 28 %, Divorced 22%, Widowed 21%. Living with other: Friend 6%, Family member 52%, None 29%. Rate Health: 71% fair or poor.

The findings indicated that this group had minimal education indicating the need instructional material prepared on a 3rd grade reading level or lower and the importance of using pictorial teaching material. Seventy-one percent of the group was single, divorced or widowed, yet only 29% of the group lived alone. Nurses need to look at ways of engaging these significant others in the patient's care as a means of improving quality of life and healthcare outcomes.
An Exploration of Newly Qualified Midwives Competencies in the Context of International Confederation of Midwives (ICM) Competencies: A Qualitative Research

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Professor Valerie Fleming- Primary supervisor
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Background: Jordan is one of the countries which is improving its health care, and midwives are considered an important group in providing health care, particularly in maternity and newborn baby care. However, no studies have been conducted to assess midwifery competencies in Jordan.

Aim of the study: To investigate and analyze midwives experiences in demonstrating ICM competencies in five aspects of care (antenatal, intrapartum, postnatal, family planning and new born baby care).

Methods: Ethical approval: was obtained from the Department of Nursing, Midwifery and Community Health at the author's institution. Then ethical approvals were gained from three different committees in Jordan. Husserlian phenomenology methodology was applied. Five videotaped simulated scenarios were used for the purpose of data collection. A purposive sample including 44 newly-qualified midwives, with experience ranged between 10 months to 18 months were selected. Giorgi's (1985, 1997) method was applied for data analysis.

Findings: four shared concepts were drawn from the five scenarios. Theory/practice gap-application of knowledge; Hospital constraints; Medicalisation/ doctors vs midwives; Women’s role in the society/ lack of knowledge.

Conclusions and implications: Findings have demonstrated and explored the competencies that were exhibited by newly-qualified midwives and the competencies that were lacking. Therefore, more work needs to be done to improve the education, regulation, and professionalization of midwifery in Jordan. Newly-qualified midwives are in need of empowerment by supportive health educational services to enhance the health practices according to scientific evidence. Moreover, further studies were suggested in order to clarify issues related to midwifery status and women’s health in Jordan.
Normal birth: the perspective of the direct entry student midwife

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Background:
‘Normal birth’ as a term is used widely within midwifery and obstetric practice. It is also a term which is complex and subjectively experienced and defined. It has been argued that midwives have failed to define normality and this has allowed the continued medical domination of childbirth. Therefore, it is vital that midwives, including student midwives, face the challenge of reflection and construct a definition of ‘normal birth’ and an understanding of what they mean and how it applies to clinical practice. Midwives may find it difficult to challenge the culture and constraints of their organisations and this is partly due to the lack of research and reflection on the complexity and meaning of ‘normal birth’.

Aim of study:
To explore direct entry student midwives perception of normal birth.

Method:
A qualitative approach was undertaken utilising focus group interviews as the data collection tool. A purposive sample of 14 direct entry student midwives gave their informed consent and participated in the study. Permission was granted by the Head of School to undertake the study. The data collected has been transcribed and analysed using thematic content analysis.

Results:
The themes emerging from the focus group interviews indicate patriarchy and medicalisation of childbirth; experience and assertiveness of midwives; birth environment; unit policies and the role of education as issues of concern for student midwives and their perception of ‘normal birth’. The central theme that emerged was ‘promoting normality through women-centred care’ with three interactive and cohesive elements involved namely environment, education and empowerment.

Conclusion:
Analysis of this study indicates that direct entry student midwives are aware of the influence of medicine/technology on ‘normal birth’ in practice but see themselves as ‘instigators’ of change for the future promotion of ‘normal birth’. This group of student midwives perceive the provision of women-centred care as a key element of promoting normality in childbirth.
Students as valuable but vulnerable participants in research: Getting the balance right utilising a feminist approach and focus group interviews.

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**Background and context:** This approach to data collection was undertaken as part of a MSc study exploring student midwives perception of the meaning of 'normal birth'. Ethical consideration indicated students may be a vulnerable group. Guided by a feminist approach and utilising focus group interviews aimed to balance the valuable contribution of students as a resource and their potential vulnerability.

**Aim:** To explore the challenges and value of utilising students as research participants.

**Outline of the main content:** As a resource it has been suggested that students are an underutilised group particularly in relation to their own experience and preferences. Although described as a valuable resource students might also be identified as vulnerable due to a possible lack of autonomy. Students may be described as vulnerable because the researcher holds multiple roles such as a midwife who is both a researcher and a lecturer. Although students are considered as autonomous adults capable and competent of providing informed consent, their competence to refuse may be impaired. Although the definitions of focus groups vary there is general consensus with regard to the distinguishing features which are also incorporated with a feminist framework. Focus groups are particularly naturalistic when group members know each other and apart from the supportive nature this creates it also offers participants a relatively safe environment in which to share their experiences and also address any power imbalance between the participant and the researcher. Interactive analysis provides additional support of the findings and improves rigour.

**Conclusions and implications:** Utilising focus groups with vulnerable groups such as students balances power relations. Careful planning creates an environment in which students feel safe to share their experiences and reduces their potential vulnerability. Thus the potential of students as valuable resources of information could be more widely used in healthcare research.
Women interviewing men –or is it the other way around?

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Dr Joan Lalor, School of Nursing and Midwifery, Trinity College Dublin
Declan Devane, NUI Galway

Background and context
The purpose of the qualitative research interview is to understand the world from the subject’s point of view. It is seen as a conversation with a purpose between the interviewer and the interviewee. Although much has been written on how to prepare, conduct and analyse the interview, little is published on the impact of gender on the interview process.

Aim
The aim of this presentation is to discuss the issues that arose and strategies utilised when interviewing men.

Outline of main content
Experiences of a woman interviewing 20 men are provided as exemplars of the issues that emerged during fieldwork. During the initial interviews I felt an overwhelming sense of difference between my previous experience of being a woman interviewing women, and now a woman interviewing men. This led to the development of a ‘research persona’ whereby I presented myself as a ‘professional academic’ rather than as a woman, mother or midwife. Examples of the power struggles that can exist within the interview process are given, and reference to concerns re personal safety will be made.

Conclusion and implications
It was not until I commenced the interview process that the issues surrounding a woman interviewing a man came to the fore. I searched the literature to see if other women encountered similar dilemmas and what strategies they used to overcome the issue of gender differences in the interview process. The reason I share my experiences and how I developed strategies to minimise the impact of gender on data collection is because of the dearth of information on this subject. It is hoped that by sharing these experiences and how the author overcame them will assist other researchers in similar different gender interviews.
Facilitating participatory action research using person centred group facilitation skills with a group of people with Down syndrome living in a service

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Background
There has been a shift over the past 20 years toward more inclusive approaches to social research alongside the subsequent acknowledgement that intellectually disabled persons are capable of analysis of their own experiences. Research within the critical theoretic paradigm aims to reduce the power relations between researchers and researched; participatory action research is one method which aims to do this. Facilitating this process however can be a difficult one in this population. It requires the group to become empowered and more critically aware requiring sensitive facilitation. There is a clear paucity of literature that focuses specifically on facilitation skills that may support people who are intellectually disabled to carry out participatory action research.

Aim
To explore the facilitation skills which are necessary to promote dialogue about important community issues through group discussion in this population.

Method
Action research methodology has been utilised to continually review and plan the development of person centred group facilitation skills. Reflexivity, reflections, transcriptions and workshop data were analysed.

Findings
These are initial findings (due to be submitted July 2009). This research supports that person-centred group facilitation skills encourage people to empower themselves to complete participatory action research. However the time span was too short for development of deeper critical discussion about important issues in their lives.

Conclusions and implications
Participatory action research requires sensitive person-centred facilitation in this population. Co-facilitators should also be trained in person centred group facilitation skills. To develop deeper critical discussion and action, meetings must happen over longer than a 6 week period.
‘This is our life’ A participatory Action research Project

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Background
Participatory action research is a method where people who are traditionally participants become co-researchers. Photographs often help people to discuss life events. Photographs also can be taken during the course of research to help describe something. Photovoice is a method which uses photographs taken by co-researchers which are then analysed and developed into themes. It is important that people who are intellectually disabled doing participatory action research are involved in all stages of research from planning to presentation of findings. This involves developing research skills which enable people to become more empowered in their lives.

Aim
To use participatory photography to develop discussions around issues in our lives, learn research skills and complete a piece of participatory action research

Method
We used participatory action research methodology and the Photovoice method to develop a piece of research. We analysed photographs using some questions and the answers were documented in an exhibition.

Findings
We really enjoyed doing the research and taking photographs. People are one of the most important things to us. Work and being paid are also important. There are many things we enjoy in our lives like Special Olympics and having fun. We really enjoyed the workshops and we called ourselves the camera club.

Conclusions and implications
We really enjoyed doing the project and want to do more. The 6 weeks were not long enough. We really enjoy talking about our lives.
The Effect of Cot Height on Trunk Muscle Activity When Lifting a Simulated Baby

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Background: Low Back Pain (LBP) is one of the most common and disabling injuries in the general population. It is also one of the most pervasive health care conditions, costing the National Health Service approximately £150 million every year. Lifting a baby involves flexing and rotating with a dynamic load and therefore heightens the potential risk of LBP. Health professionals and parents need to be aware of how to minimise these risks in the context of risk assessment. Post partem women are particularly at risk of LBP due to having lengthened weak abdominal muscles.

Aim: The aim of the study was to determine whether there was a statistically significant difference in the activity of multifidus, iliocostalis lumborum and the internal and external obliques when lifting a simulated baby from two different cot heights.

Method: This study utilised a same subject cross over design and a sample of twenty healthy subjects. Surface electromyography was used to determine muscle activity and a wilcoxon signed ranks test was used to analyse the data.

Findings: There was a statistically significant difference in the activity of multifidus (p = 0.011), internal oblique (p = 0.001) and external oblique (p = 0.007). In all instances, the muscle activity was greater at the lower cot height. The difference in iliocostalis lumborum activity was statistically insignificant (p = 0.232).

Conclusions and Implications: As the former three muscles are all considered to be stabilisers, and the latter is a considered to be a mobiliser, this suggests that lifting from the lower cot height increased the load on the spine. The conclusion is that a risk assessment, including vertical height, should always commence prior to lifting a baby in order to minimise risk to healthcare professional or parents, particularly post-partem women.
“Transforming Healthcare Through Research: The Women's Heart Foundation (WHF) Teen Esteem Program”

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Background: Cardiovascular disease (CVD) is a major killer of women worldwide. Research has shown that prevention of cardiovascular disease is successfully begun in adolescent girls by establishing healthy habits for a lifetime to prevent the manifestations of CVD in women.

Aims of the study: 1. To discuss a response to the issue of CVD risk
2. To examine the role of nursing in influencing adolescent behaviors and thus transforming lives

Method: The WHF Teen Esteem program is a gym-alternative program for sophomore girls aimed at establishing healthy patterns of living within the high school environment. It represents an attempt to expand the reach of nurses into the school system to address unhealthy behaviors and teach girls to make good choices in the areas of fitness, nutrition, and self-esteem. Outcomes involving fitness, nutrition, and issues of self-esteem are measured using survey methods at the start and conclusion of each academic year.

Findings: Now in its fifth year, program outcomes reveal statistically significant improvements in participants' level of physical activity and nutrition, while the results of the self-esteem measure reflect improved levels of self-esteem. Notably, in a high school with a 50% drop-out rate, not one of the Teen Esteem participants has left school. Several girls are considering careers as fitness instructors and nurses.

Conclusions and Implications: Based on the success of the intervention, the WHF Teen Esteem program is an established model that will be introduced to other schools struggling with ways to reduce the risk factors for CVD among students. The program represents the first of its kind to address healthy nutrition, exercise, and self-esteem in a girls-only environment as a means of changing behaviors for a lifetime.
Fit For Practise: Exploring healthcare professionals’ perceptions of Fitness to Practise using Anonymised Shared Reflections (ASRs)

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Background:
Fitness to Practise is about health and social care professionals' competence, knowledge, skills, health, and character so that they work safely, effectively, ethically and, indeed, lawfully. A one-day conference organised by the Department of Professional Development and Allied Health Care at the author’s institution held in May 2008 provided an opportunity for delegates to explore issues of Fitness to Practise. This paper will outline the process of using “Anonymised shared reflections” (ASRs) to gain health and social care professionals’ perceptions of Fitness to Practise issues.

Aim of the study
The aim of the study was to develop understanding of health and/or social care professionals’ perceptions of, and deliberations on, issues relating to Fitness to Practise.

Method
A descriptive, exploratory study using the 3 stage process of “anonymised shared reflections” was employed. Approval for the study was granted by the Faculty’s ethics committee. 19 participants from a variety of health and social-care backgrounds and organisations submitted ASRs during the problem solving exercise, 11 gave their consent to their reflections and responses to be used for the study. Manual text analysis was supplemented by computer software. Both reflections and responses were coded and classified into themes.

Findings
The three themes that emerged from the reflections closely reflected the conference format. Participants’ reflections indicate that fitness to practice incorporates:

i. professional practice
ii. documentation, and
iii. legal aspects.

Within the professional practice theme were professional action, behaviour and competence issues. Documentation focused on incomplete or inadequate paperwork and, legal aspects revealed sub-themes of consent and the disciplinary process.

Conclusions and implications
Health and social care professionals’ perceptions of Fitness to Practise aspects focused on issues relating to nursing. The implications for practitioners will involve both uni- and multi-professional teams as they collaborate and work in partnership.
The use of poster presentations to demonstrate evidence-based practice in action

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Background and context: The use of evidence to support practice is one of the
goals for healthcare educators. Acquiring the skills to access and review relevant
literature and to review innovations in practice are critical steps towards the provision
of evidence-based practice (EBP). This paper outlines an innovative approach to
enhancing the educative process in EBP.

Aims and objectives:  
Aim:  
To highlight how the use of poster presentations by under- and post-graduate
students demonstrate EBP in operation
Objectives  
To:
- discuss the process of the novice researcher moving from no knowledge of EBP
to the point of an evidenced-based poster
- discuss the process by which future leaders develop self-awareness and
disseminate EBP
- examine the issues arising and feedback from evaluations

Outline of main content:  
To set the context the first part of the paper outlines aspects of the curriculum.
Reference will be made to underpinning drivers of EBP in the UK. The second part
reports on the process of facilitating the poster presentations, from the students’
assignment brief to the day of the presentations. Discussions will take place on what
worked well and what needs further development. Photographic examples of the
students’ work will be utilised. The third part of the paper reports the students’ and
lecturers’ evaluations of the process. The paper concludes by reflecting on the
perceived improvement in literature searching skills, presentation of data, referencing
and reviewing skills, and oral presentation skills of both groups of students within an
academic institution.

Conclusion: Accessing literature, discussing and reviewing evidence in a
meaningful way, and applying EBP are core skills required by future effective
practitioners, leaders and innovators. The use of an innovative approach, at an early
stage of undergraduate education continuing to post-graduate level, demonstrates an
understanding and application of EBP in contemporary healthcare practice.
Deliberate self-harm: Attitudes and knowledge of Emergency department staff

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Background: It is estimated that almost 11,000 presentations made to Irish Emergency departments last year consisted of injuries resulting from deliberate self-harm (DSH). Past research indicates that, for a variety of reasons, staff attitudes towards DSH are often negative, which can lead to patients being treated with hostility and receiving substandard care. Research also points to a lack of knowledge among Emergency department staff in relation to the risk factors for DSH and the efficacy of treatments.

Aim: The aim of this study is to investigate the attitudes towards and knowledge of deliberate self-harm among staff working within Irish Emergency departments.

Method: The current study uses a sequential explanatory design, a mixed method approach which consists of both quantitative and qualitative data analysis. Participants were recruited from 7 Irish hospitals and asked to complete the Attitudes towards Deliberate Self-Harm Questionnaire in order to assess their attitudes towards patients presenting with self-inflicted injuries. They were also asked to answer eleven questions about the risk factors contributing to self-harm and prospective treatments, to measure their current level of knowledge. Following analysis of these questionnaires, in-depth interviews with doctors and nurses were conducted to gain an insight into why the questionnaires generated the results they did and to give them the opportunity to discuss their experiences of dealing with self-harming patients.

Findings: Participants have so far displayed a generally positive attitude to DSH patients, despite the majority having little or no formal training in dealing with such patients. There remain certain gaps in knowledge, with many unaware that DSH leads to an increased risk of suicide, for example.

Conclusions and implications: These will be discussed
Quality of Life and Health Outcomes in Overweight and Non-Overweight Children with Asthma

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Research Study Abstract:
Over the last two decades the number of children and adolescents who are overweight has more than doubled. Currently, an estimated 18 percent of children and adolescents ages 6-19 years are overweight. Following this trend in childhood overweight, there has been an alarming increase in the number of children with asthma who are overweight. The increasing trend in both asthma and overweight has led to the suggestion of a causal relationship between the two. Childhood overweight has been found to have a profound negative impact on quality of life (QOL), yet there is a dearth of research regarding the impact the co-morbidities of overweight and asthma have on the QOL of children. The purpose of this study is to examine the differences in quality of life and health outcomes of overweight children with asthma compared to non-overweight children with asthma using a descriptive comparative survey design. The sample consists of 9 to 14 year olds recruited from a large urban asthma clinic. The sample was divided into two groups, overweight and non-overweight. Along with quality of life, the health outcomes examined include missed number of school days, emergency department (ED) visits, hospitalizations, number of days wheezing, number of night wakings and spirometry values. QOL was measured using the Pediatric Asthma Quality of Life Questionnaire (PAQLQ). The obese group reported the highest percentage of ED visits, hospitalizations, and number of days wheezing compared to the normal weight group. Only the ED visit trend was found to be statistically significant (p = 0.20). No statistical difference was found in QOL scores between the two groups. The conclusion and implication of these results point to the need for further research regarding the impact obesity plays in the lives of children and better management of asthma symptoms in overweight children which can influence hospitalization rates and use of the ED.
Research capacity building in academic nursing and midwifery

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BACKGROUND: Nursing and midwifery education have only comparatively recently moved into academia in Ireland. In 2002 all nurse tutors who were qualified to Master’s degree level assimilated into the third level sector. Following this move, only 11 of the 35 staff (31%) in this School held a PhD (n=5), or were undertaking doctoral studies (n=6). In 2006, the children’s nursing and midwifery tutors also joined into the third level institutions. The culture of all tutors who assimilated was focussed on teaching and there had been no expectation in their previous posts that they should conduct research.

AIM: The School set ambitious plans to develop the research abilities of all academics. The 2005-2010 research strategy stated that 75% of academic staff would either hold, or be undertaking, a PhD by 2010. Objectives were also set to increase external research funding, and the number of peer-reviewed publications and conference presentations.

METHODS: A combination of normal sabbatical leaves, and competitive awards of student stipends and periods of reduced teaching load were used to provide staff with protected time for doctoral studies. Funding for conference travel and research expenses was provided annually according to the previous year’s research output of peer-reviewed publications, conference presentations and external funding submissions.

RESULTS: In April 2009, 74% of the 68 School staff either have (n=25), or are conducting (n=25), PhDs, on target for meeting the strategic plan’s goals. Conference presentations and peer-reviewed publications have increased by over 20% per year for the past 3 years and external research funding awards in 2007/08 totalled €1,504,449.

CONCLUSIONS AND IMPLICATIONS: Strong research leadership, generous support and liberal encouragement can change a predominantly teaching-focused culture to one of academic research excellence. Such an increase in research expertise will lead to better patient/client centred care and improved education of nursing and midwifery students.
Mental health care provision in Ireland: a study of service providers, users and gender

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Background: While mental health policy in Ireland describes a partnership approach between services providers and users, it is criticised for lacking a gendered perspective and being gender neutral. Gender is considered a key socio-cultural influence on health and a critical determinant of mental health. This paper argues that strategies for reducing risk in mental health cannot be gender neutral since the risks are gender specific. With this in mind, a health strategy based on such a knowledge base requires a movement towards a more ‘gender sensitive approach’ that identifies gender issues and mental health care provision. This paper presents results of a study exploring this.

Aim: To explore gender issues and mental health care provision in Ireland

Method: Using Layder’s (1998) adaptive theory and social domains theory as a framework for the study, interviews (n=54) with twenty six service users and twenty eight service providers were conducted within one mental health service in Ireland. Data was analysed through NVivo 8.

Results: Issues of gender sensitivity, ideology and knowledge were identified in relation to integration/segregation of care, minority groups, barriers to care, diagnoses and symptoms, stereotyping, parenting and equity of care.

Conclusion: Results indicate that mental health services need to be more aware and sensitive to the gendered needs of the men and women that engage such services. This involves developing a gender perspective for mental health policy and service provision.
Will they stay or will they go? Career intent of degree graduate nurses.

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Background
Ireland’s move to a degree as the entry point to the nursing profession is unique across Europe. There is a concern that degree graduates may have different career intentions which may affect future nursing labour supplies. Their transition needs may be different than previous cohorts entering the nursing workforce.

Aim
The purpose of this study was to explore the career intent, career expectations, and transition experiences of degree graduate nurses entering the Irish health care system.

Method
Sequential explanatory mixed method design, with a national postal national survey followed by interviews with graduate nurses in the first year of practice. Census sample of 2007 degree graduate nurses (n=1349) surveyed with a 36% response rate and a proportional stratified sampling strategy was used to select for interviews (n=22). A backward stepwise logistical regression model was used to investigate the relationship between career intent and predictor variables, including work content, demands of work, opportunity and personal demands.

Findings
The large majority of graduates nurses express their intent to continue to work in nursing in Ireland or to continue and to pursue further education (n=344, 76.1%). Overall 11.5% of graduates (n=52) of new graduates expressed their intent to take an indefinite break or leave nursing. The percentage of RGNs (14.1%) was relatively higher than in the psychiatry (7.6% and 3.8% respectively). Higher job satisfaction and professional commitment scale scores indicated greater likelihood that they had not thought about leaving nursing. Nurses experiencing more family work conflict and with greater professional commitment were indicated a greater likelihood of continuing working in nursing in Ireland.

Conclusion and Implications
Intent to stay in the profession is high among degree graduates. Agreement is need on appropriate structures to ensure to ensure safe and supported transition to the profession for these graduates.
Cultural Competency Model Development: A Systematic Review

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Background:
Living in culturally diverse areas of the U.S. over the last two decades, the author has noted an inherent assumption that because the area is culturally diverse, healthcare providers must be culturally competent. However, direct observation in clinical practice and educational settings has indicated that this is a faulty assumption.

Aim:
A systematic review was conducted to develop an organized summary of the state of the science. Aims were to: 1. Summarize Cultural Competency Models in use and related research findings; 2. Extract evidence for development of a cultural competency model that is useable in practice and education.

Methods:
Comprehensive keyword searches of Medline/CINAHL, and EMBASE up to March 2009, and the ancestral approach of sources were used. Keywords included: cultural competency; nursing practice; nursing education; healthcare; and theoretical models. Search results yielded over 100 articles addressing cultural competency in healthcare settings. Studies were further divided to those addressing models for use in education or clinical implications for providing culturally competent care. Over 50 sources were available for review.

Findings:
Cultural competency in nursing practice has evolved as a professional mandate for the delivery of quality patient care to a multicultural global community. Although cultural competency models exist, they fall short of providing adequate guidance for the education of students or practitioners who need to develop skills in cultural areas.

Conclusions/Implications:
Assisting healthcare practitioners to care for culturally diverse groups requires the development of a conceptual model and teaching materials that can be used within the academic and clinical communities. Since cultural congruence is not always possible, these approaches must address the diverse population requiring and providing care in ways that achieve the best possible outcomes.
A Case of Survival: Living Through Necrotizing Fasciitis

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Background:
Necrotizing fasciitis is a bacterial infection that is characterized by the destruction of skin and the soft tissues beneath it, including fat and the fascia covering the muscles. The tissues often die rapidly and the patient is sometimes said to be infected with “flesh-eating” bacteria. When this rare, but often fatal infection is encountered, knowledge of the disease process, treatment options, multiple complications, and expected clinical outcomes are essential knowledge for the nurse to plan for and provide quality care.

Aim:
The aim of this project was to develop an evidence based protocol for the continuity of care for a patient presenting with necrotizing fasciitis.

Method:
This project used an extensive review of the literature and a case study approach to determine the state of evidence based practice for necrotizing fasciitis.

Findings:
Current research literature providing an evidence-based approach for clinical practice is minimal. Case studies have been published as well as posted on a foundation web site, and allude to the need for greater information dissemination about this devastating disease process and management of care.

Conclusions/Implications:
In the highlighted case, the disease process required hospitalization for almost two months and multiple surgical interventions. Nursing management in the acute care and community based settings was essential to recovery. The overwhelming nature of the disease and treatments required extended therapies for psychosocial adjustment and return to activities of daily living. Successful outcomes were dependant upon holistic care and evidence based practice.
Fall-Related Injuries in Community Dwelling Older Adults Seeking Emergency Care: A Systematic Review of the Evidence

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Background:
Falls and subsequent fall-related injuries are a common clinical problem across settings in older adult populations. Fall-related injury sequelae are costly to the individual on a physical or psychosocial level, as well as to the healthcare system for both acute and chronic care. Although systematic reviews exist for falls and fall-related injuries in community dwelling elders, none have attempted to synthesize findings of those elders living in the community who seek emergency care after a fall.

Aims:
Aims were to: 1. Synthesize what is known about fall-related injuries in community dwelling elders who seek emergency care; and 2. Describe the outcomes associated with these fall-related injuries.

Methods:
Comprehensive keyword searches of Medline/CINAHL, and EMBASE up to January 2009, and reference lists of included studies were used. Search results yielded over 250 studies reporting on falls and fall-related injuries. Studies were further divided by setting, level of scientific evidence, and substantive findings related to injurious falls in the community to elicit eight studies for in-depth review.

Findings:
Overall the eight studies were of moderate quality when rated on a researcher generated quality assessment tool. Key risk factors for fall-related injuries in community dwelling elders seeking emergency care were advancing age, polypharmacy, and comorbidity of chronic health problems.

Conclusions/Implications:
Generally study results are inconsistent and of limited power to draw firm conclusions about fall-related injuries in the community that require emergency treatment. Several studies address the need for guideline based provision of care in the emergency department since consequent morbidity and mortality rates are substantial and costly.
Sampling ‘hard to reach’ populations- A Challenge

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Background and context
The recruitment of participants is a key phase when designing a study. Lack of sampling frames or knowledge about the size of the population poses particular challenges for the researcher. This is especially true for ‘hard to reach’ groups such as the homeless, drug addicts or ethnic minorities.

The aim of this presentation is to explore the different methods of recruiting ‘hard to reach groups’ which in this case are migrants.

Outline of main content
There are different sampling strategies for recruiting ‘hard to reach groups’ and these include response driven sampling, time location sampling and online or internet based questionnaires.

Response-driven sampling is a network based sampling method, involving a dual incentive system. Participants receive a financial reward for been interviewed and also receive a further payment if the persons they recruited attend the interview. The maximum number that any participant can recruit is usually three or four participant’s thus long recruitment chains are created.

Time-location sampling is a probability sampling method. An initial ethnographic mapping of locations where groups may congregate is performed to enumerate the sites. A sampling frame of the sites is created. The sites are then randomly selected and data is collected during a pre-defined time interval.

Internationally, many researchers are using online questionnaires for longitudinal (Millennium Cohort Study in the USA) and other population based epidemiological studies (eg, Sweden). Internet or web based questionnaires are cost-effective and decreases the time from data collection to data analysis. However, lack of computer skills coupled with lack of list of email addresses of the population in question increases the coverage error.

Sampling difficult to reach groups poses a particular challenge. The advantages and disadvantages of each sampling strategy need to be considered when designing a study.
The Challenge of Nutritional Screening in Community Dwelling Older Adults

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Background: A healthy, nutritional diet is at the core of maintaining independence into old age; however noninvasive, easily administered nutritional screening tools for use by both professionals such as nurses and nonprofessional healthcare workers in the community are few and problematic. This research builds on a previous study in which depression and food intake were the best predictors of unintentional weight loss in community dwelling old-old m adults 80 and above,

Aim of the Study: The purpose of this study was to test whether a cluster of validated scales, one for each of five leading nutritional risk factors, could predict unintentional weight loss in community dwelling older adults.

Method: A convenience sample of 116 adults ≥ 65 was interviewed for this longitudinal study. Subjects were recruited from a local senior center. Height, weight and measures of five nutritional risk factors were collected six months apart.

Findings: The 91 subjects completing T2 were largely white (91%), female (69%), and rated their health as good to excellent. Mean age was 74.4. Sixty seven percent were educated beyond high school. The mean for the Lubben Social Scale was 33 (out of 50) with scores below 20 indicating social isolation. The mean for Instrumental Activities of Daily Living was 7.8 out of 8 indicating a highly independence sample. Mean Geriatric Depression Scale scores were 1.3 (low depression) and Food Security scores indicated little insecurity (mean .07). The results of multiple regression were not statistically significant.

Conclusions: This sample of healthy older adults had few nutritional risks. Implications for nursing are that screening tools, including this one, lack the sensitivity and specificity to identify early risk in community dwelling older adults. Therefore screening needs to be conducted regularly to detect early nutritional decline in time for the most effective interventions.
Nurses’ perception of continuous professional development and its impact on the quality of nursing care

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Background
The importance of Continuous Professional Development (CPD) for nurses and midwives has been increasingly emphasised over the last decade. Continuing education and ongoing professional development is viewed as a vehicle for nurses to maintain knowledge, skills and respond to the radical changes in health care delivery. The report of the Commission on Nursing (DOHC 1998) in the Republic of Ireland provided the major driving force for changes in nursing. Since its publication, the changes in career structures and potential promotional opportunities have all impacted on the professional development of nurses. Whilst there is a wealth of literature written on the benefits of CPD, few studies have been carried out in Ireland. This provided the impetus for this study.

Aim
The aim of the study was to assess nurses’ perceptions of the impact of CPD on the quality of nursing care

Method
A qualitative approach utilising grounded theory was used to conduct the study. This method provided a helpful framework for guiding data collection and analysis. The central focus of grounded theory is the development of theory through constant comparative analysis. Purposeful sampling was carried out initially followed by theoretical sampling. A total of nine semi-structured interviews were conducted until theoretical saturation occurred.

Findings
The findings clearly demonstrated that there were benefits for patients, for staff, and for the organisation as a result of nurses engaging in CPD. The theory that emerged from this study suggested that nurses who undertook CPD had a sense of empowerment and of empowering others, which had a positive impact on the quality of patient care.

Conclusions and Implications
In summary this will influence the planning and delivery of courses locally. Recommendations will be discussed with key stakeholders with the overall aim of enhancing the quality of postgraduate education for nurses. Implications for practice, education providers and health care managers are outlined. Ensuring that health care personnel are skilled, competent and educated is crucial to promote and maintain quality healthcare provision.
A systematic review to examine the strength of association between rheumatoid arthritis and depression

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Aim
Major depression disorders affect between 13-17% of rheumatoid arthritis patients. It is 2-3 times more common than in the general population. Depression is also associated with other rheumatoid arthritis associated factors, eg physical disability and duration of disease. Levels of stress at home and the support available and the perceived ability to cope with the illness are also associated with depression. Management of depression is very relevant to patient care, and it would be important to ascertain other assessment tools that are currently being used and whether or not they are user-friendly.

Search and review methodology
Inclusion criteria articles containing key words, 1999-2009, English language and randomised controlled trials
Keys words- rheumatoid arthritis and depression,
Identification of relevant articles using data bases,
MEDLINE 1950-present,
HONNI,
BNI,
EBSCO nursing and Allied Health,
OVID,
Proquest Medical Library
Pub Med,
Cochrane Data Base of Systematic reviews,

Findings
Thirteen articles were deemed suitable and this was then refined to eight. There appeared to be a lack of research available in relation to the review question and there also were little randomised controlled trials.

Conclusions and implications.
Individuals vary greatly in their psychosocial acceptance of the diagnosis of RA, and poor adjustment to this diagnosis contributes to the onset of depressive symptoms. The majority do not develop depressive disorder. However, a significant proportion — perhaps as high as 1 in 5 to 1 in 10 out-patients—who do develop significant symptoms of depression carry a heavy burden. Concomitant depression and RA disproportionately worsen many outcomes. Some centres used the HAD to ascertain depression but this can be cumbersome. The two-question assessment is a simple screening for depression and can easily be done in a daily clinical setting and when depression is suspected then a referral made and treatment given.
What is the uptake of influenza vaccine in rheumatology patients on disease modifying drugs (DMARDs) and biological therapy attending a general rheumatology clinic?

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Background
Patients with rheumatic diseases are at approximately doubled risk of infection in comparison to the normal population. The efficacy of the use of vaccination and DMARD therapy has been shown, however, there is evidence of uptake is sub-optimal especially in the under 65.

Aim
To ascertain what the uptake of influenza vaccine was within our cohort of patients attending a general rheumatology clinic in November 2007.

Methods
Patients attending clinic in November 2007 had a questionnaire completed regarding their condition, what medication they were on and if they had received the vaccine in 2006 and/or 2007. Reasons documented for not having received the vaccine where ascertained. Results were collated and analysed using EXCEL package.

Results
Diagnosis
Forty-six RA
One SLE
Nineteen other

DMARD therapy
In total 49 receiving DMARD therapy and 10 steroid therapy

Received influenza vaccine 2006
Forty-one patients

Non-uptake of vaccine 2006
6 unaware of taking vaccine
4 refused
2 GP did not feel indicated
16 other reasons

Received influenza vaccine 2007
Forty-one patients

Non-uptake of vaccine 2007
1 previous intolerance
4 unaware of taking vaccine
4 refused
19 other reasons

Conclusions and Implications
It can be ascertained from the results that immunosuppressed patients are not all uptaking the influenza vaccine. It has been well documented in various journals that DMARD, biological and steroid therapies can immunosuppress patients. Vaccination rates do appear to be low generally but it was interesting to ascertain that there were multiple reasons for not receiving the influenza vaccine in our patients and some of these are due to lack of patients having the knowledge of knowing to go for the vaccine.

It can therefore be seen that it is important that when commencing patients on these therapies, that it is recommended that they receive an influenza vaccine yearly.
Planning the Workforce for Delivering the Future; A Midwifery Workforce Planning project

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Background
Workforce planning is a method to determine the most appropriate skills with the appropriate number of healthcare professionals to deliver a quality driven service. Few projects of this nature however have been undertaken in Ireland. This particular project focused workforce planning within the Midwifery sphere. Undertaken in a large Maternity Hospital in Dublin in conjunction with a Third Level Institute, the project focused on examining the most appropriate skill-mix of Midwives and Midwifery Care Assistants to women in the postnatal midwifery care setting was determined.

Aim of the Study
The primary objective was to ascertain the current and projected skill-mix requirements in the postnatal setting. Equally important was the identification of midwifery and non-midwifery activity, facilitating the implementation of multiple process improvements.

Method
The project incorporated two approaches for the very first time not only here in Ireland but across the British Isles. Birthrate Plus, a renowned method to determining staffing in the midwifery care setting was used in conjunction with the Activity/Quality method of workforce planning. This approach was unprecedented in the field of workforce planning.

Findings
The findings demonstrate how the re-design of the midwifery care team in the postnatal setting can result in greater utilisation skills. Indeed also the findings demonstrate the reliability and validity of the integration of two approaches to workforce planning.

Conclusions and implications
The conclusions of the project demonstrate clear advantages for the completion and ongoing re-evaluation in the design of the midwifery workforce in order to maximise the utilisation of the workforce in the postnatal midwifery care setting. The project also demonstrates the positive impact of combining methodologies which are easily transferrable to other settings and services. The implications for practice are far reaching and include the recommendation to undertake a national project.
A Longitudinal Study Evaluating a Healthy Schools Intervention Among a Cohort of 1,000 Children in Designated Deprived Schools.

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Title: A longitudinal study evaluating a healthy schools intervention among a cohort of 1,000 children in designated deprived schools.

Background: The United Nations Convention on the Rights of the Child (1990) outlines the human rights to which children are entitled. These include: the development of their full physical and mental potential and the right to participation in family, cultural and social life. Within Ireland, in recognition of these rights, The National Children’s Strategy (2000) was published. The strategy calls on all agencies to work to improve the quality of children's lives.

Aims: The aim of this research is to evaluate one such intervention, a manualised Healthy Schools Program.

Method: This study evaluates the program within a selection of school and classroom settings. Pre-implementation/post-implementation comparisons are made. A mixed methods approach is taken. Five intervention schools and two comparison schools were recruited. Outcomes are measured at baseline, 12 and 24 months. The Kidscreen 27, the Child Depression Index (CDI) and the Health Related Behavior Questionnaire (HRBQ) are used, height, weight and waist circumference are also measured. In addition aggregated health and school data was collected. Qualitative interviews with stake holders including children were conducted. Ethical approval was granted and procedures for child protection and disclosure were agreed in advance.

Findings: Preliminary results indicate a response rate of over 50% in intervention schools with a lower response in the control schools. The baseline social and demographic characteristics observed in the cohort reflect the known characteristics in the geographical region but results for the physical and psychological health and wellbeing are the first of their kind to be produced.

Conclusions and implications: Longitudinal outcomes from this study are still in progress, however from a methodology perspective, it is demonstrated that it is essential that longitudinal studies evaluating outcomes are appropriately designed with a control or comparison group and appropriate reliable instruments are implemented to capture the outcomes of interest.
Factors affecting the prescription and administration of ‘PRN’ analgesia to treat post-operative pain in children.

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Background
‘PRN’ (Abbreviation meaning "when necessary", from the Latin "pro re nata", for an occasion that has arisen, as circumstances require, as needed) prescriptions are inappropriate for use with young infants and preverbal children as they rely on the child or parent’s ability to inform the nurse about their pain and serve only to compound the already alarming dilemmas occurring with paediatric pain management. Regardless of this fact they were found to be the prescription of choice for treating children’s pain. Despite their commonality there is no literature advocating the use of PRN prescriptions when treating pain in children. On the contrary, IASP (2005) advocates against the use of prn prescriptions when treating pain, advocating the use of fixed scheduled analgesia to provide consistent pain relief and prevent breakthrough pain serum levels of the analgesia to ensure a pain free state is preserved.

Study Aim
The aim of the study was to explore the practice of prescribing and administering ‘PRN’ analgesic prescriptions by medical and nursing healthcare providers to treating paediatric pain.

Method
A case study design was used to collect data through interviews, participant observations and documentation analysis. This approach offered the researcher the flexibility to capture the complexities that surround the use of ‘PRN’ prescriptions. Participants included doctors, nurses, parents, patients and members of the hospital pain team.

Findings
Preliminary findings of the study will be presented under the main themes to emerge from the data collected.
Medical Home: The Redesigned Health Care System of the US: Future Role of the Advanced Practice Nurse?

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Background: An innovative change in the way primary care is organized, delivered and reimbursed is being promoted by three primary care specialty societies in the US. It is being piloted in Pennsylvania and gaining clout in the form of a federally supported project.

The American College of Physicians (ACP), the American Academy of Pediatrics (AAP), and American College of Physicians (ACP) developed joint principles of the patient-centered medical home (PCMH) in March 2007. The medical home concept is patient centered. It is not a building, house, or hospital but rather an approach to providing comprehensive primary care for children, youth and adults. The medical home concept, uses evidence-based practices, is quality driven, cost-effective and promotes strong medical management.

Such a concept is needed to address a perilous future for primary care in the US: a worsening shortage of physicians entering primary care, inequities and inefficiencies in the health care delivery and reimbursement system.

Aim: There is much discussion as to whether an advanced practice nurse (APN), specifically a Certified Registered Nurse Practitioner (CRNP), is adequately prepared to serve as the primary care provider (PCP) of these homes. CRNP practice is based on the foundation of holistic patient-family centered care. The basic precept of the advanced practice nurse is the health/wellness continuum, stressing preventive care through formed partnerships with patients and families.

Methodology: A review of data from MEDLINE, Cochrane Collaboration Databases, the Center for Research Support, and the TRIP Database. Systematic review of evaluations from Pennsylvania’s 18 participating practices. Prospective studies comparing CRNP’s and physicians who provide care to patients with undifferentiated health problems in a primary care setting.

Conclusions/Implications: The PCMH concept sounds ideal, but with the decline in physicians entering primary care, it may not be feasible. CRNP’s are well suited to serve as the PCP’s within the PCMH system through their advanced nursing education, and thus, may become the future leaders of this innovative health care system in the US.
An exploration of intellectual disability and mental health nurses perspectives of co-working in the Republic of Ireland

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Background: There is an ongoing debate regarding how specialist psychiatric services for people with intellectual disabilities (ID) and mental health problems should be best developed. In the Republic of Ireland the recent publication of the policy document ‘Vision for Change’ (Department of Health and Children, 2006) indicates a two-track approach, radically altering the way services are currently delivered to this population. Nursing personnel are the largest professional group involved within care provision, yet to date there has been little research addressing the knowledge and experiences of both ID and mental health nurses in co-working with this population.

Aim: This aim of this is to explore the perceptions of ID nurses and mental health nurses co-working with people with ID who have mental health problems.

Methodology: A qualitative focus group methodology was used. Five focus groups were conducted with ID and mental health nurses. The focus groups were audio taped and the transcriptions were subjected to a thematic content analysis using Newell & Burnard’s (2006) framework.

Findings: Three key themes were identified: 1) nurse’s perceptions of their role and the need for collaborative working, 2) accessing acute mental health community and in-patient care and 3) assessment, treatment and training.

Conclusion: These findings are discussed in comparison to the innovative collaborative workings that have occurred with the UK. With the introduction of the ‘A Vision for Change’ (Dept. of Health and Children, 2006) there is now a greater demand for clearer guidance for mainstream mental health services and also ‘mental health in ID’ teams on how such services should be developed for people with ID. Services will continue to work in isolation without any clear pathways for individuals to avail of mainstream mental health services.
An evaluation of a classroom response system for teaching undergraduate nursing students

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Background
A classroom response system is an electronic tool that provides students with immediate and anonymous feedback regarding the accuracy of their responses to questions set by their lecturer during a tutorial/lecture. Students are also able to compare their performance with that of the entire group. The tutor/lecturer finds out gaps in knowledge and understanding of the group immediately, based on the graph of student answers.

Aim of Study
The aim of the study was to develop and evaluate a classroom response system for teaching undergraduate nursing students.

Method
Typically in a classroom response system, the students select their answer using a keypad which transmits the data to a computer used by the lecturer. In this study, the tutorial room contained computer terminals which were used to implement the system. Two sets of questions based on the renal system and the reproductive system were created and uploaded to the server. After the lecturer taught a section on the renal system, the students logged on to their computers to answer multiple choice questions on that subject. The results were immediately correlated anonymously by the software and displayed on the classroom screen for the students and lecturer to view. The procedure was repeated after teaching on the reproductive system. At the end of the tutorial the students were directed to an online survey containing a five point likert scale and open ended responses to give their views.

Findings
35 students were surveyed and the results were very positive. The views of the lecturer on how the system impacts on teaching will also be presented.

Conclusion
A classroom response system in undergraduate nursing is a useful tool for increasing student engagement and providing the lecturer with feedback on student understanding.
Looked After Or Over-Looked? The Emotional, Behavioural & Mental Health Status Of Young People Living In State Care

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The UN Convention on the Rights of the Child affords children looked after by the state "special protection" (Article 20). However young people living in state care are particularly vulnerable to systematic and personal barriers to good health and a worrying issue for corporate parents is that being 'in care' may even exacerbate existing problems and even introduce new hazards. This study aimed to examine the emotional, behavioural and mental health needs of a group of young people aged 10 – 15 years old who were living in state care.

A government administrative database was used to identify a purposive sample of young people aged 10 –15 living in state care in Northern Ireland. Data were collected on 165 via an analysis of case file data and through questionnaires and / or interviews with social workers. The teacher version of the Strengths and Difficulties Questionnaire (SDQ) was completed by the young person’s social workers. Cases were anonymised and identified by SOSCARE number only.

It was found that the young people concerned came from extremely troubled family backgrounds and 70.3% scored within the abnormal and borderline ranges of the SDQ total difficulties score. In the course of one year living in state care social workers reported that 10 of the 165 adolescents had attempted suicide and 14 were recorded as engaging in deliberate self-harm. Social workers still rated the vast majority (92%) of these young people's overall health as being 'as good as', or 'better than' other young people their age. A "Care Culture" of high-risk behaviour and low expectations may serve as an impediment to young people looked after in state care developing safer and healthier lifestyles. As this group of young people have significant contact with the health and social services potential opportunities exist to develop the therapeutic potential of the experience of being 'looked after' in state care.
Hurting Inside: Suicidal Behaviour and Self-Harm In Adolescents Living In State Care

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Suicide rates in Northern Ireland have steadily increased over the last three decades leading to the new recognition of suicide as a major public health issue in the region. In 2006 the Northern Ireland Suicide Prevention Strategy was launched with the strategic aim ‘to reduce the Northern Ireland suicide rate, particularly among young people and those most at risk.’ However, no specific mention is made of young people who live in state care.

This paper uses social worker accounts and the Strengths and Difficulties Questionnaire (SDQ) to examine deliberate self-harm and suicidal behaviour in a group of adolescents aged 10-15 (N=165) who are 'looked after' away from home.

Over the course of one year social workers reported that 10 (6%) of the 165 adolescents had attempted suicide, 14 (8.5 %) were recorded as engaging in deliberate self-harm and 49.6% scored within the abnormal range of the SDQ Total Difficulties score. Statistically significant (Spearman’s rank) correlations between a lifetime suicide attempt were found in four of the five elements of the social worker-completed SDQ as well as the overall total difficulties score. The conduct problem scale was significant at the 0.01 level (r=0.266), whilst the other scales: emotional symptoms (r=0.164), hyperactivity (r=0.162) and social skills (r=–0.198) were significant at the 0.05 level. No significant correlation was found between lifetime suicide attempt and peer problems (r=0.125; r=0.113). The total SDQ score was correlated at the 0.01 level with a suicide attempt (r=0.236). With regard to deliberate self harm, statistically significant correlations were found on the SDQ emotional symptoms score (r=0.278, p=0.00) and to a lesser extent on the conduct problem scale (r=0.193; p=0.13).The total SDQ was correlated at the 0.01 level with self harm (r=0.237).

Effective assessment and treatment interventions need to be put in place for this ‘at risk’ population in order to treat existing self-harm and suicidal behaviour and to prevent further deterioration in the future.
Descriptions of housing and support preferences of homeless mental health service users in Dublin.

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Background and Context: Homeless mental health service users are among the most destitute and neglected in our society. Services struggle to respond to their disparate needs. The literature indicates that the inclusion of service user choice/preference is an important ingredient in defining and meeting need.

Aim: To present the findings from a Dublin study which describes the housing and support preferences of homeless mental health service users.

Method: This quantitative study used a structured, validated questionnaire which was personally administrated by the researcher. Data was collected on current and preferred housing and support services, from a non-probability convenience sample (n=73). Descriptive statistics were used to calculate frequencies, means and correlations.

Findings: Preference for independent living was highlighted by the respondents and most cited autonomy and privacy as the main reasons for this choice. Most stated they would need support from the mental health services to be able to live in their preferred living situation. The sample was over represented with participants from mental health settings. Most preferred to live with their relatives and a minority would choose to live with other service users.

Conclusion: The findings present challenges for key services and agencies and agencies as the preferences are in conflict with current service provision. Service user preferences in this area should be an integral part of service planning and delivery. This information is not superfluous but essential to relevant appropriate services. This study makes several suggestions towards an imaginative, strategic, interagency approach, which incorporates service user preferences, to create homes that are integrated, accessible and affordable.
Survey of registered nurses’ practice and perceptions of family-centered care practices in children's units from eight hospitals in Ireland.

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Background
Family-centred care embraces the child and family as a unit and encourages the inclusion of the family in both the planning and provision of the child's care in the healthcare setting. It is underpinned by professionals recognising the central role of the family. Children's nurses have accepted the principle of family-centred care but appear to experience difficulty incorporating this knowledge into their practice. The literature suggests that children's nurses find it easier to offer descriptions of family-centred care rather than implement it in practice.

Aim of Study
To identify Irish registered nurse’s practices and perceptions of family-centered care.

Method
Using a descriptive quantitative design, data were collected using the Family-Centered Care Questionnaire from a sample of registered nurses (n=750) working in children's units from seven hospitals in Ireland. The survey tool was the Family-Centered Care Revised Questionnaire (FCCQ-R) (Bruce, 1993) which assesses the practices and perceptions of family-centered care. This survey tool included 4 open ended questions and a demographic sheet. A total of 235 questionnaires were obtained yielding a response rate of 34%.

Findings
The findings revealed that the nurses had good understanding and knowledge of family-centred care. However, there were significant differences between the nurses’ practices and perceptions of family-centred care. Both the quantitative and qualitative data indicated that several organisational factors constrained the proper implementation of the FCC philosophy. The data will be examined in relation to the key points and similarities with international literature will be identified. The presentation will conclude with a number of recommendations for future practice in children's nursing.
Fertility tourism? Discourses of cross-border reproductive care

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Background
Media reports suggest a dramatic increase in the number of people crossing borders in pursuit of assisted reproductive technologies such as IVF and surrogacy. Individuals and couples from the UK are increasingly travelling to Spain, the USA and Eastern Europe in particular to obtain fertility treatment. Little is known, however, about the factors which are driving this process, the motivations or experiences of those who undertake such journeys or the views of healthcare providers and others involved in what is popularly known as ‘fertility tourism’.

Aim
This paper is drawn from a qualitative study funded by the UK ESRC (RES 000223390) which is designed to explore transnational aspects of assisted reproduction and in particular, the ways in which personal landscapes are interwoven into this phenomenon. The study aims to explore the motivations, understandings and experiences of UK based individuals and couples who travel aboard for reproductive treatment and the perspectives of health professionals who ‘treat’ and support the users of such services.

Method
This project adopts a qualitative interpretivist approach and includes a scoping phase (literature review and key informant interviews); depth interviews with individuals and couples considering or undertaking cross border reproductive care and a stakeholder workshop.

Conclusions
The paper reports findings from the first phase of the project. We examine perspectives of ‘fertility tourism’ in popular, academic and professional discourses; how we might more adequately theorise this phenomenon and the need for more robust empirical research on this topic.
The application of cognitive behavioural techniques to mental health promotion in a classroom setting

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Cognitive behaviour therapy is seen as a highly effective strategy for a wide range of mental health disorders. Self help manuals based on cognitive behavioural theory have increasing popularity. Many of the strategies within this approach are simple and practical to use.

There is a growing problem of mental health problems amongst the young. Access to treatment varies and outcomes can be poor. Prevention of mental health problems is seen as cost effective and enhances quality of life.

An innovative programme is taking place in a large secondary school with 14 to 15 year old students to promote mental health well being. Cognitive behavioural techniques have been applied to a health education curriculum as a primary preventative strategy. A pilot study is being conducted to increase knowledge of mental health issues and teach useful strategies to strengthen resilience.

The project falls within evaluation of classroom education which is normal practice in schools. As such, it has been deemed by both service and the university that ethical approval is unnecessary. Early evaluation is showing promising results. Young people have found the lessons ‘educational, helpful, serious and interesting’. A quiz is also used to test knowledge. Most teenagers had remembered the adage ‘how you think affects how you feel affects how you behave’.

This work is based on the psychological evidence base for CBT but is entirely new. It is in the early stages of development but could provide a valuable strategy for improving children and young people’s mental health.
A service provision in the NHS. Is quantity affecting quality?

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Background:
The creation of a health-care “market place” and introduction of payment-by-results have placed an emphasis on increasing patient throughput within the NHS. Increasing the number of surgeons within a surgical service may increase the number of patients being treated, but extra strain on existing resources may affect the overall quality of the service delivered.

Aim of the study:
To examine the impact the appointment of an extra thoracic surgeon has had on the delivery of a regional thoracic surgical Service – focusing specifically on three aspects of the peri-operative care pathway.

Methods:
Data was collected retrospectively from theatre records and patient notes for the following outcomes:
1. Time from CT-scan to pulmonary surgery
2. Time-length of intra-operative frozen section biopsy requests
3. Time from surgery to final histopathology results

Findings:
The appointment of another surgeon resulted in a 26% increase in patients treated within the Service (2007/8 to 2008/9). In this time:
1. No significant differences found in the times from CT scan to surgery (p>0.5).
2. Sample to result time for intra-operative frozen section biopsies was doubled from 32 to 62 minutes (p=0.001)
3. Median time from surgery to final histopathology results increased from 7 to 9 days (p=0.001)

Conclusions and implications:
Number of patients treated and “time to treatment” are important outcome measures, with national targets. However these cannot be used as sole indicators of the quality of the service provided. Our study shows it is possible to increase the numbers of patients treated, with no impact on the time to treatment. However, lack of increase in resources for the para-surgical services provided had an impact on the patients’ treatment – increasing the length of operative procedures for some, and delaying the final diagnosis results. Focusing on increasing patient throughput must not be to the detriment of the overall quality of the service.
Do commercial computer-based learning packages help student nurses learn anatomy and physiology?

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Anatomy and physiology are important subjects providing scientific underpinning for nursing practice. However, many students experience difficulties in learning and understanding these subjects. Some of these difficulties have been attributed to poor levels of previous academic achievement, the teaching learning strategies employed and, to the limited amount of time available to teach the subject. Hence there has been a growing interest in the use of computer-based learning (CBL). Consequently there has been an increase in the number and availability of commercial CBL packages from publishers of anatomy and physiology textbooks. However, there is a lack of evidence in the literature to demonstrate the benefit of these resources. The aim of this study was to evaluate the effectiveness of a commercial CBL package in the teaching of anatomy and physiology to adult nursing students.

A convenience sample of 15 students was provided with access to a selected commercial CBL package to supplement the taught content of their course. Biographical data and learning style preferences were gathered through pre-course questionnaires. The main outcome measures considered were; the examination results of the sample group compared to the controls, in relation to time spent accessing the online materials and according to learning style preference. The data were analysed using a multivariate analysis to assess the effect of CBL. Qualitative measures were also considered relating to the students' perceptions of using CBL.

The results show that students perceive CBL to be beneficial and those with a visual learning style preference particularly favour this approach. The findings also suggest that the sample group gained a small benefit from using the computer based materials and there was a small positive correlation between the exam results and the amount of time spent accessing the on-line materials. Therefore, CBL learning packages may help student nurses learn anatomy and physiology.
A comparative analysis of users and non-users of prescribed psychotropic medication among individuals who reported mental health problems

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Background: It is argued that the use of psychotropic medication has increased in recent years, but there is little information on the factors that predict medication use in those with mental health problems.

Aim of the study: The aim of this paper was to investigate the use of psychotropic medication by individuals who report common mental health problems.

Method: A secondary analysis of the 2006 data from the National Psychological Wellbeing and Distress Survey (NPWDS) was used to compare users and non-users of prescribed psychotropic medication. The NPWDS was a telephone survey of a random sample of those aged 18 years and over and living in private households in Ireland. It was designed to investigate the prevalence of psychological wellbeing and distress in the Irish population.

Findings: One third of respondents who had experienced a mental health problem in the past 12 months had used a prescribed psychotropic medication (139/382). Significant differences in demographic variables, number of visits to a general practitioner, physical and mental health status and perceived limitations in social and physical functioning were found between users and non users. No differences in current psychological distress were found.

Conclusions and implications: Socio-demographic, health service use and health status differences were found between users and non-users of medication. Users tended to be economically poorer and living in urban areas. They spoke to a general practitioner about mental health issues more often than non-users, reported lower mental, physical and quality of life status, and had more perceived physical and social limitations because of mental health problems. These differences between users and non-users are of interest to service providers to plan successful treatment strategies in the community and improve on existing treatment plans for patients.
Role Transition: A Survey of Nurses, Pre and Post Registration

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Background: The transition from student to registered practitioner can be both exciting and anxious, with the first few months post-registration being the most difficult. A major challenge is the adjustment between role expectations and the realities of practice.

Aim: To explore role transition from student to registered nurse (mental health, general and intellectual disability).

Method: There were two phases of data collection. Phase one comprised a 28 item questionnaire which surveyed final year student nurses (n=116). In phase two the students who had graduated were surveyed six months post registration (n=96). Ethical approval was obtained. Descriptive analysis was conducted using SPSS (version 16) comparing pre and post registration data.

Findings:
- 43% reported that they were afforded the opportunity to discuss the transition prior to registration whereas 19% had the opportunity post registration. However, 81% reported reflecting on the transition compared with 68% pre registration.
- 61% of pre registration respondents expected the transition would be problematic while only 38% found it so.
- 81% of post registration respondents reported that they had the opportunity to develop skills in contrast to the 63% pre registration expectation.
- 90% of post registration respondents reported that most of their time was spent providing direct client care, an increase from the pre registration expectation of 63%.
- 29% receive ongoing formal support whereas 65% had expected to receive this. Yet, they received support from registered nurses (62%), CNM’s (52%) and the multidisciplinary team (48%).

Conclusion: The transition was less problematic than expected. Reflection on the process has continued despite lack of formal opportunities. An encouraging finding is the ongoing opportunity to continue to develop skills. Interestingly, respondents report spending more time providing direct client care than anticipated. While respondents receive informal support, their expectations for ongoing formal supports have not been met.
Exploring the experiences of registered intellectual disability nurses in caring for the older person with intellectual disability.

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Background: Increased longevity for the older person with ID is a relatively new phenomenon with social and medical factors having significantly increased the life span of people with Intellectual Disability. While disparities in health of older people with ID have been well documented, interventions and nurses perceptions of caring for the older person with ID are scant. There is a necessity for a sound accessible research base useable by nurses in both highlighting the needs and effective strategies for caring for the older person with ID.

Aim: To identify the resources and strategies required to improve the health of older people with ID by exploring the experiences of RNID's in caring for the older person with ID.

Methodology: A qualitative Heideggerian phenomenological approach was chosen to explore RNID’s experiences of caring for the older person with ID. A sample of six participants working in one service within Ireland were interviewed using semi-structured interviews. Data was analysed utilising Newell and Burnard’s (2006) thematic analysis framework.

Findings: The findings of this study outlined three main categories derived from data analysis which were “care delivery”, “inclusiveness” and “client-focused”. The study highlights the need for more effective planning of care delivery, a more integrated approach to services for older people with ID and that the RNID needs to be integrated into the care delivery system within the health service in-order to support client and family carers in the home environment. Recommendations from this study highlight the need for service audits, collaboration between team members, additional research within the ID services, client centred care and a supportive role for the RNID in embracing community services and family support.
“A phenomenological study exploring the experiences of District Nurses as Nurse Independent Prescribers.”

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The aims of this study was to explore the experiences of district nurses currently working as nurse independent prescribers. It was recognised that only through analysing and understanding the driving and resisting forces behind nurse prescribing could we realistically plan or implement changes or supports. It was hoped that any new knowledge through publication would support and inform the direction and future planning for Nurse Independent Prescribers.

A Heideggarian phenomenological approach explored the everyday experiences of independent prescribing amongst district nurses. It was hoped that new knowledge would assist in achieving a deeper understanding of the needs of this group of staff from the viewpoint of the individuals themselves. A purposive sample was used (n=8). Data was collected using audio taped one-to-one informal interviews & data was transcribed, analysed and presented thematically using Colaizzi’s seven procedural steps. Ethical considerations included the need for consent, confidentiality and consideration of the potential for disclosure of unsafe practices.

From the study results, the main themes which emerged from the analysis, included; influences on prescribing practice, benefits of nurse prescribing and difficulties experienced with nurse prescribing. A range of sub-themes included issues related to organisational and peer support, confidence in prescribing, education and continuing professional and staff roles and relationships. In addition issues related to record keeping, workload and role recognition were highlighted.

On a positive note, findings from this study have indicated that overall district nurses perceive nurse prescribing as a predominantly positive experience. Participants identified improvements in patient care, job satisfaction, level of autonomy and role development.

The findings from this study indicate clearly that issues of support, record-keeping, confidence and on-going education are all major influences which affected prescribing practice. In order to evolve and enhance clinical practice it is crucial that organisations work to support the needs of these practitioners.
Terrorism preparedness: perceptions of connectivity of emergency nurses of the emergency nurses association

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Background - Terrorism preparedness is a phenomenon with high levels of uncertainty, impacting peoples’ psyches. Nurses’ perceptions of confidence of their individual connectivity to their coworkers, organizations, and systems to terrorism preparedness, have been explored in this study. Nurses’ perceptions of individual preparedness have been addressed.

Aim of Study - To explore perceptions of confidence in connectivity of registered nurses to terrorism preparedness that live in the six most heavily populated cities in the United States: New York, Los Angeles, Houston, Philadelphia, Chicago, and Phoenix.

Method - A prospective, exploratory, and descriptive comparative design was used. The research survey included a demographic questionnaire, preparedness questionnaire, and the Connectivity Measurement Tool (CMT) developed by Dorn, et al., 2007. The CMT measures perceptions of individuals’ level of connectivity to terrorism preparedness and also individuals’ perceptions of connectivity of their respective coworkers, organizations, and health care systems to terrorism preparedness. Eight hundred forty surveys were sent, 222 completed surveys were returned, a 26.43% response rate.

Findings - Nurses perceived their coworkers’ connectivity lower than their own connectivity, their organizations’ and health care systems’ connectivity to terrorism preparedness. Nurses reported they are perceived by their employers as essential employees, but feel they would be working with insufficient staffing levels should an act of terrorism occur. The majority of nurses reported that they would go to work following an act of bioterrorism if they were assured by their health care systems that they, in addition to their families, would be safe and secure.

Conclusions - Nurses reported their perceptions of coworkers’ connectivity to terrorism preparedness as lower than in comparison to that of their own, their organizations’, and their systems’ connectivity. Nurses reported they are essential employees whose duties and obligations would make them go to work following an event of terrorism, only if they were assured of their own safety and that of their families.
Situating Primary Health Care within the International Classification of Functioning, Disability and Health: Enabling Interprofessional Primary Health Care

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BACKGROUND & CONTEXT: Primary health care (PHC) represents a shift to the adoption of a broad perspective of health and mandates the provision of comprehensive first-contact health services delivered by a collaborative team of providers, ultimately to improve quality of care and health status. Considering the challenges related to interprofessional collaboration within novel PHC models, we explored how the World Health Organization’s International Classification of Functioning, Disability and Health (ICF) could facilitate interprofessional practice within the Family Health Team (FHT) initiative, the cornerstone of PHC renewal in Ontario, Canada.

AIM: (1) What gaps currently exists within the espoused FHT initiative relative to the congruence with PHC renewal? (2) How could the ICF inform the development of a practice model to facilitate interprofessional collaborative practice within PHC models?

OUTLINE OF MAIN CONTENT: (1) Comprehensive literature review. (2) Critical gaps analysis of the espoused FHT initiative. (3) ICF-informed practice model developed. Three gaps identified as potential barriers to the enactment of the FHT initiative were lack of: (1) philosophical grounding, (2) developmental and operational directives, and (3) evaluation methods. The ICF is proposed as a means to address these shortcomings, thereby facilitating enactment of PHC. As such, an ICF-informed FHT practice model was developed by the authors and is proposed to overcome these potential barriers to enable interprofessional PHC.

CONCLUSIONS & IMPLICATIONS: Implementing sustainable PHC models of care that emphasize interprofessional collaborative teams of health care providers is understood to translate into improved quality of care and population health status. The ICF presents a unifying conceptual framework ideally situated to facilitate the provision of comprehensive evidence-based PHC, delivered by a diverse collaborative team. We proposed an ICF-informed practice model to enable interprofessional PHC.
An Examination of the Relation of Work Empowerment and Level of Reported Autonomy in Midwifery Practice

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Background: Empowerment and autonomy are important concepts for midwifery as is evidenced in The Philosophy of Midwifery. The majority of midwives in Ireland traditionally work in a tertiary consultant-led hospital setting which is thought to mitigate against midwifery autonomy. However recent piloting of midwifery led services has created a demand for empowered midwives who can take up the challenge of autonomous practice. When this study was undertaken no prior research existed in Ireland on empowerment in the midwifery context.

Theoretical Framework: Kanter’s Theory of Work Empowerment

Aim of the study:
To measure
- level of work empowerment identified by midwives
- level of perceived midwifery autonomy in practice
- level of desire among midwives for autonomous practice
- level of statistically significant differences between sample populations
- to test Kanter’s hypothesis that access to empowering structures are correlated to improved autonomy in midwifery practice

Research Methodology: A descriptive, correlational quantitative survey using non-probability convenience sampling was employed for the study. Population one – midwives from three Irish teaching hospitals working in a traditional consultant led hospital service. Population Two: Midwives working in the four, piloted midwifery led services. A total of one hundred and forty completed questionnaires were returned. The response rate was 60.8%. Ethical approval was obtained. Data was analysed using SPSS Version 11.

Findings: The findings support kanter’s contention that the more access to empowering work structures the more autonomy in midwifery practice, midwives reporting a moderate level of both. The midwifery led group consistently scored higher when compared to the consultant led group. Informal power is more predictive of level of autonomy than formal power. A high desire for autonomy was reported in both groups.

Conclusions and Implications: These findings provide direction for organisational interventions that support work empowerment, thus facilitating midwifery autonomy in practice.
A Descriptive Case Study to explore the use of Projective Techniques in the group Dramatherapy setting with women exploring their Suicidal Ideation and Depression.

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Aim: To explore specific projective techniques used in the Dramatherapy setting and how these techniques may benefit women suffering from depression and suicidal ideation.

Background: During therapy with these women anecdotal evidence began to emerge that projective techniques within the Dramatherapy sessions were beneficial for these women to aid the expression of their thoughts and feelings in relation to their depression and suicidal ideation. Following an extensive literature review it became obvious that little existed to support this argument especially within the health care setting. The study was embarked on to bridge the gap in the research between Art therapies and Health and to explore the notion that projective techniques specifically six-part story, Art/Drawing and Small World were beneficial for this client group during the sessions.

Setting: The study was conducted with specifically referred women admitted to a major Psychiatric care setting in Dublin with a DSM IV diagnosis of Depression with Suicidal Ideation.

Methodology: A descriptive case study approach was used exploring vignettes and findings from several varied and inventive data collection methods deemed necessary. Including participation and observation in groups, note taking, supervision and reflection notes, verbatim statements, semi-structured interviews, the Marion Social Atom model, a client’s evaluation tool and documented feedback from clinical staff. Ethical approval was received from both the institution and through individual consent forms.

Findings/ Conclusion: The findings indicated that the group focused their transformation during the therapy sessions around the use of certain projective techniques, some working better than others. The projective techniques provided a safe framework within the therapy sessions and permitted extensive exploration of suicidal ideation and depression allowing the women to name and own their thoughts and feeling in relation to their illness. The study also indicated that this type of therapy is very beneficial for clients suffering from depression.
Mistaking Disaffection: Children with Sickle Cell at School

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Background Sickle cell disorder (SCD) is the leading genetic condition both globally and in England. SCD is a complex disorder with myriad symptoms potentially involving multiple distressing painful episodes and expensive hospital admissions. However, there are many simple preventive and precautionary measures that could be implemented in the community to reduce episodes of illness. Young people spend a large part of their community life at school, which could therefore be a pivotal location for primary care and health protection activities for young people with SCD.

Aim of Study To assess the reported experiences at school of young people living with SCD

Methods Ethics permission was obtained from university and health services committees. 569 questionnaires were administered to young people, aged 5-25, about their experiences at school, at three outpatients clinics, three primary care trusts and through twelve local sickle cell support groups. Forty taped interviews were conducted with young people with SCD about the detail of their lives at school. The interview sample was generated on the basis of diversity, this diversity being based on replies given to the questionnaire. Field notes were kept of these research encounters.

Findings Large numbers of young people reported negative experiences likely to worsen symptoms of SCD and provoke hospital admissions. The reported likelihood of experiencing illness-provoking events was not lessened by disclosure of their sickle cell status to either teacher or peers. Children with SCD reported missing considerable periods of schooling, largely without support to catch up. Some teachers appeared to interpret the complex and varied range of symptoms of SCD as indicative of low-level disaffection or misbehaviour

Conclusions and Implications. Missing considerable periods of schooling, without support to catch up, carries particular significance for black children in England. School policy based on targets for academic achievement and school attendance render the black child with a chronic illness vulnerable to exclusionary practices both from the school and from peers. More research is needed to assess the extent to which any institutional racism in educational practices may interact with the manner in which black children experience chronic illness at school in a multi-ethnic society.

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Family dyad decision-making in the context of palliative care in the home

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Background: With a burgeoning elderly population and a shortage of health care personnel, palliative care is increasingly occurring in the home. This will place an expectation upon informal caregivers to manage the palliative care of their family members. While issues regarding decision-making, informed consent, and autonomy in the health care setting have been extensively studied, very little research has been conducted on these aspects in a home care setting.

Aim: Anecdotal evidence suggests that it is a time of heightened stress for family caregivers when their dying family member has difficulty making decisions due to physical or mental decline. They must wait for further deterioration of their ill family member before they are legally allowed to intervene. Understanding these issues will allow health care personnel to guide families when they find themselves in these ‘grey’ areas of decision-making.

Method: This qualitative study utilized Glaser’s classical approach to grounded theory whereby data collection and analysis occurs simultaneously. Purposive and theoretical sampling occurred in three stages: five participants who were dying of cancer, three informal caregivers, and nine bereaved caregivers whose family members had died at least three months previously were interviewed.

Findings: Results indicate that caregivers who try to fulfill their dying family member’s wishes often do so at the expense of their own health or financial circumstances. The core category ‘covering’ captures how the caregiver enables their family member to die in the place of their choosing. The basic social process, ‘dancing on the stairs’, chronicles the stages of the delicate engagement within the patient-caregiver dyad in this, their final journey together.

Conclusions: It is an ‘honour’ for the caregiver to accompany their family member during this final transition. They cannot however, do so alone. Ongoing support by health care personnel, volunteers, and friends is essential in maintaining the dying family member in the home.
The Concept of Caring in Nursing: Results from an International Pilot Research Study

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Background: Caring has been described as the “essence” of nursing. A range of nursing theories that portray caring as a central concept of nursing exist, whereas many approaches of defining and analyzing caring have been made and can be found in nursing literature. Caring research in nursing has revealed incongruence between patients’ and nurses’ perceptions on the importance of nursing behaviors that convey caring with the patients valuing more the technical aspects of nurses’ work and nurses describing the psychological skills and the expressive forms of caring as more important.

Aim: To examine and compare the concept of caring and individualization in nursing as these are perceived by nurses and patients in different European countries and to investigate the relationship between these aspects and patient satisfaction. This will help to understand the meaning of caring in nursing as perceived by nurses and patients and convey this in a theoretical framework. In addition, it will provide the means to develop a common approach in teaching the concept of caring in nursing among nursing students.

Method: A descriptive, correlational research study, following the quantitative tradition. Data collection will be done through the administration of three questionnaires (Caring Behaviors Inventory, Individualised Care Scale, Patient Satisfaction Scale) among nurses and patients in different European countries as part of a pilot study, scheduled to commence on the 4th of May 2009 and finish on the 22nd of May 2009.

Findings: Data analysis will commence immediately after the completion of data collection and results will be available for presentation in the conference.
Mutual Intacting: A grounded theory of clinical judgment in advanced practice and community care contexts.

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Background: The ability to make clinical judgments is a key skill underpinning advanced practice in nursing. Current theoretical explanations of clinical judgment provide some insight into how healthcare professionals process information, however, they are incomplete insofar as they do not consider the psychosocial dimensions of clinical judgment. Research evidence informing clinical judgment practice is based largely in acute care hospital settings. Consequently, very little is known about how practitioners make clinical judgments in community care contexts where patients can participate in their own care.

Aim of study: The aim of this paper is to report on a study that explored the clinical decision-making practices of advanced practitioners working in community care contexts.

Method: Classic grounded theory was used to generate a theory from interview data about clinical judgments made in actual clinical practice. Advanced practitioners working in community mental healthcare and, accident and emergency settings were asked about how they resolved their concerns when making clinical judgments. Concurrent data collection and analysis, constant comparative analysis and theoretical sampling were carried out over the years 2002-2005.

Findings From data analysis of thirty-three in-depth interviews that explored practitioners' concerns and practices across various clinical judgments, the basic social process of Mutual Intacting emerged as a core category. Mutual Intacting consists of three phases: situated patterning; intacting therapeutic relationship, and; intacting therapy. This theory explains how clinical practitioners make clinical judgments through a process of adapting treatment, so that the practitioner-patient relationship is maintained and the treatment is delivered in a way that takes account of patients' circumstances.

Conclusion: The findings provide an expanded understanding of clinical judgment that challenges the traditional technical-rational approaches. They sensitise clinical practitioners to the benefits of viewing clinical judgment as a social interactions between practitioner and patient.
Exploring patients’ personal experiences of their post-radiotherapy skin reactions

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Background
The patient journey within cancer care has an increasing emphasis on enhancing quality of life after completing treatment; and managing cancer as a long term condition must focus on care that meets individuals’ needs. The Scottish Government Cancer Action Plan stresses that services be patient – centred, and in improving the patient’s experience it is necessary to seek their views. In 2004 NHS Quality Improvement Scotland developed a Best Practice Statement on Skincare of Patients Receiving Radiotherapy (NHS QIS BPS), promoting a consistent, cohesive approach underpinned by best evidence. A key challenge has been to develop local communication pathways to ensure all relevant healthcare professionals are aware of skincare guidance and interventions. Cancer Centre staff have highlighted a grey area around this consistent and cohesive care following discharge to the community.

Aim of the study
To explore experiences of patients when discharged to the community, in respect of skin reactions that may develop after radiotherapy.

Method
Data will be generated from 2 focus groups (breast cancer; gynaecological cancer, n=6 in each) and one to one interview with patients with head/neck cancer (n=3); a phenomenological approach will be utilised. Analysis can never present a definitive truth; the aim is to present an account that is deemed credible and authentic by the widest audience. Data will be generated 3-5 weeks after completion of radiotherapy, when skin reactions will have manifested. To reduce bias or direction the data generation is facilitated by a health professional who is not a radiotherapist. Ethical and R & D permissions are granted by the relevant local NHS committees.

Findings
These will be presented thematically, using illustrative quotes to enable the patients’ voices to tell of their own experiences.

Conclusions and Implications
Findings will inform the development of future practices of primary care teams, and the review of the NHSQISBPS, taking place within this NHS trust.
Infertility and assisted human technologies: a psycho-social review.

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Background and Context: It is well established that infertility raises many social and emotional issues for couples, especially within cultures with a strong family orientation such as Ireland. The author’s institution published a bio-medical review of infertility treatments alongside this psycho-social review to provide a comprehensive portrayal of infertility and its treatments.

Aim: This report aims to provide an overview of the range of psychological, emotional, and social difficulties that couples affected by fertility problems often encounter. It also illuminates how gender affects these issues.

Search and review methodology: Several databases were searched to identify literature reviews of the psycho-social repercussions of infertility and assisted human technologies (ART) on patients. A search using PubMed was also conducted to identify the most recent evidence from robust studies in this area.

Findings: Consequences of infertility frequently cited are: depression, anxiety, sexual anxiety/difficulty, relationship problems, and guilt. Engagement with ART often causes an increase in anxiety and stress levels. Unsuccessful treatment is strongly associated with depression, anxiety, anger, helplessness, increased marital relationship tensions, grief and isolation. Studies show that while most women adjust well to unsuccessful treatment after a period of time, a considerable group experience clinical levels of anxiety and/or depression. Successful treatment has a positive effect, tempered by the risks inherent in multiple births. Gender differences were found in dealing with infertility, coping with its treatments, and women carried an unequal burden in relation to both infertility and its treatments.

Conclusions and implications: Information, counselling and other social supports need to be improved in the area of infertility and its treatments to help couples cope with their repercussions. A couple-approach is the best strategy to avoid overburdening women and isolating men affected by fertility problems. The regulation of service providers would also bring welcome benefits.
Comparison of Performance Assessment Using Videotaped Vignettes and High-Fidelity Human Simulation in Nursing Students:
A Pilot Study

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Background: Videotaped vignettes (VTV) and high-fidelity human simulation (HFHS) move beyond conventional assessment to identify areas of deficiency in simulated environments.

Aim of the Study: The aims of this study were to: 1) compare the utility of VTV and HFHS in evaluating students’ simulation-based performance; 2) identify specific performance deficiencies; and 3) compare students’ perceptions of their experience.

Methods: Participants were 20 nursing students rated using the VTV/HFHS Assessment Tool while performing a simulation-based assessment using VTV and HFHS. The tool rated overall performance and six subcategories. Participants also identified positive and negative perceptions regarding the experience during a debriefing session.

Findings: Few participants met overall VTV (30.0%) or HFHS (10.0%) expectations. There was no statistically significant difference in participants’ overall performance based on method of assessment. Regardless of assessment method, participants had difficulty with subcategory performance including recognizing the clinical problem, reporting clinical data, and anticipating orders. Participants initiated independent interventions (p = 0.014) and reported patient symptoms (p = 0.002) more often in HFHS and reported pertinent lab values more often (p=.007) in VTV. Feedback from the debriefing indicated that participants felt HFHS provided a better assessment of their individual weaknesses.

Conclusions and Implications: Both VTV and HFHS were useful in identifying those who had difficulty recognizing the clinical problem, reporting clinical data and anticipating orders. While participants scored higher in performing tasks associated with initiating independent nursing interventions and reporting patient symptoms in HFHS, further research is needed to determine which simulation-based testing method better reflects skills needed in clinical practice.
Preceptor Preparation and Support: An Evaluation of Learning Transfer

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Background
Preceptor training and preparation for the role must consider the transfer of learning to the clinical practice setting. Collaboration between health care organisations and education providers in the provision of adequate preparation and support is essential in promoting learning transfer and facilitating effective preceptorship.

Aim of the study
The aim of this study was to evaluate the effectiveness of preceptor preparation and support and its affect on learning transfer. Specific objectives were to examine the participants perceived abilities relative to the preceptor role, to explore their experiences of preceptorship in practice and the need for further preceptor support structures.

Method
The research employed a survey design to collect quantitative and qualitative data pertaining to preceptors’ roles and qualifications, initial preparation, continued development updates, preceptor experiences, perceived abilities and support. Ethical principles were adhered to throughout the study. Two hundred and fifty two participants returned the questionnaire out of 1000.

Findings
Quantitative results identify a significant relationship between clinical nurse manager support and the transfer of learning. In addition a relationship has been found to exist between the use of new skills/knowledge learned and the length of time between course attendance and preceptorship. A major finding of the qualitative data indicates the need for further support and improved communication between support personnel and the preceptors.

Conclusions and implications
Findings indicate that the two-day programme has been largely effective in preparing staff nurses to precept students in clinical practice however further support structures and continuing education updates are necessary to sustain effective preceptorship and promote learning transfer. Recommendations that focus on improving communication and continuing education were implemented through a collaborative action research study to address issues of preceptor support and promote the transfer of learning.
An Evaluation of the Drug Calculation Skills of Registered Nurses

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Background
Medication errors have been identified as the most common type of error affecting the safety of patients and the most common single preventable cause of adverse events. Mathematical errors have been found to account from between 11-18.5% of medication errors. Two skills are necessary to perform accurate drug calculations, basic mathematical skills and the ability to conceptualise the clinical information presented. Research has indicated that nurses lack adequate pharmacological skills and that education programmes may not be adequately preparing nurses for practice.

Aim of Study:
To evaluate the drug calculation skills of nurses commencing employment, in 5 major academic teaching hospitals in the Irish Republic.

Method
A cross sectional survey design incorporating mixed methods was used. The 30 item questionnaire consists of two sections; section one, on participant background information and section two, a four part 20-item drug calculation test of metric conversions, tablet and fluid dosages and IV infusion rates.

Sampling
All registered nurses commencing employment over a six-month period in the five study sites were invited to participate in the study (n=120).

Analysis
Descriptive and inferential statistics were generated to illustrate the characteristics and employment background of participants and to test associations between the categorical variables represented in the questionnaire. All qualitative data generated from the open-ended questions was transcribed, subjected to coding and thematic analysis.

Ethical considerations
Ethical approval for this study was granted by the relevant Ethics Committees of the participating sites.

Findings
One hundred and twenty nurses took part in this study, from 4 teaching hospitals in the Irish republic. The majority of participants were school leavers on entry to nursing (n= 117; 97.5 %) and had attained leaving certificate or equivalent mathematical education. The academic level of the pre-registration course completed was degree for the largest proportion of graduates (n=52; 43%) followed by diploma (n=40;33%) and certificate (n=28,23%) routes and a significant proportion of job entrants had completed their undergraduate nursing education overseas (n=41, 34%).

The mean score on the test overall was 12.06 (standard deviation 3.91; minimum 3; maximum 20). This represents an average of 60.03% correct answers overall. The mean score for drip rates was proportionally lower than in the other areas at 2.17 or 36% (standard deviation 1.67; min 0; max 6). The proportion of participants who used a standardized formulae to calculate drip rates varied between 20-31% on each of those items.

Conclusions and Implications
This study identified that participants performed better on tablet calculation, fluid dosages and metric conversions than they did on drip rates. The findings indicate that the low drip rate scores are predominately a conceptual issue as opposed to a mathematical issue, with participants not extracting the information exactly, an issue that has been previously reported in the literature (Wright 2007: Jukes and Gilchrist 2006). Similar to Jukes and Gilchrist 2006 study our findings also indicated that many nurses did not utilise the standardized formulae to calculate drip rates.

Recommendations from participants of the study advocate practical ward based education on drug calculation, mandatory and continuous updates for all staff and more emphasis on teaching and testing drug calculation in undergraduate nursing programmes as pathways for improving the drug calculation skills of nurses.
Policy, Practice and Healthy Choices

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The background context of this study was the 2004 UK health policy white paper ‘Choosing Health’, which envisaged a service promoting health and well-being and reducing the risk of chronic disease. Many Primary Care Trusts now provide access to weight management and physical activity programmes, but obesity and chronic ill health continue to present a major public health problem. This raises questions about whether these ‘healthy lifestyle’ schemes are useful and relevant to address need within the general population.

The overarching aim of the study was to generate evidence to inform planning and decision making by one PCT, in relation to three weight management and exercise schemes. Study aims were addressed through canvassing scheme participants’ experiences and their wider opinions and attitudes toward healthy lifestyles.

The method of enquiry was through postal survey using a questionnaire which comprised 4 sections. These related to demographics, scheme characteristics, understandings of diet and exercise and attitudes toward healthy living. The sample included all residents of one Borough in a deprived area in the Northwest of England who had been referred to one of the schemes in a 12 month period. A total of 2683 questionnaires were distributed and 542 were returned. Responses to open and closed questions were coded and entered into SPSS for descriptive analysis.

Findings indicate that whilst there may be a widespread understanding of the constituents of ‘Healthy Living’, for a variety of social, cultural, domestic and personal reasons, people in this study were not always able to make healthy choices.

These findings highlight the challenges to PCTs in implementing public health policies and also raise questions about how far the responsibility for healthy communities can be located with health providers. The implications of study findings will be discussed in this paper.
The role of nursing in a nutritional centre in Mozambique

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Background
The present study was carried out in a Nutritional Centre in the city of Maputo in Mozambique where around 1100 children are taken care of. This Centre was established in 2005 by the “Sant’Egidio Community” to fight against HIV/AIDS and malnutrition within the DREAM Program (Drug Resources Enhancement against AIDS and Malnutrition).

Aim of the study
The aim of this study was to demonstrate the effectiveness of a nutritional supplementation intervention to improve health and nutrition in children living in Maputo, Mozambique.

Method
A longitudinal design with a 1-year follow-up was used to study 84 children. Children were initially assessed for social and health conditions then followed-up for one year to monitor their weight and height in relation to their age after nutritional supplementation. Data were elaborated with the World Health Organization software in order to obtain the growth curve. Comparison with the general data on Mozambique population were made.

Findings
Before the nutritional supplementation intervention, 15% and 22% of the sample was underweight and stunt respectively. After the intervention, the percentage of underweight and stunt children dropped to 5.8% and 8.1% respectively.

Conclusions and implications
It is urgent to treat malnutrition to prevent it from becoming chronic and avoid growth delay in children living in Maputo. This study underlines how important the role of nurses can be in the promotion of children’s health in Mozambique.
Measuring quality of life in patients affected by Amyotrophic lateral sclerosis: an Italian study

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Background
The measurement of quality of life in patients with Amyotrophic Lateral Sclerosis (ALS) is important for clinicians because it allows them to evaluate the functional deficits, the emotional distress and social problems caused by the illness, perception of the illness and limitations in the activities of daily living. In Italy, there are currently no specific valid and reliable instruments that measure the quality of life in patients with ALS.

Aim of the study
The overall aim of this study is to assess the psychometric properties of the Italian version of the Amyotrophic Lateral Sclerosis Assessment Questionnaire 5 (ALSAQ-5), a five-item Likert scale that measures Quality of Life (QOL) in patients affected by ALS. This instrument has a score range between 0 (excellent) and 500 (poor).

Methods
We studied 20 male patients (mean age 65 years) using the ALSAQ-5, the SF-36 (a generic measure of QOL) and the Revised Version of the Amyotrophic Lateral Sclerosis Functional Rating Scale (ALSFRS-R), a tool specially designed to measure the stage of the illness. The ALSAQ-5 was translated from English to Italian and back-translated from Italian to English. Psychometric properties were assessed by content and criterion related validity and internal consistency.

Findings
Five nurses established the content validity of the Italian version of the ALSAQ-5. ALSAQ-5 scores significantly correlated with SF-36 and ALSFRS-R (Spearman r 0.69 – 0.83). The consistency of the scale was done using Cronbach’s Alpha which resulted to be 0.70.
The mean scores of the ALSAQ-5, SF-36 and ALSFRS-R were 167 (SD 92.7), 181.25 (SD 85.32) and 38.32 (SD 14.59) respectively.

Conclusions and Implications
The results of the present study demonstrate that the Italian version of the ALSAQ-5 has good psychometric properties of validity and reliability that are similar to the original English version. The ALSAQ-5 could be effectively used to study QOL in Italian patients with ALS.
Dissertations and dyslexia

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Background
Dissertations are acknowledged as a challenging and often daunting prospect for many students undertaking professional programmes, particularly students with a specific learning difficulties (SpLD). Additionally, for some students, the increased need for autonomy and independence when researching can seem insurmountable. As an ‘inclusive’ institution, adhering to the social model of disability, it may be argued that the approach to the provision of support during this period is sufficiently structured to accommodate all learning needs. However, in reality, this assumes individual and institutional uniformity in terms of understanding and acceptance of the challenges faced, together with adequate resources, communication and collaboration.

Aim of Study
This project essentially explores the experiences of students with SpLD, on professional programmes in Higher Education, when conducting research and completing a dissertation.

Method
This project was conducted with full cognisance of ethical principles and was approved by Faculty and University Research Ethics committees.

Snowball sampling was used to identify appropriate participants with experience of the issues under investigation. Individual semi-structured interviews were conducted with students, module leaders from nursing, education and social work programmes, and staff from support departments. In addition a focus group was conducted with students to explore the effectiveness of a range of assistive software.

Findings
This paper will discuss the themes which emerged from the data. Preliminary analysis identified the following areas:

- Reality of support
- Appropriateness of support
- Needs versus wants
- Identity
- Disclosure and non-disclosure
- Roles and boundaries

Conclusion and implications
This paper draws conclusions from the data in relation to the support of students with specific learning difficulties undertaking dissertations. The research team will present a model of good practice that might be applied to all students, thus strengthening teaching, learning and the transition into professional practice.
Understanding the learning disability nurse: A biographical narrative approach.

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Background and Context
The biographical narrative research methodology can be used within phenomenological approaches to the study of nursing. This method can be used to generate an understanding of how the role and identity of the learning disability nurse has changed over the past 30 years.

The Jay Report in 1979 not only redefined the structure of learning disability services in England, Scotland and Wales but also the role of the learning disability nurse suggesting that learning disability nurses should, over time be removed from nursing to allow for the emergence of a new professional group. Although rejected by the newly elected Conservative Government the Jay report laid a foundation stone for reform in learning disability services which arguably had philosophically already begun. With this background, learning disability nurses have since been debating their role within the nursing profession. Policies of community care have had an impact on the roles learning disability nurses have taken on both within and outside of NHS provision and this in turn has had an impact on their identity.

Aim
To present the biographical research method as an effective tool for examining the role and identity of learning disability nurses.

Outline of main content:
An introduction to the biographical narrative
Sampling frames
Ethical considerations
Analysing the data
Drawing conclusions

Conclusions and Implications
Qualitative research methods within nursing have a clear place and function but if as researchers we would like to move beyond the boundaries of the semi structured interview the biographical narrative approach offers an opportunity to gain a deep insight into many aspects of healthcare. For the purposes of this presentation the focus is on the role and identity of learning disability nurses however there are many applications of this method for patient/client care and a deeper understanding of the people we work with.
Complexity theory as a framework to explain and harness learning from patients and clients in practice settings

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Background
Government policies in the UK have emphasised the importance of patient and client involvement in all aspects of health and social care delivery, with a corresponding impetus for involvement in professional education programmes. However, the majority of literature refers to learning from patients and clients in classroom settings, with relatively few publications directly relating to the context of practice settings. Whilst it might seem self-evident that students on practice placements will learn from their interactions with patients and clients, this is a relatively neglected area for formal modelling, evaluation and research.

Aim of Study
The aim of this study was to explore pre-qualifying nursing, midwifery and social work students’ experiences of learning from patients and clients during their practice placements.

Method
The study adopted a descriptive phenomenological approach, involving unstructured interviews and phenomenological data reduction. It was conducted with full cognisance of ethical principles and was approved by the Faculty Ethics Committee.

Findings
Two key themes emerged from the data:
- Nature of learning
- Ways of learning.
The findings will be presented in relation to existing literature and theoretical perspectives with a particular focus on the implications for the education of health and social care professionals.

Conclusions and implications
It is evident that contemporary learning theories remain relevant to professional education. However, the new knowledge obtained in this research - that the most powerful learning opportunities arose from unplanned, informal learning opportunities involving interactions with patients and clients - is not fully explained by these theories. Complexity theory is therefore explored in relation to the existing body of literature and the data from this study. This presentation will argue that this is relevant to the requirements of professional education programmes and will propose strategies to harness the complexity inherent in this important aspect of student learning.
What sources of feeding advice do mothers of one-year-old infants value?

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Background: There has been restructuring of health visiting services from universal services for all children to targeting families in need. Also, United Kingdom (UK) recommendations on infant feeding have recently changed. With the many sources of information available on feeding babies, it is important to know where parents get feeding advice and which sources they find valuable.

Aim: to determine what sources of feeding advice are used by a sample of mothers in the first year of their infant’s life and their perception of its usefulness.

Method: Infants were selected and drawn from the general population of all births between March 2002 and January 2004 within the Eastern Health and Social Services Board in Northern Ireland. Potential participants were selected through the Child Health System (CHS) administrative database. Details on selected cases were sent to the child’s health visitor, who contacted the family to obtain consent for the research team to make further contact. Families were then telephoned by the research team, followed by a visit to the family’s home to obtain informed consent. Using semi-structured interviews at further home visits, mothers (n=215) were asked about sources of feeding advice. Demographic information was collected through semi-structured interview. The data were input into SPSS (V13) to produce descriptive and inferential statistics (chi-squared tests and independent-samples t-tests). All aspects of the study were approved by the Queen’s University Children & Research Ethics Committee.

Findings: The health visitor was the most commonly cited source of information (70 %), followed by grandparents (53 %). Ten percent of mothers relied solely on health visitor advice.

Conclusions and implications: This study highlights the importance placed by mothers on the health visitors, which may have implications for the service in the midst of the reorganisation of the health visitor's role.
An exploration of the safety and efficacy of the topical use of lavender oil in the treatment of perineal trauma: a literature review

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Aim of review: The topical use of essential oils in perineal wound care is gaining increasing popularity among women. In response to this trend an increasing number of midwives recommend the use of essential oils in a variety of ways; for example, an additive to bathwater, or spotted on a sanitary pad. Despite the increasing interest in complementary and alternative therapies in healthcare, there remains very little access to good information about their safety. Given the cascade of problems which arise from mismanagement of perineal trauma during the post partum period, a review of the existing literature on the use of essential oils on wounds was conducted with a view to answering the following questions;

1. How safe is the topical application of lavender oil upon the perineum?
2. How effective is the use of lavender oil in the process of perineal wound healing?

Search and review methodology: A comprehensive search of relevant literature was conducted predominantly through accessing a vast range of national databases. In order not to be exclusive of any seminal or significant work in this area, there were no date restrictions placed upon the search.

Findings: Decreased cell viability, skin irritation reactions, altered activity during blending processes, and undiscovered drug/herb interactions are some of the potential complications associated with the topical application of lavender oil upon the perineum.

Conclusions and implications: Currently there is a lack of comprehensive data to support the topical use of lavender oil upon the perineum as a safe and effective treatment method. This does not eliminate its potential clinical effectiveness via an alternative route. Pleasant odours associated with essential oils may enhance a persons ability to relax, and given that comfort measures and cognitive strategies have a long history of successful use in healthcare practice, midwives should engage in exploring new ways of safely incorporating CAM therapy into midwifery care.
Improving the patient experience of children/young people with Autism Spectrum Disorder: A prescription for success?

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Background  
Autism Spectrum Disorder (ASD), is a complex neurological and developmental disability resulting in children/young people having a variety of difficulties primarily with understanding and communicating language and adapting to social situations.

Current research findings suggest that the prevalence of ASD varies between one in 100 and a staggering one in 60. While estimates of its prevalence are controversial, many health care professionals will encounter children and young people with ASD in a variety of settings. These interfaces with the health care system can be very traumatic for a child with ASD and his family and understanding this disorder is the first step in ensuring successful health care outcomes for the child/young person and the family.

Aim  
This paper will demonstrate how findings from current studies on autism have been used to develop and transform the service being offered to children/young people accessing inpatient and outpatient provision in one NHS trust.

Method  
A national scoping exercise on the provision of specific services for children with ASD illustrated that this is an under-acknowledged area of children’s needs in paediatric health care. An integrated pathway was developed to meet perceived needs of children with ASD identified in research.

Findings  
Raising of professional awareness of the wide range of presenting features of children with ASD and their specific needs can make a significant contribution to the patient experience.  
Addressing staff development needs result in better understanding of ASD, improved collaborative working and improvement of the medical experience for all involved. Simple but effective interventions such as visual cues for both patients and staff will reduce stress and anxiety.

Conclusions and implications  
Because of the unique needs of children with ASD, it is important to pay special attention to the details of their experience in the medical environment. Collaborative working is the key to better understanding of the needs of children with ASD and their families. Improved communication strategies result in more successful patient and relative care outcomes. Using research findings effectively produced exemplars of evidence based practice in this significant area.
Staff promotion and engagement in cancer preventative behaviours among people with learning disabilities

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Background: People with intellectual disabilities are likely to develop cancer at some time during their lives, although this has been poorly documented (Tuffrey-Wijne, et al 2006). However, many people with intellectual disabilities are solely reliant on family carers and residential staff to recognise their pain and distress, and also inform them of the importance of cancer screening services. This is a difficult task if the information and materials are not in place for staff to utilise.

Aim: This is a descriptive study to examine how staff promote and engage in cancer preventative behaviours on the behalf of people with intellectual disabilities.

Methods: This is a quantitative study using a self-administered anonymous questionnaire forwarded to residential staff across 15 homes for adults with intellectual disabilities in Northern Ireland. In total it is estimated that 300 questionnaires will be completed on adults with intellectual disabilities.

Results: This study is currently being undertaken and results will be presented.

Conclusions and implications: This research study will highlight residential staffs’ knowledge of cancer, and their behaviours in how they promote and in engage in cancer health promotion activities on behalf of people with intellectual disabilities. This information will allow for future educational material to be developed and training offered to staff, thereby reducing the increasing incidence of cancer being found in people with intellectual disabilities as they promote cancer health preventative activities.
The Management of Red Cell Concentrate in Six Hospital Blood Banks in Ireland

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Background: Approximately 25% of the population require blood transfusion at some stage in their lives. Active blood stock management in hospitals becomes increasingly important as constraints on blood supply increase. With steadily increasing demand due to population aging and technical advances in medicine and surgery, blood utilisation is increasing. It is vital that this precious commodity is managed appropriately.

Aims: The aims of this study were to review policy and practices in hospital blood banks (HBBs) in Ireland, specifically red cell concentrate (RCC) ordering, crossmatching, transfusion and wastage, in view of recommendations published by the National Blood Strategy Implementation Group (NBSIG), 2004.

Methods: Blood utilisation data were reviewed and Focus Group (FG) interviews were conducted with HBB personnel in 6 hospitals in 2005. Data recorded for each blood group included: daily units crossmatched, units transfused, expired, wasted and ordered. Data sources included both computerised and manual systems. Data were entered into Excel for analysis. FG data were analysed using NVivo.

Findings: The total number of units crossmatched was 29,758 (median=4,996; range 2,403–7,048). Total units transfused was 18,222 (median=3,296; range 1,428 – 4,560). Overall 1,010 (3.4%) units crossmatched were wasted due to outdating. This varied significantly by hospital. FG interviews identified the following themes of importance to HBB personnel and relevant policy makers: blood stock management, staffing and resources, policy setting and implementation of the EU Blood Directive (Directive 2002/98/EC).

Conclusions/Implications: The NBSIG Report sets out recommendations governing HBBs. Implementation of these recommendations would improve the management of blood stock and reduce wastage. HBB personnel need additional training for successful implementation. Electronic interaction between hospitals and Supply Centres is currently poor and needs to be developed. Fulltime Blood Stock Managers are required to oversee all aspects of HBB functioning. Only through these measures will the wastage of blood in hospitals be curtailed.
The Role of the Nurse in Capital Punishment - A Meta-Analysis

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Aim of Review:  
To determine an ethical position to guide nurses who practice in prisons on the appropriate role in administration of the death penalty by lethal injection.

Search and Review Methodology:
The Board of the American Nurses’ Association Center for Ethics and Human Rights reviewed state statutes of all 50 states to determine procedures for capital punishment. A review of Supreme Court cases was conducted to determine legal rulings about administration of the death penalty by lethal injection. A review was done of capital punishment cases in which IV solutions were inappropriately administered resulting in suffering of the inmate. A review of the medical profession’s official stance on physician involvement in capital punishment was conducted. Other nursing and public health organizational position statements were compared and contrasted.

Findings:
Ethical principles were applied resulting in a clarified position on the role of the nurse in administration of lethal injections for the purpose of carrying out a death penalty sentence. A set of recommendations for nurses working in prisons was developed. The document is under review by the Board of the American Nurses’ Association and will be disseminated to the nursing profession once approved.

Conclusions and Implications:
Nurses practicing in prisons face many ethical dilemmas. While respect for the dignity of each individual is a fundamental mandate of ethics, it may be difficult to fully enable such noble sentiments for a prisoner on death row due to conviction of a murder of another human being. While end of life care and nursing presence are invoked in preparation for the death, the nurse is not to be present or involved in causing the death itself, as this violates the longstanding tradition of the nursing profession, that a nurse would never intentionally cause the death of another human being.
Primary school teachers' attitudes towards and experiences of nutrition interventions

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Background
One in four girls and one in five boys in Ireland are overweight or obese (IUNA 2005). School environments that promote healthy food choices for children may protect against weight gain and obesity (WHO 2003).

Aim of the study
This study explored the attitudes and experiences of primary school teachers to nutrition interventions as they are the ‘gatekeepers’ in this setting. The objectives were to identify the types of nutrition interventions undertaken and to explore teacher attitudes to these.

Method
A 28-item postal questionnaire was distributed to each primary school principal (n = 368) in Cork City and County requesting them to nominate a teacher in their school to complete it. A reminder letter was sent and a final response rate of 59% was achieved. Data was analysed using SPSS.

Findings
Interventions primarily included teaching healthy eating through the curriculum, healthy eating policies and information provision to parents/ guardians. Over half of schools were ‘Health Promoting Schools’. Seventy percent of teachers stated that there were sufficient teaching resources available. The main facilitators were the involvement/co-operation of parents/guardians, staff and students; a supportive school environment; and policies. The primary barriers were time and lack of parent/guardian involvement/co-operation. Almost two-thirds of teachers stated that they required more training. Most schools had a written healthy eating policy in place (83%). Such schools held a number of advantages compared with non-policy-holding schools, including increased involvement in healthy eating interventions and increased collaboration with the wider school community. Policies were perceived as barriers in disadvantaged schools.

Conclusions and implications
Teachers are but one influence on children’s eating habits and the gap between home and school environments need to be bridged. There are implications for national policy development, particularly in relation to healthy eating policies and social disadvantage; teacher training; and thinking beyond teaching resources.
Informing the delivery of appropriate and effective health-related programmes and services for men: Exploring the complexities

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Background
Men have higher mortality rates and risk related behaviours when compared with women. They have, however, limited contact with GPs, are reluctant primary care users and often delay seeking help. These are issues highlighted for action in the National Men’s Health Policy, launched earlier this year, and were also a specific focus of Men’s Health Week 2009.

Aim of the study
To determine how men assess their own health status; how they decide whether or not to seek formal health care; and the factors that inform their perception of what constitutes an acceptable threshold for seeking help.

Method
A qualitative methodology was adopted. Data were gathered between November 2007 and February 2008 on a national basis using purposive/snowball sampling. Semi-structured interviews were conducted with 18 males. Two focus groups with females and three focus groups with males were held. Theoretical saturation was applied. The interviews and focus groups were recorded, transcribed verbatim and then analysed thematically.

Findings
Men’s attitudes and behaviours towards help seeking were complex. Health consciousness and perception of vulnerability increased with age, as did willingness to access health and preventive health services. Health was primarily assessed by physical fitness and absence of disease/illness. Perceived severity of the symptom was the primary trigger to attend the GP although other factors included persistent symptoms and prompting by a significant other. Men experienced structural, psychological and social barriers to help seeking. Such factors influenced their perception of what constituted an acceptable threshold for seeking help.

Conclusions and implications
Health behaviour theories, such as the Health Belief Model and the Theory of Reasoned Action, and gender socialisation can shed insight into men’s help seeking behaviours. Such complex attitudinal and behavioural factors towards health seeking among males must be considered by health professionals when planning, designing and implementing/delivering men’s health programmes/services.
A Concept Analysis of Online Breastfeeding Support

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Background:
Breastfeeding initiation rates are generally improving across the UK and Ireland, however the proportion of women who continue to breastfeed declines dramatically in the early post-natal period. Research to identify why women stop breastfeeding indicates many reasons, but the concept of support has been repeatedly identified as a common and persistent factor, regardless of whether this support is given by family, community and or health professionals. The provision of on-line breastfeeding support is currently being examined, developed and tested by a small team of researchers. The first stage of this process is to develop a theoretical understanding of the meaning of on-line breastfeeding support.

Aim:
To identify what constitutes effective online breastfeeding support.

Method:
A concept analysis is undertaken using an eight stage framework proposed by Walker & Avant (2005). This approach incorporates a review of relevant literature from a range of databases.

Findings:
The concept analysis identifies key attributes, antecedents, consequences and empirical referents of online breastfeeding support. A model case depicting successful online breastfeeding support is outlined as well as a range of scenarios which exemplify borderline, related and contrary cases.

Conclusions and implications:
While there is an assumption that everyone knows what it means, there is a lack of consensus even within the literature about what constitutes 'support' which can cause confusion in terms of service provision and measurement of effectiveness. This concept analysis therefore provides a useful theoretical framework which will enable further in-depth research into online breastfeeding support.
REAL: Remote Electronic Arrhythmia Learning of Advanced Cardiovascular Skills.

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Background: Many healthcare practitioners (physicians, nurses, and dentists and public health professionals), lack the basic knowledge and skills on how to safely manage patients with internally implanted devices such as internal cardioverter defibrillators (ICD) or pacemakers. Advances in technology have made remote access learning more available, allowing practitioners and students to learn cardiovascular skills at their own pace.

Aim: To determine feasibility of creating a remote educational module on the basic principles, care and safe use related to ICDs and pacemakers.

Method: An innovative computer based ICD software educational program was developed to provide knowledge of ICD’s, including interpretation of the stored electrocardiograms (EKGs). The module highlighted the critical learning points about basic functioning of an ICD. This learning tool could be accessed by healthcare providers at our center via the hospital’s internet server, using a unique password protected login. This was a single center, prospective study. Basic and advanced ICD terms were presented, using screenshots simulating a variety of clinical scenarios. To determine the usefulness of the site and improve the module, practitioners were asked to complete a brief online survey at the end of the module.

Findings: 16 practitioners visited the website. The majority (81%) rated it as a useful resource for ICD’s, and 87% considered the site easy to navigate.

Conclusions and Implications: The initial success of this remote learning site has lead to ongoing development of other cardiovascular E-learning modules. This site will become part of the required basic training for nurse practitioners prior to a cardiac electrophysiology clinical rotation, and for cardiology fellows, prior to caring for patients with an ICD. The novel use of remote education can provide critical education and provides a model for future cardiovascular topics. REAL is a successful example of the current melding of technology and education.
Sexuality and Disability: Evaluation of a multidisciplinary education programme.

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Background: Sexuality is a challenging issue for all health care workers, as it is a sensitive and emotive topic, but when it comes to sexuality of people with disability another layer of silence and stereotyping seems to exist.

Design:
In an attempt to enhance patients’ quality of life, an education programme was developed and delivered for staff on issues of sexuality and patient care. The facilitators and participants came from a variety of disciplinary groups, including social work, nursing, care staff, speech and language therapy, occupational therapy, occupational therapy assistants, physiotherapy and physiotherapy assistants. An Action research approach informed the development and evaluation of the project.

Data collection and analysis: To determine if the education programme was effective in achieving its objectives, a mix of quantitative and qualitative methods was used in the evaluation. Pre and post evaluation questionnaires were given to all 38 participants and in-depth interviews were conducted with 12 participants. Ethical approval to conduct the research was granted by the College Research Ethics Committee.

Findings: Comparison between the pre-course and post course questionnaires suggest that the programme increased participants’ knowledge, comfort and skills in managing the majority of sexuality issues identified in the questionnaires. Interview data also suggested that participants perceived they had gained a greater insight into the impact of acquired disability, illness and ageing on sexuality. Participants also reported a greater willingness to create a supportive listening space in which patients could talk about sexual concerns. Participants were of the view that the multidisciplinary nature of the course sent out a clear message that responding to the issue of sexuality was not within the realm of any one discipline, but an issue that needed to be embraced and acknowledged by all members of the team. This presentation will focus on some of the outcomes of the evaluation.
Knowledge and practice of blood transfusion: a survey of nurses in the north and middle regions of Jordan.

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Background
Nurses play a crucial role in the administration of blood. Adequate knowledge and skills are essential for safe and effective practice of blood transfusion. There is a lack of published studies that investigated nurses’ knowledge and practice of blood transfusion in Jordan. At international level, published reports indicated inadequate blood transfusion care.

Aim:
The main aim of this study was to evaluate Jordanian nurses’ knowledge and practice of blood transfusion.

Method
This was a cross-sectional exploratory survey that took place in four university and public hospitals in the north and middle regions of Jordan involving a random sample of nurses. Data were collected via a questionnaire covering the transfusion procedure including patient preparation before blood collection, blood bag collection, pre-transfusion initiation activities, and post transfusion initiation nursing activities and issues. Ethical approvals were obtained from the Ministry of Health and the hospitals. Descriptive and inferential statistics were used to analyse the data.

Findings
Three hundred and five nurses participated in the study. Nurses had critical knowledge deficits and practice deficiencies regarding the four phases of the transfusion procedure (scores ranged from 14% to 70%, mean 51.3%, SD 7.3). Furthermore, they lacked certainty in various aspects of blood transfusion. Patients were found at risk of receiving incorrect transfusions and acquiring bacterial infections. No statistically significant differences were found between nurses’ with different qualifications, hospital affiliations, years of experience, and previous training, and level of involvement, in blood transfusion, and their knowledge scores.

Conclusion and implications
The findings indicated that the safety of the transfusion procedure is threatened; inadequate knowledge and practice have the potential of putting the patient at several types of preventable risks and liability may accrue to hospitals. There is an urgent need to improve and update nurses’ knowledge and skills through further structured training and education.
A mixed methods analysis of the Education and Training needs of Psychiatric Nurses in a HSE (Western area) Mental Health Service.

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Background:
Psychiatry in Ireland had undergone a recent and rapid development in treatment and care of people living with a medical diagnosis of mental illness. This move has been from a traditional institutionally based treatment towards a more community/social based model of care. Similarly, psychiatric nursing practice which was once considered to be more of a vocation has also reformed with the move towards graduate identity and acceptance as a profession.

Aim of study:
Given these paradigm shifts the aim was to explore the present training and education needs of psychiatric nurses in a region of the HSE West.

Methodology:
This study employed a mixed methodology where both quantitative, self administered questionnaires (n=261) and qualitative, semi structured in-depth interviews (n=11) were used.

Findings:
This study presents the key findings in relation to participants’ responses about their experiences including: the development of the nursing profession; the level and type of qualifications needed by nurses; the balance between skills training and theory education on professional nursing programmes; the methods of delivering training and education; intrinsic and extrinsic barriers to education and training; supports in the context of a learning organisation; practical supports including, funding, time off and geographical location of education programmes.

Conclusion and Implications:
Clinical care contexts and educational institutes must work together to develop appropriate, specialist, regionally based accredited and validated courses. Courses that build on people’s experiences. Where the impediments of age, gender, geography, family and financial commitments, location of courses and demands of work can be managed, while the deeper, more threatening intrinsic impediment, the ‘voice of self doubt’ that echoes within the hearts and minds of each one of us is challenged and silenced.
Background: The nurse students have 8 weeks in practice in Mental Health Care in three different institutions, psychiatric hospitals, community mental health care and district psychiatric centres (DPS). The course objectives are common for the nurse students. In this learning period in practice they are followed up by nurses in practice. The student, nurse and the teacher meet each other three times during the practice period.

The main question for this study was: Did the nurse students experience the possibility of reaching the objectives in the Mental Health field course (12 credits)?

The aim of the study was to gain knowledge about which objectives the nurse students could reach in practice.

Method: An explorative study design was chosen for the pilot study. The data came from 26 students who were secondary years nurse students.

Findings: The result shows that of 16 objects, 5 differed; knowledge in mental health nursing, the Mental Health Care System, administration, treatment, The legal aspects of Mental Health Care, and administration of drugs. The students experienced that they could not fully reach the objectives. The findings are discussed based upon theory in mentoring and preceptor ship and clinical supervision in practice.

Conclusions and implications: Based on this result, we need to reconsider some aspects of the role of the faculty members and the role of the clinical preceptors in this course.

Keywords: nurse student, mental health field, experience, preceptor ship, objectives
Introduction of a new drug prescription and administration chart in The National Children's Hospital, AMNCH, Tallaght, Dublin 24.

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Background: Concerns were expressed by clinical staff (nursing, medical and pharmacy) with regard to the drug prescription records in use and the potential risk of omitting or repeating a medication for a patient. An audit was undertaken within the authors' place of work to review drug prescribing and administration practices with a view to improving the safety, legibility and user friendliness of the drug prescription chart.

Aim of Study: To review drug prescribing and administration practices with a view to improving the safety, legibility and user friendliness of the drug prescription chart.

Method: Following discussion with the clinical risk manager and reviewing the literature on the topic of drug safety, a questionnaire was devised by the authors. The authors and two clinical nurses carried out a small random audit in six areas of the hospital. This was undertaken as part of the normal remit of nursing practice development work. The audit did not involve patients directly, therefore it was considered that formal ethical approval was not required.

Findings: There were five different charts where medication could be prescribed resulting in the potential risk for error with regard to omission/duplication of a drug. Other findings were in relation to legibility i.e. lack of a signature bank on the prescription chart and lack of space to record drug allergies. Comments from the feedback obtained were that drug charts should be stored at the patient's bedside rather than collectively at the nurses' station.

Conclusions & Implications: The need for one drug prescription and administration chart for use in all areas of the hospital was clearly evident. This new chart should include some improvements to enhance safety, legibility and user friendliness. Following this audit a new drug prescription and administration record has been developed and successfully implemented for use in each area of the hospital. Evaluation of the new chart has already commenced.
A qualitative study of adults who self-identify as ‘sexual addicts’ and of the experience of treatment providers who work in this area.

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Background: Traditionally the term addiction referred exclusively to drugs and alcohol. Emerging research suggests that addiction should include excessive behaviours like gambling, eating and sex. ‘Out of control’ sexual behaviour has been recognized as an addiction, and a term embraced by many individuals who self-identify with it. Within the therapeutic community the concept of ‘sexual addiction’ attracts considerable debate and the nature of this phenomenon needs full investigation.

Aim of the study: This research will obtain a clear description and understanding of addictive sexual behaviour from those who experience it, and from treatment providers who work with this issue within clinical practice.

Method: Employing a qualitative approach, this study uses focus groups and interviews to collect data. The method of data analysis is Interpretative Phenomenological Analysis (IPA), a contemporary method of phenomenology designed to capture the meanings of an individual’s experience.

Following receipt of ethical approval from the University, informed consent was received from 50 subjects to participate in the study of which 30 are self identified addicts and 20 are treatment providers.

Findings: Initial results referring to the aetiology of ‘sexual addiction’ are consistent with the existent literature stating that sex addicts have undergone some type of painful childhood experience that may manifest itself as addictive sexual behaviour in adult life. In particular there is a high correlation between childhood sexual abuse (CSA) and ‘sexual addiction’. Participants also report consequences of ‘sexual addiction’ and key therapeutic issues are identified.

Conclusions and implications: This research will benefit individuals associated with the area of addiction, psychotherapy and sexual health. It is expected that the project will develop an integrated framework to understand the phenomenon of ‘sexual addiction’. The study is timely as Irish society discusses the issue of sexual violence, Internet use and child sexual abuse in particular.
An exploration of the beliefs of women with diabetes in relation to pregnancy and pregnancy planning

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Background
Despite consequences for both maternal and fetal wellbeing, few women with diabetes plan their pregnancies to ensure that they enter pregnancy in optimal health. The recent CEMACH (2007) findings highlight the need to improve preconception services provided to women.

Aim
The aim of this study was to explore the lived experience of women with diabetes of childbearing age around issues of pregnancy and pregnancy planning in the hope of uncovering why so few women plan their pregnancies and do not seem to seek advice despite the risks.

Method
A qualitative phenomenological approach was selected for this study. Ethical approval was granted and informed consent obtained from participants. Data was collected using audio-taped semi structured interviews with nine women. Giorgi's (1985) framework for phenomenological data analysis was utilised.

Findings
Findings suggest this group of women carry considerable anxieties in relation to both the complexities of living with diabetes and the added concerns that pregnancy may bring. It is clear, from the study, that women are keen and willing to accept pregnancy advice, however health professionals do not seem to be meeting that need. Anxiety expressed by women revolved around a lack of knowledge of the impact that pregnancy could have on diabetes. Women identified the importance of a personalised communication with a health professional that they know and trust and the frustrations that being involved in a ‘medical model’ of care can bring.

Conclusions and Implications
This study highlights the need for health professionals to focus more on individual needs and suggests that women are open and receptive to pregnancy advice. Further research is recommended to explore the attitudes of health professionals in relation to providing pregnancy advice to women with diabetes.
Simulation as a Bridge for Acute Care Nurse Practitioner Students

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Background:
Staffing shortages and higher patient acuity place a strain on clinical preceptors. Developing innovative and effective ways to train practitioners is a key concern. Clinical skills can be taught and honed using simulation based training (SBT). Students would enter clinical rotations better prepared, allowing preceptors to focus on further development of skills. This will be of particular help training students who enter advanced practice programs with minimal RN work experience.

Aim:
To evaluate and compare student knowledge, skills, and attitudes towards two simulation training techniques: mannequin based (SimMan™) and web-based software training.

Method:
This quasi-experimental study compared two methods of SBT in a group of nurse practitioner (NP) students: full-scale mannequin based and Web-based clinical simulation programs. Communication and teamwork skills were included in patient scenarios. Students completed a self-assessment survey following simulation training. Nine students participated.

Findings: Our results showed that 100% of participants felt knowledgeable about symptoms of cardiovascular and respiratory instability, diagnosing abdominal pain, therapeutic communication and teamwork skills; 100% felt competent managing specific clinical problems such as respiratory distress and fluid resuscitation. 50% reported less than one year RN work experience. No significant difference was seen between the two types of simulation.

Conclusions and implications: This study demonstrated comparable effectiveness of Web-based and mannequin simulation methods, based on students self-assessment. This is consistent with previous studies. This study was unique for including therapeutic communication and teamwork skills to the scenarios. We anticipate simulation training will be of particular benefit to students coming from other professions who favor a streamlined progression from RN to NP. In addition, students selecting seamless entry into doctorate of nursing practice (DNP) programs will be provided with additional tools to ensure deep integration of nursing concepts into their mental models of care, and with critical care skills necessary for advanced practice.
Critical care skills acquired during an acute care nurse practitioner (ACNP) program.

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Background and Context
Acute care nurse practitioners (ACNPs) work in a complex clinical environment. Previous studies reported on types and frequencies of skills taught during ACNP programs. To our knowledge, no studies have reported on skills documented by ACNP students.

Aim
To review skills acquired during nurse practitioner student clinical rotations to help evaluate quality and relevance of clinical assignments.

Methodology
We developed a PDA-based log for students to document clinical experiences. IRB approval was obtained prior to data collection. This descriptive study reports on the most common diagnoses and care plans documented by ACNP students during one clinical year. We obtained frequency counts for diagnoses and care plan elements. Percentages were calculated based on total numbers of entries for each category.

Findings
Thirteen students documented 2294 diagnoses during 12 months of clinical encounters. The five most frequently documented diagnoses were acute respiratory failure (n=90; 4%), hyperglycemia (n=86; 4%), hypertension (n=75; 3%), acute renal failure (n=43; 2%), sepsis (n=40; 2%). Total of 8641 diagnostic tests, including: routine labs (n=4792; 55%), other diagnostics (n=525; 6%), EKG (n=437; 5%), ABG (n=341; 4%), troponin (n=208; 2%). Total of 1833 procedures were documented, including ventilator management (n=292; 16%), central venous access (n=54; 3%), arterial line placement (n=49; 3%), other lines/tubes (n=42; 2%), and feeding tube placement (n=17; 1%). Total of 3169 patient teaching events were documented: medications (n=620; 20%), stress management (n=448; 14%), disease process (n=448; 14%), compliance (n=173; 5%), pain control (n=144; 5%).

Conclusions and Implications
Collection and analysis of this data is an opportunity to systematically review cognitive and technical skills related to ACNP student education. Hospital credentialing for ACNPs may require specific information on training. Data from PDA student logs are useful in planning curriculum and choosing clinical sites. It can help ensure ACNP preparation is in accordance with competency requirements.
Defining Professional Behaviour: A Review of the UK Guidance

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Aim of review: To identify, analyse and evaluate the advice, guidance and standards issued by all UK healthcare regulators on professional behaviour.

Search and review methodology: A rapid systematic review of literature was undertaken to identify any advice, standards or guidance documents in relation to professional behaviour and conduct and to identify any broader advice documents that are indirectly applicable.

Findings: There is no single definition of professional behaviour, either from the Department of Health or across the regulatory bodies. Each profession has thus developed its own guidance, albeit with many comparable characteristics. Across regulatory bodies, professional behaviour and conduct are referred to at both an explicit and implicit level. Whilst professional codes of ethics are quite explicit about the principles and values which underpin the profession, professional behaviour seemingly comprises of overlapping principles, values, attributes, boundaries, personal characteristics and behaviours (including those outside the professional environment) and includes aspects of clinical competence. The private life of students and/or registrants is considered to be highly relevant to good character, conduct and fitness to practise, which includes criminal convictions, physical and mental health, under the premise of patient safety. Words, and phrases that are used (e.g. fitness) throughout the literature and policy documents that are not always well defined and are used interchangeably.

Conclusions and implications: The concept of professional behaviour is both multifarious and complex. Principles and values are arguably open to interpretation and expression. Hence, guidance for students (and registrants) must create clarity on what professional behaviour constitutes, including its interpretation and assessment. Identification of clear mechanisms for how unprofessional behaviour can be addressed through fitness to practice would provide an effective framework for students, HEI's and practitioners. That signing up to a professional code, allows access to personal information and records must be absolutely transparent.
Undergraduates’ experiences of studying online – an evaluation of public health courses.

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Background: Online learning, or e-learning, is becoming a common feature of study in higher education around the world. In the authors’ institution, public health courses for student midwives and a range of post registration health professionals were one of the first to replace classroom based learning. All of the students study was completed using a web based resource that provided reading materials and discussion based activities that were posted online. As this was new, an evaluation of the student experiences of utilising e-learning as an educational learning tool was carried out.

Aim of the study: To evaluate student experiences of utilising e-learning as an educational learning and teaching tool in two course public health units.

Method: A survey approach was use. Ethics committee approval was obtained before the study commenced. All students completed self completed anonymised questionnaires mid way through the course and at the end. All new students (54 in all) studying the first two courses for student midwives and post registration students participated. The questionnaires used open questions to explore the student’s experiences of learning online and the features of the course that encouraged learning, for example. Thirty interim questionnaires and thirty two post course questioners were returned. The responses to all of the open questions from both questionnaires were collated and analysed as a whole. Data were coded and then thematically analysed using constant comparison techniques.

Findings: Three main themes emerged: availability of learning, experiences of interaction, and making learning meaningful.

Conclusions and implications: Based on these findings, the development of e-learning courses require a logical and structured approach. Consideration should be made of student’s prior expertise in independent learning. Students require clear guidance on how to interact in online discussions. Facilitators also require support in developing skills to e moderate effectively.
The first year of parenting: ‘a breeze’, or inherently stressful and even a crisis? Guidelines and theoretical framework for early parenting capacity building.

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Aim
To identify content guidelines and a theoretical framework for a universal early parenting capacity building program.

Background and context
There are limited studies that examine population health strategies for assisting all parents to adapt well to parenting in the first postpartum year. The postnatal months are of special significance for parents in developing a nurturing and responsive relationship with their infant(s) and can be a time when some parents feel most vulnerable regarding emotional stability and their parenting future. One of biggest challenges to contemporary public health and health promotion is the effect of stress on (parental) mental health. The potential evidence of the effectiveness of Antonovsky’s Salutogenic model is presently underestimated in practice.

Methodology
This paper describes a systematic literature review of universal, preventive studies of postnatal depression and perinatal educational curricula. An examination of Antonovsky’s Salutogenic Model and Sense of Coherence concept as compared to other similar models is also discussed.

Findings
A number of key elements were identified for inclusion: exploration of optimism, self esteem, good marital relationship, psychosocial preparation, formal/informal support, ‘need to know’ basis, stressor identification, expectations of parenthood and a healthy response to stressors. Antonovsky’s Salutogenic Model (and Sense of Coherence concept) was found to be the most appropriate framework with which to address parental stressor identification.

Conclusions and implications
In summary, a number of studies regarding PND prevention studies and perinatal classes closely tally with directives regarding the inclusion of protective factors that aid in preparing and supporting parents. These factors form the groundwork for current doctoral studies and provide the impetus to commence the author’s body of work that will initially investigate how parental mental health promotion is understood by parents and health professionals who work with parents and how mental health promotion is incorporated in perinatal education.
Mental Health Nurses Attitudes towards Deliberate Self-harm.

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Background: Numerous government policies and documents have been published in recent years, with the aim of increasing professional knowledge and awareness in those caring for people who deliberately self-harm. The international literature reviewed suggests that some mental health nurses continue to hold negative attitudes towards deliberate self-harm, however this has not been researched from an Irish perspective.

Aim: The aim of this study was to explore the attitudes of mental health nurses towards deliberate self harm, their behavioural intentions towards caring for the client group and to identify if socio-demographic data had any impact on the responses given.

Methodology: A descriptive exploratory approach was chosen to explore the attitudes of mental health nurses towards deliberate self harm. A postal questionnaire was used to collect the data from the participants. Strategies to ensure the reliability and validity of the instrument were addressed. Ethical considerations included gaining access to the population and ensuring non-maleficence when exploring a sensitive topic. The study was underpinned throughout by the three key concepts of Ajzen’s Theory of Planned Behaviour (1991):- attitudes, behaviour and intention.

Data Analysis: Descriptive and inferential statistics, using SPSS were used to analyse the data collected.

Findings: The majority of mental health nurses had a positive attitude towards patients who self-harm. While no significant differences were found in attitudinal scores for men and women who participated in the study, significant results were found in relation to age, experience, attendance at educational sessions and knowledge of practice guidelines.

Conclusions and Implications: The study identified that the mental health nurses attitude towards self-harm influences their behavioural intentions towards this patient group, therefore the development of positive attitudes becomes critical in promoting good standards of care. This has implications for mental health nurses’ practice and education.
‘You’re the Schizo off Your Road aren’t you?’: People Who Use the Mental Health Services Experiences of and Responses to Stigma.

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Background and Context: The experience of a mental health problem and admission to hospital can be one of the most distressing and disempowering events in a person’s life. This distress is exacerbated by the negative attitudes that often exist towards people who use the mental health services resulting in a perceived loss of status, feelings of alienation and worthlessness. Despite the implementation of strategies to reduce the prevalence of stigma, it continues to negatively impact on people who use the mental health services, hampering their road to recovery.

Aims and Objectives of the Study: The findings presented here form part of a larger study exploring the social and psychological processes that occur when people who use the mental health services are discharged from hospital.

Research Design, Sampling and Ethical Considerations: Traditional Grounded Theory methods were used and mental health service users who were recently discharged from hospital were recruited from three mental health services and from voluntary organisations. Data was collected using unstructured interviews and ethical approval was granted from the researcher’s university.

Analysis: The qualitative data was analysed using open and selective coding.

Summary of Key Findings: Thirty five interviews with mental health service users were conducted. The experience of stigma emerged as a key concern and participants’ in this study were exposed to explicit and tacit forms of stigma. Participants’ utilised a number of coping strategies to minimise stigma responses and to manage the negative consequences of stigma. However, these strategies were often anxiety provoking and further perpetuated the notion that they were different or that they had something to hide.

Conclusion and Implications: The findings from this study reveal that stigma continues to be a significant problem for users of the mental health services. Psychiatric nurses and other mental health professionals are in a key position to equip service users with strategies to challenge the negative responses that they encounter.
A quantitative descriptive survey examining the effects of clinical teaching in a skills laboratory to first year student nurses during their first practice placement

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Background
Historically, nurse education was conducted largely under the system of apprenticeship. Student nurses were partly employees and partly learners. Much of the teaching was carried out at the bedside by experienced practical nurses. In the late 19th century schools of nursing were established to meet the increasing demands of the clinical industrial society. Teaching began to move from the bedside to the classroom.

Aim of Study
The aim is to investigate the experiences of a cohort of first year student nurses regarding clinical teaching in a clinical skills laboratory.

Method
The study is a descriptive survey. A non-probability convenience sample of one hundred and forty eight first year student nurses was utilised. The data was collected by questionnaire and analysed using SPSS (16.0). Ethical approval was granted from the School of Nursing and Midwifery Ethics Committee, Trinity College and Faculty of Health Sciences, Trinity College.

Findings
The findings of the study demonstrated the student found the skills laboratory to be a good learning environment. The clinical skills they were taught in the laboratory were utilised during their first practice placement. However, the findings showed that the skills of basic life support and last offices were not utilised as often and the other skills. The findings showed the students felt well prepared for the first practice placement.

Conclusion and Implications
The study concluded students felt prepared for their first practice placement following skills sessions in the skills laboratory. The implications of the study are modifications to the curriculum.
OCCURRENCE OF HOSPITAL INFECTIONS AT PATIENTS WITH EXTERNAL CEREBROSPINAL FLUID DRAINAGE
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Background: External cerebrospinal fluid drainage in neurosurgery is used for therapeutic drainage of cerebrospinal fluid for elevated intracranial pressure. As with other implanted implants, there is a risk of infection in the external cerebrospinal fluid drainage, which is associated with morbidity and mortality. Reported incidence of infection associated with external ventricular drainage is up to 22%.

Method: Descriptive methods were used in the longitudinal study. All patients with cerebrospinal fluid drainage after subarachnoid haemorrhage treated at author’s institution from January 1st 2000 to December 31st 2006 were included in the study. Statistical data were obtained from medical documentation with all necessary consents. Research aim was to include only the patients with external drainage.

Aim: Note to the problem of occurrence of hospital infections, especially ventricullitis. Identify the impact of age and gender on the occurrence of hospital infections. Identify what is the average period of external cerebrospinal fluid drainage inserted, and the impact of this phenomenon to infections.

Results The study involved 44 patients, (65% women and 35% men), mean age 50.9 years. Average hospitalization was 25 days. At six patients it was inserted the lumbar drainage and at 38 patients ventricular. Ventricullitis was recorded in 40.1%. Because the respiratory distress in 16 patients was required tracheotomy, where 75% of patients developed respiratory infection (36.3% of all involved), and 27.2% were colonized with MRSA (methicillin-resistant staphyloococi aureus).

Discussion and conclusions: Complications in patients with subarachnoid haemorrhage are often. The survey showed a greater incidence of hospital infections then was reported in the world. This is due to the long-term drainage, multiple insertions in turbulent patients, accompanying diseases and heavy health status of patients. Since 2009, in the course of the new study, whose preliminary results already show a significant lower incidence of ventricular infection due to new measures in the way of drainage.

Keywords: nurse, nursing, subarachnoid bleeding, ventricullitis, respiratory infection, MRSA
RESPONSIBILITY OF A NURSE IN THE TREATMENT OF PATIENTS WITH SUBARACHNOID HEMORRHAGE

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Introduction: Subarachnoid hemorrhage (SAH) is defined as an acute hemorrhage from cerebral blood vessels in the subarachnoid space. Due to sudden development of complications that compromise patient’s life instantly, nurses are carrying large responsibility during treatment of patients when no doctor is presence on the ward. Research aim was to confirm arterial hypertension and sex as risk factors, stress admission rise of patients with SAH to the ward in a six-year period and therefore higher burden on nurses, study number of admissions in relation to the presence of doctor on the ward at the time of admission, the number of patients with and without neurological symptoms at the discharge and the length of hospitalization.

Methods: Descriptive methods were used in the longitudinal study. All patients with SAH treated at author’s institution from January 1st 2000 to December 31st 2006 were included in the study. Statistical data were obtained from medical documentation with all necessary consents. Research aim was to include only the patients with SAH secondary to aneurysm rupture.

Results: In the study, 101 patients were included, 65% were women, average 51.7 years old. Arterial hypertension was found a risk factor in 54.9%. In 69%, patients were admitted when doctor was not present on the ward. In comparison to year 2000, there were four times more patients with SAH admitted in 2006. At the discharge, 45% manifested neurological symptoms. Average hospitalization was 25 days.

Discussion and conclusions: The admission time is critical for patient (due to diagnostics and risk of rebleeding) and problematic for nurses that bear high responsibility in this difficult period as well as during the course of treatment. They are responsible for preventing and solving complications and recognizing special patients’ needs in all critical periods of the disease. Nursing care for a patient with SAH is a complex process, where professional knowledge, dedication and consistency are crucial.

Key words: nurse, nursing care, brain, hemorrhage, arterial hypertension, responsibility.
‘The twilight Zone’ Women’s experiences of early labour in Irish Hospitals.

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Background
Being in labour is momentous for women and signifies the beginning of an exciting journey towards their labour and birth. Women are often unsure and anxious at this time. The official diagnosis of established labour is often dependent on a number of factors including the midwife who is caring for the women and her assessment of how the woman is coping and the culture of the institution.

Aim
To explore women’s experiences of labour and birth and to identify aspects of the experience that are important to women.

Method
Following ethical approval from both academic and clinical committees a qualitative, descriptive study consisting of a series of five focus group interviews was carried out. A purposeful sample of 25 participants was recruited from four randomly selected maternity hospitals, to obtain a diversity of cultural, socio-economic demographic and service provision perspectives. A qualitative descriptive analysis, which emphasised the interaction and synergy of the groups using thematic analysis to generate categories and themes.

Findings
Early labour is an important time for labouring women. The impact of being in this ‘twilight zone’ between early labour/induction and established in labour was that women felt isolated ignored and seen as clogging up the ‘system’. Participants were often anxious and afraid at this time and worried about a range of issues including the wellbeing of the baby their ability to cope, pain relief and losing ‘their place’ in the labour ward.

Conclusions
Women in early labour are a vulnerable group who often fall in between the more intensive support in labour ward and the busy maternity ward. Midwives and other health professionals need to be aware of the anxieties that women may feel at this time to provide timely and individual support and information and individual assessment.
Facilitating a focus group: how the dynamics and participant behaviour changes in response to the physicality of the facilitator

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Background and Context:
A qualitative descriptive study was commissioned by the National Disability Authority. The purpose of the study was to ascertain the strengths and weaknesses of the publicly funded Irish maternity services for women with disabilities (WWD) during pregnancy, childbirth and early motherhood. In addition to individual interviews with WWD, four exploratory focus groups were conducted with health professionals to ascertain information on the perceived needs of WWD and the quality of services provided to this population.

Aim:
This presentation will discuss how the dynamics of a focus group altered when facilitated by two people, one who is a wheelchair user and one with no physical disability.

Outline of main content:
The focus group was facilitated by two people, one a wheelchair user and the other had no physical disability. Participants were asked to comment on and discuss their experiences of providing care to women with a physical or sensory disability during pregnancy, childbirth and early motherhood. Access to the physical environment and compliance with provisions of relevant legislation were also discussed.

Conclusion and Implications:
Each facilitator noted that the participants tended to direct the discussion and their responses towards the wheelchair user and were more inclined to engage with this person throughout the duration of the discussion often to the exclusion of the non wheelchair user. The participants seemed to have a heightened level of sensitivity to questions regarding physical access to the service facility in which they were working. They were keen to demonstrate sensitivity towards WWD and were apologetic for any gaps in the service they offered. While having a facilitator with a physical disability had the effect of ensuring the discussion remained focused it may also have impacted on the data obtained as participant responses maybe influenced by a desire to gain approval for their practice from the facilitator.
Postnatal Clinics: Women's and Midwives' Experiences

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Background
Postnatal care continues to be reported on by women as the least satisfying area of maternity provision. Until very recently little has changed in the organisation of postnatal home visits. They have been performed by midwives in the community for centuries largely unchanged and with no clinical evaluation of their effectiveness. The introduction of postnatal clinics in addition to the home visits provided by community midwives is one of the most radical changes to occur in postnatal maternity services. The clinics have been introduced based on the supposition they will improve the organisation of postnatal care in the community by increasing the efficiency of the service and offering women more choice, however, they have been introduced without evidence of their success.

Aim of the study
This study aims to explore how community midwives and women during the postnatal period felt about the implementation of postnatal clinics to provide knowledge and inform the development of local postnatal care provision.

Method
The research design was informed by a feminist methodology accustomed to a qualitative interpretative approach utilised to ascertain the women’s and midwives experiences. Eight postnatal women and six community midwives participated in the study and data was collected using one-to-one semi-structured interviews. All interviews were transcribed verbatim and analysed using a thematic analysis framework.

Ethical approval was obtained from the Local Research Ethics Committee and written informed consent was obtained from all the participants.

Findings
Five key themes emerged; time management, choice and control, frame of mind, environmental conditions and comparative understandings between community midwives and postnatal women.

Conclusions and Implications
The study revealed that postnatal clinics played an important role in increasing satisfaction for both midwives and the women. From the women's perspective the clinics provided more choice, reduced isolation and encouraged a more confident, independent approach to mothering.
The Patient experience of intermittent self-catheterisation

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Background
Bladder morbidity requiring intermittent self-catheterisation (ISC) as a treatment to facilitate bladder emptying imposes a variety of challenges to patients, both physical and emotional. Safety, infection rates, and complications of ISC have been investigated but few studies address practicalities of learning ISC, or of exploring the meaning and impact on patient's quality of life.

Aims of the Study
To describe:
The patient experience of learning ISC.
Quality of life in patients carrying out and living with ISC.

Methods
Qualitative methods were used to assess patients' views. In-depth interviews were carried out with 15 respondents: 8 male, 7 female, aged between 33-81 yrs (mean age 44 yrs), and carrying out ISC for a variety of reasons. Grounded Theory framework was used and data analysed using NUD*ist. The data was collected in Wales in 2006. Ethical approval was given.

Findings
Emergent themes revealed common features across this heterogeneous group. Learning ISC is daunting and can have both positive and negative impacts on quality of life but eventually it is normalised accepted by participants. The interpersonal skills of doctors and nurses had a profound effect on service satisfaction. Experience of the teaching nurse made learning and adjusting to ISC easier and alleviated patient's embarrassment and initial anxiety, facilitating information exchange.

Conclusion
Adequate information about ISC from doctors and thorough instruction from experienced nurses helps empower patients to take control and master the treatment, contributing to ongoing compliance. Development of a clinical policy supporting evidence based care and a consistent teaching programme is highly recommended for use where this treatment is regularly employed.
Being Safe: US Women's Experience of Planned Home Birth

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Background. Although the safety of planned home birth for healthy women is well established less than 1% of US women choose a planned home birth. There is no research that describes the experience of planned home birth in the US.

Aim: The purpose of this research is to describe women’s experience of planned home birth in the US.

Methods. Ethnographic techniques of informal interview and participant observation were used to obtain rich descriptions of women’s experience of planned home birth. Twenty women representing diverse backgrounds and cared for by five different Certified Nurse Midwives were interviewed and observed in their homes. Interviews were audio-recorded and transcribed. Guidelines to insure trustworthiness and protection of human subjects were followed. The data were analyzed using standard qualitative techniques—developing codes, categories and themes.

Findings: All the women believed that “intervention intensive” maternity care increased risk for them and their babies. They valued the personal relationship with their midwife and believed that this relationship increased safety. They believed they could manage the work of labor more easily and more safely in their own homes. They all expressed confidence that a hospital and skilled physician care were available if needed. ‘Being Safe’ emerged as the theme that captured the essence of women’s experience of home birth. This presentation will focus on the meaning of “being safe” for these women.

Conclusions/Implications: In stark contrast to the belief in the US that birth is safer in hospitals under the care of an obstetrician, these women believe that giving birth at home is safer for them and their babies. These findings suggest that we need a deeper understanding of the meaning of safety that goes well beyond access to high risk medical care.
The National Mobility Study with Blind and Visually Impaired People in Ireland.

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Aim of Study:
To describe the perceived mobility status of visually impaired people and their use of mobility aids and training.

Background:
Two national service providers commissioned the mobility study to inform service planning.

Method:
The author’s institution in partnership with the agencies devised an ethical process to conduct a telephone interview with an age stratified random sample of members. Data was gathered from 556 participants about perceived mobility status in moving about the home, local area and in busy and unfamiliar areas was gathered, as was information on mobility techniques to negotiate these environments. Attitudes to mobility training and experience was also described. The perceived impediments to mobility were documented, as was information re length of time since sight loss, sight loss category and sight condition.

Findings:
Within the over 65 age group (N = 228) 59% reported additional disabilities affecting mobility, 51% of this age group scored mobility as ‘very well’. 53% of the under 65 age group (N = 328) reported difficulty in getting around their local area. 48% of the younger age group had participated in any form of mobility training and less than 15% of the older age group had training. Of those who had training, 89% considered it ‘helpful’ or ‘very helpful’. Guide dog owners were the most satisfied with their mobility. Results between the age groups and the level of sight difficulty indicate that older people in the mid range of sight loss have the most difficulty.

Conclusion and Recommendations:
Although mobility training is available and is well perceived by those who have taken it, there is little interest in it from almost half of the study sample. Issues re the possible role of peer education in changing expectations is proposed for further discussion.
Development of a framework for clinical competency assessment in a new Masters Programme in Cancer Care

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Background
The assumptions underlying the structure and processes of the curriculum design for this new MSc in Cancer Care are that students will be able to analyse and synthesize their learning so as to apply subject content, skills, attitudes and insights to their professional practice. As the clinical component forms an integral part of this programme, careful consideration has been given to the process which will facilitate clinical competency assessment throughout the course.

Aim: The overall aim of this paper is to demonstrate the development of an assessment framework for clinical practice in postgraduate education which reflects the advancing role of the nurse in health care. It also aims to demonstrate that this framework ensures both the theoretical and practice components are interlinked throughout the programme.

Outline of main context
The clinical component of the course is assessed using what is named ‘The Clinical Assessment Framework’. This framework was developed based on Benner’s model of skill acquisition combined with The Clinical Achievement Portfolio by which clinical practice is assessed under five global areas; critical thinking, problem-solving, decision making, communicating and accountability. This assessment framework is outcome based, and links the academic goals, Beattie’s curriculum model and Anderson and Krathwohl, taxonomies, with the nurse’s clinical learning progress and advancement. It promotes learning outcomes relating to analysis, synthesis, evaluation and creativity including the concept of reflection on learning while at the same time achieving more complex levels of knowledge development.

Conclusion and Implications
This Clinical Assessment Framework is outcome based and supports the student through a process of meaningful learning and growth in clinical practice and also promotes the active cognitive exploration of complex issues faced by those with a diagnosis of cancer. It is also a framework that can be adapted to any postgraduate clinical assessment setting.
Mental Health Nurses Perceptions of their role as Client Advocate.

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Background
The study was undertaken in response to the increased emphasis on client advocacy in contemporary mental healthcare provision. An obvious gap was identified in the literature relating to the Irish context and Nursing Advocacy.

Aim of the study
The aims of the study were; (1) To examine mental health nurses’ understanding of their role as client advocate and; (2) To explore the concept of advocacy and it’s application in contemporary mental health nursing.

Method (including research design, sampling analysis and ethical considerations)
This qualitative study employed Grounded theory methodology. Ethical approval was gained from Trinity College School of Nursing and Midwifery as well as Faculty of Health Sciences Ethics Committees. Written consent was gained from participants as well as from the service Director of Nursing of a contemporary Mental health service in the Republic of Ireland. Convenience sampling was employed and focus group interviews were recorded with mental health nurses which were transcribed verbatim. Inclusion and exclusion criteria were applied. Grounded theory methodology guided data analysis eg Open, Axial and Selective coding processes.

Findings
There was general acknowledgement of the role of the mental health nurse as an advocate, while acknowledging the inherent difficulties. 19 categories led to the generation of Four Themes; ‘Role recognition; it covers a multitude’, ‘Advocacy Interventions’, ‘Factors influencing the nurses role as advocate’ and finally ‘role complexity’.

Conclusions and implications
1) Further research is required to ascertain clients preferred choice of advocate
2) A larger and more representative sample may provide vital evidence in support of the nurses role.
3) An observational study may provide evidence to support the nursing advocacy role in practice.
4) Clarification of the link between the concepts of advocacy, care and empowerment is required.
5) In light of recent political debate in the Irish context suggesting that each mental health client who is involuntarily detained will be assigned an advocate from outside of the service, and the requirement of the National Council for Nursing and Midwifery, there is a need for the development of clear guidelines on the nurses’ role as advocate.
Recovery Orientated Care: Assessing mental health nursing staff attitudes and knowledge towards recovery orientated care.

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This study focuses on assessing the attitudes, beliefs and current knowledge of mental health nursing staff towards recovery orientated care delivery. A quantitative study with a descriptive design, using a convenience sample derived from a nursing population from a rural mental health service was conducted. This study incorporated the use of a 20 item assessment instrument called the recovery Knowledge Inventory (RKI), developed by Bedregal et al (2006). The items that comprise the instrument are based on the emerging literature on recovery in psychiatric disorders and access four different dimensions of understanding namely: 1) roles and responsibilities in recovery, 2) non-linearity of the recovery process, 3) the role of self-definition and peers in recovery, 4) expectations regarding recovery. This is a 20 item instrument which follows a Likert-style response format ranging from 1 (strongly disagree) to 5 (strongly agree). The advantage in using this instrument is that it has already determined validity and reliability. A response rate of 60% has already been obtained, with the estimation that this will exceed 65% at final submission. The preliminary findings of the study include that there is a personal and professional conflict within most mental health nurses providing recovery orientated care.

This conflict comes with the identified new knowledge about recovery and the already present knowledge, beliefs and attitudes, the mental health nursing staff poses.

The study also finds that mental health nursing roles are changing, with many nurses struggling to adapt to their new role of sharing partnership with the client on their recovery journey.

The findings of the study are determined from the measuring interpreting and evaluating of current knowledge, beliefs, practices and attitudes of mental health nursing providers towards the different recovery domains. This should act as a needs assessment for tailoring staff training to better prepare them to offer recovery orientated care, identifying areas where staff are strong and other areas where future improvements are required.
A Phenomenological Focus on Levinas’ Concept of Altery Interpreted as Respect for the Other in a Healthcare Encounter.

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**Background:** Levinas in his explication of alterity advocated the Other as ‘exorbitant obligation;’ that is, valuing the Other in unconditional regard. Watson’s Human Caring theory was nursing attunement to alterity with especial focus on the transpersonal caring relationship.

**Aim:** This descriptive phenomenological study was directed at obtaining registered nurses’ description of alterity as respect for the patient in healthcare interactions.

**Method:** A descriptive phenomenological format facilitated exploration and explication of alterity as desired in healthcare praxis. The basic premise for phenomenological concentration is search for meaning of life lived, facilitating self-seeing without subterfuge.

**Data Collection:** Sample criteria consisted of registered nurse licensure, practice in patient care settings for two or more years, and demographic parameters. Data were derived through endeavor of semi-structured interviewing. Description of alterity in nurses’ life-world was elicited that evinced reflection with continual efforting toward alterity mindfulness and praxis in patient care interactions. Watson sees this mutual relation within the vision of spiritual-teleological potency: Spirit-to-spirit unitary connection – honoring and healing the embodied spirit of both in encounter.

**Data Analysis:** Moustakas’ phenomenological research methods of epoche, phenomenological reduction, imaginative variation, and synthesis were adaptation of Husserl’s transcendental phenomenological thought.

**Ethical Considerations:** University Review Board approval was sought and obtained. Watson’s processing of caring for the Other was an ethical imperative practiced mindfully.

**Findings:** This inquiry into describing nurses’ lived experience of respect for the Other qua patient situated alterity in its prominence of meaning-making as detailed by Levinas.

**Conclusions and Implications:** Ideally, the fundamental moral issue that alterity obliges beholds Other in benediction, and holds possibility to resonate toward global healing so necessary.
An Exploration of the Experiences of RNID's Communicating with Adults with Intellectual Disability who use Non-Verbal Communication

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**Background:** The ability to communicate with service-users is an essential skill in nursing. Much research has been carried out exploring nurses' experiences of communicating with service-users from the general and mental health fields. There is however a scarcity of such research pertaining to the intellectual disability nursing discipline. This is despite Registered Nurses-Intellectual Disability (RNID’s) frequently encountering people with communication impairments in their day to day practice. Additionally, responsibility for the success of such communication rests primarily with the RNID. The views of RNID’s who have experience communicating with adults with an intellectual disability who are non-verbal were sought to gain understanding of this phenomenon.

**Aim:** The aim of this study was to explore the experiences of RNID’s communicating with adults with intellectual disability who use non-verbal communication.

**Method:** Ethical approval was received from the Research Ethics Committee of the research site. A Heideggerian phenomenological approach was adopted. Eight RNID’s were purposively sampled for participation in individualised, in-depth, semi-structured interviews. Data was analysed using Colaizzi's (1978) method of data analysis.

**Findings:** Four categories were generated; Familiarity/Knowing the Person; Emotional Conflict; Person-Centred Communication and Caring Environment.

**Conclusions and Implications:** The findings of this study were in broad agreement with other international studies conducted on this topic. Participants agreed that a deep knowledge of the service-user is essential for successful communication. Conflicting emotions of guilt, disempowerment and self-doubt but loving their work were described. The RNID must adapt to each service-users system which demonstrates person-centred communication. Participants articulated the contribution of the environment and teamwork as integral to communication for this population. A caring approach combined with personal commitment, creativity and innovation to improve quality of life for persons who are non-verbal is essential. It is hoped that the findings of this study may inform service-providers and nurse educators in an effort to improve the quality of life and care of people with intellectual disability and enhance service delivery.
Exploring the Impact of Discourses of Rational and Scientific Management and Clinical Governance on the Practice of the Nurse in the NHS.

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Background
Scientific and rational thinking in the NHS aims to increase efficiency, minimise service variation and linearly construct predictable clinical outcomes. The concern is that the task-led focus of these approaches distracts from the complexity of individualist care and removes the challenge, autonomy and flexibility from nursing.

Aim of the Study
Using a biographical-narrative interview technique the study explores the impact of discourses of managerialism and clinical governance on the practice of nursing in the secondary care sector of the NHS.

Methodology
The qualitative methodology uses minimally structured interviews with qualified nurses on medical wards in a large NHS Trust. The nurses are able to talk openly about their everyday practice and to illustrate their experiences through stories. The research uses discourse analysis to explore the underlying privileges within their practice.

Findings
Stories are profound in revealing an everyday struggle to accommodate the patient throughput focus, but simultaneously emancipate the need to re-focus on clinical and practical concerns. Nurses indicate that holistic, autonomous and individualised care is being diminished and fragmented by the linear and standardised approach of clinical governance and scientific management; approaches that they argue do not fit the patient’s true condition. Nurses also protest against the role of the specialist nurse and the delegation of many tasks to less qualified staff.

Conclusions and Implications
The findings indicate that discourses of managerialism and clinical governance are modifying nursing practice in front-line services, through an emphasis on task and throughput, the erosion of clinical judgement and a procedure-based and surveillance culture. The concern is that this can remove ownership and the capacity of nurses to deliver individual and flexible care. The delegation of duties further reduces naturally adaptive behaviour by removing clinical and experiential knowledge at front line, requiring the need for formal risk assessment processes.
'So, are we all 'in recovery'?'

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Systematic Review
This critique sets out to establish the substance of the claims made for recovery-based interventions and its veracity as a 'new' paradigm.

Since the publication of Partnerships in Care in 1997, various other health policies have moved Scotland toward a recovery-based approach to caring for those with mental health problems. In particular, the review of mental health nursing, 'Rights, Relationships and Recovery' in 2006 and the training materials, 'Realising Recovery' in 2007 cleared the way for this new paradigm to be inculcated into mental health nursing practice. In 2007, the Scottish Recovery Network (SRN) published its 'Narrative Investigation of Mental Health Recovery', research which further supported the changes instituted by the Scottish Executive.

The critique, through review of SRN and Scottish Executive literature on recovery, explores the following key areas: Defining terminology; Measuring recovery; Research with particular reference to the SRN report; Ideological underpinning; New roles for clinicians and Ethical and professional considerations.

The presentation highlights the issues that arise from the ideological, investigative and conceptual axioms of recovery-based care. The question ‘So, are we all ‘in recovery’?’ is posed as a challenge to the findings of the SRN research, in which good sampling technique and sound methodology appear secondary to achieving the desired outcome. The critique also questions the humanistic underpinnings of the review of mental health nursing, suggesting that populist approaches to developing health care policy rely more on current trends in opinion and fashion than on best use of evidence and resource. The consequences of its application within the Scottish Mental Health Service and to mental health nursing practice are considered with reference to Barker's Tidal Model.

Mental health nursing has moved away from doctrinal approaches to care in the last 3 decades but may now be in danger of undermining its own hard won evidence base in favour of unilateral dogma.
Evaluation of an interdisciplinary ‘Art in Health’ based clinical Placement

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Background
In recent years there is an increased interest in the role of art in health as a means of providing holistic care and facilitating a move away from the pervasive biomedical approach to care. In an attempt to develop an art in health programme, a collaborative and interdisciplinary approach between TCD and NCAD resulted in the provision of a joint clinical placement for nursing and arts students at a day centre for older people at St. James’s Hospital. The purpose of this was to help students gain an understanding of the nature of creativity and its role in developing imagination and vision as a force for personal change and enhancement of interpersonal relationships with patients/clients. It was run over one week on a pilot basis with four students and this presentation reports on the results of its evaluation

Purpose of the study
The purpose of the study was to evaluate how this arts programme helped to develop the imagination of both patients and students and identify how it influenced the interpersonal relationship between the patients and students.

Methodology
A qualitative descriptive research design with semi structured interviews to collect data from patients and questionnaires from students was used. Thematic analysis was used to analyse the data and develop themes.

Findings
All students reported a very positive experience of the clinical placement and four themes emerged from the patient data analysis, these included ‘Reminiscence’, ‘Social experience’, and ‘Distraction’, and ‘Fun’.

Conclusion
The results of this pilot, art in health clinical practice placement, suggests that the introduction of arts programmes or activities can enhance the relationship between nurses and patients. It is recommended that art in health be developed for education and access by a greater number of students, for example, as an elective module for nursing and arts students.
Developing a framework for the identification and measurement of key performance indicators for nursing and midwifery care

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**Background:** There is continuing demand to demonstrate effectiveness and efficiency within health and social care, and communicate this at boardroom level. Whilst there is a substantial amount of literature on the use of clinical indicators, there is less evidence relating to quality indicators that are nursing or midwifery sensitive.

**Aim:** The study aim was to develop a framework for the identification and measurement of KPIs that are relevant for nursing and midwifery practice.

**Methods:** A Nominal Group Technique was used in this study comprising two stages: a half-day workshop involving nursing/midwifery staff within two Trusts in Northern Ireland (n=50); followed by a regional Consensus Conference (n=80). A methodology was then developed by an Expert Group to measure the 8 KPIs identified during the consensus phase, which was then tested through focus groups.

**Results:** A core set of 8 KPIs were prioritised, which included: consistent delivery of nursing/midwifery care against identified need; patient's confidence in the knowledge and skills of the nurse/midwife; patient’s sense of safety whilst under the care of the nurse/midwife; patient involvement in decisions made about their nursing/midwifery care; time spent by nurses and midwives with the patient; respect from the nurse/midwife for patient’s preference and choice; nurse/midwife’s support for patients to care for themselves, where appropriate; and nurse/midwife’s understanding of what is important to the patient. The framework to measure the KPIs proposes using a range of data collection methods, drawing on the strongest source of evidence for each KPI.

**Conclusions:** The 8 KPIs identified have not been previously reported in the literature. Furthermore, they are strategically aligned to work on the patient experience, are reflective of the fundamentals of nursing/midwifery practice, and are focused on aspects of person-centred care. The measurement methodology consequently draws on both qualitative and quantitative methods and challenges the traditional notion of measurement associated with indicators.
Sexual and relationship issues: service user views

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Background: In many areas of health care, the subject of human sexuality would appear to be a neglected topic. This study focused on people with a medical diagnosis of schizophrenia.

Aim: The aim of the investigation was to identify sexual and relationship needs as perceived by users of mental health services who were living in the community. The objectives of this mixed methods study were to discover the client's sexual experiences in the past and present and to elicit hopes and aspirations for the future. The potential obstacles to sexual expression were highlighted through an exploration of the client's subjective experiences of the issues that were important to them.

Method: A total of thirty people agreed to be interviewed at a clinic in North London where they regularly attended to receive depot medication. Data were collected through: a questionnaire relating to demographic characteristics; an interview schedule incorporating the determinant factors of sexual behaviour through life; relevant sections of the Camberwell Assessment of Need; and a semi-structured interview designed specifically for the study.

Findings: The findings reveal that people had clear ideas about what constituted a fulfilling intimate relationship. A majority of participants identified sex and relationship needs and aspired to having relationships in the future.

Conclusions: Obstacles were highlighted and included: medication issues; body image; stigma and discrimination; safe sex issues; support and the opportunity to discuss concerns; and access to family planning services or sexual and relationship therapy. A model of psychosexual care is proposed that includes rigorous methods of engagement, assessment, intervention and evaluation strategies. Further recommendations are made in terms of practice, research, policy and education.
Student nurses experiences of support in relation to suicidal behaviours of mental health clients

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Background: Little has been written on the experiences of mental health nursing students in terms of the support they receive following incidences of suicidal behaviours and deliberate self harm. Existing studies tend to focus upon risk assessment tools for measuring the likelihood of suicidal behaviours and self-harm, prevention strategies for suicide, the attitude of staff towards suicidal patients and the grief reactions of permanent staff following occurrences of suicidal behaviour by patients.

Aim: The first aim was to find out about student experiences of suicidal and Deliberate Self Harm (DSH) incidents on acute wards. The second aim was to highlight awareness of the importance of the provision of support for nursing students.

Method: The sample consisted of ten students who had completed or were currently completing nurse training in the field of mental health at an urban UK university. Qualitative data was obtained through the administration of a semi-structured interview schedule that consisted of a range of questions that elicited mental health student nurses views and opinions related to their clinical experiences. Ethical approval was granted.

Findings: The participants had all experienced incidents of attempted or completed suicide during their student nursing placements. Levels of support varied with some students feeling ‘abandoned’ following serious incidents. The student nurses role sometimes remains compromised. The participants also reported that they often were not included in debriefing sessions following such incidents.

Conclusions: The findings are presented and the implications for future mental health education and practice are discussed particularly in terms of support for student nurses.
HRB Cochrane Fellowship: Developing a Protocol for a Cochrane Systematic Review

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Background and Context
The Cochrane Collaboration is an international not-for-profit independent organisation. It produces and disseminates systematic reviews of healthcare interventions which are available as the Cochrane Library. Cochrane Reviews are full text systematic reviews which provide an overview of the effects of interventions in health care. Since 2002 the Health Research Board in association with the Research and Development Office (RDO) in Northern Ireland have funded a Cochrane Fellowship programme which aims to build capacity on the Island of Ireland in conducting systematic reviews for inclusion in the Cochrane Library. This paper will focus on the application process for a HRB Cochrane Fellowship and the development of a Cochrane Review Protocol.

Aim
To explore the application process for a HRB Cochrane Fellowship and the development of a Cochrane Review Protocol

Outline of Main Content
Using my own personal experience as a HRB Cochrane Fellow I will highlight the preparatory work that needs to be undertaken prior to applying for a HRB Cochrane Fellowship.

The first phase in conducting a Cochrane Review is to prepare and publish a protocol for the review. A Cochrane Protocol summarises the background, the rational and proposed methods of the review and are published in the hope that people will comment on the plans and identify omissions or mistakes before the review is completed. I will explore the process of developing a Cochrane Protocol for the following review: ‘Interventions preventing infectious complications in haemodialysis patients with central venous lines’.

Conclusions and Implications
Cochrane reviews identify, appraise and synthesize research-based evidence and present it in an accessible format for healthcare providers, consumers, researchers, and policy makers. The HRB Cochrane Fellowship increases the ability of researchers to conduct high quality research for health.
Using Illness Narrative to Inform and Enhance Nursing Practice

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Background: This dissertation emerges from my personal and professional experience of being a nurse, teacher and patient and explores the use of illness narrative as a pedagogical strategy in nurse education.

Aim: The study addressed the questions of what nurses can learn about nursing from the experience of being a patient, and what students and teachers of nursing can learn about nursing from listening to narratives of illness. Particular emphasis was given to the possibility that illness narrative could illuminate the concept of holistic person-centred care.

Methods: Using a multi-layered qualitative, phenomenological approach, and within an ethical framework, illness narratives were elicited from nurse lecturers who had been patients within the last five years. The narratives were then presented to separate focus groups of nursing students and teachers. In addition semi-structured interviews were employed with the patient participants to access their views on nursing, following their patient experiences. A thematic content analysis brought focus to the data.

Findings: The findings suggest that illness narratives have excellent pedagogical and heuristic potential for nurse education. Narrative approaches are student centred and promote reflection and critical thinking and are particularly useful in exploring the caring aspects of nursing and health care. In addition they are also flexible which makes them suitable as educational strategies across a continuum from undergraduate to postgraduate degrees and they could be particularly effective in interprofessional education.

Conclusions and Implications: The conclusions of the study suggest that narrative approaches could be a valuable educational strategy and are worthy of further exploration. In addition the content of the narratives raised many pertinent issues about 21st century health care practices. Several avenues for further research are suggested by the study, in particular interprofessional education, patient vulnerability and moral stress and burn out.
The art of innovation in the craft of research – the role of digital media methods in investigating the role of arts in health care

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Background and context
The origins of the occupational therapy profession are found in the early twentieth century Arts and Crafts Movement. Since this discipline’s inception, the therapeutic use of artistic media has been a cornerstone of clinical intervention. The place of embodied engagement of people in purposeful and meaningful pursuits has been central to this profession’s understanding of what it is to be healthy. Currently, a resurgence of interest is apparent in the role of arts in health care with calls to more formally research the proposed health promoting properties of creative pursuits and to seek novel ways of capturing what is predominantly seen as elusive and intangible data.

Traditional qualitative research methods such as interview and observation fail to grasp the real-time complexity of an individual’s participation in art and craft activities. Health care researchers need to engage with their own creativity in the art of methodology selection in order to explore innovative ways to collect useful data that can address the phenomenological aspects of engagement in arts and craft activities.

Aim
This paper explores the potential of digital media recording methods to meet this challenge, based on an occupational therapy doctoral thesis that investigates the lived experience of seven women living with breast cancer learning a new craft activity, namely crochet. It will demonstrate how such research techniques can contribute to comprehensive data collection when investigating participation in artistic pursuits.

Outline of main content
The presenter will outline the role of digital audio-visual recordings in her data collection process, sharing excerpts from the data in the form of photographs and video recordings to demonstrate the quality and depth achieved by these methods.

Conclusions and implications
Digital media methods are an accessible and innovative way to investigate the role of arts in health care.
A Multidimensional Approach to Nurse Retention

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Background
Several factors including a shortage of nurses, demanding work environments, and overarching economic conditions have converged to make the recruitment and retention of nurses in the hospital setting more difficult. This is not only true in the United States, but has become a global concern. Accordingly, attention has been directed at nurses’ transition and ultimate assimilation into existing work environments.

Aim of the study
This study was designed to evaluate a program created to facilitate the transition of newly hired Registered Nurses (RNs) including new graduates and experienced RNs into the hospital setting.

Method
The sample consisted of all RNs hired at the authors’ institution, a 375-bed community hospital located approximately 35-miles outside of New York City. All newly hired fulltime and part-time RNs were asked to participate. Weekly and ongoing monthly transition assistance was provided through individual and group social support mechanisms including assistance from Educators/Managers, Preceptors, and Peers.

Newly hired RNs were also asked to write “clinical narratives” describing workday events. These narratives provided insight into the “lived experience” of being new to the organization. Notes from mentoring and preceptoring interactions, group sessions as well as, “clinical narratives” were analyzed qualitatively for themes using a grounded theory approach. Thus, a feedback mechanism to the organization was provided.

Findings
The implementation of the Nurse Transition Project (NTP) resulted in identifying factors (e.g. “goodness of fit” between newly hired RN and preceptor; orientation structure and process) that may facilitate/impede transition for newly hired RNs.

Conclusions and implications
A multidimensional model of individual and group social support can be used to facilitate newly hired nurses’ successful transition into hospital work settings.
Safer Medication Administration in the Acute Hospital Setting

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Background
‘Medication Incident Report’ data, already available from the organisations Drug Safety Officer, indicated that errors and near misses were spread evenly throughout the hospital. In a context of continuous improvement and commitment to patient safety, the identification of specific areas for improvement by nurses was required.

Aim of the Study
The project aimed to identify opportunities for process improvement in the administration of medication to patients in the hospital and consequently put in place a programme to enhance medication administration safety.

Method
In addition to Medication incident report data information was also gathered from the available literature and professional body guidelines.
Four inpatient wards participated in the study resulting in medication administration to 109 patients being examined. Both qualitative and quantitative data was collected as part of the project. This was carried out in four parts. 1. Observation: Nurses were observed carrying out two drug rounds on each ward at different times of the day. 2. An audit of documents; all aspects of the recording of medication administration were audited, using a tool devised by the team. 3. The observed Nurses were asked for their comments on medication administration. 4. As experienced Nurses and auditors, the auditors made qualitative comments on their observations.

Findings
Areas for improvement throughout the administration process were identified. Key areas noted were unclear documentation, omission and frequency errors which concurs with the international literature.

Conclusions and implications
Raised awareness of the risks involved in medication administration was required. Individual data reports were given to each clinical area audited. Cumulative data was analysed and key points for improvement identified. These conclusions were disseminated to Nursing staff in all clinical areas through face to face information and education sessions.
Self-Monitoring in Diabetes Care – Conceptual & Theoretical Perspectives an exploration of the conceptual literature

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Aim of review: This review aimed to explore conceptual and theoretical underpinnings of self-monitoring with application to glycaemic control in young adults with DMT1.

Background: Self-monitoring of glycaemic control is the cornerstone of managing DMT1 in young adults on intensive insulin therapy. However, little is known about what this concept means in terms of its critical dimensions that could inform practice and guide future research. Also, little is known about what theories could best underpin research on young adults' practices of self-monitoring.

Search and review methodology: Electronic health databases were searched for relevant conceptual and theoretical papers. Empirical papers were identified for application. These were analysed to glean attributes, predisposing factors and consequences of self-monitoring.

Findings: Four attributes of self-monitoring were found: measurement, awareness of bodily symptoms, interpretation of signs and symptoms; and responses to changes in measurement, bodily awareness and interpretation of signs and symptoms. The preconditions for self-monitoring are knowledge of the disease process and symptoms, social support, technical (e.g., measuring), cognitive (e.g., problem solving, goal setting) skills. A range of potential consequences (health outcomes) of self-monitoring were identified and when applied to DMT1, glycaemic control is a priority to prevent immediate and long-term complications. To self-monitor, young adults must have confidence and competence. Bandura's self efficacy theory was identified as relevant because it is applicable to the target group (young adults). It offers clear causal and testable relationships between behavioural determinants, and behaviour, has strength of evidence about its predictive ability, and clear guidelines for measurement exist.

Conclusions and implications: Self-monitoring is a complex phenomena that, to date, remains poorly understood. Reviewing conceptual and theoretical literature is important to clarifying the key components and process of self-monitoring which in turn has implications for informing practice and future research.
The effect of alcohol consumption on young women's behaviour and health.

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Background
Women aged between 16-24 consume more alcohol than any other female group, this pattern of drinking has been associated with many problems such as alcohol poisoning, vomiting, unsafe sex and fighting.

Aim of the study
The aim of the study was to explore the drinking patterns on behaviour in relation to the risk of acquiring Chlamydia trachomatis. These findings were published in 2007 however addition information about young women's drinking and behavior was also collected and these are presented here.

Method (including research design, sampling analysis and ethical considerations)
208 women who attended a contraception and sexual health clinic were asked to complete a questionnaire and 8 subsequently took part in focus groups. Ethical approval was granted by the local NHS research ethics committee and the research was supported by the R&D department of the host NHS trust and the University.

Findings
37% of the women were drinking by the age of 13. The youngest girls in the study were the youngest age at first drink suggesting that girls are commencing drinking at a younger age. There was a high correlation between age of first drink and the units drunk both on a typical night and a heavy night out. There was also a correlation between the total number of units consumed in the past week and how many times the respondent had vomited or passed out. Other risk taking was shown.

Conclusions and implications
Young women are drinking heavily, they are commencing drinking earlier and even though they are suffering the negative consequences of this behaviour show no desire to curb it. All health professionals need to be aware that symptoms of ill health even in very young women may be directly related to alcohol consumption. The significance of age of first drink in the development of hazardous drinking patterns should be considered in health promotion programmes.
Developing the Scrub Practitioners’ List of Intra-operative Non-Technical Skills (SPLINTS) system to observe, train and assess non-technical skills

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Background
Aviation and other high-risk industries acknowledged that non-technical skill failures contributed to accidents. This led to research into the role of cognition and social interactions in safety. Efforts are ongoing to reduce adverse event rates in healthcare and recent psychological research in operating theatres has revealed the importance of identifying the cognitive and social skills for safe and effective performance. The focus of studies to date has been surgeons and anaesthetists but the scrub practitioner is also a key member of the theatre team.

Aim of the study
The aim of the study was to identify which non-technical skills are essential for safe and effective performance as an operating theatre scrub practitioner and to then develop a skill taxonomy which could be used by an observer to train and assess those skills.

Method
Experienced scrub nurses (n = 25) and consultant surgeons (n = 9) from four Scottish hospitals were interviewed using a semi-structured design. Interview data were analysed and skill category labels which adequately describe the identified skills were produced by panels of expert theatre nurses. Simulated scenarios are being designed and filmed so that reliability of the SPLINTS system can be tested.

Findings
Three main non-technical skill categories emerged as critical for safe and effective scrub practitioner performance; situation awareness, communication and teamwork and task management, which included coping with stress and fatigue.

Conclusions and implications
Situation awareness, communication, teamwork and task management are all skills which scrub practitioners have to acquire to perform safely and effectively. SPLINTS is a rating system designed to assist an observer to train and rate these non-technical skills for scrub practitioners, however, these skills are equally important for all perioperative practitioners to acquire to compliment their technical expertise.
An 'elite interviewee’s perspective of the role of the psychiatric nurse working with people with the medical diagnosis of schizophrenia

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Aim of the study
As a background to a wider ethnography, the aim of the research is to provide clarity on policy maker's perceptions of on the role of the psychiatric nurse in working with people with the medical diagnosis of schizophrenia in contemporary Irish mental health practice.

Background
There is confusion surrounding the psychiatric nurse’s role. In a ‘Vision for Change’ psychiatric nurses are considered as requiring serious reconsideration in training and deployment, are engaged in tasks below their level of expertise and have little opportunity to deploy their expensively acquired skills. Nursing care in the diagnosis of schizophrenia is especially illustrative of this as the shifting perspectives on aetiology, diagnosis and treatment of the condition, the post-modern critique of psychiatry, home-based care, the growth of the service user movement and a shift to recovery orientated care have resulted in a loss of confidence and competence in what nurses can contribute to care.

Method
This study uses a qualitative descriptive approach with ‘Elite Interviews’. The sample comprised 15 individuals working in national mental health organizations, the mental health commission, governmental advisory capacities, psychiatric nursing advisors, administrators, mental health educators and international writers on mental health nursing and schizophrenia in addition to experts by experience. All work in key positions to inform decisions on psychiatric nursing and mental healthcare policy. These interviews will be audio-recorded and transcribed. Thematic analysis of the data was conducted using NVivo8.

Findings
The study finds varying perspectives amongst policy makers as to the future role of the psychiatric nurse working with people with a diagnosis of schizophrenia. Whilst some individuals espouse a return to more traditional values, others advocate the incorporation of expanded knowledge bases as fundamentals for future practice.

Conclusions and implications
The findings are discussed in the context of future nursing curricula content, the direction for educational development of staff and future nursing research. It also examines the role in care in schizophrenia in relation to the essential information that the public needs from psychiatric nurses to rebuild health and that should be incorporated into public policies.
Contracting and suicidal behaviour: A risky practice?

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Background
In recent years the subject of no-suicide contracts has gained increasing interest in mental health practice. Its potential value in reducing the risk of suicidal behaviours has received considerable attention and support throughout the literature. Despite this, some nurse educators and practitioners challenge the use of no-suicide contracts as a viable intervention in psychiatric nursing practice either because of its lack of empirical evidence or because of its close adherence to the psychotherapeutic model of transactional analysis. Notwithstanding the need for more investigation to evaluate the use of no-suicide contracts between psychiatric nurses and clients with suicidal behaviour, the authors would argue that the use of no-suicide contracts in its various forms can be the focus for some of the most potent and dynamic interventions within the nurse-client relationship provided that they are entered into with a full understanding of all the circumstances pertaining to the situation at the time.

Aim of the study
This paper will examine some of the key issues surrounding the use of no-suicide contracts between psychiatric nurses and clients with suicidal behaviour.

Method
This paper is based on the preliminary findings of an ongoing grounded theory study (Glaser and Strauss, 1967) with fifteen qualified psychiatric nurses selected by means of theoretical sampling working in hospital and community settings within a large urban area. Data were analyzed using the constant comparative method of data analysis.

Findings
Preliminary findings indicate that psychiatric nurses’ use of no-suicide contracts is influenced by their struggle to protect both the client and professional self while at the same time to contain their anxieties when faced with the enormity of such responsibilities.

Conclusions and implications
These issues provide a fundamental backdrop for understanding contracting and suicidal behaviour and are an important consideration in guiding the nursing care of the suicidal person.
Interprofessional Simulated Learning

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Background:
Interprofessional education (IPE) is now well established within the Diploma / BSc (Hons) in Nursing Science Curriculum, Children’s Nursing at Queen’s University Belfast, since inception in 2006 (Morison et al, 2003; Morison and Stewart, 2005; Corkin and Clarke, 2007). The interprofessional programme employed within the school of nursing involves third year nursing and fourth year medical students undertaking a Paediatric and Child Health module. This learning and supportive environment provides students with the opportunity to learn about their own and other professional roles and responsibilities in the care and treatment of children and to reflect critically on how this knowledge impacts on their ability to work as members of the healthcare team.

Aim of IPE Project:
This IPE project is being implemented in collaboration with the Centre for Excellence in Interprofessional Education (www.qub.ac.uk/ceipe) which is investigating opportunities for the development of shared learning within the curricula of medical and nursing professionals. Simulation using a SimBaby has been introduced to promote an integrated approach to student learning through the use of ‘real life’ scenarios. To encourage the development of practitioners who can think quickly, critically and analytically and facilitate students in the use of peer and self-evaluation as a means of promoting reflective practice. Presence of parent (lecturer) requires that students communicate effectively, thus enhancing the concept of family centred care.

Key findings:
On completion of SimBaby sessions students are invited to complete a likert scale validated questionnaire aimed at ascertaining student’s reactions to the learning experience and focus groups were used to evaluate student experiences. Ongoing findings suggest that students evaluate this learning experience very positively. Student comments included:

‘I think we should have much more exposure to SimBaby training’
‘SimBaby is a very useful, practical and memorable learning tool’.

In addition, IPE simulation enables students to identify their personal and professional learning requirements to achieve proficiency for future practice. Above all, students value the opportunity to exercise clinical judgement and decision making skills without endangering the child.

Presenters are the recipients of two prestigious Awards:
• QUB Teaching Award June 2008 – the panel acknowledged ‘the highly committed team for their innovative work’ and the importance of this project.
• St.Luke’s Institute of Cancer Research 09 award – Greatest Contribution to the body of Nursing & Midwifery Practice.
Assessing Multiple Sclerosis Patients and Carers’ Views of Respite Care.

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Background
Multiple Sclerosis (MS) is one of many chronic conditions that result in people requiring full time care. Informal carers carry out the majority of this care, all day, everyday. Respite care becomes a vital part of the lives of these informal carers as it allows some temporary relief from this long-term commitment. The majority of literature on respite care discusses the impact of respite on the carers and little or no attention appears to have been given to the people who actually experience respite care in long stay institutions.

Aim
To assess the views of carers and patients with MS of respite care.

Method
A cross sectional survey of patients and their carers was conducted. Two questionnaires were designed and utilised for each group. The sample for the study was obtained from the lists of two long stay respite units that provide respite care to patients with MS. A total of 96 patients and 96 carers were approached. 70 patients (73%) and 28 carers (29%) responded and were included in the study.

Findings
71% of patients utilised respite care to give their primary carers a break. 64% of carers took advantage of respite because caring was becoming too stressful for them. The length of stay in respite for 70% of patients was two weeks at a time and 24% utilised respite every three months. From an emotional perspective, 64% of patients enjoyed getting away from home and 6% were angry about having to use it. 57% of carers felt guilty about needing to use respite. Overall 81% of patients were satisfied with respite and 89% of carers found it beneficial. Almost all carers, 96%, stated that respite allowed them to continue caring.

Conclusions and Implications
Both patients and carers generally viewed respite as a positive and necessary form of care. The study did highlight that some form of activities or outings for those in the respite institutions would be welcomed, as would increased access to a variety of healthcare professionals.
Spatial Investigation of Methadone Treatment Outcomes

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Background and context
GIS (Geographic Information Systems) is increasingly being used in a wide variety of applications including healthcare research, especially in terms of planning, targeting of resources and the epidemiological spread of disease. Many disciplines use GIS to investigate the association between location, environment and behaviour. However, there has been little work to date in applying this technology to drug data in Ireland or investigating the spatial effects on drug treatment outcomes.

Aim
The main aim of this work is to investigate the geographic spread of methadone treatment clients in the east coast region of Ireland using treatment data that is spatially referenced and digitally mapped. Further, to examine whether there is a link between outcome and accessibility, that is, the distance of the client away from the clinic to the treatment outcome.

Outline of main content
Given that there has been a spread of heroin use out from city centre Dublin to the suburbs and more rural areas, there is clearly a spatial element to this particular problem. Provided with attribute data that is spatially referenced, this data can be digitally mapped using computer software to provide a clear visualisation of the data. The presentation contains such maps showing, among other things, the spread of clients and clinics, and the interpretation of these maps.

Conclusions and implications
The findings show that the distance the client must travel to avail of treatment does not necessarily have a negative effect on methadone treatment outcome.
Using a Unitary-Transformative Research Methodology to Enrich Knowledge of Persons’ Life Patterns: Extending Newman’s Research as Praxis Method

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Background
The research as praxis method arose from the unitary-transformative nursing paradigm (Newman, Sime, and Corcoran-Perry, 1991), which views reality as indivisible wholeness and change as transformational. In developing the research as praxis method, Newman drew from Wheeler and Chinn’s (1984) explication of praxis as a synchronous process of action and thoughtful reflection. Previous research as praxis studies emphasized individual and thematic life patterns. In a study with women transitioning through menopause, this author identified and explicated a third perspective, that of unitary pattern. As this perspective emerged in the research process, a further extension of the research as praxis method was the addition of an insight diagram to clarify expanding awareness and transformational insights.

Aims
The purpose of this paper is to present extensions to Newman’s research as praxis nursing research methodology in 2 areas – 1) identifying aspects of unitary pattern in narratives, 2) adding an insight diagram to indicate clarify pattern perception.

Outline of Main Content
The specific objectives are: to discuss the importance of identifying research methods that explore person-environment wholeness from a unitary (inherently whole) rather than from a systems (composite whole) perspective, to describe the significance of identifying aspects of unitary life patterns, to explicate the research as praxis as the method of choice for unitary life pattern recognition, and to present the insight diagram as an extension of the research method.

Conclusions and implications
Explicit identification of unitary pattern aspects as meaningful information about the person as inherently whole, enhances the research as praxis process. The insight diagram further clarifies the transformative potential of the research as praxis process. As nurses working with persons seeking meaning, understanding, and possibly change, research praxis methods enhance this mutual process, and help persons recognize their inherent wholeness.
Mental Health Nursing Students Attitudes and Experiences of Using Cigarettes to Motivate Patient Behaviour

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Background
Motivating patient behaviour using cigarettes as a reward is a long standing, traditional practice in mental health nursing. However, surprisingly little literature exists on this ‘intervention’.

Aim of the study
To examine Mental Health Nursing Students (MHNS) experiences and attitudes of using cigarettes to motivate patient behaviour during their clinical practice.

Method (including research design, sampling analysis and ethical considerations)
A survey method was used to collect data. A convenience sample of second and third year MHNS in a university for the theory part of their programme were selected. Ethics approval was sought and given. Analysis presented as frequency scores.

Summary Findings
84% of the sample experienced the use of cigarettes to motivate patient’s behaviour, 15% did not.

Cigarettes were used to motivate the following behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend to personal hygiene</td>
<td>57%</td>
</tr>
<tr>
<td>Engage in ward routine</td>
<td>39%</td>
</tr>
<tr>
<td>To take medication</td>
<td>26%</td>
</tr>
<tr>
<td>Get out of bed</td>
<td>24%</td>
</tr>
<tr>
<td>Punishment for non-compliance with staff</td>
<td>22%</td>
</tr>
<tr>
<td>Attend the ward round</td>
<td>9%</td>
</tr>
<tr>
<td>To go to O.T</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>18%</td>
</tr>
</tbody>
</table>

Other tokens that were used to motivate behaviour

<table>
<thead>
<tr>
<th>Token</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave from the ward</td>
<td>60%</td>
</tr>
<tr>
<td>Drinks (tea or coffee)</td>
<td>38%</td>
</tr>
<tr>
<td>Access to leisure activities</td>
<td>21%</td>
</tr>
<tr>
<td>Access to T.V or Radio</td>
<td>15%</td>
</tr>
<tr>
<td>Access to O.T</td>
<td>11%</td>
</tr>
<tr>
<td>Access to staff as a 1:1 session</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

MHNS Attitudes
84% felt smoking was bad for you,
89% felt withholding cigarettes led to arguments and threats of violence,
67% felt withholding cigarettes was used as a punishment,
65% felt it did not work well,
61% felt it was ad hoc,
59% felt bad at withholding cigarettes and
27% said it was written in the care plan.

Conclusions and implications
The conflict between using cigarettes and public health needs to be addressed in mental health. There needs to be a coherent care plan when using token economy systems, the ethics of using necessities as rewards needs addressing and we need to examine support systems for students who feel conflicted with such practices.
Daily Spiritual Experiences and Perceived Quality of Life of Young Adult Women: Exploring the Impact of Intimate Partner Violence (A Pilot Study)

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Background:
Intimate partner violence generates significant negative human sequelae. Secure interpersonal attachments promote health. Relationships between secure spiritual attachments, DSEs, and health indicators remain unstudied in this population.

Aim of the Study:
The research questions were -
• How do DSEs of young adult women with and without IPV experience compare?
• In women with and without IPV, what relationships exist between religious/spiritual variables and perceptions of QOL?
• What are women’s perceptions of the meaning of DSEs for current life contexts and perceived QOL?

Methods:
This simultaneous mixed method design used quantitative measures of DSEs, dimensions of religiousness/spirituality, behavioral risks, QOL, and IPV history. Phenomenological inquiry explored participants’ perceptions of meaning/significance of DSEs for self care and QOL.
Purposive sampling sought 19-45 y.o. female volunteers from community settings. Participants were English-speaking females.
Statistical analysis included measures of central tendency, variability; tests of within/between group differences, and correlations. The Utrecht method guided qualitative data analysis.
Ethical Considerations: Participants were apprised that confidentiality was protected and they could withdraw from the study at any time. Files were de-identified and password protected.

Findings:
63 women, 52% with IPV history, representing varied racial and religious backgrounds, provided quantitative data. Women with IPV history had significantly higher mean DSEs scores, correlations of self-ranking-as-religious/self-ranking-as-spiritual, and correlations of WHOQOL psychological and social domains and the overall QOL. Emerging qualitative themes reflected participants’ positive perceptions of spirituality for QOL, desire to make meaning of life experiences and employ spiritual practices for self care.

Conclusions and Implications
Results of this pilot study will guide the design of a larger study of other possible IPV sequelae, including depression and anxiety.
An Exploration of the Daily Life Experiences of Older People with Intellectual Disability (ID).

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Aim: Describe and analyse how older people with (ID) socially construct their experiences and explore how these social constructions might be explained theoretically.

Background: People with ID are now enjoying increased life expectancy proportionate with the general population in Ireland. Recent demographic projections forecast continued growth, particularly in the number of persons aged 55 and over with ID, predicted to peak in Ireland by 2015. This changing age profile has implications for future service planning to meet the needs of this group. Because older people with ID are a relatively new user group there is a lack of research in relation to how they perceive their lives as they grow older. Data is also incomplete in relation to service models, supports and quality of life issues from the perspective of older people with ID themselves. Much of the literature conducted to date is both conceptually and theoretically underdeveloped. This Grounded Theory study aims to extend the existing body of knowledge on this topic conceptually and theoretically.

Method: This is a classical grounded theory (GT) study. Ethical approval was granted from the authors affiliated University Ethics Committee and also from the clinical site Ethics Committee. The setting for this study is one voluntary organisation providing services to persons with ID in the Republic of Ireland. Data collection methods include individual semi structured interviews with persons with ID, participant observations and some photographic material. Inclusion criteria are persons aged 50 years and over with ID and able to communicate verbally. As this is a GT study data collection and data analysis are occurring simultaneously.

Results: Data collection and data analysis are ongoing guided by the principles of GT. Concepts emerging from the data include; Loss of self, resilience, powerlessness, notion of modernity, valued identities and solidarity.
An exploratory descriptive study of how experienced Irish palliative care nurses cope emotionally when providing end of life care to individuals with life limiting illnesses and their families

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Background
A key component of the role of the palliative care nurse is to provide emotional care and support to individuals with life limiting illnesses and their families. There is a paucity of literature and studies in Ireland on palliative care nursing, and of knowledge on how experienced nurses maintain their emotional integrity, and the coping strategies they use.

Aim
To gain an understanding of the lived experience of Irish palliative care nurses’ emotional responses when delivering care to individuals with life limiting illness and their families.

Methodology
A descriptive exploratory qualitative method with a phenomenological approach was chosen, in order to capture the lived emotional experiences of Irish palliative care nurses. Sample was purposive and included 14 nurses with over 3 years working in specialist palliative care. Diaries were utilized for data collection, and were semi-structured with themes utilizing the frameworks of emotional responses found in the literature review. Diary recording was for a period of ten days, over a time-frame of one month, under the headings of “A Rewarding Day”, “A Challenging Day” and “An Ordinary Day”. Data analysis was guided by the framework of Lincoln and Guba (1985). NVivo 8 was utilized to code and manage data which was influenced from a hermeneutic perspective.

Ethical Considerations
Ethics approval was granted by the author’s institution in October 2008, and from the Faculty of Health Sciences at Trinity College Dublin in February 2009.

Findings
Analysis led to the development of two dimensions in emotional coping, which were “In Control” and “Out of Control”. The three main categories were Interdisciplinary Teamwork, Self Concept: Awareness and Self Reflection, and Intrinsic and Extrinsic Support. The eight sub-categories were Communication Skills, Time versus No Time, Emotional Coping/Emotional Intelligence, Protective Strategies, Resilience, Humour, Love and Spirituality. Positive coping strategies were adopted by the nurses when they felt “in control” of circumstances or a situation, and had a strong sense of self-awareness and self-worth. Negative coping strategies occurred when there was an experience of being “out of control”, resulting in the nurses feeling emotionally exhausted and challenged.

Conclusion
This study revealed how experienced Irish palliative care nurses cope emotionally, and the coping strategies they use. The importance of the IDT team was the main theme, and the need for each discipline to be aware of each others’ professional roles, within each service area. It also highlighted the need for the provision of organisational support by formal debriefing, or a model of clinical supervision suitable to palliative care.
Implementation of a Multi-Disciplinary Risk Assessment and Management Plan in an Irish PICU

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Background
The assessment and management of risk is a complex and skilful process best undertaken by a multidisciplinary team. The authors institution is a 19 bedded psychiatric intensive care unit (PICU) where the majority of clients present with challenging behaviour. Although studies have explored risk assessment in forensic settings this is the first study exploring structured risk assessment and management practices in an Irish P.I.C.U.

Aim of Study; This study aimed to gain an understanding of the multidisciplinary team experiences of risk assessment and risk management in a psychiatric intensive care unit and the development of a Multi-Disciplinary Risk Assessment and Management Plan.

Methodology
Following a detailed literature review, a number of focus groups were undertaken with multi-disciplinary staff prior to and post implementation of the risk management plan. All risk assessments were audited over a six month period (January-June 2008) with the form being amended in an iterative process involving feedback from multidisciplinary staff and service users.

Results
Analysis of the data identified changes in multidisciplinary staff’s awareness of risk assessment and risk management practices. From analysis of the data, four themes emerged; increased knowledge of risk assessment, better multi-disciplinary functioning, improved risk management strategies and the benefit of education and training in this area.

Conclusion
This research proves that there is a need to develop risk assessment guidelines appropriate to local service user needs. Additionally further in service training is needed to inform multi disciplinary staff of evidence based, structured risk assessment and risk management practices.
How do Irish women perceive their modesty may be affected during pregnancy and childbirth?

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Background: The phenomenon modesty is not clearly defined within available literature. A concept analysis identified the related themes of cultural influence, dignity, privacy and embarrassment. Cultural influence is the theme most commonly associated with modesty in the literature and is related to cultural norms and exposure of the body. The preservation of both dignity and modesty reap the positive benefits of feelings of value, respect and control. Likewise, the negative impact of infringing upon an individual's sense of either dignity or modesty is similar, causing embarrassment. Preservation of an individual's physical, social and informational privacy are linked with preservation of the individual's dignity and hence modesty. Embarrassment is explored as a common negative consequence experienced when an individual's need for modesty is not met. This reiterates the idea of modesty as an abstract and personal phenomenon influenced not only by the individual, but also by their cultural context.

Aim: This paper aims to explore the meaning of the phenomenon modesty with particular reference to how midwifery care impacts on Irish women's perceptions of their modesty during pregnancy and childbirth.

Method: A qualitative descriptive design using semi-structured interviews was employed. Purposive sampling was used, with sampling continuing until data saturation was reached. Rigour was ensured through the use of a reflexive diary, audit trail, peer debriefing and member checking. Analysis was conducted following the transcription of interviews using a step-by-step approach looking for the emergence of themes.

Findings: Three main themes impacting on women's perceptions of their modesty were identified: communication, acceptance/non-acceptance of procedures and individual standards.

Conclusion and Implications: It was determined that women felt no intrusion on their modesty when: the person viewing them and listening to them had an active role in caring for them, and when care was provided in an informative, supportive, reassuring environment, with preferred levels of control. Implications for practice focus on the provision of midwifery care that effectively maintains and promotes a woman's sense of modesty during pregnancy and childbirth.
The outcomes of interpersonal counseling after myocardial infarction: depression, health-related quality of life and recovery

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Background: Depression is not always treated adequately after myocardial infarction (MI).

Aim of the study: To examine the outcomes of interpersonal counseling (IPC) on depressive symptoms, distress, health-related quality of life (HRQOL) and the experiences of recovery after MI.

Method: The acute MI patients (n=103) under 75 years of age and with sufficient knowledge of Finnish gave informed consent and were randomized into the IPC-intervention group (n=51) and the control group (n=52) with normal care. We studied patients in hospital and at 6 and as well as 18 months after discharge from hospital using validated questionnaires Beck’s Depression inventory (BDI), Symptoms Checklist-25 (SCL-25) and EuroQol 5-D (EQ-5D). The patients in both groups (n=40) kept diaries for 6 months and were interviewed at 18 months regarding their experiences of MI during 6 months following discharge.

Findings: The progress of depressive symptoms and distress was clearly toward milder symptoms in the intervention group but not in the control group during the 18-month follow-up. There were no noticeable differences between the groups in the HRQOL. By using inductive content analysis we found 5 main categories, which MI patients experienced as helpful or difficult during recovery: clinical and physical factors, individual psychological factors, social factors, functional factors and factors related to health care professionals.

Conclusion and implications: This brief and easy-to-learn intervention may result in enduring benefits of clinical value. The experiences of MI patients will be valuable in improving nursing practice. The results indicate the importance of areas of study arising from nursing practice.
Self-esteem and coping processes of university students - parametric versus non parametric statistics

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Background: Whilst college life brings many positive experiences it can also pose certain hassles to students, such as financial problems, relationship problems, and problems related to studying. Global self-esteem has been described as a very good indicator of psychological well-being. People with high self-esteem tend to exhibit a genuine sense of self worth, self-respect, self-liking and self-acceptance. Furthermore, the literature refers to self-esteem as being a fundamental human motive in which there is a universal desire to maintain protect and enhance feelings of self-worth which leads to the use of a variety of coping strategies, self-protective and self-enhancement processes. It has been suggested that health and well being are affected not by stress but how one copes with the stress.

Aim of Study: After identifying a gap in existing literature, this study aims to identify the relationship between self-esteem levels and the coping processes utilised by a randomly selected cohort of university students (N = 479) across a diversity of programmes within an Irish setting. One of the research aims is that recommendations based on the findings may help inform health and educational policies in addressing gaps in the area of self-esteem and coping needs of third level students.

Method: Two published questionnaires, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and the Ways of Coping Questionnaire (Folkman and Lazarus, 1985), plus a demographic questionnaire were posted to a stratified randomly selected group of students. The response rate was 40%. Ethical approval was granted.

Preliminary Findings: Both parametric and non parametric statistical methodologies have been utilised in establishing the existence of associations between self esteem and the coping processes used by students. Preliminary analysis indicates many significant findings between self-esteem levels and coping processes. Furthermore, some interesting results have arisen in relation to the statistical methodologies employed in the study.
Symposium Title: Client-centred research as a driver for health systems change: Lessons from two Canadian studies on the health service needs of people with addictions.

Paper 2: “Between a Rock and Hard Place”: Creating healthcare system change by privileging client experience within Methadone Maintenance Treatment (MMT) in British Columbia.

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Background: Despite a 50 year relationship with Methadone Maintenance Treatment (MMT), the province of British Columbia (BC), Canada commissioned its first MMT systems review in 2008. BC initiated an expansion of MMT from the mid 1990’s to address public health problems such as HIV and drug overdose. While MMT has validity as a treatment for opioid dependence, less is known about the challenges faced by policy makers and practitioners in creating and maintaining high quality programmes. This paper describes the strengths and weaknesses of the BC Methadone Program according to people using services, presenting their recommendations for change.

Aim of study: This study examined BC’s MMT systems and identified factors related to treatment access, retention, quality, effectiveness and inequalities, with implications for health system improvement.

Method: A multi-phase, multi-method qualitative design was used to collect data, between February 2008-March 2009, after ethical approval. 129 data events were conducted involving 309 people from 36 stakeholder groups. Over 30% of participants were MMT clients. Data were transcribed and thematically coded using Atlas ti analysis software.

Findings: MMT can save and turn lives around. However, significant systems problems impact the quality of healthcare experiences posing barriers to entry and retention in services. Client concerns included: punitive and controlling practices that interfere with the ability to live a “normal” life, lack of psycho-social supports, lack of information and alternatives to methadone, and shame-based, stigmatizing professional responses.

Conclusions and implications: Placing MMT clients’ concerns at the centre of this study identified multiple opportunities for health system improvement. These include the need for: peer-led outreach, networking and mentoring, parenting, housing and employment support, alternatives to methadone, relational models of care, and public/professional education programmes to reduce stigma and discrimination. These initiatives could enhance MMT and associated healthcare services, if they are translated into policy and practice.
Acute unit nursing: from generalist to multiskilled

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Acute inpatient care exists alongside community care as a bastion of Irish mental healthcare. However, despite the large number of admissions to acute inpatient units and a raft of policy initiatives little is known about the work of staff nurses in acute admission units. This should not be viewed as a surprise as little is known about the general activities of Irish psychiatric nurses.

The focus of this presentation will be upon findings from a sequential mixed method study that involved the collection of data from staff nurses and former service users. The focus of this study was upon eliciting the key nursing activities of acute admission unit staff nurses. Data was gathered via a questionnaire and semi structured interviews.

Interestingly, data indicated several paradoxes in how staff nurses and service users defined the focus and usefulness of key nursing activities. Recognising these differences have a fundamental significance in attempting to understand service users experiences of acute inpatient care. Of greatest significance were findings relating to how service users perceived the staff nursing role as one which was medically dominated and bereft of interaction. Central to this were activities that were concentrated upon medication administration and the implementation of rules. Contrary to this staff nurses defined interaction as central to their role, with it being strongly implied that service users are involved in their care and are talked to regularly although the content and intensity of this interaction differs with each service user. Arguably, these differing perspectives point to a staff nursing role that lacks coherency and consistency. Alternatively, these findings are consistent with the notion that the acute unit staff nurse role demands a multi dimensional skill base. These differing perspectives will form the basis of this presentation.
Work Observation for Transforming Nursing Work Environments for Patient Safety

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Background: There has been little or no research aimed at understanding the sources and types of interruptions that occur in the nursing work environment that may contribute to patient safety incidents.

Aim of the Study: One of the purposes of this study was to identify the sources and types of interruptions that occurred in adult, acute-care settings in Canadian hospitals, to then identify how these relate to patient safety occurrences.

Method: Work sampling techniques were employed for observing nursing interruptions as they would be experienced on a typical nursing shift. The study was conducted in three hospitals in each of three different provinces in Canada, on two medical and two surgical units within each hospital. Thus, a total of nine hospitals – three per province, and 36 patient care units – 12 per province, formed the sample for this study.

Findings: A total of 13,025 interruptions were observed across the study sites. Fifty percent (6,519) took place on medical units, while 49.9% (6,506) took place on surgical units. The most common sources of interruptions were staff nurses, the hospital environment, other staff, and patients. By far, the majority of interruptions were caused by some type of work-related or non-work-related communication. The interruptions often resulted in a delay or a loss of concentration to the nurse who was being observed.

Conclusions and Implications: The results of this research address an important gap in the literature and practice environment on interruptions in nursing work and how these may impact patient safety in different healthcare environments in Canada.
Discursive constructions of elder abuse: Community nurses’ accounts

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Background
Elder abuse is a significant challenge in contemporary society, with an estimated prevalence of 2-5 percent of older people being abused in their home. As the most common healthcare visitor to the home, it is imperative that the community nurse can recognise and address abuse of older people.

Aim
The aims of this study are to examine how community nurses understand and speak of elder abuse and how such discourses impact on practice.

Method
The research design was underpinned by two methodological approaches: Foucauldian discourse analysis and discursive psychology. Following purposive sampling in four former health authorities, 18 community nurses participated in in-depth, semi-structured interviews. Foucauldian data analysis focused on the dominant discourses used when speaking of elder abuse and geologically explored how these discourses produced particular subject positions, subjectivities and power relations. In contrast, discursive psychology examined what participants were doing within their discourses. This specifically identified the action orientation of speech in interaction considered issues within the text such as context, variability, accountability and stake.

Findings
When accounting for community practice in the context of elder abuse, the participants were placed in particular subject positions. Participants spoke of dilemmas such as elder abuse being beyond their scope of disciplinary power yet paradoxically all participants could articulate cases in their practice and commonly stated that this was a familiar issue in community nursing work. Specific mechanisms were employed in the context of the participant’s interviews which indexically managed these paradoxical dilemmas.

Conclusions & implications
The findings indicate that elder abuse is a nebulous issue in community nursing. Consequently, responses are imperative in terms of education, policy and practice so that older people experiencing elder abuse in the community have a responsive and effective input from community nursing services.
MULTIDISCIPLINARY EVALUATION OF NEURO-DEPENDENCY (MEND): A TOOL FOR TRANSFORMING PRACTICE

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BACKGROUND: Assessment of neurological dependency in activities of living and use of tools for this purpose are increasingly common. Such tools do not indicate the number of health professionals required for overall care, nor their skill-mix. Health services managers are also charged with ensuring economic costs of nursing care offers a value-for-money, quality service, but economic analyses are not routinely available to enable them to link care costs arising from dependency to planning.

AIMS: To develop a valid, reliable tool to measure dependency. To identify and compare the direct costs of basic and specialist nursing care per patient and across a given population.

METHODS: Preliminary work identified content validity, categories of dependency, ordinal scaling properties and reliability testing. Inter-rater reliability was established across 15 categories. A dependency profile of n=100 was produced and construct validity tested through factor analysis. The economic evaluation involved a cross-sectional design comprising assessments of dependency utilising the tool over a day shift. Levels of dependency were linked to staff numbers, skill-mix and time taken to complete interventions. This enabled the direct costs of nursing care to be determined and compared with those for therapy.

FINDINGS: Kappa values were determined by two independent observers and ranged from 0.66 to 1 (mean 0.87), which constitutes good to excellent agreement. The dependency profile revealed six dominant and nine subsidiary categories. Factor analysis established four possible contributory causes of co-variation between scale items. Ten items were associated with factor 1, six with factor 2, five with factor 3 and four with factor 4. Factors encompassed motor, social, behavioural and cognitive functions. The most expensive categories were mobility, bladder, environmental awareness and enteral feeding. The least costly were self-expression, comprehension, pressure relief and behaviour. Total direct costs of basic care outweighed those for specialist nursing (which in turn outweighed those for therapy) by a factor of 10.

CONCLUSIONS: The tool fulfils selected criteria for content, construct validity and inter-rater reliability. Information from MEND can be used to project workforce numbers and skill-mix. Post-discharge community workforce planning and costing can also be informed by MEND.
Healthcare Assistants and their Professional Development: A case study from North West Ireland

(Part of ongoing doctoral thesis investigating the impact of an educational programme (HCSC) on the development of the HCA)

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Background:
The Healthcare Support Certificate course (HCSC) was introduced for a variety of reasons, but mainly to address the reduced human resources within nursing and medicine. Research conducted to date has mainly focused on the effectiveness of the HCSC and it’s appropriateness in clinical practice. There is little evidence focusing on the particular role and development of the HCA or the impact completing the HCSC has on their development.

Aim of the study:
To explore the type of educational experience that HCAs attain; explore the “new” relationship between HCAs and Registered Nurses/Midwives (RNs/Ms); ascertain the perception of how change was managed within the clinical setting and examine if professional development occurs, at what level and how this is perceived by HCAs, RNs/RMs and Directors of Nursing (DoNs).

Method:
Data was obtained from 19 HCAs who completed the HCSC in July 2008, 174 RN/Ms who work with this cohort of HCAs in the clinical areas and 3 DoNs. The study incorporates a multi-method approach, using the following methods:
- Stage 1: Structured Questionnaire—19 HCAs & 174 RN/Ms
- Stage 2: Semi-structured interviews—6 HCAs
- Stage 3: Semi-structured interviews—3 DoNs
- Research Diary – ongoing through 3 stages

Questionnaires were analysed using SPSS Version 15 and qualitative data were analysed following the principles of thematic analysis.

Findings to date:
Findings from Stage 1 suggest that HCAs are attaining a good educational experience. They also feel motivated to learn, have a good working relationship and feel comfortable working with the RN/Ms on their ward/unit. However, it appears that RN/Ms are very unsure about HCAs roles and responsibilities and what they are competent to do. Overall, both RN/Ms and HCAs are comfortable working with each other and both groups agree that there is a need for trained HCAs in their wards/units. What is now also apparent is that both groups believe there is a need for HCAs to have a structured career pathway.
Health Literacy and Patient-Centered Teaching and Learning in Primary Care

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Background: Internationally, health literacy has been identified as a key area for research and intervention to improve population health. Inadequate health literacy affects people of all races, income, and education levels. Stress incurred during primary care visits may lead to decreased understanding despite adequate literacy abilities. Little research has been done to discern the perspective of the older adult for effective teaching/learning strategies in primary care across literacy abilities.

Aim: The aim of this study was twofold: (a) compare the health literacy of older adults in a primary care practice to estimates of health literacy across the US and (b) elicit patient perspectives regarding effective, patient-centered teaching/learning strategies.

Methodology: Institutional Review Board approval was obtained. Using a descriptive, cross-sectional design, data were collected during a home visit. Health literacy was measured using the (a) Test of Functional Health Literacy in Adults and (b) Newest Vital Sign. Open ended questions were posed to elicit patient perspectives about effective teaching/learning strategies. Responses were documented and read back to participants for validation.

Findings: Fifty-seven adults over age 65 participated (mean age = 73.7 years; mean education = 15.3 years, range 8-24 years). Eleven percent of subjects demonstrated inadequate health literacy—lower than national (US) estimates. Despite adequate health literacy levels of most participants, patients preferred information in plain language. Patients requested practice with “teach-back”.

Participant Perspectives:
“Explain as simply as you can – ‘What can I do’?” “Everything should be in writing.” “They should have the patient say the information back to you.” “Doctors and nurses should tell you enough to allow you to ask informed questions. You can’t ask about what you don’t know.” “If folks don’t ask questions, make sure they know to call back.”

Conclusions and Implications: Regardless of health literacy or educational level, patients preferred simple, written instructions and wanted providers to use “teach-back”. Patients may be more active participants and may perceive increased partnership when we use patient-centered strategies, thereby improving satisfaction and health outcomes. Consider less cumbersome reimbursement methods for face-to-face education as well as reimbursement for telephone education in primary care.
The Teaching of Holism and Nursing Therapy

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Background: Central to new nursing are the concepts of holistic practice and the development of the nurse as a therapist in their own right. There is more potential for the use of touch therapies within nursing. Nurse lectures (NLs) are integral to the delivery of new nursing theory to nursing students although treatment often continues to concentrate within a 'medical model'. Some evidence suggests poor understanding or limited teaching to holistic practice.

Aim: To explore NL’s understanding of spirit; the medical model and holism; the placebo as part of nursing therapy; energy medicine and touch therapies within nursing therapy.

Methods: A mixed methodology, using both quantitative (questionnaire) and qualitative (interview) methods. A convenience sample was used for the Likert type questionnaires (108), with a response rate of 57% (61). Interviews were undertaken proportionately representing the nursing branches until saturation (15). Analysis involved the use of SPSS (questionnaire) and thematic analysis (interview). Ethical approval was obtained; anonymity (questionnaire) and confidentiality (interviews) was protected.

Results: There was a confused or vague idea of the nature of spirit and holism. Spirituality is not addressed in any depth within the curriculum. There was some evidence of the disproportionate effect of the medical model within the teaching curriculum and in clinical practice. About 50% of the NLs were dismissive of the effectiveness or legitimacy of placebo. There was some general agreement for the incorporation of alternative medicine and touch therapies clinically, although relatively little was understood of touch therapies. There was very limited teaching to complimentary and alternative medicine.

Conclusion: To effectively teach spirituality and holism they should be explored and defined. A better understanding of the role of placebo and the therapeutic potential for complimentary and touch therapies should be considered within the nursing curriculum to enhance holistic practice and counter medical dominance.
Psychological Problems of Menopause: A study of Working Women in India

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Background
A literature review on menopausal studies suggests an overwhelming number of studies conducted in the Western milieu and very few studies available within an Indian context especially on working women. Women’s ‘dual role’ as a house maker and working outside the home, and the problems associated with it during menopause are documented only in two studies. However, the extent of menopausal problems among working women is not been studied in India. The aim of this study is to assess the physical and psychosocial problems of menopausal working women and identify its association with the variables under consideration in the study.

Method
A descriptive survey approach was used to carry out the study. 500 participants were selected using a multistage random sampling approach. Sampling frame was prepared once the contact was made with the organisations. Mailed survey was carried out using a Climacteric Questionnaire developed by the author. Reliability (r = 0.89) and content validity of the tool was established. Data was analysed on SPSS Version 14.0. Ethical permission was granted by the Ethics Committee, S.P. Women’s University.

Findings
There was a 60% of response rate (N=300). In this abstract, only psychological problems of menopause are discussed. Findings reveal that 51% of the participants reported psychological problems (anxiety, depression and cognitive disturbances) during menopause and they were positively correlated with participants’ educational level, income and problem related to job. Furthermore, history of premenstrual symptoms, history of abuse, workplace harassment and sexual difficulties (being compelled to have sex) were also positively correlated with psychological problems. Besides, a negative correlation was observed with participants’ marital status, age at menarche, type of menopause and view on menopause.

Conclusions and Implications
Findings suggest the need to empower women and family on health related issues and also to make changes to educational, health and workplace policies at large.
An innovative training programme on dual diagnosis

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Background:
The Irish mental health service has recently been introduced to the term ‘dual diagnosis’ referring to the co-existence of substance misuse and mental disorder in a person. The Irish researchers recommend training and education on dual diagnosis across all disciplines in both mental health and addiction sectors (MacGabhann et al 2004). However a literature review suggests that there is an unmet need for continuing education programmes on dual diagnosis in Ireland. The authors developed this training programme on dual diagnosis in order to meet the increased need for staff training within the Irish mental health, addiction and criminal justice system. This course focuses on group treatment programmes for dual diagnosis service users. The first training programme was delivered one day a week for five weeks at the end of December 2008. Twenty two participants attended the training programme. Participants came from both addiction and mental health services included psychiatric nurses, probation officers, social workers and a gárdai. Since then the course has got the Category-1 recognition by An Bord Altranais.

Aim of the Study:
To evaluate the effectiveness of 5-day course on ‘dual diagnosis group treatment programmes’.

Method:
A mixed methodology was adopted. The data was collected in three forms: Firstly, the participants’ feedback at the end of each day, Secondly pre and post testing and lastly a focus group interview carried out twelve weeks after the course completion. Ethical approval was sought from the ethics committee, Trinity College Dublin. Currently data collection phase is completed and the data will be analysed using S.P.S.S. Version 16.0 and thematic analysis.

Conclusion and Implications
Findings will suggest the effectiveness of this course for service providers within the mental health, addiction and criminal justice system in their approach to treatment of dual diagnosis service users. Suggestions made by the participants will be used in the future course development.
Positive Practice Environment: Expectations of Student Nurse Interns.

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Background
The student nurse undergoes a challenging experience during his/her internship, as the work place expects the intern to be an individual with developed set of skills. Knowing that the first year of nursing is vital in retaining new graduates, the critical aspect that promotes a positive transition is the provision of positive practice environment which will support and motivate the nurse interns. The purpose of this study is to report on student nurses’ expectations of the positive practice clinical environment.

Aim of the study
This paper reports a descriptive study that identifies and assesses the nursing student interns' expectations of the positive practice clinical environment during their internship programme and ascertains how prepared they feel to fulfill the nursing intern role.

Method
Nursing student interns (n=30) from nursing diploma course at the author's institution were included in the study. Questionnaire was designed and reliability and content validity was checked. Convenient sampling analysis was done. Data was collected after verbal consent was taken from samples. Descriptive statistics were used to analyze the data collected.

Findings of the study
All student nurse interns (100%) strongly agreed that they prefer positive practice environment. The mean and SD value of overall expectations of the interns were clinical area (4.15, 0.38), preceptor (4.33, 0.39), charge / head nurse (4.26, 0.39), hospital management (4.26, 0.4) and clinical instructor/education coordinator (4.5, 0.34). The overall correlation of expectations of interns was clinical area (0.641), preceptor (0.804), charge/head nurse (0.881), hospital management (0.838) and clinical instructor/education coordinator (0.619). The mean and SD of overall preparedness of the interns were 3.53 and 0.47 respectively.

Conclusions and implications
Student Nurse Interns prefers to do internship in a positive practice environment. A positive, healthy and supportive clinical learning environment is essential in order to retain the new nurse graduates in the author's country where nursing profession is still in its young stage.
An ethnographic exploration of the infection control practices in Irish Dialysis Units, employed to prevent the transmission of blood borne viruses

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Background:
Haemodialysis patients are at a higher risk of contracting a blood borne virus than the general population. The literature identifies failures in infection control policy and/or practices as a major contributor to this risk, and in 2005 the Department of Health and Children issued comprehensive guidelines on how this risk should be managed in such environments (DoHC 2005). However research exploring such policies and practice is scant, and to date no such studies have been conducted in Ireland.

Aim:
The aim of this research is to explore the infection control practices in Irish Dialysis Units, employed to prevent the transmission of blood borne viruses.

Methodology:
A focused ethnographic approach was utilised, using participant observation, interviews, and document examination as the methods of data collection. Two sites were included, and participants were purposefully sampled.

Summary of Key Findings:
Three themes emerged from the analysis;

The variability of practice and knowledge base; The practice of individual nurses varied, which appeared to play a significant role in the level of potential contamination of the environment with blood. There was also considerable variation in knowledge base and further educational needs were identified by participants.

The integration of the new guidelines into existing practices & processes; The implementation of the new guidelines was ongoing on both units, and both were experiencing difficulties in this exercise.

The influence of external providers on implementation; The implementation of the guidelines in full required cooperation and facilitation by a number of external providers.

Conclusion:
Failures in infection control practice or policy have been previously identified as a major contributor to the risk of acquiring a blood borne virus in dialysis environments. The variability in practice & knowledge requires further examination, and for full integration of such guidelines to occur, a delineated process of implementation is required.
The ups and downs of undertaking a choice experiment to elicit pregnant women's preferences for antenatal screening for Down syndrome in Northern Ireland.

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Background: In Northern Ireland, it is proposed that all pregnant women be offered screening for Down syndrome during the second trimester of pregnancy (UK National Screening Committee 2006). Yet, little is known about women's preferences for such screening. Incorporating women’s acceptance of or preferences for screening is an essential component in the planning and delivery of any screening programme. Choice experiments offer a methodology to explore such preferences.

Aim: To discuss the ‘ups down downs’ of undertaking a choice experiment aimed at describing pregnant women’s preferences for antenatal screening for Down syndrome in Northern Ireland.

Outline of main content: In outlining the key stages in the design and analysis of choice experiments, discussion focuses on the challenges of identifying screening attributes from a previous ethnographic study; the use of process and outcome attributes; generating choice scenarios using commercial software; and ethical considerations in using an Internet mediated questionnaire to elicit pregnant women’s preferences. Some key methodological issues are also considered.

Conclusions and implications: Midwives are challenged to embrace the use of choice experiments in exploring pregnant women’s preferences for antenatal screening for Down syndrome.
Accreditation of Professional Skills for Nurses in Primary Healthcare Units

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Background and context: In 2005, the Andalusian Agency for Healthcare Quality set up its Professional Skills Accreditation Program for the Public Health System in Andalusia (Spain) by drawing up 63 Skills Manuals, 5 of which deal specifically with Primary Healthcare Nursing: (1) Childcare, (2) Mental Health, (3) Primary Healthcare, (4) Pre-hospital Emergencies and Midwifery

During the accreditation process, each nurse is called upon to review systematically his/her daily practice and to provide evidence to measure the gap between their actual skills and the contents of the Manual.

Aim: To ascertain the degree of development of accredited nursing skills in Primary Healthcare.

Methodology:
1. Method: Descriptive analysis.
5. Sample size: 147 Primary Healthcare nurses.

Findings: The following table charts the percentage of achievement in the various skills factors under study:

<table>
<thead>
<tr>
<th>SKILLS FACTORS FOR PRIMARY HEALTHCARE NURSES</th>
<th>DEGREE OF DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude towards learning and continual improvement</td>
<td>62.4%</td>
</tr>
<tr>
<td>Suitable use made of available resources</td>
<td>77.0%</td>
</tr>
<tr>
<td>Application of basic research techniques</td>
<td>56.1%</td>
</tr>
<tr>
<td>Ability to support family in its role as care provider</td>
<td>74.8%</td>
</tr>
<tr>
<td>Teaching capacity</td>
<td>57.3%</td>
</tr>
<tr>
<td>Ability to develop measures on a community level</td>
<td>60.7%</td>
</tr>
<tr>
<td>Communications and Clinical Interviewing</td>
<td>70.7%</td>
</tr>
<tr>
<td>Healthcare continuity</td>
<td>82.4%</td>
</tr>
<tr>
<td>Health education, healthcare advisory and prevention methods</td>
<td>72.9%</td>
</tr>
<tr>
<td>Quality Methods</td>
<td>58.6%</td>
</tr>
<tr>
<td>Service provision and organisation skills</td>
<td>88.1%</td>
</tr>
<tr>
<td>Outcomes focused</td>
<td>89.4%</td>
</tr>
<tr>
<td>Citizen focused, respect for citizen rights</td>
<td>86.4%</td>
</tr>
<tr>
<td>Customised healthcare</td>
<td>73.6%</td>
</tr>
<tr>
<td>Advance Life Support</td>
<td>60.7%</td>
</tr>
<tr>
<td>Teamwork</td>
<td>81.8%</td>
</tr>
<tr>
<td>Continual and integrated vision of processes</td>
<td>67.1%</td>
</tr>
</tbody>
</table>

Conclusions and implications:
1. On average, nursing staff in Primary Healthcare achieves a skills level of 71.6%.
2. Special mention should be made of the development in the following skills factors: “Outcomes focused” (89.4%), “Service provision and organisation skills” (88.1%) and “Citizen focused, respect for citizen rights” (86.4%).
Best Practices for Health Promotion


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Background and context: In 2005, the Andalusian Agency for Healthcare Quality sets up its Professional Skills Accreditation Program for the Public Health System in Andalusia (Spain) by drawing up 63 Skills Manuals, 13 of which deal specifically with Nursing. These Manuals cover the Best Practices to be performed by healthcare professionals. During the accreditation process, each professional is called upon to review systematically his/her work and to measure the gap between their actual skills and the contents of the Manual, thereby identifying possible areas for development and improvement.

Aim: To ascertain the degree of development of the Best Practices laid down in the specific Nursing Accreditation Manuals aimed at promoting health.

Methodology:
8. Scope: Accredited nursing staff.
10. Sample size: 355 nurses.

Findings: The following table charts those Best Practices relating to Health Promotion that have attained the highest level of development after the Accreditation Process:

<table>
<thead>
<tr>
<th>BEST PRACTICES RELATING TO HEALTH PROMOTION</th>
<th>Degree of development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in activities to monitor the health of high-risk groups</td>
<td>86.1%</td>
</tr>
<tr>
<td>Develops activities aimed at enhancing patient safety to prevent the appearance of possible complications.</td>
<td>84.4%</td>
</tr>
<tr>
<td>Involves him/herself to meet the basic needs of the person.</td>
<td>76.6%</td>
</tr>
<tr>
<td>Enhances the responsible and safe usage of medicines as well as of healthcare and therapy support devices.</td>
<td>72.5%</td>
</tr>
<tr>
<td>Performs educational, risk-detection and prevention activities to promote and maintain health.</td>
<td>59.8%</td>
</tr>
</tbody>
</table>

Conclusions and implications: The degree of development shown in the Best Practices relating to Health Promotion demonstrates that accredited nurses build new actions into their daily routines to improve the health standard of individuals, healthcare providers, the community and high-risk population groups.
Sexuality Post-Menopause: Assessment Pearls and Treatment Options

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As the life expectancy of women continues to increase, meeting the health care needs of post-menopausal women will become increasingly important for nurse-midwives and all clinicians providing women’s health care. Prevalence rates of sexual problems have been found to increase with advancing age, particularly amongst women. However, sexuality post-menopause has been historically overlooked, resulting in a number of knowledge gaps.

The purpose of this study was to explore how post-menopausal women perceive sexual function and sexual satisfaction. A grounded theory method was employed. Qualitative research methods are appropriate when detailed exploration of a topic in a naturally occurring setting is desired.

Following approval from the Institutional Review Board of a university in the Northeastern part of the United States, twenty participants were interviewed using a semi-structured guide. Data were analyzed using the constant comparative method.

Findings from this study suggest a number of pertinent issues which are not routinely addressed in clinic visits. These findings, as well as those from a review of recent literature will be synthesized to highlight key areas which should be addressed in a sexual assessment. Current thinking regarding both pharmacological and non-pharmacological treatments for sexual problems will be discussed.
The first steps of the midwives’ independent activity in Lithuania.

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Background.
In Lithuania attitude towards midwives as a specialist who can make decisions all alone, remains unchanged. The main person in the delivery room remains medical doctor. Midwives in the supervision of childbirth are only an assistant for doctor. She cannot make decisions independently. As the main aim to change this settled practice, at University Hospital Klaipeda in the year 2007 the first maternity unit in Lithuania, where midwives supervise childbirth independently and carry on full legal and moral responsibility, was opened.

The aim of the study – to find out doctors’, midwives’ and women’ attitude towards independent work of midwives.

Methodology.
The data were generated by survey of doctors obstetricians-gynecologists, midwives and women.
Doctors, midwives and parturient women answered the following questions:
Are such maternity unit where midwives supervise childbirth independently is required in Lithuania?
What are the main problems related to the independent practice of midwives?
Are you embarrassed that during the childbirth decisions were made only by the midwives?

Findings.
Midwives are satisfied with provided possibility to supervise childbirth independently. The main problem – filling in documents and more frequent conflicting situations with doctors. They would like more confidence with their qualification.
Doctors pointed out that assigning more work functions for the midwives will decrease the demand for doctors. Most of the doctors do not trust in midwives qualification and possibility to guide the childbirth independently.
Women are confident with the work of the midwives. They are satisfied with the situation that it is possible to call the doctor at any time.

Conclusion.
The main problem that interferes to develop the independent work of midwives is the mistrust of doctors in their qualification. Midwives training program needs to be reconsidered with focus on a new midwife role. The attitude of society to the work of a midwife needs to be changed.
The Relationship between Hospitalization Rates and Psychosocial Factors among Elderly Patients with Heart Failure (HF)

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Background: HF is a central cause of morbidity and mortality among the elderly. It is a leading factor for hospitalizations and significant expenses of the health system. The current constraints in the reaction to drug treatment led to the planning and implementation of therapeutic interventions for HF patients. Such interventions are generally focused on medication and preservation of functional state. However they don't deal with early findings about higher levels of Psychosocial symptoms such as depression and social support in HF patients.

Aim of the study: This study was aimed at characterizing the Psychosocial aspects of HF patients and the relations of these aspects to their rate of hospitalizations. Such relations will demonstrate the value of Psychosocial variables as indicators of general health status.

Method: The research included a population of 120 elderly (over 65) HF patients from four community clinics in Beer-sheva, Israel (Cross sectional design). Candidates were asked to take part on a research regarding quality of life for HF patients. The research included a comprehensive Bio-psychosocial interview. A comparison of Biomedical and Psychosocial factors (Anova) was made between patients with few hospitalizations (1 or less in the last 2 years) and patients with re-hospitalizations (at least 2 in the last 2 years). Psychosocial variables' ability to predict hospitalizations was also checked (Logistic regression).

Findings: Significant relations were found between Past hospitalization and several Psychosocial factors: Depression (F=15.9, p<0.01), Anxiety (F=8.51, p<0.01), and Self Rated Health (F=7.2, p<0.05). Depression (OR=1.26, p<0.05) was the only factor which predicted hospitalization rates significantly.

Conclusions and implications: General physicians, as well as other medical professionals, are encouraged to pay attention to Psychosocial factors and especially depression level in their routine practice, in order to obtain a better understanding of their elderly patients' Bio-Psychosocial health status and decrease the chance for future hospitalizations.
Symposium Title: Client-centred research as a driver for health systems change: Lessons from two Canadian studies on the health service needs of people with addictions.

Paper 1: “Getting Treated Like a Junkie”: Using Participatory Research to Improve Health Services and Systems for Marginalized Women who use Drugs

Authors: Amy Salmon, PhD (presenting; Women’s Health Research Institute and University of British Columbia School of Population and Public Health), Annette Browne, PhD, RN (University of British Columbia School of Nursing), Julie Ham. MSW (independent scholar), Ann Livingston (Vancouver Area Network of Drug Users), & Ann Pederson, MSc (BC Centre of Excellence for Women’s Health)

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Background and Aim: In 2002, the Vancouver Coastal Health Authority began an extensive redesign of primary care services with the explicit goal of meeting the needs of marginalized people living in the city’s Downtown Eastside. Three years later, women who use drugs in this community continued to report persistent health inequities and barriers to timely and supportive health service access. The VANDU Women CARE study examined the impact of these policy and service reforms on the primary care experiences of women who use illicit drugs.

Methods: Grounded in Participatory Action Research methods, 11 VANDU Women’s Group members were trained by academic members of the research team to serve as peer-interviewers. In-depth interviews were conducted with 50 women. Data were coded using Atlas.ti software using an inductive analytical framework. Emergent findings were brought back to VANDU Women’s Group members for member-checking and triangulation. This study was reviewed and approved by two Research Ethics Boards at the authors’ institutions.

Findings: In interviews, being “treated like a junkie” emerged as short-hand for expectations of receiving poor treatment. In the face of long wait times, repeated experiences of stigma and discrimination in healthcare settings, restricted access to medications, and multiple co-occurring health challenges, women who use illicit drugs in the DTES develop complex strategies for seeking timely and appropriate care, often creating disbursed “networks of care”. However, these strategies can result in further marginalization, as women find their access to care restricted through accusations that they are “doctor shopping” or “drug-seeking”.

Conclusions and Implications: Study results have generated dialogue and collaboration between healthcare providers, drug user organizations, researchers and policymakers to develop recommendations to: reduce patient wait times at clinics; implement professional education interventions with a social justice focus; develop system capacity to engage peer workers; and entrench policy support for women-centred primary care.
Focus on front-line carers for people with dementia

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Background: Health care assistants in dementia wards are working with increasingly dependent and frail populations. The physical demands of the job as well as its emotional impact are high. Yet people continue to do this low status work. This study was commissioned by the Department of Health Services Delivery & Organisation research section as part of its initiative to study the health service workforce.

Aims: To investigate how health care assistants keep going and why. This is important because previous studies and common sense indicate that competent and contented staff will provide better care. We want to know what motivates staff and what obstacles they encounter; what they find stressful and how they cope; whether different sorts of people thrive in this work; and to explore the implications of these answers for person-centred dementia care.

Methods: By employing researchers as health care assistants in three different inpatient settings for older people with dementia, we collected 12 person-months of participant observation. This was followed by dementia care mapping in the wards, individual interviews with staff and staff focus groups, all analysed inductively with reference to the study questions.

Findings: Although the data are only partially analysed, this process will be completed over the next 6 months. Initial findings are that elaborate explanatory frameworks based on participant observation are challenged by individual interviews.

Implications: We will present the implications of the research for workforce planning, training and management.
Developing a quality system for diagnostic imaging in Ghana

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Background:
The Ghanaian government’s policy on health to provide affordable quality healthcare to the people is both appropriate and laudable. Imaging departments play a vital role in facilitating the above goal through the provision of diagnostic services and are widely used because of their known benefits to society. However, diagnostic X-rays are the largest contributor to radiation dose from all man-made radiation sources.

Quality assurance (QA) programmes play a fundamental role in establishing and maintaining systems to support high quality healthcare. Currently there is no quality assurance system in place for diagnostic imaging service or training and a general lack of awareness of radiation protection or quality service / training provision. This has major consequences for patient quality of care and safety.

Aim of the study:
To develop a sustainable quality assurance model for implementation in diagnostic imaging practice in Ghana.

Methods:
A total of 2000 patients, 120 staff and 70 students across 23 hospitals were included in the study to obtain a representative sample of all users and providers of service. Mixed methods approach was employed (qualitative and quantitative) with data acquired during 3 field trips to Ghana over 3 years. Stakeholders views were elicited on QA, service and training issues followed by 3 quantitative studies across hospitals in Ghana, examining radiation dose to patients and image quality. Ethical permission was granted by the University of Ghana Ethical Committee.

Findings:
There were significant differences in radiation dose for the same examination both within and between departments. The majority of problems identified (90%) with diagnostic image quality were down to inconsistent technique, lack of protocols and poor monitoring and QA.

Conclusion and implications:
The results of this work have facilitated the development of a QA model for diagnostic imaging in Ghana and the establishment of a national Quality Taskforce for Imaging. Training workshops have been organised and initially chest radiography, the most common examination undertaken, will be used as the model for implementation of the system. The target is to improve chest radiography reject rates from 20% to 10% in 1 year.
An exploration of the relationship between social support and coping in patients with End Stage Kidney Disease receiving haemodialysis.

Authors:

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Background: There are an increasing number of people requiring haemodialysis, which can result in many physical and emotional stressors. Therefore renal patients have to develop specific coping mechanisms and social support strategies.

Aims: To explore the social support and coping strategies employed by renal patients with End Stage Kidney Disease requiring haemodialysis. Furthermore to identify if a relationship exists between social support and coping in renal patients receiving maintenance dialysis.

Methods: A descriptive, quantitative, correlational design was used; data was collected using a 3-part questionnaire a demographic questionnaire, the Multidimensional Scale of Perceived Social Support (MSPSS), and the Coping Strategy Indicator (CSI). 107 questionnaires were administered to those who meet the inclusion/exclusion criteria. A total of 70 questionnaires were completed (response rate of 65%).

Findings: The support renal patients in this study received influenced their ability to cope with a chronic condition such as ESKD. Social support from significant others and family was used by the majority of the sample, support from friends was least used. While older respondents and females used more social support than younger respondents. Women sought support from their friends while men gained support from their significant others or family. Both men and women mostly used problem-solving coping, while younger participants in the study used avoidance coping.

Conclusion and Implications: Findings from this study can further facilitate nurses in providing support and information when assisting patients in coping with a long term condition such as ESKD. Particularly younger participants who were found to use avoidance coping.
Prevalence of Depression among Australian-Lebanese People Diagnosed with Cardiovascular Disease in Melbourne and Sydney

Presenter: **Associate Professor Lina Shahwan-Akl**
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A study undertaken with
Dr Alan Avery
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In multicultural Australia there is paucity of research examining the relationship of CVD and depression in patients from non English-speaking backgrounds. Arabic speaking Lebanese-Australians are the 8th largest immigrant group in Australia (ABS, 2001). Little is known about the comorbidity of CVD and depression among Australian-Lebanese. Utilisation studies of mental health services in Australia suggest that the rate of migrants accessing such facilities is low (Minas, et al., 1996; Klimidis, 2000, Prasad-Ildes & Ramirez,2006).

This paper outlines a descriptive/explorative study, commenced in August 2008, exploring the prevalence of depression, possible co-occurrence with other cardiovascular risk factors and its effects on Australian-Lebanese adults living in Melbourne and Sydney, where the majority of Lebanese-Australians are located.

The study comprises three phases. Phase one involves surveying (demographic survey and Cardiovascular Depression Scale Inventory) a convenient sample of 100 Australian–Lebanese people (age range 18-89) who have had a cardiac event, in relation to socio-demographic characteristics, perceptions of own general health, perceptions of own mental health, perceptions/experience of symptoms of depression, perceptions of own cardiovascular health, social support and social networks.

Phase two involves individual in-depth face to face semi-structured interviews with 10 subjects to elicit detailed information on their personal experiences of CVD and depression, values, attitudes, beliefs, health behaviours, perceptions of barriers and facilitators to behavioural change and accessing mental health services.

Phase three involves a survey of general practitioners (GPs) with primary health care contact with Australian-Lebanese patients suffering from CVD which explores their perceptions of comorbidity, mortality, barriers and facilitators in access to mental health services and the provision of effective management for depression among this group.
‘The Sick Note’: A qualitative study of general practitioners in Ireland

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Background: General practitioners (GPs) play a major role in the certification of illness providing evidence to both the employer and the welfare system on the work ability and subsequent incapacity to work. An international literature review highlights the complexity and difficult nature of this task for the practitioner. The research that has been undertaken mostly pertains to the Scandinavian countries and there is insufficient research that examines GPs perspective within an Irish context. Both employers and Government agencies are keen to reduce levels of absenteeism due to illness and consequently there is a need to extend the knowledge base as to impart a more in-depth understanding of the relationship between the GP and the practice of certifying a person as unfit for work.

Aim: The aim of the study is to explore the views of GPs with reference to the current role, operation and management of the sickness certification system in the Republic of Ireland.

Method: Qualitative analysis of data obtained from fifteen semi-structured interviews of GPs chosen purposively with regard to gender, geographical location (urban / rural area) and years of practice as a GP. Interviews were audio recorded and transcribed verbatim. Qualitative analysis was conducted using content analysis and coded using NVivo 8 software.

Results: GPs describe the task of sickness certification as part of the daily routine and workload in general practice. They find the certification process as both complex and challenging and have identified difficulties in operating the system. GPs also feel that it conflicts with the traditional aspects of the doctor-patient relationship. Many GPs wish to change the current system by expanding the role of occupational health departments, through the introduction of a self-certification system for short-term certification and though a graded return to work. They feel that both links with employers and the welfare department could be improved. GPs find the interaction with colleagues, particularly at local level very beneficial to deal with issues surrounding the area of sickness certification.

Conclusion and implications: Fundamentally there is a need to improve the research base in sickness certification in Ireland. A larger study may help to highlight problems with the sickness certification system and impart a greater understanding on the current issues in general practice. Consideration of the issues highlighted in this qualitative study may form the basis for proposed changes to the system, including debate on self-certification and proposals on graded return to work.
Postnatal home visiting: are midwives in Northern Ireland meeting women's needs?

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**Background:** This was the first study of Irish community postnatal services in a Border area. The study site was a hospital trust located in Northern Ireland in a Border area that serves pregnant women from either side of the Border. In NI midwives care for all women for a period not less than 10 days and longer if necessary. In the ROI. a different model of care exists whereby the public health nurse visits less often initially but provides care for families with infants over a longer period up to and including the school years.

**Aim:** to explore whether professional home postnatal care in Northern Ireland (NI) and the Republic of Ireland (ROI) meets women’s expectations and needs.

**Method:** Semi-structured individual interviews were conducted with five lead Supervisors of Midwifery; the regional ROI Service Manager; 20 women resident in NI and 20 women resident in the ROI. Data were collected from four focus groups of NI community midwives. The research procedure of analytic induction was employed to generate hypotheses from the data.

**Findings:** ROI mothers valued home visits up to three months after the birth but wanted more visits in the early postnatal period. ROI mothers were unlikely to know the public health nurse but her friendliness overcame the lack of continuity of care. Some ROI mothers travelled across the Border for home postnatal care by NI midwives. Most NI mothers were happy that their needs were met NI midwives reported routine visiting patterns.

**Conclusions and implications:** Negotiated care planning should be part of every initial assessment visit to include telephone calls at some points for some women instead of visits. Further research is needed on the role of the community midwife in supporting breast-feeding.

The Florence Nightingale Foundation Band Trust Scholarship has supported this research.
Individualised care and related factors – generating nursing theory by empirical research

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Nursing currently evidences concern with the development and clarification of its knowledge base and evidence based nursing.

The aim of this paper is to describe the generation of nursing theory using the example of the Individualised Care and Related Factors model. The model was developed in four phases: 1) The analysis and definition of the concept of Individualised Care, 2) The definition of the hierarchy of conceptualisation and its empirical hypothesis testing 3) The definition of the factors associated with the concept of individualised care and the preliminary, empirical testing of these associations and 4) Empirical testing of the whole hypothetical model.

The model has been developed between 1995 and 2007 using literature reviews, four empirical research datasets derived from general hospital patients (n₁ = 203, n₂ = 279, n₃ = 454, n₄ = 861) and various statistical methods, for example, Cronbach's alpha, item analysis, exploratory and confirmatory factor analyses such as LISREL. The development process included also an international cross-cultural study in five countries (n = 1126). These statistical methods were used to empirically verify the model constructed by hypothetical and deductive reasoning.

The Individualised Care and Related Factors model is situation specific the concepts being defined and developed from a specific perspective, the patients' point of view, in a hospital context using empirical research. As the model has been tested and developed the concepts have been found to be generalisable to other similar contexts and situations.

The model can help professionals to develop individualised nursing care in clinical practice. Detailed questions about specific aspects of patients' experiences are likely to be more useful in monitoring hospital performance from the patients' perspective. The generation of the model will continue to be tested in different contexts and environments where both the patients' and nurses' perspective will be considered.
Screening for mental health problems in adults with intellectual disabilities using the Mini PAS-ADD Interview

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Abstract

Background: Prevalence rates vary considerably regarding the mental health of people with intellectual disabilities (ID). This variation is a consequence of different types of populations studied and also the assessment methods used to identify such clinical conditions (i.e. case records, screening tools and structured interviews).

Aim of study: The aim of this was to screen for mental health problems in adults with mild to moderate ID.

Methods: This study took place in one region of the UK providing community-based services to 96 adults with a mild to moderate ID. Using the Mini PAS-ADD Interview schedule, a number of specifically trained interviewers, interviewed staff who supported these adults with ID in their particular work/day care setting to determine whether or not participants had a potential mental health problem.

Results: This study found a 33.3% prevalence rate of mental health problems in this community sample. This sample was found to score higher on the sub-scales of Depression and Psychosis compared to other prevalence studies. The Mini PAS-ADD Interview was found have an overall sensitivity of 1 (100%); its specificity was 77%.

Conclusions and implications: The results of this study fall between previous community prevalence studies that range from 14% and 50%. The practical issues of the screening process are discussed. Methodological limitations are also highlighted in accurately predicting prevalence rates of mental health problems in the ID population by clinical staff.
An examination of the factors that make it possible for intellectual disabilities nurses to implement new practices / service initiatives

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Abstract:

Background: While evidence-based practice and the importance of research are now at the forefront of nursing practice, there is lack of evidence published on how nurses within the field of intellectual disabilities implements new practices and services.

Aim: The aim of this study is to identify the processes of how these intellectual disability nurses are developing, delivering and implementing change in practice and developing service initiatives.

Methods: This is a qualitative study. Approximately fifteen intellectual disability nurses will be recruited to take part in one-to-one semi-structured interviews. The participants will be recruited from across the five health and social care trusts in Northern Ireland. The interviews will be audiotaped and the transcriptions subjected to a thematic content analysis using Newell & Burnard’s (2006) framework.

Results: This study is currently being undertaken and results will be presented.

Conclusions and implications: This research study will not only be beneficial to the community of intellectual disability nursing but also to all nursing disciplines. In identifying the factors that lead to nurses changing their practice and developing new initiatives, these factors can then be embedded within policy planning, commissioning, education and service delivery. The discovery of nurses involved in evidence based practices / services may also encourage other nurses to become more involved in service development within their own sphere of work and further identify nurse leaders for the future (Modernising Nursing Careers, 2006).
At the sharp end: the experience of participating in the SELAN randomised controlled trial

Presenter: Grace Thomas, Consultant Midwife Gwent Healthcare NHS Trust, Visiting Fellow University of Glamorgan

Authors of paper: Professor Ellen D Hodnett University of Toronto, Robyn Stremler, Andrew R Willan, Julie A Weston, Nancy K Lowe, Kathleen R Simpson, William D Fraser, Amiram Gafni, SELAN Trial Group.

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Background: The experience of participating in an international, multi-centre, randomised controlled trial is not often published or presented at conferences. Yet it is one that inspires staff and participation should be encouraged in clinical areas as it enhances the understanding and value of research. The SELAN Trial (Structured Early Labour Assessment by Nurses [Midwives in UK]) was published in the British Medical Journal in August 2008, and the authors have given their permission to present the research in the context of the experience of one maternity unit in participating in the study. The Consultant Midwife led as centre collaborator and a research midwife was appointed for the first time in the organisation. Many midwives were involved, and their experiences are captured in this presentation.

Aim of the study: To determine if a complex midwifery intervention during the early or latent phase of labour would increase the likelihood of spontaneous vaginal birth.

Method: The SELAN study examined data from 5002 nulliparous women across North America and UK. 2501 received usual midwifery care and 2501 were allocated to the intervention group of structured care which consisted of a minimum of one hour of dedicated care from a midwife with formal assessment and supportive strategies to deal with maternal emotional state, pain and fetal position.

Findings: The primary outcome measure of spontaneous vaginal birth was 64.0% in the structured care group and 61.3% in the usual care group.

Conclusions and implications: The trial concluded that a structured approach to care in hospital labour assessment units increased satisfaction with care and was suggestive of a modest increase in the likelihood of spontaneous vaginal birth. This is important in practice, particularly when looking to enhance normality and reduce medical interventions. Methods to introduce the structured package of care across the maternity service are now being examined to support women in the latent phase of labour.
‘Barriers to rehabilitation and recovery for Patients in the Irish Forensic Mental Health Services: The Staff perspective’

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Forensic mental health services are traditionally charged with the containment of persons with mental health problems who have interfaced with the judicial system, or who are deemed to be in need of specialised treatment in a secure environment. Historically, persons detained within the services had little hope of discharge, with limited focus on the concepts of recovery and rehabilitation. However, contemporary mental health legislation aligned to the increasing input of peer advocacy and support networks has lead to discharge planning becoming an integral part of the patient’s treatment options. Despite this change in treatment focus, service users and providers face numerous barriers in planning for discharge.

The researcher therefore undertook this study with the aim of understanding which factors militate against rehabilitation and recovery for patients in this service. The objective of the study is to promote scholarly discussion on an under researched topic and to identify factors which may assist in future service delivery.

The researcher conducted a qualitative descriptive study, utilising semi-structured interviews with six members of the service Multi Disciplinary Teams. The final sample was randomly chosen from the response group by a Nurse Manager in the service. The researcher had originally planned to interview service users, but was aware of the huge ethical difficulties such a study would present. The data was analysed using a six stage thematic content analysis.

The main factors identified as barriers to rehabilitation and recovery included stigma, adverse media coverage, lack of employment opportunities and social alienation. The overarching barrier identified was the lack of funding and resources in this area.

The study has identified barriers in existence for the service in an Irish context, with much of the findings coinciding with international studies and research in general mental health settings. The researcher suggests further debate and enquiry in this area.
Standing On Your Own Two Feet? A Service Evaluation Of Foot-Care Empowerment Talks And Their Effect On Self-Care

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In 2004 a podiatry service now based within the Belfast Health and Social Care Trust rolled out The Foot Care Empowerment Project as part of a waiting list management strategy which mirrored projects in other parts of the United Kingdom. This strategy aimed to ensure rapid access to services for those with greatest podiatric and medical need while people with low podiatric and medical need were discharged via the empowerment project pathway. This aimed to promote self-care by increasing individuals’ knowledge and skills.

The aim of this study was to evaluate the effectiveness of The Foot Care Empowerment Project from the participants’ perspective. All 140 people who were discharged following attendance at a foot care empowerment talk over a one year period (1st April 2007 to 1st April 2008) were sent a postal questionnaire resulting in 118 completed responses (a response rate of 84%). This consisted of 54% females and 46% males with the majority (79%) aged over the age of 65. Results showed that only 10% of participants reported that their foot care had improved following the foot care empowerment talk. Interestingly this group all assessed themselves as being able to care at least moderately well for their feet before the empowerment talk. The key factor affecting respondents’ assessments of the programme outcome was their own physical ability to self care and this was related to mobility and health status.

This study illustrated that the podiatry patient empowerment program did affect knowledge and attitudes to self-care but behaviour change in terms of the participants’ own increased ability to care for their feet was not reported by the majority (90%) of respondents. These findings illustrate the need to be aware of the principles of behaviour change and highlight the importance of targeting suitable individuals and groups in future health empowerment initiatives.
Continuing education needs of cardiovascular nurses in Ireland

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Background: There is little information available on the educational needs of cardiovascular nurses in Ireland. Anecdotally many nurses profess that they require additional study days to keep updated in practice, however these are not always available at local level. This survey aimed to capture the views of cardiovascular nurses with regard to their continuing education needs.

Aims: This research aimed to identify the continuing education needs of cardiovascular nurses in Ireland

Methods: A 26-item questionnaire collected data from 195 cardiovascular nurses in Ireland. Response rate was 52% (n=102).

Results: Most nurses had attended an educational event in the last 3-6 months and national conferences and local initiatives provided most of these latter services. Most respondents received both funding and study leave to attend. Nurses preferred method of keeping up-to-date was by means of conference and study days, journal use was also frequent. A high level of access to electronic resources was reported. Midweek was the preferred time for continuing education to occur.

Conclusions: The findings support the endeavours of national professional organisations and highlight the important role that these organisations play in the provision of ongoing education to cardiovascular nurses.
The transition experience of young people and their families from Children and Young Peoples Mental Health Services to Adult Mental Health Services.

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Background  
Young people use Specialist Child and Adolescent Mental Health Services prior to the age of 17 and then go on to use a mental health service for adults after the age of 17. Audit already carried out indicated that this is the case for around 50 young people in each birth year in one area. Some of these young people require a service throughout the transitional period.

Aim of the study  
This qualitative study aims to identify what young people, families and professionals believe are important features of service provision during this transition period and suggest ways in which the current situation might be improved upon.

Method  
- A literature search identifying research relating to the transition period described and any existing practice models / protocols.  
- Semi structured interviews of a sample of young people and their families who have experienced the two services within a twelve month period.

Findings  
There were a total of 7 participants. Data was qualitatively analysed using NVivo software to identify key themes / issues by both the researcher and an independent professional. Eight broad themes were identified during the analysis. These are: Transfer Processes, Age of Transfer, Transfer of Notes, Environmental considerations, Attitudes / qualities of staff, Parental and family issues, Therapeutic approaches / models of care and Endings. Each theme raised a significant number of important practice issues.

Conclusions and Implications  
The research concluded by making 21 recommendations for practice based on the findings. Consultation and collaboration with the young person and their parents, flexibility in the actual age of transfer and clearly understood endings of therapeutic were amongst these.
Can street-involved youth have meaningful engagement in community-based research? The experience of the Safe n’ Sexy Project.

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Background and context: Many of the health behaviours used during adulthood are developed during adolescence; however youth participation continues to be underrepresented in research that aims to improve their health. We have created a CBR project built on cumulative community aims for increasing the health of street youth in Hamilton. A partnership between street youth, service providers and academics is at the foundation of the project. The community, including youth, decided the main questions for research, with academics supporting the development of a meaningful interview tool and the coordination of the project itself. The project team felt it was important youth be involved through various roles throughout the project; from a youth-advisory committee, to peer interviewers, to the dissemination of research findings to the community.

Aim: The objective of this presentation is to discuss the planning process and unique design of the Safe n’ Sexy project. We will describe the relationship-building process, how we made youth input a priority, consideration we took to accommodate working with youth and the innovative ways we delivered evidence back to the community.

Outline of main content: A discussion about how the team developed as individuals and as a group, the steps involved in ensuring youth have meaningful involvement will be outlined and the significance of youth participation on the project will also be covered. Advice for engaging youth in the research process will be provided.

Conclusions and implications: Given appropriate supports, including training, transportation, compensation, foodstuffs and most importantly encouragement, youth who have been exposed to street life can be the most valuable stakeholders in community-based research. They have fresh ideas and truly innovative approaches to delivering research to their peers, their community and academics.
Joint Social Work and Nursing Collaborative Learning Initiative ‘08 & ‘09

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Background and context
This Paper reviews the experience gained from 2 years joint learning involving social work and nursing students specialising in mental health. Service users and carers were involved in the designing, delivery and evaluation of the interdisciplinary teaching.

Aim and objectives –
Aim:
• Develop an interdisciplinary dialogue on improving service delivery of mental health care.

Objectives:
• To explore roles and values within the interdisciplinary team;
• To explore how different theoretical perspectives may be helpful to practitioners, service users and carers in making sense of mental distress;
• For students to explore the different perspectives and meaning of self harm from an interdisciplinary perspective;

Outline of main content
Students were divided up into small interdisciplinary groups for both e-based and classroom-based work, culminating in the preparation and delivery of joint presentations to the wider learning group. Thus moving beyond some of the more conventional ‘teaching from the front’ approaches to involving service users and carers in the learning process (Levin, 2004; Tew et al 2004).

Students were introduced to theoretical perspectives through web-based videos in which a service user/carer interviewed a ‘champion’ as to how each perspective might be helpful in understanding mental distress and promoting recovery. Service users/carers joined the small groups for all of their classroom-based learning sessions – both offering their own disciplinary expertise based on their lived experience, and also acting as a facilitator for the overall group learning process.

In response to service user/carer & student comments the model was revised for ‘09, with a designated service user or carer staying with each small group throughout the initiative – reading and commenting on their e-based discussions as well as joining their classroom based learning.

Conclusions and implications
The student and service user and carer experience are currently being independently evaluated and the findings will be presented as part of this Paper.
"What a smile can hide?": An Australian study on violence during pregnancy.

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This paper will report on the findings of a uniquely Australian study that measured both physical and psychological abuse within a sample of 400 pregnant women who were in their third trimester of pregnancy. The aim of the study was to determine the extent, level and nature of violence during pregnancy, in the context of women's social support, economic and safety needs within a highly diversified women's hospital population.

The researcher used a structured in-depth interview method. Using a modified version of the Abusive Behaviour Inventory, the researcher asked a series of 35 questions that included both physical and psychological abuse indicators and asked whether these behaviours had started, increased, decreased or stayed the same during their current pregnancy.

The study found that 27% of the women interviewed reported experiencing physical and psychological violence in their current or immediate past intimate partner relationships. Of these, 20% reported a combination of physical and psychological violence continued during pregnancy and a further 2.5% of women reported that all the nominated behaviours decreased during the pregnancy.

A number of women experiencing ongoing violence suffered in silence, disclosing only in the context of the research after they were assured of the confidentiality and anonymity of the research process. This study did not find overwhelming evidence to suggest that violence started or escalated for most women in this sample. Instead, for the majority of these women, a past history of violence during the relationship was a strong indicator for the violence to continue in some form throughout the pregnancy.

The study found that a range of abusive behaviours were reported, which resulted in four very distinct profile groups emerging from the data. This presentation will detail these profile groups revealing results that will challenge some long held assumptions.
An Exploration of the Relationship between Adherence with Dietary Sodium Restrictions and Health Beliefs regarding these restrictions in Irish patients receiving Haemodialysis for End Stage Renal Disease.

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- Elaine Lehane - MSc, BSc, DipN, RGN, PhD student.

Background
Non-adherence to medical regimes is an important healthcare issue and an ever-present problem, particularly in patients with chronic illness such as End Stage Renal Disease (ESRD). The literature revealed a lack of studies measuring adherence with the sodium component of the renal dietary restrictions and associated factors; despite the fact that adherence with sodium restrictions is essential to the optimal management of ESRD. Furthermore, despite increased emphasis on ‘the patients’ view’ in contemporary healthcare no study to date has contextualised health beliefs and adherence in ESRD from an Irish perspective.

Aim
- To measure adherence levels with dietary restrictions in Irish patients with ESRD receiving haemodialysis.
- To explore the relationships between adherence with dietary sodium restrictions and health beliefs with regard to following these restrictions in this patient group.

Methodology:
Design
A quantitative, descriptive, correlational design was employed using the Health Belief Model as a theoretical framework. Data was collected utilising self-report questionnaires.

Sampling
A convenience sample (n=79) was recruited from the Haemodialysis unit of a large hospital.

Ethical Considerations
Ethical approval was gained. Participants received an information leaflet. Questionnaires contained no identifying information.

Analysis
Data was analysed using descriptive and correlational statistics.

Summary of findings
Non-adherence with dietary restrictions was a problem among a proportion of the sample. Participants had accurate perceptions of the benefits but identified specific barriers associated with following a low sodium diet. Greater adherence levels with dietary sodium restrictions were associated with greater ‘perceived benefits’ and fewer ‘perceived barriers.’

Conclusions/Implications
For the Irish patient, beliefs in relation to following a low sodium diet significantly affected adherence levels with this diet. This is an important finding as delineating key beliefs, particularly key barriers, facilitates an increased understanding of non-adherence for nurses. This in turn has implications for the care of patients with ESRD in terms of targeting interventions designed to improve adherence.
Asymmetrical Hearing Loss:
Factors contributing to the delay in recognition and treatment

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BACKGROUND: Approximately 17% (36 million) American adults report some degree of hearing loss with nearly 4,000 new cases of sudden deafness occurring yearly. Hearing loss affects only 1 ear in 9 out of 10 people who experience sudden deafness. Asymmetrical sensorineural hearing loss (ASHL) may be secondary to aging or related to excessive noise exposure. However, it may be the only presenting symptom of a vestibular schwannoma, intracranial tumor, immune disorder or demyelinating disease. General practitioners are usually the first point of contact for patients with hearing loss. Since ASHL can be a symptom of a wide range of diseases, prompt recognition, referral and diagnosis is essential for appropriate treatment and limitation of the progression of the hearing loss.

AIM: The purpose of this study is to investigate barriers to prompt recognition and referral of patients with sudden/ASHL for hearing evaluations.

OUTLINE OF MAIN CONTENT: A survey of patients with sudden/ASNL and a review of their records were conducted for two purposes: (1) determine the length of time from onset to recognition problem, and (2) identify barriers to receiving prompt referral and treatment.

CONCLUSIONS/IMPLICATIONS: Of the 30 patients surveyed, the length of time from onset to recognition ranged from 1 week to 5 years. Factors contributing to the delay included: lack of insurance, complaints of tinnitus and dizziness were more likely to prompt a referral then hearing loss, hearing loss considered part of the normal aging process, initially received treatment of otitis media or Eustachian tube dysfunction and referred after treatment failure. Of the 30 patients: 5 had abnormal MRIs, 4 had positive ANAs, 3 had positive Treponema pallidum antibodies, 2 had elevated Rheumatoid Factor and 1 was HIV positive. The implication is that ASHL should be viewed as a warning sign for a more serious condition warranting prompt treatment.
Ethical Approval for Qualitative Research: Does the Label ‘Vulnerability’ always Protect or can it Stigmatisise?

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Background and context  
Prior to the 1970’s researchers were seen as ‘virtuous and incorruptible’ pillars of the community. People who where perceived to ‘know’ could be trusted to decide what was best for each research participant and the greater social good. This illusion was shattered by scandals such as the Tuskegee syphilis study. Today, part of seeking ethical approval for research may involve being invited to identify potential participants as belonging to a particularly ‘vulnerable’ group.

Aim  
The aim of this paper is to explore the concept of vulnerability and to question whether the outcome of labelling people as vulnerable or potentially vulnerable is always a protection and in their best interests, or whether it can become an act of stigmatisation and disablement.

Outline of main content  
While fully convinced of the need to protect any and all persons who volunteer to take part in research and to ensure that people are not exploited ‘in the name of research’, the author questions whether labelling people who have recovered from mental illness as particularly vulnerable is appropriate. He will suggest that to continue to identify people who describe themselves as recovered from mental illness as particularly vulnerable might be a reversion to the discredited paternalistic attitude that the expert (in this case the ethics committee) knows best. It implies decision making is beyond their capacity. Is this not an example of a ‘step forward into the past,’ serving only to feed the dominant cultural narratives surrounding mental illness and recovery, and adding to the air of stigma and hopelessness, that surrounds mental illness?

Conclusions and implications  
In this paper the implications of being over protective of potential research participants, for both the research and participants will be discussed, and arguments will be made for changing the focus of ethical approval documentation.
Using Simulation to Increase Patient Safety:
A Model for Midwifery Education and Practice

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Aim of review:
Simulation, or the use of scenarios with Human Patient Simulators (HPS), is becoming an acclaimed modality for educating physicians and nurses. The process involves providing “real life” scenarios that simulate obstetrical emergencies allowing for practicing old and new skills and evaluating performance, communication processes, and team work. By using the aviation industry’s model simulation can improve patient safety and the quality of care. However, HPS and obstetrical scenarios are not used as extensively by midwifery.

Scenarios are developed to provide education for health care providers through practicing care in a variety of obstetrical crisis such as shoulder dystocia, post-partum hemorrhage, and breech delivery. In addition it improves role clarity and communication strategies while expanding situational awareness and proactive behavior.

The aim of this review was two-fold: 1) to evaluate whether simulation with HPS can enhance midwifery education and professional practice and, 2) to better develop, implement, and evaluate scenarios to improve crisis management and expand necessary psychomotor skills utilized during obstetrical emergencies.

Search and review methodology:
An extensive literature review looked at pilot implementations of simulation with HPS in midwifery education and practice, and tested successful outcomes by measuring concepts, fidelity, participant roles and simulation processes.

Findings:
The results indicate that there is a lasting effect of simulation on the improvement of communication, team work, and role development, however, it was also noted that the participants in simulation reported an increase in self-confidence in their professional skills and assertiveness as patient advocate.

Conclusion:
The use of HPS models is an excellent modality to enhance the education and practice of obstetrical providers including midwifery students and professional midwives. Simulation will advance patient safety and ensure healthy outcomes for mothers and infants.
The Feasibility of Screening Women for Alcohol Use in Antenatal Clinics: An Overview of the Issues

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Background: Since the 1980’s screening pregnant women for risk factors has become a central aspect of antenatal care in the UK (NCS 2003) and identifying risky lifestyle behaviours has become a key aspect of the management pregnancy (DH 2007; NICE 2008). Alcohol consumption during pregnancy can be identified as a ‘risky lifestyle behaviour’, following identification of the clear links between drinking and potential health problems (Henderson et al. 2007). In the UK, as a result of wider cultural changes, such as the emergence of the ‘binge’ drinking culture in general (DoH 2007) and in relation to women in particular (O’Brien cited in Boseley 2007) growing concern has emerged surrounding the impact of alcohol consumption on the foetus.

Aim of Review: To evaluate the utility and feasibility of alcohol screening in pregnancy.

Review Methodology: A rapid return systematic literature search was carried out using CINAHL, Medline, Pubmed, HEAL, Cochrane Library, INTUTE, OMI and National Library for Health.

Findings: This paper will explore the two central themes that emerged from the literature review. The first related to the changing definition of ‘pregnancy risk drinking’ and its associated advice. The second relates to the administration of alcohol screening measures and the issues that potentially threaten their validity.

Conclusions and Implications: Whilst, there is broad agreement that robust antenatal alcohol screening would be useful, it is acknowledged that a screening tool must distinguish between different levels of risk and that it must be sensitive and specific to pregnant women. The research findings concerning the utility of potential scales however, are conflicting. In addition, there are a number of issues relating to how antenatal alcohol questions are asked that may impact on the effectiveness of tools; namely: who, when, how and where.
Midwifery and the context of care: Is it impossible to be ‘woman centred’?

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Background: Findings from a qualitative study show that the context of care can inhibit midwives’ provision of woman centred care; especially impacted is their ability to provide culturally appropriate care.

Aim of the Study: The aims of the study were to gain an understanding of midwives’ concepts of culture and to explore their strategies to incorporate cultural sensitivity into professional practice, especially in relation to Indigenous women. The study also explored factors that impact on the provision of culturally appropriate care.

Method: Semi-structured interviews were conducted with thirty two midwives in three different geographical locations within New South Wales, Australia. A modified grounded theory approach was used for the data collection and preliminary analysis. Emerging findings were explored with and compared to relevant theoretical perspectives, particularly those of Foucault.

Findings: The context of practice has a direct impact upon midwives’ approach to care. A woman-centred approach is often lost when midwives are working within busy hospital settings, where they lack power and control and are usually time poor. Woman-centred care is replaced by the midwives’ need to anticipate care provision and there is a tendency to take a generic or ‘recipe’ approach to care as a result. This is less likely to occur in community settings, where midwives have more time and control shifts to the woman. In hospitals, bureaucratic procedures are emphasised over the individual decisions of midwives and the woman.

Conclusions and Implications: A focus on practice alone is insufficient. The context of care needs to be examined before woman-centred care can be realised. It takes courage to challenge the ‘system’, however where there is resistance, there is possibility for change for the benefit of women and their families.
Student Nurses Opinions and Knowledge of Complementary Therapies

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Background:  
Complementary therapies support and enhance the quality of life and people’s well being. Increasingly people are seeking out complementary therapies in managing their health care. Nurses and midwives, who are at the forefront of health care delivery, need to have adequate knowledge and skills of complementary therapies to enable them to practice safely and effectively in an ever-changing health care system.

Aim:  
The aim of the study was to explore student nurses opinions and knowledge of complementary therapies following completion of an educational module on complementary therapies.

Research Methodology:  
A descriptive qualitative exploratory design was utilized for the study. A convenience sample of fourth year BSc nursing students from all disciplines of nursing (n=30) participated in focus groups. These were tape recorded, transcribed and thematically analyzed.

Findings:  
A number of key themes emerged from the qualitative data. These themes were based around the enhancement of knowledge, the benefits of complementary therapies and the role of complementary therapies in clinical practice.

Conclusion:  
This study clearly identified following completion of a module on complementary therapies, the nursing students had an increased awareness and knowledge of the benefits of complementary therapies both in the enhancement of health and well being and use in clinical practice. These findings have important implications for the integration of complementary therapies into nursing education curriculum for all health care professionals.
Nursing patients with acute delirium, a program of research to better detect, safeguard, and help hospital patients recover from acute delirium

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Background. Acute delirium is a common health problem that nurses detect and manage in hospital. Few studies have focused on the nursing care of patients, however.

Aim of study. This study sought to learn from nurses how they detect adult hospital patients who are experiencing acute delirium, how they safeguard them, and how they help these patients recover.

Methods. A two-stage voluntary Delphi survey was employed, involving nurses at two representative full-service hospitals in Western Canada.

Findings. An analysis of findings from the second survey clearly revealed one high priority method that nurses use to detect adult patients experiencing acute delirium, “nurse notices that patient’s cognitive (mental) status has deteriorated overnight or from the last day that the nurse saw this patient,” as well as four less common but still frequently used methods. Similarly, one high priority nursing practice to safeguard adult hospital patients experiencing acute delirium was revealed, “setting up an early warning system to alert nurses to activities that could result in harm to the patient,” with four less common but still apparently important practices. Two high priority nursing practices to help adult hospital patients who are experiencing acute delirium recover from it were revealed, with three less common but still apparently important practices. These were: “Ensuring that the acute delirium is assessed and addressed by other members of the healthcare team” and “Assisting team efforts to determine the cause of the acute delirium.”

Conclusions and implications. This study demonstrates the value of the Delphi research technique for facilitating reflection on nursing practice, such as what nurses recognize are important practices for caring for adult hospital patients who are experiencing acute delirium.
Fostering hope among depressed institutionalized seniors, a study illustrating the need for positive human interactions

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Background. Depression is a common problem among senior citizens, particularly those living in nursing homes.

Aim of study. An experimental study was undertaken in 2008 to examine the effects of a four-week hope program for older nursing home residents diagnosed with depression.

Method. After nursing home residents aged 65 or older who had been diagnosed with depression agreed to participate in a study, they were randomly assigned to: (a) an intervention group and provided with daily hope interventions involving positive messages and pictures over four weeks or (b) a control group and provided with a short informal weekday greeting over the same period. All were tested before and after for their levels of hope and depression, with the results compared between and within groups.

Findings. The structured hope intervention was not proven effective for significantly reducing depression or raising hope. Instead, a significant reduction in depression among the control group subjects was found, as well as a non-significant increase in their level of hope.

Conclusions and Implications. Although these findings suggest a social approach is the most efficacious non-pharmacological one for addressing depression among elderly nursing home residents, further investigations are needed to confirm the role of friendly visitors. Additional studies are also needed to test hope interventions for reducing depression among senior citizens. These studies are required, as population aging is occurring in all developed countries, and cost-effective and humane interventions to address depression are needed.
Informing parents of their baby's disability: guidance for the healthcare team

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Background:  The birth of an infant with a disability is often perceived as the loss of a “perfect” baby, and is typically an unanticipated event for the mother. Qualitative nursing research on this subject is minimal; therefore, this research’s focus was to guide nursing interventions during this sensitive time.

Aim of the Study: This study explored the world of mother’s caring for disabled infants, to understand this phenomenon, thereby recommending nursing interventions.

Method: This interpretative phenomenological research explored the world of mothers caring for infants with disabilities. Participant mothers were accessed 2-years post disability diagnosis from a United States early intervention program. Two interviews were performed several weeks apart, a third contact confirmed the emergent themes and a true representation of the phenomenon. Manual coding, evaluation and interpretation were carried out for data analysis.

Findings: The following themes emerged; self-blame, not knowing and searching for answers, public perception, complex and changing motherhood roles, spirituality, a deepest appreciation for life and becoming.

Conclusions and Implications: An important result from this research is the ability to enhance nursing interventions, guiding the communication of health care practitioners during the informative period of disability diagnosis. Mothers may experience self-blame for the disability, therefore, sensitive communication is crucial. A private setting is recommended, with minimal health-care professionals in attendance, when the diagnosis is revealed. The nurse can guide the mother through the early emotional phases of processing and accepting the new diagnosis by support and timely information.

The nurse educator must inform and prepare other expectant couples in the childbirth class, and encourage them to support the mother and father and celebrate the forthcoming birth. The objective of nursing care for a mother whose infant is newly diagnosed with a disability is to facilitate a positive outcome for her, and promote optimal infant bonding.
Determining Risks Associated with Vulnerability through an Analysis of a Population-based Dataset: US Children with Discontinuous Health Insurance Coverage

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Background and context: In 1994, Aday defined vulnerable populations as groups at risk of poor physical, psychological, or social health. In her analyses, she emphasized the epidemiological concept of relative risk in a conceptual framework for studying vulnerable populations. Aday utilized national estimates of selected health indicators to assess risks associated with certain groups, such as high risk mothers/children and adults living with AIDS. She stressed the limitations of data based on expert opinions and extrapolation methods. Since 1994, the US government collected a new population-based dataset for a vulnerable group, children, through the National Survey of Children's Health (NSCH). The NSCH dataset, a representative sample of both US and state-specific children, includes comprehensive aspects of children's health.

Aim: This study aimed to develop and test a regression model based on Aday's framework for determining risk associated with vulnerable populations, specifically US children with discontinuous health insurance coverage. The study analyzed the NSCH, a dataset not available in 1994.

Outline of Main content: The dependent variable for the regression model was discontinuous health insurance coverage during a 12 month period. Independent variables were identified from the conceptual framework’s three categories: 1) people; 2) ties between people: social capital; and 3) neighborhood: human capital. Regression modeling was conducted to determine risks and protective factors associated with the dependent variable and to quantify risks outlined in Aday's framework.

Conclusions and implications: Results of the initial analyses noted significant risks for discontinuous coverage, such as: Hispanic ethnicity, black race, primary language not English, highest education in household high school, poverty level < 400% or unknown, parents without health insurance, irregular household employment, child without medical home, and child care issues. Aday's framework provides an approach to study risks in vulnerable populations. Policy implications will be discussed in relation to major findings.