

School of Nursing and Midwifery Trinity College Dublin



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Exploration of parents preferences for information sharing with children with cancer

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Background

Despite better survival rates these days, childhood cancer is a major life-event that causes significant distress for families. Open communication and the provision of information appear to be important mediating factors in reducing the negative impact of cancer. Studies, however, suggest that parents can struggle with information sharing because of an instinctive need to protect their child and doubts about the benefits of information sharing.

Aim and objectives

This research investigated parents' perspectives on information sharing with their child in order to provide a greater understanding of the factors which facilitate or hinder parents' communication with their child.

Method

The data were obtained from in-depth interviews with parents (n=12) of children with cancer from a unit in Ireland in 2009. This data is drawn from a larger study which explored children's participation in decision-making from multiple perspectives. Ethical approval was granted by the Ethics Committee of Trinity College and the selected hospital. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA) which strives to understand experiences from the participants' perspective while allowing the researcher to ask critical questions of the text in order to interpret the participants' responses.

Findings

Parents report varying preferences for sharing information with their children. Some parents want to protect their child from unnecessary worry so they restrict information, are careful with terms and monitor information exchanges between their child and health professionals. Parents feel they are acting in the best interests of the child because they know their child best. Other parents feel it is essential their children are involved and hence encourage and support them to be actively involved in discussions about their care and treatment. When health professionals do not respect parents' as gatekeepers of information, this can cause relationships difficulties.

Conclusions and implications

Parents hold varying perspectives and can play a significant role in facilitating or obstructing information sharing with their child.

Factors which cause Violence and Aggression in the Emergency Department: Emergency Nurses' Perceptions

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Background: Human aggression and violence has become an every day concern in today's society. Among professional health care workers, nurses are more likely than other staff members to be involved in aggressive incidents with patients or relatives.

Aim This research aims to determine nurses' perceptions of the factors that cause violence and aggression in the Emergency Department (ED).

Methods: A descriptive qualitative research design was chosen because the researcher stays closer to the data therefore reflecting and describing the participant's reality. Twelve semi-structured interviews were conducted in one ED in the west of Ireland. ED nurses were asked to recount any recent violent and aggressive incident at work. The interviews followed an interview guide; were tape recorded, transcribed verbatim and analysed using Burnard's (1991) thematic content analysis. Ethical approval in line with the Belmont report (1978) was granted by the relevant board/s for this research project.

Findings: Two themes emerged: environmental and communication factors. Triage was the foremost area in the ED where aggression occurred; often as a result of waiting times. Lack of communication was also identified by all of the participants as the main factor that causes aggression and violence. The findings of the study demonstrate that aggression and violence can frequently be caused by any of the above themes or sub-themes. However, it is most often a combination of multiple themes that gives rise to the incidence of aggression and violence in the ED.

Conclusion and implications: There is consistency between these study findings and that in the literature. It is also important to note that no one single theme was the cause of aggression, but rather a combination of many themes led to aggressive or violent acts. The introduction of an electronic board, information guide and a liaison officer communicating with patients/relatives may help reduce aggression and violence in the ED. Increased attention to staff training through the use of communication workshops is also required

Competency Assessment in midwifery practice, what students think?

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Background Since 2002, students undertaking any pre registration midwifery programme in the Mid West Region of Ireland have been assessed using a competency assessment process utilising the framework stipulated by An Bord Altranais. The purpose of such assessment is to ensure that the midwife presenting for registration on completion of a midwifery programme is a safe and competent practitioner (An Bord Altranais 2005)

Aim To explore student midwives experiences of the Clinical Competency Assessment process utilised on the Higher Diploma in Midwifery (18 month) programme

Method A descriptive qualitative study was undertaken following receipt of ethical approval. Nine students in a cohort of 20 consented to be interviewed. Interviews were tape recorded. Data was analysed using Burnard's (2006) framework.

Findings Many of the students perceived the process to be effective and facilitated continuous assessment of clinical practice. There were however some issues in relation to the language and the number of competencies to be assessed. A number of supports were identified and utilised by the students. Continuity and availability of preceptors were noted to be factors impacting on completion of the assessment as were the competing demands of clinical care

Recommendations The findings of this small study are similar to much of the international literature on clinical competency models. A clearly defined process for competency assessment needs to be supported and integrated into clinical practice by all the relevant stake holders. Further research is suggested in relation to the effectiveness of the competency tool in assessing competency in practice.

Singing lullabies in pregnancy: benefits for women and infants

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Background

Stress during pregnancy is common and has been linked with a range of poorer maternal and infant outcomes, including increased rates of antenatal and postnatal depression, obstetric complications, poorer maternal infant attachment, lower birthweight, preterm birth and poorer neurological and behavioural development of the child. Although psychological stress in pregnancy exacts a high toll on both mothers and babies, treatment options for are few, due to difficulties of diagnosis and concerns about pharmacological therapy in pregnancy. Music and singing may be one strategy for dealing with psychological stress during pregnancy and birth that is worth exploring. The aim of the current study was to explore the benefits of teaching mothers to sing lullabies during pregnancy.

Methods

For this exploratory study, participants were recruited at antenatal classes at the Regional Maternity Hospital, Limerick (Ireland). Women who satisfied inclusion criteria (over 18 years of age and expected to have uncomplicated vaginal deliveries) were invited to participate. Two groups of 3 women (n=6) learned to sing 3 lullabies over 4 group lessons with musicians. Qualitative in depth interviews were conducted approximately 3 months post partum to capture the women's experiences.

Key findings;

The women unanimously reported a sense of satisfaction with their participation and all would recommend the program to a friend. Early findings suggest that learning to sing lullabies in pregnancy benefited women in terms of relaxation, in feeling closer to their babies, and in providing an additional tool for communication with the infant in the early newborn period. Some women described profound feelings of love and connection while singing the lullabies.

Implications for practice

The principal value of this intervention is that it is of low cost, and easy to implement, while at the same time appears to have an effect on reducing maternal stress and encouraging infant attachment.

Ethical issues

The study was approved by Hospital and University Ethics Committees.

Funding

The study was unfunded.

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Tolstoy, stories, and facilitating insight in end of life care: exploring ethics through vicarious experience

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Background

Nurturing practical wisdom and moral insight is clearly essential in good palliative care. Students can acquire excellences of character and intelligence through example, the facilitation of insight and the development of moral imagination. An excellent source of moral insight can be found in the arts, particularly creative literature.

Aim

Facilitating moral insight in end of life care can be challenging and the overall aim of this paper is to illustrate how this can be nurtured by means of creative literature.

Description of innovation

Aristotle’s Nichomean Ethics provides the philosophical underpinning for the method used. Other sources include the relevant nursing ethics and education literature. Tolstoy’s Death of Ivan Illych is presented as an example of literature that can be used to generate moral insight through vicarious experience. Students were given Tolstoy’s novella and asked to read it at the beginning of the module.

Evaluation of innovation

Students were asked to evaluate the impact of Tolstoy’s novella on their ability to perceive the ethical issues arising in end of life care. Qualitative data from the evaluations was content analysed and significant themes emerged.

Conclusions and implications

Students’ comments clearly support the suggestion that use of this novella has facilitated insight into ethical issues at the end of life. The data also indicates that vicarious experience gained through reading this novella has helped to nurture sensitivity and professional insight into the importance of compassion and offering ‘comfort’ to the dying person. We strongly recommend this novella (and indeed similar works of literature) to others. It need not be used exclusively in a classroom situation, but could be part of reading resources supplied for staff in clinical areas. Staff with and without experience in this field can only become enriched by the experience.

Normalising the third stage of labour in women at low risk of bleeding: a systematic review of the literature

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Background

Active management of the third stage of labour (AMTSL) involves routine use of uterotonics, cord clamping and placental delivery by traction. Expectant management (EMTSL) uses no uterotonic, and the placenta is delivered by maternal effort following signs of separation.

Aim

To compare active versus expectant management of the third stage of labour.

Search and review methodology

The Cochrane Pregnancy and Childbirth Group Trials Register was searched in December 2008. All randomised and quasi randomised controlled trials on this topic were selected. Two authors independently assessed the studies for inclusion, assessed risk of bias and carried out data extraction. Data were combined using random-effects models due to clinical variation in both active and expectant management.

Findings

In women at low risk of bleeding, no difference was identified between use of AMTSL and EMTSL in rates of severe primary PPH > 1000 ml (Relative Risk (RR) 0.31, 95% CI 0.05 to 2.17) or maternal Hb < 9 g/dl (at 24 to 48 hours) (RR 0.17, 95% CI 0.02 to 1.47). With AMTSL, there was a reduced incidence in bleeding 500 - 999 ml (RR 0.33, 95% CI 0.20 to 0.56) and blood transfusions (RR 0.30, 95% CI 0.10 to 0.88). However, AMTSL showed an increase in: postnatal diastolic blood pressure > 90 mm Hg (RR 7.00, 95% CI 2.99 to 16.43), after-pains requiring postnatal oral and rectal analgesia (RR 2.05, 95% CI 1.04 to 4.08); and return to hospital because of bleeding (RR 2.21, 95% CI 1.29 to 3.79).

Conclusions and implications

Information should be offered to women antenatally on the benefits and harms of both methods of management, to facilitate discussion and informed choice of care. Increasing debate on this issue in the published press and at conferences will raise consciousness of clinicians and encourage further research in this important area.

An investigation of transition of young people with chronic illness from child to adult healthcare services in Southern Ireland

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Background

The ability of health professionals to manage and integrate health care effectively during the transition from child to adult health services means that a significant proportion of young people with ongoing needs will not become dislocated from the care system during this period. There is a lack of published literature about transition in the Irish health system. Thus how transition of young people from children's/ young person's services to adult services is managed remains unclear especially in regard to different conditions, hospitals and geographical locations.

The aim of the study was to clarify how transition is managed in young people with different chronic conditions and different geographical locations in the Republic of Ireland.

Research Design

Following ethical approval, all sites providing care to young people with cystic fibrosis and diabetes mellitus in the Republic of Ireland were sampled. A postal descriptive questionnaire with closed and open-ended questions was sent to all consultants and nurse specialists (n=140). Data analysis was conducted using SPSS and Nvivo.

Findings

Age was found to be the most consistently used criteria to determine when to transfer care between young persons and adult services. However how transition was managed varied depending on services and geographical locations.

Conclusions/ Implications

While some services are very progressive and follow international published guidelines in the area of transition, more needs to be done overall to ensure that transition is managed effectively.

NVivo 8 and consistency in data analysis: A reflection on the use of a Qualitative Data Analysis (QDA) computer programme.

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Background: Qualitative data analysis is a complex process and demands clear thinking on the part of the analyst. However, a number of deficiencies are identified that may obstruct the research analyst during the process of analysis and this can lead to some inconsistencies occurring. Selective attention to some issues more than others and selective encoding and a rush to a way of thinking can lead to some sources being viewed as more reliable and others being ignored. The use of a Qualitative Data Analysis (QDA) software programme (e.g. NVivo 8) allows for consistent coding schemes and provides the analyst with the tools to query and audit the coding processes.

Aim: This paper is a reflection on the use of a QDA computer programme (NVivo 8) and its usefulness in identifying consistency and inconsistency during the coding process.

Method: Matrix coding queries were carried out to determine the number of cases and references coded by the attributes participant type (service user and provider) and sex.

Findings: An inconsistency in how data was coded-on for two sample groups is identified and reasons that explain this are presented.

Conclusions and implications: The demands placed on the analyst in trying to balance the mechanics of working through a QDA software programme, while simultaneously, remaining conscious of the value of all sources is highlighted. Additionally, the digital facility in NVivo 8 has the advantage of allowing the analyst to engage data both aurally and visually. This compares more favourably than to traditional approaches where data can only be visualised. In conclusion, NVivo 8 as a QDA software programme is challenging and a valuable means for advancing the robustness of qualitative research.

Understanding symptoms from a gendered perspective within a realist context.

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Background: Gender as a social construct is present in almost every aspect of illness; from risk to protection from illness, how we understand and interpret symptoms to the process of diagnosing and sensitivity. While the significance of social constructivist language and mental illness is acknowledged, in particular, its challenge to how the body is represented in medical science, it is argued that it has also restricted sociological study of mental illness. For example, the reality that some people experience severe pain and discomfort as a result of altered and/or disturbed cognitive functioning. However, a possible way forward is through embodiment where a person with a mental illness is allowed to make sense of their biological experiences, while equally acknowledging the experience within a social domain. This allows a more sophisticated and informative understanding of their experience of their symptoms and illness.

Aim: To explore how service users and providers understand and give meaning to expressed symptoms from a gendered perspective within a critical realist framework.

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. Ethical approval was granted by the Health Service Executive South Eastern Area Regional Research Ethics Committee and by the University of Lincoln's (UK) Ethical Committee for Conducting Research with Humans.

Results: Gender awareness issues in relation to understanding, explaining and meaning of symptoms were identified. Issues around symptom expression and gender expectations and sensitivity that promotes safety for disclosure and avoids preconceived gendered held beliefs were recognised. Physical symptoms as a medium to communicate; reducing physical symptoms to a psychological understanding and psychological symptoms expressed as physical were also identified.

Conclusion: Results indicate that Irish mental health services need to be more aware and sensitive to their understanding of symptoms and the gendered needs of men and women that engage such services.

Participatory action research – negotiating access in maternity care settings

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Background:

Antenatal education is delivered in every maternity care site in the Republic of Ireland on the premise that it prepares women for birth and motherhood. However, current evidence suggests that there is minimal consultation with childbearing women on planning and developing maternity services that reflect their felt needs and experiences.

Research to develop antenatal education services informed by key facilitators and recipients of hospital based education should work towards rectifying this deficit.

Aim:

The aim of this research is to develop a programme of antenatal education in collaboration with pregnant and postnatal women and antenatal educators using a Participatory Action Research Approach (PAR).

Methodology:

PAR requires active engagement of all relevant participants concerned with developing practical knowing through action, reflection, theory and practice, with a view to possible change. The power to implement the resulting action or change lies with those engaged in the process. It is crucial; therefore, to recruit antenatal educators to share their experiences and views of antenatal education, in addition to their having the authority to implement any agreed action/change in their respective clinical practice settings.

Setting:

There are two study sites. Recruitment has been on the basis of voluntary participation of those antenatal educators' who have the authority and support to implement change in their respective practice settings (Site A, n= 5; Site B, n=5). This has been established through collaboration with directors of midwifery and ethical approval from the selected sites.

Ethical issues

Informed consent and protection of participants applies.

Implications for Practice

This presentation will focus on the opportunities and challenges that are presented by engaging in participatory action research in maternity care settings and may be of relevance to those researchers undertaking field work underpinned by a Participatory Action Research Approach.

Diet and obesity in minority school-aged children: implications for school nurses

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Childhood obesity recently has become a serious threat to public health. Of the many contributing factors, diet and dietary fat intake are major variables associated with juvenile obesity, and this relationship has become the focus of many empirical studies. Little scientific attention, however, has been placed on the study of diet in relation to juvenile obesity in minority school-aged children, which was the purpose of this study.

Data were obtained from students in two urban schools who participated in the Healthy Lifestyles Program. Parental consent was obtained from the parents for the their child's participation and permission was granted for the use of the data that was collected for program evaluation. The sample consisted of 105 children (43 boys, 62 girls), aged 9 to 14 ($M=10.97$; $SD=1.26$) in fourth to seventh grades. About 54.3% were African-American, 36.2% Hispanic, 5.7% Caucasian, and 1.9% Other, 1.9% did not respond to this question. In class, the children responded to the CHIC I-Elementary Eating Habits Scale (EEHS). This 21-item self-report instrument has a 3-point scale that assesses basic food intake, 15 items have high fat content. Higher scores indicate higher dietary fat and caloric content. Body Mass Index (BMI) was the measure used to assess obesity.

Data analysis used the Pearson correlation with a two-tailed test of significance. When data were examined for the whole sample, the correlation ($r = .06$, $p = .57$) between scores on the CHIC I-EEHS and BMI scores was not statistically significant. When data were examined according to gender, the correlation between diet and BMI for boys was $r = .22$, $p = .15$ and for girls was $r = -.09$, $p = .51$, which were not statistically significant. When data were examined according to grade, the correlation between diet and BMI was statistically significant for the fifth graders ($r = .39$, $p = .01$).

The findings of this study did not support the relationship between dietary food intake and BMI in school-aged children. These results suggest that culturally-sensitive instruments need to be developed to study diet and obesity in minority school-aged children; diets high in carbohydrates and BMI also need to be examined. Nurses need to continue to emphasize healthy diets when working with school-aged children, finding the most appealing yet nutritious foods for this age-group. Nurses also need to encourage schools and parents to provide meals to school children that are healthy and well-balanced, making such efforts a matter of public policy.

A follow up survey was conducted with the children who had previously taken the Healthy Lifestyles Program to ascertain if the children had retain the knowledge and behaviors learned in the educational program.

Experiences of mentally disordered offenders regarding mental health services utilisation prior to incarceration

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Background This research focused on the experiences of people with mental health problems within the Irish Criminal Justice System in accessing or maintaining links with mental health services prior to incarceration. Gater et al (2005) opines that an understanding of the way people seek care for mental health problems is increasingly recognised as important for planning mental health services. Goldberg & Huxley (1980) described different levels of engagement with health care in the community, primary care and in-patient services. This model is useful not only in understanding the pathways to care, but also as the starting point for evaluating the needs of patients with mental illness. Barriers to effective treatment of mental illness include lack of recognition of the seriousness of mental illness and lack of understanding about the benefits of services (Goldberg & Huxley 1980).

Aim The aim of this research was to understand the experiences of people with mental health problems within the Irish Criminal Justice System in accessing or maintaining links with mental health services prior to incarceration. It was intended that this study would identify the perceived enablers and barriers to accessing mental health services from a service users' perspective.

Methodology A qualitative approach using a participatory design was used to gain an understanding of the experiences of this group of people in trying to access/maintain a link with mainstream mental health services prior to incarceration. Ethical approval for this study has been granted by the Faculty of Health Sciences Trinity College Dublin and the Prisoner Based Research Ethics Committee (PBREC). This is the first part of a two part study which is exploring the 'Pathways to Care for Mentally Disordered Offenders within the Irish Criminal Justice System'. Fifteen participants with mental health problems were recruited with the aid of a gatekeeper. A semi-structured interview schedule was used to collect the data. Interviews were tape recorded, transcribed and imported into NVivo version 8 qualitative analysis computer package.

Results The main themes which have emerged from this study are; treatment approaches, individual circumstances – needs, experiences regarding accessing mental health care and outcomes of treatments/interventions provided.

Conclusion Results of this study provide an overview of the experiences of mentally disordered offenders when trying to seek mental health care prior to incarceration. It also identified the perceived barriers to accessing appropriate mental health care as well as the types of problems for which they are likely to seek help for. It is envisaged that this research will provide an understanding of these experiences and will generate evidence that will impact on the quality and structure of services and resources for this population.

Exploration of the perceptions of Emergency Department healthcare providers towards Family Witnessed Resuscitation at a Metropolitan hospital in Perth, Western Australia

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Background: This paper will present the findings of Emergency Department staffs' perceptions of Family Witnessed Resuscitation. Family Witnessed Resuscitation (FWR) is the practice of enabling patients' family members to be present during resuscitation. This practice has been conducted in health care agencies nationally and internationally since the 1980's. However, the research is inconsistent as to the effectiveness of this initiative for the staff, family or the patients themselves. If not handled well family presence during resuscitation can result in negative consequences for all involved. To provide staff and family with adequate support and reduce the negative impact during these events it is important that the perceptions of health providers towards the practice of FWR be explored.

Aims: This study aims to 1) determine the perceptions of staff working in the Emergency Department regarding enabling family members to be present during resuscitation efforts and 2) ascertain if staff consider that policy and guidelines for FWR need to be developed and implemented.

Method: A mixed method survey was distributed to all practitioners (N=221) working in the ED (156 nurses and 65 doctors) to determine staff attitudes and perceptions of FWR. Associations between staff characteristics and scores of perceived, benefit, perceived risks and self-confidence across different groups were determined using chi-square tests of independence. Hospital and University ethical approval for the study was granted

Findings & Conclusion: 114 surveys were returned (77 (49%) nurses and 25 (39%) doctors). The preliminary findings show that significant differences exist between medical and nursing staff attitudes and perceptions of FWR. Overall a greater proportion of nursing staff (78%) than medical staff (66%) considered that FWR should be an option for family members, however, both health care professionals believed that they could effectively communicate within the team during the process. Nurses were less confident than doctors in dealing with bereavement care after the resuscitation but were more confident in supporting families' members during FWR.

Prevalence of binge drinking among Irish nursing students

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Introduction

Recent Eurobarometer surveys (2007 and 2010) have identified that Ireland has the highest prevalence of weekly binge drinking within the European Union. Binge drinking is associated with many health and social consequences. There is little known about the prevalence of binge drinking among Irish Nursing students.

Methods

Permission was given by the Department of Health & Children to adapt the College Lifestyle and Attitudinal National (CLAN) questionnaire for use in this study. Ethical approval was granted. A gatekeeper distributed the questionnaire during class to nursing students in two different universities in Ireland. . Binge drinking was defined as the consumption of 75grams of pure alcohol during a single drinking occasion.

Results

231 students completed the alcohol component of the questionnaire. 92.2% (n=213)of the respondents were female and 27.3% (n= 63) were mature applicants (aged over 23 years at time of application). 85 students (39.5% of the Drinkers) reported that they binge drink at least once a week. Weekly binge drinkers had a lower mean age when they started drinking of 15.71 (SD=1.41) as compared to non weekly binge drinkers (16.43, SD= 1.72) and this was statistically significant (t= -3.241, df= 206, p=0.001). Weekly binge drinkers were four times more likely to report that their personal drinking harmed their health (OR 4.79, 95%CI 2.57: 8.96) and six times more likely to state that drinking affected their work or studies (OR 6.57, 95%CI 3.44: 12.55).

Conclusion

Irish student nurses had a higher prevalence of binge drinking than the recent national survey (SLAN 2007) of the Irish population and a lower prevalence than the CLAN survey. Health promotion initiatives within Colleges need to be enhanced to reduce the prevalence of binge drinking among Irish students.

The importance of reliability, validity and reproducibility of anthropometric measurements in estimating body composition in neonates.

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Background.

During the past two decades, the prevalence of overweight and obesity in children has increased in Ireland. Obesity in early childhood causes a wide range of serious complications; type 2 diabetes, hypertension, and cardiovascular disease and increases the risk of premature illness and death later in life. Early age diagnosis and intervention are important to reduce the risk of obesity-related disorders. Nutritional status in children has been widely and successfully assessed by anthropometric measures worldwide.

Objective. To assess reliability, validity and reproducibility of anthropometric measurements in estimating neonatal body composition.

Methods. This study received ethical approval in line with the Helsinki agreement from the Hospital Ethics Committee at the National Maternity Hospital, a tertiary level institution in Dublin. Two trained researchers and a paediatrician obtained anthropometric measurements (head, chest, abdominal, waist, hip, and thigh circumferences) from 60 healthy term infants on day 1 after birth. This was a blinded study, the measurements were carried out independently. Two trained researchers obtained the same measurements on these babies at 6 months (n=70) and at 2 years of age (n=60). Weights were obtained on the postnatal wards where all weighing scales were biannually calibrated. The researchers used pre-validated measurement tools were used to obtain the readings: The Lasso tape was used for head circumferences, a Seca tape for abdominal, chest, arm, waist and thigh measurements; Holtain callipers were used for measuring skin fold thickness and a Seca measuring board was used to measure body length. Alternatively the paediatrician used a single use paper measurement tape.

Findings. There was an overall 22% discrepancy noted in the results between the paediatricians and the researcher, as much as 3cms in the length and 1cm in head circumference. However the discrepancies noted between two researchers was a minimal 3%.

Conclusions. Anthropometric and body composition measurements taken in this study by trained researchers using the correct instruments demonstrate a high level of reliability, validity and reproducibility.

A phenomenological study of the lived experience of family visits to a specialised treatment unit for individuals with intellectual disability and challenging behaviour

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Background.

A phenomenological Study of the lived experience of family visits to a Specialised Treatment unit(STU) for individuals with intellectual disability and Challenging behaviour.

Aim.

What are the lived experiences of parents whose family member resides within a specialised treatment unit for individuals with intellectual disability who display challenging behaviour?

Objectives

To explore the families experiences of their visits to the specials treatment units

Method.

A Husserl phenomenological approach was used, utilising Colaizzi method of data analysis which uncover families lived experiences. Purposeful sampling was employed involving participants of mixed gender and who played different roles within the family(mother, father, brother, aunt, respite provider etc)to ensure a data rich population using semi-structured interviews. Ethical approval was received from the service provider.

Findings.

The findings highlighted the impact challenging behaviour has on the wider family, how they cope, the service options available to them, the marginalisation of individuals who display challenging behaviour and the need for individualised parent/family training. The use of antipsychotic medication in the absence of a clearly defined mental health issue was highlighted. Finally, the difficulties family members encountered communicating with over-seas nurses also emerged.

Conclusions and implications.

This phenomenological study researched a void within the knowledge of nurses who work in STU'S Families experiences of visiting a STU were heretofore an un-investigated area. Employing a phenomenological approach supported the findings in going beyond the clinical field to uncover feelings, emotions and concerns of families which amplifies the lived experience as a human response.

This study highlighted the importance of individualised family training based on their needs, guidelines on the use of antipsychotic medication, the development of person centred planning and supporting over seas nurses communicating with families

Reducing health inequalities in Scotland: the involvement of people with learning disabilities as NHS reviewers.

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People with learning disabilities have more health needs than the general population, and those health needs are different and require more specialised services. There is evidence of poorer outcomes and less effective health interventions for people with learning disabilities in Scotland, and elsewhere.

Reducing health inequalities is currently a key priority at national and at regional levels and National Health Service (NHS) policy has encouraged patient involvement in healthcare planning and delivery. Health authorities are expected to meet quality targets

Aims and objectives

This paper reports on an NHS initiative to involve people with learning disabilities as 'expert patient' reviewers in national review teams, looking at the quality of inpatient and community services for people with learning disabilities.

Description of innovation

The involvement of people with learning disabilities in health service review teams has been one of the initiatives used in by National Health Service Quality Improvement Scotland to empower patients and improve health services. This involvement of people with learning disabilities as reviewers of NHS services has tested traditional assumptions and challenged the power imbalance inpatient-provider relationships. All 15 Health Boards in Scotland were reviewed, using a set of quality indicators.

Evaluation of innovation

This initiative was evaluated positively how by health staff, carers and people with learning disabilities. Details of the planning and support arrangements for reviews are reported.

Conclusions and implications

Recommendations are made to ensure the future success of this type of initiative in Scotland and elsewhere. The theory and the practice of including people with learning disabilities as 'expert patient' reviewers are discussed.

Generative dialogue & child neglect practice: how appreciative inquiry can create conversations that matter

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Aim and objectives

The implementation of new documentation - Graded Care Profile (GCP) - and a new way of working (appreciative practice) was undertaken across Blackburn-with-Darwen (BwD) through the use of multi-disciplinary training workshops.

The initiative aimed to reduce the impact of child neglect and improve the quality of care provided by parents. In parallel an evaluation study was implemented with the core aims to:

1. discover what was already working well within child neglect practice;
2. explore the successes and challenges of implementing the GCP;
3. examine responses to the use of an appreciative way of working.

Method

An Appreciative Inquiry approach underpinned data collection. Data were collected during the workshops (using six structured activities based on reflection and discussion) and again in the implementation period (using blogs and champions' meetings). The target population was all workshop attendees (n=300). Ethical approval was gained from the appropriate University Ethics Committee. Initial consensus analysis was undertaken by workshop participants who prioritised themes and ideas. These were built upon by intense thematic analysis undertaken by the researcher.

Findings

Despite some initial reservations about both appreciative practice and the GCP they were shown to demonstrate genuine benefits to the families because it shifted the focus from a review of neglect to a consideration of care. The GCP added greater criticality to the practitioners' observations and illuminated the parents' strengths thus, in some cases, promoting a sense of well being. Some concerns were raised about the use of the tool but mostly these related to needing to gain familiarity with the GCP.

Conclusions and implications

Despite the tool needing to be further embedded into practice it was useful tool for inexperienced and more expert practitioners to help guide child neglect practice. The appreciative approach to practice created opportunities for practitioners to engage in more meaningful ways of working with families.

Practice nurses perceptions of participating in a structured pulmonary education programme.

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Background: Nurses are in a key position to facilitate patient education and effective self-management. The literature reveals that structured education programmes have a key role in promoting effective self management. Increasingly these programmes are being used within nursing to deliver high quality education to clients and staff. This papers draws on the qualitative findings from the PRINCE study, which is a two armed randomised trial clustered by GP practice with an intervention arm in which participants received a structured PR programme and a control arm where participants received “usual care. The structured PR programme content included medication management, breathing techniques and exercise training. It was delivered 2 hours per week over an 8 week period in the primary care setting. Ethical approval in line with the Helsinki agreement has been granted by the relevant board/s for this research project.

Aim: To explore practice nurses experiences of delivering a structured education pulmonary rehabilitation programme for clients with COPD in the primary care setting.

Methods: A qualitative descriptive design using 1:1 telephone interviews with each practice nurse following delivery of the programme was undertaken.

Findings: Analysis of the data revealed two main themes; factors that helped facilitation and factors that hindered. All participants reported that their experience was positive. The key factors which helped included the structure and lay out of the manuals, having support from other practice nurses, the cohesiveness of the group, and having prior relationships or ‘being known’ to group participants. The main barriers that hindered facilitation and delivery of the programme was lack of time, and feeling under pressure from their colleagues to help them due to the practice workload.

Conclusions and implications The findings suggest that practice nurses felt empowered to deliver a structured education pulmonary rehabilitation programme. The process therefore may strengthen primary care systems in their delivery of appropriate ongoing care.

A partnership model for providing nursing and midwifery education and practice.

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Background: The move to higher education for nurses and midwives in Europe has heralded the development of partnership between organizations that provide nursing education and practice. The need to ensure greater unity between education and practice has never been more acute.

Objectives: This paper describes a framework for partnership between hospitals and institutes of higher education that provide nursing and midwifery education.

Methods: An action research case study using cooperative inquiry was used. The study involved five organizations involved in the provision of nursing and midwifery education in Ireland. The narrative accounts of the cooperative inquiry meetings were audio recorded and thematic analysis was undertaken to identify core concepts of a framework for partnership. Ethical approval was secured from each of the organizations at the outset of the study and informed consent was obtained from each of the participants. Ethical principles pertaining to anonymity and confidentiality were also upheld.

Findings: Seven key elements of a framework for interorganisational partnership emerged; Context, Environment, Inputs, Processes, Skills, Outcomes and the Role of Coordinator. The framework was found to have a key role for the successful integration of clinical and academic partnership in nursing and midwifery education.

Conclusion: Bespoke frameworks for interorganisational partnership arrangements in nursing and midwifery education enable the respective organisations to collaborate in curriculum development and implementation and to work in partnership in managing the future of nursing and midwifery education.

Implications: Responsibility for leading and managing nursing education needs to be supported by the clinical and academic partners. These two knowledge domains need to come together in partnership to ensure successful progress in the ongoing development of nursing and midwifery education. Partnership frameworks help to provide education which is appropriate to the students' learning needs while also taking cognizance of the changes in health care to meet the needs of patients.

Reexamination of nipple shield use, infant growth, and maternal satisfaction

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Background: The nipple shield may facilitate successful breastfeeding outcomes when indicated. There has been question regarding infant weight gain with nipple shield use. The current study builds upon the previous pilot study that used a within-subject design found that there was no significant difference in infant test weights and maternal prolactin levels when breastfeeding with and without nipple shields.

Aims and Objectives: The primary objective of the multi-site, international study was to examine trends in weight gain for term infants breastfed with and without ultra-thin silicone nipple shields to determine the effect of nipple shield use on infant weight gain over two months. Additionally, the study examined maternal satisfaction with nipple shield use using a structured survey.

Method: The study design was prospective, multisite, non-randomized, and between-subject design that included 54 maternal-infant dyads who used a nipple shield for breastfeeding. Ethics committee approval was granted by each of the participating institutions.

Findings: Results demonstrate no statistically significant difference in infant weight gain at 2 weeks, 1 month, and 2 months between infants who breastfed with and infants who breastfed without a nipple shield. A majority (89.8%) of the women reported a positive experience with nipple shield use and 67.3% of the women reported that the nipple shield helped prevent breastfeeding termination.

Conclusions and Implications: Infant weight gain was similar in maternal-infant dyads using nipple shields for 2 months compared to those not using the shields in a multisite study. Maternal positive report of nipple shield use lends to the clinical importance of nipple shield use when appropriately indicated. Nipple shield use may facilitate breastfeeding when clinically indicated in maternal-infant dyads without risk of decreased infant weight gain.

Association between changes in smoking habits in subsequent pregnancy and infant birth weight

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Background: The state of West Virginia has one of the highest prenatal smoking prevalence rates in the United States. While overall national prenatal smoking rates have been declining, the prevalence rates in West Virginia continue to climb. Smoking in pregnancy has been associated with deleterious health outcomes in infants, including decreased birth weight. Yet, minimal research has been done on changes in smoking behaviors over time and the association of the changes in infant birth weights.

Aim and Objective: The aim of the current study is to examine the change in prenatal smoking status of West Virginia women and the associated changes in infant birth weights.

Method: The research design is a population-based secondary data analysis using birth certificate data. The sample in the study are all West Virginia births for singleton infant siblings born between 1989 and 2006, linked by mother, for a total of 53,082 infants. Since the data had been de-identified for analysis, the institutional review board exempted the study from human subjects research.

Findings: Infants born to women who smoked during pregnancy had significantly lower birth weights than infants born to non-smokers. Repeated measures analysis used to examine the changes with time showed that women who smoked during their first pregnancy but refrained from smoking during their subsequent pregnancy had significantly increased birth weight for the second infant, and conversely, infants born to women who smoked during the subsequent pregnancy had significantly decreased birth weight compared to the previous infant.

Conclusions and Implications: Study findings may be used to inform the development of population focused interventions to decrease prenatal smoking. Health care providers should encourage women who have a history of smoking to terminate smoking prior to or as early as possible in pregnancy to minimize the deleterious effects of tobacco smoke on the developing fetus.

A qualitative study into the experiences of nurses working with people with intellectual disabilities and mental health problems in Ireland

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Aim

The aim of the study was to explore the experiences of nurses in providing mental health care for people with intellectual disabilities within the Irish context.

Background

The role of nurses who are working with people with intellectual disabilities in Ireland, as elsewhere, has undergone a great change in recent years. There is a new emphasis brought on by the Department of Health and Children (2006) to provide mental health care for these people. As a result, nurses who work with these people are required to provide mental health care. However, role ambiguity and the difficulty with identifying and diagnosing mental health problem among these people is a constant theme throughout the literature. There is only limited research focusing on this topic in Ireland. This paper thus reports on these nurses' experiences in an Irish context.

Method

An interpretive qualitative approach was adopted in this study. After receiving the appropriate ethical approval, the data was collected by using unstructured interviews with seven nurses who were recruited through purposive sampling. Transcribed interviews were analysed through thematic content analysis.

Findings

Four main themes were identified; these included professional up-skill, assessment and diagnosis, communication, and environment. Clearly nurses occupied a pivotal role in providing mental health care, however the assessment and diagnosis of mental health problems among these people is considered difficult by participants due to lack of training as to how mental health symptoms manifest in these people, non-availability of an appropriate assessment tool in their work place to identify mental health symptoms and communication difficulties.

Conclusion and implications

It is concluded that our understanding of the mental health of people with intellectual disabilities is far from complete; therefore the immediate challenge is to determine and equip nurses with the knowledge, skills, and resources required for therapeutic roles in response to the changing mental health needs of people with intellectual disabilities.

Sexuality in women with gynaecological cancer

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Background:

Patients with gynaecological cancer are at a major risk of experiencing altered sexuality due to the fact that these forms of cancer affect parts of the anatomy that are intrinsically sexual in nature. "Sexuality" is a multidimensional construct; however a dominant focus exists in the literature on the physical aspects of sexuality with a neglect of broader dimensions.

Aims and Objectives:

The primary aim of this study was to investigate the sexuality of women following a diagnosis of and treatment for gynaecological cancer. The specific objectives were to identify the sexual self concept, sexual relationships and sexual functioning and the relationship between these and certain demographic variables. An additional objective was to determine if the neo theoretical framework of sexuality developed by the researcher and based on an amalgam of empirical and theoretical literature was a suitable framework for use by healthcare professionals when addressing the sexuality of patients with gynaecological cancer.

Methods:

A quantitative descriptive correlational study was used. Ethical approval was granted from the relevant ethics committee. A questionnaire package consisting of 5 valid and reliable scales was administered to a convenience sample of patients with gynaecological cancer (n = 106). Women were recruited from the Gynaecology Out-Patient Department and the Gynaecology ward of a large general acute hospital. Quantitative data was analysed using the Statistical Package for Social Sciences (SPSS).

Findings:

Participants experienced negative changes in relation to their sexual self concept, sexual relationships and sexual functioning. Younger age was significantly associated with a poorer body image and a negative change in sexual self concept. Participants experienced negative changes in relation to all stages of the sexual response cycle. In addition, the concepts of sexual self concept, sexual relationships and sexual functioning were inter-related to varying degrees.

Conclusion and Implications:

The main conclusion is that sexuality is a multidimensional construct and must be measured in this way. In addition, the neo theoretical framework of sexuality developed is a suitable and relevant framework to investigate the sexuality of patients with gynaecological cancer in a holistic manner.

Assessing NHS Trusts compliance to Child Health Policy Standards - celebrating good practice

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Background:

In 2005 a benchmarking audit tool was designed to measure compliance to Standard 7 (Children in Hospital) of the English National Service Framework (NSF) for Children, Young People and Maternity Services which was published in 2003. A preliminary audit of compliance was carried out in all five NHS Hospital Trusts offering children's services in Hampshire and the Isle of Wight. Subsequently action plans were written by all trusts to work on improving services for children and Young People.

In 2009 the benchmarking tool was further developed and in addition to standard 7 of the NSF it was mapped against the English Department of Health's Standards for Better Health and other current Child Health policies namely:

- Bridging the Gaps: Health care for Adolescents
- Aiming high for disabled children: support for families
- Better care: Better Lives.
- Transition: getting it right for young people

For the first time all ten NHS Hospital Trusts in the English South Central Strategic Health Authority who provide children's services used this new audit tool to conduct an audit of compliance against the benchmarked standards. All clinical areas within the hospitals that care for children and Young People were assessed.

There is evidence following this audit that clinical practice has improved significantly in the five hospitals that were audited in 2005.

Conclusion:

The summary report produced in 2010 after the analysis of the data will allow all ten hospital children's services to contact and learn from areas where best practice exemplars from across the region have been identified.

The audit report highlights good quality practice, identifies gaps and challenges and makes recommendations. This report has been made available to all the hospitals and their commissioners across the region in order to continue the drive to improve quality standards for children and young people and evidence how trusts are meeting National Policy Recommendations and the NSF 10 year plan due in 2014. Detailed action plans in all ten hospital trusts will now allow individual areas within NHS Trusts to address the issues raised and to aspire to full policy compliance.

Future Plan: The audit tool will be amended in 2010 to reflect emerging new government child health policy.

This presentation will outline the development of the audit tool and its use in practice.

This project has ethical approval

Primary School Based Longitudinal Research: baseline results from a study evaluating a Healthy Schools intervention among 500 children.

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Background: In Ireland the National Children's Strategy (2000) calls on the all agencies to work to improve the quality of children's lives. The Healthy Schools Project is designed to improve children's lives through a school based health intervention.

Aims: The aim of this research is to evaluate the manualised Healthy Schools intervention.

Method: A quantitative approach with five intervention and two comparison schools was chosen and within and between comparisons were made. 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. Ethical approval was granted and procedures for child protection and disclosure were agreed in advance.

Findings: Baseline results found that attendance at the five schools was in line with national norms for disadvantaged schools. Participation rates within schools were 50%. The baseline health and well being results observed in the cohort did not differ from published European norms and in some instances exceeded European results. Body Mass Index results were also in line with results emerging from the Irish National Study on Growing Up in Ireland but in line with that study BMI rates of over weight and obesity among young females were of concern. The results from this study for the physical and psychological health and wellbeing are the first of their kind to be produced in Ireland within a disadvantaged population.

Conclusions and implications: Longitudinal outcomes from this study are still in progress; however baseline results reveal that the health and wellbeing of children attending disadvantaged schools is in line with European norms with the exception of BMI among pre teens. It is imperative the education and health policy continues to address this emerging issue among young Irish women.

Physical and psychological health outcomes for opiate users and their children

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Background

Evidence on treatment outcomes for opiate users demonstrates that treatment works. Within Ireland it has been demonstrated that while treatment works little change was observed among the physical and mental health outcomes of opiate users. Similarly while substances are used by the individual, the effects of use on the family are considerable and many opiate users are either caring for their child in the home or have children in foster care.

Aim and Objectives

The aim of this study is to inform policy and improve drug treatment. The objective is to measure health outcomes for opiate users and their children.

Methods

A longitudinal, prospective cohort study of a convenient sample of 200 opiate users within and outside of treatment was implemented with assessments at baseline, 12 and 24 months. Physical and psychological health was measured using the Maudsley Addiction Profile (MAP), the Short Form SF12, the Becks Depression and Anxiety Indices (BDI, BAI) and the Kidscreen 25 instruments. Ethical approval was granted by Trinity College Dublin.

Findings

To date over 100 users within four centres have been recruited. Preliminary baseline results indicate that the SF12 has provided a good indication of general health but did not identify mental health problems. The BDI and BAI have proven to be very sensitive and have identified a range of mental health issues among the cohort. Results from the Kidscreen indicate that children are in line with European norms.

Conclusions and Implications

Physical and mental health issues are very prevalent among opiates users both within and outside of treatment. It is essential for future treatment services and policy provision to address within the harm reduction philosophy, not only the reduction of harm from drug use but to directly target a range of urgent mental health issues.

One American Health System's response to the Novel H1N1 Influenza Pandemic

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Background The 1918-19 Spanish influenza (H1N1) pandemic led to mass panic and death of > 600,000 Americans within 10 months during World War I. The 2009 novel H1N1 pandemic 70 years later demonstrated virulence for pregnant females and the young, with the potential to paralyze the nation's capital through illness incidence, panic, reduced productivity, and significant disruption of health care facilities.

Aim and Objectives An effective pandemic response was necessary to care for all patients, protect staff, and provide comprehensive and ongoing health care across a 50-mile region.

Description of Innovation A 5-hospital health system activated a system-based, multi-disciplinary Influenza Strategy Team (IST) based upon National Incident Management System structure. IST was responsible for pandemic strategy development, communication, and implementation. Foci included triage and treatment of ill patients; isolation; visitor restriction; surge planning; anti-viral drug and vaccine use; personnel and legal implications; education, communication, resource supply and allocation; policy development; and alternative standard of care guidelines. IST remained in close communication with public health and emergency management officials.

Evaluation of Innovation With reduced H1N1 in the region, crisis-level IST activities ceased and normal clinical operations resumed. Debriefing sessions focused on strengths and opportunities for improvement, with comparison to other hospitals. IST members also participated in state and federal pandemic debriefings.

Conclusions and Implications The role of IST in pandemic response proved beneficial in maintaining the system's clinical operations during a prolonged WHO level 5-6 influenza pandemic. With the nation's capital region at risk for terrorism (including biological agent), the experience also allowed for testing and modification of existing disaster preparation guidelines.

An exploration of the relationship between individual characteristics, psychological variables and the help seeking behaviour of older adults experiencing chronic pain

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Background:

Chronic pain has been described as a major barrier to healthy and active ageing. Attitudes and beliefs may account for older adults choosing not to seek help for their chronic pain; however there is a dearth of empirical research to support this contention. In addition, there is conflicting research surrounding the individual characteristics of people that are 'at risk' of not seeking help.

Aim

To determine if there is a relationship between individual characteristics, attitudes, beliefs and help seeking behavior among older adults.

Methodology

A descriptive correlational design was employed. A convenient sample of 72 older adults with chronic pain were recruited through their GP practice. The research instrument contained the Pain Attitudes Questionnaire (PAQ-R), the Pain Beliefs Questionnaire (PBQ), and the Level of Expressed Need (LEN) a questionnaire that measures the Help Seeking Behaviour. Data were analysed using SPSS. Ethical approval to conduct the study was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals.

Results

The individual characteristics associated with help seeking behaviour were female gender, increasing age, secondary/university education, living alone and severe pain. High levels of stoicisms were significantly associated with lower level of expressed need for treatment ($r = -.192$ $p = 0.032$). Respondent's also held high age-related beliefs about the origin of pain but people that believed pain had an organic cause were more likely to seek help.

Conclusion

Stoic attitudes affect older adults help seeking behaviour therefore, interventions that challenge these attitudes in individual that are 'at risk' of not seeking help need to be developed. Nurses need to educate older adults on the importance of reporting pain, thereby reducing the negative outcomes of undertreated chronic pain such as decreased mobility, sleep disturbance, depression and social isolation.

Exploring the palliative care needs of young children with life-limiting neurodevelopmental disabilities and their families.

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Background to the Study

Although recommendations are in place to guide the development of paediatric palliative care this is a generic overview rather than a model designed to meet the needs of specific groups. Special circumstances exist for children with life limiting disabilities because of the genetic component involved in many of these conditions, the complex medical regimes that often must be implemented at home, and the omnipresent threat of a life-threatening medical crisis.

Aim and Objectives

The aim of the study was to provide a reliable evidence base related to the provision of palliative care for this group. The objectives were to -

1. Explore the palliative care needs of children with life limiting disabilities and their families.
2. Explore the impact of providing ongoing care on the family.

Method

A cross sectional survey design was used. The sample was purposefully selected from a national children's' charity database. Sixty four parents completed questionnaires a number of standardised psychometric instruments and a researcher designed questionnaire. Data analysis used SPSS[®] version 17 with descriptive and inferential analysis performed. Open ended questions were analysed using text analysis. Ethical approval for the study was obtained from the author's institution.

Findings

There were not high levels of unmet physical needs amongst the children in this sample. Although children experienced a significant number of physical problems these were generally fairly well controlled. Findings suggest that care provision has a negative impact on many aspects of family life including strained family relationships, high carer burden and a general disruption of everyday family life. In addition the manner in which services are coordinated, their ease of access, and the process by which they engage with parents were all significantly correlated with the family impact.

Conclusions and Implications

The findings of this survey suggest that it is the nature of services engagement with parents that have the most significant impact on families. These findings are important because these variables can be manipulated without fiscal implications.

Children, young people and parents' views and experiences of attending Child and Adolescent Mental Health Services (CAMHS)

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Background

The need for improved child and adolescent mental health services (CAMHS) was recognised in the 'A Vision for Change (2006) report which details a comprehensive model of mental health provision for Ireland. The person centred treatment approach is the hallmark of this report, and the need to involve service users and their carers at every level of service provision is given special emphasis. However it is unclear how much service users and parents voices are heard and there is a need to evaluate the extent to which CAMH services comply with the person centred philosophy.

Aim and Objectives of the Study

To investigate children, young people and parents' experiences of attending CAMHS in four centers. The objective was to explore availability, access, acceptability and quality of the mental health service from users perspectives.

Method:

Mixed methods were used and data were obtained via questionnaires, focus groups and one to one interviews. The sample included: 19 young people (11 to 17 years) and 28 parents. Relevant ethical committees approved the study. Data were obtained from 2009- 2010.

Findings

For the parents, the key issues were: delay in receiving appointments, uninviting environment, experiencing different carers, and inappropriate services in crisis situations. For the young people, some found the environment unwelcoming, difficulty forming therapeutic relationships due to staff turnover, difficulty having their voices heard, and missing school due to appointments. Sharing consultations was problematic for both parents and young people.

Conclusions and Implications

Many of the issues identified could be rectified with the right approach and commitment to improving services for young people and their families. It is essential that we include users' views in the evaluation and shaping of services in order to provide appropriate care and support.

Primigravidas experience of their first antenatal visit. A qualitative descriptive study

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Background: The philosophy of maternity care has changed since Methven's study in 1989, with emphasis on the provision of women centred care. There is also considerable information in relation to health promotion and education, expected to be imparted at the first antenatal visit.

Aim of the study: To explore primigravidas experience of their first visit at antenatal clinic.

Method: A qualitative descriptive design was used. Ethical approval received and written consent was obtained from participants (n =10). Participants had booked at an antenatal clinic in a maternity unit in Southern Ireland. Data was collected using semi structured interviews which were tape recorded. Data was analysed using Burnard's 2006 framework.

Findings: Ten primigravidas were interviewed within one month of their initial booking visit in a venue of their choice. Gestations varied from 13 to 19 weeks pregnancy. Ages ranged from 19 to 34 years. Participants had a number of expectations of the visit, including having an ultrasound, perceived by many as a positive experience. Many of the women were not given an indication of the length of and an outline of the visit. Some new knowledge received from the visit included information on diet, exercise and rest. Information overload was not considered an issue. The significance of the interpersonal skills of the health professionals on the experiences of the women was highlighted

Conclusion and implications: It is timely to consider the purpose of the first antenatal visit in the current context of maternity care and the impact first impressions of a service can have on consumers continued up take of care. A larger study is appropriate to further determine women's views. In the interim, simple measures can be undertaken e.g. provision of a written outline of the first visit.

A strategy to improve care of patients with a Peripheral Intravenous cannula

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Background:

Patient safety and quality of care is central to the delivery of healthcare. It is estimated that between 60-80% of hospital inpatients experience peripheral intravenous cannulation (PIC) annually to receive intravenous treatment. Following a review of evidenced based research, to ensure best practice and adherence to peripheral IV cannula care bundle a new 'Cannula Site Inspection Record' chart was introduced.

Aims and Objectives:

To improve peripheral cannula observation and documentation and to reduce PIC related infection

Ethical Considerations:

This project is in line with clinical audit practices. Permission has been given by the Director of Nursing to use the information. The anonymity and confidentiality of all participants was assured

Description of Innovation:

This clinical innovation included the development and integration of a new 'Cannula Site Inspection Record' which includes an infiltration and phlebitis scale. This innovation included policy changes, development of guidelines, staff education and training. Initially piloted and audited successfully in a medical and surgical unit, it was then introduced hospital wide.

Evaluation of Innovation:

Initial audit of the cannula site inspection chart was carried out six weeks after introduction into clinical areas:

- 80% of cannula sites were inspected in compliance with hospital policy
- Date of insertion, site and size of cannula and cannula number was recorded 100% of the time.
- Compliance with recording signature of person inserting cannula was 30%
- Compliance with recording time of insertion 40%.

On ward training and audit is continuing to ensure adherence to policy and to maintain awareness of the importance of peripheral cannula care for patient safety, to increase and maintain knowledge regarding potential complications of infiltration, extravasation, infection and phlebitis.

Conclusions and Implications:

Following staff education and training, completion of 'Cannula Site Inspection Record' chart has resulted in improved observation and care of patients with a PIC ensuring compliance with hospital policy and guidelines. A high standard of observation and documentation exists, essential to reducing PIC related infections. The results of this audit confirm the effectiveness of this intervention.

Partnering Emergency Response and Mobile Telemedicine During a Mass Casualty Incident

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Background

The Washington DC area has been identified as vulnerable to terrorist attack with potential for a surge of critically injured patients requiring clinical expertise in massive trauma. The care received in the first 24 hours for this population is critical to survival of their primary injuries. The U.S. federal government has notified emergency response organizations that hospitals may remain without external support for at least 92 hours. Local area hospitals have limited resources to manage large volumes of critically ill patients. This creates a potential surge capacity crisis that is being addressed on an international level. This urgency has been escalated due to the dawn of novel H1N1 influenza and the recent earthquakes in Haiti and Chili.

Aim and Objectives

Challenges lie in providing ethical care without discrimination during a crisis. Immediate priorities are altered standards of care, allocation of scarce resources and the provision of educational programs that will sustain skilled clinical teams to care for critically injured patients in the event of a disaster.

Description of Innovation

The Crisis Critical Care Capacity and Trauma (C4T) project funded through the U.S. Department of Homeland Security addresses surge capacity issues during a crisis. A regional disaster center and a health system partnered to develop a disaster response model that includes mobile telemedicine.

Evaluation of innovation

An extension of this project includes a research component that evaluates technology acceptance of the telemedicine model with an education program utilizing simulation and scenario based training as the intervention.

Conclusions and implications

The use of eCareMobile® in 12 emergency rooms in Northern Virginia will leverage emergency medicine and critical care providers to assist with secondary decision support, triage and treatment of severely injured patients. The telemedicine component of disaster response closes the distance gap between a referral trauma center and a community hospital until the patient can be transported to a higher acuity facility.

Perceptions and views of self neglect: a client-centred perspective

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Introduction: Ageing populations and chronic illness increases vulnerability of older people for self-neglect which is characterised by an inability to meet one's own basic needs. It is a serious public health issue yet many adults who self-neglect are found to be indifferent to their situation. A large number of referrals received by Adult Protection Services in Ireland are categorised as self-neglect. The aim of the research presented in this paper was to observe and describe the living circumstances of people who were deemed self-neglectful by senior case workers for Adult Protective Services (APS's) in Ireland.

Methods: A qualitative exploratory descriptive research design was used. A purposive sample of eight self-neglect clients, identified by Senior Case Workers participated in guided interviews which were tape recorded, transcribed and thematically analysed. Ethical approval in line with the Helsinki agreement had been granted by Clinical Research Ethics Committee Cork Teaching Hospital to conduct study.

Results: The observed personal living circumstances of clients were diverse. Some clients lived in very unclean environment with evidence of severe self-neglect, hoarding, collectivism of garbage to severe clutter with odours. Five central themes emerged from the data analysis relating to: early life experiences and lifestyle, disconnectivity isolation and loneliness, vulnerability, service refusal and frugality.

Conclusion: Self-neglect is a complex multidimensional Descriptions and insights into the lives and perspectives of self-neglecting older adults depicted helplessness, fear, isolation, loss and disconnection with communities and families. Some participants were content in their environments while others disapproved or refused interventions and support. Early life experiences, lifestyle, isolation, loneliness, vulnerability frugality and service refusal were a key concern. Self-neglecting clients are underrepresented in the scientific nursing literature and it is only with the appropriate research attention can best evidenced care be provided and quality of life enhanced.

A randomised trial of midwife-led care in the Republic of Ireland: maternal clinical outcomes of the MidU Study

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Background

Internationally, low-risk women attending for midwife-led care within and outside consultant-led maternity hospitals appear to have similar outcomes to those receiving consultant-led care. However, there are substantial differences in maternity care between the Republic of Ireland and other countries. In the absence of evidence comparing midwife-led with consultant-led care in the Republic of Ireland, the 'MidU Study' was commissioned as the first randomised trial of midwife-led versus consultant-led care in Ireland.

Aim

To compare midwife-led and consultant-led care for healthy pregnant women without risk factors for labour and delivery.

Methods

University ethical approval was received for a two-centre, two-group, randomised trial (ISRCTN 14973283), funded by the HSE-North East (Ireland). Women attending two maternity units who were at 'low risk' of complications were, following informed consent, randomised using a centralised telephone system to receive either consultant-led (CLU) or midwife-led (MLU) care in an integrated (alongside) midwife-led unit. The estimated sample size was 1539, with alpha of 0.05 and power ≥ 0.80 to detect important differences in main outcome measures. Between 2004 and 2006, 1654 women were randomised.

Results

Women randomised to MLU care were less likely to have ultrasound scans, antenatal cardiotocographs (CTGs), continuous electronic fetal monitoring, labour augmentation and epidural anaesthesia, They were more likely to have longer first stages of labour, only one or two caregivers, to use spontaneous pushing, upright positions for birthing and physiological management of third stage of labour. No difference was found in rates of induction of labour, spontaneous vaginal birth, instrumental birth, caesarean birth, non-intact perineum, episiotomy, postpartum haemorrhage or perinatal mortality.

Conclusion and implications

Midwife-led care, as practised in the MidU Study, is as safe as consultant-led care and associated with less intervention. These findings should influence decisions on models for maternity care in Ireland and other countries.

Technology used by children with complex needs within the home: the outcome of a baseline study.

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Title and Background

The numbers of children with complex needs who require care at home are increasing (DoH&C, 2010). The impact of care-giving has been identified but there is little recognition of the technology that is required by these children within the home. In Ireland service provision for these children is under development and funding has been made available to develop community resources.

Aim

The aim was to identify the type of technology used by children with complex needs who are receiving care at home.

Method

A quantitative research design was adopted. In phase 1 initial data was collected from a focus group with expert nurses currently providing care services for children at home through a voluntary organisation. This focus group comprised of 4 activities focused on the technology used within the home of their clients. Findings from the Phase 1 focus group (n=9) were analysed using simple thematic analysis and MS Excel was used for data management. Phase 2 of this study involved the collection of data based on a questionnaire developed from the focus group findings. The study received ethical approval from a university ethics committee.

Findings

The findings indicate that the most common equipment used by families was the equipment used for assistance with feeding. The nurses reported that 87 pieces of equipment were used in the families on their caseloads. Equipment was used in management of the child's sleeping, mobilising, breathing and feeding among others.

Conclusion

Little is known about what equipment is used over the range of activities of living required by the child with complex needs and therefore the findings of this study will be explicated and discussed. This baseline focus group aided the development of a questionnaire (Phase 2) used to clarify with parents the technologies used within the home. Preliminary findings from Phase 2 will also be presented.

Factors affecting ovarian cancer treatment decisions – A qualitative study among cancer nurse specialists

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Background: Ovarian cancer (OC) ranks fourth in terms of incidence and mortality in women in Ireland. The proportion of OC patients receiving treatment declines with increasing age in Ireland.

Aim: Identify factors affecting OC treatment.

Methods: Qualitative interviews were conducted with 29 cancer nurse specialists (CNS) from 19 hospitals. Ethical approval in line with the Helsinki agreement has been granted by the relevant boards for this research. Interviews were transcribed and content analysis performed.

Findings: CNSs reported that most OC patients have surgery and adjuvant chemotherapy. Surgery is usually performed prior to discussion at multidisciplinary team meetings (MDMs); MDMs generally review surgical procedures and make decisions on chemotherapy. All CNSs emphasised that functional status rather than age *per se* influences treatment decisions. However, differences between treatment regimes in older and younger women were described.

CNSs identified other factors affecting treatment-decision making, including: (i) patient factors (preferences, awareness of OC, life goals); (ii) clinical factors (stage, co-morbidities, side effects, quality of life, treatment benefit/risk); (iii) social/family support, and (iv) communication between healthcare professionals and patients. Women are less knowledgeable about OC than other cancers, consequently they feel less empowered and have lower treatment expectations. Getting an OC diagnosis was described as the main barrier to treatment. Differences between age groups were highlighted by CNSs; younger women are more knowledgeable about their bodies, faster to seek medical advice, and more likely to question their doctors, older women are more likely to attribute symptoms to the 'change of life' and to equate cancer with death. Talking about 'gynae problems' is taboo, particularly for older generations.

Conclusions and implications: CNSs identified multiple factors influencing OC treatment decision-making. They highlighted differences between older and younger patients which can influence treatment options and choices. We are undertaking quantitative research to explore these factors in women's decision-making.

Rethinking conceptual and theoretical underpinnings of symptom burden in inflammatory bowel disease

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Background

Patients with inflammatory bowel disease (IBD) commonly experience debilitating symptoms which can result in disruption on their daily lives, potentially imposing significant symptom burden. Nursing assessment of problematic symptoms and the identification of symptom burden are therefore, integral to the chronic illness management of individuals with IBD, however research into the concept of symptom burden is limited.

Aim of review

The aim is to present a review of the conceptual, theoretical and empirical literature of symptom burden in IBD with consideration to implications for research and practice.

Search and review methodology

A comprehensive search for conceptual and theoretical literature focusing on the concept of symptom burden and empirical literature surrounding individuals with IBD and other chronic illnesses was performed in the electronic databases CINAHL, Pubmed and ISI Web of Knowledge.

Findings

Symptom burden is a relatively new concept in the nursing literature. Gapstur (2007) recently undertook a conceptual analysis of symptom burden and identified five key attributes of symptom burden: multidimensional, dynamic, quantifiable, subjective and physiological burden. The middle-range theory of unpleasant symptoms (Lenz et al., 1997) is proposed as relevant to further understanding symptom burden by offering insights into its defining characteristics which are severity, frequency, duration, distress and quality of symptoms. Research to date on symptom burden is limited, focusing predominantly on the dimensions of severity and frequency. Furthermore, the emphasis has been on physical symptom burden with little attempt to address psychological symptom burden. To date no study has examined all dimensions systematically as a measure of symptom burden.

Conclusion and Implications

The development of a comprehensive measurement of symptom burden that is conceptual and theoretically based would be beneficial for future research in order to measure the symptom burden experienced by individuals with IBD and allow for comparisons with other chronic illnesses. Symptom burden has the potential to enhance the practice of nursing through its application to the clinical assessment of problematic symptoms. This is especially important in the case of IBD for which symptom control is a key goal of nursing management.

Women's experience of midwifery support in labour, a qualitative descriptive study.

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Background.

Women have been giving birth since time began supported by other women. Midwives as professional care givers have traditionally cared for women in childbirth, providing support as well as clinical care. An increase in intervention rates in childbirth have brought about a concurrent rise in the use of childbirth technology. It could be argued that supportive measures are not as highly regarded as the technological aspects of midwifery care. Concerns regarding maternal and fetal morbidity and mortality rates have decreased and there is a growing awareness of the childbirth experience as an indicator of good practice. A woman's satisfaction with her experience of childbirth is thought to be influenced by the level of support from the caregiver.

Aim and objectives:

- To explore and describe women's experience of midwifery support in labour.
- To discover if midwifery support in labour is valued by women.
- To provide midwives with more knowledge on what women in labour find supportive, thus improving midwifery care.

Methods.

A sample of six women who had experience of midwifery support in labour was chosen using a non probability purposive sampling technique. Data was collected by means of semi-structured interviews in the postnatal period. Data analysis was done by descriptive coding of transcripts. Significant statements were clustered to form sub themes and themes. Ethical approval for the study was obtained from the study site and the university.

Findings.

Two main themes were identified, Being Cared For and the Midwife as Advocate.

Conclusion and Implications:

This study reveals that intrapartum midwifery support imbues women with a sense of being cared for and that women view the supportive midwife as an advocate. Midwives can make use of these findings to improve midwifery care for women in Ireland.

Medication use & health inequalities. quality indicators for medication use in people ageing with intellectual disability and behaviour disorders: A Delphi Study.

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Background:

Health inequalities refer to the unfair or unjust nature of health differences between social groups generated by social conditions.

People ageing with intellectual disability experience health inequalities and are one of the most medicated groups in society. The quality of the medication use process for this vulnerable population must be monitored to tackle health inequalities and deficiencies in health care provision.

Aims & Objectives of the study:

Measurement efforts designed for the general population may be unable to detect deficiencies in quality of care for vulnerable groups.

The aim of this project is to undertake a Modified Delphi Technique to develop consensus quality indicators for the medication use process.

The objective of this project is to facilitate decreasing health inequalities in the population ageing with intellectual disability and behaviour disorders using quality indicators to measure the quality of the medication use process.

Method:

1. Quality Indicators-38- identification from literature review, guideline review and discussion.
2. QIs sectioned and piloted
3. Expert panellists identified -28 -Convenience & Chain samples
4. Project has received Research Ethics Committee approval
5. Panellists to rate QIs over 2 rounds (email) and offer comments
6. Statistical analysis and feedback

[This is Part 1 of a 2 part study. Part 2 will involve PWID/carers/support groups]

Comments:

The extent to which the Delphi process is capable of achieving consensus is a function of the quality of the initial selection process and the degree of controversy/ clarity that exists in a given content area.

Health Indicators for the population with intellectual disability include medication use and challenging behaviour.

Quality indicators relevant to medication use in the ageing intellectually disabled population with behaviour disorders, identified by this study, may be used to monitor the quality of healthcare for this vulnerable population and so tackle health inequalities.

Contributions to the validation of the measuring state and child resilience inventory with higher education nursing students – undergraduate nursing course

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This paper aims to present the validation process of a resilience scale with Portuguese nursing students.

The new research trends place the study of resilience within the context of Positive Psychology, a movement aimed to understand the potentially healthy aspects of human beings in opposition to traditional psychology and its emphasis in the psychopathological aspects.

School resilience concerns people's capacity to resist, both individually and as a group, to difficult situations without losing their initial balance, i.e., their capacity to constantly adjust themselves in a positive way and resist to the pressures of daily school life, keeping the focus on the main goals of the work and school.

After the validation of the *Measuring State and Child Resilience Inventory*, the Cronbach alpha coefficients ranged from 0.735 (acceptable internal consistency) in the domains of the State Resilience scale and 0.832 (good internal consistency) in the Child Resilience scale. We considered the scale to have a one-dimensional structure since all scale items are distributed across the three factors.

This project is in line with clinical audit practices. Permission has been given by the site to use the information and students were informed that their anonymous data may be used for report and research publications.

Keywords: Validation, Scale, Academic Resilience, Higher Education, Nursing

Cognitive processing changes of women survivors of breast cancer across cultures

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Aim of Review:

To systematically review the literature on the unique characteristics of the survival phase of breast cancer for women survivors of breast cancer (WSBC), and the further influence of culture upon their “thought life”. For purposes of this study, “thought life” refers to cognitive processes, such as the automatic thoughts that come into one’s mind in reaction to what is seen, heard, felt, etc.

Search and review methodology:

Comprehensive searches of PubMed Central (NCBI), Web of Science, Medline, PsycINFO, SocINDEX and CINAHL were used. The research focused on qualitative studies. The following cultures were included: African American, Asian, Latina and White American. Women included in this review were at least one year past any current cancer therapy, are currently cancer free, and were between the ages of 40 and 65 years of age. The search criteria excluded Stage IV Cancer Survivors, and WSBC receiving adjuvant therapy.

Findings:

There are several recurring themes that emerged during the process of reviewing the related literature. These include survival (or survivorship), psychosocial issues related to WSBC, quality of life factors, the impact of culture and/or race/ethnicity on the experience of the WSBC, and the shift in “thought life” of the WSBC.

Conclusions and implications:

The survival phase of breast cancer is a new trajectory in cancer care that differs from the diagnosis and treatment phase. Women survivors of breast cancer must continue to address unique biopsychosocial issues under the revised label of “survivor”. This study demonstrates that culture varies across racial/ethnic groups and may determine socioeconomic status (SES). These factors can impact their beliefs about, perceptions of, and experiences of breast cancer. This may have implications for intervention and treatment of WSBC.

Mental Health Nurses Perceptions and Views of Physical Touch: An Exploratory Study

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Background

Physical touch, a form of non-verbal communication is an integral part of the nurse patient relationship and a fundamental aspect of therapeutic communication. Since 1962, numerous writers have advocated the importance of physical touch however; touch does not appear to have been a major topic for research, especially within mental health nursing.

Aim and Objectives

The aim of this poster is to present the findings of a study that explores psychiatric nurses' perceptions and views of physical touch with people who experience mental health problems.

Method

A qualitative descriptive exploratory research design was used. Ten (10) registered psychiatric nurses who met the inclusion criteria were randomly selected to participate in the study. Ethical approval to conduct the study was granted from the ethics committees in the research site and academic institution. Semi-structured interviews were carried out. A 14 stage-by stage process of coding and categorisation was used to analyse the data.

Findings

The findings from this study indicated that physical touch was used in mental health nursing; however, it was only considered to be therapeutic to clients if used judiciously, with effective interpersonal skills. In this study the participants clearly identified the need to be sensitive to the individual client needs, and to respect their personal space and cultural background. A significant issue in this study was male participants concerns that touching female clients would be misinterpreted as a sexual advance and may lead to a sexual allegation. Therefore, to protect themselves, male participants used touch in a minimal and cautious manner, and only in a public space, where others could view the interaction.

Conclusion and Implications

The findings tentatively add to the existing empirical research in nursing. It is important to read the findings in light of the small sample size of ten participants. There is a need to explore, in greater detail the findings of this study.

Understanding the intricacies of communication for nursing practice: a review of the literature.

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Aim of the review.

This was to examine contemporary understandings of the mechanics of the communication process with a view to informing the development of advanced care and support for people with intellectual disability. The review assumed that an understanding of the nature of the communication process is an essential prerequisite for the establishment of quality outcomes for people with intellectual disability.

Methodology.

The review was based upon searches conducted between April 2004 and September 2009. The following databases were searched: Psychinfo, Psychlist, Linguistics and Language Behaviour Abstracts, CINAHL, PUBMED and ERIC. Also the Trinity College Dublin library was consulted copiously. Search dates were ordinarily for the previous 30 years. Search terms included communication, interaction and various terms and synonyms for intellectual disability.

Findings.

Communication is a part of the interaction process. The two concepts are related but not synonymous. The interaction process is structurally bound, context-dependant, mapped by a series of rules, involves an exchange of inter subjective understandings and is characterised by more sensory data than can ever be processed by an individual. Communication is determined by the following elements: It is reciprocal in nature and is characterised by the operation of continuous feedback loops. It is multi-modal in nature. Verbal and non verbal communications are the primary modes for interaction. Communications may be symbolic or non symbolic. Interpretation of the meaning of symbolic and non symbolic communications is facilitated through an understanding of the meaning of signs (semiotics).

Conclusion.

Communication is in its essence a continuous process whereby perception and action are played out in the interaction process. Various theories of communication have been established however theoretical understandings of the interaction patterns that apply in the continuous process model remain to be identified in detail.

An exploration of the experiences of families of Indigenous children hospitalised in the Australian Capital Territory (ACT)

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Aims and objectives

In this study I sought to gain an understanding of experiences of families of Indigenous children hospitalised in the ACT.

Methods

The study, situated within an ecological and social determinants framework with phenomenology as its base, uses mixed data sources: ACT Health hospital separation data for 2000-2005 for Indigenous children <five years; 34 child/ren's hospital and clinical notes; 15 parent interviews; 13 health professional interviews; two interpretive teams (the local Indigenous Community, and health service providers). Four ethics approvals were obtained: Winnunga Nimmityjah Aboriginal Health Service, UNSW, ACT Health, and Calvary Hospital.

Findings

Almost 80% of hospitalisations were coded as clinically avoidable: however, the phenomenon of 'socially avoidable' emerges, underpinned by the fact that health professionals variously employ 'sameness-of-treatment' and/or 'difference-of-treatment' approaches towards Indigenous patients. Several limitations in ACT Health data resulted in an undercount of Indigenous identification for initial and subsequent hospitalisations. Everyone entering hospital should be asked their Indigenous status, however, the phenomenon of 'manifestly Indigenous' emerges. Correcting for any systemic shortfalls often relies on Hospital Aboriginal Liaison Officer (HALO) skills, however, assumptions that the HALO is solely responsible for assisting Indigenous patients signals potential abrogation by 'the system' of responsibilities towards Indigenous patients.

Conclusions and implications

In the context of Indigenous health, good primary health care includes culturally competent health professionals working within the tertiary setting. Understanding the socio-political context of Indigenous families' experiences and meanings of those experiences is paramount. Supporting HALOs in negotiating the power differentials between families and 'the system' would greatly enhance families' experiences.

Resource-enhancing psychosocial support in family situation: views of families

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Background and aim: Although a family's resources are a central concept in nursing science, descriptions of the content of the concept and ways to enhance families' resources are scant. Studies have usually identified the need for support by families with children from the perspective of one family member, most often the mother. The aim of the study was to evaluate a resource-enhancing family nursing intervention to identify and meet mothers', fathers' and children's psychosocial support needs.

Method: The design was a practice evaluation project and focused on a common family situation. The evaluation was completed before and after support, using quantitative data collection methods.

A total of 75 family members from 30 families with small children participated in the study. The data were collected before and after intervention, using structured questionnaires called the Family Situation Barometer. Descriptive statistics and nonparametric Wilcoxon tests were used as statistical methods. The study was approved by the appropriate ethics committee.

Findings: Participants' need for psychosocial support was reduced or alleviated during the family nursing intervention. The mental health of the mothers and fathers improved, as did their marital relationships and emotional lives. Furthermore, their social support networks increased and their employment parents improved. There were also positive changes in the mental health and sleep-related issues of the children.

Conclusions: The resource-enhancing family nursing was necessary and also proved to be useful in improving the well-being and health of family members. The Family Situation Barometer proved to be a practical tool in the home context and can supplement the instruments developed earlier in family nursing science. Research into supporting interpersonal and family-systems nursing remains a future challenge. A methodological study is needed to develop further the psychometric properties of the Family Situation Barometer.

Is genuine informed consent possible? Views by mothers donating placenta

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Background and aim

Current research on informed consent on pregnant women deals mainly with their decisions about the mode of delivery or with the informed consent for blood screening of diseases, both part of clinical practise. As human tissue, placenta is of very much interest in biomedical scientific research. Participation in a study requires a competent person to give consent. The participation must be a voluntary choice based on, understandable information. After this, the putative participant can make a choice to participate and thus authorise the research staff to act according to the plan. Since very little is known about the thoughts and attitudes of the women donating the placenta, an interview study was designed. The main purpose of this study was to describe the ethical aspects important for mothers who have donated placenta for placental perfusion studies. The most important theme was the understanding and experiences of the informed consent process during recruitment.

Methods

Altogether 25 mothers who had donated the placenta were recruited. Mothers signed an informed consent and the thematic interviews were conducted one week after the delivery. Data were analysed qualitatively using thematic content analysis. The official Research Ethics Committee has given permission for this study.

Findings

According to the mothers, it was the responsibility of researches to ensure that participants were provided with information that was sufficient, truthful, explicit and intelligible. On the other hand, mothers regarded it as the responsibilities of mothers to understand the information, and commit to the consent. The timing of the recruitment was important since it considerably affected the understanding of the given information

Conclusions

The trust of participants depended on the multidisciplinary collaboration between the researchers and hospital personnel. According to mothers this trust is enhanced by a thorough, objective and fair informed consent procedure.

Best Practice –Safe Practice. “The first Irish Hospital to adopt a completely closed peripheral vascular catheter system”

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Title and background:

This is the journey of one general hospital in Co Sligo, Ireland as the Nurse Practice Development Unit (NPDU) led out on a ‘Best Practice Initiative’ for management and care of Peripheral Vascular Cannulae (PVC).

Aim and Objectives:

In 2008 nurse practice developers carried out a literature review and an audit of the Intravenous Infusion Policy of the hospital: specifically 1) Documentation in use. 2) Phlebitis and Infiltration scoring/recording. 3) Length of time that PVC were in situ. 4) Reporting/Risk management practices.

A nurse led pilot was proposed to develop new documentation and to research safety cannulae and existing systems in the hospital. The hospital's intravenous policy was reviewed concurrently.

Description of innovation:

An Intravascular Device Assessment Record (IVDAR) was developed. Only one closed system that met the group criteria was found. The costing was compared with sets currently used within clinical areas. After comparison, an overall cost reduction was predicted for the hospital.

Evaluation of innovation:

The system was phased in hospital wide with training led out by the NPDU clinical facilitators and supported by BD trainers over a three months in 2009.

Education for nurses, NCHD's medical and nursing students resulted in wide compliance with the IVDAR, and the closed IV catheter system; Overall, the adoption of an all in one cannula and combined extension set reduced cost to the hospital and increased compliance with the closed system to 85% hospital wide.

Conclusion:

This nurse led initiative led to SGH being the first hospital in Ireland to adopt a completely closed, safety PVC system. The roll out of the IVDAR presented a standard for the unit to audit practice and to introduce PVC care bundles to clinical areas, which is ongoing.

Efficacy of cognitive adaptation training in schizophrenia - a randomized clinical trial

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Background

Approximately 80% of patients with schizophrenia have reduced cognitive functions. The effect of Cognitive Adaptation Training (CAT) has been tested as a psychosocial treatment in order to sequence patient's adaptive behaviour, showing promising results concerning improved social functions. There are however no solid evidence for these statements. The existing few studies investigating the effect of Cognitive Adaptation Training are underpowered and have a lack of younger patients.

Aim

The aim of the trial is to evaluate the effect of CAT in comparison with conventional treatment, and will focus on social functions, symptoms, relapse, re-hospitalisation, and quality of life of outpatients with schizophrenia.

Method

The study is a cluster randomized multicenter trial in which 164 outpatients diagnosed with schizophrenia, more than one year of treatment in the clinic and receive mental medication and psychosocial treatment are included. Randomization is computer-generated, with allocation concealment by a central telephone randomization system. Outcome assessors are blinded.

The primary outcome is social functioning and the secondary outcomes are symptoms quality of life and frequency of relapse and hospitalization.

All patients receive treatment as usual. Additionally, patients in the intervention group receives training concerning solving concrete problems related to the patient's daily life using tools such as schedules, schemes and signs. The intervention is conducted in the patient's homes in a period of six months. The effect of the intervention is evaluated using standardized test instruments after six and nine month. The study is approved in The Regional Committee on Biomedical Research Ethics in Southern Denmark (J. nr. S-20080037).

Findings

In this ongoing study 62 patients are included and 162 did not want to participate. The patients included has similar social functioning (GAF=40) compared to the patients who refused to participate (GAF=38) with no evident difference (P-value of .17). There where no significant difference in the patient's history of abuse where 31.6% of the patients included abused and 33.9 % of the patients who did not want to participate abused (P-value of .74). The patients included and the patients' who did not want to participate had similar age, sex and diagnoses.

Conclusion and implications

There were surprisingly many patients who did not want to participate in this study. The patients included in the study are however similar to the patients who did not want to participate which give support to a generalization of the results from the study. The study is expected to give an evidence base for the implementation of nursing care that takes account of patients' cognitive impairment in schizophrenia.

Trial Registry: www.clinicaltrials.gov; Identifier: S-20080037

Funding; Psychiatric research foundation and Health foundation

Recovery Education in Mental Health: Findings from a national evaluation

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Background

In line with international trends, mental health policy in Ireland has emphasised the need for a Recovery orientation to inform all aspects of the design, development and delivery of mental health services. In response to these recommendations a highly innovative facilitated learning programme on Mental Health Recovery was developed by a group of mental health service providers and delivered nationally in Ireland during 2009/2010. The learning programme was designed to enable mental health practitioners, people with self experience of mental health problems, family members and carers to consider and adopt recovery principles into their own lives and/or their practice.

Aim

The aim of this study was to evaluate the impact of the education programme on participants' knowledge, attitude and skills in mental health recovery.

Method

The evaluation employed a multi-method approach using quantitative and qualitative approaches. Data on the impact of the programme were collected using pre and post programme questionnaires. Of the 197 people who attended the 2-day programme all completed the pre course questionnaires and 195 people completed the post course questionnaires. Of the 68 participants who completed the 5-day follow up programme, 67 completed the pre course questionnaire, and 62 completed the post course questionnaire. In total, 33 participants were involved in the focus group interviews. Ethical approval in line with the Helsinki agreement was granted by the relevant research ethics committee for this research project

Findings

Providing mental health practitioners and people with self-experience of mental health problems with a systematic education and training in recovery principles using the Wellness Recovery Action Planning approach leads to positive changes in people's knowledge, skills and attitudes towards recovery principles, and their ability to teach and facilitate these changes in others. This education also inspires, invigorates and empowers people, and for many, it is a life changing experience. Mental Health Service Providers and Educators seeking to embed recovery principles into service delivery and education are more likely to do so if they adopt the principles and methods employed in the Recovery and WRAP education programme used in the education programme evaluated in this study.

Motherhood and Mental Health: Are maternity services meeting the needs of women who experience mental health problems?

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Background

For most women, pregnancy and motherhood constitute a positive psychological process. However, for some women this life changing event can result in the development or reoccurrence of a mental health problem. The literature on motherhood and mental illness is largely dominated by a professional discourse that portrays mothers with mental health problems as 'risky,' incompetent mothers. This coupled with the stigma associated with mental health problems creates and exacerbates problems for women who are mothers.

Aim

The aim of this study was to explore women with mental health problems experiences of maternity care provision during pregnancy, childbirth and early motherhood, in an Irish context.

Method

Using a semi structured interview, data were collected from 20 women who experienced mental health problems. Ten women had mental health problems prior to becoming pregnant and 10 developed mental health problems during pregnancy or in the postnatal period were spoken to. The methodology that informed the study was descriptive qualitative. Ethical approval in line with the Helsinki agreement was granted by the relevant research ethics committee for this research project

Findings

The findings from the analysis suggested that women who experience mental health problems experience a number of challenges in getting their needs addressed. The conflict between what societies constructs as the 'competent' 'good' and 'nurturing' mother and mothers who experience mental health problems, frequently resulted in a cycle of exclusion, stigma, and inadequate care and support. The paper will explore the challenges faced by women under the headings of availability; accessibility, accommodation, acceptability and attitudes, and affordability. Emphasis within the presentation will be placed on lessons to be learnt for maternity care, mental health service provision, education and future research.

Family Centred Care- A Gendered Practice?

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Background:

Children's nurses claim to practice family-centred care in which care is centred on the needs of the whole family and to work in partnership with parents to care for the sick child. The origins of these approaches to care can be traced back to early work on mother-child attachment.

The fathering role in family life is changing with an increasing emphasis on involvement in their children's lives. Children's nursing is a predominantly female profession. As there is evidence that fathers report discomfort in female dominated services I sought to examine fathers' experiences in the predominantly female environment of a children's ward.

Aim and objectives of the study: The aim of the study was to explore the experiences of fathers of children who were admitted to a general children's ward to discover: how fathers experienced their children's unplanned admission; the extent of father involvement in care and how relationships with nurses are developed.

Method: An ethnographic design was used, involving participant observation and open interviews with fathers and nurses on two children's wards in a district general hospital. Ethical approval was obtained from the local NHS Research Ethics Committee. Data were analysed using a process of deconstruction, construction and confirmation.

Findings: I will argue that family-centred care is in fact a gendered practice; nurses practice mother-centred care in which the father's value is as a substitute for the real thing; they have limited insight into fathers' experiences or needs. Fathers experience maternal, institutional and structural barriers to partnership in care of their sick children in hospital.

Conclusions and implications: Nurses are unaware of the effects of gender on their practice or parents' needs and have limited awareness of families' needs beyond the resident mother. There is a need for nurse education to encompass theoretical discussion of fathers and fathering.

BMI Measurement in Primary School Based Longitudinal Research.

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Background:

An innovative manualised initiative was commenced in five primary schools all of which were located in various disadvantaged areas of the greater Dublin region. The initiative was based on several primary health outcomes such as age appropriate physical development and child awareness and knowledge of general health issues. A research team was employed to carry out a longitudinal evaluation of the manualised initiative on the health and wellbeing of the children attending the schools.

Aim:

To establish the body mass index of each child on an annual basis as this was one of the key physical outcomes of the manualised initiative.

Objective:

To accurately record the weight, height and waist circumference of each child on an annual basis.

Description of innovation:

The weight, height and waist circumference of each child was recorded by a trained measurer. High quality standardised measuring equipment was used to record data. Children were weighed on digital scales in their stockings and height was measured with the head held in the Frankfort plane. Waist circumference was recorded by measuring around the mid-point between the top of the iliac crest and the last rib. Six measurers recorded data and each measurer followed a set protocol in an effort to reduce the margin of error and maintain reliability as far as possible.

Ethical Considerations:

Ethical approval in line with the Helsinki agreement has been granted by the relevant board/s for this research project.

Evaluation of innovation:

Factors related to inter-rater reliability emerged during BMI data collection. Due to the longitudinal nature of the project extra precautions had to be taken to ensure and preserve the reliability of data gathered.

Conclusions and implications:

Internationally there is a lack of consensus relating to specific criteria for classifying a child as being obese. Data generated from this longitudinal project will contribute to current knowledge and possibly aid in the development and formulation of Irish standards for assessing childhood obesity.

Acknowledgement:

The authors would like to extend sincere thanks to the following people for their significant contribution to data collection during the project; Ms. Carole B. King, Ms. Carmel Doyle, Ms. Freda Neill, Ms Thelma Begley and Ms. Sinéad Buckley.

The career choices of students undertaking the Bachelor of Science in Children's and General Nursing Integrated programme.

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Background:

September 2006 saw the commencement of the first Bachelor of Science in Children's and General Nursing Integrated programme. The programme is available nationally via four Universities and the primary aim of the programme is to increase the number of students studying to become children's nurses.

Aim:

To establish whether or not the introduction of this unique programme will increase the number of practising Registered Children's Nurses in the Irish health care system.

Objective:

To ascertain the factors which influence where students undertaking the BSc in Children's and General Nursing Integrated programme intend to practice post graduation.

Method:

A quantitative approach was utilised for the study. Data were collected by means of a 19 point questionnaire which was designed by the researcher. Purposive sampling was adopted as the target population was all 3rd and 4th year students of the Children's and General Nursing Integrated programme in Ireland (n=200). Ethical approval to carry out the study was obtained from the authors University Faculty Ethics Committee. Statistical Package for the Social Sciences (SPSS) version 16 was used for data analysis.

Findings:

Findings from the study indicate that students have clear views about where they would like to practice post qualification. Participants reported a preference for caring for children and also reported perceiving greater job satisfaction working as a Registered Children's Nurse (RCN) than as a Registered General Nurse (RGN).

Behavioural Interventions and Sexual Health: A Therapeutic Review

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Background

There is sufficient clinical evidence to suggest that a growing number of individuals experience recurrent, 'out of control' sexual behaviours, popularly referred to as 'sexual addiction'. Behavioural counselling and other therapeutic interventions are increasingly used to help individuals deal with the adverse consequences of this behaviour.

Aim and objectives

The aim of this research is to investigate sexual addiction as a lived experience and to examine the therapeutic interventions used by individuals who seek help with their sexual behaviour. The objectives are to consider effective treatment strategies, to describe the obstacles to counselling interventions and to review how best to prevent and manage sexually addictive behaviours.

Method

Adopting a qualitative approach, data collection includes a pilot study, focus groups, questionnaires and individual interviews involving 60 adult participants including 30 treatment providers who work with this phenomenon in clinical practice and 30 self-identified sexual addicts. Interpretative Phenomenological Analysis (IPA) method is used for data analysis. Ethical approval was granted in April 2008.

Findings

Participants report that 'sexual addiction' is often associated with painful childhood experiences and is regarded as a distinct behavioural addiction requiring specific treatment provision. Participants report on a range of therapeutic interventions and clinical approaches that have proven helpful and unhelpful in the management of their sexual behaviours.

Conclusions and implications

Recognition of 'sexual addiction' as a clinical reality is helping to clarify criteria and create an agreed diagnosis of this concept. This facilitates an appropriate therapeutic response to address the presenting behaviours and the predisposing factors. As a result, prevention strategies and behavioural management therapies are being developed. These strategies are expected to lessen the development of sexual addiction, minimise the negative impact on individuals and society and ensure that every individual is enabled to pursue a fulfilling sexual life, which is central to sexual health.

An Exploratory Study of Psychiatric Nurses Perception of Recovery in Mental Health Care.

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Background

Ireland recently embraced the concept of recovery in mental health care and is striving to change the mental health service to a recovery oriented service. Psychiatric nurses are central to this process, yet their perceptions of recovery in mental health care are unknown.

Aim and objectives of the study

The aim of this study was to explore psychiatric nurses' perceptions of recovery in mental health care. The objectives were to: establish psychiatric nurses understanding of recovery; explore if psychiatric nurses engaged recovery principles in their professional practice and identify the factors perceived as impacting on the integration of a recovery oriented service.

Method

The study used a qualitative descriptive design. Data was collected by means of semi structured individual interviews with eight registered psychiatric nurses employed by one mental health service provider. Ethical approval was granted by the Health Services Ethics Committee. Thematic analysis was conducted.

Findings

The analysis resulted in the identification of four master themes, the nurses role in recovery, facilitators to recovery, barriers to implementing recovery orientated practice and challenges to promoting recovery. The findings suggest that while participants welcomed a recovery approach and used some principles of recovery in their practice, their understanding of recovery was limited. The dominance of the medical model was evident in participants understanding of recovery and the strategies used to promote it. Participants identified factors which may negatively impact on promoting recovery including staff attitudes, lack of education and training on the principles underpinning recovery and resistance to change.

Conclusions and implications

Participants have a limited understanding of recovery and require education and training on the principles which underpin recovery if the vision of a recovery orientated mental health service is to become a reality. Clinical supervision to guide and support psychiatric nurses in promoting recovery is recommended.

An evaluation of Back to the Floor Friday- an initiative to improve the patient experience in an acute NHS Trust in England

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Title and background

In January 2009 the Back to the floor Friday (BtFF) initiative was launched as part of a patient experience improvement programme. Propositions supposed that improvements would be made as a result of strengthened visible clinical leadership. 171 senior nurses returned to clinical practice in uniform every Friday.

Aim and objectives of the study

To evaluate the BtFF initiative- in particular its impact on the improvement of patient experience and patient care. Specific objectives were to:

- identify what activities BtFF nurses were undertaking and their impact on patient care
- explore future activities that BtFF nurses would undertake
- identify the perceived support needs of the BtFF nurses
- evaluate the perceived value of the programme and to improve it as required

Method

An action research approach was taken. Data were collected between August 2009 and March 2010 using surveys, focus groups, interviews and fieldwork with nursing staff and patients. The total population of BtFF nurses were surveyed. Purposive and convenience sampling were used to select: 20 multi-professional staff; 9 therapists; 45 nursing staff; 1 clinical nurse specialist and 4 patients. A systematic approach was used to organise the data according to key issues and themes. The study was designated a service evaluation and exempt from Research Ethics Committee approval.

Findings

Empowerment; learning together; professional networking; communication; championing change; and 'Matron Power' were positive themes and staff benefits arising from the initiative. Evidence from patient experience real-time trackers showed demonstrable improvements in patient reports of hospital cleanliness during June and July 2009 which coincided with a focused effort from BtFF participants on the audit of the hospital environment.

Conclusions and implications

The evaluation was seen as helpful by the senior nursing team in shaping and improving the on-going implementation of the BtFF initiative. The next action research cycle will focus on the tangible benefits of BtFF on patient care.

The use of “Supple Cups” to promote successful breastfeeding in women with flat or inverted nipples

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Background: It has been identified that there is an incidence of nine to ten percent of women who present with flat or inverted nipples (Walker, 2003; Grant & Campbell, 1990). The presence of flat or inverted nipples may prevent successful breastfeeding in women who wish to do so. Over the years, several methods, including surgical intervention have been utilized to ameliorate this condition and assist women in the successful breastfeeding of their babies. These methods include the use of breast shells and Hoffman’s exercises (Alexander, Grant, & Campbell, 1992); the Avent Niplett (McGeorge, 1993); as well as breast pumps. In addition, the use of an after-market adaptation of a disposable syringe has been utilized with some success. More recently, however, a product called “Supple Cups” has been demonstrated anecdotally to facilitate nipple eversion for women who have flat or inverted nipples.

Aim and Objectives of the Study: The purpose of this pilot study was to determine the usefulness of the “Supple Cups” product compared to the disposable syringe everter method for women who have flat or inverted nipples and who wish to breastfeed their babies.

Method: The study was approved by the hospital’s Institutional Review Board. This project is in line with clinical audit practices. Permission has been given by the site to use the information and patients were informed that their anonymous data may be used for report and research publications. This paper reports on pilot data from an ongoing randomized study comparing the use of the disposable syringe everter method with the use of the “Supple Cups” product. A convenience sample of twelve women was identified in the immediate post partum period as having flat or inverted nipples. Women were assigned to one of two groups: disposable syringe everter group or “Supple Cup” product group. Written and verbal instruction on the use of each method was provided by the hospital Lactation Consultant. The Lactation Consultant telephoned each woman each week to discuss her breastfeeding experience and determine breastfeeding success.

Findings: Preliminary findings indicate that the use of the “Supple Cups” product can contribute to successful breastfeeding in women who have flat or inverted nipples. Women found the “Supple Cups” more convenient and easier to use as compared to the syringe everter method.

Conclusions and Implications: The results of this pilot study demonstrate the advantages of the use of the “Supple Cups” product for women with flat or inverted nipples who wish to breastfeed their babies.

Women with intellectual disabilities experiences of publicly-funded Irish health services during pregnancy.

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Introduction

The paper presents the semi-structured interview findings and recommendations of the intellectual disability strand of a nation-wide study commissioned by the National Disability Authority (NDA), in a joint initiative with the National Women's Council of Ireland (NWCI) and completed in 2009.

Background

The literature review suggests that society has undervalued women with disabilities, has exerted control over their sexual and reproductive lives and, in many cases, has exacerbated their difficulties.

Aim

To explore the strengths and weaknesses of publicly-funded Irish health services provided to Women with an intellectual disability.

Objectives

- a) To ascertain and explore the views and experiences of women with intellectual disabilities, throughout the country and across all socio-economic groupings, in relation to:
 - the strengths and weaknesses they encountered in publicly-funded Irish health services during pregnancy.
 - their experiences of accessing health and social care professionals and the service they received;
- b) To make clear recommendations as to how the experience of engaging with the various publicly-funded Irish health service providers during pregnancy can be improved for women with intellectual disabilities, and to do this in such a way as to maximise the likelihood of the report influencing policy-making.

Study

A qualitative descriptive design. Semi-structured interviews, with 4 women in the intellectual disability strand of the study interviewed. All interviews were recorded, transcribed in full, imported into NVivo 8 and analysed using the constant comparative method. SPSS was used to conduct descriptive analysis on the demographic data. Data were collected from multiple sources. Negative case analysis, peer debriefing and member checking were also employed.

Ethical approval was received from the Research Ethics Committee of the Faculty of Health Sciences, Trinity College Dublin and all relevant health service providers.

Findings and recommendations

The findings demonstrate that women's experiences of the publicly-funded maternity services are varied, with weaknesses and strengths identified. Recommendations will also be presented and discussed.

Health care professionals knowledge and attitudes regarding substance use and substance users

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Background:

Health care professionals working in emergency departments in Ireland are frequently exposed to patients with substance use problems and are in ideal positions to provide early diagnosis and treatment. Health professionals' knowledge and attitudes regarding substance use and substance users may however negatively influence the care that these patients receive.

Aim:

The aim of this study was to determine emergency department doctors' and nurses' knowledge and attitudes regarding problematic substance use and substance users.

Methods:

Data were collected using an adapted survey questionnaire which was based on the training needs of community mental health workers in managing clients who misuse alcohol and other drugs in Australia and the Substance Abuse Attitude Survey (SAAS). By means of convenience/opportunistic sampling all emergency department doctors and nurses (N=145) working in 3 university teaching hospitals in Ireland were asked to fill out the knowledge and attitudes questionnaire. Ethical approval was secured for the study.

Results:

A response rate of 46%, N=66 was achieved. Results indicate that participants' current level of knowledge about alcohol and drug misuse in general, is satisfactory. A particular knowledge deficit in relation to intervention strategies, and other substances was identified. The majority of Emergency Department Doctors and Nurses who participated in this study have not received any specific training regarding alcohol and other drugs. The majority of respondents suggested that substance using patients are managed inadequately. The SAAS results indicate that doctors and nurses working in acute emergency departments exhibited near-optimal attitudes in all subgroups with the exception of 'permissiveness' for constructive working with substance using patients.

Conclusion:

There is an urgent need for further in-service training programmes and the development of standard protocols/guidelines for the management of substance withdrawal and detoxification which will equip emergency department health professionals with the tools to identify and adequately manage substance using patients who present in the emergency department.

A phenomenological study to explore the experience of the preceptor/mentor when assessing borderline /weak nursing students in clinical areas

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Background

Nursing practice combines theoretical, academic and practical knowledge. Nurse education is reflective of this encompassing these tenants of knowledge in its delivery. Assessment strategies for academic knowledge use a variety of approaches employed by full time academics in order to assess nursing knowledge. Preceptors assess clinical competency during clinical placements. In Europe and America training for the role of preceptor/mentor varies from one day to six weeks. Clinical assessment continues to present challenges for staff with lack of time, and lack of training as some of the challenges that face the preceptor/mentor.

Aim of Study

The aim of the study was to explore with preceptors using a phenomenological approach what it is like to pass/fail a borderline/weak student while on clinical placement.

Methodology

Using a Heideggerian phenomenological approach the study explored the experience of preceptors when passing/failing a borderline/weak student nurse. Data was gathered from a purposeful sample of nine staff nurses using unstructured tape recorded interviews. Inclusion and exclusion criteria were used. Ethical considerations such as confidentiality and anonymity were maintained at all times. Ethical approval was sought and approval granted by regional ethical committee.

Analysis

Analysis of the data was preformed using NVivo 8 package. The NVivo database was designed to facilitate rigorous interrogation of the data to enhance the analysis process. The qualitative data was transported to an NVivo file and coded from audio files.

Findings

One of the main findings highlighted in this study is preceptors difficulty interfacing with issues such as attitude and behaviour. Clinical assessment documentation needs to include professionalism and value attitudes thus enabling preceptors to feel secure in assessing students under these headings. Preceptors who acknowledged deficits in the current system all recognise that lack of time is a major contributing factor. The role of the Clinical Placement Coordinator (CPC) remains unclear in the assessment process. Preceptors viewed the role of the CPC as contributing to the assessment process and this on occasions appeared to contribute to the preceptor not accepting full responsibility for the student assessment. There was also an admission of the "failure to fail" in the current assessment process. The current nursing culture is one of cut backs and additional time is unlikely to be allocated to a pre-existing role.

Breast awareness within an intellectual disability setting

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Background

Breast cancer generally affects women between 50 and 65 years and is one of the principal causes of female deaths. Many women with intellectual disability are placed in the “at risk” age group for developing breast cancer due to increased life expectancy. However, breast cancer screening is much lower in women with intellectual disability compared to the general population.

Aims and objectives of the study

This study sought to examine proficiency, motivation and knowledge regarding breast cancer screening and awareness of nurses working within an Intellectual Disability setting. Additionally, the study aimed to examine and establish associations between nurses’ personal and professional breast awareness practices.

Method

This study adopted a quantitative descriptive design. Data was gathered utilising an adapted version of the Modified Toronto Breast Self-Examination Inventory (MTBSEI). The study utilised a convenience sampling strategy and the sample consisted of all grades of nurses (n=200) working in one Intellectual Disability Health Service Provider in Southern Ireland. The response rate for this questionnaire was 54% (n=106). Ethical approval was sought and granted from both the ethical committee attached to the health service provider and the Cork Teaching Hospitals’ Ethics Committees. All quantitative data were entered into SPSS v 15, a statistical software package. Data were summarised using descriptive statistics. Parametric tests and non-parametric tests were used.

Findings

Results reflected that the majority of nurses in this study (n=105) do not promote breast awareness for women with intellectual disabilities. Further, findings identified deficits in nurses’ personal knowledge, skills and practices with regard to breast awareness and screening.

Conclusions and implications

This study identifies the need to support nurses within Intellectual Disability settings with on-going education in relation to breast awareness, in order that breast awareness be promoted in clinical practice.

Women with disabilities: accessibility issues for women receiving care within the publicly-funded maternity service in the Republic of Ireland.

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Background: A review of policies in 10 countries showed that few had policies governing maternity care for women with disabilities (WWD). This study aimed to identify the extent to which such policies exist within the Irish maternity care setting.

Aim: To identify and review the strengths and weaknesses of available policies and guidelines that governs practice and procedure in service provision for WWD when accessing the Irish publicly-funded maternity services in Ireland.

Method: The study aimed to gather information on accessibility to the built environment and communication issues relating to caring for WWD. A nominated person from each of the 19 publically funded maternity units consented to participate in a telephone survey. Data were collected between August and October 2008 via a 70-item customised structured questionnaire. Ethical approval was granted from the university.

Findings: The survey indicated that only one maternity hospital/unit has a formal written policy on the provision of services for WWD. The remaining 18 units indicated that written guidelines are not available to frontline staff providing care. Seventeen units indicated that an assessment of needs is undertaken for WWD. However this is more often carried out for women with a physical disability or mental illness than for women with a sensory or intellectual disability.

In the absence of local guidelines, two units have appointed an access officer as a resource for staff, whilst 11 units do not have a designated person for clinical staff to contact in the event of any queries. The provision of services for WWD is reactive, not proactive, and is fraught with difficulty including barriers to access financial, infrastructural and human resources as necessary.

Conclusion and Implications: The study sets out various recommendations, chief among them suggestions for the development and implementation of policies to enhance the responsiveness of maternity services for WWD.

Case Study: The caring parody - a patient's narrative.

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Professional actions can overpower patients/service users voices and this presentation attempts to redress this balance through the situational reality of person with a long-term condition. This case study focuses on experiences during and after hospitalisation and provides care professionals the opportunity of listening to a firsthand account. The narrative seeks to redress unprofessional conduct reminiscent of those featured in the film 'One flew over the Cuckoo's Nest'.

Aim and objectives

- 1) To expose inadequate care practices for people with long-term conditions.
- 2) To examine centrality, vulnerability and inequalities within service delivery.
- 3) To heighten awareness of inter-professional partnership working needs.
- 4) To stimulate critical thinking about ethics, values, skills and choices.

Description of innovation

The narrative is delivered alongside an artistic pictorial PowerPoint presentation. It questions whether the centrality of patients/service users is supported in practice and if professionals are sufficiently informed about engagement in decision-making processes to promote dignity, respect and choice. It stresses the need to integrate inter-professional approaches to enable patients/service users to become partners in decision-making and treatment processes.

Evaluation of innovation

The narrative calls for rigorous application of quality standards in ethics, values and caring skills and urges management and leadership change to successfully implement the personalisation agenda. It stimulates critical thinking about quality initiatives through an examination and exploration of professional behaviours and attitudes towards patients/service users, with long-term conditions, and the consequences of these on practice procedures and outcomes.

Conclusions and implications

The narrative is valuable to health/social care educators, practitioners, patients/service users and policy makers in linking theory to practice outcomes. In an ever changing welfare system professional ethics require constant assessment and monitoring to guarantee professional standards and skills are maintained to ensure high quality care provision. Finally it opens an ethical debate on assisted suicide and outlines reasons why some people might seek this option.

Antenatal education for women with disabilities: the clandestine challenges for antenatal educators In Ireland.

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Background: Theoretically, every encounter with a midwife is an opportunity to exchange information. Antenatal education classes facilitate the exchange of information in a formal way and are a common mode of preparation for many expectant parents. For women with physical or sensory disabilities (WWD) this method of preparation is not always accessible. Here, WWD's experiences of accessing and/or attending antenatal education classes are presented.

Method: Ethical approval was granted from the Faculty of Health Science, TCD and three study sites for this qualitative descriptive study. Using purposive/snowball sampling 54 WWD were recruited. Individual interviews were conducted with these women, following informed consent. The specific aim was to explore the strengths and weaknesses of the Irish publicly-funded health services for women with disabilities (WWD) during pregnancy, childbirth and early motherhood. Data were analysed using the constant comparative method of analysis.

Findings: For some WWD, antenatal classes were helpful and informative. The teaching strategies employed were appropriate. Some maternity hospitals/ units were very aware of the women's specific needs and implemented measures including, ensuring the woman was in an optimum position to hear, and/or engaging the services of a sign language interpreter or organising one-to-one sessions, if appropriate. However, for a large number of WWD the experiences were not always so positive. Some of the women felt that their specific needs were not addressed. The classes were described as inflexible and unhelpful, and some chose not to attend. Classes were described as too large; the content, strategies and aids used were inappropriate.

Conclusions and Implications: WWD do not like to draw attention to their disability. They are unlikely to inform the class facilitator that they have a disability. The current format and provision of antenatal education is inappropriate for WWD, consequently, WWD feel unprepared and ill informed for pregnancy, childbirth and parenting.

A cross-cultural study of ethical dilemmas in nursing: calculative and meditative care

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Background. Trends in health care have changed the ethical situations nurses face in their work. Recent research has suggested that nurses often have difficulty naming ethical issues and/or knowing how to act in response to their ethical concerns. Since national culture operates in health-care at all levels through individual values, beliefs and meanings, group norms, and practices and organizational patterns it is likely that the identification and resolution of ethical dilemmas may differ cross-culturally.

Aim and objectives of the study. Informed by Heidegger's notion of calculative versus meditative thinking, we sought to better understand the ethical dilemmas faced by nurses and how these may differ according to national context.

Method. A total of seven focus groups of nurses ($N = 36$) were conducted in Ireland, Canada, India, and Japan. Using a semi-structured format, participants were invited to discuss ethical dilemmas they encountered in their work. Thematic content analysis of transcripts was employed to compare each country in terms of identified ethical dilemmas. Ethical approval for this study was granted by the University of Regina Research Ethics Board.

Findings. Ethical dilemmas clustered into five main themes: Choice-control-autonomy, Experience and competence, Systemic, Resources, and Treatment-care. Prevalence of dilemmas varied across countries.

Conclusions & implications. It was evident from the findings that a tension exists between the calculative or functional demands of the healthcare system and the broader implications of a philosophy of care (i.e., meditative thinking) among the participants in all countries. The dilemmas identified a need for a deeper awareness and understanding of the ontology of nursing by nurses and their non-nursing healthcare colleagues. Further, the findings suggest that sensitivity to the religious and cultural background of the nurse is needed to better appreciate the nature of ethical concerns of nursing staff as well as their reaction to particular ethical dilemmas.

The development of a short measure of collaborative clinical team working

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Background: Effective delivery of evidenced-based clinical care for women during pregnancy and during the perinatal period requires collaborative, engaging and supportive multidisciplinary team working. A simple, valid and reliable self-report tool to evaluate working within the healthcare environment within this context has previously been unavailable.

Aim and Objectives: The current investigation describes and reports the development of a short measure of effective and supportive team working within the context of maternity care services. The focus of the current report is on the psychometric properties of the developed tool.

Methods: The tool was developed as an intrinsic component part of a staff survey reviewing maternity services in England, UK. Final item inclusion in the developed measure was determined by exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). Discriminate validity testing was conducted using analysis of variance (ANOVA) was used to determine discriminate validity using health worker classification as the independent variable. This project is in line with clinical audit practices and permission has been given by the site to use the information for report and research publications.

Findings: 1701 questionnaires selected by random sampling were subjected to EFA. Following maximum-likelihood extraction and oblimin rotation, two correlated factors were identified. These two sub-scales were labelled compliance and influence (4 items), and support and communication (6 items). The veracity of the factor structure and sub-scale differentiation was supported by CFA conducted on a further 1701 questionnaires. Discriminate validity was demonstrated on the total scale and both sub-scales (all $p < 0.001$).

Conclusions and implications for clinical practice: The 10-item Working in Healthcare Questionnaire (WHQ-10) was revealed to be a reliable and statistically robust self-report instrument that measures germane dimensions of staff collaboration and cohesion. The use of the instrument sub-scales are advocated since these are sensitive to staff structure and hierarchy and the clinical discipline of the practitioner. Consequently, the developed tool offers the opportunity to evaluate the interactional processes of health professionals within a team in order to determine the impact of these dynamic factors on the provision and quality of care.

The Perceptions of Care Adjective Check List–Revised (PCACL-R) evaluated in a large UK maternity care population

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Background: Assessment of the quality of perceived care that women experience during the provision of maternity care are not routinely assessed or evaluated, though there is increasingly evidence that perception of care is related to clinical outcome. One particular issue that mitigates against this routine assessment is the availability of a valid and reliable tool measuring this important domain.

Aim and Objectives: To develop and validate a novel assessment tool for the assessment of perceived care quality of women's experiences of maternity care. The current study reports the psychometric properties of the developed Perceptions of Care Adjective Check List–Revised (PCACL-R).

Methods: Data were collected from a United Kingdom national survey of women's experiences of maternity care (n = 2960). Confirmatory factor analysis, convergent validity analysis, convergent validity analysis, predictive validity and internal consistency approaches were used to evaluate the psychometric properties of the tool. Ethical approval in line with the Helsinki agreement has been granted by the relevant board/s for this research project.

Results: Confirmatory factor analysis demonstrated an excellent fit to a bi-dimensional structure entirely consistent with the negative and positive valencing of adjectives in the measure, consistent with the use of the tool as a two (negative/positive) sub-scale tool. The PCACL-R revealed good convergent validity and excellent divergent validity characteristics. Discriminant validity was assessed against measures of maternal deprivation, partner status and type of delivery and revealed good discriminant validity of the PCACL-R. Internal consistency characteristics of the two PCACL-R sub-scales were acceptable. The predictive validity of the PCACL-R was also excellent.

Conclusions and implications for clinical practice: The PCACL-R is recommended as a valid, reliable, respondent acceptable and easy to administer instrument to assess women's experiences of their maternity care. Routine use of the tool within both an evaluative and research context is suggested. The PCACL-R provides a tool that can also be used for effective and evidenced-based clinical bench-marking.

Education provision for mental health professionals in the Republic of Ireland: an evaluation

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Background

Throughout Europe, mental health services are shifting from an institutional model towards a comprehensive, integrated, community based mode of delivery. Similarly, the Mental Health Services in Ireland are also undergoing unprecedented levels of change and are responding to the recommendations of the national policy document 'A Vision for Change: Report of the expert group on Mental Health Policy' and the reforming Mental Health Legislation. Increasingly there is recognition that the provision of high quality education and training that is responsive, relevant, accessible and evidence based is a critical step in the provision of the kind of care envisioned.

The **aim** of this paper is to present the findings of a scoping study that explored issues around third level education available to professionals working in mental health services in the Republic of Ireland.

Objectives include: (i) Describe the education available to mental health practitioners in the Republic of Ireland. (ii) Discuss the findings of the study in the context of multi-disciplinary education and service user involvement in Ireland. (ii) Identify the challenges in education provision and discuss areas for future development

Method The research design was exploratory, descriptive using a combination of questionnaires and telephone interviews for data collection. In total, 227 courses from 31 third level educational institutions were identified as fulfilling the inclusion criteria for the study. 149 questionnaires were returned represented a 65.6% return rate. These were analysed using SPSS and thematic analysis was employed for qualitative analysis. Ethical approval was granted by the authors institution.

Findings from this study suggest that while there are a variety of courses for professionals working in mental health to choose from there are still a number of gaps in education provision that will present challenges for the future.

Conclusions and Implications: Within the presentation issues around course structures, funding, interprofessional education, teaching and assessment strategies, service users involvement and clinical supervision will be addressed. The research project was funded by the Irish Mental Health Commission.

A Cochrane Review of Interventions Preventing Central Venous Catheter-Related Infections in Haemodialysis Patients

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Aim of Review

To evaluate the benefits and harms of prophylactic topical antimicrobials, topical antiseptics and non-medicated dressings have on the incidence of infectious complications among haemodialysis patients with central venous catheters (CVCs).

Search and Review Methodology

The Cochrane Renal Group's specialised register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE and reference lists of articles were searched.

The review included randomised controlled trials (RCTs) and quasi-RCTs, investigating any intervention that prevented infectious complications among haemodialysis patients with CVCs. Trials that investigated antimicrobial impregnated CVCs or CVCs using locking solutions with antimicrobial properties and intranasal application of antimicrobial agents were excluded. Two authors assessed study quality and extracted data.

Findings

Ten studies (786 patients) were included in the review. Interventions investigated included antimicrobial ointments, topical honey, CVC dressings, tunnelled versus non tunnelled CVC and post insertion care protocols.

Mupirocin ointment reduced the risk of catheter-related bacteraemia (RR 0.17, 95%CI 0.07 to 0.43) and catheter-related infections caused by *Staphylococcal aureus*. The risk of catheter-related bacteraemia was reduced by polysporin (RR 0.40, 95%CI 0.19 to 0.86) and povidone-iodine ointment (RR 0.10, 95%CI 0.01 to 0.72). Topical honey did not reduce the risk of catheter-related bacteraemia (RR 0.80, 95%CI 0.37 to 1.73). Transparent polyurethane dressings compared to dry gauze dressing did not reduce the risk of catheter-related bacteraemia.

Conclusions and Implications

Mupirocin ointment appears effective in reducing the risk of catheter-related bacteraemia and CVC infections caused by *S. aureus*. The review could not conclude that mupirocin resistance is a real or proven threat. The clinical decision to use this ointment requires local knowledge of the prevalence of antibiotic sensitivity within the community. A lack of high quality data on the routine use of povidone-iodine ointment, polysporin ointment and topical honey means there is insufficient evidence to guide clinical practice. It was not feasible to determine which dressing was the most effective, however CVC sites need to be dressed and for the interim period either a dry gauze or transparent dressing can be considered. No RCTs were found on antiseptic cleansing agents used for catheter hub and exit site care.

Managing Challenging Situations in Practice – A new programme developed to meet the specific needs of student nurses.

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Background

Maintaining safety in the healthcare setting is the responsibility of every nurse. One area of crucial importance is recognising and managing situations that may potentially lead to aggression and violence before they reach that stage. Whilst this type of training is not legally required in Ireland, all of our clinical sites require student nurses to complete such training before attending clinical placements. For a number of years we used a generic programme from an external agency. However, this did not meet the needs of students working with patients in complex environments.

Aim and Objectives

The need for a programme that specifically met the challenges encountered by nursing students was identified and a group was established to develop this. This group had representation from each of the four nursing pathways general, mental health, intellectual disability, and children's nursing. It also had qualified instructors in the programme previously used.

Description of innovation

The group developed a programme entitled 'Managing Challenging Situations in Practice' which is geared towards novice nurses beginning their healthcare careers. A variety of teaching methods are used to enable students to recognise potentially threatening situations and manage them appropriately with regard to their level of training and responsibility.

Evaluation of innovation

The programme was delivered in 2008/2009. It was evaluated, modified and delivered again in 2009/2010 with further evaluation. The programme was positively viewed by students who enjoyed it and found it beneficial. In addition there were substantial savings in terms of financial and human resources.

Conclusion and implications

The Managing Challenging Situations in Practice programme was developed to fulfil a specific need identified in the undergraduate nursing programme. The evaluation suggests that this was achieved. This paper will disseminate details of the development and evaluation of this programme.

Overweight nurses' experiences of their interactions with overweight patients

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Background: This research study explores and interprets overweight nurses' experiences of their interactions with overweight patients. Within the limited number of research studies that investigate the worldview of overweight nurses, it is suggested that overweight nurses may have more empathy with overweight patients, who may often receive discriminatory care, but that these nurses may be reluctant to initiate the sensitive conversation about weight.

Aim and objectives: The aim of the study was to gain a deeper understanding of overweight nurses' experiences of their interactions with overweight patients. The objectives of the study were to explore and describe how overweight nurses in this study, firstly, manage their self in the interaction and, secondly, manage the interaction itself.

Method: Seven nurses from various nursing disciplines participated in the study and data were gathered through two semi-structured interviews and note-book keeping. Data were analysed using a hybrid model of interpretive analysis, underpinned by Gadamer's hermeneutics. Ethical approval for this study was granted in August 2006.

Findings: Two key themes were derived from the data: firstly, how these nurses developed their understandings of being overweight and secondly, how they acted upon their own understandings in the interaction with their overweight patient. The nurses in this study, the findings of which cannot be generalised, developed their *Self* and *Other* understandings of being overweight through personal experience. They acted upon their understandings and managed their *Self* in the interaction with their overweight patient by managing their guilt, dissonance and personal prejudices. They managed their sensitive conversations with their overweight patient by developing embodied empathy.

Conclusions and implications: This study demonstrates practical applications of Gadamer's 'fusion of horizons' and has generated new knowledge for nursing by proposing that the overweight nurses within this study combine: *Self understanding; Other understanding; Acknowledging-then-managing prejudice; and Being-with: holistic interacting* within their interactions with their overweight patients, which is defined as the new and original concept of *embodied-empathy-in-action*.

This study also has implications for nursing policy and suggests the provision of further support for overweight nurses who are required to initiate sensitive conversations with overweight patients.

Physical activity levels in acute coronary syndrome patients, and factors that influence these levels

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Background: Sedentary lifestyle is a major adjustable risk factor in coronary artery disease. International guidelines for physical activity have been established which advocate 30-60 minutes of moderate intensity activity on most days.

Purpose: The purpose of this study was to describe acute coronary syndrome (ACS) patients' physical activity levels and to examine the influence of demographic and clinical history factors on physical activity.

Methods: Persons admitted to hospital with a diagnosis of ACS and normal physical activity regime over the last 7 days were recruited to this study. Physical activity was assessed using the International Physical Activity Questionnaire, short form (IPAQ), demographic and clinical details were collected by questionnaire from both patient and case notes. SPSS version 16 was used for analysis. Ethics approval in line with the Helsinki agreement was granted for this project.

Results: The sample of 767 subjects was aged 64 ± 11 years, 77% were male, 42% were categorized as low fitness, 43% moderate fitness, and 15% high fitness. Patients that were younger, had higher education or lower BMI engaged in more physical activity. Physical activity was not significantly influenced by previous cardiac history except those with a history of coronary artery bypass graft who engaged in significantly more physical activity than those without such history (history of CABG Median = 1188 METs, n=109, no past history of CABG Median = 745 METs, n= 638, U=29813, Z= 0.017).

Conclusions and Implications: Despite the benefits of exercise on cardiac health, the patients in this study had a very low fitness level, particularly those with a previous cardiac event. We could conclude from this that the current emphasis and motivation to partake in more physical activity needs to be strengthened. The reasons for higher physical activity levels in those who had bypass surgery warrants further exploration and maybe influenced by the physicality of the intervention influencing motivation and their illness perception.

An evaluation of case based learning in a post graduate cardiac nursing programme.

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Background

It is widely documented that teacher centred pedagogies while being cost effective and delivering greater breadth of subject material, serve only to reinforce student passiveness and superficiality in learning. Acknowledging the limitations of didactic teaching methodologies teaching staff at the School of Nursing and Midwifery and a Clinical Nurse Specialist set out to pilot the introduction of case based learning as one element of a 'blended' teaching strategy in the delivery of a post graduate cardiac nursing programme.

Aim and Objectives of the study

The aim of the study was to evaluate the inclusion of case based learning as an effective teaching strategy within a post graduate cardiac nursing programme. The objectives were to establish whether this approach promoted the development of an interactive group learning environment, providing the student with a greater ability to develop problem solving and critical thinking in their application to practice.

Methodology

The study was evaluative in nature selecting a convenience sample (n=20) of post graduate nurses all working in acute cardiology within various Trusts within the Northern Ireland. Case based lectures and tutorials were incorporated concurrently with a number of didactic teaching sessions within two, twelve week modules running in semester 2. A 24 item questionnaire was issued in completion of the case based scenarios. A response rate of 95% was recorded (n=19). The study was conducted under the necessary ethical procedures, with consent obtained from all participants in relation to the publication of the research findings.

Analysis

Data from the questionnaires was analysed using SPSS version 17 with qualitative feed back systematically analysed to identify common respondent themes.

Summary of Key Findings

Results concluded that the introduction of case based learning promoted greater interactive learning within the sessions, encouraged the adoption of deeper learning strategies with greater appreciation of the application of knowledge to practice in comparison to traditional teaching formats.

Conclusion

Results indicate that students strongly support the view that the adoption of case based learning ought to be an essential element in the delivery of the post graduate cardiac nursing programme.

Medication concordance amongst persons with a diagnosis of bipolar affective disorder: an exploration of psychiatric nurses' perceptions in an acute psychiatric in-patient setting

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Background

Bipolar affective disorder is a severe enduring mental illness that is associated with high rates of medication non-concordance, which consequently increases relapse and readmissions to acute in-patient settings. Psychiatric nurses working in acute in-patient settings have a significant role in facilitating medication concordance amongst persons with a diagnosis of bipolar affective disorder. However, whilst there is some evidence available on psychiatric nurses' perceptions of facilitating medication concordance amongst patients with a diagnosis of schizophrenia. There is a dearth of research which has explored psychiatric nurses' perceptions of their role in facilitating medication concordance amongst persons with a diagnosis of bipolar affective disorder.

Aim and Objectives

The aim and objectives of this study is to explore psychiatric nurses' perceptions of the barriers, enabling factors and the interventions used in the promotion of medication concordance amongst persons with a diagnosis of bipolar affective disorder in an acute in-patient setting.

Method

Ethical approval was sought and granted from the local ethics committee prior to commencing this research study. A qualitative study design was conducted where 10 registered psychiatric nurses working in one acute in-patient unit within the Health Service Executive (HSE) participated in the research study. Data was collected using semi-structured interviews which were tape-recorded and transcribed verbatim, with participants consent, to facilitate data analysis. Burnard (1991) thematic analysis framework was used to analyse the data collected.

Findings

The five main themes that emerged from the data analysis were: Experiences of medication concordance, Challenges to medication concordance, Facilitating factors that promote medication concordance, Concordance strategies utilized to promote medication concordance and Professional development.

Conclusions and Implications

It was found that psychiatric nurses require more education to increase their knowledge and skills to facilitate the promotion of medication concordance amongst persons with a diagnosis of bipolar affective disorder. In-service education, training and clinical supervision is recommended to enhance psychiatric nurses role in facilitating medication concordance.

Clients' perceptions of participating in a community based structured pulmonary rehabilitation programme.

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Background

It is projected that by 2030 COPD will rank seventh in the worldwide burden of disease (Mathers & Loncar 2006) and will be the third most frequent cause of death (WHO 2008). COPD therefore has a significant impact on patient's morbidity and mortality. Pulmonary rehabilitation programmes are one method of improving the quality of life of persons with COPD. However very few of these PR programmes are structured education programmes and within, Ireland most are hospital rather than community based.

This paper draws on the qualitative findings from the PRINCE study, which is a two armed randomised trial clustered by GP practice with an intervention arm in which participants received a structured PR programme and a control arm where participants received "usual care". Ethical approval in line with the Helsinki agreement has been granted by the relevant board/s for this research project.

Aim: The qualitative aspect explored participants experiences of participating on a Structured Education PR programme underpinned by empowerment and focused on improving self management skills.

Method: A grounded theory methodology was used and the constant comparative technique was employed to analyse data. Twenty in-depth one-to-one interviews (guided by an interview schedule) with participants, six weeks after programme completion, were undertaken.

Findings: Preliminary analysis suggest that participants found that the programme made a difference to their knowledge of COPD and ability to self-manage. However adherence was affected by participants' attitude to their illness, their personal evaluation of the benefits of managing their COPD well, and their general health and wellness. Exercise was perceived as important but participants reported that it was challenging to continue to exercise once the programme has ceased.

Conclusions and implications: Structured Education PR programmes can help persons with COPD to self manage their condition well. In the context of chronic disease management, this study emphasises the importance of empowerment and has wider implications for the management of other chronic diseases in primary care.

The clinical role of lecturers in nursing in Ireland: Stakeholders perceptions on the role and policy suggestions for the future.

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Background: Movement of schools of nursing into universities have resulted in increased concerns that the disparity between education and practice would become more evident. The clinical role of nurse lecturers has been identified as instrumental in narrowing the gap between theory and its application to practice. However, there is a lack of a defined clinical framework for lecturers.

Aim: To examine key stakeholders' perceptions of the clinical role of lecturers in nursing and to identify supportive and limiting factors which impact on the clinical role, in order to determine a model for best practice.

Methodology: A sequential exploratory mixed method design was used. Ethical approval in line with the Helsinki agreement was granted by NUI Galway Research Ethics Committee for this research project. A descriptive exploratory initial qualitative phase involved 22 focus groups and 20 individual interviews with clinicians, educationalists, policy makers and students. Participants were asked to clarify their expectations of the lecturer's clinical role, factors that facilitate or hinder the role and the future direction of the role. Results were used to inform the development of a questionnaire for the first round of a 3 round policy Delphi study. The aims were to identify and explore the level of support of panellists to identified issues and obtain ratings on the importance and feasibility of a variety of policy alternatives.

Summary of key findings: The findings of the study indicate a strong agreement across disciplines on the need for role definition. Differences in expectations of the lecturer's clinical role are evident across and within groups, but high levels of consensus were evident pertaining to factors surrounding the need for visibility and clinical connectivity of lecturers. There is polarity between educationalists and other groups in relation to some issues around engagement with practice, clinical credibility and teaching effectiveness.

Conclusions:

Resulting policy suggestions developed in the study can be used to inform the development of a model for best practice.

Illuminating carers' understanding of end of life care in care of the elderly community units.

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Background

The majority of people who enter long stay settings either die there or are transferred somewhere else to die. Integration of palliative care principles and older person care is necessary to create a model of end of life care (EOLC) for older people. While staff in long term care facilities have experience in dealing with death and dying, they may lack training in palliative and EOLC, which is recognised as a prerequisite to good quality care in long term facilities. Best described as a continuum, rather than a point in time, EOLC is increasingly used as a generic term in preference to palliative care when considering the needs of people with conditions other than cancer, particularly in long term care settings. Palliative care to this population is not optimal in this setting. Most residents are not recognised as dying, hospice referrals are infrequent and hospitalisations, burdensome treatments and potentially treatable distressing symptoms are common prior to death.

Description of Innovation: Eight focus group interviews were undertaken between March and May 2009 involving nurses, carers, catering staff and portering staff in three community care of the elderly units. Permission was sought and obtained from each unit to participate in this quality initiative. Interviews were audiotape and transcribed. Content analysis was undertaken to extract the key issues that emerged. The groups included 4-8 participants per session.

Evaluation of the innovation: Ten key issues concerning EOLC were identified. These included perceptions of the nature of EOLC and Palliative care. Constructs inherent in those perceptions included: relationships with residents, relationships with families, the surprise element of many deaths on the unit; Advance Directives; perceptions of good EOLC; bad EOLC, Communication; Spiritual Care.

Conclusions

Staff identified challenges in providing EOLC. These centred on knowledge of palliative medicines and symptom control; preparation for approaching death, recognising dying; understanding the dying process, multidisciplinary team work and cultural differences. Through discussion and exploration of staffs' experience of EOLC in the unit, staff identified 'wish lists' which they would ideally like to have available in a unit to assist in providing good quality EOLC.

Connecting and caring through Death Review.

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Background

In Ireland 20% of older people die at home, while most die in acute and long stay settings. Integration of palliative care principles and older person care is necessary to create a model of end of life care (EOLC) for older people. While there is a preference for a peaceful and dignified death, many end of life trajectories are inconsistent with this image. Death reviews were initiated as part of a quality improvement project aimed at improving end of life care in long stay community units.

Aims and Objectives To evaluate EOLC delivered to residents in the unit or prior to transfer to the acute setting where death occurred within six weeks of transfer.

To appreciate the complexity of EOLC in a specific resident population group.

Description of the innovation Prior to the death review, the project nurse reviewed the resident's chart, guided by Teno (1999) end of life tool. Permission was sought and obtained from each unit to participate in this quality initiative. The review meeting consisted of a reflection on the resident's life in the community unit and care activities within the last forty eight hours of life. The review was facilitated by the project nurse and attended by all care staff. The project nurse provided a synopsis of the documentation of EOLC and this provided the focus for the review.

Evaluation of the Innovation Staff completed an evaluation of the review. Death reviews facilitated staff to reflect on the strengths and limitations of the EOLC they provided. They provided a forum for discussion with regard to specific care issues, such as symptom management, spiritual care, family of care and the moment of death. They provided the opportunity to challenge their assumptions around EOLC. The review created awareness for the need for documentation of EOLC activities. Finally, the review provided a forum for expression of grief and loss staff encountered following the death of a resident.

Conclusions/Implications Death reviews have a value in residential community units and are an opportunity for staff to value the care they provide in the units as important in providing quality EOLC. The outcomes of the death review may potentially influence care planning from the time of a resident's admission to the unit. The death review can provide a framework for the development of EOLC documentation and may be used as an opportunity to focus for improving EOLC Practice.

Childhood obesity and the nutrition transition: a comparison of urban school-age children in Chile, Nicaragua, and the United States

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Developing countries have experienced a “nutrition transition”, a trend away from children’s undernutrition and stunting to overnutrition and obesity. This nutrition transition is thought to be due to the improved economic status resulting in a transition toward high-energy/low-nutrient value foods and sedentary lifestyles. This study compared the nutrition status of children from Chile that has experienced fast economic growth recently, with Nicaragua that has not, and the United States that has long ago experienced a nutrition transition.

Aim and objectives: The aim of this study was to compare the incidence of overweight and obesity in children in three countries in order to examine factors influencing weight status in these three populations. Factors examined included children’s nutrition knowledge, practices, and activity levels and their mothers’ nutrition practices.

Method: The design of this study was descriptive and comparative. The convenience sample consisted of 207 children and 157 of their mothers in Santiago, Chile; 88 children and 33 mothers in Managua, Nicaragua; and 126 children and 108 mothers in Washington, DC. Data analysis included analysis of variance (ANOVA) and correlations. Approval to conduct the study was secured from university human subjects review boards and school ethics committees.

Findings: Overweight and obesity values were above the norms for children in Chile and the United States and below the norms for children in Nicaragua. There were some significant differences among the three groups in the study variables of nutrition knowledge, practices, activity, and mothers’ practices.

Conclusions and implications: Childhood obesity may be less prevalent in countries that have not undergone a nutrition transition. It remains a complex issue requiring further study of interrelationships of dietary choices, activity, school priorities, and community resources.

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. Ethical approval in line with the Helsinki agreement has been granted by the ethics committee of the University and the local research ethics committee of the service where the study was conducted. 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.

Innovation and Collaboration - The role of the arts for patients in an acute hospital

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Introduction

This paper presents two art programmes at AMNCH. The hospital is committed to the therapeutic role of the arts in hospital. These programmes are examples of national innovation and excellence in this field, and are the result of successful collaboration between nursing and arts professionals.

Aims and objectives

- Present high quality innovative arts programme for patients and demonstrate benefit of arts in healthcare
- Share learning so programme can be replicated in other health care settings

Description of innovation

An art programme was developed for patients in the ARHC and the Rheumatology Department, tailored to clinical needs. Nursing staff in both units were instrumental in developing and executing both programmes.

Evaluation of innovation

Two small research projects were undertaken to assess benefit of these arts groups. Pre and post tests used with 12 rheumatology patients (HADS and EUROQUOL). Patient/staff satisfaction survey for 130 patients in ARHC.

Preliminary Findings

Rheumatology

- No significant change shown in anxiety or depression levels. 2 participants showed reduction in depression post art class and 1 participant reduced anxiety.
- Patient interviews highlighted more significant benefits. Comments include:
- *"I found the art group was a huge benefit. It boosted my confidence, I did something new and good even though I have arthritis.*

ARHC

- 84% of patients felt art helped them to cope with being in hospital.
- 50% said art group made them feel 'relaxed', 'creative' and a sense of 'achievement'
- 100% of staff believed art sessions were of benefit to patients

Critical success factors included:

- Commitment of artists, nursing staff and management
- Scheduling of art groups as part of clinical programme

Conclusions and recommendations

Art programmes for patients have benefits for patients. Our model could be easily replicated in other services. Further in-depth research needed into therapeutic benefits of art for patients.

Qualified nurses perceptions' of clinical learning in Intensive Care

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Background: Qualified nurses transferring into the intensive care environment/units (ICU) for the first time are required to quickly gain the ability to deal with multi organ problems, prioritize competing concerns and master new critical nursing skills. These nurses are therefore learners again and immense feelings of anxiety about their performances are experienced. Providing a supportive learning environment for these inexperienced ICU nurses is therefore essential. There are few publications that examine clinical learning for qualified nurses transferring into ICU.

Aims and Objectives: To describe how registered nurses new to the ICU perceive their clinical learning environment.

Method: A descriptive quantitative survey design was utilised for the study. Ethical approval was in line with the Helsinki agreement and was granted by the relevant boards for this research project. Dunn and Burnett's (1995) Clinical Learning Environment Scale (CLES) was utilized. This questionnaire was sent to 64 nurses resulting with a response rate of 72%. The questionnaire had 24 closed questions subdivided into five sections, and utilised a five part Likart scale answering option. SPSS version 16 was used for analysis.

Results: The majority of participants 75% (n=35), agreed or strongly agreed that intensive care was a good clinical learning environment. The participants were most satisfied with the educational staff commitment to learning 71% (n=45) and the interpersonal relationship aspects of the environment 64% (n=38), and least satisfied with the hierarchal and ritual aspects of the environment 52% (n=28) and the clinical nurse managers commitment to learning 51% (n=48). Satisfaction with the clinical learning environment was better in participants that were longer on the unit, Non European trained or did not do an induction course.

Conclusions and implications: This study indicates that nurses new to ICU are well satisfied overall with it as a learning environment. The identification of elements that influenced this satisfaction could be used to further improve satisfaction within the environment.

Medication administration practices of children's nurses

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Background

Medication related activities are an integral part of the daily work of a children's nurse. There are knowledge, skills and practices that are essential for the safe administration of medicines to children. These range from a sound theoretical knowledge base on the theory underpinning safe administration of medicines to being numerically competent and up to date on current literature available on medicine use in children.

Aim and objectives of the study

The aim of this study was to investigate the medication administration practices of children's nurses. The objective of the study was to identify practices that may improve the medication administration process where necessary.

Method

Using a non-experimental survey design, a 'Medication Administration Practices Survey' was developed for use in this study. The survey was designed to include questions based on medication administration practices and not solely on medication errors. Ethical approval was obtained from the local research ethics committee where data were collected. All clinical staff working in all areas in a children's hospital were included in the study.

Findings

Interruptions in the medication process, a heavy workload and fatigue were some of the findings that emerged from this study. Inadequate knowledge and skills and a failure to comply with hospital policy were also identified.

Conclusions and implications

This research outlines that there are human and organisational practices related to medication administration that contribute to medication errors in children's nursing. A lack of adherence to hospital policy and the frequency of interruptions in the medication administration process are important practices that require change as a result of this study. Human factors such as fatigue, knowledge and skill deficits require an examination of organisational practices. Based on this study several recommendations are directed towards preventing or reducing medication errors and supporting children's nurses in providing best practice.

“The outside world”-caring for children with complex needs at home.

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Background

Services for children requiring palliative care in Ireland are currently under review but there is limited national research on which to base planned service developments. Simultaneously the numbers of children requiring palliative care are increasing. Parents, particularly mothers, face many challenges in delivering care to their children at home.

What is not recognised within the literature is that care at home involves more than caring *within* the home and that mothers face challenges when they take their child away from the home environment.

Aim

In this Doctoral study mothers' experiences of caring for children with complex needs at home were explored. The intention throughout was to provide a greater understanding of the experience of care-giving by mothers providing care at home and to illuminate this phenomenon.

Method

The study received ethical approval from a university ethics committee. A hermeneutic phenomenological approach was utilised. Data were collected using multiple interviews and diary records. The sample comprised of seventeen mothers of children with complex needs / life-limiting diagnoses. Data were analysed using methods identified by Koch, Smith and Willig. Expert review, recording a research diary and follow up of initial findings during subsequent interviews, support the quality of the findings.

Findings

Care-giving at home involves more than care-giving *within* the home. The findings indicate that care-giving outside the home raises specific challenges and forces mothers to make difficult choices which impacts on them and family members. Difficult practical and emotional situations arise when the child is outside the home. The practical and emotional concerns, including managing inappropriate reactions in others, can result in negative consequences for the child, mother and family.

Conclusion

The challenges mothers face when caring for children with complex needs outside the home, and their consequences, will be explicated.

Student midwives experiences of Objective Structured Clinical Examinations (OSCE's) as a mode of assessment

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Background Objective Structured Clinical Examinations (OSCEs) have the potential to promote integration and consolidation of skills prior to clinical placement and can also be utilised as a summative assessment. In an OSCE the student is given the opportunity to demonstrate practical and/or theoretical skills in relation to a given scenario, and assessed using pre determined criteria. OSCEs are an integral part of the assessment process for midwifery students in the authors' institution but there is limited research to support them from a midwifery perspective.

Aim To explore student midwives experiences of the OSCE process for obstetric emergencies

Method A descriptive qualitative study was undertaken. 36 students from the BSc and the Higher Diploma in Midwifery programmes were invited to participate in the research following receipt of ethical approval. Four focus group interviews were conducted and tape recorded. Data was analysed using Burnard's (2006) framework.

Findings. OSCEs were perceived to prepare students for practice. Students reported that preparation for and undertaking the OSCEs resulted in learning that they considered to be more permanent in comparison with other forms of assessment. Preparation for the OSCE's included lectures, demonstrations, practice OSCE's facilitated by lecturers and by the students themselves was perceived as very important. The strengths of the OSCE assessment were identified as were the challenges.

Recommendations OSCE's appear to be an appropriate means of assessment for practice based programmes. Further emphasis on preparation for the process would address many of the issues e.g. alleviation of anxiety associated with OSCE's. Future research needs to consider whether knowledge and skills gained from OSCE's translate into competence in clinical practice

Identifying and describing the cognitive, social and emotional factors that contribute to women delaying in seeking treatment for Acute Coronary Syndrome symptoms.

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Background:

A decision to seek care quickly is critical to minimising morbidity and mortality in Acute Coronary Syndrome (ACS) (Moser *et al.*, 2006). The decision to seek treatment is heavily influenced by patients cognitive process, social context and emotional reactions to their symptoms (Moser *et al.*, 2006). There is a paucity of literature identifying and describing in-depth the cognitive, social and emotional factors influencing women's delay in seeking treatment for ACS symptoms.

Aim:

The aim of this study is to identify and describe the cognitive, social and emotional factors that contribute to Irish women delaying in seeking treatment when they suffer from Acute Coronary Syndrome symptoms (ACS).

Methods:

A qualitative, descriptive and exploratory design was approved by the ethics board and employed for the study. Five purposively selected patients participated in semi-structured interviews. The data was analysed using Burnards' (1991) Thematic Analysis Framework.

Findings:

The results indicated that Irish women have a very poor understanding of their risk of having heart disease, the possible signs and symptoms of Acute Coronary Syndrome and little or no knowledge of the urgency in seeking medical treatment or the availability of reperfusion therapy. They delayed for significant lengths of time while attempting to maintain control over their own situation, before seeking help. They chose to delay in involving others in their illness and chose to remain independent by self-managing their situation. They did not wish to disturb others during the night and put the primacy of caring for others above their own health care needs. Women prioritised social correctness such as personal hygiene over their own urgent care needs. They denied any emotional reasons for delaying in seeking treatment.

Conclusion:

The study exposes the fact that women in Ireland have very poor knowledge and understanding of heart disease, their risk factors, the urgency in seeking treatment and the treatment available to them. This study has constructed an argument for a campaign to improve women's understanding of heart disease and their risk of having heart disease. Women and their relatives need greater awareness of how best to manage ACS symptoms and the importance of seeking urgent medical care.

Street level bureaucracy and labour ward midwives' construction of childbirth in a technocratic environment

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There are concerns about increasing intervention in childbirth and the implications of this for women and society. Midwives perception of birth in this environment is not always evident. A metasynthesis indicates that the issues that dominate for hospital midwives are 'compliance with cultural norms', 'power and control' and 'attempting to normalise birth in a hospital environment'. This led us to question what issues impact on midwifery practice whereby hospital based midwives purport to support normal birth but practice in an environment where intervention is the norm.

Six midwives were interviewed about their experiences in caring for women in labour. Methodology selected was hermeneutic phenomenology. Ethical approval was obtained. Themes identified were 'consensus of care and compliance with norms', 'powerless to initiate change', 'contested space', and 'new life and nice work'. The midwives worked in an environment where intervention was the norm, yet stated their preferences in providing care for women who give birth without intervention. Midwives did not take responsibility for their contribution to the level of intervention. Some were proactive in helping women achieve a normal birth, for others it was serendipitous.

Street level bureaucracy was present within this public maternity service. Management of labour was largely routinised following a biomedical approach to birth with a range of technologies and interventions expected to be used. The midwives tried to meet the needs of individual women but had to consider the needs of the unit, how busy it may be at the time and the doctors and other midwives around. It was easier to comply with practices than to be in conflict with midwifery or medical colleagues. Further research was undertaken with these midwives following their move to a new larger unit.

Public health nursing best practice initiative to support breast feeding mothers

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Background:

Irish breastfeeding rates are amongst the lowest in Europe. The National breastfeeding survey commissioned by the Health Service Executive found that public health nurses had a positive attitude towards breastfeeding.

While there is extensive evidence for the benefits of breastfeeding for both infants and mothers there is a paucity of research internationally to evaluate the effectiveness of public health nurse interventions among breastfeeding support groups. Research demonstrates that supporting mothers exclusively breastfeeding ensured they were less likely to discontinue before five months. Professional support was more effective at four months of age than any other time.

Aim and Objectives:

The aim of this project, established by public health nurses in the Health Service Executive-South, is to improve the duration of breastfeeding in line with the national performance indicators of improving the health of Irish infants and children. The key objectives of this study were to empower mothers to achieve the recommendations set out by the World Health Organisation of exclusive breastfeeding up to six months, to incorporate members of the primary care team and to provide interactive learning for parents and professionals. Previous studies demonstrate that tightening the links between different healthcare professionals can pay dividends in promoting child health and well-being.

Description:

Following consultation with public health nursing management a breastfeeding support group was established. The public health nurses supplied educational literature on breastfeeding policies as outlined in "Breastfeeding in Ireland: a Five Year Strategic Action Plan for Breastfeeding". Subsequently, a Primary Care team was established incorporating a multidisciplinary approach to interactive learning.

Conclusion:

The public health nurse-led educational breastfeeding group facilitated mothers to breastfeed for longer. Groups resulted in an increased participant attendance at child health development checks. Furthermore, public health nurses observed a newly confident and proficient parenting style among participants at the nine month child health development screening. Participants at the breastfeeding support group have viewed and approved the breastfeeding poster. They have given permission for the anonymous data to be published.

Process Evaluation in Primary School Based Longitudinal Research.

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Background:

An innovative primary school based manualised health promotion initiative was commenced in five schools located in disadvantaged areas of the greater Dublin region. The initiative was based on a 'whole-school approach' to school change with the aim of developing a school environment that would have positive health implications for the entire school community. A research team was employed to carry out a longitudinal evaluation of the initiative. The methodology included an assessment of a range of health outcome measures with the school children and a process evaluation of the initiative implementation over the three year timeframe.

Aims:

To identify key aspects of the process evaluation, and its value, in the context of a mixed method approach to longitudinal evaluation.

Objectives:

To discuss emerging findings in the context of: (a) the initiative implementation process and (b) emerging findings from other methodological approaches in the study.

Description of Innovation:

Interviews with the school community, wider community and funders were carried out at year to year intervals. Observation at meetings was carried out on an ongoing basis. Focus groups were employed to gather feedback from children and parents/guardians. Child health outcome measures were assessed at three distinct points.

Evaluation of Innovation:

The process evaluation raises a number of key issues and questions about both the initiative implementation process and the implications of emerging findings from other methodological approaches employed within the study. These findings highlight the value of process evaluation being carried out alongside quantitative health outcome measures in longitudinal evaluations of this type of intervention.

Conclusions and Implications:

The longitudinal holistic approach to evaluation of a health promotion intervention in a primary school setting is new in the Irish context. The emerging findings will contribute to current knowledge and aid in the development and design of future studies of this nature.

Developing a medication management programme for undergraduate nursing students to support their learning in a paediatric practice setting

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Background

Children's Nursing recently embraced a period of transition at undergraduate level where a Children's / General Integrated Nursing Degree Programme commenced in Ireland in 2006. As novices, students are faced with many challenges in a practice-based discipline, learning new skills in an effort to translate theory to practice. Consequently, it is necessary to explore student's knowledge of medications in the practice setting owing to significant variances across adult and paediatric nursing.

Aim & Objectives

- a) Examine how students perceived their knowledge of medication management in the paediatric setting
- b) Implement resources in practice to assist students in developing their knowledge and skills
- c) Integrate the student's role pertaining to medication management explicitly within the organisation's governing policy

Description of Innovation

A structured Medication Management Programme (MMP) was developed following a needs analysis which identified student's limited knowledge in this domain. The MMP is facilitated at intervals throughout the student's training. Lectures, practical workshops, workbooks and simulated scenarios supported the implementation of the MMP which enhanced student's knowledge of drug calculations and computation. A *Medication Safety Day* aims to consolidate theory to practice during the internship.

Evaluation of Innovation

The MMP was evaluated by students via questionnaires. Permission was granted by the participants to utilise the anonymous data for report / research purposes. The programme has proved successful in supporting students to adapt their knowledge to practice. The organisation's medication policy was amended in tangent with the student's role.

Conclusions & Implications

The development of appropriate knowledge pertinent to medication management has far reaching implications to patient safety. The MMP has proved an invaluable resource to students however the processes and structures which contribute to nurse education may need to be examined. A review of national regulatory guidelines may also be warranted to standardise more stringent education within this domain.

Breastfeeding, decisions, choices, dilemmas.

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In Ireland, the breastfeeding rates are among the lowest in Europe. In 2008, the Health Service Executive (HSE) commissioned a review of breastfeeding support services provided by Public Health Nurses. A quantitative, cross sectional study was undertaken with three sample cohorts: mothers with children under three years of age (N = 4,000), Directors of Public Health Nursing (N = 32), and Public Health Nurses (n = 200). Self report questionnaires were completed and returned either by mail or online. Ethical approval was granted and data analysed using (SPSS).

Data presented here relates to the decisions, timing and influential factors for infant feeding. Data is presented on the mothers who successfully breastfeed their baby. Breastfeeding was considered to be successful if a woman breastfeed her infant for as long as she had planned in the way that she had intended. This was calculated for the mothers whose babies were over 6 months of age (n=1,321).

The mothers were evenly distributed in the four HSE regions; over 35 years; married and had third level education. Most had decided on method of infant feeding before or in early pregnancy. Mothers choose a variety of feeding combinations. Satisfaction with breastfeeding was related to mothers' achieving their goals in terms of planned duration of breastfeeding. Overall, mothers had high breastfeeding self-efficacy.

Women make decisions about infant feeding in a variety of contexts appropriate to their individual needs. The decisions about breastfeeding conflict with current WHO recommendations of exclusive breastfeeding for at least 6 months. This indicates that further research is needed about why women make these decisions and the role of health carers in implementing evidenced based practice.

Self-perceived Health and Views on Health Promotion

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Background and aim: Health promotion is an essentially multidisciplinary activity which requires a sound understanding of health and related factors. Health policy programmes have focused on a comprehensive notion of health. Health promotion can be described as activity that helps to make changes, to create opportunities and to strengthen individuals' existing physical, mental and social resources. It is important to recognize peoples own views about health and health promotion. The aim of the study was to describe municipal employees' self-perceived health and views on health promotion in their work community.

Method: The design was descriptive survey. The data were collected by a web survey from employees of one municipality (n=1062). The data were analyzed with the SPSS 11.5 for Windows using frequencies and percents. Background factors' association with self-perceived health was examined using χ^2 test. Qualitative data were analyzed by content analysis. The research was given administrative approval by the organization management. Ethical committee approval was not needed according the Finnish law because the data was anonymous.

Findings: The majority of municipal employees perceived their health as good. Female sex, age under 35 years, fixed-term employment and mental work were related to the perception of good health. Respondents also considered individual support and development of social conditions as important for their health. The view about health promotion was multidimensional.

Conclusions: Employees' health can be promoted by decreasing job strain and by strengthening communality and employee-focused management culture. In addition occupational nurses' expertise can be utilized in early intervention concerning health choices. It is uppermost to conceive of health and health behaviour as elements connected with an individual's life situation.

Sense of coherence and related factors

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Aim of review. The purpose of this systematic review was to describe and evaluate the sense of coherence (SOC) and factors related to the SOC among adults with a long-term disease. Sense of coherence is defining a personal, global orientation (Antonovsky 1987) with following elements: comprehensibility, manageability and meaningfulness. The aims of the study were as follows: 1) to describe the elements of the sense of coherence, 2) to describe and evaluate the relationship between the sense of coherence and health, 3) to describe the relationship between the sense of coherence and long-term diseases, and 4) to analyse the relationship between the sense of coherence and some socio-demographic variables.

Search and review methodology: The data consisted of international research articles (N=23) found in a systematic literature search.). The search terms were "sense of coherence" and "health" and "cancer or diabetes or respiratory tract disease or cardiovascular disease or skin disease or arthritis". The scientific, original research articles which described the research phenomenon were included. The data were analysed by applying the content analysis.

Findings: The findings indicate that the sense of coherence predicts an individual's sense of good health-related quality of life, sense of health, functional ability, psychosocial health and adaptation to the long-term disease. Furthermore, the SOC was found to increase the sense of control over the disease. The sense of coherence was related to especially the following socio-demographic variables: gender, family relations, age, occupation and income.

Conclusions: There is a need to develop and evaluate action models based on the sense of coherence in order to better support long-term patients with nursing interventions.

Relax a Little! Reducing Stress in Cardiac Rehabilitation Patients

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Background: Stress is widely known to exacerbate the development and progression of coronary artery disease. Many patients in cardiac rehabilitation report stress management as one of their goals. Therefore, nursing staff adapted a brief version of a progressive muscular relaxation technique (PMR) to assist patients with stress reduction.

Aim and Objective: The aim of this study was to determine whether patients receiving brief PMR instruction reported less stress and improved general health after cardiac rehab.

Method: A 3-year retrospective review of cardiac rehab patients who completed at least one session of PMR were compared to a control group. PMR is independently taught by listening to a CD and practiced in our relaxation room. The Perceived Stress Scale (PSS) was given before and after completing 30 sessions of cardiac rehab. Repeated measures ANOVA was conducted to assess the effect of PMR on stress. Ethical approval in line with the Helsinki agreement was granted by the relevant review board.

Findings: Preliminary analyses were conducted for 80/200 patients. The PMR group (n=60) was similar to the non-PMR group (n=20) on all demographics, except more non-PMR patients had an irregular heart beat (Chi-Square=6.36, $p<0.02$). Although there was a significant PSS reduction for all patients ($F=10.86$, $p<0.002$) and the PMR group appeared to have a greater reduction in PSS, this relationship did not reach statistical significance ($F=0.83$, $p=0.37$). The PMR group did have a greater increase in SF-36 General Health compared to the non-PMR group, which approached significance ($F=3.33$, $p=0.07$).

Conclusions and Implications: Preliminary analyses suggest benefits from the PMR program, but were underpowered. Analysis of the full sample may help better understand these questions. Implications for nursing include adding to evidence-based practice by defining who benefits most from the brief PMR intervention and focusing attention and resources to time effective interventions like brief PMR.

Parents' experiences of palliative and terminal care for children (PATCH): a qualitative study

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Background: As numbers of children requiring palliative care increase, a more substantive research base to underpin such care, to include children with non-malignant conditions as well as children with cancer, is required.

Study aim: Aimed at redressing gaps in knowledge, this study examined bereaved parents' experiences of caring for their ill and dying child, explicitly focusing on how experiences differed depending on the child's condition and location of care.

Method: An interpretative qualitative approach was used. In-depth interviews with mothers (n=16) and fathers (n=9) were recorded and transcribed verbatim. A sequential thematic and narrative analysis permitted an enhanced degree of insight into parents' experiences of losing their child. Ethical approval for this study was given by both, Queen's University Belfast, School of Nursing and Midwifery's Ethical Committee (SREC) and ORECNI (07/NIR02/72). Furthermore, Research Governance was granted by the two participating organisations.

Key findings: Whilst parental responses to the challenges involved in caring for a dying child were common across diagnostic groupings and involved 'doing' for their child and family, differences in experiences were noted. Battling the illness was typically the focus for parents whose child had cancer, in contrast to the parents of children with a non-malignant condition having to battle for services. Home was parents' preferred place of care at the end-of-life, helping to ensure privacy, family togetherness and a sense of familiarity and authority. Hospice often mimicked a home environment, with the added reassurance of clinical care. In hospital, a perceived lack of privacy, as well as inadequate staffing and hygiene, heightened parental anxiety.

Conclusions: Supportive services were central to enabling parents to cope with the intensely painful experience of losing a child. Community services for children with non-malignant conditions need further development in line with the more responsive service provided to children with cancer. All such services should be seen as complementary to care provided by the hospice.

Fathers matter too: involving both fathers and mothers in child health research.

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Background:

Current research within the field of children's health care generally, and children's palliative care specifically, primarily focuses on the perspectives of mothers, to the relative detriment of fathers. The reason for the absence of the male perspective has often been attributed to the difficulty of recruiting fathers and their unwillingness to talk, particularly about sensitive subjects.

Aim and objectives: This paper examines the pertinent issue of involving bereaved fathers in qualitative research interviews and considers the practical issues of such involvement.

Method Description: Given the expansion of children's palliative care over recent years, the needs to understand how fathers experience caring for their dying child and their perspective on how this care can be facilitated professionally is ever more acute. Such understanding will support health and social care professionals to ensure that the care they provide for children is family centred and addresses the needs of both parents. Little guidance exists regarding whether it is best to interview parents together or separately. The PATCH study used semi-structured interviews to examine bereaved parents' experiences of caring for their child at the end-of-life. Full Ethical approval was granted from ORECNI and Research Governance procedures were adhered to. Some parent couples were interviewed jointly, others separately, thus enabling valuable insights into the process of interviewing both mothers and fathers within the research context.

Conclusions and implications: Advantages and disadvantages of both approaches will be outlined and excerpts from parent interviews will be used to substantiate points made. This paper will give practical help to researchers enabling them to hear the stories of both mothers and fathers, an important but overlooked aspect of child health researchers.

A Framework for Navigating the Ethical Considerations Involved in Primary School -Based Longitudinal Research.

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Background:

The identification and appropriate management of ethical issues is important in ensuring the effectiveness of outcome and process evaluation studies. A number of specific ethical factors require careful consideration in the assessment of intervention-based research with primary school children. This paper outlines the recent experience of a research team in a large evaluation of a manualised, health promoting initiative in schools located in the Greater Dublin area. The paper focuses on key practical issues involved in ensuring ethical conduct and salient lessons learned.

Aim:

To provide a framework/guidelines for the management of ethical issues facing researchers involved in the longitudinal evaluation of primary school-based interventions.

Objective:

To identify and discuss pertinent ethical issues in the course of evaluating a manualised, health-promoting intervention in a number of primary schools.

Description of the intervention:

The research evaluation included B.M.I. measurements, administration of health questionnaires and, one-to-one interviews with school staff and families. The research team consulted with school staff at the outset to establish key ethical imperatives. Further discussions were conducted with key stakeholders and participants upon completion of each data collection phase to identify issues which arose during the evaluation process. The research team also completed reflective reports aimed at informing the ethical (and other aspects) of the research process.

Evaluation of the intervention:

A practical framework consisting of a number of primary ethical guidelines was established. As this longitudinal evaluation progresses, stakeholder/participant feedback will be sought to inform future refinements.

Conclusions and implications:

This ongoing study identifies and describes a practical, stakeholder-informed approach to conducting ethically sound longitudinal studies in schools. This will, in turn, help to improve participants' experiences whilst also enhancing the overall effectiveness of the research. This simple framework could provide a useful template for the ethical conduct of school-based longitudinal research in other institutional settings.

Mindfulness Matters! Reconnecting Nurses with Their Caring Core

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Background

In a busy, chaotic environment the nurse can be so focused on accomplishing tasks as a matter of necessity that mindful attention is not given to the caring relationship. Yet, caring relationships are essential to optimal patient healing and nurse satisfaction. Watson's Human Caring Theory proposes ten caritas processes that describe nursing practice within a caring paradigm and the nurse as a conduit of healing. Research has identified humanistic constructs of caring and love as part of a powerful healing relationship. A way to move nurses away from task orientation and reacquaint them with their caring core was needed.

Aim and Objectives

The aim of this project was to introduce labor and delivery nurses to intentional caring behaviors that promote purposeful attention to the caring relationship in a unit that welcomes 3800 births/year. Objectives included examining the impact of these intentional caring behaviors on patients' perceptions of being cared for and nurses' perceptions of their caring.

Description of Innovation

In accordance with the Helsinki agreement and with the approval of the Inova Internal Review Board (IRB) in this research project, nurses were offered training on Watson's theory and asked to perform the following behaviors during their work: centering before a patient encounter, five minute meaningful encounter with the patient, handwashing ritual, and caritas circle sharing. Advance practice nurses randomly monitored behavior performance and encouraged participation.

Evaluation of Innovation

Patients and nurses were asked to report their perceptions of caring before and after implementing intentional caring behaviors. Two versions of the *Caring Factor Survey* based on Watson's ten caritas processes were used.

Conclusions and Implications

Performance of the four caring behaviors improved the perception of caring for some subsets of patients. Nurses' perceptions of their own caring competence improved significantly. These results imply mindful behaviors promote caring relationships.

Toward continuity of care across the childbearing/ early parenting continuum: the Newborn and Family Drop-in Service.

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Background

Promoting continuity of care across the childbearing/early parenting continuum is a priority for healthcare services, in order to promote health and wellbeing for mothers and infants. In Australian maternal and child health services there is a history of providing both universal and targeted services across this continuum. However, achieving this priority is difficult given the division of services into two discrete organisations, maternity and child health.

Innovation

In this paper we will discuss the *The Newborn and Family Drop-In Service* (NAFDIS) which operates in SE Queensland. The service aims to provide an accessible, community interface for families, and draws on the expertise of both midwifery and child health professionals to provide responsive information and support for parents with infants 0-2 months.

Evaluation

The service has been evaluated in a collaborative project between local university academics and maternity service clinicians. Ethical clearance was sought and approval for the project was granted by the University of the Sunshine Coast and local Health District, Human Research Ethics Committees. A longitudinal method was employed, and the evaluation was conducted in the first 3 months of 2010, gathering survey information from women on their first visit and then again, when their infant was around 12 weeks of age. The evaluation specifically examined the program's ability to promote continuity of care by examining the way the service was accessed and used, maternal efficacy, participants' infant feeding and settling practices as well as other sources of informational, emotional and social supports utilised.

Conclusions and Implications

We will discuss the results concerning the effectiveness of the program and how this evaluation is informing further service development in the region. Of particular interest is the participants' high level of satisfaction with the 'coaching' or hands-on assistance they received with their infant care issues, importantly with breastfeeding, and also the importance of the service to them in the first couple of weeks post-natally, to provide accessible, informed help, in a community setting, where the women had a great deal of control about when and how much they attended.

Supporting and mentoring young mothers at university. A nursing and midwifery innovation.

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Background

Having a child in adolescence is associated with socio-economic disadvantage for young mothers. Their personal and social development and educational and career advancement are hampered. Support programs have been found to assist young mothers to complete high school but beyond high school the educational gap between young mothers and childless young women as well as between young and older mothers persists. Providing social support to young mothers to facilitate their successful engagement and completion of post secondary education is potentially a means to improve young mothers' opportunities.

Innovation

In this paper we discuss a mentoring and support program for young mothers engaged in university study that was developed by a team of nursing and midwifery academics. The team was motivated by a commitment to concepts of equity, access and social inclusion that underpin current tertiary education agenda and nursing and midwifery professional values. This motivation, combined with the team's maternal and child health knowledge and expertise led to the establishment of a facilitated, internet based networking space for young mothers enrolled in programs at one, Australian, regional university. This pilot project included both in-person and on-line elements and was facilitated by a representative of the team. The project also involved an evaluation component, where participants had the opportunity to contribute to a focus group interview to reflect on the program. Ethical clearance was gained for this element of the program from the Human Research Ethics committee of University of the Sunshine Coast.

Discussion and implications

The project was successful in providing young women with a network of peers, and a trusted mentor - a source of information and support on a range of matters of concern, including both personal and academic. The young mothers who participated liked having a networking space to 'drop in and out of', communicating and identifying with other young mothers, but they also commented on their need to 'reach out' beyond their young mother circles. What is clear from this project is that the young mothers who make it into tertiary study are motivated and have already moved through a number of hurdles. However, their support needs remain complex, but may be intermittent and difficult to pinpoint, and require personal relationship and trusted mentors to facilitate solutions.

Dwell time of peripheral venous catheters on a medicine ward of a central hospital: gap between practices and guidelines.

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Background: Intravenous therapy, using peripheral venous catheters, is a constant need in hospital setting. This procedure performed by nurses is not, however, free from complications.

The aim of the study is: To assess the implementation of the recommendations about the dwell time and the reasons for the removal/replacement of peripheral venous catheters.

Method: This Project is in line with clinical audit practices. Permission has been given by the site to use the information and patients were informed that, their anonymous data may be used for report and research.

A descriptive, observational study was conducted over a six-week period (February to March 2010) in a medicine ward of a central hospital.

Data was collected using a grid created by a panel of experts which, in addition to the reason for catheter removal/replacement, included the following variables: patients' level of consciousness and level of dependence, insertion procedure and intravenous medication. The sample of 317 cases was composed of the punctures performed during that period. Data was analysed using S.P.S.S., version 15.0.

Findings: Patients with intravenous devices were on average 75.92 years; 23.9% were confused and 79.7% were confined to bed; 81.6% were totally dependent on caregivers for personal care and elimination needs and 74.1% for mobility. The mean catheter dwell time was 3.88 days, although 30.8% of catheters were left in place for more than four days. In 43.8% of the cases, the catheter was removed/replaced due to phlebitis.

Conclusions and Implications: Results suggest that catheters' dwell times proposed in the guidelines (CDC, 2002; RCN, 2010) are not always implemented by nurses. Difficulty with intravenous access resulting from vascular changes in older people may account for a longer catheter dwell time. However, the high rate of phlebitis accounts for the need to follow the best practices.

Type 1 Diabetes in Childhood: State of the Science of Intervention Development

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Aim of Review: To review the state of the science of intervention development for type 1 diabetes in childhood and to examine the implications of this science for improving health outcomes in children, adolescents and their families.

Search & Review Methodology: Electronic databases (e.g. Cochrane Library, Medline, Psychinfo) were searched for randomised controlled trials (RCTs) published from 2004 through 2008. Related papers on the scientific development of interventions were also sourced. Papers were included if: children, adolescents with type 1 diabetes and/or their families were study participants; interventions for managing type 1 diabetes were implemented using RCTs. Included studies were assessed using the CONSORT standards for reporting RCTs and published guidelines reflecting scientific criteria on the systematic development of interventions.

Findings: Fourteen RCTs was reviewed representing seven education, five psychosocial and two family therapy interventions for managing type 1 diabetes in childhood. Compared to education interventions, psychosocial and family therapy interventions were developed with greater scientific rigour in terms of phased development, theoretical basis and fidelity, and meeting CONSORT standards. Interventions developed with greater scientific rigour were found to have more promising effects on health outcomes assessed compared to those that were scientifically weak.

Conclusion & Implications: The development of interventions for managing type 1 diabetes in childhood using clearly defined scientific criteria offer potential for positively influencing health outcomes. Previous reviewers have emphasised the need to improve methodological quality of RCT in order to enhance the effectiveness of interventions. The findings of the present review suggest that future researchers need to go beyond the emphases on methodological quality to include greater attention to the scientific development of interventions. The implications of developing the science of interventions are clinically important in terms of improving health outcomes.

Designing a Center for Clinical Nursing Research to Improve Quality of Care and Patient Safety: Collaboration between Nursing Education and Practice

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Background: As integral parts of an academic health center, a school of nursing and a hospital department of nursing committed to a collaborative design of a center for clinical nursing research to improve quality of care and patient safety within the community they serve. Both entities have a long history of highly respected nursing excellence in educating competent and respected clinicians and providing exceptional expert and compassionate nursing care to patients.

Aim and objectives: The purpose of the center is to promote the development of nursing science, provide education for students and professional nurses regarding the conduct and utility of clinical inquiry and research, and mentor the translation of research into nursing practice and education.

Description of innovation: This unique collaborative center provides the opportunity for students, faculty, and clinical nurses to design and implement research or evidence-based practice projects to improve quality of care and patient safety. Student nurse and clinician nurse scholars have the opportunity to collaborate in the conduct of mentored projects matching individual clinical interests with hospital based clinical projects. Projects demonstrating the collaborative inquiries and how they have transformed nursing practice will be described.

Evaluation of innovation: The center provides the student and clinician scholars the consultation, support, and mentorship to implement their projects to transform nursing practice and to disseminate their findings to the larger professional nursing audience.

Conclusions and implications: Through investigation, the discovery of new knowledge guides the future of clinical care from the bedside to the community and sets the standard for quality, compassionate, and safe patient care. This Innovative model of collaboration between nursing education and nursing service has the potential to traverse the longstanding education-practice gap and significantly improve the quality of nursing care and patient safety.

Human rights and people with intellectual disabilities - an inclusive, participatory action approach

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Background

Recent developments in relation to disability rights over the past few years have had little direct impact on the lives of people with intellectual disabilities. Thus, many of the 26,023 individuals registered on the National Intellectual Disability Database (2009) continue to experience discrimination, inequality and marginalisation at least some time during their lives. In response to such realities, advocacy movements and rights commissions have emerged locally, and have striven to address individuals' and groups' rights, but there has been no cohesive national forum for such endeavours. The Human Rights and People with Intellectual Disabilities movement emerged, organically, in order to coordinate these endeavours and to provide a means through which the voices of people with intellectual disabilities could be heard.

Aim and Objectives

This paper discusses an innovative and participatory approach which was developed by three of the authors with the aim of supporting inclusive discussion of rights among people with intellectual disabilities.

Description of Innovation

The innovation, entitled 'The Rights Game', is a board-based activity, centred on human rights issues, which can be used within the context of a quasi-focus group.

Evaluation

It has been used in two inclusive major intellectual disability rights with 150 people with intellectual disabilities and has been evaluated by two independent advocacy groups.

Conclusion and Implications

This innovation has been shown to be useful as a means of stimulating discussion on rights issues in groups of people with intellectual disabilities.

Publicly-funded Irish Health Services provided to women with an intellectual disability during pregnancy, child-birth and early motherhood - service providers views.

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Introduction

The paper presents the focus group findings and recommendations of the intellectual disability (ID) strand of a nation-wide study commissioned by the National Disability Authority (NDA), in a joint initiative with the National Women's Council of Ireland (NWCi) and completed in 2009.

Background

The literature review suggests that society has undervalued women with disabilities, has exerted control over their sexual and reproductive lives and, in many cases, has exacerbated their difficulties.

Study Aim

To explore the strengths and weaknesses of publicly-funded Irish health services provided to Women with an intellectual disability.

The specific aims of the Intellectual Disabilities focus group were:

- To explore ID service managements' perspectives on access to and responsiveness of public health services for women with intellectual disability who are pregnant, who have recently given birth or who are in the early stages of motherhood and to find out the service providers' experiences of pregnancy, child birth and early motherhood within their services;
- To identify the specific challenges that pregnancy and early motherhood pose for such services;
- To explore perceptions on continuity of care between ID services and health services in this regard;
- To elicit ideas from service providers for improvement of care to ensure that the needs of women with ID who are pregnant or in the early stages of motherhood, are addressed.

Study

A qualitative descriptive design. Focus group consisted of representatives of 4 publicly funded Irish Services. A flexible interview guide, developed from the literature and policy document reviews, and modified in response to the results of the telephone survey of all Irish maternity hospitals was used. All data from the focus group was digitally recorded and transcribed in full, imported into NVivo 8 and analysed using the constant comparative method.

Ethical approval was received from the Research Ethics Committee of the Faculty of Health Sciences, Trinity College Dublin and all relevant health service providers.

Findings and recommendations

Findings and recommendations will be highlighted and discussed.

Integrating formal and experiential learning methodologies in a new undergraduate programme in trauma studies in a post- conflict society: issues and dilemmas

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Aims:

This paper examines the challenges and issues experienced in an innovative undergraduate programme on trauma within the post conflict context of Northern Ireland. The aim is highlight the emergent issues, particularly related to the role of research in integrating academic and experiential elements.

Research Design:

The programme team consists of two staff groups from the School of Nursing and Midwifery, Queen's University, Belfast and WAVE Trauma Centre, Belfast. One of the challenges of implementing a new trauma programme has been negotiating relationships between the staff team in order to introduce systematic, rigorous and practice based research teaching into the student experience at undergraduate level alongside experiential learning opportunities. Data sets include records of reflective discussions between staff. This data from staff did not require ethical approval and staff have given their approval for inclusion of the discussions for the purposes of this presentation and associated reports.

Findings

Students have used the forum of the classroom to initiate and discuss experiences of living in a post conflict society and additional sensitive issues related to trauma such as abuse and violence. Historically, individuals have been silenced due to the security issues of living in a society in conflict and the classroom has facilitated open discourse in a safe environment. Emotive and controversial material has been shared and explored and student's perspectives have been broadened. Lecturers have experienced challenges in facilitating the open expression of student experiences from diverse backgrounds and ensuring a research and educational focus is maintained.

Originality/Contribution

This paper is innovative in raising the awareness of the issues and challenges experienced in educating and supporting students, from a range of backgrounds, enrolled on an undergraduate suite of trauma studies programmes in Northern Ireland.

Women's and professionals' views of fetal monitoring during labour: A meta-synthesis.

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Background

Intermittent Auscultation (IA) is recommended for monitoring the fetal heart rate (FHR) for low risk women during labour. Results however, from national surveys, report continuing and routine use of electronic fetal monitoring (EFM). Women's and professionals views are considered here in an attempt to make sense of this continuing practice contrary to current recommendations.

Aim of Review

To present the conduct and findings of a review and meta-synthesis of studies exploring women's and professionals' views of fetal monitoring during labour. Only qualitative primary studies will be included in this review. Qualitative evidence can add value and identify particular views, priorities and concerns not identified by traditional systematic reviews which focus exclusively on clinical outcomes.

Search & Review Methodology

Potentially eligible studies were sought through searches of the electronic databases MEDLINE, EMBASE, CINAHL and Science Citation Index using predetermined search terms. A quality appraisal of each study was performed. Data analysis involved data extraction, reciprocal translation and synthesis of translation. Emergent core themes were identified. Interpretive analysis of core themes was used to develop substantive theory.

Findings

Seven studies were included in this review; (three studies on professionals' views and four studies on women's views). Six core themes emerged, three of which were common to both women's and professionals' views. These were; reassurance, communication and comfort. Three additional themes evident from the data included; technology, midwife by proxy (professional's views only) and fear (women's views only).

Conclusions & Implications

This meta-synthesis provides evidence of women's and professionals' views of FHR monitoring during labour. The findings of this review are clinically significant. Core themes identified provide insight and assist to make sense of FHR monitoring practices during labour. Using the evidence presented, clinical decision-makers might benefit from targeting specific areas to facilitate practice change and implement evidence based care.

The effect of the Kids Living Fit™ Intervention on body mass index in children

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Background: The prevalence of childhood obesity continues to increase at alarming rates. Evidence-based programs are needed to enable nurses to educate children about healthy lifestyle choices regarding exercise / activities and nutrition. Nurse researchers developed and conducted the Kids Living Fit™ (KLF) childhood obesity research program

Aim and Objectives of the Study: The aim of the studies was to determine if the KLF intervention would decrease body mass index (BMI) in children. The objectives of the studies were to examine the effect of the intervention on the study related outcomes measured, for which the primary outcome was BMI.

Methods: Three studies were conducted which included two pilots and one larger comparative design, which incorporated self-selected convenience sampling. The school-based studies, for 2nd-5th graders of all BMI categories, were one pilot (N=14) and one comparative (N=194, Intervention group=86 and Contrast group=108). The hospital-based study (N=32) included children 8-12 years of age with a BMI of ≥ 85 . The studies were a series of 8 or 12 weekly sessions and exposed children to a variety of physical activities that could subsequently be pursued independently. Registered Dietitians presented nutrition information including portion distortion and best food choices. Parental attendance was encouraged. Nurses conducted pre and post-measures for BMI and waist circumference. To raise awareness by participants, the children completed weekly study diaries intermittently documenting pedometer totals, daily activities (sedentary and non-sedentary) and foods consumed, including fast food meals and best choice meals. Ethical approval in line with the Helsinki agreement has been granted by the relevant board/s for this research project.

Findings: Results of the three studies demonstrated decreases in age-adjusted BMI and waist circumference and increases in physical activity.

Conclusions and Implications: This research was profiled as an Agency for Health Care Research and Quality innovation. Programs such as KLF which educate children to make best choices regarding activities chosen and foods consumed can be initiated by nurses for hospitals and / or schools.

An expression of love - midwives' experiences in the encounter with lesbian women and their partners

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Background: Studies show that lesbian women who reveal their sexual identity are exposed to homophobic prejudice and discrimination in midwifery care. Studies of health care providers' experiences with lesbian women in general health care emphasize the need for knowledge on homosexuality and communication skills, describing barriers to communication, assumptions regarding sexuality and attitudes of being uncomfortable, insensitive or neutral. There is a lack of studies on the encounter between lesbian women and healthcare providers in the maternity care providing information from the midwives' point of view.

Aim and objectives of the study: To describe midwives' experiences in the encounter with lesbian women and their partners during pregnancy, labour and the post-natal period.

Method: A qualitative study was undertaken, using a strategic sample of 11 Norwegian midwives recruited by snowball method. Data was collected by means of narrative interviews. A phenomenological hermeneutical analysis inspired by the French philosopher Paul Ricoeur was conducted. Application to perform the study was processed by the regional Ethics Committee and the Norwegian Social Science Data Service.

Findings: The midwives described being touched by the expressions of love in the encounters. Their narratives expressed an appeal for caring emanating from the life utterances, challenging not only the "what", but also the "how" in the encounter, describing the ethics, poetics and logics of love.

Conclusions and implications: In order to create a mutual trust, the midwives had to balance between boundaries not to be crossed and the need to speak freely, finding words that were including, and communicating them by striking a tone that was understood and welcomed by the lesbian couple, enhancing the use of intuitive midwifery knowledge.

The experience of staff and families managing children's illness closer to home: implications for policy and practice

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Background The importance of delivering care for ill children and their families closer to home was set out in Standard 6 of the English National Service Framework for Children, Young People and Maternity Services and more recently in the child health strategy, *Healthy Lives, Brighter Futures*.

Aims & Objectives This research aimed to find evidence about delivering care closer to home for ill children, and to explore how this affects children, families and service providers.

Methods Four Primary Care NHS Trusts in England were recruited as comparative case studies, each with a different model of a care closer to home service. These included a Community Children's Nursing Team, a Nurse Practitioner service, two Paediatric Oncology Outreach Teams, and a Children's Assessment Unit. Thirty-five staff (including commissioners, managers and service staff) and 22 families using care closer to home services were recruited and in-depth interviews conducted. Material was analysed using the Framework Approach. Ethics approval was granted by the National Research Ethics Service in February 2008.

Findings A number of factors facilitated and hindered the delivery of care closer to home, both at organisational and practice level. Staff faced challenges in providing care closer to home in relation to lone and autonomous working. When describing their experience of receiving care closer to home, families reported both helpful and unhelpful aspects, but generally there was a tendency to prefer care closer to home as opposed to care in hospital. Both staff and families perceived benefits to managing the child's illness closer to home, particularly in relation to maintaining normal family life.

Conclusions & Implications The findings suggest that care closer to home is feasible; however there is scope to develop services to improve the quality and accessibility of care for families.

Stress and stressors in the clinical environment: A comparative study of fourth-year student nurses and newly qualified general nurses in Ireland.

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Background: Stress in the nursing workplace has significant consequences for both the person and the organisation, such as psychological and physical health deterioration, financial and social impact, and impaired professional practice.

Aims and objectives: This study sought to measure and compare the perceived levels of job-related stress and stressors of newly qualified nurses and fourth-year student nurses in the clinical environment and to explore the participants' views on stress and stressors from a qualitative perspective.

Methods: This study used a cross sectional survey design, using self-reporting questionnaires to measure and compare levels of stress in both groups in one region of Ireland. The instrument used was 'The Nursing Stress Scale', complemented by an open-ended question, which was analysed qualitatively. Data were obtained from newly qualified nurses (n=31) and fourth year student nurses (n=40) in six acute hospital sites following ethical approval.

Findings: Perceived stress was not higher in newly qualified nurses compared to fourth-year student nurses for the following factors: death and dying, inadequate preparation, lack of staff support, uncertainty concerning treatment and conflict with other nurses. However, perceived stress in relation to workload and conflict with physicians was higher in newly qualified nurses compared to fourth-year student nurses. Themes identified from the responses to the open question by both groups included excessive workload, relationships with other nurses and lack of support. Newly qualified nurses also referred to lack of preparation and confidence in new role, moving wards and made suggestions for improvement. Some student nurses felt excluded, had difficulties combining academic demands with clinical placement and reported unmet learning needs.

Conclusions and Implications: Levels of stress were high in both groups. These results can help stakeholders in nurse education and practice to develop interventions to reduce stress for both groups and to ease the transition from student to graduate nurse, thereby helping to retain this valuable human resource within nursing.

Using a 'Quality of Life' Framework to Guide and Develop Nursing Practice

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Background: Recent developments in policy and practice within the intellectual disability field reflects a shift from the more traditional focus on a person's disability towards one concerned with supporting people to live their lives as they wish. This development has had major implications for nurses working in the area. Intellectual disability nursing appears to be at a cross roads where current philosophies in service provision signifies the need to choose carefully the future direction of the speciality. Following an extensive literature review it was decided to utilise a Quality of Life Framework in order to guide and develop nursing practice within this changing climate.

Aims and Objectives: As an initial first step, the aim of this innovation was to develop a 'focus assessment' utilising a quality of life framework. The objectives were 1) to provide a comprehensive structure to guide intellectual disability nursing practice, 2) To ensure that nursing practice is at all times grounded in a person centred philosophy and reflective of all that is current in the field and 3) To ensure that all aspects of nursing practice would find expression within the framework, thereby illuminating many of the less tangible elements of the speciality.

Description of the innovation: A 'focus assessment' was developed utilising Schalock's (2004) quality of life domains. Within each domain open ended questions were devised in order to elicit and consider the individual needs and wishes of each client. The questions emanated from the quality of life literature and were then refined following three pilots of the tool. It is intended that the assessment will be used as a starting point to gather information important to and for clients and to consider what action or support is required.

Evaluation of the innovation: The quality of life framework utilised within the focus assessment was found to provide a coherent structure within which to organise and document nursing practice, including many less visible aspects of nursing support. It also facilitated a very person centred approach which respected the individuality and choices of each client. Furthermore, nurses were able to flag support required from family, friends and other members of the inter-disciplinary team, thus ensuring cohesion and continuity.

Conclusion and implications: In conclusion it is considered that the focus assessment has the potential to provide an important starting point for support planning within a quality of life framework. To date much of the support that nurses offer their clients outside of health maintenance is poorly articulated. However, this initiative appears to help redress the imbalance. Furthermore the various domains within the framework help to identify a range of physical, social and psychological factors that influence health and well being, and provide a broader definition of health that can help to guide the future development of intellectual disability nursing practice within an inter-disciplinary milieu.

Optimising maternal sources of breastfeeding support during the first 6 weeks postpartum

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Background: The provision of optimal breastfeeding support to mothers during the initial weeks postpartum is associated with breastfeeding success.

Aim and objectives: The present study aimed to identify mothers' perceived sources of breastfeeding support during the first 6 weeks postpartum, and report on mothers' satisfaction with the support received.

Methods: A prospective observational study involving the recruitment of 539 pregnant women from a Dublin maternity hospital, with subsequent follow-up of 450 eligible mothers at 6 weeks postpartum. Data were collected on factors related to mothers' sources of breastfeeding support. Statistical methods include both descriptive statistics and binary logistic regression analysis. Ethical approval was obtained for the study.

Findings: At ward level, 167 of the 228 mothers (73.2%) who initiated breastfeeding required support from the midwives to establish breastfeeding, the majority of whom were primiparous mothers (68%). In all, 98.2% of mothers successfully received this support, with 95.1% reporting satisfaction with the support received.

The majority of mothers (83.8%) reported that they received adequate breastfeeding support during the first 6 weeks. A need for increased pre-hospital discharge breastfeeding support from the midwives (33.9%) and earlier contact with the public health nurse (PHN) (32.9%) were the needs reported by the 37 mothers (16.2%) who were not satisfied with the breastfeeding support received. After adjustment, mothers who reported the PHN as a source of breastfeeding support were 5.17 times (95% CI: 1.68-15.92) more likely to have offered 'any' breast milk to their infants for a duration > 40 days.

Conclusions and implications: Results indicate that there is a need for the provision of improved pre-hospital discharge breastfeeding support to mothers. Earlier and increased contact with the PHN during the first 6 weeks postpartum should be considered as a measure to increase breastfeeding duration rates in Ireland.

Nursing Students Attitudes to Health Promotion

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Background: The role of the nurse as a health promoter is well recognized. However despite acknowledgement by professional nursing bodies and nurse educators that health promotion forms a central tenet of undergraduate nurse education curricula, there are varied approaches to teaching and learning and little formal evaluation of the consequences of the approaches taken.

Aims and Objectives: This study aimed to identify current health promotion curricular content within the Irish undergraduate nursing programme context and to measure nursing students' attitudes towards health promotion.

Method: A triangulation design was employed. Firstly a survey was used to collect data from students regarding their lifestyle and attitudes to health promotion. The research tool devised by the authors was a 146 -item questionnaire based upon the College Lifestyle and Attitudinal National survey (CLAN) In addition to this data collection method, the curricula at both university sites were assessed to establish the extent of health promotion teaching within the current syllabus and analysis of module evaluations. Ethical approval in line with the Helsinki agreement was granted by the Trinity College Faculty Ethics Committee for this research project.

Findings: The study found students views of health promotion and the role of the nurse were influenced according to whether or not teaching in this topic was received in their senior years. Those who did not receive the latter were less likely to accept the practical aspect of this role, and retained a naïve outlook related to policy level health promotion only.

Conclusions and Implications: Recommendations include an examination of the place of distinct modules of health promotion within the curriculum, in favour of inclusion only in the final year. Rather than front loading students in the first year, consideration also needs to be given to integrating this topic through adoption of a curriculum that is rooted in the principles of health promotion.

Childbirth in Exile: Asylum Seeking Women's Experience of Childbirth in Ireland.

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Background

Childbirth as a process fundamental to human existence is a most significant event in any woman's life. For displaced women, sensitive care during childbirth is essential. Immigration and asylum seeking have become important social phenomena in Ireland since the mid 1990s. Childbirth is increasingly associated with the technological model of birth that cannot cater for individual women's needs, let alone women marginalised by socio-legal status.

Objectives

Explore the physical, emotional and social experience of asylum seeking women.

Method

This study is informed by a feminist epistemology that privileges the voice of marginalized populations, and seeks to build a participatory approach that encourages reciprocity, and the reflexivity of the researcher.

Women were invited to participate via antenatal clinics in two hospital sites and via gatekeepers in direct provision accommodation centres. Thirty unstructured, in-depth interviews were undertaken. Ethical approval was granted from three institutions in Ireland. Data were analyzed using Burke's pentadic cartography, which employs a structural approach to narrative analysis.

Findings

The birth narratives of asylum seeking women produced a powerful image of the stark realities of giving birth 'in exile'. Stories of poor communication, sub standard care, loneliness, isolation and often abject misery highlight the gaps in our current maternity service and need for an urgent response.

Conclusion and implications

This study began at time when Ireland was enjoying unprecedented economic success and ends in the context of a country experiencing savage budget cuts, government levies and loss of employment, this does not bode well for those seeking to find shelter here. This study shows that urgent revision and re thinking of current maternity services are required if we are to meet the minimal needs of those most vulnerable in our society.

Student participation in the Nutrition and cancer study – contributing to improvement in clinical practice

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Background: The National Curriculum for Nursing Education states that students need to know how to develop knowledge and how to use research results in clinical practice. This is particularly important in today's increasingly specialized healthcare systems, where knowledge quickly becomes obsolete. The study is a collaboration between the author's university college and a large hospital. The clinical field focused on patients undergoing radiation therapy who are at risk for developing malnutrition.

Aim: To explore students learning experiences by participating in a cooperative research project.

Method: The study has a qualitative and prospective design. The change process consisted of two phases where student groups had different assignments during their clinical practice. In phase one students conducted a survey of patients' nutrition status. In phase two students performed a systematic search and review of literature as basis for implementing nutrition interventions in cooperation with nurses. Evidence based knowledge was presented by students and discussed on the ward to generate the most feasible interventions.

In order to investigate the students' learning experiences, focus group interviews were performed after each clinical practice period. The analysis is based on a thematic interpretation considering the group interaction during the interview. Ethical approval was obtained by the hospital and by the students.

Findings: participation in an authentic research project has contributed to a) strengthen students' professional identity and academic skills, b) evidence based practice; experiencing transfer of theory about research and nutrition into practice, c) interpersonal experience; discovering new insight with patients as a source of knowledge, d) organizational experience; confronting barriers in the implementation phase.

Conclusions: Implementation in the clinical field is an ongoing process and with continuously updating knowledge on nutrition. The study reveals a potential for developing knowledge and gaining mutual benefits for nursing students and clinical practice by collaborating in research.

A study to assess the effectiveness of a storybook in lessening anxiety in children aged 5 – 11 years undergoing tonsillectomy and adenoidectomy.

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Background

There is evidence, in both adult and paediatric studies, that effective psychological preparation for surgery has an impact on the individuals' coping ability. A storybook, as a method of preparation, has been recommended by a number of researchers but effectiveness has not yet been investigated in the UK.

Aim and objectives

This study aimed to assess the effectiveness of a storybook, entitled, *The Tale of Woody's Tonsils*, written by the researcher, in reducing the level of anxiety of 5 – 11 year olds undergoing tonsillectomy and adenoidectomy. The study also aimed to explore a number of variables which may have an impact on anxiety.

Method

Design and sample

A quasi-experimental study, using convenience sampling was conducted using a repeated measures design.

Eighty children on a waiting list for tonsillectomy and adenoidectomy were alternately allocated to either an experimental group, receiving the storybook or a comparative group, receiving a colouring book. Pre intervention testing consisted of completion of a self report Hospital Fears Rating Scale and the Child Drawing: Hospital, a projective technique based on child drawing. This was repeated post intervention and scores obtained from both instruments were used to determine anxiety levels. Ethical approval was granted from ORECNI (Office for Research Ethics Committee Northern Ireland). SPSS Version 13 was used for data analysis.

Findings

Results indicated that the storybook reduced anxiety levels and was particularly effective in females, children with no experience of previous hospitalisation, children with experience of sibling hospitalisation and children in the seven year old age group.

Conclusion and implications

This study demonstrates that, as a method of alleviating anxiety among 5 – 11 year olds awaiting tonsillectomy and adenoidectomy, a storybook is effective. It also supports the benefits of a combined approach to the measurement of anxiety.

The study reinforces the need for assessment to include exploration of anxiety through the use of child focused anxiety measurement tools.

An interpretive phenomenological study to explore Flemish midwives views on ideal and actual maternity care

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Background: Maternity care in Flanders is dominated by a medical model with almost all women delivering in hospital under the supervision of a physician. Despite some recent changes in Flanders that could influence the role of the midwife, midwives are currently not working to the full extent of their role. This, in combination with the absence of midwifery-led care models might question whether Flemish midwives still hold a woman-centered ideology.

Aim: To elicit the views of Flemish midwives on ideal and actual maternity care.

Method: A qualitative study using interpretive phenomenology was undertaken. Through in-depth interviews with a purposive sample of twelve midwives working in hospital or independently, their views on maternity care were explored. Data were analyzed according to Van Manen's method. Approval of the Ethics committee was obtained before the study.

Findings: Preliminary findings suggest that although midwives are working in a medically dominated setting, most of them hold a woman-centered ideology which is reflected in their view on ideal maternity care. Barriers to achieving this ideal care are articulated, but are also seen as very difficult to defeat.

Conclusions and implications: In order to be able to work to the full extent of their role, midwives should find means overcome the barriers in order to give woman-centered maternity care.

The views of community mental health nurses in the Republic of Ireland on nurse prescribing: a follow-up study.

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Background

A nurse prescribing scheme has recently been implemented within the Republic of Ireland. A recent study found that prior to the implementation of this scheme there was ambivalence towards prescribing amongst community mental health nurses in Ireland (Wells et al., 2009). Furthermore this study found a distinct difference of view between male and female community mental health nurses, with female nurses having greater reservations towards the desirability of nurse prescribing in relation to educational preparation and impact on professional relationships. Overall, only 17% of respondents favoured being supervised in their prescribing practice by their consultant psychiatrist. This paper reports on a second survey of this group of nurses following implementation of the nurse prescribing scheme.

Aim and objectives

To compare the views of community mental health nurses in Ireland on prescribing authority pre and post implementation of the nurse prescribing scheme.

Methods

A 13 item questionnaire adapted from work by Nolan (2005) was re-administered to 101 community mental health nurses. Data was analysed using SPSS v15 and NVivo8. Ethical approval for this project was granted by the Department of Nursing Research Ethics Committee in WIT and by the Association of Community Mental Health Nurses in Ireland.

Analysis and Results

A comparison of both surveys yielded many similar results in relation to distinct differences of view between male and female community mental health nurses, with female nurses having greater reservations towards the desirability of nurse prescribing in relation to educational preparation. However, the impact on inter-professional relationships as this related to training and pay amongst staff as a source of tension and potential conflict was more prominent in the second survey, particularly as this related to training and pay differentials.

Recommendations

If nurse prescribing is to be effectively implemented in the community mental health services then conflict around prescribing role differentials and similarities within the multi-disciplinary team will have to be incorporated into the training of all personnel and not nurse prescribers alone.

The relationship between sexual health knowledge, sexual health practices and accessing professional sexual health advice

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Title: The relationship between sexual health knowledge, sexual health practices and accessing professional sexual health advice

Aim: To develop an understanding of the knowledge base of young people across the region in the North of England and to identify its relationship to sexual activity, contraceptive practices and access to advice support.

Method: A survey of over 2000 young people in school years 9, 10 and 11 (13-16 years old) was carried out. A questionnaire explored sexual health knowledge, levels of sexual activity, types of contraceptive practices and individual approaches to accessing advice and support services. Ethical approval in line with the Helsinki agreement has been granted by the University of Hull Health and Social Care Ethics Committee. Responses in the Knowledge section of the questionnaire, which asked questions about general sexual health, sexually transmitted infections, pregnancy and contraception, were totalled to provide a Total Knowledge Score (TKS). Using a range of statistical tests, the relationship between TKS scores and contraceptive and sexual practices were examined as well as the association between TKS scores and access to advice and support services

Findings: The questionnaire responses in the Knowledge section (TKSs), demonstrated a positive relationship with behaviours such as using condoms and/or alternative contraception, saying 'no' to something sexual they did not want to do and attending health services for advice in the past year (with the exception of termination) and a negative relationship with behaviours such as not discussing contraceptive use with friends or girl/boyfriend or not attending health services for advice in the past two years.

Conclusions and implications: There is a clear relationship between TKS, sexual behaviours and practices and whether/how young people access advice and support services. This will be explored in this paper alongside the implications and recommendations for both practice and education.

Educational activity of the CNS/CMS and the impact of formal education

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The clinical nurse specialist (CNS) and clinical midwife specialist (CMS) is recognised as an important part of nursing today. In Ireland, formal recognition of the CNS role occurred as recently as 2001. The work of the CNS/CMS is diverse and made up of many varied roles. This study, set in an Ireland, aimed to explore the formal educational level held by the CNS/CMS and their role activity particularly in the educational role.

A questionnaire containing both qualitative and quantitative elements was used to collect the data. Ethical approval for the study was obtained from the Ethics Committee of Dublin City University. The data was analysed using SPSS. The questionnaire did cover other CNS/CMS roles but only the education role shall be considered here. It was ascertained, using histograms to represent the distribution, that the data were non-normal. Differences between sub-groups, i.e. formal education levels were analysed. using the Kruskal-Wallis test, following Scott and Mazhindu's (2005) guidelines.

Analysis of data from this study gives the demographic information, including the formal educational level held by the CNS/CMS. It also articulates the individual educational role activities, e.g. patient education and peer education and captures the level of activity. The results show the CNS/CMS hold a variety of differing formal educational levels and are active in the educational role but the level of activity varies between different elements of the role. Education level has an impact on CNS/CMS role activity, with higher education levels corresponding with greater activity levels.

The CNS/CMS has tremendous potential for a positive impact on patient care in their education role. The majority are active in this role but the analysis shows there is room for growth in some areas. This, combined with the finding that as the level of activity rises with the level of formal education, giving a strong reason why there should be continuing support for further education for the CNS/CMS.

A Pilot Study Exploring the Knowledge of Older Adults about their Weight Status (BMI)

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Background

Obesity is an emerging worldwide healthcare epidemic affecting virtually all age and socio-economic groups. The World Health Organization has estimated that globally there are 300 million people who are obese with a Body Mass Index (BMI) of 30 or more and another 1 million adults who are overweight (WHO, 2005). The prevalence of obesity is rapidly increasing in older adults. Being overweight or obese is a complex chronic condition and has an impact on health-related quality of life.

Aim

The aim of this study was to explore the knowledge of older adults about their weight status (BMI) and motivation to change for those who were overweight and obese.

Methodology

A quantitative descriptive research method was adopted for the study. A convenience sample of 70 (n=70) community dwelling older adults participated in the study. Data was collected in the form of questionnaires and participants were weighed and Body Mass Index was calculated. Data analysis was carried out using the Statistical Package for Social Sciences (SPSS).

Findings

Mean age for the sample was 79.81(range 65 – 94). Only 3% of these older adults knew what their BMI was. When asked what BMI category they thought they were in, over half (55%) thought they were in the normal category, 31% thought they were overweight and only 3% believed they were obese. In contrast, only 24% were in the normal category, 34.5% were overweight and 40% were obese. Despite this high incidence of obesity, 33% of the group were happy with their weight. When asked what program would be helpful in addressing their weight, 23% wanted a food program, 23% wanted an exercise program and another 15% thought a diet and exercise program would be best.

Conclusion

These findings suggest that older adults are unaware of their weight status and therefore do not know that they are in a weight category with multiple health consequences.

Measurement of height, weight and calculation of BMI is important for older adults in order for them to implement change.

Best Practice Models in Care Provision and Care Business Management in Nursing Homes Internationally.

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Introduction:

The need for long-term care to provide a service that is based on best practice, quality improvement models and management systems that take account of the values and beliefs of residents and staffs has been to the forefront in policy documents both nationally and internationally. Globally this has occurred against an environment of increased regulation, emphasis on quality assurance and national or local initiatives to drive quality.

Aim: This literature review outlines best practice models in both care business management and care provision in nursing homes in Europe, USA and Australia.

Method: Nursing and Medical databases, CINAL, PUBMED, Academic Search Primer and JSTOR, business websites ABI/Inform and Nexis UK, and the World Wide Web were searched for literature from January 1990-June 2009.

Results: Quality of care is determined to a large extent by the degree to which nursing homes manage resident outcomes, develop policy, manage staff and resources and manage processes. Quality Standards in some countries are regulated by the Government and nursing homes in these countries adhere to rules and regulations that are prescribed by the regulatory body. Examples are: The Minimum Data Set (MDS) in the U.S.A, Spain's quality assurance system based on UNE158001 and HIQA's recently published regulations for nursing homes in Ireland. Models of care such as Wellspring, Eden, Pioneer, Tealach and Person-centred Care Practice Development have also evolved. Of particular interest is the development of Gerontechnology, which comprises systems for residents such as videophones, voice activated devices to assist with ADLs and talking books and other systems that monitor safety.

Conclusion: Several different management systems and clinical best practice models are in operation throughout the world. It is evident that nursing homes either need to be regulated nationally or come together to establish standards and criteria in an effort to ensure quality of care to older people in residential care settings.

A study of nurses' inferences of patients' physical pain

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Aim

The aim of this study was to establish if post-registration education and clinical experience influence nurses' inferences of patients' physical pain.

Background

Pain is a complex, subjective phenomenon making it an experience that is elusive and difficult to define. Evaluation of an individual's pain is the product of a dynamic, interactive process that frequently results in ineffective pain management. Educating nurses should address the deficit, however the clinical environment is thought to be most influential in the acquisition of knowledge.

Design

A series of vignettes was used to consider nurses' inferences of physical pain for six hypothetical patients; these were employed within a self - administered questionnaire that also addressed lifestyle factors of patients in pain, general attitudes and beliefs about pain management and general knowledge of pain control.

Method

One hundred questionnaires were distributed; 86 nurses returned the questionnaire giving a response rate of 86%. Following selection of the sample 72 nurses participated in the study: 35 hospice/oncology nurses (specialist) and 37 district Nurses (general). Data analysis was carried out using SPSS and qualitative analysis of the written responses.

Ethical Approval

This project is in line with clinical audit practices and permission has been given by the site to use the information for report and research publications

Results

The specialist nurses tended to infer lower levels of physical pain than the general nurses when considering the patients in the vignettes.

Conclusion

Education and clinical experience influence nurses' knowledge, attitudes and beliefs about pain. However, it would appear that the specialist nurses' working environment and knowledge base engenders a practice theory divide, resulting in desensitisation to patients' physical pain.

Relevance yo Clinical Practice

It is suggested that the specialist nurses use defence mechanisms to protect them from the conflict that arises from working within the clinical environment. These cognitive strategies have the potential to ease cognitive dissonance for the nurse, but may increase patient suffering.

Key Words: Inferences, physical pain, desensitisation, defence mechanisms, nursing and nurses

An exploration of factors that may influence nurses pain assessment and management decisions

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Aim

The aim of this study is to explore whether a patient's lifestyle influences nurses' pain assessment and management decisions.

Background

Nurses' inferences of physical pain are thought to be affected by a matrix of implicit assumptions that operate without effort and thought, motivating behaviour and guiding reactions in the clinical setting. Studies have demonstrated how patient characteristics not only influence assessment but also the nurse's choice of pain management.

Design

One of two patient scenarios was employed in a self-administered questionnaire that also addressed pain knowledge, inferences of physical pain, general attitudes and beliefs about pain management. The variable of lifestyle/socio economic status of the patient was manipulated; all other patient variables were kept constant. The participants were then required to identify the patient's pain level and make pain management decisions.

Method

One hundred questionnaires were distributed and 86 were returned. Following selection of the sample, 72 nurses participated in the study: 35 hospice/oncology nurses (specialist) and 37 district nurses (general). Data analysis was carried out using SPSS and qualitative analysis of the written responses. This project is in line with clinical audit practices and permission has been given by the site to use the information for report and research publications

Results

Both the specialist and general nurses differentiated between the patients in the scenarios, influencing their decisions to acknowledge the patient's self-report and choice of pain management. However, both patients were under medicated, with the nurses identifying undue concern about addiction and respiratory depression.

Conclusion

The findings lend direct support to the proposal that a patient's lifestyle/socio economic status can affect nurses' pain management behaviours.

Relevance To Clinical Practice

It is proposed that schemas induce bias that then influence nurses' inferences of patients' physical pain and management decisions, this is compounded by the myths about addiction and respiratory depression. It would appear that educational and clinical experiences fail to ameliorate the affects of bias and myth.

Pain, nurses, bias, lifestyle

The Practicalities of Surveying Children in Primary School Based Longitudinal Research.

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Background:

An innovative manualised initiative commenced in five primary schools located in various disadvantaged areas of the greater Dublin region. The initiative was based on a 'whole-school approach' to school change with the aim of developing a school environment that would have positive health implications for the entire school community. A research team was employed to carry out a longitudinal evaluation of the manualised initiative on the health and wellbeing of the children in the schools.

Aims:

To accurately and consistently assess the health outcomes of participating children each year.

Objectives:

To provide key health outcome measures for each child. To establish a protocol for conducting health assessments that guides researchers through the practicalities that can arise within school environments.

Description of innovation:

The quality of life and depression instruments selected for this study are widely used standardised measures. The health behaviour assessment was adapted from an instrument used to evaluate UK based schools. Trained researchers followed a set protocol when administering the assessments in an effort to reduce the researcher bias and maintain reliability and validity of participant assessments.

Evaluation of innovation:

Researcher observation of the school environment in the initial stages was an important factor in developing a clear protocol for fieldworkers to guide them through the process of data collection. Observation and record keeping throughout the assessment informed the project of any reliability or validity issues that may compromise a child's answers and also of any ethical issues of concern that may need to be referred.

Conclusions and implications:

Currently in Ireland, no protocol is readily available to inform researchers of the practicalities involved in the assessment of children's health in the primary school setting. Information gathered from this longitudinal project will contribute towards current knowledge and possibly aid in the development and formulation of a protocol for selecting suitable assessments and administering these in Irish primary schools.

Acknowledgement:

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The development of evidence-based practice among Irish psychiatric nurses: perceived sources of evidence, barriers, facilitators and skills to achieving evidence-based practice*

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Source of abstract: An unpublished dissertation for the award of M.Sc. Nursing (Research) degree.

Introduction and Background: Despite much emphasis on the need to incorporate principles of evidence-based practice (EBP) in delivering evidence-based health care, the literature indicates that nurses are continually facing challenges to achieve evidence-based nursing (EBN) because of a number of barriers / influencing factors. The influencing factors of EBN are not fully understood or clearly identified in literature concerned to mental health nursing practice.

Aim and Objectives: This study examined a number of influencing factors in attainment of EBP and it was undertaken to determine different sources of practice knowledge, barriers and facilitators, and skills for implementing EBP among a national sample of Irish psychiatric nurses.

Design: Data were collected in a cross-sectional survey. Total seven hundred and fifty 'Development of Evidence-Based Practice (Gerrish 2007)' questionnaires were distributed through post to a randomly selected sample of registered psychiatric nurses. Survey was anonymous therefore; an exemption for full ethical review was sought by notifying to the concerned ethical committee. Only one hundred and sixty completed questionnaires were returned, representing a response rate of just 21.6%. Data were analysed using SPSS version 15.1.

Main Findings: The majority of survey respondents base their practice on information derived from patients, from their personal experience and from their colleague's opinions in preference to published sources of evidence. Insufficient time to find and read research reports and insufficient resources to change practice were perceived as the greatest barriers. Practice development coordinators (PDC) were perceived as the most supportive to changing practice. The skill in which majority of the respondents had rated themselves as higher was concerned with using the Internet to search information and lowest was with concerned to using research evidence to change practice.

Conclusions: The findings suggest that Irish psychiatric nurses face similar challenges in attaining EBN as do their counterparts in general nursing.

A Systematic Review of Health Literacy in Cochrane Review Articles on Pediatric Asthma Educational Interventions: Searching beyond Rigorous Design

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Aim of Review

Asthma is a leading pediatric chronic condition with disparities noted among disenfranchised groups. International guidelines recommended educational interventions and written asthma management plans for parents of children living with asthma. Considering that one-third of US adults have difficulty following directions on a prescription drug label, asthma management interventions need to address health literacy. The Cochrane Collaboration, the gold standard compilation of evidence-based research, includes reviews of pediatric asthma intervention studies. The aim of this review was to ascertain if concepts of health literacy were addressed in these studies.

Search and Review Methodology

A Priori criteria were established to identify reviews addressing pediatric asthma interventions. The Healthy People 2000 health literacy definition was used to develop a 4-point rating scale to determine the extent an article reported health literacy components. A systematic review of retrievable articles in the English language was conducted to evaluate health literacy in pediatric asthma educational interventions.

Findings

Five Cochrane review categories met A Priori criteria and 75 articles were rated. While 52 (69%) had no information pertaining to health literacy, 23 (31%) of the articles reported an aspect of health literacy. Detailed findings will be presented. Although all articles maintained the rigorous standards of randomized clinical trials, a model of health literacy was not reported regarding the implementation of interventions.

Conclusions and Implications

While a health literacy model may have been available after the studies were conducted, general literacy could have been addressed. These findings indicate the need to incorporate health literacy in the design of interventions and in selection criteria of relevant Cochrane reviews. Including health literacy in review criteria assures health literacy is as important as randomization and statistical analyses in the evaluation of new educational interventions. The inclusion of health literacy may even assure participation of people with literacy challenges.