feel that specific communication skills training is needed.

Conclusions: Better communication skills for all health professionals involved in providing immunisation information might reduce the impact of another vaccine scare.

Recommended reading:


1.3.2

Developing workable methods: Aligning a research priority, patient involvement and complex assessments

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Abstract:

Background: During the acute phase of stroke, deterioration in nutritional status and weight loss is common. Malnutrition has been associated with increased morbidity, mortality and dependency after a stroke. Changes in taste and smell function have been reported amongst some patients following stroke, and linked to poor dietary intake, but have not been comprehensively explored after stroke.

Aims: To test the feasibility of a study protocol to measure taste and smell function in acute stroke patients.

Methods: Patients were recruited from one Stroke Unit between November 2007 and January 2008. Data were collected at three time points; once the patients were medically stable, once oral dietary intake was re-established and one month post-stroke. Data included assessment of taste and smell function, appetite, nutritional status, 24 hour food intake and mood. Issues arising from protocol delivery including barriers to recruitment and patient perspectives of data collection tools were recorded.

Results: Recruitment from this vulnerable population, to a demanding assessment schedule, was challenging. Only seven out of eighty-seven admissions were recruited over the ten-week period. Early discharge from the Stroke Unit, once medically stable, reduced opportunities for recruitment; while many of those who remained were too unwell to be approached. Furthermore, the protocol required stroke to be confirmed by CT scan rather than clinical diagnosis, excluding many suitable patients. Seven participants were recruited with complete data collected from four patients. Reasons for incomplete data included unavailability to follow up after discharge, voluntary withdrawal, decline in physical and mental state and entry into another trial. Nevertheless, patients who took part in the study found the data collection tools acceptable.

Conclusions: The study design, including recruitment strategy, was revised following the feasibility study. It addresses the issue: how to format a complex and lengthy assessment schedule while minimising the impact on the participant population.

Recommended reading:


Health Advisory Service 2000 (1998) Not Because They are Old. London

1.3.3

Keeping concept analysis in context – a confirmatory and validatory process

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Abstract:

This methodological paper describes the confirmatory and validatory processes that were used to anchor the concept of bullying within the context of midwifery. The use of concept analysis allows the researcher to examine the structure and function of concepts (Walker & Avant 2005). However, Unsworth (2000) suggests that one of the criticisms of concept analysis is that it removes the concept from its context. Clearly the researcher needs to be aware of the context of the research from the outset and to maintain this awareness of the context throughout. This context-intelligence (Holloway 2005) is vital so that the researcher may fully understand the life world of the participants and consequently the phenomenon that is being studied is seen in its most appropriate context. In this research, Context intelligence was maximised in two ways. Confirmatory focus groups were undertaken with practising midwives, midwife managers, academic midwives and union representatives (n=30) to validate and confirm the concept analysis. Secondly, the attributes emerging from the concept analysis were tested using a questionnaire survey with student midwives (n=164). This presentation will focus on design issues including rigour, ethical challenges and interpretation. In addition, it will highlight the unique contribution of this research to knowledge.