

Royal College of Nursing of the United Kingdom

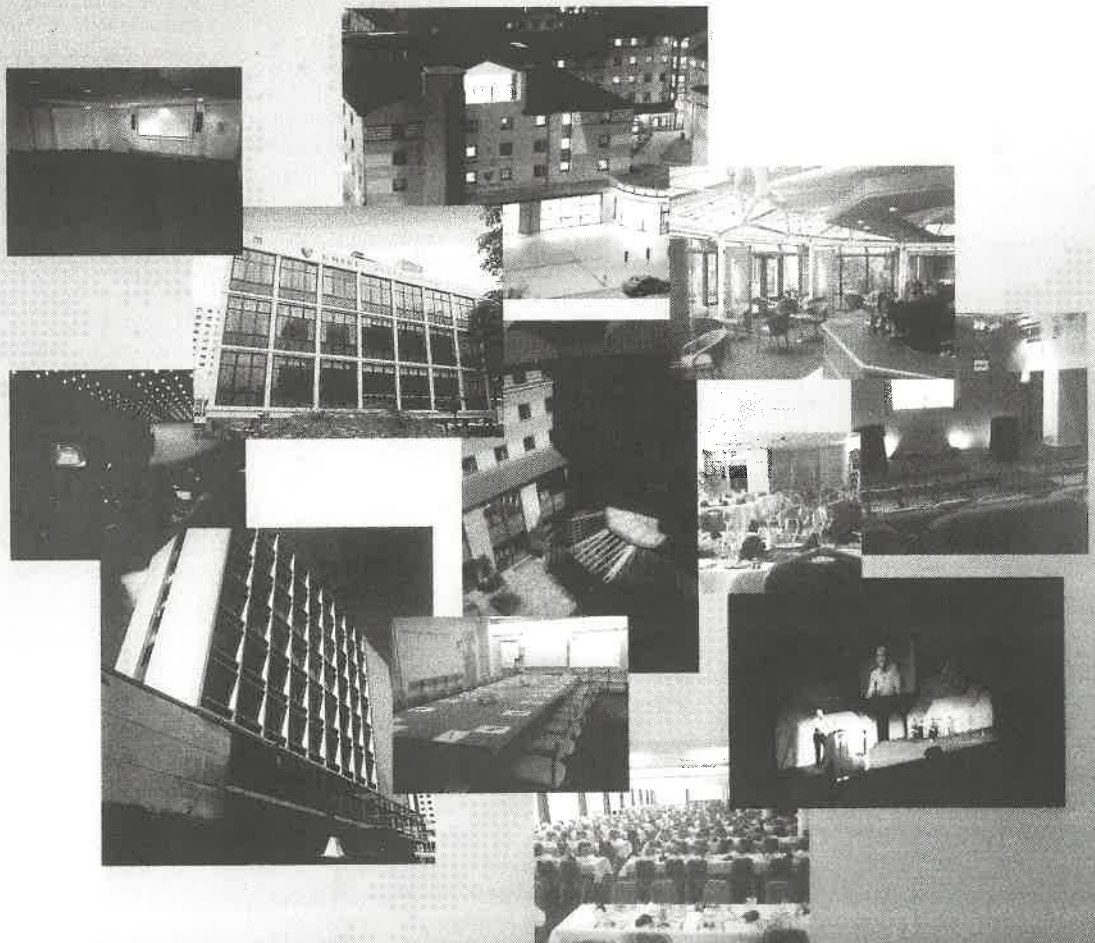
Annual International Nursing Research Conference

Thursday 10 to Saturday 12 April 2003

UMIST, Manchester, England, UK

<http://www.man.ac.uk/rcn/research2003>

Programme



Room D1

15.15

5.1.2 Evidence-based patient choice - do we need to rethink the hierarchy of evidence?

Josephine Gibson, Department of Surgery, Southport and Ormskirk Hospital NHS Trust, Southport, UK. Co-author: Caroline Watkins

Abstract:

Evidence-based health care is underpinned by a hierarchy of evidence(1), with randomised controlled trials (RCTs) as the 'gold standard'. Interest has developed in how evidence-based health care can be reconciled with patient empowerment, giving rise to the concept of evidence-based patient choice(EBPC)(2). Nurses have a key role in EBPC in ensuring that patients' values and expectations are incorporated in decision-making.

There is strong evidence that carotid endarterectomy (CEA) reduces future stroke risk after transient ischaemic attack (TIA) in selected patients, but it may also precipitate a fatal or disabling stroke(3). Treatment decisions must therefore incorporate patients' values and preferences about these risks. Our study explores patients' treatment choices after TIA.

Patients were identified by purposive sampling at a vascular surgical clinic. They were interviewed in their own homes by a vascular nurse consultant before and after CEA. Interviews were audiotaped, transcribed and coded, and themes identified using grounded theory methodology.

Patients were aware that they were at risk of stroke with CEA or conservative treatment, and felt that CEA had been 'tested, and so is safe'. Although their decision to have surgery was clear-cut, it carried great emotional significance. Instead of seeking further scientific data, they supported their decision with 'soft evidence', including their personal values and experiences, lay opinions of the surgeon and hospital, and the trustworthiness of the information provided.

Our study illustrates the limitations of the hierarchy of evidence in EBPC. Patients need access to appropriate information about relevant RCT's and the recommendations of clinical guidelines, but they also use soft evidence extensively to validate their decisions. If EBPC is to become a reality, we need to incorporate this in the hierarchy of evidence.

Intended learning outcomes:

- Be able to be aware of the dilemma facing patients making decisions about carotid endarterectomy
- Be able to identify the variety of evidence sources patients in the study used in order to validate their treatment decisions
- Be able to discuss how this study adds to our perspective of the hierarchy of evidence

Recommended reading:

Guyatt GH, Sackett DL et al (1995) A method for grading health care recommendations. *JAMA* 274 (22) 1800-1804.

Hope T (1996) Evidence-based patient choice. London; King's Fund Publishing

European Carotid Surgery Trialists' Collaborative Group (1998) Randomised trial of endarterectomy for recently symptomatic carotid stenosis: final results of the MRC European Carotid Surgery Trial (ECST). *The Lancet* 351 1379-1387.

Room D1

15.45

5.1.3 An exploration of the factors that mediate the implementation of evidence into practice

Jo Rycroft-Malone, RCN Institute, Royal College of Nursing, Oxford, UK. Co-authors: Gill Harvey, Alison Kitson, Brendan McCormack, Kate Seers and Angie Titchen

Abstract:

Mounting pressure is being exerted to ensure that the delivery of care is evidence-based and clinically effective. The creation of the National Institute for Clinical Excellence and the Modernisation Agency is visible confirmation of this gathering momentum. Paradoxically the challenge remains; whilst it is incumbent upon us to deliver evidence based care we are only just beginning to understand the factors that influence implementation processes and indeed how then to put them into practice (Kitson et al 1998). This paper outlines the findings from a study that examined nurses' and managers' perceptions of the factors that mediated their use of evidence in practice.

Method: A two staged approach was used to address the study's aims. In stage one, two focus groups with practice development nurses (n=12) were conducted. The findings from these in conjunction with those from a literature review were used to inform the development of a semi-structured interview schedule. The second stage of the study comprised individual interviews with nurses and managers (n=17) in two different sites, each implementing their own evidence into practice project.

Findings: Findings reveal that the mediating factors are multi-layered and complex. They highlight that whilst interviewees identified an individual's capacity to implement evidence into practice, other factors may be more potent mediators. This includes the nature and role of the evidence being implemented, the interface between the individual practitioner and the practice context, and, whether projects link to micro and macro policy issues.

Conclusion: Whilst this study is small-scale, when the findings are considered alongside others research (e.g. McCaughan et al 2002.), they reveal that a focus on individual approaches to implementing evidence based practice, such as skilling-up practitioners to appraise research evidence, will be ineffective by themselves. This study's findings therefore challenge the

effectiveness of traditional approaches to getting evidence into practice.

Intended learning outcomes:

- At the end of the presentation participants will be aware of the context of evidence based health care
- Will have an understanding of the complexities of getting evidence into practice
- Will be able to identify a need for more sophisticated approaches to implementing evidence into practice

Recommended reading:

Kitson A., Harvey G., McCormack B. (1998) Enabling the implementation of evidence-based practice: a conceptual framework. *Quality in Health Care*; 7: 149-158.

McCaughan, D. Thompson, C. Cullum, N. Sheldon, T.A. Thomson D.R. (2002) Acute care nurses' perceptions of barriers to using research information in clinical decision-making. *Journal of Advanced Nursing*, 39(1), 46-60

Davies, H.T.O., Nutley, S.M., Smith, P. (2000) What works? Evidence-based policy and practice in public services, Bristol: The Policy Press

Room D2

14.45

5.2.1 Tailoring parent education to need

Felicity Hasson, Department of Nursing, University of Ulster, Northern Ireland. Co-authors: Miriam Smith and George Kernohan

Abstract:

Maternity services are increasingly required to be consumer driven and more responsive to the needs of women and include their partners. Given the interactive nature of the service encounter it is clearly necessary to examine the perceptions of both consumers and professionals to enhance understanding of service quality. This paper reports the findings of a study, which examined the views of Irish consumers in relation to childbirth education in one health board area. A convenient sample of 38 interviews with primigravida and multigravida were undertaken. With permission interviews were transcribed and analysed using 'thematic content analysis'. Findings indicated much discontent regarding the content of antenatal classes with women clearly stating that the educational needs of the new mother in the community were not being met. In addition many women consulted books, leaflets and magazines during pregnancy to gain understanding and inform expectations of pregnancy, birth and childcare. Many of these sources were criticised: firstly as not providing consistent information and secondly as only limited specific information is available on Irish maternity services or Irish women. The findings highlight the need to tailor content of education to the needs of the consumer, to emphasise the different stages of pregnancy within the curricula and to further consider the needs and characteristics of the consumer. The difficulties in

providing opportunities for education were highlighted and the need to embed any educational programme within a well-developed staff support structure were stressed by professionals. Such findings from service users and service providers now require to be combined with research evidence to specify and deliver acceptable preparation for modern parents in a regional context.

Intended learning outcomes:

- Understand the educational needs of expectant mothers
- Identify the health and welfare services mothers need antenatally and postnatally
- Be aware of the knowledge, skills and support required for effective implementation of an educational programme for mothers

Recommended reading:

Lavander, T., Moffar, H. & Rixon, S. (2000). Do we provide information to women in the best way? *British Journal of Midwifery*, vol. 8 (12), 769-755.

Nolan, M. (1997). Antenatal education - where next? *Journal of Advanced Nursing*, Vol. 25, 1198-1204

O'Connor, Y. (1993). Education for parenthood: a time for change! *Midwives Chronicle*, Vol. 106 (1265), 198-201.

Room D2

15.15

5.2.2 A randomised controlled pilot study to compare a community care nursing strategy with conventional care for children with congenital heart disease and their families

Linda Maynard, Nursing Research, Dept. of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, UK. Co-author: Jo Wray

Abstract:

Background: Eight of every 1000 live-born children have congenital heart disease. This frequently creates disproportionate psychological maladjustment due to the emotional and symbolic significance attached to the heart. Cardiac services for children have been criticised for poor patient involvement and disjointed service delivery. Our pilot work suggests that early support enhances families' experience and reduces anxiety.

Objectives: To assess the efficacy of a nurse-led program compared to conventional care for children with congenital heart disease and their families.

Methods: Single centre, prospective, open, randomised pilot study. Eligible families randomised to either intervention (IG) or conventional care (CG) groups and followed for 16 weeks post-recruitment. Primary outcome measure: maternal anxiety (General Health Questionnaire (GHQ-28)) during semi-structured interview. Intervention program: individualised,

needs-led provision of information, advice, emotional or practical support by two children's cardiac liaison nurses.

Findings: Sixty families recruited to either IG (n=35) or CG (n=25) between Nov. 2000 and May 2001. There was a reduction in maternal anxiety at follow up for families receiving the intervention with 30% of IG mothers at four months after randomisation scoring 5 or ≤ 5 on the GHQ (indicating anxiety) compared with 60% in the CG. Qualitative component revealed that families required additional support before their children reach the specialist hospital environment. Many wanted this at the initial diagnostic consultation in clinics held in local District General Hospitals.

Conclusions: An intervention program of specialist information, practical help and advice to families throughout their child's 'journey' can reduce anxiety in mothers of children with congenital heart disease and should ideally be provided before children reach the specialist centre. Further research is required to evaluate whether Children's Cardiac Liaison Nurses are best placed to enhance the family's experience; cross organisational boundaries and encourage the transfer of knowledge into primary and secondary health and social care settings.

Intended learning outcomes:

- Be aware of the impact of congenital heart disease on families
- Identify nurse-led strategies to reduce anxiety in mothers of children with congenital heart disease
- Outline one model of children's cardiac liaison nursing service delivery

Recommended reading:

Wray J & Sensky T (1998) How does the intervention of cardiac surgery affect the self perception of children with congenital heart disease? *Child: Care, Health and Development* (24) 52-57

Bristol Royal Infirmary (2001) The report of the inquiry into the care and management of children receiving complex heart treatment between 1984 and 1995. Chair: Prof I Kennedy

Room D2

15.45

5.2.3 Informing practitioner knowledge in child health by investigating the growth of competence in families coping with chronic illness

Veronica Swallow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK.

Abstract:

This paper will discuss one aspect of a larger study exploring the way in which families learn to manage chronic illness. Practitioners spend many years developing competence in chronic illness management while families often have to learn

very quickly; although there is a large body of literature exploring competence development in professional health care practice there is limited literature to inform professionals about the issue of competence development in families (Eraut 1994; Gibson 1995).

Methods: Using a theoretical sampling matrix based on time since diagnosis, age at diagnosis and degree of intervention required by the chronic condition, six children were identified from the patient database of a regional paediatric nephrology unit. Using semi-structured interviews, children and/or their parents were interviewed in their homes to determine what they recall and articulate as having been important in their own competence development since diagnosis. All interviews were tape-recorded, transcribed and analysed using the framework technique (Ritchie & Spencer 1994).

Results: Preliminary analysis uncovered three main themes relating to the process of learning; the maelstrom effect; the role of intuition; and playing the game. The findings indicate that a maelstrom of tensions and triumphs existed for children and parents following diagnosis.

Regardless of time since diagnosis or level of intervention, parents could vividly recall the way the diagnosis was delivered and its impact on them. The part in the learning process that the parents, in their own words, felt to be significant was the role of intuition. This to be highly significant in learning and quality of life. Children talked of playing the game, a system, professional help, and children with a chronic condition.

Intended learning outcomes:

- Be aware of the impact of congenital heart disease on families
- Understand the role of intuition in learning and quality of life
- Be able to recognise the maelstrom effect

Recommended reading:

Eraut M (1995) Developing professional knowledge and competence The Falmer Press

Gibson, C. H. (1995). The process of empowerment in mothers of chronically ill children. *Journal of Advanced Nursing* 21, 1201-1210.

Ritchie, J. & Spencer, L. (1994). Qualitative data analysis for applied policy research. In *Analyzing Qualitative Data*, eds. Bryman, A. & Burgess, R. G. pp. 173-194. London: Routledge.