

Reports 2003

Ref no 2003/1

Title **Developing a responsive critical care service**

Author Maureen COOMBS, Consultant Nurse Critical Care, Southampton University Hospital Trust

Abstract This travel scholarship was driven by the need to re-shape health care roles within the clinical speciality of critical care. Learning about alternative division of labour profiles from international colleagues could result in quality service improvements.

Three American critical care units were identified to act as primary clinical sites. Contact with specific acute care trusts, and discussions with the Modernisation Agency provided a United Kingdom perspective for this award. The outcomes of this study tour provide a comparative evaluation of models for critical care team working in the United States of America and the UK. In addition, clinical skills required to fulfil such workforce redesign and educational programmes required to support such role development, are described.

Ref no 2003/2

Title **Study visit to explore nurse-led models of care in the USA and the implications for older people's services**

Author Aileen FRASER, Practice Nurse, Gloucester Road Medical Centre, Bristol

Abstract This report describes a visit to the Health Action Model for Partnership in the Community (HAMPIC), South Dakota; the Rainbow Prism model in North Carolina, and the Evercare project in Colorado. All of these projects are nurse-led models of care. HAMPIC and the Rainbow Prism projects are nursing-theory-based models and have been developed to address the health needs of people who are disconnected from mainstream health services through social, cultural or economic disadvantage. The nursing theory on which these projects are based is Parse's Theory of Human Becoming (HBT). This articulates the nursing relationship and aims to improve quality of life for the people served. The outcomes examined are the effect of theory on practice for nurses and patients; how the philosophy underpinning the model is demonstrated in practice; and how evaluation is carried out.

Ref no 2003/3

Title **An Exploration of Models of Care for patients co-infected with Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) in Mumbai and Kerala, India**

Author John QUIRK, Clinical Nurse Specialist – HIV/AIDS & Sexual Health Woking NHS Primary Care Trust and Surrey Health NHS Primary Care Trust

Abstract Epidemiologists are aware of the potential for an increase in HIV infected people coming to the UK from the Indian sub-continent. Many of these people will develop Tuberculosis (TB) as an AIDS defining illness. The rationale in visiting the Indian city of Mumbai and the State of Kerala was to examine the models of care available to HIV/TB co-infected patients in resource poor settings, one urban and the other rural. The scholar was keen to ascertain what potential effect the HIV/TB epidemics would have on the public health system of the UK considering the close links between India and Britain. The models examined involve a wide range of Government, Private and Non-Governmental Organisations dealing with the complex and challenging needs of a growing number of people with HIV/AIDS

Ref no 2003/4

Title **The Interface of the Muslim Community and community palliative care services.**

Author Kathrine M SHAW, District Nurse, Rotherham Priority Health NHS Trust

Abstract The aim of this study was to explore how community palliative care services may be developed to meet the unique needs of the local Muslim Community. The opportunity to undertake this review has proved highly beneficial in enhancing cultural knowledge and awareness of the Muslim Community overall, whilst also enabling the opportunity to review the literature available, and practice in other areas.

Ref no 2003/5

Title **Hepatitis C: What can the UK learn from the Australian experience?**

Author Chiara HENDRY, Lead Nurse, Lambeth, Southwark & Lewisham Hepatitis Project, South London & Maudsley NHS Trust

Abstract Australia's response to hepatitis C (HCV) includes the world's first national strategy and the development of non-governmental organisations (NGOs) providing community representation. A partnership approach based on health promotion principles ensures all relevant services and communities are formally involved in leading the national response.

Using a community and workforce development approach the State and Territory hepatitis C councils are in a position to address quality of life issues for people with hepatitis C from testing to treatment. Community participation is considered a key factor in dealing with discrimination and stigmatisation that detrimentally affect the quality of life of people with HCV.

The lessons learned from Australia suggest that national and regional hepatitis C centres are required to provide support and consistent education and resources across the UK.

Ref no 2003/6

Title **School-based mental health services: A way forward?, Observational visits to school-based mental services in Baltimore, Washington DC, Denver and New Haven**

Author Sharon LEIGHTON, Nurse Consultant in Child and Adolescent Mental Health, South Staffordshire Healthcare NHS Trust

Abstract There has been a dramatic increase in the psychosocial problems of children and adolescents in Western societies over the last fifty years. In the UK at least 20% present with a mental health problem, and of those, 10% will have a diagnosable mental illness.

The aim of the study tour was firstly, to visit the centre of excellence for School Based Mental Health Services (SBMHS) in Baltimore and to meet with stakeholders and providers of different SBMHS in Baltimore, Washington DC, Denver and New Haven in order to explore the evolution of these programmes. Secondly, to enhance my knowledge and understanding in order to aid the development of a local SBMHS project.

Ref no 2003/7

Title **Capacity planning in the United Kingdom – Two into one (bed) has to go!**

Author Ruth GRIMLEY, Discharge Co-ordinator, Royal Preston Hospital
Margaret GOLDER, Capacity Manager, Royal Preston Hospital

Abstract Placing patients in the right environment, with a specified time, has been the focus of national action. The authors believe that management of patient flow is crucial to achieving government targets. The authors also believe that the staff who daily regulate this flow of patients through our hospitals is pivotal to the overall success.

Three weeks were spent in the United Kingdom investigating how Trusts were trying to prevent inappropriate hospital admission, reduce time spent in emergency departments and managing discharge arrangements. Findings demonstrated that the 10 Trusts visited had at least three different ideas/innovations that could be transferable to improve the way capacity is managed.

Ref no 2003/8

Title **Living donor transplantation: How does service provision in North Wales compare to that in Toronto, Canada and Oslo, Norway?**

Author Dawn OLIVER, Transplant Specialist Nurse, Ysbyty Gwynedd Bangor

Abstract The aim of the study was to discover if approaches to families and patients differ amongst the countries of Canada and Norway, which could attribute to variations in donation rates within the living donation programme. This was to be achieved through collection, assessment and evaluation of the available literature/information given to interested parties at each of the three centres concerned. Each centre's programme, from transplant work-up to post follow-up care was also compared. Through these comparisons it was anticipated that recommendation to change in practice would be made based on the observational findings, which would ultimately lead to a more informed and accessible service and an increased interest in living donation.

Ref no 2003/9

Title **Rural Health in the UK – Fact or Fiction?**

Author Amanda RUMLEY, Consultant Nurse, Rural Community Health (Accident Prevention) North & South West Dorset PCT

Abstract A comparative case study of rural health was conducted across the UK, New Zealand and in Kentucky, USA, to establish whether rural health in the UK was fact or fiction. In 2003, various placements were made in New Zealand and in Kentucky, USA, to find out more about health care systems in other countries in order to compare these with the UK. Visits were made to the North Island, New Zealand to rural area in Hawkes Bay, Turangi and Wellington, Kentucky, USA, in the Institute of Rural Health in Wales. A study of the views of healthcare professionals living and working in one Primary Care Trust area was simultaneously conducted to support the study.

The study gained insight into how rural issues should be identified and recognised in the UK so that the reality of rural health can in future become fact not fiction.

Ref no 2003/10

Title **E-learning and Nurse Education.**

Author Mike FARRELL, Project Manager, Cumbria and Lancashire Workforce Development Confederation

Abstract There is now significant interest in the use of e-learning as a platform for supporting the education and training of health professionals. Within the higher education sector the use of learning technologies has been identified as a key priority, with the development of networks and a considerable funding programme, established to promote understanding of key issues of pedagogy, design and learner support in order to ensure an effective e-learning experience.

The purpose of this report is to share the findings of a travel scholarship tour, undertaken by the author, to explore how a range of academic institutions within the UK and USA have adopted e-learning to support the delivery of nursing and healthcare education.

Ref no 2003/11

Title **Menopausal experiences in women with learning disabilities**

Author Diane WILLIS, Staff Nurse/Research Assistant, Royal Victoria Hospital/Edinburgh University

Abstract The aim of the research was to investigate the menopausal experience and knowledge of the menopause in women with learning disabilities (LD) and the sources of information and help available to them.

Eighteen women with mild to moderate LD (age 46-77) were approached, fifteen were interviewed, two women refused and one was excluded. A multi-modal interviewing strategy was employed using semi-structured interview schedule and a picture version of the interview. The interviews were analysed using multi-staged narrative analysis. The results also incorporated findings from a focus group where questions overlapped for comparison

Ref no 2003/12

Title **Observational visits to older people's services in Sheffield and Baltimore (USA), to examine the ways in which the Biographical Approach might be used to enhance the person-centred care of older people in long-term settings.**

Author Julie BEVAN, The Fountains Care Centre. N E Lincolnshire

Abstract Studies into a more individualised biographical approach and its relevance as a holistic nursing intervention for older people in long-term settings have illustrated the need to learn more about its relevance as a practice development approach. The purpose of this report is to share the findings of a travel scholarship tour undertaken by the author, to explore how the biographical approach might be used to enhance the person-centred care of older people in long-term settings. Two weeks were spent with researchers and practitioners at the University of Sheffield, Sheffield Hallam University, and two weeks were spent visiting the Institute for Johns Hopkins Nursing, Johns Hopkins Geriatric Centre, Johns Hopkins Elder Plus and Bayview Medical Centre, Baltimore (USA).

Ref no 2003/13

Title **A Travel Scholarship to further enable an evaluation research study of the therapeutic effectiveness of a Mindfulness Based Stress Reduction programme (MBSR) in women with breast cancer**

Author Caroline HOFFMAN, Therapies Director, The Haven Trust

Abstract The scholar was awarded a Travel Grant to the USA to further pursue training and seek expert advice towards her doctoral research study evaluation the effectiveness of a Mindfulness Based Stress Reduction programme (MBSR) in women with Stages 0-111 breast cancer attending The London Haven, a centre offering complementary and supportive therapies for women affected by breast cancer.

Visits were made to The Centre for Mindfulness, University of Massachusetts Medical Centre, Worcester, Massachusetts and Mr Madonna Centre, Watsonville, California, USA. These visits provided the opportunity to meet with key internationally renowned clinicians, educationalists and researchers in the field of MBSR and Mindfulness Cognitive Behavioural Therapy (MCBT) and to learn more about the training requirements and course delivery requirements for teachers of MBSR. In addition to this, the Scholar was able to participate in the international gold standard of training for the teaching MBSR to patients and also attend the second annual international conference in MBSR.

Ref no 2003/14

Title **Is dual diagnosis a western cultural-bound syndrome? An investigation of co-morbid substance use disorders and mental health problems in Northern India**

Author Peter A PHILLIPS, Honorary Research Fellow, Department of Mental Health Sciences, University College London

Abstract The study aimed to gain an insight into the nature, extent and correlates of substance use disorders amongst mental health service users in northern India. Staff reports/interviews were used in order to understand the cultural context and report subjective reasons for substance use (especially bhang use), and their relationship to psychotic systems.

Ref no 2003/15

Title **A study of community nurses' attitudes towards the management of nausea and vomiting in the person with cancer.**

Author Isabel DOSSER, Palliative Nurse Specialist. St Johns Macmillan Centre. West Lothian

Abstract Cancer related nausea and vomiting affects 40-70% of people with advanced cancer and failure to relieve symptoms can seriously diminish their quality of life. Difficult symptoms require skilled assessment in order to give the appropriate treatment. Attitudes to cancer may create a barrier to communication between the patient and the professional leading to neglect of symptoms such as nausea and vomiting.

This qualitative study was designed to gain insight into the attitudes of community nurses with specific reference to individuals with cancer being cared for in the community who have cancer related nausea and vomiting. A description, qualitative approach was adopted utilising semi-structured interviews.

Ref no 2003/16

Title **The Ethics of Trust Telling in Healthcare**

Author Heather DARNELL, Nurse Adviser, Swansea NHS Trust

Abstract One of the most common dilemmas faced by healthcare professions is whether or not to fully disclose all details of diagnosis, prognosis and treatment options to a patient. This is especially difficult when a diagnosis such as cancer has been made, as many believe that full disclosure of the facts may cause added distress and anxiety. It is in the very nature of members of the caring profession to want to shield the patient from such grief. Although placed in this situation the healthcare team is often faced with the dilemma of what should be done. They owe a duty of care to their patients and are, therefore obliged to always take the individuals best interests into account. However, is it sufficient to withhold information based on the assumption that patients are unable to 'stomach' bad news?

This paper aims to explore the ethics of truth telling in the context of healthcare.

Ref no 2003/17

Title **An exploration of women asylum seekers or refugees experience of midwifery care.**

Author Lesley BRISCOE, Midwifery Research Co-ordinator, Liverpool Women's Hospital

Abstract Women may be more seriously affected by displacement than men leading to subsequent isolation, poverty, hostility and racism (United Nations Development Programme 1999). Recent evidence (McClesh 2002) has highlighted the multiple problems that women who are asylum seekers and refugees may face. Issues such as loneliness, sadness, anxiety, poor housing, dispersion, interpreter support and poverty emerged from the study. To compound issues for women who are asylum seekers or refugees, evidence indicates that socially disadvantaged women are 2 times more likely to die than women from social classes 1 and 2, women from ethnic groups other than white are twice as likely to die than women in the white group, and a large number of women who died spoke little English (Why Mothers Die 1997-1999).

During the conception of this study local data was either inaccurate or non-existent and care for the women in the study hospital lacked co-ordination.

Ref no 2003/18

Title **The development and utilisation of telehealth in prison health care in America.**

Author Sarah LEONARD, Research Fellow School of Nursing, University of Southampton

Abstract This report will begin by outlining what telehealth is and will look at some of the history which surrounds the development of these services within healthcare. As the study is focused around the adoption and use of telehealth within prisons it provides a review of the prison system in the UK and outlines the recent reforms and reviews surrounding prison healthcare.

The final part of this report focuses on the study tour and the findings from visits to the prison systems in the states of Texas, Kansas and California in the United States of America and Brisbane in Australia. This report concludes with a summary of the study findings and implications and recommendations for the use and possible adoption of telehealth into the UK prison health services.

Ref no 2003/19

Title **Cultural Competence in Health Visiting Practice – A base line survey**

Author Angela KNIGHT JACKSON

Abstract Current health policy has recognised the need to address the inequality of health status experienced by black and minority ethnic communities. The Government is devolving and delegating responsibility for the provision of services to health professionals working a Primary Care Trust. Health Visitors have been identified as having a pivotal role in leading public health practice and agreeing local health plans.

This quantitative research study draws on the positivism paradigm to explore health visitors beliefs, knowledge and practice in cultural competence

Ref no 2003/20

Title **What impact does the mental health awareness training have in practice?**

Author Lisa MACLEAN, Nurse Consultant HMP Woodhill

Abstract This training was identified by previous research undertaken to ascertain what skills and training Prison Officers in particular, and other prison personnel in general were required to cope with the ever increasing demands of mental illness within their prisons (Paton & Jenkins 2002, Reed & Lyne 1997, Singleton, Meltzer et al 1998)

Training and support for all the prison staff, particularly officers working in the healthcare centres and on the main wings is seen as a vital step forward in addressing some of the existing shortcomings. The training was aimed at enabling staff to:

- Identify prisoners at risk of developing mental health problems
- Identify prisoners experiencing mental health problems
- Know how to respond appropriately to the needs of the prisoners.

Ref no 2003/21

Title **Education for Nursing Staff who provide care for people with advanced Huntingdon's Disease**

Author Stephen SMITH, Lecturer, Community Nursing University of East Anglia School of Nursing

Abstract The aim of this research was to establish the educational needs of nurses and care workers who provide nursing for people who have advanced Huntingdon's Disease, how these needs can be met, and to what extent specialised staff education can improve quality of life for this patient group. A secondary aim was to establish the implications of this research with regard to education for nurses and care workers involved in nursing people with any advanced degenerative disease.

Ref no 2003/22

Title **Qualitative study to generate insight and explore patients' perspective of health-related quality of life in chronic heart failure**

Author Karen DUNDERDALE, Cardiac Specialist Nurse Scunthorpe General Hospital

Abstract The aims of treatment in chronic heart failure (CHF) are to reduce symptoms, improve function and prolong life. The physical symptoms of CHF limit daily activities, which becomes a major concern to patients. Whilst health care professionals are concerned with changes in objective physical measures, patients are understandably more concerned on the impact of these symptoms on physical function and social roles. Health related quality of life (HRQL) measures are used to describe what the patient has experienced as a result of healthcare, unlike Quality of Life measures, which arise from a professional's perspective. Currently there is no patient centred HRQL measure in CHF. The aim of this study therefore was to identify how patient's beliefs about CHF affect their HRQL and to identify themes for inclusion in a patient centred quality of life measure

Ref no 2003/23

Title **Application of a Stepped Care Model for Primary Mental Health Care in Manchester**

Author Sarah KENDAL, Clinical Lead for Mental Health North Manchester PCT

Abstract Thanks to a travel grant from the Florence Nightingale Foundation, the service manager visited Center for Health Studies, a research group in Seattle, USA, that is based within a healthcare organisation known as Group Health Co-operative. The three-week visit included tours of mental health facilities in other organisations and extensive interviews with a number of key innovators in the organisation and delivery of primary mental health care.

Many innovations in primary mental health care were observed here. Three specific concepts appeared to be particularly applicable to services in Manchester: a model for chronic disease management; enhanced depression care; and stepped care. They are described in this report with a view to their applicability in local contexts.

Ref no 2003/24

Title **Implementation of Prescribing in Mental Health Nursing**

Author Adrian JONES, Nurse Consultant N E Wales NHS Trust

Abstract Supplementary nurse prescribing in mental health nursing holds the potential to deliver huge benefits for patients and the wider health care system. Changes to the legislation in England and Wales have already taken place and training has started in Wales in 2004. Developments within the USA, which has practised a more extended form of prescriptive authority, will help inform the debate within Wales.

The findings of this report indicate that in order for nurses in the USA to have prescriptive authority, they are required to undergo an extensive level of training. However, once this has been achieved, nurses have unlimited prescriptive authority within their scope of practice. Areas of prescribing to be reported here include private practice, community teams and hospital care and outpatient settings. Implementation of independence nurse prescribing is moderated however by the structure of health care in the USA and factors to be considered include recognition by insurance companies, power of the medical profession, availability of medical staff within the areas, and reduced costs in hiring independent nurse practitioners versus medical staff.

Ref no 2003/25

Title **Learning to promote learning**

Author Isabel Fitzsimmons LENNOX, Nurse Rotation Scheme Leader The Maudsley Hospital, London

Abstract The aim of the study was to assess the learning styles of nurses working within mental health and, school children in the same geographical area in four different regions of the African subcontinent.

A significant proportion of mental health nursing students working within South London and Maudsley NHS Trust are from the African subcontinent. There has been little UK based work on possible cultural differences in learning styles of this group in Britain. American research seems to show that there are differences, possibly mediated by the learning context.

The aim was to qualitatively and quantitatively survey learning styles and the factors influencing them across a range of learners (school pupils, nursing students, health care assistants and nurses) in 4 different regions (Ghana, Uganda, South Africa and Nigeria).

Learning styles and the learning environment in Africa are significantly different from the western environment and we need to be aware of this to facilitate the learning of students from the African subcontinent. This has implications at both graduate and postgraduate level. Specific recommendations are made as to how this may be done.

Ref no 2003/26

Title **An evaluation of community children's nursing in part of New Zealand**

Author Rachel PATON, Community Children's Nurse Royal Berkshire and Battle Hospitals NHS Trust

Abstract Community Children's Nursing teams (CCNT) were set up to care for sick children in their own homes. More children are surviving with complex technical and social needs (Cramp et al 2003).

The aims of this study were (i) to identify the organisational structure of community services for children in NZ; (ii) to evaluate the professional support and care of children with complex health needs following discharge from hospital; and (iii) to explore the extent of equitable distribution of services to child and family across rural and urban areas.

In order to fulfil these aims it was decided to conduct an audit of service delivery assessing the use of multidisciplinary teams, outreach teams and hospice care. The extent of good practice in the provision of paediatric care would be examined and this information used to influence practice in UK if appropriate.

Ref no 2003/27

Title **Enhancing the Palliative Care Approach in oncology nursing: The impact of introducing an assessment tool to structure nurses' assessments of patients receiving palliative care.**

Author Catherine WILSON, Nurse Researcher, Mount Vernon Hospital

Abstract This report outlines the progress made during the second of a three-year full time course studying for a PhD in nursing at St Bartholomew School of Nursing and Midwifery, City University London. The research is concerned with oncology nurses' assessments of patients with advanced cancer receiving outpatient palliative chemotherapy. The study is exploring the impact of introducing a quality of life tool to structure nurses' assessments, and is based on a realist evaluation framework using a 'before and after' design and a multiple case study approach. Data collection methods include non-participant observation of nurses' practice; tape recording of nurse-patients assessments; and interpretative interviews with patients and nurses

Ref no 2003/28

Title **Does it take more than just training to persuade nurses to routinely use safe patient handling techniques**

Author Ron MAUL, Palliative Care Staff Nurse, St Michael's Hospice

Abstract This study is a literature review of evidence relating to interventions in the healthcare sphere of patient handling, to test the hypothesis that taught safe handling practices are not being universally applied, and try to identify antecedent causes. From the author's background in industrial health and safety and healthcare, the further hypothesis that this failure could in part be due to inappropriate risk assessment with poor supervision and monitoring of practice is also tested against the available evidence.

Ref no 2003/29

Title **Diagnosis of Occupational Asthma: An International Comparison**

Author Alice HOLE, Clinical Nurse Specialist Royal Brompton Hospital

Abstract This is a report of visits to six centres in five different countries which specialise in the investigation of occupational asthma. The process of investigation is described and the differences between the centres also discussed. The role of the clinical nurse specialist in one of those centres is also discussed; the changes made within this centre as a consequence of the travel scholarship are outlined.

Ref no 2003/30

Title **All my headaches rolled into one: Patients' perceptions of pain management following subarachnoid haemorrhage**

Author Andy COLE, Practitioner/Health Lecturer University of Nottingham

Abstract Headaches are a common feature of subarachnoid haemorrhage but poor pain management practices and the persistence of traditional beliefs surrounding the side effect profile of strong opioids results in inadequate pain relief in hospital. Existing studies neglect to address the analgesic requirements and pain experiences of patients awaiting treatment of subarachnoid haemorrhage.

This paper reports on a study aiming to explore the nature and significance of pain for patients with SAH and to identify effective pain management strategies.

Ref no 2003/31

Title **Design and evaluation of a Touch Screen Computer System to collect quality of life data in Rheumatology Clinic**

Author Miranda GREENWOOD, Rheumatology Research Nurse, Whipps Cross Hospital

Abstract This study set out to assess the feasibility of collecting quality of life data by touch screen in the rheumatology clinic.

A touch screen version of the RAQoL rheumatoid arthritis-related quality of life questionnaire was designed by Microsoft Access. This included additional questions to identify the more important quality of life issues for the individual patient. Its reliability and ease of use was tested by 80 patients with Rheumatoid Arthritis (RA) in a clinical setting. All participants also completed a paper and pencil RAQoL questionnaire in either an equivalent extended form with the additional questions (n=40) or in the original form without (N=40). Finally all patients completed EuroQoL VAS (patient's overall assessment of health state on a visual analogue scale and questions on ease of use, their methods of preference and past experience of computers.