

RCN RESEARCH INSTITUTE

DIRECTOR:

Prof Kate Seers

OUR RESEARCH THEMES:

Patient Experiences and Involvement

Patient Reported Outcomes

Translating Knowledge into Practice

This newsletter presents selected highlights of our Research. For details of the full programme please see our website.

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RCN Research Institute



Newsletter

THE UNIVERSITY OF
WARWICK

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Patient organizations for Long Term Conditions

- their contribution to policy formation and services

Natasha Posner presented results from a section of a survey of the organizational membership of the Long Term Conditions Alliance (LTCA, now National Voices) in the Health Policy Research Unit seminar series at De Montfort University. The survey, managed by Rachel Taylor, resulted from a collaboration between VIRIHP and the LTCA, and investigated the organisations' aims, their recent and planned developments, their involvement in health and social care services and policy, and the support they

felt was required for their development.

Many (20/38) provided unpaid information and support services to non-members. The majority (25/38) reported some involvement in policy development which took the form of directly representing the interests of members, and advocacy for improved service provision and policy developments. These results illustrated the increasingly politicised role of patient organisations and their influence on policy processes.

Contact: Natasha Posner

The work of the RCN RI aims to:

- ▶ Produce high quality research that improves patient care and impacts on policy
- ▶ Increase research capacity within nursing by providing high quality research training
- ▶ Contribute towards the RCN delivering on its strategic objectives

Contact: Kate Seers

Collaborating with RCN Nursing Forums

A long-standing, and successful collaboration is between Dr Kirstie Haywood (Patient Reported Outcomes) and Joanne Mangnall, Continence Advisor and member of the Continence Forum. Kirstie and Joanne first met whilst Joanne was on secondment to the RCNI from her clinical role at Rotherham PCT.

Following a seminar about patient-reported outcomes hosted by Kirstie and Joanne at a Continence Forum conference, it became clear that nurses required significant support and training to

support assessment that included the patient perspective. Influenced by guidance from the DoH that all continence specialists should assess quality of life (QoL) in routine practice, this experience led to the development and successful completion of a UK-wide survey of assessment practice by continence specialists (Haywood et al, 2009).

The take-home message was that, although enthusiastic about assessing the patient perspective (in particular their QoL), significant barriers exist

and a symptom-dominated approach to assessment dominated. A further proposal is now being developed to secure funding to further explore these challenges and to develop an acceptable model of assessment for routine practice.

Haywood, K. Garratt, A. Carrivick, S. Mangnall, J. Skevington, S. (2009) Continence specialists use of quality of life information in routine practice: a national survey of practitioners. *Qual Life Res*, May; 18(4):423-33.

Contact: Kirstie Haywood

Strong leadership and training are required for PPI to become a reality.

Facilitation, partnership, understanding the person and emotional work are key factors in participation with frail older people.

RCN: Nurses and Public and Patient Involvement in England

Sophie Staniszewska presented a short paper 'Public and Patient Involvement (PPI): the evidence base; future challenges'. This took place at the launch and discussion meeting of the study 'Nurses and Public and Patient Involvement in England' at London South Bank University.

This report was commissioned by the RCN

Policy Unit and undertaken by Markella Boudioni and Susan McLaren, Institute of Strategic Leadership and Service Improvement, Faculty of Health and Social Care, London South Bank University.

15 Senior nurses from four Strategic Health Authorities took part in three focus groups. Themes from the focus groups covered definitions, experience of

PPI, barriers facilitators, effective PPI and ideal scenarios.

The report suggests that strong leadership and nurse training are required to further the aims of PPI in nursing.

Contact:
Sophie Staniszewska

Patient Participation: Frail older people

Tutton, E. (2005) Patient participation on a ward for frail older people, *Journal of Advanced Nursing*, 50(2), 143-152.

This past paper highlights the real issues nurses working with frail older people face when facilitating participation in care. The study identifies how nurses can reflect on their facilitation style and the degree of control they have in their interactions with patients. Facilitation strategies such as stepping back, providing choices were helpful but staff also struggled with balancing patients' wishes with what

could feasibly be done in a group setting.

Partnership was important encompassing respect, trust and negotiation. Facilitating patient control over decision making and actively creating opportunities for involvement was important.

Understanding the person: knowing them as a person with a past history; being able to make connections and understanding the impact of illness and dependence were all important factors in participation. Within this participation was seen as a dynamic process, people and situations change all the time

and staff continually created new opportunities for participation.

Underlying all the themes was an awareness of participation as emotional work. This involved a strong feeling of acceptance, understanding the persons' current state, within their illness, dependence, and life trajectory. Actively using positive feelings to create opportunities for laughter and joy were important. In addition dealing positively with strong emotions was essential for providing the basis for participation.

Contact Liz Tutton

PAIN

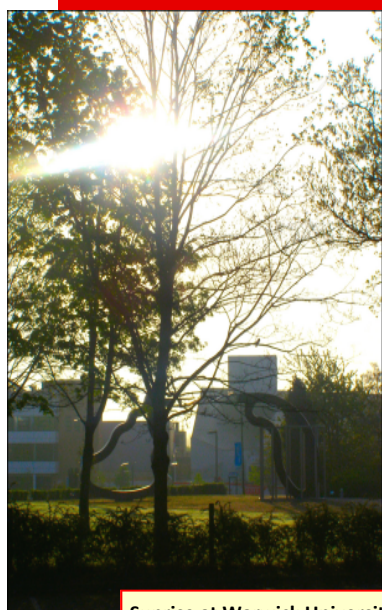
Seers, K. (2009) What works for whom, when and how? Editorial, *PAIN*, 143: 167-168.

Kate Seers has recently written an editorial in *PAIN*. In it Kate reviews evidence on educational interventions for pain in cancer care. Kate suggests we need to know more about how education as

an intervention works in order to develop more effective interventions for the future. To do this we need a greater understanding of the individual components of an intervention. In addition the importance of process evaluation is identified in order to provide clarity in relation to how an intervention is implemented.

We still have much to learn in this area but evidence suggests that educational interventions can have a modest effect in reducing pain from cancer.

Contact: Kate Seers



Sunrise at Warwick University

PhD Student: Louise Stayt

Louise Stayt is a Senior lecturer at Oxford Brookes University undertaking a part – time PhD at the RCN RI/University of Warwick. Louise is now in her third year and has ethical consent to start her data collection. The focus of her work is patient experience of technology in a critical care unit (ICU). This interest has arisen from a hunch that we don't know how people experience or cope with their critical care experience. The literature suggests that we know a lot about distress that leads to a diagnosis such as ICU delirium, post traumatic distress disorder, anxiety and depression. However we know little about the person's actual experience of ICU and specifically their experience of technology.

As the goal of nursing is to support people's psychological and emotional wellbeing it would be useful to know

more about their experience, what helps and hinders their care with a view to improving practice in this area.

There is currently a debate within nursing that argues that an overemphasis on technology is detracting nurses from the humanistic nature of nursing care. Louise explores this debate in her thesis and will make sure the patients' voice is clearly outlined within this debate.

Her intention is to undertake in-depth qualitative interviews with up to 35 patients approximately 6 weeks after their ICU experience. The methodology will draw on Heideggerian phenomenology as this provides a good basis for the nature of experience and an understanding of the place of technology.



The RCN Research Institute, within the School of Health and Social Studies, at the University of Warwick, provides a vibrant student research community. If you are interested in undertaking a PhD, part or full time, please contact: Prof Kate Seers.

RCN Society of Orthopaedic and Trauma Nursing Conference, Newcastle - 24-26 September 2009

Liz Tutton is to give a plenary paper at this conference on the findings of the Hope study in relation to Trauma care. The intention of the study was to explore the concept of hope within the acute care setting, a Regional Trauma Unit and a Regional Stroke Unit.

Hope is clearly a complex and emotive concept but from listening to patients and health care professionals (HCP's) it is possible to convey simple meanings of hope within daily ward life. Hope therefore provides another window through which we can explore patient experience and the impact of the care we provide. This paper will use extracts

from the findings to explore the meanings of hope through different types of hope such as, hope for life, pragmatic hope, body hope, despairing hope. These hopes have resonance with Lohne's (2008) paper in which she looked at the long term recovery of patients recovering from spinal cord injury. Well worth a read if you are interested in this area.

The difference is that in the acute phase patients and HCP's are largely focussed on the near future and the practical things that need to be done. However within this the emotional rollercoaster of everyday life is evident and key points of transition where peoples' hope change and

more support is required. From the HCP's data the theme realistic hopefulness conveys the emotional support required alongside the practical goal driven care. Within this there are key concerns around the emotional consequences of giving false hope balanced against the importance of providing glimmers of hope.

Lohne, V. (2008). The battle between hoping and suffering. A conceptual model of hope within the context of spinal cord injury. *Advances in Nursing Science*, 31(3), 237-248.

“they will have this private spiritual overarching sense of hope, but its about connecting, someone’s joy at walking to the end of the bay has nothing to do with walking to the end of the bay, its about connecting that with the rest of their life and this idea of progress”. (Focus group 1, staff number 2)

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Recent Publication

Tutton, E. Seers, K. & Langstaff, D. (2009) An exploration of hope as a concept for nursing. *Journal of Orthopaedic Nursing* 13,119-127.

This paper aims to explore the concept of hope using some of the recent literature. It suggests that hope is a core concept for nursing but we have further work to do in examining what it means in daily practice. There are lots of useful references in this paper that examine hope from a range of perspectives.

As expected there are many definitions depending on the perspective of the author but overall it conveys an active forward movement towards the future.

Hope is discussed as an expectation, a cognitive process incorporating goal attainment. The work of Travelbee (1971) is revisited and Morse and Penrod's (1999) useful framework incorporating: enduring; uncertainty; suffering and hope. The experience of hope in different contexts provides an insight into the meaning hope has for patients and health care professionals.

Morse, J. M., & Penrod, J. (1999). Clinical scholarship. Linking concepts of enduring, uncertainty, suffering, and hope. *Image: Journal of Nursing Scholarship*, 31(2), 145-150.

Travelbee, J. (1971) Interpersonal aspects of nursing. F.A. Davis Company, Philadelphia.

The Reflecting Pool, Warwick University



All photos by Paul Kent