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

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**Patient organizations for Long Term Conditions**

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

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**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.


Contact: Kirstie Haywood
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


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


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
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.
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.


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.


All photos by Paul Kent