
This systematic review aimed to identify and map out effective interventions for communication with, supporting and providing information for parents of preterm infants. The birth of a preterm infant can be an overwhelming experience of guilt, fear, and helplessness for parents. Provision of interventions to support and engage parents in the care of their infant may improve outcomes for both the parents and the infant.

Studies were included if they provided parent-reported outcomes of interventions relating to information, communication, and/or support for parents of preterm infants prior to the birth, during care at the Neonatal Intensive Care Unit, and after going home with their preterm infant. The review included 72 papers, 19 papers were randomised controlled trials, 16 were cohort or quasi-experimental studies, 37 were non-intervention studies.

Parents reported feeling supported through individualised developmental and behavioural care programmes, through being taught behaviour assessment scales, and through breast feeding, kangaroo care and baby massage programmes. Parents also felt supported through organised support groups and through provision of an environment where parents can meet and support each other. Parental stress may be reduced through individual developmental care programmes, through psychotherapy, through interventions that teach emotional coping skills and active problem solving, and journal writing.

The review reports the importance of preparing parents for the neonatal process through the neonatal tour, and the importance of good communication throughout the infant admission phase and after discharge home. Providing individual web-based information about the infant through web-based programmes such as babyLink, recording doctor-patient consultations, and provision of timely information collated in an information binder were intervention reported to improve communication with parents. The review also reports the importance of thorough discharge planning throughout the infant’s admission phase and the importance of home support programmes to provide continuity of care.

This systematic review was part of the POPPY project which was a three year research project to identify effective interventions for communication, information and support for parents of premature infants funded by the Big Lottery. The research was conducted in collaboration with the National Childbirth Trust, Bliss – The Premature Baby charity, and the National Perinatal Epidemiology Unit (NPEU).

Website: http://www.poppyproject.org.uk/

The work of the RCNRI 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
An increasing focus on the value and understanding of emotional labour within team structures is required.

Liz Tutton and Debbie Langstaff (Matron, Oxford Trauma Unit) ran two workshops on Emotional Labour at the Front Line First Conference on July 18th at RCN HQ. The workshop drew on the work of Arlie Hochschild who identified emotional labour as the induction or suppression of feeling to produce a emotional state in others such as, being comforted or cared for. Research on Comfort, Trauma and Hope were used to illustrate aspects of emotional labour and insights from key authors such as Pam Smith, Helen Allan and Billie Hunter were identified. In addition Debbie provided a stimulating overview of emotion labour in daily life on a Trauma Unit. There was a high level of engagement in the topic and three areas of concern were identified: new managerialism detracting from humanistic approaches to care, a need for an increasing focus on shared beliefs and values regarding the nature of nursing, and an increasing focus on the value and understanding of emotional labour within team structures.

Contact: Liz Tutton

Sophie Staniszewska attended the Health Technology Assessment International (HTAi) Annual Conference in June 2011, which took place in Rio de Janeiro, Brazil. This was the 8th HTAi conference and representatives from over 50 countries attended. The conference provided an important forum for researchers, health professionals and managers to share experiences and knowledge on the best HTA practices for decision making. Sophie presented a poster on the GRIPP checklist, the first international checklist to provide guidance for researchers on what key information they need to report when undertaking patient and public involvement. Sophie also presented a paper as part of a panel session on strengthening the voice of patient and the public in health technology assessment, through closer collaborative working of patients with researchers in the development of patient reported outcome measures.


Contact: Sophie Staniszewska

The National Institute for Health and Clinical Excellence (NICE) produces clinical guidelines, quality standards, public health and health technology appraisal guidance for the National Health Services in England, Wales and Northern Ireland. The National Clinical Guideline Centre (NCGC), based at the Royal College of Physicians, commissioned a scoping study to be undertaken by the Royal College of Nursing Research Institute at the University of Warwick, led by Sophie Staniszewska, which developed the Warwick Patient Experiences Framework (WaPEF). The WaPEF Framework influenced the development of the NICE Guidance, which Sophie Staniszewska subsequently chaired. The NICE guideline and quality standards entitled ‘Patient experience in adult NHS services: improving the experience of care for people using adult NHS services will be released on 14 October 2011.

Contact: Sophie Staniszewska.
Falls were often seen as something that just happened and were not within individual’s control; a way of maintaining a view of the self as independent and competent. Often risk was rationalised away as something for the future not the here and now. Salient risk was linked to frailty and the need to be cared for, which individuals rejected. A sense of control could be obtained through self management strategies and choosing to live with a degree of risk.

Healthcare professional tended to focus on physical risks whereas individuals focused on lifestyle and identity. Acceptance of interventions therefore affecting their daily life and perceptions of themselves as old and frail. Self management strategies were considered empowering and included ways of approaching life, such as not giving up, taking it easy, and being cautious.

The limitations of the approach taken are identified and the benefits of providing new understanding through synthesis across studies. Implications for practice identify the importance of developing good working relationships based on trust, understanding older people’s views of risk and the effect it has on their life, including preferences for self management and control.

Contact: Liz Tutton

Risk of Falling: Older people’s views


This study explored older people’s views regarding the risk of falling and need for intervention. Eleven studies were identified as relevant and of a good standard. These studies were examined using meta-ethnography to explore similarities and differences. Synthesis of the studies revealed six core concepts; beyond personal control, rationalizing salience, life change and identity, taking control and self-management.

Findings of the research suggest that intertwined contextual factors have a profound effect on less effective pain management and there is a limited application of evidence-based advances in Jordanian hospitals.

With the commitment and guidance of my supervisors, I could finish my PhD in less than three years and I submitted my thesis in July, 2011. The support presented from my school and the graduate school intensively enriched my personal and professional development, and I am looking forwards using all the skills I have gained to benefit nursing education and practice in Jordan.

Contact: Kate Seers

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 time or full time, please contact:

Prof Kate Seers.
EASi-QoL: responsiveness of a new Patient Reported Outcome Measure

A successful collaboration between the RCNRI, the Arthritis Research UK Primary Care Centre at Keele University, and the National Centre for Rheumatology in Norway, led by Dr Kirstie Haywood, Senior Research Fellow (Patient Reported Outcomes) at the RCNRI has resulted in the development of an important new patient reported outcome measure (PROM) for the assessment of Ankylosing Spondylitis (AS)-specific quality of life: the Evaluation of AS-specific Quality of Life questionnaire (EASi-QoL)[1].

A recent publication details evidence of comparative responsiveness following postal completion by a UK-wide patient cohort, and following completion in a randomised trial of drug therapy (Etanercept 50mg weekly or Sulfasalazine 3g daily)[2]. Initial evidence of the minimal important change (MIC) in score, following improvement in self-reported AS-specific health, is also provided. Evidence suggests that the EASi-QoL has greater or similar levels of responsiveness in both observational and trial situations compared to commonly used measures. When combined with earlier evidence in support of measurement reliability, validity and acceptability, these results suggest that the EASi-QoL should be considered for further application in the assessment of patients in both routine practice and research settings.

Further information about the EASi-QoL and other AS-related work can be obtained by contacting Dr Kirstie Haywood (k.l.haywood@warwick.ac.uk).

References: