



Annual Report

July 2012 – June 2013

**Centre for Research in Nursing and Midwifery Education
School of Health and Social Care
Faculty of Health and Medical Sciences**

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CRNME PhD Studentships

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International Centre for Nursing Ethics

Dr Ann Gallagher, Reader in Nursing Ethics and Director of the International Centre for Nursing Ethics is affiliated with the CRNME:

(<http://www.surrey.ac.uk/fhms/research/centres/icne/>)

UK & International Research Partners/Collaborators:

Professor Alan Cribb, Kings College, London

Dr Elaine Ball, University of Salford, UK

Professor Karen Evans, Institute of Education, London

Professor Billie Hunter, Cardiff University, Wales

Professor Martin Johnson, University of Salford, UK

Professor Daniel Kelly, Cardiff University, Wales

Dr Sheryl de Lacey, Flinders University, Australia

Associate Professor Carol Leppa, University of Washington, USA

Dr Debbie Payne, Auckland University of Technology, New Zealand

Professor Michael Traynor, Middlesex University, UK

Professor Roger Watson, University of Sheffield, UK

Professor Miriam Zukas, Birbeck College, London, UK

NHS Partners include:

Ashford & St Peter's NHS Trust

Frimley Park Hospital

Surrey Community Health

Surrey and Borders Partnership

Royal Surrey County Hospital

Central Surrey Health

Hope Hospital Salford

Visiting Fellows and Professors

Our Visiting Fellows and Professor's offer an invaluable resource and stimulate new ideas for collaboration in education, practice and research.

They include:

Professor Kim Manley, Canterbury Christ Church University.

Professor Tina Koch, University of Newcastle, School of Nursing and Midwifery, Australia.

Dr Carol Leppa, Professor, Nursing Studies and Continuing Professional Development, University of Washington, USA.

Dr Debbie Payne, Auckland University of Technology, New Zealand.

Mrs Debbie Barber, Nurse Consultant and Lecturer in Women's Reproductive Health at Oxford Fertility Unit, UK.

Professor Ellen Roskam, University of Massachusetts Lowell, USA.

Dr Sheryl de Lacey, Lecturer, Flinders University, Australia.

Professor Billie Hunter, Professor of Midwifery, Cardiff University

Director's Introduction

I am pleased to present the 2012/2013 annual report for the Centre for Research in Nursing and Midwifery Education (CRNME). I took over management of the Centre as Director from Professor Helen Allan in December 2012 with her move to the University of York. I would like to thank Helen for all her excellent work during her time as Director and am delighted that she is continuing her involvement and support on research projects and also in the development of collaborative bids with the University of York.

It has been a busy and successful year with active research and grant bidding to develop new projects with the clinical links and NHS partners of the School of Health and Social Care. We are in the final year of the AaRK and RESPONSE projects and have had great success in disseminating early results through presentation at national and international conferences and publications of papers in key journals.

We were especially pleased to welcome two CRNME funded PhD students Wendy Marsh (Midwifery) and Anna Hick (Nursing) to the team. Wendy is researching the challenging area of education and support for midwives who are involved in the care of women who have their babies taken into care at birth. Anna is investigating how post graduate study affects practice. Both students have written more about their projects on page 11.

February 2014 will be a significant milestone for the Centre. It will mark the end of the twenty one year term specified in the Deeds that originally bequeathed funding for the Centre from the General Nursing Council Trust and the Midwife Teacher Training Council Trust. In 2004/5 the University of Surrey took over financial management of the Trust funds and with diminishing financial reserves and funded staff the Centre does not now meet the University criteria required to remain as an independent entity. After much considered review it seems appropriate, that having run its full term, the work of the Centre should be integrated within the School of Health and Social Care in the Faculty of Health and Medical Sciences. A management group will be set up to manage remaining funds which will offer annual PhD studentships over the next three years and some funding towards setting up conferences and seminars for Research in Nursing and Midwifery Education. This development will not only allow the continued use of the remaining

legacy funds but also give-renewed momentum to research in Nursing and Midwifery education with greater facilities and resources to draw upon.

To celebrate the achievements and to document a record of CRNME work over the past twenty one years, an evaluation is to be undertaken. The impact of the many areas of research, papers, conferences and collaborations on education, training and clinical practice will be reviewed. We would also like to include memories from the many people and partnerships involved and we will be contacting you in the coming months for your own contributions and feedback.

I would like to thank all the supporters of CRNME over the years and I will continue to keep you informed of the changes as they occur. We should look forward to the continuation of the excellent work of the Centre and the development of its legacy to further new research in nursing and midwifery education.

Jill Shawe
Director
June 2013

Professor Rosemary Pope Memorial Fund Award 2013

This prize is awarded for the best postgraduate thesis by a panel of experts who judge its significant contribution to nursing, midwifery and health care. This is an annual award and information about it is available on our Centre web pages. The joint award winners for 2013 were:

Joanne Coleclough: 'A descriptive phenomenological study of student nurses' lived experiences of a United Kingdom elective activity'.

Helen Jones: 'A Phenomenological study exploring whether the Foundation Degree Training of Community-Based Associate Practitioner Provides the necessary skills and knowledge required for the role'.

We look forward to hearing about their projects when they present at our Centre Annual Lecture on 3rd July 2013.

Seminars and Workshops

CRNME Annual Lecture, Wednesday 3rd July 2013

Keynote presentation:

Professor Martin Johnson (University of Salford) who will present on the topic of: 'Nursing and Midwifery Education for 2020: Some Lessons from Research'.

Followed by the two 2013 Professor Rosemary Pope Memorial Fund Award winners as above.

Research Activities

Completed projects:

An Action reSearch on SUpeRvision of Dissertations (ASSUREeD)

Khim Horton (PI) (with Helen Allan, Alison Rhodes and Sharon Markless)

Funder: A project supported by FHMS, University of Surrey

A study on FosteRING Empathy between Students and older people- a practical approach (AFRESH)

Khim Horton (PI) & Anne Arber

Funder: Averil Osborn Trust

Completed in June 2012.

A comparison of living conditions and health status of older people aged 80 and over and the roles and relationships with the family (UK and Brazilian perspectives)

Yeda Aparecida de Oliveira Duarte (University of Sao Paulo) and Khim Horton

Funder: FAPESP (São Paulo Research Foundation)

An evaluation of the 'Fit as a Fiddle' programme (Healthy Eating courses) in South East England

Khim Horton and Barbara Engel (Nutritional Sciences)

Funder: Age Concern South of England

COST Action on Cyberbullying <http://sites.google.com/site/costis0801/>

The main aim of the Action is to share expertise on cyberbullying in educational settings, coping with negative and enhancing positive uses of new technologies in the relationships area, moving towards a common set of guidelines applicable in Europe.

Projects in progress:

An investigation into the effects of academic award on registered nurses' ability to recontextualise knowledge to allow them to deliver, organise and supervise care (AaRK)

Carin Magnusson, Khim Horton, Helen Allan (University of York), Karen Evans, (Professor in Education, (Lifelong Learning), Institute of Education, University of London), Martin Johnson, (Professor in Nursing, School of

Nursing, University of Salford), Elaine Ball (School of Nursing, University of Salford)

Funder: The General Nursing Council for England and Wales Trust

March 2011 to February 2014

Carin Magnusson has taken over as Principal Investigator for the AarK project since Helen Allan's departure to the University of York in January 2013.

Data collection is now completed. We have undertaken participant observation periods (usually of 3-5 hours in three different hospitals) of first year qualified nurses (N = 54). We followed up with interviews exploring perceptions of role and context and extended these toward managers (N = 10) and support workers (N = 10). The findings from phase one is now being written up for publications and a symposium was presented at the RCN 2013 international nursing research conference. A reflective learning tool is being developed for phase two. This is planned to be rolled out and piloted with newly qualified nurses across the three hospital sites in September 2013. An advisory board is being held in July where the interim findings will be discussed and phase two plans will be agreed.

A collaborative research project to understand how (poor) communication by nurses and midwives contributes to complaints and to explore the role of clinical leadership in promoting effective communication for nurses and midwives in responding to informal complaints (RESPONSE)

Jill Shawe, Anki Odelius, Ann Gallagher, Wendy Knibb, Helen Allan (University of York), Billie Hunter, (Professor of Midwifery, Cardiff University)

Funder: High Coombe Trust

March 2011 to February 2014

The qualitative data collection for the second phase has been completed (interventions and service user interviews). Attempts to access complaints data from ASPH and FPH, primarily related to the first phase, are still on-going, although these data are no longer crucial for the completion of the project given the way the project focus has evolved. Complaints data from one acute trust, one community trust and one mental health trust have previously been received and analysed. The

qualitative data from the second phase has been analysed in NVivo and codes created. The resulting coding scheme was discussed, revised, and agreed on by the research team at a data analysis work shop in March 2013. The midwifery workshop planned for March was cancelled due to a low number of participants but midwives will be invited again along with other interested parties from the participating trusts to a final workshop in the autumn where we present our final findings prior to the completion of the project in December.

We have had approximately 50 questionnaires completed by midwives and nurses on communication during autumn 2012 and we used SPSS to analyse these data. The research team has discussed using this questionnaire to survey a bigger sample of nurses and midwives in the near future, perhaps on a national level since we have had very positive feedback on the questionnaire.

The midwifery training half day on 24/05/13 on advanced communication was an interactive session with an external consultant receiving very good feedback from the participants. Following this first successful training event our collaborators in the trust have asked for more training.

Findings have been presented at the 13th International Nursing Ethics Conference in Izmir, Turkey and at the RCN International Nursing Research Conference in Belfast 2013. Five more conference abstracts have been submitted for oral presentations: NET2013 conference (accepted) ICM 2014 (pending), BSA MedSoc (accepted), the RCM Annual conference (pending) and the FHMS research festival (poster-accepted). One paper has been published (IJPD) and one was submitted on 15/06/13 to Nurse Education today for a special issue on Care and Compassion.

PhD Studentship Projects

Wendy Marsh

My name is Wendy Marsh and I am delighted to be undertaking my doctoral research here at the University of Surrey.

My research area is around the psychological and emotional needs of women, whose previous history warrants the removal of their infant at birth and that of the midwives that provide care for them. The overarching aim of the study is to explore what women perceived their experience to be and ultimately “what was missing” to help support them. It will also explore midwives perceptions and experiences of engaging with child protection work and the emotional and physical consequences to them of doing so.

Whilst an infant being removed at birth is a common phenomenon here in the UK, little research is available regarding the effectiveness of emotional support, its prevalence, or any further interventions required to improve it. It is anticipated that this study will raise awareness through which current care can be assessed, challenged and in turn best practice, education & training developed and promoted, so that midwives may learn and add to their own knowledge base in this area.

I look forward to keeping you updated of my progress.

Anna Hick

My name is Anna Hick, I am a newly qualified nurse and I have made the decision to undertake research early on in my nursing career as I am particularly interested in the sociological features of nursing as a profession. I have been lucky enough to receive a CRNME studentship to undertake my PhD at the University of Surrey, under the supervision of Dr Khim Horton and Dr Carin Magnusson.

My area of research aims to gain a greater understanding of the impact that a Postgraduate qualification has on the socialisation of registered nurses into newly developing leadership roles. This interest has grown from having recently been a nursing student where I was constantly aware of the hugely varying role expectations of the RN. My area of interest is particularly relevant to nursing and nursing education, as the current public and political focus on nursing has highlighted the necessity for advanced nursing education and the development of nursing leadership. However, although there exists a substantial research background in these areas little is known about the sociological context of the impact of postgraduate education on the registered nurse’s ability to adapt to a leadership role.

Associated Projects by Centre staff

Children Of Parents with Enduring mental illness (COPE)

Collaboration between:

Anki Odelius (University of Surrey), Jo Moran-Ellis (University of Surrey), Helen Allan (University of York), Brenda Gladstone (University of Toronto), , Margareta Ostman, (University of Malmo), Gillian Bendelow, (University of Sussex).

Funder: SHI Foundation Research Grant Development Award
March 2013 to August 2013

The expected outcomes from this development work will be a high quality research proposal, an extended international network, and ground work for future international comparative studies.

Walking in cluttered environments: visual influences on gait in Parkinson's disease

Ewin D (PI, Faculty of Engineering and Physics) & Horton K, with Industrial partner, Chas A Blatchford & Sons Ltd.

Funder: Pump priming from EPSRC
June 2013 to November 2013

The aim of the project is to develop a set of protocols and associated test environments for assessment of mobility (walking) in the older person (above 65 years of age). In parallel an age-appropriate normative database will be developed.

Can Ballet help us age better?

Khim Horton (Health and Social Care), Jennifer Jackson (Arts), Aliah Shaheen (Mechanical Engineering Sciences).

Funder: EPSRC
February 2013 to August 2013

There is a recent move towards the employment of dance techniques to improve the interaction of older people with their environments and reduce risks of injury. Ballet is believed to improve spatial awareness, posture, movement coordination and proprioception; and could be used to inform rehabilitation of older people. However, it is not yet known whether the skills gained from ballet training translate when performing

functional activities of daily living, and the effects of ageing on movement and stability parameters are also not well understood. The study aims to understand the effect of ballet dance and ageing on movement and stability.

Pregnancy after Diabetes Obesity Surgery (PADOS)

Jill Shawe (HSC), Martin Whyte (FHMS / NHS), Kathryn Hart (FHMS) & Debbie Cooke (HSC) & HSC and NHS Collaborators - Bariatric Centres London.

Funder: Phase 1 of project – pump priming fund

June 2013: 12 months:

This project sets out to address the under-researched yet complex and clinically and economically significant population of women with antecedent Type 2 diabetes who have undergone bariatric surgery and may subsequently experience a pregnancy. It brings together a multi-disciplinary team of experts across the Faculty and the NHS to address novel questions through an integrated programme of work spanning basic, health & social sciences with the potential to attract significant external funding and produce high impact outputs. Funds are sought for Phase 1 which will test the feasibility of this work and produce pilot data to support future bids.

Projects in preparation/submitted:

Pre-conception care for women with diabetes (NIHR)

Jill Shawe, Judith Stephenson Reproductive Medicine (UCL Institute for Women's Health), Joe Kai (University of Nottingham), Nadeem Qureshi (University of Nottingham), Peter Mansell, University of Nottingham) & Debbie Cooke (University of Surrey).

Research Evaluating Sustainable Patient-centred interventions to promote Compassionate practices in Teams

Ann Gallagher, Helen Allan, Wendy Knibb, Yvonne Birks, Alex Van Oortsmersen, Martha Wrigley, Brendan McCormack, Michael Traynor, Lisa Smith & Angela Monaghan

Submitted to NIHR Post-Francis funding strand

Metaphor for Movement

Khim Horton and Mike Hughes (Biomedical Engineering).

Children Of Parents with Enduring mental illness (COPE)

Anki Odelius (University of Surrey) Helen Allan (University of York), Jo Moran-Ellis (University of Surrey), Brenda Gladstone (University of Toronto), Margareta Ostman (University of Malmo) & Gillian Bendelow (University of Sussex).

The multi-disciplinary ESRC bid is being prepared for submission in August 2013.

Does bariatric surgery ameliorate the effects of obesity on pregnancy and infant outcomes?

Martin Whyte, Jill Shawe, Kathryn Hart, Debbie Cooke (Lecturer Health Services) & Priti Chivers.

Obstetric and bariatric departments of University College London, King's College London and Guy's and St.Thomas' Hospital.

ENACT Project – Empowering Nurses to provide ethical leadership in Care homes supported by a dignity Toolkit

Ann Gallagher, Michael Dunn & Kathy Curtis

Submitted to Burdett Trust

Teaching across SHSC Programmes

Jill Shawe teaches on modules relating to women's health, reproductive health and research methods across post graduate and doctoral programmes. Jill supervises a range of students undertaking BSc and MSc projects and PhD theses.

Khim Horton continues to contribute to both undergraduate and postgraduate programmes. She is Module leader for Applied Research methods (M level); Cultural Aspects of Positive Ageing and Healthy Living (M level). Will be module leader for Concepts of Advanced Practice (M level) next year and also module leader for Level 3, CPD: Active and Positive Living Towards Healthy Ageing. Khim also supervises a range of students undertaking undergraduate and postgraduate projects as well as PhD theses.

Anki Odelius teaches qualitative research methods, Action Research and NVivo software to post graduate and doctoral students. She supervises one MSc student

Carin Magnusson is module Leader for Policy, Politics and Power (Doctorate of Clinical Practice), Teaching research design, methodology, ethnography, case-studies, qualitative research & analysis, research governance on a range of programs. Supervision: One Doctorate of Clinical Practice student, One PhD Student, One Msc Student, supported submission of NIHR Clinical PhD Fellowships.

Denise Skidmore teaches across all the midwifery programmes: pre-registration, post registration, return to practice and also conducts sessions linked to attrition and student support for the nurses. Denise also supports midwives regionally who require academic support whilst undertaking periods of supervised practice following investigations into their practice following an incident.

Ann Gallagher teaches ethics across the range of Faculty of Health & Medical Science (FHMS) courses. She provides ethics input to the undergraduate programmes for nurses, midwives, paramedics and operating department practitioners. On the MSc programme she contributes sessions on end of life ethics and research ethics and on the DCP programme she contributes ethics input regarding the ethics of research and service evaluation. Ann also contributes ethics input to the

BSc Nutrition/dietetics programme and to the Faculty post-graduate programme.

Ann is Chair of the University Ethics Committee. She is also a member of the South East NHS Research Ethics Committee, a member of the Princess Alice Clinical Ethics Committee and a Stakeholder Governor at Ashford St Peters Hospital Foundation Trust. She was recently invited to join the Nuffield Council on Bioethics (see <http://nuffieldbioethics.org/content/council-members>).



Supervision of students

The Centre has continued to provide supervision for a large number of postgraduate and doctoral students on the PhD, the Doctorate of Clinical Practice, MSc Advanced Practice, MSc Teaching & Learning.

Current students:

PhD

Anna Hick: Impact of postgraduate study in practice
Carin Magnusson & Khim Horton

Wendy Marsh: A Qualitative Research Study Investigating Midwives Perceptions and Experiences of Providing Care to Women Who's Previous History Warrants the Infants Removal at Birth
Jill Shawe & Ann Gallagher

Ann Mitchell: Guyanese migrant women's experiences of living with Type II diabetes
Helen Allan & Tina Koch

Malachy Ujam: Experiences of MI for care of Nigerian patients in mental health hospitals in the UK
Karen Bryan & Helen Allan

Alison Caldwell: Selection for midwifery BSc programmes: does emotional maturity help?

Helen Allan & Molly Courtenay

Ginny Mounce: An ethnography of infertile couples' decision making

Helen Allan & Nicola Carey

Monica Nikitara: Staff nurses knowledge and skills in educating diabetic patients for self-management

Molly Courtenay & Jill Shawe

Vince Mitchell: An ethical framework for dementia care

Ann Gallagher

Evangelos Latzourakis: Perceptions of nurses in Cyprus - educational perspective

Molly Courtenay & Khim Horton

Valerie Kiln-Barfoot: Meaningful activities in care homes for people with Dementia.

Ann Gallagher & Khim Horton

Cara Uche-Banna: title to be decided

Anne Arber & Khim Horton

Jordana Peake: Prevention of neural tube defects in ethnic communities in the UK

Jill Shawe & Professor Andrew Copp (UCL)

Amanda Bye: Eating Disorders in Pregnancy

Jill Shawe & Dr Nadia Micali (UCL)

Doctorate of Clinical Practice

Kit Tapson: One to one counselling as a response to bullying behaviours: a qualitative study of the perspectives of adolescents and counsellors

Ann Gallagher

Sharon MacDonald: Examination of the unborn: does midwifery CPD influence practice?

Helen Allan & Anna Brown

Ruth Jackson: Decision making among health professionals when faced with obstetric emergencies

Helen Allan & Ann Gallagher

Hardinjer Singh: Supervision in mental health nursing

Debbie Cooke & Helen Cowie

Carol Cassam: GPs' attitudes to prescribing nurses

Helen Allan & Vasso Vydelingum

Maggie Davies: Dignified care in cancer care

Ann Gallagher & Carin Magnusson

Alison Wiseman: Peer assessment of clinical skills

Helen Allan & Karen Bryan

Mary Raleigh: Evaluating clinical skills teaching

Helen Allan & Wendy Knibb

Kara Blackwell: Transitions in care: renal disease

Sara Faithful & Ann Gallagher

Davis Mpavaenda: Therapeutic approaches to obsessional compulsive disorder

Ann Gallagher & Laura Simonds

Christine Tapson: The lived experience of young people who bully and their counsellors

Ann Gallagher & Helen Allan

Clarah Shoriwa: title to be confirmed

Anne Arber & Ann Gallagher

Elizabeth Dunn: title to be confirmed

Anne Arber Ann Gallagher

Lyndsay Cawood: Non-prescription by dieticians
Nicola Carey & Khim Horton

MSc Advanced Practice

Bukola Olayanju: Management of patients on acute care wards in alcohol withdrawal
Helen Allan

Agnes Buntain: Tele-health and the elderly
Helen Allan

Ray Doorgarath: Modern matron's experiences of managing patients with heart failure
Helen Allan

Louise Standen: The transition to the community matron role
Nicola Carey & Helen Allan

Karen Frank (Full-time): An exploration of the palliative care needs of the adult cancer patient in Tobago
Khim Horton

Jackie O'Toole (Full-time): Caring for People with dementia in an Irish Acute Healthcare setting: A Phenomenological Study of Nurses' Experience
Khim Horton

Nicola Owen: An interpretive phenomenological study of the lived experience of adults with xerostomia in a community / day hospice care setting
Khim Horton

Donna Lansdale: What is the social meaning of compassion from the perspective of palliative care nurses?
Khim Horton

Jayne Cumming: What are the perceptions of Regular Army Nurses experience about their experience relating to post-deployment work in a Ministry of Defence Hospital Unit?

Khim Horton

Nina Mishelmovich: Cancer and palliative care nurses' experience on breaking news to patients with advanced cancer

Anne Arber & Anki Odelius

MSc Health & Social Care

Daniela Nedelcu: A qualitative study of nurses' perceptions of frailty in older people admitted to acute medical wards

Khim Horton

MSc Professional Practice

Louise Collins: title to be confirmed

Khim Horton

MSc Learning & Teaching

Alison Maitland: Preceptors' experiences of their 1st year in practice

Helen Allan

BSc

Stephanie Britton: Telephone calls as a method of nurse-relative communication

Helen Allan

Anna Moon: Outreach services in the NHS

Helen Allan

Entica Boscerato: Mentorship personality

Denise Skidmore

Georgina Coomber: Fathers and the birthing experience
Denise Skidmore

Faith Hagger: Breech birth
Denise Skidmore

Jodie Warbuton: Bereavement following stillbirth
Denise Skidmore

Marina Leoni: Perioperative anxiety among adult elective surgical patients
Khim Horton

Amanda Harris: The psychosocial impact of bariatric surgery
Khim Horton

George Quain: Mental health nurses' knowledge, skills and attitudes in relation to sexual health
Ann Gallagher

Martin Pettit: Nurses' attitudes towards people who self-harm
Ann Gallagher

Abiodun Olatunbosun: A comparison of art therapy and music therapy in relation to schizophrenia
Ann Gallagher

Deborah Akighbe: Factors influencing nurses' attitudes towards older people
Khim Horton

Toyin Ashiru: Community nurses' lived experience of caring for older people with loneliness
Khim Horton

Ana Lynn-Smith: Help seeking behaviours among older people who have history of falling
Khim Horton

Catherine Moore: Sedentary behaviour in elderly people living in care homes/residential homes in the United Kingdom
Khim Horton

Tryphaena Mcallister: Promotion of physical activity among older residents in care homes
Khim Horton

Completed students:

PhD

Kathy Curtis: Student Nurse Socialisation in Compassionate Practice
Khim Horton

Julia Wood: Decision-making of residents in care homes
Ann Gallagher

MSc Learning & Teaching

Jo Coleclough: Understanding the elective experience
Helen Allan

Partnership working and International links

Developing Erasmus Student Exchange

Khim Horton has been working with a consortium led by Carinthia University of Applied Sciences, Klagenfurt, Austria and they have been successful in securing funding to host an Intensive Programme (Summer School) under the Erasmus Lifelong Learning Programme this summer. Under the theme 'Perspectives on Active Ageing' (PACE) this Summer School aims to share good practice and the latest cutting edge research on perspectives on active ageing.

This 2-week Summer School will run during 25 August – 7 September 2013 and will be based in Klagenfurt. Ten students (nine undergraduates and one PhD student), Khim Horton and Jane Leng will join students and colleagues from Finland, Austria and Ireland.

The consortium was also successful in securing funding for another summer school in 2014; this will be hosted by the HU University of Applied Sciences, Utrecht but with some management input from Carinthia University of Applied Sciences, Klagenfurt, Austria.

Khim continues to play a key role in the Royal College of Nursing Older People's Forum; reviewed NICE guidelines on various topics including Frailty and falls, safety issues as well as Post Francis RCN response on Specialist gerontological nurses.

She also participated in an Erasmus Teaching exchange with Faculty of Health Sciences, Department of Nursing Science, University of East Finland, Kuopio. 10-14 March 2013.

Erasmus Coordinator for the school- Khim has been developing Erasmus student exchanges for undergraduate programme. Set up student exchange agreements with University College of Dublin, Ireland and University of Stavanger, Norway have been signed. Now, with the support of our International Relations Office, she is in the process of developing exchange with Savonia University of Applied Sciences, Kuopio, Finland.

September 2012 - became member of Advisory board, Royal College of Physicians Falls Pathway Workstream Delivery Team, Falls and Fragility Fractures Audit Programme.

Joined some colleagues across the Faculty and University in developing a bid for the NIHR COLLABORATIONS FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND CARE – submitted May 2013.

Member of North West Surrey Dementia Local Implementation Group.

Continue with collaborative research with researchers from the University of Sao Paulo.

Part of team led by Professor Sara Arber on an application to the British Academy International Partnership and Mobility Scheme - IPM 2013- *Ageing and Caregiving in Latin America (CALA): Health, gender and family support to the oldest old*. Outcome due in July 2013.

Taking a lead to develop a business plan with colleagues for a MRES programme.

Collaborative Partners

International Centre for Nursing Ethics (ICNE)



ICNE collaborated with Deakin University, Melbourne, to organise the 2013 nursing ethics conference. The theme was end of life ethics and keynote speakers included Professor Chris Gastmans (Belgium), Dr Joan McCarthy (Ireland), Professor Megan-Jane Johnstone (Australia) and Professor Emiko Konishi (Japan).

Ann Gallagher (Director, ICNE) is currently working on research projects relating to: social care ethics (in collaboration with the Ethox Centre); Paramedic practice and professionalism (in collaboration with the South East Coast Ambulance, NHS Foundation Trust); and to nurses' involvement in end of life decision-making (with colleagues from Brazil, Ireland and Germany; and end of life care in care homes (with Ashford and St Peters Hospitals NHS Foundation Trusts).

Working with Emotions Network (EMNET)

We have continued throughout the year to hold our regular emotions interest group meetings. Topics have included:

“Supervision of emotionally sensitive practitioners: From novice to expert”

“Impact on Self - A descriptive phenomenological study of student nurses' experience of caring for cancer patients”

Publications (July 2012 to June 2013)

Peer reviewed articles

Steven A, Magnusson C, Smith P, & Pearson P H (2013). Patient safety in nursing education: Contexts, tensions and feeling safe to learn. *Nurse Education Today*.

Cresswell K, Howe A , Steven A , Smith P, Ashcroft D , Fairhurst K, Bradley F, Magnusson C, Pearson P, Sheikh A (2013). Patient safety in healthcare preregistration educational curricula: multiple case study-based investigations of eight medicine, nursing, pharmacy and physiotherapy university courses. *BMJ Quality & Safety*.

Darling A L, Hakim O A, Horton K, Gibbs M A, Cui L, Berry JL, Lanham-New S A & Hart K H (2013) 'Adaptations in tibial cortical thickness and total volumetric bone density in postmenopausal South Asian women with small bone size.' *Bone* (in press)

Shawe J (2013) Contraceptive Choices for Women with Diabetes. *Primary Care Women's Health Journal* 5 (1)

Graham C, Panicker S, Shawe J & Stephenson J (2013) Women's experiences with tailored use of a combined oral contraceptive: A qualitative study. *Human Reproduction*. First published online March 22, 2013

<http://humrep.oxfordjournals.org/content/early/2013/03/22/humrep.det078.abstract>

Panzetta S, Shawe J & LAM (2013) Lactational amenorrhoea method: the evidence is there, why aren't we using it? *Journal of Family Planning & Reproductive Health* 39 (2) 136-138

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Horton K & Arber A. Fostering empathy between older people and student nurses- a Sound Approach. *Nursing Older People journal* (under review).

Conference presentations (for abstracts see Appendix 1)

Faculty Festival of Research, University of Surrey, July 2012

Carin Magnusson, Helen Allan & Khim Horton:

The AaRK project: Academic award and Recontextualising/Re-using Knowledge.

Faculty Festival of Research, University of Surrey, July 2012

Anki Odelius, Helen Allan, Billie Hunter, Ann Gallagher, Wendy Knibb & Karen Bryan:

RESPONSE – Action Research by the Universities of Surrey and Cardiff about NHS complaints management in collaboration with the Royal Surrey County Hospital NHS Foundation Trust.

13th International Nursing Ethics Conference, Izmir Turkey, October 2012

Anki Odelius, Helen Allan, Billie Hunter, Karen Bryan, Ann Gallagher, Wendy Knibb & Billie Hunter:

Exploring how junior and senior nurses and midwives manage informal complaints at ward level in one national Health Service (NHS) acute trust setting in the UK.

RCN Older People's Conference, Birmingham, March 2013

Khim Horton & Anne Arber:

Invited paper: Enhancing empathy: a participatory approach to working with older people and student nurses.

RCN International Nursing Research Conference, Belfast, March 2013

Anki Odelius, Helen Allan, Billie Hunter, Ann Gallagher, Wendy Knibb & Karen Bryan:

Managing emotions and conflict: Issues in informal complaints management in midwifery within and NHS trust.

RCN Research Conference, Belfast, March 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson & Khim Horton:

Symposium: Organisation and delegation of care: competencies for safe performance.

Researching Work and Learning: The visible and invisible in work and learning', University of Stirling, June 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson & Khim Horton:

Work based learning for newly qualified nurses in the UK: Visible and invisible.

World Congress of Gerontology and Geriatrics, Seoul, June 2013

Khim Horton:

Enhancing relationship between older people and student nurses through the development of a radio play.

Augural meeting: Nurses & Global Aging, Gathering, Sharing & Caring Together: IAGG Nursing Special Interest Group, 23 June 2013

Invited panel member: Khim Horton

EHMA Annual Conference, Milan, June 2013

Carin Magnusson:

Shortlisted for European health Management PhD award

Systems of Accountability for Patient Safety: The Case of the English National Health Service

Forthcoming conferences:

Faculty Festival of Research, University of Surrey, July 2013

Anki Odelius, Jill Shawe, Ann Gallagher, Helen Allan, Billie Hunter, Karen Bryan, Wendy Knibb:

RESPONSE Project (poster)

Comparing inequalities in health and access to caregivers among older women and men in Brazil and the UK. Abstract submitted to European Sociological Association Conference, Torino, August 2013.

Sara Arber , Yeda A.O. Duarte and Khim Horton.

NET Conference, Cambridge, September 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson, Khim Horton (core paper):

Doing my writing: What is the modern role of the newly qualified nurse?

NET Conference, Cambridge, September 2013

Anki Odelius, Helen Allan, Jill Shawe, Billie Hunter, Karen Bryan, Ann Gallagher, Wendy Knibb:

Learning through and from action research in healthcare: A way of promoting innovation and evidence based practice development embedded in practice as a theme paper within the theme Education in clinical practice and practice development.

RCN International Nursing Research Conference, London, September 2013

Anki Odelius, Jill Shawe, Ann Gallagher, Wendy Knibb, Karen Bryan, Billie Hunter & Helen Allan:

Responding Effectively to Service users' and Practitioners' perspectives On care concerns: developing Sustainable responses through collaborative Educational action research: The RESPONSE project.

BSA Sociology Medical Group Annual Conference, September 2013

Anki Odelius, Helen Allan, Karen Bryan, Ann Gallagher, Billie Hunter, Wendy Knibb, Jill Shawe:

Mediating structure and agency in the midwifery unit

BSA Sociology Medical Group Annual Conference, September 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson, Khim Horton:

Messy learning or incompetence? The experiences of newly qualified nurses

RCM Annual Conference, East Midlands, November 2013

Jill Shawe, Anki Odelius, Helen Allan, Billie Hunter, Ann Gallagher, Wendy Knibb & Karen Bryan:

Meeting the challenge of providing individualised care in midwifery within a inflexible system with limited resources.

ICM conference, Prague 2014

Anki Odelius, Jill Shawe, Ann Gallagher, Wendy Knibb, Karen Bryan, Billie Hunter & Helen Allan:

The context of complaints management in midwifery: communication challenges in a complex and emotionally charge system

Appendix one – conference abstracts

Faculty Festival of Research: July 2012

Carin Magnusson, Helen Allan & Khim Horton:

The AaRK project: Academic award and Recontextualising/Re-using Knowledge.

The AaRK project
(Academic award
and Recontextualising/
Re-using Knowledge)



Background

Need for the existing nursing workforce to adapt to an all graduate nursing profession.

Increased levels of delegation of care to Healthcare Assistants (HCAs).

Quality and safety concerns.

The King's Nursing Performance Scale: "a generic set of observable nursing actions reflective of nurse performance in the UK" (Fitzpatrick, While et al. 1994:223). The tool needs to be updated to reflect contemporary nursing.

There are "few assessment tools which allow the diversity and constraints of work-based learning environments" (Giroit 2000:335).

The AaRK project 2011 – 2013

Research team:

University of Surrey:
Principal Investigator Prof. Helen Allan
Research Fellow Dr Carin Magnusson
Dr Khim Horton.

University of Salford: Institute of Education
London:
Prof. Martin Johnson
Dr Elaine Ball
Prof. Karen Evans
Dr Jill Windle

Study design

Ethnographic case studies (Burawoy 1994) in 3 Acute Hospitals, using mixed methods:

Participant observation to observe registered nurses when they organise care (N=80).

Interviews with nurses (N=40), clinical managers (N=10), and Healthcare Assistants (N=10).

Adapt and pilot the Kings Nurse Performance Scale.



Aims

We are interested in how newly qualified nurses use the knowledge learnt in university to allow them to organise, delegate and supervise care on the wards when working with and supervising healthcare assistants



Contribution

The knowledge from this study will contribute to ensuring the **safe and professional** delegation of bedside **patient care**; and describe and assess the competencies that nurses need in evolving academic and healthcare contexts.

Early Findings

Limited evidence of actual delegation:

Depends on which HCA you work with. X just gets on with it. Nothing to delegate... I don't see it as supervision, rather them helping me out. (Interview 3, degree nurse)

Prioritising & time management:

Good communication, prioritising of time, being very time-aware, that you have to know at what stages of the shift you're going to get things done and what you're going to do to get there. You have to prioritise the important workloads round the less important workloads, what jobs you're going to do yourself, what jobs maybe you're going to delegate to healthcare assistants. (C/INT/NRS/1)

Accountability:

The anaesthetist came back [from theatre] and they said 'the patient had the wrong wrist band on her leg', 'she had the patients name of another patient on her leg' and the care assistant had put on her leg and I hadn't double checked it you know ... so the report goes against me,... they need to do a report that will go on my file, because its my name at the bottom of the form. (B/INT/NRS/2)

Developing confidence:

When they said to ya 'oh well done X, you coped with that really well', 'you know what, stop worrying, you're a fabulous nurse you know, you're going to do so well' it starts to build your confidence a bit and you turn round, you know, you look at yourself in the mirror and think 'I can do this, I am a nurse', you know 'I am a good nurse' (A/INT/NRS/13)



Centre for Research In Nursing and Midwifery Education

The Centre for Research in Nursing and Midwifery Education (CRNME)

Faculty of Health & Medical Sciences

Faculty Festival of Research: July 2012

Anki Odelius, Helen Allan, Billie Hunter, Ann Gallagher, Wendy Knibb & Karen Bryan:

RESPONSE – Action Research by the Universities of Surrey and Cardiff about NHS complaints management in collaboration with the Royal Surrey County Hospital NHS Foundation Trust.

Poor communication is at the core of many service user complaints in the NHS (Lister et al 2008). Junior clinical staff are at the forefront of handling verbal complaints (Parliamentary and Health Service Ombudsman 2010). Service delivery can be improved by nurses and midwives effectively addressing informal complaints at ward level. We present findings from the ongoing RESPONSE project (Responding Effectively to Service users' (patients and carers) and Practitioners' (nurses and midwives) perspectives On care concerns: developing Sustainable responses through collaborative Educational action research) using action research methodology aimed at enhancing practitioners' communication skills when dealing with informal complaints in clinical areas (Manley et al 2011). Data from the first phase of the RESPONSE project indicate that clinical staff find this aspect of their role difficult. The first phase has involved mapping of complaints data from NHS trusts in Surrey, interviews with key members of staff, a literature review, a collection of available data related to costs of managing complaints, and two action research group meetings.

The on-going second phase, using the findings from the first phase as basis, undertakes two sets of interventions with nurses and midwives at the Royal Surrey County Hospital NHS Foundation Trust with a view to develop a toolkit of best practice.

Results from the completed first phase of the project, which forms basis for further action cycles, and early findings from the first set of interventions from the second phase will be discussed.

13th International Nursing Ethics Conference, Izmir Turkey, October 2012

Anki Odellius, Helen Allan, Billie Hunter, Karen Bryan, Ann Gallagher, Wendy Knibb & Billie Hunter:

Exploring how junior and senior nurses and midwives manage informal complaints at ward level in one national Health Service (NHS) acute trust setting in the UK.

The three year (2011-2013) RESPONSE project (Responding Effectively to Service users' (patients and carers) and Practitioners' (nurses and midwives) perspectives On care concerns: developing Sustainable responses through collaborative Educational action research) explores how junior and senior nurses and midwives manage complaints at ward level in one UK National Health Service (NHS) acute Trust. The aim is to develop a guide for best practice to foster effective and ethical informal complaints management leading to improved patient experience.

While evidence suggest that poor communication is a key factor contributing to service dissatisfaction and complaints (Healthcare Commission 2009; Service Users' Association 2008) it is unclear what exactly it is about communication which results in service user or carer complaints and whether poor communication when making an informal complaint leads to a formal, written complaint.

Communication is a skill which needs to be continuously learned in practice through repeated observation of experienced practitioners (Butterworth et al 2008). It is this clinical learning which is one of the objectives in this research.

Materials – methods: the project has an action research approach and two phases using mixed methods. The completed phase one, data from which info phase two, involved in-depth interviews with key members of staff, a literature review and analysis of formal complaints data from NHS Trusts. The on-going phase two involves supervised discussions and training seminars with nurses and midwives.

Results: data from the first phase of the project indicate that to manage informal complaints effectively and ethically at ward level is complex and that clinical staff find this aspect of their role difficult. Phase two

involving interventions/training seminars with nurses and midwives began in Spring 2012 and preliminary findings from this phase will also be discussed.

RCN Older People's Conference, Birmingham, March 2013.

Khim Horton & Anne Arber

Invited paper: Enhancing empathy: a participatory approach to working with older people and student nurses.

Aim of paper:

The aim of this presentation is to explore how empathy and understanding between student nurses and older people can be developed through a participatory approach involving the creation of a radio play.

Abstract: (300 words)

This case study aims to explore how the development of a radio play may be a vehicle for incorporating discussion, raising sensitivity and awareness and stimulating dialogue around a range of issues affecting both the lives of older people and student nurses. In this study, researchers worked closely with a voluntary organisation and adopted a user-participatory approach to determine how best to engage with a convenient sample of older people and student nurses in the development of a radio play. Following ethical approval and over a five month period, seven student nurses and seven older persons met on three separate sessions in the university. Participants engaged in a series of group activities including reminiscence about childhood memories, and exploring experiences of care using materials to develop a pictorial representation of what caring meant to them. Discussions were audio-taped recorded and transcribed and these discussions developed the material and ideas for the play, which was drafted by a member of the group. A final fourth session resulted in the recording of the play in the University TV studio, with students and older people taking on key parts in the drama as well as providing sound effects and voice-overs.

Findings of this study suggests that this type of participatory approach could break down age-related barriers and offer both student nurses and older people the opportunity to come together in the learning and sharing of experience. This novel and innovative approach illustrates the value of engaging with older people to enable a sharing of experience and the opportunity to communicate to each other the fundamental and shared tenets of caring. Students reported how the experience of

working collaboratively with older people opens up their thinking and dispels the myths of ageing and their own stereotypical views about older people.

Three learning outcomes:

1. To explore the key process in the development of a radio play;
2. To understand what user involvement means;
3. To explore how best to engage with older people and student nurses in shared learning.

Three recommended reading titles:

Age UK West Sussex (2009) 'Have you ever wondered what it was like not to be young or middle aged' A report for the Equality Commission.
Davies, O. (2012) Sound approach to empathy. *Nursing Standard*, 27 (2), pp. 72.

Deloney, L.A., & Graham, C.J. (2003). Wit: Using drama to teach first-year medical students about empathy and compassion. *Teaching and Learning in Medicine*, 15(4), 247-251.

RCN International Nursing Research Conference, Belfast, March 2013

Anki Odelius, Helen Allan, Billie Hunter, Ann Gallagher, Wendy Knibb & Karen Bryan:

Managing emotions and conflict: Issues in informal complaints management in midwifery within and NHS trust

Background: Poor staff communication and attitude are key factors contributing to NHS service user dissatisfaction and complaints (The Information Centre for Health and Social Care, 2011) mirrored internationally (Montini et al. 2008) However it is not known what it is about communication and attitude that leads to formal, written complaints; nor about the role effective communication and a positive response to complaints at the verbal, informal stage, has in improving service delivery in reducing formal written complaints.

Aim: To present preliminary qualitative findings related to midwifery from an ongoing action research project undertaken by the Universities of Surrey and Cardiff and partners at an acute NHS trust. The study explores the management of informal complaints by nurses and midwives at ward level and whether interventions promoting effective communication improve patient experience.

Methods: A two phase action research study using one case study site. Phase two data (April 2012 – October 2012) included a series of six audio recorded supervised interventions with midwives discussing their experiences of complaints management.

Results: Data analysis indicates that midwifery work is conducted in an highly complex and emotionally charged context which shapes communication with women and their partners/families and informal complaints management. Concerns regarding cross cultural issues and managing challenging/intimidating behaviour from partners or families are emerging as significant in the context of managing informal complaints and improving patient experience.

Conclusions and implications for practice: The findings illustrate that communication in midwifery is not only multi directional but also takes place in particular cultural contexts imbued with social meaning which informs understandings and emotions. Culturally based patterns of

communication and behaviour both on the part of midwives and service users are an important element in negotiating complaints.

Midwives need regular tailored and multifaceted training in communication/complaints management including conflict training; and well-functioning support systems.

RCN Research Conference, Belfast, March 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson & Khim Horton:

Symposium: Organisation and delegation of care: competencies for safe performance

Paper 1

Carin Magnusson, Research Fellow, University of Surrey

Elaine Ball, Senior Lecturer, University of Salford

Helen Allan, Professor of Clinical Nursing Practice, University of Surrey

Karen Evans, Chair in Education, Institute of Education, University of London

Title: Knowledge re-contextualisation: Understanding nurse performance, competence and confidence.

The idea of re-contextualisation has been developed by Evans et al (Evans, Guile et al. 2010) using an approach that concentrates on different forms of knowledge and the ways in which these are contextualised and 're-contextualised' in movements between different sites of learning.

In this first paper of the symposium we use the lens of re-conceptualisation to explore the concepts of performance, competence and confidence, with a particular focus on newly qualified nurses' first year in practice.

The NMC definition of nurse competence is "the skills and ability to practise safely and effectively without the need for direct supervision". Other definitions vary in content and range and this variation has had a major impact in how assessment of nurse competencies is approached and executed. For example, competency or competence is used as interchangeable codicils in nurse education. Moreover, there is little agreement of the meaning and relationship between the concepts of competence and performance. Performance has been said to be concerned with demonstrating an actual ability to perform. However, uncertainty remains around whether performance indicates underlying competence, or if performance is needed to demonstrate competence (Watson, Stimpson et al. 2002). While (1994) reveals the confusion between performance and competence in nursing and claims that

despite these difficulties “nurse education continues to assume that competence is an adequate criterion of proficiency for professional registration, with no acknowledgement to the potential difference between competence and future performance in real-life settings”. (1994:526)

The discussion will centre on exploring the complex relationship between competencies and nurse performance and will focus on questions relating to:

- NMC competency framework
 - Assessment tools which measure competence
 - Tools that measure nurse ‘performance’
- (274)

Paper 2

Martin Johnson, Professor in Nursing, University of Salford

Carin Magnusson, Research Fellow, University of Surrey

Helen Allan, Professor of Clinical Nursing Practice, University of Surrey

Khim Horton, Senior Lecturer, University of Surrey

Elaine Ball, Senior Lecturer, University of Salford

Title: “Doing my writing”: what is the modern role of the staff nurse?

Background:

In the context of rapid evolution of health services and care pathways in hospitals, few published studies have investigated the evolving role of the staff nurse in managing care provided by others.

Aims

To investigate the effects of academic award on registered nurses’ ability to re-contextualise knowledge in practice (While et al 1998; Evans et al 2010).

Methods

From October 2011 to June 2012 we undertook participant observation periods (usually of 3-5 hours in three different hospitals) of first year qualified nurses (N = 54). We followed up with interviews

exploring perceptions of role and context and extended these to ward managers (N = 10) and support workers (N = 10).

Results

The newly qualified nurses hope to build on 'university' knowledge including delegation, supervising the work of support workers, 'handing over' and communicating through various meetings such as 'huddles'. The use of complex and detailed computer software is not taught in the Universities but learned on qualification. We will draw on particular themes of 'doing my writing', 'doing my meds and obs' and 'working in parallel' to show how the role of the staff nurse has evolved.

Discussion

The nurses are very aware of the new culture of management surveillance, personal accountability and their responsibility for the work of others. The need to maintain records often supersedes involvement on personal nursing care.

Conclusions

The evolution of the modern role of the acute general hospital staff nurse away from bedside care is less to do with higher education than the demands of new skill mixes with support workers and transient bank staff forming an important part of the workforce.

(270)

Paper 3

Helen Allan, Professor of Clinical Nursing Practice, University of Surrey

Karen Evans, Chair in Education, Institute of Education, University of London

Carin Magnusson, Research Fellow, University of Surrey

Title: The legacy of the hidden curriculum in pre-registration programmes and the invisibility of knowledge in newly qualified nurses' (NQNs) practice.

Background:

Current literature suggests that the hidden curriculum exists in many professional curricula and that it functions to socialise students into professional behaviours and practice. Allan (2012) has written that in

nursing there is a gap in our understanding of how these socialisation processes have been influenced by supernumerary status and what forms the hidden curriculum might take currently in clinical practice.

Aim:

This paper will explore the recontextualisation of newly qualified nurses' knowledge in clinical practice and how the experiences of the hidden curriculum in pre-registration programmes continues to shape learning for NQNs to make it largely invisible.

Methods:

Using data from AaRK (see above)

Findings:

NQNs describe a period of preceptorship where they can learn to be NQNs, the overt curriculum and ward staff allocate (generally) two weeks to NQNs to learn how to manage a bay of patients. But at the same time NQNs are expected by clinical staff, who are now their team members and colleagues, to begin to work while they learn to supervise, delegate and organise health care assistants' work after that two week period. While ward staff espouse beliefs about NQNs which suggest they 'allow' them leeway in this initial learning period, their behaviours show they expect NQNs to be competent to work immediately as registered nurses fairly quickly.

Discussion:

We argue that our findings suggest the hidden curriculum in clinical learning for nursing students is a legacy which continues to influence how newly qualified nurses learn in their first clinical posts.

Conclusions:

NQNs have to learn within a disintegrated learning context where opposing values of learning exist. (265)

Researching Work and Learning: The visible and invisible in work and learning', University of Stirling , UK, 19 – 21 June 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson & Khim Horton:

Work based learning for newly qualified nurses in the UK: Visible and invisible.

This abstract outlines a mixed methods study investigating newly qualified nurses' ability to re-contextualise or re-use knowledge learnt in university to allow them to organise, delegate and supervise care on hospital wards in England. The idea of re-contextualisation has been developed by Evans et al (Evans, Guile et al. 2010) using an approach that concentrates on different forms of knowledge and the ways in which these are contextualised and 're-contextualised' in movements between different sites of learning.

The study, based in three sites across England, aimed to investigate how newly qualified nurses (NQNs) learn to become safe and competent nurses in busy NHS wards. Mixed methods were utilised: a review and summarization of the literature, ethnographic case study methodology (Burawoy 1998) collected participant observation data (n=54); interviews undertaken with NQNs (n=28), healthcare assistants (n=10) and ward managers (n=10) across three hospital sites in England.

Visibility and invisibility are important and useful concepts to illuminate processes of learning in the National Health Service (NHS). Data shows how different forms of knowledge are re-contextualised in the 1st year qualifying and working as a NQN. Visible learning to the NQNs seemed to be dependent on how the hospital organised and delivered preceptorship courses. This followed time-tabled activities, study days and the use of preceptors or mentors to support work-based learning activities, which included assessment of clinical skills and structured learning contracts.

However, in the observational data the NQNs appear to:

- learn from health care assistants, senior ward staff and patients
- learn through trial and error
- learn by 'muddling through'

- learn on their own

Large aspects of this learning appear to be invisible to the nurses themselves and many participants struggled to verbalise exactly how they learnt the skills of organising and delegating care. Learning how to become a safe and competent nurse was closely related to the development of confidence, including the way that newly qualified nurses thought and felt their way to a professional identity as nurses:

When they said to ya 'oh well done X, you coped with that really well', 'you know what, stop worrying, you're a fabulous nurse you know, you're going to do so well' it starts to build your confidence a bit and you turn round, you know, you look at yourself in the mirror and think 'I can do this, I am a nurse', you know 'I am a good nurse' (INTERVIEW/NURSE/13)

The aim of this presentation will be to use the empirical data from this study to demonstrate the visible and invisible aspects of learning to become 'a good nurse', using the theoretical framework of re-contextualisation.

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World Congress of Gerontology and Geriatrics, Seoul, June 2013

Khim Horton

Enhancing relationship between older people and student nurses through the development of a radio play

Introduction	<p>The aim of this paper is to discuss how empathy and understanding between older people and student nurses can be enhanced through a collaboration involving the creation of a radio play and to determine the potential usefulness of intergenerational working and learning.</p>
Method	<p>Adopting a case study approach, researchers aim to raise awareness and stimulate dialogue around a range of issues affecting both the lives of older people and student nurses through the development of a radio play. Over a four-month period comprising three four-hour workshop sessions, a convenience sample of seven older people and seven student nurses participated. Data collection also included Pre and Post empathy measures from student nurses; a focus group conducted with students at the last session; and field notes made during all sessions. Descriptive statistical analyses of Pre and post empathy measures were conducted. Qualitative data were analysed thematically.</p>
Results	<p>This innovative approach to working with older people and student nurses has led to a greater understanding and empathy towards one another and a sense of awareness of the lived experiences of individuals. The social participation of older people and student nurses has generated positive approach and understanding towards ageing.</p>
Conclusion	<p>The development of a radio play and the processes involved illustrated that intergenerational learning and collaboration can lead to a greater empathetic understanding of the meaning of ageing. The voices of older people and student nurses together is something new and may never be heard before in this way.</p>
Keywords	<p>ageing, radio play, empathy</p>

NET Conference, Cambridge, 3 – 5 September 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson, Khim Horton (core paper):

Doing my writing: What is the modern role of the newly qualified nurse?

Background

In the context of rapid evolution of health services and care pathways in hospitals, few published studies have investigated the evolving role of the newly qualified nurse in managing care provided by others, i.e. healthcare assistants.

Aims

To investigate the effects of academic award on newly qualified nurses' ability to re-contextualise knowledge in practice (While et al 1998; Evans et al 2010).

Methods

From October 2011 to June 2012 and following appropriate ethics approvals in three acute hospitals, we undertook participant observation periods (usually of 3-5 hours) of role performance by first year qualified nurses (N = 54) in a variety of daytime shifts and wards. We followed up with interviews exploring perceptions of role and context and extended these to ward managers (N = 10) and support workers (N = 10). Data were analysed in small teams then reconciled in debate.

Results

The newly qualified nurses hope to build on 'university' knowledge including delegation, supervising the work of support workers, 'handing over' and communicating through various meetings such as 'huddles'. The use of complex and detailed computer software (in this case Isoft) is not taught in the Universities but learned on qualification. We will draw on particular themes of 'doing my writing', 'doing my meds and obs' and 'working in parallel' to show how the role of the staff nurse has evolved.

Discussion

The nurses are acutely aware of the new culture of management surveillance, personal accountability and their responsibility for the

work of others. The need to maintain records often supersedes involvement in personal nursing care.

Conclusions

The evolution of the modern role of the acute general hospital staff nurse away from bedside care is less to do with higher education than the demands of new skill mixes with support workers and transient bank staff forming an important part of the workforce.

Key messages:

- The modern role of the staff nurse is driven more by skill mix than patient needs
- Writing, mostly on computers, is a time consuming priority for qualified nurses in a highly accountable culture
- The curriculum prepares nurses only partially for the many demands of supervision, delegation and accountability in the modern staff nurse role

References

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NET Conference, Cambridge, 3 – 5 September 2013

Jill Shawe, Anki Odellius, Helen Allan, Billie Hunter, Karen Bryan, Ann Gallagher, Wendy Knibb:

Learning through and from action research in healthcare: A way of promoting innovation and evidence based practice development embedded in practice as a theme paper within the theme Education in clinical practice and practice development.

Traditionally there have been barriers in translating theory into practice in nursing which can thwart practice development, however Action Research (AR) is seen as useful in this context (Holter & Schwartz-Barcott, 1993). This methodology has been used for more than half a century in areas such as organisational development and is increasingly used in health and social care (Bradbury Huang, 2010). It can facilitate practice development in nursing through promotion of insight, learning and implementation that are embedded in practice. The term 'action research' covers a number of related research approaches but all have in common that they should 'effect desired change as a path to generating knowledge and empowering stakeholders' (Bradbury Huang, 2010, p 93). Core premises of AR are democracy and participation and the involvement of health care professionals, including front line staff, is seen as crucial for successful research leading to lasting change in health care contexts (Bridges & Meyer, 2007). However to use AR can be challenging, particularly in relation to participation of front line staff in an acute care context and there are necessary trade offs and a need to stay flexible throughout the research process (Odellius et al., 2012). It is therefore sometimes difficult to see how researchers and practitioners can learn from using AR and practitioners can learn through participating in AR studies.

This paper will use the example of an on-going AR project (related to informal complaints management at ward level) in an acute NHS trust (Odellius et al., 2012) to reflect on links between research, practice development and learning in health care settings; and on learning through participation in AR as a way of effecting lasting change in clinical practice in a longer term perspective.

We argue in this paper that AR encourages initiative and innovation from within, not just from external sources, and is useful for exploring and solving practical problems (Bridges & Meyer, 2007) and is thus particularly useful in contributing to develop clinical practice.

Teaching and learning about AR, incorporating theory and practical sessions, can help empower and motivate future health care staff to think critically, initiate innovations in health care practice, and further cement links between research, health care education and practice development.

Keywords: research, action research, practice development, health care education, innovation,

Contribution to knowledge within conference theme:

- Traditional issues in translating theory into practice in health care settings
- Action Research can transcend theory and practice in health care and initiate lasting change
- Teaching and learning about AR can motivate students to think critically, initiate innovations and contribute to practice development

BSA Annual Conference, York, 11-13 September 2013

Carin Magnusson, Helen Allan, Elaine Ball, Karen Evans, Martin Johnson, Khim Horton:

Messy learning or incompetence? The experiences of newly qualified nurses

Drawing draw on empirical data from the AaRK (Academic Knowledge and Recontextualising Knowledge) project, we explore how nurses integrate theoretical and practical knowledge. The idea of re-contextualisation has been developed by Evans et al (Evans, Guile et al. 2010) using an approach that concentrates on different forms of knowledge and the ways in which these are contextualised and 're-contextualised' in movements between different sites of learning. Using ethnographic case study methodology (Burawoy 1998) we have collected participant observation data (N=54), undertaken interviews with newly qualified nurses (N=28), healthcare assistants (N=10) and ward managers (N=10) across three hospital sites in England.

In this paper we explore how the transitional state of learning to be a newly qualified nurse may effect how care is delivered in general medical and surgical wards. We explore ideas around threshold concepts developed by Meyer and Land (2010) and in particular transition and liminality (Allan 2009), to understand how patient care may be delivered more or less successfully depending on how confident and competent newly qualified are in this transitional phase of their professional lives. We argue that understanding the transition from student to newly qualified nurse through the concepts of liminality and transition would require acknowledging that such periods where there is intense learning are often messy (Cousins 2007). Of course this has implications for patient experience. This may be difficult following the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013; so-called Francis Report).

BSA Annual Conference, York, 11-13 September 2013

Jill Shawe, Anki Odellius, Helen Allan, Karen Bryan, Ann Gallagher, Billie Hunter & Wendy Knibb:

Mediating structure and agency in the midwifery unit

Poor communication is at the core of many service user complaints in the NHS (Lister et al 2008). Junior clinical staff are at the forefront of handling verbal complaints (Parliamentary and Health Service Ombudsman 2010). Service delivery can be improved by nurses and midwives effectively addressing informal complaints at ward level. We present findings from the RESPONSE project (Responding Effectively to Service users' [patients and carers] and Practitioners' [nurses and midwives] perspectives On care concerns: developing Sustainable responses through collaborative Educational action research). We have used action research methodology to enhance practitioners' communication skills when dealing with informal complaints in clinical areas (Manley et al 2011).

In this paper, we draw on patient, staff and stakeholder interviews to explore communication between patients/carers and nurses/midwives in the context of complaints. One finding from our data is that patients and carers very often do not understand how hospitals work; at the same time nurses and midwives struggle to fully appreciate the patient or carer perspective as they experience their work as bound by structural constraints such as NHS trust policy and professional regulations. This lack of shared understanding raises some interesting tensions in power which we explore through a case study of a complaint from labouring women's families, the 'door into the midwifery unit'. We discuss patient and families' understandings and experiences of 'the door' as a gatekeeping device and midwives' rationale for 'the door' by drawing on Archer's ideas around structure and agency and 'internal conversations'. She argues that structure and agency are mediated through an individual's internal conversations. Our data suggests that the 'door' provides a helpful way to tease out how structure and agency are mediated in professional practice where structure (the NHS policies and practices) appear overwhelming to staff and patients/carers at times. We suggest that using action research methodology illuminates these internal conversations and enables the internal conversations of practitioners to be acted upon to improve patient experience.

RCM Annual Conference, East Midlands, 13-14 November 2013

Jill Shawe, Anki Odellius, Helen Allan, Billie Hunter, Ann Gallagher, Wendy Knibb & Karen Bryan:

Meeting the challenge of providing individualised care in midwifery within an inflexible system with limited resources.

Project background: Poor staff communication and attitude are key factors contributing to service user dissatisfaction and complaints (The Information Centre for Health and Social Care 2011) which are mirrored internationally (Montini et al. 2008). However it is not known what it is about poor communication and attitudes that leads to formal, written complaints; nor about the role that effective communication and positive response to complaints at the verbal informal stage, has in improving service delivery and in reducing formal written complaints. The aim of the RESPONSE project (Responding Effectively to Service users' and Practitioners' perspectives On care concerns: developing Sustainable responses through collaborative Educational action research) is to develop guidance for best practice leading to effective and ethical informal complaints management and improved patient experience.

Aim: To present findings related to midwifery from an action research project undertaken by the Universities of Surrey and Cardiff and partners at an acute NHS trust in the UK during 2011 - 2013. The study explores the management of informal complaints by nurses and midwives at ward level.

Methods: A two phase mixed methods action research study using one case study site. Phase one data included a literature review, six interviews with key stakeholders, and analysis of complaints data. Phase two data included five service user interviews and a series of eight audio recorded supervised interventions with midwives discussing their experiences of complaints management.

Results: Data analysis indicates that midwifery work is conducted in a highly complex and emotionally charged context which shapes communication with women and their partners/families and has an impact on service delivery. Concerns regarding the inherent paradox of providing individualised care within an inflexible system with limited resources have emerged as significant in the context of managing

informal complaints and improving patient experience. We discuss the 'with woman ideal' versus 'with institution' reality (Hunter, B. 2004) by drawing on Lipsky's ideas around street-level bureaucracy (1980) pertaining to the ever present tension between ideology and reality in public service and health care.

Conclusions and implications for practice: These findings illustrate that complaints management takes place in a complex context which shapes communication and action. Communication in midwifery is not only multi directional but also takes place in particular cultural contexts imbued with social meaning which informs understandings and emotions. Midwives need regular tailored and multifaceted training in communication/complaints management including conflict training; and well-functioning support systems.

RCN International Nursing Research Conference, London 2012

Jill Shawe, Anki Odelius, Ann Gallagher, Wendy Knibb, Karen Bryan, Billie Hunter & Helen Allan:

Responding Effectively to Service users' and Practitioners' perspectives
On care concerns: developing Sustainable responses through
collaborative Educational action research: The RESPONSE project.

Repeated reports confirm that poor communication causes many NHS service users' complaints. These findings are mirrored internationally across differently funded health care systems.

Aim: to present findings from an on-going action research project undertaken by the Universities of Surrey and Cardiff and partners at an NHS Trust, which explores how nurses and midwives use communication in responding to informal complaints at ward level and whether interventions promoting effective communication by nurses and midwives improve patient experience.

Methods: an action research study using one case study site. Data were collected from September 2011 to February 2012 in Phase 1 of the project and included two action research group meetings, a scoping of the Trust's formal and informal (Patient Advice and Liaison Services – PALS) complaints databases and the midwifery listening service database, semi-structured interviews with Trust staff including head of nursing, head of midwifery, complaints lead, PALS manager and maternity listening service lead, plus a literature review.

Findings: data analysis indicates that service user complaints related to communication and attitude are frequent and particularly common with regard to nursing and midwifery communication. Service users' motivations for complaining can be complex, making it difficult for staff to address complaints effectively at ward level.

Conclusions and implications for practice: given the causes of complaints are internationally comparable, we suggest our findings may be transferable to other healthcare systems. Our early findings indicate that there is an increased communication demand in relation to patient complaints which arises partially from patients' and carers' lack of understanding of how the NHS works as a system and the staff's lack of awareness of the need to explain the system. This has implications for

communication strategies within the Trust and for supporting staff to improve patient experience.

ICM conference, Prague 2014

Anki Odelius, Jill Shawe, Ann Gallagher, Wendy Knibb, Karen Bryan, Billie Hunter & Helen Allan:

The context of complaints management in midwifery: communication challenges in a complex and emotionally charge system

Background: Poor staff communication and attitude are key factors contributing to service user dissatisfaction and complaints which are mirrored internationally. However it is not known what it is about poor communication and attitudes that leads to formal, written complaints; nor about the role effective communication and a positive response to complaints at the verbal, informal stage, has in improving service delivery in reducing formal written complaints.

Aim: To present findings related to midwifery from an action research project undertaken by the Universities of Surrey and Cardiff and partners at an acute NHS trust in the UK. The study explores the management of informal complaints by staff at ward level.

Methods: A two phase mixed methods action research study using one case study site. Phase one data included a literature review, six interviews with key stakeholders, and analysis of complaints data. Phase two data included five service user interviews and a series of eight audio recorded supervised interventions with midwives discussing their experiences of complaints management.

Results: Data analysis indicates that midwifery work is conducted in a highly complex and emotionally charged context which shapes communication with women and their partners/families and informal complaints management. Concerns regarding systemic failures, the inherent paradox of providing individualised care within a system with limited resources, cross cultural issues and managing challenging/intimidating behaviour from partners or families are emerging as significant in the context of managing informal complaints and improving patient experience.

Conclusions and implications for practice: These findings illustrate that complaints management takes place in a complex context which shapes communication and action. Communication in midwifery is not only

multi directional but also takes place in particular cultural contexts imbued with social meaning which informs understandings and emotions. Midwives need regular tailored and multifaceted training in communication/complaints management including conflict training; and well functioning support systems.

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