Building on the past, looking to the future

This year the University of Sheffield celebrates its Centenary and by coincidence 2005 also marks the 10th Anniversary of the integration of the School of Nursing and Midwifery into the University. Much has happened in that time and the School has changed significantly in many respects. Nowhere is this more apparent than in the growth in our research capacity, as a quick perusal of this issue of READ will demonstrate. For example, on the inside page are a number of figures that chart the changes in the amount of external funding, externally funded projects, number of staff with PhD's and the number of students registering with the School pursuing postgraduate research degrees. The trends have been consistently upwards, and this is a product of the investment that has been made in research and the hard work and commitment of all the members of the School, not just those who are research active.

During the last 10 years we have established a clear focus for our research which, as regular ‘READers’ will know, comprises four main research clusters. However, these clusters reflect a wide range of activity and this issue of READ provides a flavour of this by presenting summaries of some of the many presentations that members of the School made at this year’s RCN International Research Conference held in Belfast during March. Despite this diversity the School’s research is united by an underlying mission, that of engaging fully with all groups of users and ensuring that the outputs we generate are as highly relevant and widely disseminated as possible. Again, this issue of READ provides some indication of our efforts in this direction, and as we look to the future we would value your feedback on how successful we are, and how we could improve our ‘performance’.

Talking of looking to the future, at the start of this year Mike Nolan completed his term as Research Dean and the role has now been taken on by Professor Sheila Payne. Sheila has a challenging agenda ahead as we prepare for the next RAE in 2008. The Editorial Team would like to welcome Sheila to her post and wish her the best of luck.

Mike Nolan, Amanda Cowan and Helen Mason, Editorial Team
Welcome to New Research Staff

READ would like to welcome the following new members of research staff:

Punita Chowbey – joined the CARER Department in March as a Research Associate working with Dr Sarah Salway on the Poverty and Limiting Illness project funded by the Joseph Rowntree Foundation. Her background is in international development and she has worked with international NGOs, including CARE and the Panos Institute in India and UK on poverty, health and development issues since 1997.

Monica Curran – has recently joined the CARER Department as a full-time Research Associate working with Professor Mike Nolan on the Partnerships in Carer Assessment Project (PICAP). Monica is a very experienced researcher with a background in sociology. She has been involved in several previous projects exploring family care, especially for older people.

New Externally Funded Projects

- Understanding and tackling ethnic inequalities in health (Economic and Social Research Council)
- An investigation into pain in care home populations (Burdett Trust for Nursing)
- POPPIE – Promoting the involvement of older people in partnership learning experiences (Sheffield Health and Social Research Consortium)
- Limiting illness and poverty: breaking the vicious cycle (Joseph Rowntree Foundation)
- Putting activity and culture in practice (Foundation of Nursing Studies)
- Evaluation of the impact of the clinical nurse educator in a primary care trust: an illuminative case study (Derbyshire Dales and South, Derbyshire PCT)
- Delay in reporting symptoms of lung cancer (Lilley Industries Ltd)
- Supporting family carers in Sweden (University College of Borås, Sweden)
- Doctoral education for nurses in the UK: an illuminative study (General Nursing Council)
- Evaluation of a Marie Curie programme of service development (Marie Curie Cancer Care)

If you would like further information on any of these projects please contact:

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The School of Nursing and Midwifery: Ten Years On

The University of Sheffield celebrates its Centenary Anniversary this year, and the School of Nursing and Midwifery celebrates its 10th Anniversary since integration into the University. Over this period the School has made a considerable investment in developing a robust research infrastructure and, as these graphs show, this seems to be paying dividends.

Book Lunch

As part of its 10th Anniversary celebrations the School is organising a ‘book lunch’ on Tuesday 25 October 2005 where the publications of members of staff will be on display, and Open University Press will be on hand to stimulate further work.
Postgraduate Forum

Aren’t you aMUSEd? Perhaps you need a good gossip...

Some people say that being a research student can be a lonely experience. One of the things you might miss is the opportunity to chat to your fellow students – to compare notes, have a moan or share your successes. This facility is now available in the form of an online discussion board that can be accessed by all students registered at the University, through a portal system called MUSE.

To access your discussion board you have to have an Internet connection and a University user name and password. Then all you have to do is:

1. Open your web browser.
2. Go to the University homepage (http://www.shef.ac.uk)
3. Click on ‘Log into Muse’ (just above and slightly to the right of the university logo)
4. Enter your username and password
5. Click on the community that you are subscribed to on the left of the page
6. Scroll to the bottom of the page where you will see the discussion board.

The Postgraduate Research team will also use this board to post information about programmes and events, as well as keeping you informed by email as usual. If you haven’t got a user name and password, contact Tracey Pacan - Email: t.m.pacan@sheffield.ac.uk. Tel: (0114) 222 9714.

Research Methods Workshop for PhD students – 15-17 April 2005

The Yorkshire-wide Network for Research Training in Health Sciences held a weekend workshop for PhD students in health-related subjects at the University of York. One of our DMedSci students, Liz Crathern, attended this workshop and gave her reactions:

Overall I found it useful. I think the networking and talking to other doctoral students was of value. I am concerned the DMedSci is not well understood within the region: equally the wealth of expertise an academic lecturer may have already that is transferable to doctoral study. I think the qualitative sessions need to be strengthened as well as sensitivity to overseas students and their particular concerns. I liked the fact that some objectives were agreed for the rest of the calendar year.

I think students attending could be encouraged to present a 5 minute presentation on their work, either PowerPoint or acetate, to develop this aspect and it avoids repetition at the beginning of each workshop session. I also felt that Sunday sessions need to be developed to encourage students to stay that day.

The most important aspect for me was understanding the supervisor/student relationship better and both roles in this relationship.

School of Nursing & Midwifery Postgraduate Research Seminar Programme

Since the last issue of READ we have had two seminars for postgraduate research students and supervisors: the first (9 February 05) was a question and answer session on supervisory issues, with supervisors seeking views and guidance on a range of topics from an expert panel of senior academics and professional staff. The second seminar was at Humphry Davy House on 12 April, when Paul Ramcharan gave an eloquent and enlightening presentation on the subject of Research Governance and Ethics Approval to an appreciative audience of staff and postgraduate students.

The next seminar will be on 8 November 2005 – “The Challenges of Part-time Study” – a workshop for students and supervisors, 3-5pm, Bartolomé House, Winter Street, Sheffield. Refreshments provided. If you would like to attend this seminar, please contact Tracey Pacan – Email: t.m.pacan@sheffield.ac.uk. Tel: (0114) 222 9714. All welcome.

Evaluation form

If you are a postgraduate research student at the School of Nursing & Midwifery, you will have been sent an evaluation form asking your opinion on a range of issues. We take your responses very seriously and feed them back to the Faculty of Medicine, so please return your form to Tracey Pacan at Bartolomé House, Sheffield, S3 7ND, asap if you haven’t already done so.

Events

15 June 2005 Lunchtime Staff Seminar 1200-1300, Humphry Davy House “Negotiation: a theoretical framework for adaptation and coping for men with Type 2 diabetes”, Robin Lewis, Lecturer, School of Nursing & Midwifery

11 July 2005 DMedSci and MPhil/PhD Upgrade Seminar All staff are welcome to attend. For more details, please contact Tracey Pacan, Tel 0114 222 9714 Email t.m.pacan@sheffield.ac.uk

12 July 2005 Lunchtime Staff Seminar 1200-1300, Humphry Davy House “Watchful Insecurity: a theory to explain the meaning of recovery after a heart attack”, Angela Tod, Research Fellow, School of Nursing & Midwifery

15 July 2005 DMedSci Summer School For more details, please contact Tracey Pacan, Email t.m.pacan@sheffield.ac.uk Tel 0114 222 9714

w/c 18 July 2005 Summer School for students in final stages of PhD run by Leeds Metropolitan University.

14 September 2005 Scholarship Away Day for staff and PGR students, Humphry Davy House, 0830-1500

3 October 2005 Lunchtime Seminar “Hermeneutics and Nursing Research”, Dr Hugh Chadderton, Consultant Nurse, Ceredigion & Mid-Wales NHS Trust

24 November 2005 Scholarship Away Day for staff and PGR students, Bartolomé House, 0830-1500

Notices

Welcome to Ruqayya Zeilani, a new MPhil student from Jordan who is here to study women patients’ experience of being in an intensive care unit.

Congratulations to postgraduate students Nora Ahmad, Liz Crathern and Julia Maz who have upgraded to the research element of the DMedSci, and Shewikar Farrag who has defended her PhD thesis and has some corrections to do, but we look forward to her successful completion in due course. (See International Link-Up newsletter for an interview with Shewikar about her experiences in Sheffield).

See back page for recent staff completions.

Website

For a new, revised list of current and completed doctoral theses supervised at the School of Nursing & Midwifery, please visit our website: www.shef.ac.uk/snm/research/postgraduate_research_studies.html
Overview

The Royal College of Nursing International Nursing Research Conference was held at the University of Ulster, Northern Ireland, in March 2005. The School of Nursing and Midwifery had a high profile with researchers presenting a total of fifteen papers and posters. As Chair of the RCN Research Society, Professor Kate Gerrish (CARER Department) was involved in planning the highly successful conference which attracted nearly 600 UK and international delegates.

Researchers working in the field of older people and family carers were well represented. Professor Mike Nolan was involved in developing a plenary paper in which he presented the model of participatory inquiry he has developed with international colleagues researching in the field of older people and family carers. Christine Brown-Wilson provided an overview of findings from a study seeking to identify how relationships influence the experience of older people, their families and staff within care homes. The transition from independence to care settings was picked up again in Josie Tietey's paper examining the use of narratives within the context of researching individuals' decision-making processes when using or anticipating the use of care in later life. Finally, a paper by Claire Hope examined the use of the EASY-Care assessment instrument to survey the health and well-being of older people.

Several researchers involved in the Practice Development and Education for New Roles cluster presented their work. Mary Cooke provided an overview of the findings from her research examining a method for implementing organisational change with regard to enabling health care professionals translate National Service Frameworks into 'best practice'. The theme of evidence-based practice was continued in Dr Marilyn Kirshbaum's paper presenting a conceptual framework for targeting research dissemination interventions among breast care specialist nurses. A symposium chaired by Professor Kate Gerrish and involving Angela Tod together with five colleagues from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) presented the organisational model for promoting evidence-based practice that has been developed in the Trust.

Two presentations explored nursing roles. Mick Ashman and Professor Susan Read reported on the findings of a national survey of nurse directors examining the perceived positive and negative outcomes of the implementation of the modern matron initiative on nursing services and health care organisations more broadly. A poster analysing changes in nursing activity over the past 12 years was presented by Janet Wilson.

Professor Sheila Payne and Dr Christine Ingleton co-authored a paper with Philippa Hughes from the Trent Palliative Care Centre examining a palliative care education programme for district and community nurses. A poster by Dr Katherine Froggatt presented a discourse analysis of the way in which dying and death are constructed in regulatory policy and by inspectors of care homes.

Methodological issues were examined in Professor Kate Gerrish's analysis of implications of undertaking survey research within the current research governance framework. The benefits of participatory research were highlighted in a poster outlining the collaborative planning stages of a project on patient outliers presented by Dan Wosetenhome together with David Ash from STHFT. Angela Tod presented two papers on her research in the field of cardiac rehabilitation. The first examined cardiac patients' experiences of transfer from coronary care to a general ward and the second explored the meaning of recovery after a heart attack. The experiences of teenage parenting among young people of Bangladeshi, African Caribbean, Pakistani and dual ethnic origin were captured in a poster presented by Dr Gina Higginbottom.

The 2006 conference will be held in York from 8-11 March and promises to be just as stimulating. For further information about the conference please contact Professor Kate Gerrish (Tel 0114 2715597, Email: k.a.gerrish@sheffield.ac.uk).

A brief overview from a number of the presentations mentioned above is given in this issue of READ. If you would like to know more about any of the projects mentioned please contact the individual presenters direct.

Professor Kate Gerrish
Chair, RCN Research Society

What counts as research and why?

Closing plenary by Mike Nolan

The above question was the title for the closing plenary address at this year’s Royal College of Nursing International Research Conference in Belfast delivered by Mike Nolan. It reflects a concern that informs all the research activity undertaken within the School of Nursing and Midwifery: that of how to more fully involve and capture the voices of users and carers.

In addressing the conference Mike charted the rise of user and carer involvement over recent years, with a particular focus on their participation in research related activities. This development has occurred in parallel with the emergence of evidence-based practice (EBP), and whilst one might hope that the two trends are complementary there are, as Kitson (2002) has noted, distinct tensions between EBP and initiatives such as patient-centred health care. For Owen (2003) these tensions raise fundamental issues of power, expertise and evidence, and question the implicit hierarchy between the knowledge held by health professions and that of users and carers.

Some have argued that EBP has led to the ‘unintentional biasing’ of research towards a professional’s view of the world as opposed to a patient’s (Kitson 2002). Others go further, believing that users are often little more than data sources, with the data collected subsequently being used to inform ‘professionally defined standards and outcomes’ (Humphries 2003). This is not inevitably the case and there are many examples of genuine efforts to engage users and carers as equal partners, as a number of contributions to this edition of READ attest. However, it remains the case that the ‘terms of engagement remain substantially defined by academics and professionals’ (Owen 2005). Consequently, if the wide ranging changes required to make a reality of user and carer involvement in research are to happen, there is a need to ‘transform the rules by which the game is played’ (Barnes 2002).

In suggesting a potential way forward Mike outlined a model for judging the quality of participatory forms of research that he has developed with colleagues Liz Hanson and Lennart Magnusson at the ÄldreVäst Sjuhärads Research Centre at the University College of Health Sciences, Borås, West Sweden. The Centre was established in 2001 with the support of
national, regional and local government, with the overall aims of promoting partnerships between older people, their carers, professionals, voluntary organisations, health and social care providers and researchers. The Centre has developed a distinctive way of working known as the ÄVS model that aims to ensure that all the key stakeholders play a full and active part in its projects. In order to monitor progress towards such goals the Centre has created a framework to help make judgements about whether relevant interested parties have equal access to each project, and that each project fully exploits its potential to enhance awareness of those involved, and also to encourage and enable action. This occurs at all stages as illustrated in the matrix below:

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<tr>
<th>Equal Access</th>
<th>Planning</th>
<th>Process</th>
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<tr>
<td>Enhanced Awareness</td>
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<td>Encourage Action</td>
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(Nolan et al 2003)

Adopting such an approach might help to ‘change the rules’ as Barnes (2002) advocates. Certainly there has been progress in this direction but further impetus is required. The upcoming Research Assessment Exercise (RAE) in 2008 could, if the opportunity is taken, provide such an impetus. As the opening plenary address at the RCN conference, delivered by Professor Barnett from The University of Ulster indicated, the RAE has a major influence on the type of research conducted by universities, and in large part determines ‘what counts as research, and whose research counts’. This is eloquently captured by Owen (2005) below:

Much research effort continues to be shaped and governed by the reward structures and performance management systems which prevail in higher education: in particular the Research Assessment Exercise which takes place periodically. It remains the case that conventional, single-authored books and articles attract more recognition than the relatively time-consuming and often smaller-scale collaborative partnerships which are acknowledged to facilitate user-involvement. In principle, it would be quite feasible to alter this emphasis and, for example, to build in specific research assessment criteria which recognise and reward partnership working between user networks and university departments. (Owen 2005)

The early guidance (HEFCE 2005) for the 2008 exercise places considerable emphasis on equity and the importance of all forms of research having an equal footing, including applied and practice-based studies. There is, it is suggested, a need to define a typology for such research and to specify the appropriate criteria of excellence by which it will be judged. Here then is an ideal opportunity to ‘change the rules’. During the 2001 RAE the nursing panel was at the forefront in ensuring that user representatives played a full and equal part in its decisions, the challenge for 2008 will be to ensure that other panels follow nursing’s lead.

References
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The impact of policy on change in complex organisations
by Mary Cooke

‘REALITY II’ This final phase of a two phase, three year study incorporated cross-strata, in-depth interviews, given by Eastern Region NHS providers and users of diabetes care. A survey instrument was applied that had been extensively tested in the US and mentioned in Department of Health papers here in the UK (http://www.improvingchroniccare.org/in dex.html). ‘Active’ sites and ‘non-active’ sites were identified, and evaluations made before and after the Diabetes NSF was published in 2003. The pilot active sites were offered timely and accurate information about changes required to implement the Diabetes NSF by the research team. This was seen as the ‘intervention’.

The responses from the Action Research process identified a relatively rapid effective method to implement organisation change for specialised care that helped health professionals translate National Service Frameworks into ‘best practice’. This would be available for health organisations to translate policy to practice efficiently and effectively, for example, to identify elements of most effective methods and/or tools to assure major quality improvements (Institute of Medicine 2001). The impact and implications for future NSF’s could be estimated by the outcomes from this short study.

Economic implications and major service management policy changes for Diabetes in the Region were mapped. The change in service delivery culture of GP practice pilot (action) sites, when compared with non-active GP practice sites (in the before and after intervention comparison) offered an insight into how nurses drive rapid change best when supported by the GPs. The Diabetes Support Groups that had been present in some form for over ten years prior to the Diabetes NSF publication, appeared to remain static in their activity unless motivated by the pilot action sites of this study. Links between services across primary and secondary sectors are still waiting for technology to facilitate an effective service for users and staff.

References
http://www.improvingchroniccare.org/index.html

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Modern Matron Implementation – a broadcast by Mick Ashman and Susan Read

For the last few years the Media Department at the Royal College of Nursing has circulated to the British press and broadcast media, selected titles of presentations to be given at the RCN International Research Conference. They only do this with the consent of the presenters, aiming to give a higher profile to nursing research amongst the general public.

Early in March we were contacted by a researcher from “Woman’s Hour”, inviting us to take part in a live broadcast on the topic of Modern Matrons, immediately after the presentation at the RCN Conference. Sue sent a copy of the conference abstract and the Executive Summary of the Matron Report to the researcher so she could brief the show’s presenter on that day. Martha Carney, about the topic. Sue was told that they would also be interviewing a journalist, Harriet Sargent (who has been very critical of nurses), a modern matron, and an NHS consumer. The day before the broadcast there was a long telephone conversation with the BBC’s researcher, and we felt she had assimilated well the material that had been sent. Following Mick’s presentation at the conference Sue was whisked off in a taxi to the BBC studios in Belfast, just a stone’s throw from the Conference Centre. Whilst Sue was being installed in a little cubicle with headphones and a microphone, in time for the programme start at 10 am, Mick made his way to WH Smiths to purchase a blank audio cassette so he could record the interview. Sue was able to explain that matrons are beginning to make a difference in the NHS, more in some places than others. She argued with Harriet Sargent that although matrons do need more authority, particularly over cleaning services, they achieve change best by motivating and educating staff, not by brow-beating them. The programme was soon over, and whilst Sue reported that she felt somewhat mauled; the BBC must have felt it was a worthwhile exercise because the piece was included in “Weekend Woman’s Hour”, the edited highlights of the whole week’s output, broadcast the following day!

See www.shef.ac.uk/snm/research/modern_matron_evaluation.html

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Promoting evidence-based care through an integrated approach to research and development by Kate Gerrish

Promoting evidence-based practice in a large health care organisation is a complex undertaking. Researchers are often divorced from the care delivery, health service managers struggle to engage in the research agenda due to competing demands, and practitioners, although enthusiastic often lack the necessary skills and support. In an attempt to overcome these obstacles Professor Kate Gerrish and Angela Tod, Research Fellow, from the School of Nursing and Midwifery have worked for several years with staff at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) to promote evidence-based practice. The fruits of their endeavours were presented at a collaborative symposium involving a number of staff from STHFT. An initial paper, presented by Kate, outlined a conceptual framework for promoting evidence-based practice that has been developed through a cyclical process of research and development spanning a 5-year period. Subsequent papers examined different aspects of the application of the framework within the Trust. Clare Warnock and Marilyn Ireland (STHFT) presented an overview of the work of the Evidence-Based Council, a practitioner-led initiative to promote evidence-based practice across the Trust and their role as Council facilitators. Angela and Simon Palfreyman (research nurse) presented a paper in which they provided an account of two research projects taking place within the Trust designed specifically to facilitate the involvement of practitioners in all aspects of the research process, from the identification of the research question, through data collection and analysis and finally to dissemination. The final paper, presented by Sam Debbage and co-authored by Irene Mabbott, from the Centre for Professional and Practice Development, STHFT, outlined how the framework has been applied at an organizational level to facilitate a number of initiatives across the Trust to support evidence-based practice, including the implementation of clinical benchmarking.

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The use of a survey methodology to assess the health and well-being of older people by Claire Hope

Health screening of people aged 75 and over has been part of the General Practice Contract since 1991. Whilst screening can identify risk factors to health it is argued that a more in-depth assessment of the older person is necessary if the information gathered is to act as a foundation for health promotion. Recognising that traditional screening of older people in General Practice has limitations, a research team from the School of Nursing and Midwifery worked with three General Practices in a range of settings to undertake an in-depth survey of the health and well being of people aged 75 and over. The aim of the study was to describe the profile of the health and other related issues for this group of patients.

The survey comprised an in-depth assessment that took approximately one hour to conduct. The EASY-Care assessment tool was used as the main data collection instrument as this has been designed specifically for use with older people. Additional questions and measures assessed physical and social aspects of the older person’s health such as nutritional status, use of medications and uptake of welfare rights.

All patients aged over 75, and registered with the three General Practices, were approached and 543 people agreed to be interviewed. Analysis of the data revealed issues related to obesity, depression, hypertension, social isolation, access to aids and adaptations, and ongoing bereavement issues. These findings suggest that a more proactive in-depth assessment of older people, linked to the current Single Assessment Process, would be of significant benefit to all parties.

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An exploration of the teenage parenting experiences of young people of Bangladeshi, African Caribbean, Pakistani and Dual Ethnic Origin in England
by Gina Higginbottom1, Nigel Mathers2, Peter Marsh3, Mavis Kirkham4 and Jenny Owen4

This study sought to answer the question: What are the experiences of young parents of Bangladeshi, Africa Caribbean, Pakistani and dual ethnic origin in England?

Whilst there is a large body of evidence about early parenthood in the wider population, little research has been conducted with black and ethnic minority young people. Researchers from the University of Sheffield used an in-depth qualitative approach to illuminate the perspectives of young mothers and fathers, their parents and the views of young people in their twenties who had experienced early parenthood. Service providers (health visitors, school nurses Sure Start Plus workers, Teenage Pregnancy Co-ordinators) and key community members’ views are also evidenced. The study was undertaken in Sheffield, Bradford and the London boroughs of Lambeth, Lewisham and Southwark.

Several important findings emerged:

- Community based services were well received by most young mothers. Health visitors, community midwives and personal advisers from Sure Start and Sure Start Plus were viewed as providing appropriate and accessible advice and support. GPs, hospital doctors and hospital based midwives were viewed as being less accessible and more judgemental.

- Service providers emphasised the importance of acknowledging diversity within and between different ethnic minority groups, but lacked access to comprehensive evidence regarding ethnic minority young parents’ needs and patterns of service access. They also emphasised the importance of safeguarding confidentiality, with specific reference to meeting the needs of young Muslim women.

- The social exclusion by young parents was often prejudiced and discrimination encountered in respect of their age rather than ethnicity. Young parents described this experience as often occurring in the maternity hospital environment from service providers and members of the general public.

- While black and minority ethnic teenage parents face a number of difficulties, for many the positive benefits of being a parent was the dominant factor, especially where there are social norms around younger marriage and parenthood, notably in the Muslim community.

Many service providers described current initiatives as channelling more resources towards preventing teenage pregnancies than towards support services for young parents. However, in practice they were keen to see the two as complementary, emphasising the importance of support services in enhancing young parents’ self-esteem and the long-term opportunities for themselves and their children.

Within the Muslim sample, pregnancy had been unplanned in all respondents and often followed withdrawal from school and an arranged (often agreed) marriage. The pregnancy was generally seen as a ‘cause for celebration’ (particularly if a boy) and a failure to conceive as ‘disappointing’. All the Muslim young parents were married.

Most of the young parents in our study had strong family ties and in the case of young women close relationships with their mothers and other family members. African Caribbean, and dual ethnic origin young mothers often experienced a fracture or strain in this relationship when the young parent disclosed their pregnancy, but the relationship was quickly re-established following the birth of their infant.

Intergenerational differences existed in respect of the young women in this study and their mothers. Whilst many of the young women had parents who themselves had become teenage parents, it seems that the aspirations and educational achievements of the young women in this study differ somewhat from previous generations.

Fathers felt positive about their role, while struggling to accommodate it with the general norms of male youth. There was a notable ‘shock’ phase as they adjusted. They generally felt that services were good, but orientated more towards mothers, a view endorsed by service providers. (Note: the views of fathers are based on those in contact with their partners).

Acknowledgement
This study was funded by Teenage Pregnancy Unit at the Department of Health, England.

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School of Nursing and Midwifery1, Institute of General Practice & Primary Care2, Sociological Studies3, School of Health and Related Research4

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“Get me out of here...” cardiac patients’ experiences of transfer to a general ward
by Angela Tod

This paper aimed to identify factors influencing anxiety related to patient transfer from coronary care to a general ward. It was a qualitative study using semi-structured interviews and Framework Analysis techniques. Ethical committee and research governance requirements were met. The study was conducted in acute and community settings in the South Yorkshire Coalfields areas. Twenty patients were recruited for semi-structured interviews, six to eight months following their heart attack. Purposeful sampling ensured a range of participants in terms of age, gender, employment and cardiac history.

The results indicated the extent of the distress some patients experience at the time of transfer from CCU to a general ward. Factors influencing anxiety relate to three themes: response to their illness, environment, and access to information and support. Participants reported feeling unsafe and vulnerable after their heart attack. Feelings were amplified by the general ward environment. The chaotic and noisy surroundings were not considered conducive to recovery. They were concerned that cardiology staff did not know about them or would not have the necessary skills to care for them. Some participants considered the distress experienced at this point to be the most enduring and damaging episode in their recovery.

Little research has been conducted examining transfer anxiety since initial work in the 1970s and 1980s. In the light of the CDH National Service Framework, this may be because people think these issues have been addressed. This study reveals that people are still suffering at the point of transfer to, and subsequently whilst on, a general ward.

The paper concludes that negative experiences in acute recovery stages can have a profound impact on ability to recuperate. The presentation reflected upon the implications of the study results on patient pathways, ward environment and nursing practice.

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The meaning of recovery after a heart attack: implications for nurses by Angela Tod

This paper reported the results of a grounded theory study exploring the meaning of recovery after a heart attack. A heart attack can have a profound psychological impact on patients. It is a frightening experience, associated with vulnerability, fear and loss. More patient focused research is needed to develop cardiac rehabilitation services. These aim to facilitate recovery and reduce the risk of future events.

The study adopted an interpretive approach, using qualitative methods and naturalistic inquiry. Using purposive sampling, four group interviews were held with 3 to 7 members in each group. (n=24). Participants were members of cardiac support groups. Twenty individual interviews were also held with patients post heart attack. All participants were people who had experienced a heart attack, or their partners. Grounded Theory techniques were used to analyse the data.

From the participants’ experiences a pathway from heart attack to recovery was mapped. “Watchful insecurity” emerged as a core concept to explain the meaning of recovery after a heart attack. “Recovery mechanisms” were identified that helped people learn to live with and manage watchful insecurity, and move along the recovery pathway. These mechanisms are conceptualized as taking control, generating meaning and redefining. The results indicate that cardiac rehabilitation services should focus on helping people to mobilize these recovery mechanisms. The study reveals that the barriers experienced in accessing support services may actually hinder people in moving towards recovery.

The study describes what recovery means to people after a heart attack and what is required to help them get there. The implications of the results for nurses in facilitating, and not hindering, recovery processes are explored.

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Nursing time – how do you spend yours?
Poster presented at the RCN Research Conference by Janet Wilson

This poster presented the findings of a number of workload studies carried out at the Northern General Hospital here in Sheffield over the years 1990-2002. The studies were carried out in a range of specialist areas: cardiac services, spinal injuries, renal, medicine, surgery and orthopaedics.

The activities carried out by nurses in these areas was expressed as a percentage of the total nursing time available and graphs were displayed to compare the differences in specific areas. The results showed that overall the biggest increase in nursing activities was in administration and clerical work in all the specialities. Clinical observations showed a marked increase in cardiac services and IV drug administration, whilst increasing in all areas, was particularly significant in surgical and cardiac services.

Interestingly the time taken for breaks has decreased over this 12 year period with figures showing that many staff do not take their full allowance of break time, presumably due to pressure of work. Ineffective time or down time when there is planning of priorities in the clinical area has also decreased dramatically in all areas showing there is very limited time for staff to stop and assess the situation and plan how to best prioritise their workload.

These findings have important implications for the planning of training needs for students and also the identification of tasks that may be able to be carried out by staff members other than nurses such as ward clerks and technicians.

If anyone would like specific information on a particular area or more details of this study please contact me.

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‘The impact of the StLaR HR Plan as a career structure for nurse researchers’
by Mary Cooke and Marilyn Kirshbaum

Yorkshire and The Humber RIQ Steering Group Fringe Event at the RCN International Research Conference

An august group of nurses, intrigued I'm sure by the erstwhile title of this fringe event at the conference, gathered to debate and discuss implications of a 2003 commissioned government project that had looked at nurse research and education career structures. The report was published recently, together with an article, that sets out a range of findings (Butterworth et al 2005).

A dynamic presentation from Professor Roger Watson (University of Hull) launched our event with a critique of the report, and a stirring riposte from Gerry Armitage (a PhD student in receipt of a Department of Health Fellowship) defended aspects of the current provision for nursing research education. The group was pleased to be able to discuss major issues affecting researchers and nursing education directly with one of the authors, Professor Tony Butterworth, who said he enjoyed the whole event. The discussion ranged over several issues in the field of education, careers and the effects of nursing research, and was able
This presentation described a conceptual framework that was developed as part of my PhD work that addressed the problem of dissemination and utilization of research-based knowledge within the specialty of breast cancer. Despite evidence that has demonstrated benefits of aerobic exercise for individuals affected by breast cancer, commensurate changes to practice were not noted amongst breast care nurses (BCNs). To investigate this deficiency, a 3-stage study was designed to:

- Identify the barriers to research utilization and preferred methods of research dissemination of BCNs
- Develop and evaluate a dissemination intervention for BCNs

Stage 1 consisted of a national survey of 263 BCNs on research utilization and dissemination issues. In Stage 2, The Conceptual Framework for Selecting a Targeted Dissemination Intervention was created to guide the selection and development of an experimental research dissemination intervention. Stage 3 took the form of a randomized control trial, which evaluated the intervention in terms of changes in knowledge, reported practice and attitudes.

The Conceptual Framework represents a step-wise process designed to: describe a target group, integrate theoretically derived characteristics of effective dissemination (Diffusion Theory) and behaviour change (Theory of Planned behaviour, Stages of Change Model), with the needs of a target group and provide a structure to compare different dissemination options. Practical considerations, such as time and resource limitations of nurses and the researcher/manager were included in the decision making process.

Dissemination of research evidence is a complex, multi-faceted and persistent concern in oncology nursing, and requires a multi-level solution. The Conceptual Framework provides a functional structure for gathering and integrating diverse theoretical, empirical and pragmatic components integral to devising and testing innovative strategies of the future. Application of the framework to other groups of nurses was proposed.

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**Palliative and End-of-Life Care**

**Evaluation of the Marie Curie Delivering Choice Programme: 2005-9**

The Palliative and End of Life Care Research Group have been commissioned by Marie Curie Cancer Care to conduct a four year evaluation of a major palliative care project in three UK sites. The Marie Curie ‘Delivering Choice Programme’ aims to develop interventions with local service providers to help to provide the best possible service to palliative care patients. A key objective of the Delivering Choice programme is to enable patients to die in the place of their choice, where a preference is expressed. The Delivering Choice Programme comes at a time of increasing recognition of the necessity of providing evaluative evidence with which to underpin new initiatives to expand palliative care provision, address inequities in access, and develop models of palliative care that are responsive to individual preferences and make effective use of scarce resources.

The evaluation started on April 1st. Members of the project team are: Jane Seymour, Sheila Payne, Christine Ingleton, Mary Cooke and Anita Sargeant (research fellow on the project). Sue Ward from the School of Health & Related Research in Sheffield is providing consultancy for the health economic aspect of the project. The areas of enquiry that the evaluation will explore are:

1. Implementation of 24 hour services to serve local needs and allow more people to be cared for and die in the place of their choice.
2. Access and barriers to palliative care services.
3. Co-ordination and communication between stakeholders.
4. Information provision to patients and carers, and relationship to informed choices about place of care.
5. Analysis of the cost implications of the introduction of interventions by Marie Curie.

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**“Leaving an Imprint”**

Finding ways to improve palliative and end-of-life care services - conversations with the people who matter

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness. A research team based at the University of Sheffield Palliative and End-of-Life Research Group is carrying out a national study to look at how palliative care organisations (such as local hospices, support centres, Macmillin Cancer Relief, Marie Curie and members of the Neurological Alliance) are involving patients, carers and health professionals in designing and developing services. The project is funded by St Christopher's Hospice, London, founded in the 1960’s by Dame Cicely Saunders who herself drew upon the views and experiences of dying patients and their families to shape the movement that she pioneered.

The team, led by Professor Sheila Payne, organised and facilitated a National Consensus Meeting on 29th January 2005 at St Christopher’s Hospice. The meeting brought together patients and carers from across the UK who have received, or are currently receiving, the support of palliative care services, as well as health professionals and experts in the field of user involvement. The participation of a significantly large proportion of patients and carers from a wide range of backgrounds made this an important event within the field of palliative care. It provided a forum for service users to discuss the findings of the current study and to make recommendations based on examples of best practice that will help the development of local and national policies.

The day was characterised by passionate debate and creative thinking. Patients, carers and professionals all volunteered a wealth of personal experiences, ideas and solutions. It became clear that user involvement succeeds and can make a real difference to services when there is a culture that genuinely values and incorporates the voices of the people who access or provide the services in question. Adequate funding and training for staff and service users are also essential components for sustainability.

A final report will be published in early summer 2005.

Quotes from participants:

“I often feel that my time (like others) is very precious and I want to cram in as much as I can but so much of this time is wasted in red tape. User involvement can change this. Life is what we make of it, being involved can really make a positive out of a negative situation!”

(patient)

“I came away feeling energised, and was able to take a number of comments and ideas back as a result of which our head of education and I are planning to raise the profile of user involvement in our organisation”

(health professional)

“The day seemed to go so quickly...it was an amazing day, very fulfilling. It was worth all the tiredness”

(patient)

“We need to keep fighting and lobbying the government. User involvement means we can leave an imprint for the family that’s left behind”

(patient)

For more information about “User involvement in palliative care – a scoping study” please contact: Anita Sargeant. Email: a.r.sargeant@sheffield.ac.uk, Tel: (0114) 222 8308
Practice Development and Education for New Roles

Decision making and symptom reporting in acute myocardial infarction

Mac Macintosh, Nursing Lecturer in the Department of Acute and Critical Care has been successful in his application for University Devolved Research Funds. He will be working with co-applicants, Angela Tod (Lecturer in Acute and Critical Care) and Anne Lacey (Senior Research Fellow, Trent Research and Development Unit, School of Health & Related Research), to investigate influences on decision making in response to symptoms of acute myocardial infarction. This grant will pump prime work that the applicants have been committed to for some time.

It can be argued that the single most important modifiable factor in reducing mortality from a heart attack is the time taken between the onset of symptoms and the call for help, or “patient delay time”. Numerous educational and media campaigns, over three decades, in the UK, the USA, Australia, and in continental Europe, have failed to make a significant impact on what remain long patient delay times. A recent systematic review concluded that there could be little support for further expensive interventions without a better understanding of how patients and their partners make the decision to call for help (Kainth et al 2004). Little empirical qualitative research exists that explores this phenomenon in a general population sample as the majority of such research has been with patients who have recently suffered a heart attack.

The applicants will work in partnership with colleagues in Rotherham PCT. The study will be conducted over 18 months. Methods will involve the use of focus groups to explore help seeking responses to a range of presentations and contexts of heart attack in the form of vignettes. Four focus groups will be conducted. The sample will be men aged 50-70 and their partners drawn from local communities with high levels of deprivation and evidence of high levels of delay. Those having previously experienced a heart attack will be excluded. Previous research has focused on individual responses by retrospectively asking those who have already suffered a heart attack to describe their responses. Using focus groups drawn from a general population will allow the social and cultural influences at play within these communities to be explored without the contamination of “hind-sight” gained through living through the experience of heart attack. This will add new perspectives to the existing literature and provide methodological insights that can be taken forward to a wider study.

Reference

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Moving and handling: towards more effective preparation

The importance of promoting safe and effective patient handling has been widely recognised for several years. Yet despite concerted efforts, poor compliance with recommended practice remains the root cause of the high prevalence of back injury. The early emphasis on equipment and technique as the central strategy has given way to a more ergonomic approach in an effort to create a culture that promotes safe moving and handling practice. In addition, the importance of individual attitudes and behaviours is also being recognised.

However, few studies have focussed on the experiences of pre-registration students and identified the issues that they see as important. A recent small-scale exploratory study undertaken in the School sought to throw some further light on this matter.

Based on a consideration of the available literature a self-report questionnaire was designed and completed by 65 final year students on the adult branch of the Advanced Diploma in Nursing Studies (ADNS) programme, and the results were fed back to students and discussed in later classroom sessions. The findings suggest that students generally know the principles of safe moving and handling and how these should be applied, but that a number of factors in the clinical environment present difficulties. In particular students feel the need to ‘fit in’ to their practice placements and find it difficult to draw attention to the poor practice they sometimes witness by staff they perceive as ‘set in their ways’, especially support workers. The lack of appropriate equipment, or the reluctance of staff to use what is available, and patient preference also exert a considerable influence. Issues also arise about the difficulties of transferring skills learned in the skills laboratory to the clinical area, particularly as students lack the opportunity to practice in conditions and with patients that reflect the reality ‘on the wards’.

Although small-scale the study presents considerable food for thought, and the results are being fed into a review of moving and handling preparation currently underway in the School.

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Space to care: children’s perceptions of spatial aspects of hospitals

The National Service Framework for Children, Young People and Maternity Services (DoH 2004) has helped to highlight the importance of child-friendly hospital environments. A definition of what might constitute a child-friendly environment appears in the NHS policy document, ‘Improving the Patient Experience: Friendly healthcare environments for children and young people’ (NHS Estates 2003) and is depicted as one that “engages children without diverting them from the realities of healthcare” (p14). However, the same document acknowledges that there is currently a paucity of information about children’s and young people’s views on healthcare facilities (p19). With few exceptions, it has been adults, rather than children who have been consulted about what constitutes a child-friendly environment. This ESRC funded study, which began in January 2005, is enabling researchers from the School of Nursing and Midwifery, together with Professor Allison Jones and Dr Jo Birch from the Department of Sociological Studies to consult children directly to facilitate a child-centred perspective on how hospital environments might be made more child-friendly.

The research questions

The following research questions have shaped the research design and determined the methods to be adopted in order to explore the ways in which different spatial environments impact on children’s experiences of hospitalisation:

■ what are the physical characteristics of the different spaces provided for children within different hospital settings and what assumptions about ‘childhood’ and ‘children’ are already designed into those spaces?

■ what kinds of social interactions and health care practices are facilitated or prohibited in those spaces?

■ how do children use the different spaces of the hospital, what meanings

Good practice and innovation in breastfeeding

The latest recommendations for breastfeeding are that mothers should exclusively breastfeed their infants for six months or longer followed by partial breastfeeding for two years or more (WHO 2002). There has been a significant increase in research demonstrating the health benefits for both the infant and the mother. However, there is concern because women in lower social groups are much less likely to breastfeed compared to women in the higher socio-economic groups, which increases health inequalities. This was recognised by the Department of Health and the Infant Feeding Initiative was launched in 1999, which subsequently funded 79 Breastfeeding Practice Projects between 1999-2002. Members of the Department of Midwifery and Children’s Nursing were successful in bidding for funding for five local breastfeeding projects.

■ Professor Kirkham led and evaluated the Doncaster “Breastfriends in Education Project”

■ Sue Battersby led and evaluated three breastfeeding peer support initiatives, the “Worldly Wise Project”, the “Simply the Breast Project” and the “Spreading the Word Project”

■ Lorraine Best led and evaluated the project “Breastfeeding – it’s a man thing!”

The Department of Health evaluated all the projects and published a report (DoH 2003). A second report was then published in booklet format that detailed the most effective projects (DoH 2004). This second document identified key trends, tips and practice pointers as a starting point and stimulus for research, action and replication. The projects undertaken by the three researchers in the Department of Midwifery were highlighted as examples of good practice within this second booklet. The project undertaken by Professor Kirkham was commended for taking breastfeeding education into schools and overcoming the bureaucracy to enable this to happen. The breastfeeding peer support projects undertaken by Sue Battersby
and values do they attribute to them and to the social interactions which take place within them?

- to what extent do age, gender or medical conditions work to vary children’s perceptions and use of different hospital spaces?

The research will be carried out in three different hospital settings, a dedicated children’s hospital, a specialist children’s unit in a city hospital and the outpatients’ department and children’s ward located in a general hospital. These have been chosen to reflect the range of different ward environments currently available for children in the UK. The three sites together represent, therefore, a continuum of the kinds of hospital care provision for children in the UK.

Outpatients’ departments are included in the study, alongside wards, in recognition of the fact that the majority of children do not progress to in-patient stay.

The research draws on a range of qualitative techniques whose combined strengths will help to capture the subtleties of the processes through which space is used and acquires meaning for children. These include:

- participant observation of the utilisation of space within the outpatients’ department;
- semi-structured interviews with children visiting the outpatients’ departments;
- participant observation in wards;
- focused interviews with children and young people in the wards, using participatory tools;
- ‘mapping’ of children’s use of space in both wards and outpatients’ departments.

The study will be completed in March 2007 and a range of both practice relevant and academic outputs are anticipated:

- A set of indicators to be used in the design of internal hospital spaces
- Guidelines for professionals on consulting with children
- A child-centred pack for children about the hospital environment
- Research briefings accessible to non-academic audiences, to be made available via the web site of the Centre for the Study of Childhood and Youth, Sheffield University

were highlighted as taking a proactive approach to providing support for breastfeeding mothers within local communities. Lorraine Best was identified as taking a very innovative approach, which involved devising a Forum Theatre Production, to raise male awareness of the benefits of breastfeeding and change male attitudes towards breastfeeding.

References


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Pictured right (second left) is Joan Hughes, Chief Executive Officer of Carers New South Wales, Australia, with Paul Ramcharan, Dalia Magrill from the Sheffield Sharing Caring Project, Gordon Grant, Julie Repper and Margaret Flynn. Joan was visiting Sheffield in January 2005 as part of her international travel on a Churchill Fellowship in order to research issues about ageing parents and family carers of people with learning disabilities. Carers NSW has been carrying out pioneering work in supporting carers, with particular reference to first nation peoples, child and adolescent carers, and carers of people with mental health problems.

The organisation also provides E-connect and telegroup counselling programmes for carers. For further details see: www.carersnsw.asn.au. Dalia has been leading a flagship project in Sheffield about older carers of people with learning disabilities that has attracted lots of national and international interest, especially through its older carers support scheme, and the related use of lifebooks, and a ‘thinking ahead’ video pad tailored to the circumstances of older carers. Further details can be found at the following website: www.lifetimecaring.org.uk

References


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Family carers, of which there are 6.8 million in the UK (Maher and Green 2002), are an important source of support for the increasing numbers of people living into older age; and with a reported 11 million people aged over 85 years in the UK in 2001, and this number set to rise (ONS 2003), the importance of the family carer role is likely to increase. Without effective support family carers of today are at risk of becoming those in need of care tomorrow.

'Services for supporting family carers of elderly people in Europe: characteristics, coverage and usage' (Vth FP, 2003-2005) known as EUROFAMCARE is a three year research project funded by the European Commission. The overall aim of the study is to explore the perceptions of family carers of older people in relation to the services that exist to support their role, and to provide an overview of such support across Europe. Twenty-three countries have prepared background reports describing services and policy and demographic trends with regards to family carers. Key messages from these reports will be synthesised to form a pan-European report on family carer support. Complementing this is an empirical phase being undertaken in six core countries: Germany, Italy, Poland, Greece, Sweden and the UK. The UK team is based at the University of Sheffield and comprises Dr Kevin McKee from the Sheffield Institute for Studies on Ageing (SiSA) and Professor Mike Nolan and Jayne Brown from the School of Nursing & Midwifery.

This longitudinal project, which is being coordinated by Hamburg, is now entering its final year and has already involved an extensive cross sectional questionnaire survey specifically exploring carers’ knowledge of the existence of services, their familiarity with them, their perceived availability, use and acceptability. The survey, delivered in a face-to-face interview with 1000 'family' carers of older people and undertaken in each of six core countries, has generated a vast amount of data that are currently under analysis. Data collection is currently focused on undertaking a 12 month follow-up survey of carers who took part in the initial survey, with the aim of exploring changes in the caring situation, and support needs of family carers in the each of the six countries; this phase of data collection is due to be completed in June this year.

Support for Family Carers in Europe

Comic Relief and Elder Abuse

Comic Relief is a charitable grant maker that has been running for nearly 20 years. In that time they have raised over £337 million to help tackle poverty and social injustice. They are perhaps most well known for their major fundraising event - Red Nose Day. This year's Red Nose Day took place on 11th March 2005 and some readers may be aware that, in conjunction with a number of major charities, Comic Relief have been running an awareness campaign specifically focussing on elder abuse alongside their general fundraising campaign.

Comic Relief has supported a number of organisations working in the area of elder abuse and has forged strong relationships with many of the key agencies in the field. Having previously funded work in this area, Comic Relief believes that through a media, TV and voluntary sector campaign a real difference in raising public awareness of elder abuse can be achieved.

As part of the campaign and following significant discussion, Comic Relief has decided to fund a major study of the...
Complementing the survey data the six core countries have also undertaken telephone and postal surveys with between 25 and 50 service providers in each country, including representatives from the social service sector, voluntary organisations, health services, faith based, and private service providers. The aim is to explore their perceptions of the needs and provision of services for family carers.

The final stage of the project, known as the 'react' phase, involves the core national research teams presenting project findings to groups of 'key witnesses’ such as policy makers, politicians, practitioner and carer organisations across each country, garnering their views of the findings and exploring the implications of the EUROFAMCARE project for the provision of support services for carers in relation to their preferences. This phase has commenced in the UK with a lively workshop of Health Board Members, practitioners and managers from health and social services throughout Northern Ireland held in March 2005, further events are planned for later in the year in Scotland, Wales, Northern and Southern England. The project will conclude with a conference to be held in Hamburg in November.

As an integral part of EUROFAMCARE the core participants meet regularly to discuss progress, with the venue rotating around the various countries. April saw Sheffield hosting the meeting and a full programme of events, both academic and social, made for a busy and informative weekend addressing a range of issues.

During the meeting participants were visited by Professor Ian Philp, National Director for Older People Services, who has been included in several other European projects with many of the members of EUROFAMCARE.

The extensive nature of EUROFAMCARE ensures that the research teams have been kept busy throughout the life of the project and beyond, and we look forward to being able to present comprehensive findings to colleagues, policy makers, practitioners, the wider academic community, and especially to carers and their organisations.

References

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Listening to older people talk about end-of-life care: nurses’ feelings and resource needs

Each year the CARER Department provides a number of small competitive seed corn grants to stimulate new areas of research. At the end of last year we completed an exploratory study investigating nurses’ perceptions and experiences of listening and talking to dying older people about issues relating to the end of life. The study involved focus groups and interviews with twenty-four nurses on general medical wards and palliative care units.

Following the study, a workshop comprising participants and experts in the field reviewed and discussed the implications of the findings for practice. All participants recognised the importance of communicating with older people at the end of life. But general medical nurses expressed the need for further support. It was agreed that fostering a palliative care approach through staff education to create an organisational culture that focuses on person-centred care and multi-professional teamwork in a supportive environment, is essential. Currently, we are working with participants to look at ways of strengthening existing support mechanisms to enable staff to work more effectively and to establish links between palliative care and general care settings in order to share good practice. Together with our colleagues, we are also developing a workshop for ADNS and pre-registration post-graduate diploma students to develop their skills in communicating about sensitive issues. In June we are presenting our findings at the World Congress of Gerontology in Rio de Janeiro, and in November we have the privilege of presenting a plenary session at the RCN’s Nursing Older People Conference. Our experience would suggest that a little funding can go a long way.

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Accolades, Awards and Announcements

Congratulations to Jean Ruane on the successful completion of her PhD study of sexual politics in special hospital settings. Jean’s study was supported by a Robert Baxter junior research training fellowship from the Department of Health.

Very best of luck to Diane Barrowclough who has recently successfully completed her Doctor in Education and is leaving the School of Nursing and Midwifery to be a Senior University Teacher at Bradford University.

Offender Mental Health Care Pathway

The offender mental health care pathway document was commissioned by the Department of Health from Professor Charlie Brooker and Yvonne Stoddart (RDC lead: Prison Mental Health, North East and Yorkshire). It lays down valuable best practice templates, based on policy, innovative practice and research, in order to guide providers and commissioners of mental health services within the criminal justice system. The aim of the offender pathway is to guide the practice of those people who directly provide services and to support decision making for those who commission them. The document acts as a broad framework for the ‘end-to-end’ management of an offenders’ mental health needs. Details are also provided of a number of tools that are available to support implementation. One good example is the work being undertaken in the West Midlands RDC by Alison Longwill to develop and pilot a service user strategy for involvement in the development of prison mental health services. The full report is available at:

http://www.dh.gov.uk/assetRoot/04/10/2/2/32/04102232.pdf

Learning Disability: A Life-Cycle Approach to Valuing People

Commissioned by the Open University Press/McGraw Hill Educational, is a new textbook due on the bookshelves in May/June 2005. Edited by Gordon Grant, Peter Goward, Malcolm Richardson and Paul Ramcharan, it has been written as a reader for students intending to work with people with learning disabilities in health and social care services, but it is also a resource for professionally qualified practitioners.

In regard to the question ‘why another textbook’ we were prompted to write for several reasons. First of all, the voices of people with learning disabilities have been ‘silenced’ for many years, contributing to people’s invisibility and marginalisation. We wanted to do something about this, and have therefore incorporated narrative chapters that describe, in the words of people with learning disabilities themselves, their accounts of their lives, past and present, and their hopes for the future. Secondly, given the lifelong nature of learning disability, we were keen to capture important transitions that occur in people’s lives, and it was this that led us to structure the book around the idea of the life-cycle. Thirdly, we wanted to provide some space to review the contested nature of disability, learning disability in particular, so we have drawn from medical, social and legal models.

We have incorporated ‘valuing people’ in the book’s subtitle, not only to acknowledge the landmark White Paper of the UK government that bears the same name, but also to emphasise the rights of people with learning disabilities to be valued as citizens. In bringing the volume together we have been fortunate to secure contributions from respected figures from a range of disciplines including nursing, midwifery, psychology, sociology, psychiatry, human communication sciences, social policy, law, occupational therapy and management sciences.


A Scoping Review of Evaluated Psychosocial Interventions Training for Work with People with Serious Mental Health Problems

There is now sufficient evidence to support the effectiveness of psychosocial interventions for psychosis (PSI) for the National Institute of Clinical Excellence (2002) to conclude that family interventions and cognitive behaviour therapy should be routinely available for service users with schizophrenia and their families or carers. Unfortunately a gulf exists between these recommendations and the reality of what services can provide. Part of this difficulty is that many practitioners do not have the necessary skills to implement what are now considered effective interventions. Training is therefore a significant issue in terms of the delivery of an evidence-based service. In particular, appropriate types of training need to be available to provide the workforce with the entire range of skills to deliver an efficient and effective modern mental health service. This paper, commissioned by the National PSI Implementation Group in NIMHE (National Institute for Mental Health), reviews the evidence base for training in Psychosocial Interventions in an attempt to determine what is known about the impact of PSI training, the quality of such research/evaluation, and how this knowledge might best be used to inform future purchasing and provision.

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Acknowledgements

The Editorial Team wish to thank all those who have contributed to this issue of READ.

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