

Reason

Research at the School of Nursing

December 2014 | Issue 8

LOOKING TO 2015
REFLECTING ON 2014





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School of Nursing, Faculty of Medical and Health Sciences

The University of Auckland
Private Bag 92019 Auckland
New Zealand 1142
tel +64 9 923 6768

Website (and for online copies)

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Reason editor:

Lisa Williams

Reason team for Issue 8:

Rosemary Frey, Merryn Gott, John Parsons, Gabriella Trussardi, Kate Prebble and Katey Thom

Send comments or enquiries to Lisa Williams:
la.williams@auckland.ac.nz

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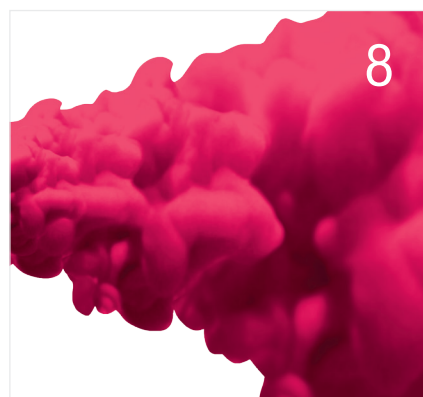
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Holiday wishes School of Nursing style

Spotted on a glass door: 'Merry Xmas' re-arranged to announce an alternative but no less festive message.

ANTICIPATION AND REFLECTION

by Professor Merryn Gott
Director of Research

December is the month for anticipating the new year and looking back over the one that is nearly completed, and this edition of *Reason* exemplifies that twin focus. The end of the magazine lists the publications our staff have published in 2014 while the start features a news article on A/P Andrew Jull's major grant just awarded by the Health Research Council of New Zealand.

The rest of our news section highlights the impact staff have made locally and internationally in the past twelve months.

In post-graduate news, Natalie Anderson, a Professional Teaching Fellow and new PhD student, explains her groundbreaking project on CPR while Kate Prebble interviews

Michele Yeoman, another of our Professional Teaching Fellows, about her just-completed master's project on mental health nurses' narratives of alcohol.

Senior Lecturer Jacquie Kidd bridges past and future in the feature on her career. She explains her journey into research, recent work and where she's going next with her emphasis on the creative dissemination of her research.

December is also the month we are saying good-bye to Senior Lecturer Clare Gardiner as she returns to the UK with her partner, Rich, and new baby, Polly Ruth. While we are sorry to see her go, we are happy that she will continue her association with the School by collaborating when possible on our palliative and end of life research. We appreciate the valuable contributions she has made.

A consideration of the past and future often brings with it a heightened awareness of the present. For us down under, this means reveling in the long-awaited summer holidays. It means enjoying the long days, wearing our jandals and firing up the barbie for friends and family. Not a bad way to anticipate what will surely be another full year of research; one that will feature two research events organised by School staff.

The first is the Second Mental Health and Social Justice Symposium, February 16-17, hosted by the Centre for Mental Health Research. The second is the inaugural Te Arai palliative care research forum to be held on 7 July. See the School's website for more details.

Until next time
Mauri ora

Latest...

MERRYN GOTT RECEIVES 2014 RESEARCH MEDAL FROM THE NZ ASSOCIATION OF SCIENTISTS

The medal, presented in Wellington two weeks ago by Minister Stephen Joyce, reflects Merryn's development of a significant programme of research. Her focus is exploring how to reduce suffering at the end of life within the context of a rapidly ageing population and constrained health budgets.

In her speech at the awards ceremony she emphasised the necessity of such research: "To meet the needs of people at the end of their lives, and their whanau and families, in a humane and compassionate way really requires a radical rethink of how we provide palliative and end of life care. And significant investment in research and service development, now. However, I am not aware that this is a government priority."

She acknowledged the contribution of the many research participants

integral to her research, "who continue to humble me with their willingness to share their knowledge and experiences at what is one of the most difficult times of their lives."

Merryn's research has resulted in more than 120 publications in peer reviewed journals - with 40 papers published in the last two years alone. Not only is her work highly cited, but it has also influenced policy and led to real changes in health and social care services for people who are approaching the end of their lives.

Merryn also plays a key role supporting New Zealand's next generation of health scientists by mentoring early career researchers and supervising postgraduate students.



Minister Stephen Joyce congratulates Merryn on her research medal.

WILL ASPIRIN HELP HEAL LEG ULCERS?

The Health Research Council of New Zealand has awarded Associate Professor Andrew Jull a \$1.2 million grant to investigate whether low doses of aspirin effect the healing rate for venous leg ulcers (VLU).

Faculty of Medical & Health Sciences



A randomised controlled trial is set to test whether using low dose aspirin does indeed speed up healing. “If it does, then aspirin is an inexpensive treatment that could make a difference,” Andrew said. “But not enough evidence exists to actually change clinical practice.”

Two small trials have indicated that 300 mg aspirin may increase VLU healing by 62% when used in addition to compression. “Yet the evidence isn’t conclusive, and a 300 mg dose excludes people aged 80 and above from using aspirin.”

Analysis suggests low dose (150 mg) aspirin may also be effective and means age wouldn’t limit participation in a study. “Our trial will be the first definitive trial of 150 mg aspirin for treatment of VLU.”

The research is critical not only because leg ulcers are common, costly and debilitating, but because the current prevalence is expected to double by 2031. VLU are the most typical kind of leg ulcer. Often painful, they constrict people’s ability to work or participate in leisure activities, and there are few effective treatments. “Compression therapy – tight bandaging or stockings – helps, but about half the people with

a VLU remain unhealed even after 12 weeks of treatment,” said Andrew. If successful, one benefit of the new treatment will be reducing costs to District Health Boards. The cost of patients who healed within 12 weeks was \$535 compared to \$1405 for those remaining unhealed in a 2005 trial.

Andrew’s co-investigators are AP Chris Bullen, National Institute of Health Innovation, University of Auckland; Prof Ngaire Kerse, School of Population Health, University of Auckland; Dr Jill Waters, Auckland District Health Board; and Varsha Parag, National Institute of Health Innovation.

TRIAL DESIGN AND METHODS

A prospective double-blind, placebo-controlled, randomised trial with participants receiving either 150 mg aspirin or matching placebo daily for up to 24 weeks. Block randomisation will be used, stratified by study centre and prognostic index (ulcer size and duration) to ensure a balance of participants within study centres and for participants likely to be slow healers. Participants in both arms will also receive compression therapy (system of choice guided by patient and/or clinical preference) as delivered through district nursing services at the study centres.

Participants: Participants in the trial will be patients of district nursing services in Auckland, South Auckland, Waikato, Christchurch and Dunedin who are aged 18 years or older, have a VLU (clinical indications of VLU, Ankle Brachial Index ≥ 0.8 , and other causes ruled out), are able to tolerate compression, and are able to give written consent. Exclusion criteria will be patients who are pregnant or breast-feeding, have a history of myocardial infarction, stroke, TIA or peripheral vascular disease, currently using aspirin or other antiplatelet, or have any contraindication to using aspirin.

Sample size: Based on previous research, we estimate that 354 participants will be required to show a four week difference in time-to-healing at 90% power (alpha of 0.05), assuming median time-to-healing in the control group is 92 days (as shown in other trials).

Main outcome measures: The primary outcome will be time to healing. Secondary outcomes will include proportion healed, health-related quality of life, adverse events, adherence to treatment, and efficacy of blinding.



Jackie Robinson (left) with colleagues from Auckland DHB and her husband, David.

JACKIE ROBINSON WINS FMHS TEACHING AWARD

Jackie Robinson received a Dennis Pickup Clinical Educator Award at the 2014 FMHS Teaching Awards presentation. This year Jackie also received the Auckland Rotary Club's Trophy of Tradition. It's given every year to a nurse at Auckland Hospital who "exemplifies the true spirit and tradition of nursing."

As well as being a PhD student and Professional Teaching Fellow with the School, Jackie is a Palliative Care Nurse Practitioner with the Auckland District Health Board.

INAUGURAL KNOWLEDGE EXCHANGE

Dr Tess Moeke-Maxwell presented research from the palliative care research group at the first HOPE-Selwyn Knowledge Exchange. Held at Tamaki Innovation Campus of the University of Auckland, The Knowledge Exchange brought together researchers who have a common interest in ageing.

Tess' presentation titled, *Drowning in debt: The financial costs of care for Māori kaumātua at end of life*, reported on how whānau struggled to cope with meeting the financial demands of caring for kaumātua at end of life. Caring placed a huge burden on them to fulfil their familial and cultural obligations to provide care/āroha to kaumātua who were ill and dying.

HANDBOOK TO BENEFIT CARE HOME RESIDENTS

Wiley Publishers, UK has just published *The Care Home Handbook*. Co-edited by Dr Michal Boyd, it provides an extensive overview of current knowledge

for all nurses and healthcare assistants working in care homes.

The handbook will help them deliver skilful care, prevent poor practice, and build their knowledge and confidence when working with older people. It includes material on the resident's journey, values and standards, core nursing skills, common clinical conditions, medicines management, infection control, and risk.

CORE STUDY ON COGNITIVE IMPAIRMENT

Dr Kathy Peri has been named as a research collaborator for the nationwide study, *Living well with mild cognitive impairment*. The two-year project is being conducted by the (CoREs) Brain Research New Zealand; Rangahau Roro Aotearoa.

The aim of the study is threefold: to develop new knowledge about what it is like to live with mild cognitive impairment (MCI); inform the Brain Research New Zealand CoRE on priorities for people with MCI; and to develop novel interventions, as well as generate items for better outcome measures that focus on what matters to people with MCI.

ADVANCE YOUR NURSING CAREER with POSTGRADUATE STUDY

As a nursing professional, understanding the latest advances in your field is essential for the health of both your patients and your career. Postgraduate study at the School of Nursing is a great way to achieve this, with qualifications ranging from postgraduate certificates through to doctoral degrees.

Programme structures are intended to be flexible, providing opportunities to design a programme of study that is appropriate for the learning goals you wish to achieve, and that is relevant to your practice area.



Master of Nursing student, Pauline Fakalata, balances her work as a women's health nurse manager with her postgraduate research into Tongan women's health literacy and contraceptive use.

"I have found postgraduate study at the University of Auckland both refreshing and rewarding. It has given me the opportunity to meet other nurses and others doing the same courses. Talking to other like-minded people, sharing experiences and building professional relationships and links have been hugely rewarding for me as an adult student."

For more information contact:

Lesley Doughty

Postgraduate Course Adviser

Phone: +64 9 923 9566

Email: l.doughty@auckland.ac.nz

www.fmhs.auckland.ac.nz

NEW RESOURCES FOR LGBTI

Working at opposite ends of the spectrum but concentrating on a similar goal, School of Nursing researchers have developed resources useful for LGBTI.

Transgender youth fact sheet

The Adolescent Health Research Group led by Dr Terryann Clark (Ngapuhi) has released the *Youth'12: Fact Sheet about Transgender Young People* that presents selected findings on the health and wellbeing of secondary school students who identified as transgender. It is based on the Youth'12 health and



wellbeing survey of 8,500 New Zealand secondary school students undertaken in 2012.

The sheet reports on topics including mental health, accessing healthcare, bullying at school and experiences with family and whānau. The fact sheet is based on an open access paper by Clark and her co-authors: The health and well-being of transgender high school students: Results from the New Zealand Adolescent Health Survey (Youth'12). *Journal of Adolescent Health, 55, 93-99.*

Silver rainbow resource kit

The Silver Rainbow resource kit has been revised and updated for 2014. Developed for training residential aged care staff who care for LGB residents, it now also includes a lesbian-themed video and case study as well as a two-hour train-the-trainer pack. One thousand hard copies of the kit have been printed and are available for distribution. To order the kit, email: Silverrainbow.brent@gmail.com. To download digital copies of the resources, visit Silver Rainbow on Facebook. The kit featured as part of a comprehensive diversity education day in July sponsored

by the School of Nursing for staff working in aged care facilities. The Rule Foundation funded the research.

FROM YOUTH SEXUAL HEALTH TO INDIGENOUS PALLIATIVE CARE PERSPECTIVES

New research presented at conferences in New Zealand, Asia and Europe

By Rosemary Frey

Dr Terryann Clark (Ngapuhi) presented a keynote address at the New Zealand Sexual Health Conference in Hamilton 11-13 September on "the Social determinants of Health for NZ Youth" using the Youth2000 datasets and trends over the past 11 years.

Dr Rosemary Frey presented at two conferences in July – The CAHRE National Symposium in Auckland: Frey R, Gott M, Raphael D et al. "Attitudes and Beliefs about Hospice Services: The Perceptions of Asian Cancer Patients and Families"; and the XVIII ISA World Congress of Sociology in Yokohama Japan: Frey R, Gott M, Raphael D et al.: "A Cultural Perspective on Challenges to the Use of Hospice Services in New Zealand."

Prof Merryn Gott, Dr Clare Gardiner, Dr Tess Moeke-Maxwell, Dr Michal Boyd, Jackie Robinson and Dr Judy Kilpatrick presented at the 8th World Research Congress of the European Association for Palliative Care conference in Lleida, Spain.

Dr Karen Hoare and Kim Ward (doctoral candidate) chaired panels for grounded theory sessions at the ICQI – 10th International Congress of Qualitative Inquiry at the University of Illinois, Urbana-Champaign, May 2014.

Dr Michelle Honey presented at the 12th International Congress on Nursing Informatics, Taipei, Taiwan 21-25 June, 2014: Honey M, Roy D, Bycroft J, Boyd M, and Raphael D. "Promoting the meaningful use of health information for New Zealand consumers." She was also part of a panel presentation: Honey M, Skiba D, Procter P, Foster J, Kouri P and Nagle, L. "Informatics Competencies to Start Professional Life: A Global Perspective."

Dr Kate Prebble presented at two conferences: the Biennial Conference of National Oral History Association of New Zealand, Wellington in September with Debbie Dunsford, Linda Bryder and Margaret Horsburgh: "I've loved what I've done': New Zealand nurses share their stories" and in Melbourne during October at the 40th Annual Conference of the Australian College of Mental Health Nurses: "We did our best to be loving and caring': Mental health nurses reflect on the past".

Dr Julia Slark presented "Studies of stroke survivors in long term care: A review of the literature" at the Asia Pacific Stroke Conference in Taipei, Taiwan in September.

Dr Lisa Williams presented "Is there a better way to turn research into health care outcomes for older adults?" at the New Zealand Association of Gerontology Conference, Dunedin, in September.

TE PĀKEKETANGA RUNNING AHEAD OF SCHEDULE FOR FIRST YEAR

The *Te Pākeketanga: Living and Dying in Old Age* research team has completed 39 interviews with whānau/families for 34 different LILACS participants. Twelve participants have been Māori and twenty non-Māori. "We're ahead of schedule," said Dr Tess Moeke-Maxwell, the field research team leader. "Our goal is to conduct interviews with the whānau or families of 60 people who participated in LILACs and have now died."

The results of the research will help to inform local health services about the needs of older people at the end of life and their whānau and families. "The study also gives whānau and family the opportunity to celebrate the lives of their kaumātua or older people who have recently died," Tess said.

In the past year, three more researchers have joined Te Pākeketanga: Dr Gabriella Trussardi, research assistant; Dr Janine Wiles, senior lecturer in Social & Community Health and Dr Clare Gardiner, senior lecturer in Nursing. All three are contributing to data analysis.

RESULTS IN FOR INTERNATIONAL HEALTH LITERACY STUDY

Associate Professor Robyn Dixon, in conjunction with WUN collaborators, led a study to validate the Health Literacy Questionnaire (HLQ) among university students training to become health professionals. As a result, early in 2014, 1591 health professional students

What is the HLQ?

The Health Literacy Questionnaire is a new measure of health literacy that comprehensively captures the concept of health literacy and provides detailed information about what needs to be done to improve systems and services. It is patient-centred and was derived from extensive consultation with patients and practitioners.

It consists of nine domains: feeling understood and supported by healthcare providers; having sufficient information to manage my health; actively managing my health; social support for health; appraisal of health information; ability to actively engage with healthcare providers; navigating the healthcare system; ability to find good health information and understanding health information well enough to know what to do.

from seven universities in Australia, New Zealand, England and Hong Kong completed an online version of the HLQ.

Respondents were anonymous and the final sample comprised roughly similar proportions of doctors, nurses and allied health professionals. Students in their first year of study made up the majority of participants and three quarters of them were female.

Preliminary findings

Initial psychometric analysis confirmed the validity of the HLQ with this population. Overall students scored higher on the beliefs and attitudes domains of the HLQ than on the behavioural domains.

Student doctors in their first year of study had comparatively higher scores on items that measured whether they felt understood by their health care professional than student doctors who had been studying for three or more years.

Results from the 90 University of Auckland nursing students who completed the HLQ revealed that Students in year three had higher HL scores than those in year 1. Across a number of domains there were significant differences in scores between students born in New Zealand and students born elsewhere.

Where to next

Now that the HLQ has been validated in this population, the project, using the methods established in the validation study, is being expanded. To this end, 36 collaborators from tertiary institutions in 20 countries have expressed an interest in being involved in the project.

SCHOOL OF NURSING FUNDS FOUR NEW STUDIES

Each year the School of Nursing supports staff research by allocating PBRF funds for seeding grants. For 2015, four projects received funding for up to \$10,000 each:

Dr Rosemary Frey: *Supportive Holistic Aged Residential Education (SHARE): A pilot study.* In collaboration with Mercy Hospice, Auckland, the project will pilot SHARE, an innovative problem-based experiential learning intervention to enhance residential aged care skills of palliative care staff.

Co-researchers: Lynda Smith, Jenny Thurston, Michal Boyd, Jackie Robinson, Merryn Gott, Tess Moeke-Maxwell, Sue Foster

Deb Somerville: *Does completing a post graduate advanced assessment and clinical reasoning paper influence nursing practice? An exploratory study*

Deb is seeking to identify whether completing a post-graduate assessment and clinical reasoning paper influences nurses' clinical practice. She and co-researcher Michael Crossan will use



Clockwise from left: Lisa Williams, Gigi Lim, Rosemary Frey and Deb Somerville

a mix-methods approach with the 80 students enrolled in the paper in the first semester of 2015.

Dr Lisa Williams: *Celebrating whānau end of life caregiving stories using digital storytelling: A pilot project*

Digital storytelling has been successfully employed in many disciplines to help people create short, autobiographical videos about a subject that has deep meaning for them. The purpose of this project is to explore digital storytelling's usefulness as a research method by inviting Māori participants to develop stories around whānau experiences of providing end of life care for kaumatua. Co-researchers: Tess Moeke-Maxwell, Stella Black, Rosemary Frey, Gabriella Trussardi and Merryn Gott.

Dr Gigi Lim: *Developmental origins of health and disease.* This project is an arm of a larger, international collaborative study that is using Developmental Origins of Health and Disease (DOHaD) theory to promote science and health literacy amongst the public and health professionals. DOHaD theory posits the link between non-communicable diseases, such as Type 2 diabetes acquired in later life, with parental and individual lifestyles.

Co researchers are from the Liggins Institute, Department of Nutrition, in the Faculty of Medical and Health Sciences, the University of Auckland and Fuji Women's University in Japan.



Researcher Profile

CREATING RESEARCH THAT CONNECTS

Dr Jacquie Kidd is a senior lecturer based in Hamilton, and is of Nga Puhī descent. She teaches mental health nursing to post-graduate nurses. An important aspect of her research practice is assisting mental health service users to develop and sustain research capacity. As part of our ongoing series that features School of Nursing researchers, we asked her to talk about her research interests and perspectives.

Like many nurses, I've come to academic life fairly late in my life. I left school at 16, had the first of 4 babies at 18 and studied for my nursing diploma as a single mother. I don't have much patience for the 'ivory tower' kind of academic work because I want to give back to the kind of ordinary New Zealand communities I have lived in where money is scarce and the main resource is found in the people's connection with each other.



As a mental health nurse, my career has been about listening to people's stories and helping them to make sense of what's happening for them. In my research role, I'm still doing that work but on a different level.

In the mental health arena people's lives are being categorised according to some quite arbitrary rules around diagnoses and treatment. There are some effective alternatives to this way of looking at the world, but although there is some exciting new research happening, it's not yet at the critical mass stage where it can challenge the status quo.

We need to create spaces for new conversations about what it means to experience mental distress and how recovery happens; the key voices in those conversations must be people with lived experience of mental illness. Research has a role in legitimising those voices, and researchers have a role in

creating funding and dissemination opportunities for that to happen.

These core beliefs underpin my eclectic approach to the work I'm doing. The uniting feature across all my projects tends to be engagement with the community and methodologies that re-present people's stories as they want to have them told. The health literacy project I just completed (Kia Mau te Kahu Whakamauru: Health Literacy in Palliative Care) is an example. It involved Māori patients, whānau and communities and palliative care providers.

“We need to create spaces for new conversations about what it means to experience mental distress and how recovery happens ...”

Through focus groups and semi-structured interviews with them we learned about the difficulties Māori face concerning palliative care. A mention of just one finding gives a glimpse of the barriers: late access to palliative care happens for a variety of reasons, but it means there is inadequate time for patients, whānau and service providers to make the necessary connections so they can negotiate health literacy demands, access satisfactory support or arrange for patients' preferred death experience.

Now I am currently working on two projects around the area of accommodation and housing. One of these is co-produced with mental health service users and service providers, and is focused on mapping the landscape of housing support for people with mental health problems. The project is exciting because we're discovering new perspectives on how housing support services can help people in their recovery journeys.

Apart from the value of the research itself, co-production is heaps of fun because of the diverse group who are committed to finding the common ground that will produce useful research that resonates with stakeholders. People who are involved in the project include service users, service user researchers, service providers, and strategists as well as academics.

Finally, one of my main goals is to disseminate my research in ways that engage with people's emotions and make them want to participate in change. I think one of the most satisfying and fun ways of doing that is to use short stories, plays, and poetry to disseminate research findings.

I'm very stoked to have had my creative work published in research texts and peer reviewed journals as research papers, and have been participating in NaNoWriMo (the internationally motivating National Novel Writing Month) during November to prepare my next manuscript.

WHAT CONTRIBUTION DO PRACTICE NURSES MAKE TO END OF LIFE CARE?

Many people with end of life (EoL) needs receive care from their GPs, yet we know little about how primary care nurses contribute to that care. As populations are ageing, healthcare is turning more and more to primary health providers for more generalist palliative care provision, which makes addressing this issue increasingly important.

To help bridge the gap in knowledge, Susan Waterworth and Deborah Raphael interviewed twenty-one practice nurses (PNs) from a selection of rural and urban areas in New Zealand. They asked them about their experiences providing EoL care to older patients with multiple long-term conditions such as heart failure. Their involvement in Advance Care Planning (ACP) was a particular focus. ACP involves planning for the future care of patients with chronic or acute medical conditions that may lead to an inability to make their own health care decisions.

The results of the study indicated that the PNs had varied involvement in end of life care as well as limited education and training around the subject.

Varied involvement

GPs were more likely to hold end of life conversations with patients, as well as act as the lead care provider. The nurses saw GPs as having more authority to initiate ACP conversations, particularly when they involved discussion of legal issues. Individual nurse involvement in EoL care varied, influenced by the context in which they worked, their role in the practice and the GP's commitment to involving them in the patients' care and management. Funding affected the type of services the PNs could provide. In particular, the PNs described how funding in NZ is set up to enable EoL patients access to free GP visits, but not necessarily free nurse visits. Funding was also seen as something that would help to

enable home visits by nurses, which would allow more in-depth and holistic consultations to take place to determine patients' social as well as medical needs. One study participant commented, "... it would be awesome for the practice nurses to actually be able to do home visits and have a much better idea than just the doctor going ... our docs do home visits but it's still medically orientated."

A need for more training

The PNs indicated they needed more training in order to discuss ACP with patients. Reasons given for lack of training included no time or opportunity to attend, inconvenient timing and no funding. The learning they did have came 'on the job' or from doing their own reading about EoL care: "I think we've just picked it up as we've gone along..." one study participant reported. The PNs also stated that education and training around ACP and EoL tends to be geared toward GPs rather than nurses.

What PNs can (and do) contribute to EoL care

Despite limitations to their involvement, PNs contribute to EoL care and believe there's more than can do if given the opportunity. They mentioned that they had more time to spend with patients than GPs, and they often reported on being a 'point of contact' for patients because of their availability and role as coordinator of other services.

PNs also spoke of the supportive care they provided, such as advocating to ensure patients received the best palliative care possible. "I work in a rural community, we don't just [deal with] the patient, we know the whole family, we have the bigger picture," said one nurse. "We have quite a strong family focus and approach. For me it is about creating support networks and referring onto community support so that all the bases are covered, to make the end of life more comfortable and easy if possible."

Making the most of the professionals already on hand

PNs are already involved in supporting people with long-term conditions. Incorporating end of life care, including advance care planning, offers primary care practices an opportunity to maximise the PN role. Prioritising the development of their palliative care knowledge and skills would build on their existing strengths and enhance patient care.

To read more about the study see: Raphael D., Waterworth S., & Gott M. (2014). The role of practice nurses in providing palliative and end-of-life care to older patients with long-term conditions. *Int J Palliat Nurs*, 20(8), 373-379. doi: 10.12968/ijpn.2014.20.8.373



Study participants

Participants were purposively sampled from a database of 60 nurses who had already completed postgraduate study in long-term condition management in NZ universities. This group was targeted because they could be considered key informants on their practice and had already shown a commitment to identifying ways in which this could be improved.

Potential participants from both rural and urban areas of NZ were contacted by either letter or email and invited to participate. Sampling from rural and urban areas was intended to provide a varied picture of PN practices in NZ to reflect population characteristics.



HOW DO THEY DECIDE?

Natalie Anderson explains her PhD research that explores the experience of those tasked with making life and death decisions around CPR.

Natalie is a professional teaching fellow and currently-practising registered nurse, with clinical experience in pre-hospital, intensive care and emergency department settings. Her dual-discipline academic background in nursing and health psychology has led to a research interest in the behaviour and experiences of health professionals when faced with challenging clinical, ethical or emotional situations. This year she was awarded a University of Auckland Doctoral Scholarship.

The decision to terminate cardiopulmonary resuscitation can be a challenging one. It effectively transitions a scene characterised by hope and valiant, demonstrative efforts to restore life, to one of hopelessness, grief and defeat. During resuscitation, there is a patient – a person – to be saved. Once resuscitation efforts cease, death is declared, and the status of the lifeless patient changes - to corpse.

“Although the challenges of resuscitation decision-making are widely acknowledged, there is little research exploring resuscitators’ experiences of such decision-making...”

Throughout my career, I have had significant involvement caring for out of hospital cardiac arrest (OHCA) patients and their families. Every year thousands of people, at homes or in the community, cardiac arrest - their hearts stop pumping blood around their body. Timely commencement of basic life support gives patients with reversible

causes of cardiac arrest the best chance at survival.

However, the window for effective intervention is fleetingly brief, and many causes of cardiac arrest cannot be effectively treated. In some cases, cardiac arrest may herald an unavoidable, or expected, death. Accordingly, the vast majority of OHCA resuscitation attempts fail to restart the patient’s heart, or only prolong life by a few hours, or days.

Worldwide patient outcome data has been used to validate medical criteria for termination of resuscitation, but establishing medical futility is sometimes fraught. Authority for professional resuscitators to withhold or terminate resuscitation efforts, and criteria for such a decision, varies internationally. Policies and procedures often leave significant room for discretionary decision-making, including consideration of non-medical factors, on the part of the resuscitator.

Where patients cardiac arrest in the community, there may be very limited contextual information. With a focus on commencing basic life support with minimal delay, it can take time for resuscitators to gather reliable information, to make their decision.

Although the challenges of resuscitation decision-making are widely acknowledged,

there is little research exploring resuscitators’ experiences of such decision-making, or seeking first-hand the factors that inform such decisions.

My research is exploring the experience of those tasked with deciding when to start, continue, withhold or terminate resuscitation attempts, when faced with OHCA patients. The initial, qualitative phase explores the characteristics of ethically and clinically challenging resuscitation decision-making, and seeks the factors resuscitators use to inform their decisions.

Results from this study will be used to develop an online questionnaire that measures the perceived importance of identified decision-making factors, allowing comparisons between professional resuscitator groups.

Awareness of the key factors informing resuscitation decision-making could improve communication between providers as they better prioritise gathering and handover of information. Findings from this research will be used to provide recommendations to clinical educators, policy-makers and future researchers, to better support providers where resuscitation decision-making is most challenging.

Professor Merryn Gott and Dr Clare Gardiner are Natalie’s supervisors.

MENTAL HEALTH NURSES' NARRATIVES OF ALCOHOL

An interview with Michele Yeoman

by Kate Prebble

Michele Yeoman is a Professional Teaching Fellow in the School of Nursing. She recently completed her Masters in Health Science. She is a mental health and addictions nurse with expertise in working with people with alcohol and drug problems.

Q. *What an interesting title for your thesis, Michele. What is it about?*

A. My study was about alcohol, a mind-altering substance that is normalised within New Zealand society. I was curious about why health professionals don't provide alcohol interventions in mental health settings even though alcohol is known to be a leading cause of accidents, ill-health and death. My aim was to explore the relationship between mental health nurses' personal and professional stories of alcohol. I hoped to gain an understanding of the influence this relationship may have on them not implementing alcohol interventions.

Q. *Why were you drawn to this topic?*

A. Although up to 50% of people accessing health services also suffer from some form of addiction, health professionals often don't intervene with their client's addiction problems. I was interested to explore this issue in relation to mental health nurses. I chose to focus on alcohol because it is the most commonly used drug in New Zealand. Because it is legal, I thought nurses would feel safer discussing their personal relationship with it.

Q. *Why did you use narrative inquiry as your methodology?*

A. Previous research on the reasons for health professionals not intervening with addictions has focused on barriers related to attitudes, skills and knowledge. Training has been offered to address

these deficits, but the non-intervening continues. I wondered if the problem was broader, perhaps something to do with the way our society views alcohol.

Story-telling seemed an ideal way to examine these broader issues. I interviewed eight mental health nurses about their professional and personal stories of alcohol then analysed the stories for meaning and looked for the relationship between their personal and professional narratives.

Q. *What did you find?*

A. My findings suggest that alcohol interventions are directly influenced by societal norms. Conflicting discourses of alcohol as a social norm and alcohol as a health problem are reproduced in nurses not implementing alcohol interventions with clients in mental health settings.

Nurses' personal and professional stories are intertwined, and this

relationship is framed within nurses living and working in a society that normalises and accepts problem drinking. Mental health nurses have existing skills and knowledge but are not clear about their role in implementing alcohol interventions. The participants' accounts showed their willingness to comply with professional expectations to intervene. However, their omission of examples from practice may indicate that interventions are occurring less than they believe they ought to.

Q. *What does this mean for nursing practice?*

A. These findings differ from many other studies where it has been proposed that nurses' negative attitudes and lack of skills and knowledge serve as barriers to intervention. These previously identified issues may indeed be barriers to intervening, but they are underpinned by the contradictions between social and health discourses of alcohol. If health professionals are to effectively address alcohol as a health issue, there needs to be significant change at all levels of society and health. My recommendations include legislative and policy changes, health management strategies, and professional support for front-line nurses.

IDEAS FOR INNOVATIVE PRACTICE

In health care innovation is hard, but dissemination is even harder. Education programmes that deploy contemporary education strategies to support the spread and implementation of innovative practice are required. The students of

Nursing 735, *Education for Clinical Practice*, developed and implemented in part their proposals for such an education programme. The four student groups participating were from the Waitemata, Waikato, Auckland, Counties Manukau, Canterbury, and Lakes DHBs. In November they gathered to present their innovative clinical education programmes, to share what they learned and to indicate their ongoing intentions to further evaluate and publish their work. Pictured above are the students from the Waitemata and Auckland DHB student group whose proposal was titled "Getting with the programme – enabling nurses with Professional Development and Recognition Programmes."



Back row: Amelia Condell, Linden Corbett
Front row: Summer Kern, Julie Reynolds, Cortilda Kanda

THE LIST: FROM CARDIO TO YOUTH AND ADOLESCENCE

One hundred publications published in 2014. A significant output on subjects that showcase our staff's particular areas of expertise. For direct links to the articles, visit the School of Nursing's research website (<https://www.fmhs.auckland.ac.nz/en/son/about/our-research.html>) and look for the online version of this edition of *Reason*.

Compiled by Gabriella Trussardi

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