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EDITORIAL

Looking back on 40 years of JAN.

James P. Smith Founding Editor

¹JAN. jan@wiley.com

It was with great relief and joy that, after two years' planning and with invaluable help from the first Editorial Board, the Journal of Advanced Nursing was finally launched in 1976. In my introductory editorial (Smith 1976), I stated that the aims of JAN were to become an international medium for the publication of scholarly papers and a means of documenting the growing body of nursing knowledge.

A modest 39 papers were published in volume 1, mostly from UK authors but some papers were accepted from authors in Canada, Denmark, Israel and the USA. Most of the authors were nurses or midwives: eight had doctorates; 14 held masters degrees; eight held bachelor's degrees and eight were non-graduates. Among the UK authors were eight future heads of new UK university nursing departments, six of whom were subsequently created professors. In a simple content analysis of the papers published in volume 1, I have found that 46% were related to nursing or midwifery practice, 26% to nursing education, 18% were about nurses and 10% were research reports.

Two papers were particularly interesting for me – one by Rosamond Gabrielson from the USA and the other by Peggy Nuttall from the UK. Miss Gabrielson discussed eruditely and in great detail the development of nursing in the USA over two centuries 'from untrained servant to skilled practitioner' which, in many ways, reflected the experience of the UK and most other countries where the complete evolution to skilled practitioner is unfortunately still ongoing. Miss Nuttall made a valiant attempt to predict the state of UK nursing in the year 2000 after conceding that, in 1975, 90% of nursing care in the UK was being given by untrained people. Future nursing needs, in her view, required nurses to abandon the stereotype of nursing as an exclusively hospital-based activity and to nurture, positively, the concept of primary health care – a view that is constantly reiterated by desperate healthcare leaders everywhere and one with which I wholeheartedly concur.

Perusing the contents of the last issue of JAN in 2015, I was quite pleased and reassured to note that my original aim of promoting the journal as an international scholarly journal and record of nursing knowledge had been well and truly accomplished. I already knew from personal communications that many authors have benefitted professionally by having their papers published in what I am proud to know is one of the most prestigious nursing journals in the world.

Many thanks and congratulations to the publishers and to all my editorial collaborators and successors, as well as the authors and readers, for their contributions to the extraordinary success of JAN's first 40 years.

EVIDENCE SYNTHESIS

Review Papers

Family-centred approaches to healthcare interventions in chronic diseases in adults: a quantitative systematic review

Deek H¹, Hamilton S², Brown N³, Inglis SC¹, Digiacomo M¹, Newton PJ¹, Noureddine S⁴, MacDonald PS⁵, Davidson PM⁶; FAMILY Project Investigators.

¹Centre for Cardiovascular and Chronic Care, Faculty of Health, University of Technology Sydney, Broadway, New South Wales, Australia.

²Western Australian Centre for Rural Health, University of Western Australia, Geraldton, Western Australia, Australia.

³Faculty of Health, University of Technology Sydney, Broadway, New South Wales, Australia.

⁴Rafic Hariri School of Nursing, American University of Beirut, Lebanon.

⁵Transplantation Research Laboratory at the Victor Chang Institute, St Vincent Hospital, Darlinghurst, New South Wales, Australia.

⁶Johns Hopkins School of Nursing Baltimore, Maryland, USA.

Abstract

Background: Increasingly there is a focus on self-care strategies for both malignant and non-malignant conditions. Models of self-care interventions have focussed on the individual and less on the broader context of family and society. In many societies, decision-making and health seeking behaviours, involve family members.

Objective: To identify elements of effective family-centred self-care interventions that are likely to improve outcomes of adults living with chronic conditions.

Design: Review paper.

Data sources: Medline (ovid), cinahl, academic search complete, psychinfo and scopus between 2000-2014.

Review methods: Quantitative studies targeting patient outcomes through family-centred interventions in adults were retrieved using systematic methods in January, 2015. Search terms used were: 'family', 'spouse', 'carer', 'caregiver', 'chronic', 'chronic disease', 'self-care', 'self-management' and 'self-efficacy'. Reference lists were reviewed. Risk of bias assessment was performed using the Cochrane Collaboration's tool. Data were reported using a narrative summary approach.

Results: Ten studies were identified. Improvements were noted in readmission rates, emergency department presentations, and anxiety levels using family-centred interventions compared with controls. Elements of effective interventions used were a family-centred approach, active learning strategy and transitional care with appropriate follow-up.

Conclusions: Involving the family in self-care has shown some positive results for patients with chronic conditions. The benefits of family-centred care may be more likely in specific socio-cultural contexts.

Limitations: The review has year limits and further research needs to identify support for both the patients and family caregivers.

Keywords: chronic disease; family; literature review; nursing; self-care; spouse

What is resilience? An Integrative Review of the empirical literature

Aburn G^{1,2}, **Gott M**³, **Hoare K**^{2,4}.

¹Paediatric Palliative Care, Starship Children's Health, Auckland, New Zealand.

²School of Nursing, University of Auckland, New Zealand.

³University of Auckland, New Zealand.

⁴Greenstone Family Clinic, Auckland, New Zealand.

Abstract

Aim: To use systematic methods to examine how resilience is defined in empirical research.

Background: Resilience is a term that is increasingly being used to describe and explain the complexities of individual and group responses to traumatic and challenging situations. It is now frequently mentioned in relation to many areas of nursing practice, including research. Given the increasing use of the term, it is timely to examine how resilience has been defined in empirical research.

Design: An integrative review of the empirical literature (2000-2015).

Data sources: Three health-related databases were searched: medline, psycinfo and the cumulative index for nursing and allied health (cinahl). Reference and citation tracking was performed on all articles included in the review.

Review methods: The methods described by whittemore and knafl were used to guide this review. Two reviewers were involved in screening articles for inclusion and in the data extraction process. Data were synthesized using the constant comparative method of analysis.

Results: One hundred articles were included in the final data analysis. The most significant finding of the review was that there is no universal definition of resilience. There were, however, some common themes identified: rising above, adaptation and adjustment, dynamic process, 'ordinary magic' and mental illness as a marker of resilience.

Conclusion: Despite the increasing use of the term 'resilience', this review has identified that there is no universal definition of resilience adopted in the research literature. Further research is required to explore this construct in the context of nursing.

Keywords: concept;definition;hardiness;integrative review;literature review; midwives; nurses; nursing; psychological endurance;resilience

Concept Analysis

Body image disturbance in adults treated for cancer – a concept analysis

Rhoten BA¹.

¹Vanderbilt University School of Nursing, Nashville, Tennessee, USA.

Abstract

Aim: To report an analysis of the concept of body image disturbance in adults who have been treated for cancer as a phenomenon of interest to nurses.

Background: Although the concept of body image disturbance has been clearly defined in adolescents and adults with eating disorders, adults who have been treated for cancer may also experience body image disturbance. In this context, the concept of body image disturbance has not been clearly defined.

Design: Concept analysis.

Data sources: PubMed, Psychological Information Database and Cumulative Index of Nursing and Allied Health Literature were searched for publications from 1937 – 2015. Search terms included body image, cancer, body image disturbance, adult and concept analysis.

Methods: Walker and Avant's 8-step method of concept analysis was used.

Results: The defining attributes of body image disturbance in adults who have been treated for cancer are: (1) self-perception of a change in appearance and displeasure with the change or perceived change in appearance; (2) decline in an area of function; and (3) psychological distress regarding changes in appearance and/or function.

Conclusions: This concept analysis provides a foundation for the development of multidimensional assessment tools and interventions to alleviate body image disturbance in this population. A better understanding of body image disturbance in adults treated for cancer will assist nurses and other clinicians in identifying this phenomenon and nurse scientists in developing instruments that accurately measure this condition, along with interventions that will promote a better quality of life for survivors.

Keywords: adult; appearance; body image disturbance; cancer; concept analysis; function; nursing; psychological distress

Investigating the concept of rest for research and practice

Bernhofer EI¹.

¹The Cleveland Clinic, Ohio, USA.

Abstract

Aims: To report an analysis of the concept of rest; to determine the conceptual maturity (consistent use and meaning) of rest in the current scientific literature and to present a theoretical definition of rest, providing a strong basis for research and practice.

Background; Rest is a physical, mental and spiritual human need, common to all humanity, and is frequently prescribed around the world as a treatment for many maladies. Yet the

concept of rest remains subjective, is vaguely defined and is often confused with sleep, limiting its utility for research and practice. Without a clear definition and understanding of rest and its parameters, its restorative benefits may not be realized and the advice to rest, based on little evidence, has limited usefulness and unknown risks.

Design: Concept analysis.

Data sources: The scientific, peer-reviewed literature of five healthcare disciplines whose practitioners recommend rest for their patients were queried: nursing, medicine, physical therapy, psychology and occupational therapy. Twenty-seven articles published between 1970–2015 were included.

Methods: The Morse criterion-based method of concept investigation was used.

Results: The epistemological, pragmatic, linguistic and logical descriptions of rest found in the literature revealed that the concept of rest remains immature, poorly defined, rarely operationalized and inconsistently used. Nevertheless, a cross-contextual definition of rest based on antecedents, attributes, boundaries and outcomes is emerging.

Conclusion: Based on the findings, a rudimentary understanding of rest emerged. Further research is necessary to develop an operational, evidence-based, definition of rest so it can be effectively studied and prescribed.

Keywords: body, mind and spirit; concept analysis; nursing; rest

Discussion Paper

A statement synthesis of emotional eating and body size recognition: advancing nursing science related to obesity research

Mareno N¹, Annesi JJ^{2,3}.

¹Kennesaw State University, Georgia, USA.

²Wellness Advancement YMCA of Metro Atlanta Georgia, Georgia, USA.

³Department of Health Promotion and Physical Education, Kennesaw State University, Georgia, USA.

Abstract

Aim: A discussion of a statement synthesis of the relationship between the concepts of emotional eating and body size recognition.

Background: The interrelatedness of the concepts of emotional eating and body size recognition is poorly understood; however, both factors significantly impact weight management. Nurses can be instrumental in developing more effective weight management interventions as a critical step in helping to ameliorate the public health burden of obesity.

Design: This discussion article reports a literary statement synthesis.

Data sources: Five quantitative research studies from 1996 - 2014 were identified, which examined the relationship between the concepts.

Implications for nursing: A relational statement delineating the direct association between the amount of self-reported emotional eating and an adult individual's recognition of their body size was constructed. Construction of a relational statement about emotional eating and recognition of body size is a step in the nursing theory-building process.

Conclusion: The constructed relational statement will guide future research and nursing theory development and may ultimately help to construct more effective weight management interventions.

Keywords: body size; emotional eating; nurses; nursing; nutrition; statement synthesis; theory

Instantiating informatics in nursing practice for integrated patient centred holistic models of care: a discussion paper

Hussey PA¹, Kennedy MA².

¹School of Nursing and Human Science, Dublin City University, Ireland.

²Clinical Informatics, Gevity Consulting Inc., Halifax, Nova Scotia, Canada.

Abstract

Aim: A discussion on how informatics knowledge and competencies can enable nursing to instantiate transition to integrated models of care.

Background: Costs of traditional models of care are no longer sustainable consequent to the spiralling incidence and costs of chronic illness. The international community looks towards technology-enabled solutions to support a shift towards integrated patient-centred models of care.

Design: Discussion paper.

Data sources: A search of the literature was performed dating from 2000–2015 and a purposeful data sample based on relevance to building the discussion was included.

Discussion: The holistic perspective of nursing knowledge can support and advance integrated healthcare models. Informatics skills are key for the profession to play a leadership role in design, implementation and operation of next generation health care. However, evidence suggests that nursing engagement with informatics strategic development for healthcare provision is currently variable.

Implications for nursing: A statistically significant need exists to progress health care towards integrated models of care. Strategic and tactical plans that are robustly pragmatic with nursing insights and expertise are an essential component to achieve effective healthcare provision. To avoid exclusion in the discourse dominated by management and technology experts, nursing leaders must develop and actively promote the advancement of nursing informatics skills. For knowledge in nursing practice to flourish in contemporary health care, nurse leaders will need to incorporate informatics for optimal translation and interpretation.

Conclusion: Defined nursing leadership roles informed by informatics are essential to generate concrete solutions sustaining nursing practice in integrated care models.

Keywords: advanced practice; informatics; nursing; nursing leadership; policy; professional development

RESEARCH PAPERS

Original Research: Empirical Research – Qualitative

Caught between compassion and control: exploring the challenges associated with inpatient adolescent mental healthcare in an independent hospital

Matthews H¹, Williamson I².

¹Centre for Technology Enhanced Health Research, Faculty of Health and Life Sciences, Coventry University, UK.

²School of Applied Social Sciences, De Montfort University, Leicester, UK.

Abstract

Aim: To extend our understanding of how healthcare assistants construct and manage demanding situations in a secure mental health setting and to explore the effects on their health and well-being, to provide recommendations for enhanced support.

Background: Contemporary literature acknowledges high rates of occupational stress and burnout among healthcare assistants, suggesting the context in which they work places them at elevated risk of physical harm and psychological distress. Yet, there is a deficit of qualitative research exploring the experiences of healthcare assistants in adolescent inpatient facilities.

Design: An exploratory multi-method qualitative approach was used to collect data about the challenges faced by healthcare assistants working on secure adolescent mental health wards in an independent hospital during 2014.

Method: Fifteen sets of data were collected. Ten participants completed diary entries and five participants were also interviewed allowing for triangulation. Data were analysed using Interpretive Phenomenological Analysis.

Findings: The findings illustrated how inpatient mental healthcare is a unique and distinctive area of nursing, where disturbing behaviour is often normalized and detached from the outside world. Healthcare assistants often experienced tension between their personal moral code which orientate them towards empathy and support and the emotional detachment and control expected by the organization, contributing to burnout and moral distress.

Conclusions: This study yielded insights into mental health nursing and specifically the phenomenon of moral distress. Given the ever-increasing demand for healthcare professionals, the effects of moral distress on both the lives of healthcare assistants and patient care, merits further study.

Keywords: burnout; diaries; healthcare assistants; mental health nursing; moral distress; phenomenology

Accounting for actions and omissions: a discourse analysis of student nurse accounts of responding to instances of poor care

Ion R¹, Smith K¹, Moir J¹, Nimmo S¹.

¹Abertay University, Dundee, UK.

Abstract

Aims: To explore how nursing students account for decisions to report or not report poor care witnessed on placement and to examine the implications of findings for educators.

Background: Concern has been raised about the extent to which cases of poor care go unreported. Failure to report cases may have serious consequences for patient safety.

Design: Semistructured interviews were conducted with 13 undergraduate students at a UK university during 2013. They were asked to consider their response to episodes of poor practice witnessed on placement.

Methods: Data were transcribed verbatim and categorized according to whether or not students reported concerns. Cases were analysed in accordance with Potter and Wetherall's version of discourse analysis to identify the discursive strategies used to account for decisions to report or not report poor practice.

Results: Participants took care to present themselves in a positive light regardless of whether or not they had reported an episode of concern. Those who had reported tended to attribute their actions to internal factors such as moral strength and a commitment to a professional code. Those who had not or would not report concerns provided accounts which referred to external influences that prevented them from doing so or made reporting pointless.

Conclusion: This study provides information about how students account for their actions and omissions in relation to the reporting of poor care. Findings suggest ways educators might increase reporting of concerns.

Keywords: concerns; neglect; nurse; poor practice; reporting; student; whistleblowing

The juxtaposition of ageing and nursing: the challenges and enablers of continuing to work in the latter stages of a nursing career

Clendon J^{1,2}, Walker L^{1,2}.

¹New Zealand Nurses Organisation, Wellington, New Zealand.

²Graduate School of Nursing and Midwifery, Victoria University of Wellington, New Zealand.

Abstract

Aims: To identify why some nurses cope well with continuing to work as they age and others struggle.

Background: There is a need to understand better the challenges older nurses face and how they manage them.

Design: Secondary analysis of existing data.

Methods: Data collected in two separate studies were analysed. The first study (2012) was an online, anonymous survey that collected free text (qualitative) and categorical data ($n = 3273$,

57.6% response rate). The second (2014) was an explorative, descriptive study that collected data through focus groups and interviews ($n = 46$). Qualitative data from both studies were analysed using David Thomas' (2006) general inductive approach. Research Ethics Committee approval was gained for the 2012 and 2014 studies.

Results: Data were categorised in two themes: the challenges of ageing and nursing; and factors that enable nurses to continue to practice. Physical challenges, fatigue, guilt, ageism and demands to complete continuing education were considered challenges. Maintaining personal fitness, self care, flexible working and a strong belief in their ability to contribute to the profession were present in older nurses who continued to practice.

Conclusion: While older nurses face growing physical and cognitive challenges as they age, they demonstrate strong resilience in the face of these challenges. It is recommended nurses seek support from their workplaces early to address challenges. Organisations must address ageism in the workplace and provide practical interventions such as supporting changes to work hours, shifting nurses to less physical roles and providing career planning to support resilience in older workers.

Keywords: New Zealand; ageing; career; nursing; older nurses; resilience; workforce

Empathy and stress in nurses working in haemodialysis: a qualitative study

Vioulac C¹, Aubree C², Massy ZA^{3,4}, Untas A¹.

¹Laboratory of Psychopathology and Health Psychology, Paris Descartes University, Boulogne-Billancourt, France.

²Division of Nephrology-Dialysis, Tenon Hospital, Paris, France.

³Division of Nephrology, Ambroise Paré Hospital, University of Versailles-Saint-Quentin-en-Yvelines, Boulogne-Billancourt/Paris, France.

⁴INSERM U-1018, CESP Team 5 (EpReC, Renal & Cardiovascular Epidemiology), Villejuif, France.

Abstract

Aims: To explore the concepts of empathy and stress in nurses working in haemodialysis units in France and their possible interactions.

Background: Nurses' work in haemodialysis is rather complex. It requires technical expertise, because of the peculiarity of the treatment, and emotional skills, to care for patients throughout a long-lasting therapy. Empathy is considered as a key in the concept of caring, which allows nurses to give appropriate answers to their patients' needs. In addition, nurses' work environment can generate stress.

Design: A qualitative descriptive design.

Method: Nurses ($N = 23$) working in haemodialysis units were interviewed in three different sites in 2014.

Results: The analysis of nurses' speech emphasized a predominance of the cognitive attributes of empathy: understanding, communication, adjusted response (43%), and a special feature of the relationship due to the chronicity of the care (23%). The main stressors highlighted were time management (14%), emergencies (12%) and technical nature of the task (8%). Nurses'

experience in haemodialysis seemed to be a modulating factor regarding empathy and stress. The main stressors highlighted were time management (14%), emergencies (12%) and technical nature of the task (8%). Nurses' experience in haemodialysis seemed to be a modulating factor regarding empathy and stress.

Conclusion: The results showed the special features of nurses' work in haemodialysis and the need for further studies to investigate these concepts. The influence of stress on empathy needs to be explored more precisely, especially regarding nurses' experience and its impact on patients.

Keywords: empathy; haemodialysis; nurse; qualitative methodology; stress

Tweet if you want to be sustainable: a thematic analysis of a Twitter chat to discuss sustainability in nurse education

Richardson J¹, Grose J¹, Nelmes P¹, Parra G², Linares M³.

¹Faculty of Health and Human Sciences, Plymouth University, UK.

²Faculty of Experimental Sciences, Jaen University, Spain.

³Faculty of Health Sciences, Jaen University, Spain.

Abstract

Aim: To explore the concept of sustainability in nursing using social media as a vehicle for discussion on the topic.

Background: There is a need for an increased awareness among nurses of the issues that are crucial for the healthcare sector to prepare for climate change and contribute to sustainable development. However, topics about sustainability and climate change are not a requirement of nursing curricula in Europe; social media provides an opportunity to raise issues and promote discussion.

Design: A thematic analysis of a Twitter discussion.

Methods: A Twitter discussion session hosted by @WeNurses took place on 24 March 2015 over 1 hour. Data were gathered via this online discussion hosted on Twitter, a social media platform. Following the discussion a thematic analysis of the posted Tweets was conducted.

Findings: One hundred and nineteen people posted nine hundred and ninety six Tweets, a reach of 3,306,368. Tweets broadly followed the questions posted by the team. Several threads related to the sustainable use of healthcare resources and the need to reduce waste was evident. A Word Cloud of the Tweets highlighted prominent words in the discussion: sustainability, nursing/nurses, curriculum, important, waste, practice, resources, student, plastic, health, gloves.

Conclusion: Social media is an effective way of engaging nurses and students in a discussion on challenging issues. Sustainability appears to be important for nurses, with a particular emphasis on resource use and the importance of sustainability topics in nurse education.

Keywords: climate change; curricula; education; nurses; social media; students; sustainability; Twitter

Cardiac rehabilitation patients' perspectives on the recovery following heart valve surgery: a narrative analysis

Hansen TB¹, Zwisler AD², Berg SK³, Sibilitz KL³, Buus N⁴, Lee A⁴.

¹Department of Cardiology, Roskilde Hospital, Denmark.

²National Centre of Rehabilitation and Palliation, University of Southern Denmark.

³The Heart Centre, Department of Cardiology, Rigshospitalet, Denmark.

⁴Institute of Public Health, University of Southern Denmark, Odense, Denmark.

Abstract

Aims: To explore the structure and content of narratives about the recovery process among patients undergoing heart valve surgery participating in cardiac rehabilitation.

Background: Several studies with short-term follow-up have shown that recovering from cardiac surgery can be challenging, but evidence on the long-term recovery process is very limited, especially following heart valve surgery. Furthermore, few studies have explored the recovery process among cardiac rehabilitation participants.

Design: A qualitative study with serial interviews analysed using narrative methods.

Methods: We collected data over 18 months (April 2013–October 2014). We recruited nine patients undergoing heart valve surgery from a randomized trial, CopenHeart_{VR} and conducted 27 individual narrative interviews at 2-3 weeks, 3-4 months and 8-9 months after surgery.

Findings: Following heart valve surgery, the participants expected to return to normality. The analysis identified four courses of recovery, with three non-linear complex pathways deviating from the classic restitution narrative: the frustrated struggle to resume normality, the challenged expectation of normality – being in a limbo and becoming a heart patient. These deviating pathways were characterized by physical, existential and mental challenges even up to 9 months after surgery.

Conclusion: The recovery processes of participants' in cardiac rehabilitation were often more complicated than anticipated. Patients undergoing heart valve surgery may benefit from more extensive medical follow-up immediately after discharge, individual psychological assessment and individualized, realistic information about the recovery trajectory.

Keywords: cardiac rehabilitation; heart valve surgery; narrative analysis; nursing; patient experience; recovery

Original Research: Empirical Research – Quantitative

Curvilinear effects of job characteristics on ill-being in the nursing profession: a cross-sectional study

Huyghebaert T^{1,2,3}, Gillet N^{1,3}, Lahiani FJ², Fouquereau E^{1,3}.

¹Département de Psychologie, EA 2114 Psychologie des Âges de la Vie, Université François-Rabelais de Tours, France.

²AD Conseil, Villemomble, France.

³FED 4223 Fédération Inter-régionale de Recherches en Sciences du Travail (FIRST), Tours, France.

Abstract

Aims: To investigate the curvilinear associations between two job characteristics (i.e. task identity and information processing) and negative outcomes (i.e. nurse need for recovery and negative affect).

Background: Research has historically demonstrated the beneficial effects of motivational job characteristics on several individual and organizational consequences. These job characteristics were indeed found to be positively and linearly related to positive outcomes such as job satisfaction. However, another stream of research contends that job characteristics may have curvilinear effects on employee well-being.

Design: A cross-sectional correlational design was used.

Method: Data were collected during June 2014, using a questionnaire survey. A convenience sample of French nurses and assistant nurses was recruited ($n = 269$). All participants were working in centres specialized in providing care to people with disabilities.

Results: This study demonstrated statistically significant curvilinear effects of job characteristics on nurses' ill-being, while controlling for their linear effects.

Conclusions: These findings support that nurses' job characteristics are associated with their ill-being in complex ways and provide organizational and managerial applications for healthcare centres.

Keywords: curvilinear effect; job characteristics; need for recovery; negative affect; nursing; work design

Temporal patterns of change in vital signs and Cardiac Arrest Risk Triage scores over the 48 hours preceding fatal in-hospital cardiac arrest

Oh H¹, Lee K^{1,2}, Seo W¹.

¹Department of Nursing, Inha University, Incheon, Korea.

²Surgical Intensive Care Unit, Inha University Hospital, Incheon, Korea.

Abstract

Aim: To determine temporal patterns of vital sign and Cardiac Arrest Risk Triage score changes over the 48-hour period preceding cardiac arrest in an ICU setting.

Background. Vital sign instability usually occurs prior to cardiac arrest. However, few studies have been conducted on the temporal patterns of individual vital signs preceding cardiac arrest.

Design: A retrospective case–control study.

Methods: The study subjects were 140 ICU patients (1 June 2011–31 December 2012): 46 died of cardiac arrest (case group), 45 died of other illnesses (control I group) and 49 were discharged after recovering (control II group).

Results: Initial detectable changes in blood pressure appeared 18–20 hours and became dramatic at 5–10 hours before cardiac arrest. Noticeable changes in heart rates began at 4 hours and became more prominent at 2 hours pre-arrest. No apparent patterns in respiratory rate changes were observed. Body temperatures usually indicated a hypothermic state pre-arrest. Cardiac Arrest Risk Triage scores were 16–18 at 48 hours pre-arrest and then continuously increased to 20. Only mean values of systolic blood pressures were significantly different between the three study groups. Mean diastolic blood pressures, heart rates, respiratory rates and Cardiac Arrest Risk Triage scores differed between the case and control II groups and between the control I and II groups.

Conclusion: The study demonstrates vital sign instability preceded cardiac arrest and that the temporal patterns of changes in individual vital signs and Cardiac Arrest Risk Triage scores differed between groups. The findings of this study may aid the development of management strategies for cardiac arrest.

Keywords: cardiac arrest; case-control study; critical care nursing; vital signs

Evaluation of the internal and external responsiveness of the Pressure Ulcer Scale for Healing (PUSH) tool for assessing acute and chronic wounds

Choi EP¹, Chin WY², Wan EY^{1,2}, Lam CL².

¹School of Nursing, The University of Hong Kong, Hong Kong.

²Department of Family Medicine and Primary Care, The University of Hong Kong, Hong Kong.

Abstract

Aim: To examine the internal and external responsiveness of the Pressure Ulcer Scale for Healing (PUSH) tool for assessing the healing progress in acute and chronic wounds.

Background: It is important to establish the responsiveness of instruments used in conducting wound care assessments to ensure that they are able to capture changes in wound healing accurately over time.

Design: Prospective longitudinal observational study.

Method: The key study instrument was the PUSH tool. Internal responsiveness was assessed using paired t-testing and effect size statistics. External responsiveness was assessed using multiple linear regression. All new patients with at least one eligible acute or chronic wound, enrolled in the Nurse and Allied Health Clinic-Wound Care programme between 1 December 2012 – 31 March 2013 were included for analysis ($N = 541$).

Results: Overall, the PUSH tool was able to detect statistically significant changes in wound healing between baseline and discharge. The effect size statistics were large. The internal responsiveness of the PUSH tool was confirmed in patients with a variety of different wound types including venous ulcers, pressure ulcers, neuropathic ulcers, burns and scalds, skin tears, surgical wounds and traumatic wounds. After controlling for age, gender and wound type, subjects in the 'wound improved but not healed' group had a smaller change in PUSH scores than those in the 'wound healed' group. Subjects in the 'wound static or worsened' group had the smallest change in PUSH scores. The external responsiveness was confirmed.

Conclusion: The internal and external responsiveness of the PUSH tool confirmed that it can be used to track the healing progress of both acute and chronic wounds.

Keywords: acute wound; chronic wound; nursing; responsiveness; wound assessment

Impact of nurses' cross-cultural competence on nursing intellectual capital from a social cognitive theory perspective

Lin HC^{1,2}.

¹Department of Health-Business and Administration, Fooyin University, Kaohsiung City, Taiwan.

²Department of Planning, Fooyin University Hospital, Pingtung County, Taiwan.

Abstract

Aims: To understand the relationships among certain key factors such as organizational climate, self-efficacy and outcome expectation on registered nurses, with regard to the development of registered nurses' cross-cultural competence. The focus is specifically on the use of a social cognitive framework for nurses for providing intercultural nursing care to international patients. This study also aims to examine the relationship between nurses' cross-cultural competence and nursing intellectual capital.

Background: Given the influence of globalization on healthcare services, healthcare providers need to have enough cross-cultural competence to effectively care for patients from different cultures. Thus, the development of cross-cultural competence in nursing care has become an important issue.

Design: A quantitative method and a cross-sectional design were employed in this study.

Methods: Data were collected from 309 RN working in 16 healthcare institutions in Taiwan from May to August 2013. Structural equation modelling, in combination with the smart partial least squares method, was used to measure the relationships in the research model.

Results: The results show that outcome expectation has a stronger impact on nurses' cross-cultural competence than self-efficacy. In addition, it was found that the cross-cultural competence of nurses has a positive impact on nursing intellectual capital.

Conclusion: Nursing supervisors should promote a higher level of outcome expectation on nurses to enhance the improvement of their cross-cultural competence. Raising the cross-cultural competence of nurses will aid in the accumulation of nursing intellectual capital.

Keywords: cross-cultural competence; nursing intellectual capital; social cognitive theory

The male of the species: a profile of men in nursing

Stanley D¹, Beament T², Falconer D³, Haigh M⁴, Saunders R⁴, Stanley K¹, Wall P⁵, Nielson S⁶.

¹Charles Sturt University, Bathurst, New South Wales, Australia.

²Edith Cowan University, Perth, Western Australia, Australia.

³The University of Notre Dame Australia, Perth, Western Australia, Australia.

⁴University of Western Australia, Perth, Western Australia, Australia.

⁵Murdoch University, Perth, Western Australia, Australia.

⁶Charles Sturt University, Wagga Wagga, New South Wales, Australia.

Abstract

Aim: To establish a profile of men in nursing in Western Australia and explore the perception of men in nursing from the perspective of male and female nurses.

Background: A project team, including some of the current authors, produced a YouTube video and DVD about men in nursing which led to further enquiry on this topic.

Design: The study employed a non-experimental, comparative, descriptive research design focused on a quantitative methodology, using an online survey in early 2014.

Method: A convenience sample incorporated registered and enrolled nurses and midwives in Western Australia.

Findings: The range of data included demographic information and the respondents' perceptions of men in nursing were collected. Findings indicated that the main reasons for choosing a career in nursing or midwifery were similar for both genders. Common misperceptions of men in nursing included: most male nurses are gay; men are not suited to nursing and men are less caring and compassionate than women. Suggestions to promote nursing to men included: nurses are highly skilled professionals; there is the potential to make a difference for patients; nursing offers stable employment, professional diversity and opportunities for team work. There is a diminished awareness of opportunities for men in nursing and negative stereotypes related to men in nursing persist.

Conclusion: The study produced recommendations which included: using the right message to target the recruitment for men and promoting a more realistic understanding of the profile and perception of men in nursing.

Keywords: men in nursing; nursing labour markets; quantitative research; survey; workforce issues

Emotional labour and work engagement among nurses: examining perceived compassion, leadership and work ethic as stress buffers

Mauno S^{1,2}, Ruokolainen M¹, Kinnunen U¹, De Bloom J¹.

¹School of Social Sciences and Humanities (Psychology), University of Tampere, Finland.

²Department of Psychology, University of Jyväskylä, Finland.

Abstract

Aim: The study examined whether three resources, that is, compassion, transformational leadership and work ethic feasibility, buffer against the negative effects of emotional labour on work engagement.

Background: Emotional labour is a common job stressor among nurses, but little is known about whether certain personal and work resources buffer against it in relation to work engagement. Revealing buffers of emotional labour would help organizations to design tailored interventions.

Design: Cross-sectional online survey conducted in 2014.

Methods: Participants were 3466 Finnish nurses. Hypotheses were tested via hierarchical moderated regression analyses.

Results: Higher emotional labour related to lower engagement. Two interaction effects were found. First, work ethic feasibility buffered against emotional labour: the nurses who perceived work ethic feasibility as high in a situation of high emotional labour, scored higher on engagement compared with those nurses who in this stress situation perceived work ethic feasibility to be low. Second, high compassion was detrimental to engagement in the presence of high emotional labour. Transformational leadership did not act as a buffer but showed a positive relationship with engagement.

Conclusion: Work ethic feasibility (being able to work according to high ethical standards) is an important resource in nursing as it protects an employee against the negative effects of emotional labour and as it also directly promotes engagement. However, compassion may not always be beneficial in nursing, especially if co-occurring with high job stress. Transformational leadership has potential to improve engagement in nursing although it may not operate as a stress buffer.

Keywords: compassion; emotional labour; interaction effect; job stress; nurse; occupational well-being; stress buffers; transformational leadership; work engagement; work ethic feasibility

Protocol

Impact on quality of life of a nursing intervention programme for patients with chronic non-cancer pain: an open, randomized controlled parallel study protocol

Morales-Fernandez A¹, Morales-Asencio JM², Canca-Sanchez JC¹, Moreno-Martin G¹, Vergara-Romero M¹; Group for pain management Hospital Costa del Sol Members.

¹Agencia Sanitaria Costa del Sol, Marbella, Málaga, Spain.

²Faculty of Health Sciences, University of Malaga, Spain.

Abstract

Aim: To determine the effect of a nurse led intervention programme for patients with chronic non-cancer pain.

Background: Chronic non-cancer pain is a widespread health problem and one that is insufficiently controlled. Nurses can play a vital role in painmanagement, using best practices in the assessment and management of pain under a holistic approach where the patient plays a proactive role in addressing the disease process. Improving the quality of life, reducing disability, achieving acceptance of health status, coping and breaking the vicious circle of pain should be the prime objectives of our care management programme.

Design: Open randomized parallel controlled study.

Methods: The experimental group will undertake one single initial session, followed by six group sessions led by nurses, aimed at empoweringpatients for the self-management of pain. Healthy behaviours will be encouraged, such as sleep and postural hygiene, promotion of physical activity and healthy eating. Educational interventions on self-esteem, pain-awareness, communication and relaxing techniques will be carried out. As primary end points, quality of life, perceived level of pain, anxiety and depression will be evaluated. Secondary end points will be coping and satisfaction. Follow-up will be performed at 12 and 24 weeks. The study was approved by the ethics and research committee costa del sol.

Discussion: If significant effects were detected, impact on quality of life through a nurse-led programme would offer a complementary service to existing pain clinics for a group of patients with frequent unmet needs.

Keywords: chronic pain; group therapy; nursing; pain management; patient education; quality of life

A randomized controlled trial protocol testing a decision support intervention for older patients with advanced kidney disease

Brown L^{1,2}, Gardner G¹, Bonner A^{1,2,3}.

¹School of Nursing, Queensland University of Technology, Brisbane, Queensland, Australia.

²Chronic Kidney Disease Centre for Research Excellence, University of Queensland, Brisbane, Queensland, Australia.

³Kidney Health Service, Royal Brisbane and Women's Hospital, Brisbane, Queensland, Australia.

Abstract

Aim: To assess the effectiveness of a decision support intervention using a pragmatic single blind Randomized Controlled Trial.

Background: Worldwide the proportion of older people (aged 65 years and over) is rising. This population is known to have a higher prevalence of chronic diseases including chronic kidney disease. The resultant effect of the changing health landscape is seen in the increase in older patients (aged ≥65 years) commencing on dialysis. Emerging evidence suggests that for some older patients dialysis may provide minimal benefit. In a majority of renal units non-dialysis management is offered as an alternative to undertaking dialysis. Research regarding decision-making support that is required to assist this population in choosing between dialysis or non-dialysis management is limited.

Design: A multisite single blinded pragmatic randomized controlled trial is proposed.

Methods: Patients will be recruited from four Queensland public hospitals and randomized into either the control or intervention group. The decision support intervention is multimodal and includes counselling provided by a trained nurse. The comparator is standard decision-making support. The primary outcomes are decisional regret and decisional conflict. Secondary outcomes are improved knowledge and quality of life. Ethics approval obtained November 2014.

Conclusion: This is one of the first randomized controlled trials assessing a decision support intervention in older people with advanced chronic kidney disease. The results may provide guidance for clinicians in future approaches to assist this population in decision-making to ensure reduced decisional regret and decisional conflict.

Keywords: chronic kidney disease; conservative kidney management; decision making; dialysis; non-dialysis management; nurse; randomized controlled trial

Research Methodology: Discussion Paper – Methodology

Narrative in nursing research: an overview of three approaches

Casey B¹, Proudfoot D¹, Corbally M¹.

¹School of Nursing and Human Sciences, Dublin City University, Ireland.

Abstract

Aim: The aim of this paper is to present and discuss three popular narrative research approaches which have been successfully used by the authors in nursing research. Examples of each approach are offered to illustrate potential application in healthcare contexts.

Background: The creation, function and interpretation of narratives are of increasing interest to nurse researchers worldwide. Currently a variety of narrative research approaches are used to explore how people make sense of experience. While this diversity adds to the richness and scope of the methodology, practitioners new to narrative research may struggle in determining which approach best suits their research purposes and contexts.

Design: This discussion paper presents the philosophical basis, methodology, strengths and challenges of the following three commonly used narrative approaches: murray's narrative framework, the biographical narrative interpretive method and arts-based narrative methods.

Data sources: Data sources dating from 1934-2014 were used. These included seminal texts and articles from nursing and social science journals on narrative and narrative research found in the cinahl, medline and psycinfo databases.

Implications for nursing: This discussion offers clarity and guidance to nurse researchers who are considering/ using narrative research methods to enquire into the storied nature of human experience and sense making processes.

Conclusions: Employing a specific narrative research approach requires close attention to the 'fit' of the research question/context with the particular method under consideration. While sharing some narrative commonalities, each of these three methods enables the emergence of unique analytic and interpretive perspectives about stories relevant to nursing practice.

Keywords: Murray's narrative framework; arts-based narrative methods; biographical narrative interpretive method; narrative methods; nursing research; research exemplars