

# Towards a public understanding of nursing

Elsie Stephenson  
memorial lecture 2016



*Roger Watson FRCN FRCP Edin FAAN*

*Professor of Nursing*







Elizabeth  
Nicolson



People I want to hit

## Why: "Towards a public understanding"?

THE FINAL REPORT OF THE LANCET COMMISSION on Nursing was issued to-day.<sup>1</sup> It will be remembered that the Commission was appointed in December, 1930, to inquire into the reasons for the shortage of candidates, trained and untrained, for nursing the sick in general and special hospitals throughout the country, and to offer suggestions for making the service more attractive to women suitable for this necessary work. The members of the Commission were :—

The Earl of CRAWFORD and BALCARRES, P.C., K.T., F.R.S. (Chairman).

Miss M. D. BROCK, O.B.E., M.A., Litt.D., Headmistress, the Mary Datchelor Girls' School.

Miss L. CLARK, M.B.E., R.R.C., Matron, Whipps Cross Hospital.

Prof. HENRY CLAY, M.A., D.Sc., late Professor of Social Economics in the University of Manchester.

Miss R. E. DARBYSHIRE, R.R.C., Matron, University College Hospital.

Prof. F. R. FRASER, M.D., F.R.C.P., Professor of Medicine in the University of London, Physician to St. Bartholomew's

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# Letters

We welcome all readers' letters, but reserve the right to edit them or withhold names and addresses. Please email: [letters@rcnpublishing.co.uk](mailto:letters@rcnpublishing.co.uk)

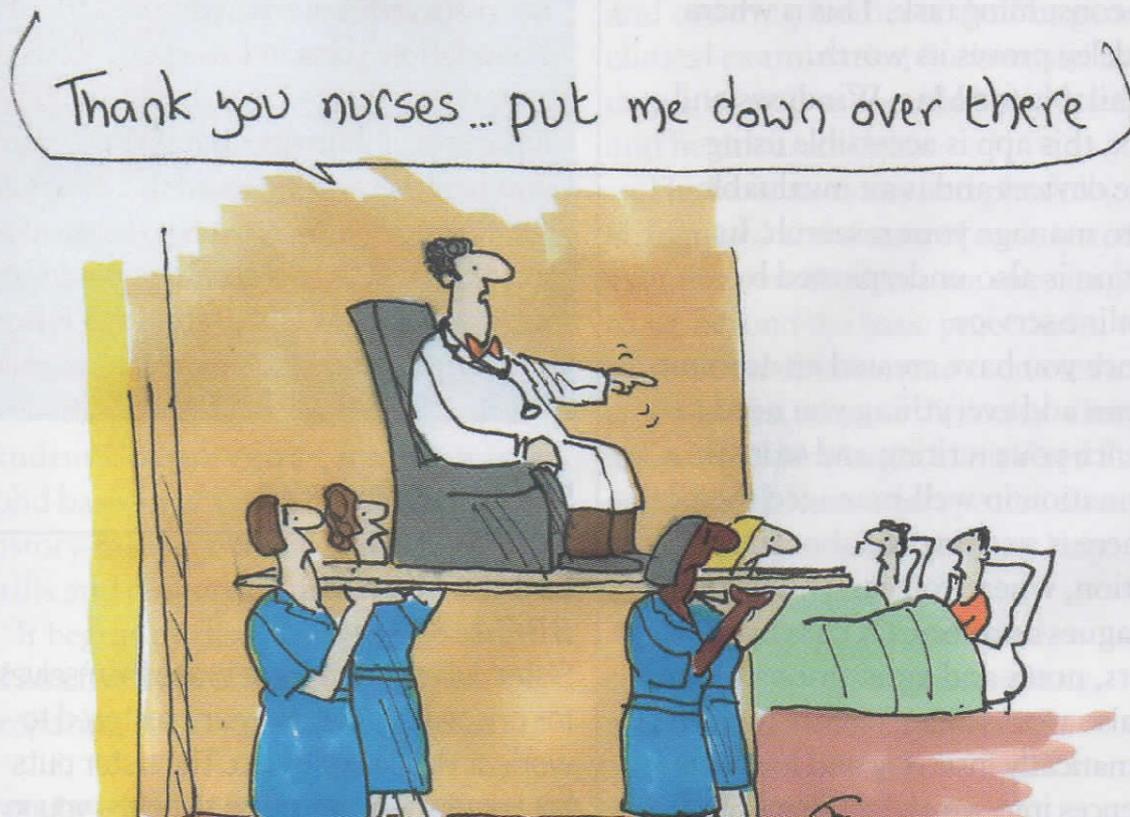
*Please keep letters to a maximum of 150 words, and include your full name, address and a daytime telephone number*

## Why does nursing have to rely on doctors to direct us to the right path?

**So, a medical journal, the Lancet, commissions 14 people (predominantly academics) to investigate problems with the image of nursing (News and Editorial January 22).**

While the commission may achieve positive outcomes, its contribution so far to the image of nursing is threefold: male nurses (and male nursing academics) are somehow better than female nurses (and female nursing academics). This must be the case, as nursing is approximately 89 per cent female, but only 43 per cent of the commissioners are women.

Second, nurses who practise, lead or manage nursing in clinical settings are not capable of contributing to the group



not capable of contributing to the group that discusses it; and third, nursing needs doctors to direct us to the right path.

The commission exemplifies many of the systemic conditions that have contributed to problems with the image (and reality) of nursing in the past, and it is infuriating to see them still powerful and present in 2014.

**Clare Warnock, practice development nurse,  
Sheffield Teaching Hospitals NHS Trust**

‘commissioners’ from the University of Hull, I wonder who gave the Lancet a nudge to sponsor this ‘commission’?

Whatever next I wonder – a Nursing Standard investigation into the work of doctors and medical scientists? I can only imagine the response from those professions.

Tony Butterworth FRCN CBE, by email

## Editorial: The public understanding of nursing – time for a step change?

Listening to a UK radio programme about choosing n comment made l Peter really stoo about his experien

Nobody really know they senior practitio they someone that drugs, are they going as nurses do – and g cure the stroke? What 'Who Wants' 'No-body really is...' – a statem

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and

*June Girvin*

*Professor of Nursing*

*Pro-Vice Chancellor and Dean*

*Faculty of Health and Life Sciences*

*Oxford Brookes University*

*Oxford*

*UK*

*twitter: @JuneinHE*

surely? More likely, *everybody* knows what a nurse is. Or at least, everybody *thinks* they know what a nurse is. But where does that knowledge come

service care failures (Keogh 2015), plus the increasing publicity around nursing shortages, have encouraged a view of nursing as a troubled profession. Writ

lives that an improved public under- stand- als r like hope both Th effort mean from nated into and has beca with have lic's nursing could learn from?

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Viewing nursing as merely the



# Who Wants to Be a Nurse?



Home

Episodes



## On demand

This programme is not currently available on BBC iPlayer Radio

Listening to a UK radio programme about choosing nursing as a career, a comment made by a student called Peter really stood out. Interviewed about his experiences, he said:

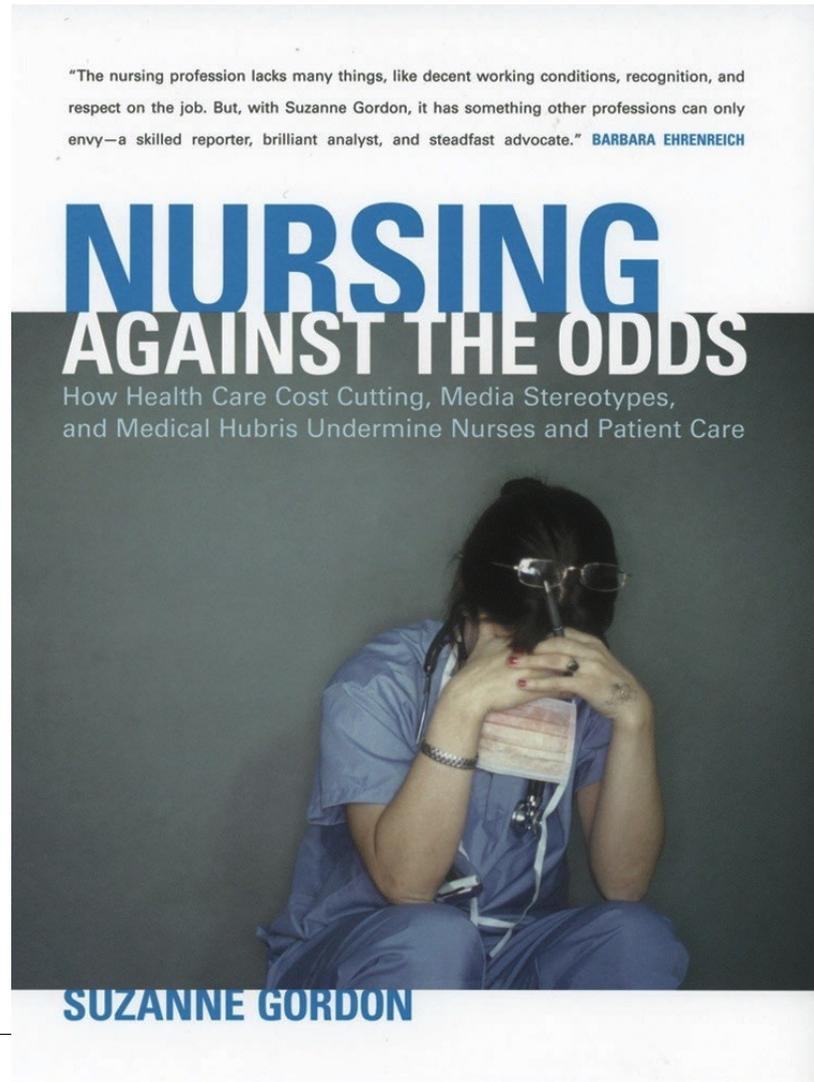
Nobody really knows what a nurse is. Are they senior practitioner, are they carer, are they someone that's going to prescribe drugs, are they going to diagnose a stroke – as nurses do – and give the thrombolysis to cure the stroke? What's their role?

‘Who Wants To Be A Nurse?’ (2015)

discourse around nursing remains stubbornly behind this progressive curve. As Shields (2013) says there is little shift in the public view from the stereotypes of 'heroine, harlot, harri-  
dan or handmaiden' and we repeatedly see these stereotypes played out in fictional accounts of nurses and nursing.

More recently, the Francis (2013) report and other reports into health service care failures (Keogh 2013), plus

# Media images of nursing



# Angels



But...when things go wrong...



# Demons



# 'Knee-jerk' reaction



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# Initiatives



## Francis report (2013)



# Four things you didn't know about nurses

- A highly trusted profession
  - Nurses have degrees
  - Nurses run clinics
  - Nurses do research
-

# A highly trusted profession

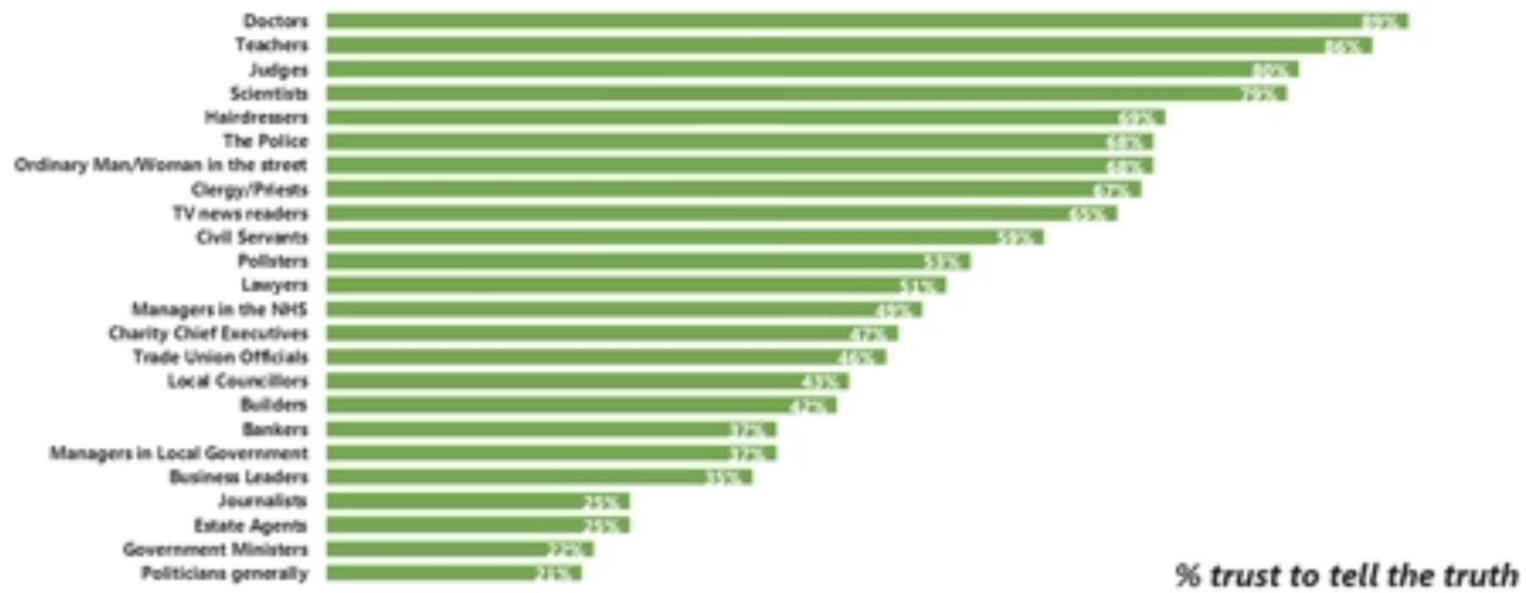
**TRUST ME**  
**+** I'M A **+**  
**NURSE.**





# Veracity Index 2015 – all professions overview

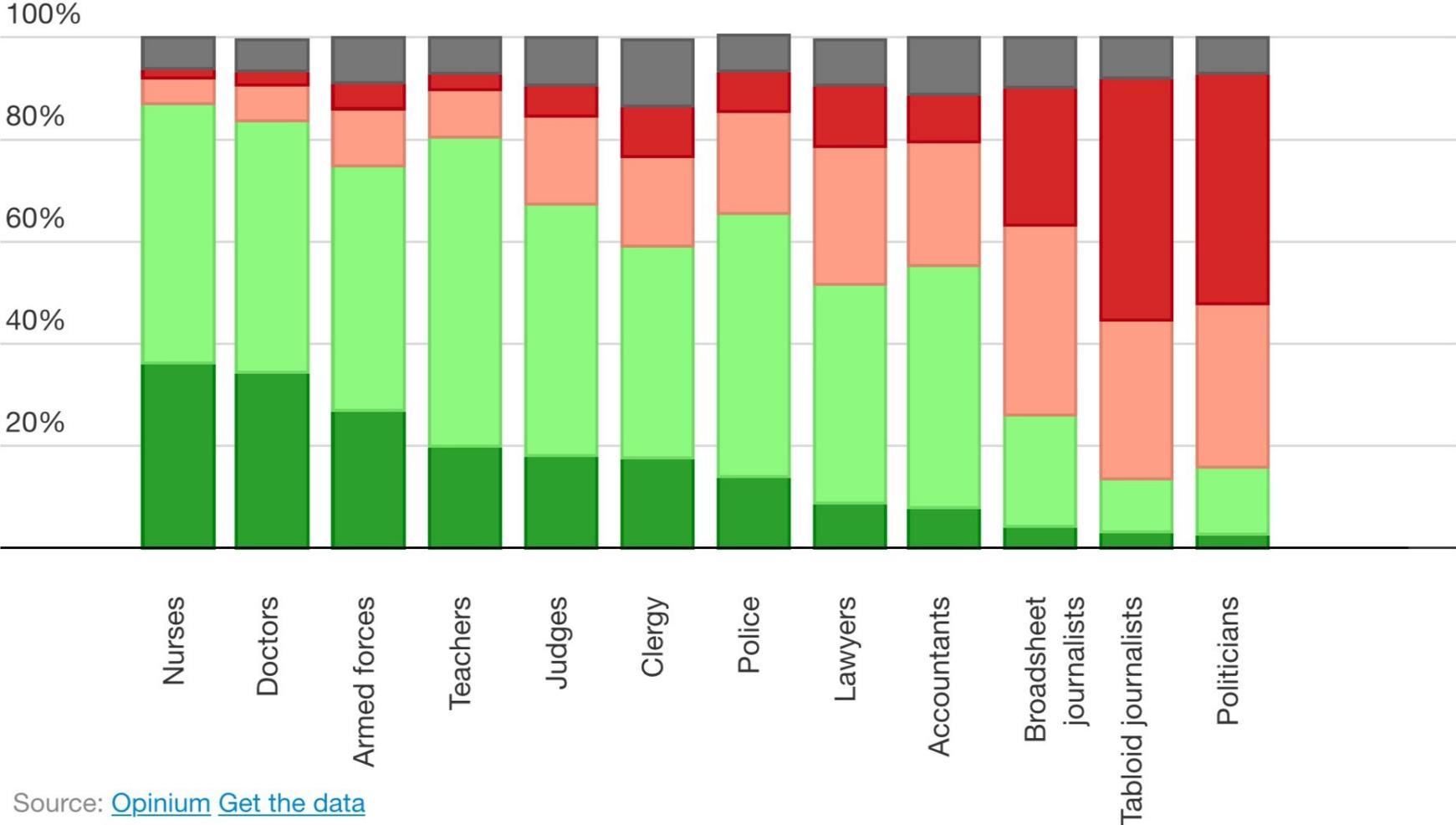
"Now I will read you a list of different types of people. For each would you tell me if you generally trust them to tell the truth, or not?"



# How trustworthy, if at all, would you say the people in the following professions are generally?

Survey of 2,002 people by Opinium.

Very trustworthy   Quite trustworthy   Not very trustworthy   Not at all trustworthy   Don't know, not sure



Source: [Opinium](#) [Get the data](#)

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# Nurses have degrees



frequently advertised in the section on notice boards throughout Broadcasting House. Even so, I could not have envisaged that 30 years later someone with the title "COO, FM&T" would be paid £182,000 a year; still less that there would be someone called "chief adviser, vision", who would receive a salary of £103,300. Add to these figures the fact that such executives will

Take, for example, Ofsted. This was an organisation originally designed to monitor schools, which then spread its tentacles into the field of childcare. You may recall that it gave Haringey council a "three star" rating for its child protection just days after Baby P had died. In the uproar that followed, Ofsted reassessed its original findings and declared

Conservative administration, a colossal budget deficit can be used as a justification; but the truth is that even if we had a surplus — rather than an annual deficit approaching £200 billion — it would be the right thing to do.

dominic.lawson@sunday-times.co.uk

SUNDAY TIMES ~~DAILY TELEGRAPH~~ 15 NOVEMBER 2009

# Oh nurse, your degree is a symptom of equality disease

One of the government's sillier initiatives was its announcement last week that in future all NHS nurses must have a university degree. From 2013, all would-be nurses will have to have taken a three- or four-year university course to enter the profession. The disastrous consequences of this ought to be obvious to the meanest Whitehall intelligence.

All sorts of people who might make excellent nurses will be put off, and lost to nursing: anyone who is not particularly academic; anyone who — frankly — is not particularly bright; anyone who has a vocation to care for patients without wishing



If, in the name of equality, at least half the country, rather than a tiny academic elite as before, must have a degree, degrees must become easier, to suit a wider range of intelligence, and universities must accept a greater number than before of students who are less bright.

If half of all sixth-formers need good A-levels to get to university, A-levels must become easier. If in the name of social justice more people ought to get upper seconds and firsts, degrees will have to become easier. But, quite inevitably, a degree that is easier is also by definition less professional. And a degree that is held by many is a degree that by definition has lost some of its status. You cannot have both equality and professional status: the attempt leads to

# Daily Mail

WED, MARCH 24, 2010

www.dailymail.co.uk

60p

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# YOU'RE NOT TOO POSH TO WASH A PATIENT

Minister orders nurses back to basics

**STUDENT** nurses are to be forced to work for a year as healthcare assistants to improve compassion in the NHS. The David Cameron approach comes amid claims that many trainee nurses, expected to

By James Chapman and Daniel Martin  
 ...graduate-level courses from within 100 post to start...  
 ...NHS...  
 ...will today announce that hospital nurses who have still had to have to work as a healthcare assistant or support worker first.

He will wash "hands in using...  
 ...clean...  
 ...1,200 patients at...  
 ...A...  
 ...to...  
 ...to Page 4



Victoria O'Brien (right) with her mother Louise

**Girl, 3, dies as buggy blows into road**  
 SEE PAGES 8-9

# **Sorry, Florence. No degree, no job**

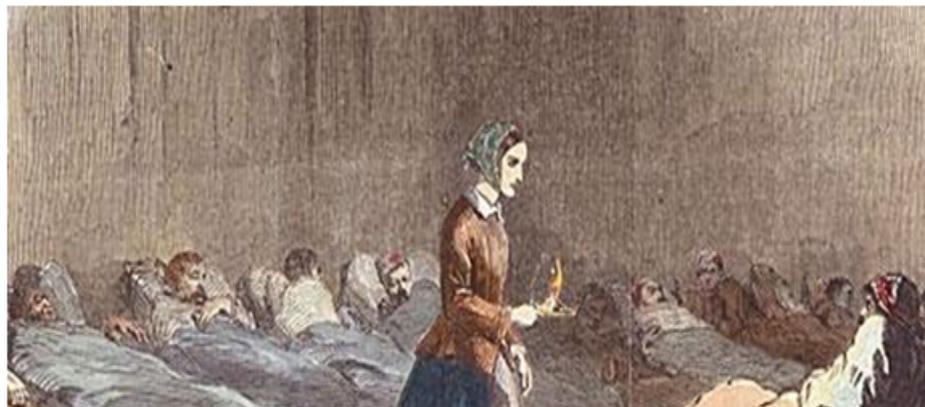
**The Government's latest proposals to improve care for patients will have the opposite effect – and leave nurses worse off, says Theodore Dalrymple.**

The Daily Telegraph

By Theodore Dalrymple

Published: 6:31AM GMT 13 Nov 2009

Comments [0](#) | [Comment on this article](#)



They were intelligent, dedicated, and team-spirited. Quite by chance, I worked with the best nurses anyone could have wished for.

Most of them did not have degrees; they were trained under the old apprenticeship system, and had learned on the job. They viewed the new graduate nurses with a jaundiced eye: not because they had anything against graduates as such, but because they found that the graduates were much more distant from and uninvolved with the patients. When they came from the halls of a university to do supposedly practical work on the wards, they were more likely to remain on the sidelines as observers rather than muck in.

Of course, medicine is a university course with a very large element of apprenticeship about it. But medicine is both a learned profession and a severely practical art, which nursing is not and is never likely to be.

While there is no reason in the abstract why nursing should not be a university course, we live in a concrete world, where certain things are happening, among them grade inflation for propagandistic purposes. A university degree (at least for the moment) has a connotation, namely that of the possession of intelligence and learning; but its denotation has changed.

# Allison Pearson



## Nurses shouldn't carry the bedpan for this crisis

Like a lot of people at our stage of life, my friend Claire is negotiating care for her elderly father. She is caught between the Scylla of a coronavirus-infected ward and the Charybdis of a residential home where a room with no view starts at £650 a week.

Visiting her dad in his other day, Claire was his young guy in the next bed told Claire that her father eaten for two days, but given him water. Meals brought to the 92-year-old but they were left out of attempt was made to get patient to eat. Nor was comment passed on the untouched plate when away. "What kind of pe doesn't even ask an old he hasn't tried his lunch?" asks my tearful, fearful friend.

The shocking thing is such stories don't shock us any more. They're not even unusual. When my mother woke up after her heart bypass last year, the first thing she murmured groggily was: "That poor lady opposite hasn't eaten anything." If a heavily drugged elderly woman can see that another patient isn't thriving, why the hell can't a nurse? Why does a sick young man have to crawl out of his bed in one of the country's better teaching hospitals to put a glass of water to Claire's father's lips? Surely that's the nurses' job.

Such dismaying neglect has caused the Government's plan to

agree. And why are nurses being made to carry the can – or the bedpan – for the Mid-Staffordshire scandal? It wasn't student nurses who were cruel and callous in that hospital; it was senior nurses and bureaucrats. One idealistic junior nurse, who complained repeatedly

patient climbing out of bed – all of which means they can't answer the call bell rung by another patient who needs a bedpan. Oh, and then there's filling in the paperwork to prove that they have, in fact, done all of the above. And people wonder why compassion is in

Making nursing a degree-entry profession was a disaster. It was like decreeing that motherhood should be for graduates only. You automatically excluded many of the best and gentlest candidates.



### Who cut staffing and spent money silencing whistleblowers? Not nurses, that's for sure

Cannot be sacked, NHS chief executive Sir David Nicholson. So who was responsible for a tick box culture that rained the completion of "tasks" above spending time with a person in pain? Who decided that tasks that needed doing on a ward should be split

– but in the same breath, publishes RCN claims that staff shortages are jeopardising patients. Perhaps the nurses are blowing the wrong kind of whistle.

This is not to say that the RCN doesn't need to be honest about the failings of some of its own members. Making nursing a degree-entry profession was a disaster. It was like decreeing that motherhood should be for graduates only. You automatically excluded many of the best and gentlest candidates. If degrees gave nurses more status, they also, quite understandably, made them less inclined to accept the "non-medical" tasks. It was about tinsmiths, not clean sheets. Too often, basic care became

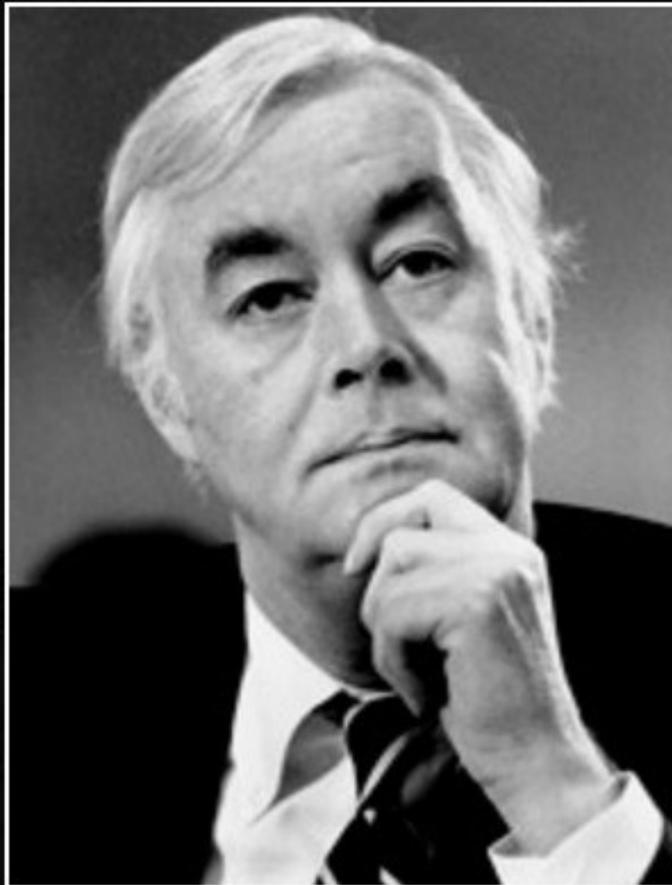


PHOTO BY REDUX

## Olivia

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You are entitled to your opinion. But  
you are not entitled to your own  
facts.

— *Daniel Patrick Moynihan* —

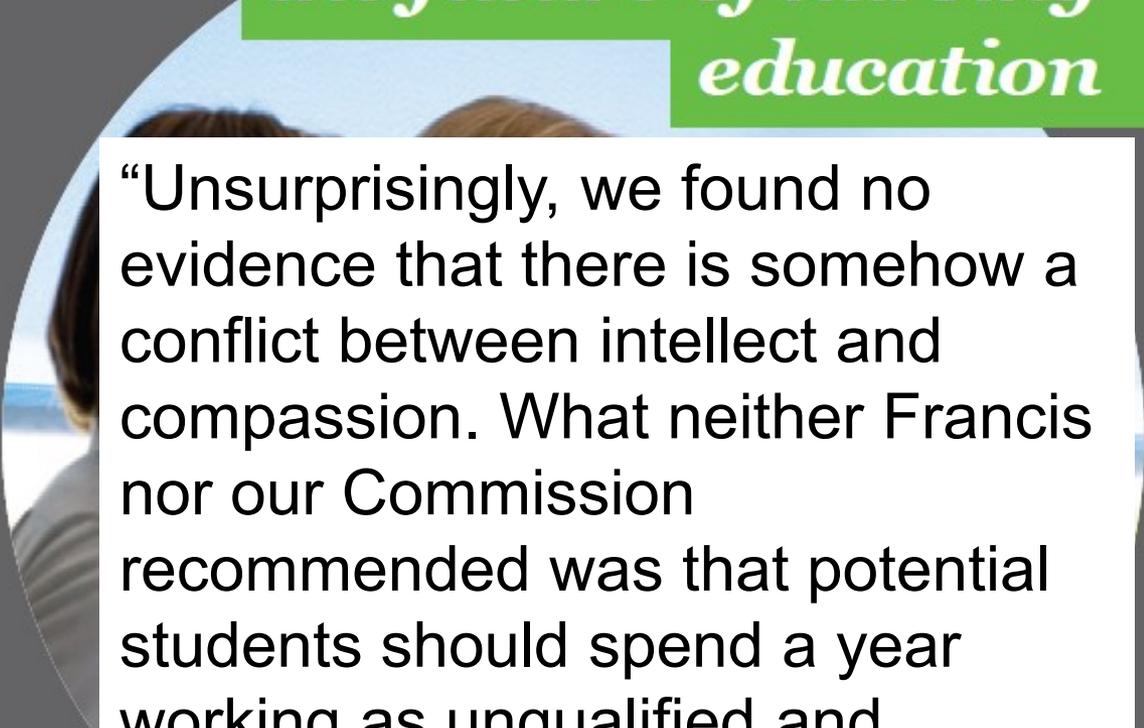
AZ QUOTES

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**EVIDENCE**

# *Quality with Compassion: the future of nursing education*



“Unsurprisingly, we found no evidence that there is somehow a conflict between intellect and compassion. What neither Francis nor our Commission recommended was that potential students should spend a year working as unqualified and unregulated health care support workers and, that by a process of osmosis, they would somehow be fit to become nursing students.”

**Report of the Willis Commission  
2012**





# The NEW ENGLAND JOURNAL of MEDICINE

...the Institute of Medicine issued a report in which it recommended that the proportion of nurses in the United States who hold at least a bachelor's degree be increased from the current level of 50% to 80%...

## Nurses for the Future

Linda H. Aiken, Ph.D., R.N.

On October 5, 2010, the Institute of Medicine (IOM) issued a report in which it recommended that the proportion of nurses in the United States who hold at least a bachelor's degree be

increased from its current level of 50% to 80% by 2020.<sup>1</sup> The education of nurses may seem to be a less pressing matter than providing access to care for millions of uninsured Americans and making care affordable, effective, and safe for all. Yet if we don't alter the historical patterns of nursing education, the

faculty members will reach retirement age; the anticipated attrition represents a crisis in the making, with potentially far-reaching consequences for the replenishment of the nurse workforce, which is itself on the verge of losing some 500,000 nurses to retirement.

The number of new graduates from nurse-practitioner programs

retail clinics staffed primarily by APRNs. APRNs have facilitated the largest expansion of community health centers since the 1960s, with 7354 sites throughout the country now providing care for more than 16 million people. Nurse anesthetists administer an estimated 30 million anesthetics to patients each year. Moreover, a number of health care reform initiatives are predicated on APRNs' filling a range of new roles in primary care, prevention, and care coordination.

Why has the graduation rate



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## Article outline

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## THE LANCET

Volume 383, Issue 9931, 24–30 May 2014, Pages 1824–1830



## Articles

## Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study

Prof Linda H Aiken, PhD<sup>a</sup>, , Douglas M Sloane, PhD<sup>a</sup>, Luk Bruyneeel, MS<sup>b</sup>, Koen Van den Heede, PhD<sup>b</sup>, Prof Peter Griffiths, PhD<sup>c</sup>, Prof Reinhard Busse, MD<sup>d</sup>, Marianna Diomidous, PhD<sup>e</sup>, Prof Juha Kinnunen, PhD<sup>f</sup>, Prof Maria Kózcza, PhD<sup>g</sup>, Prof Emmanuel Lesaffre, PhD<sup>h</sup>, Matthew D McHugh, PhD<sup>a</sup>, M T Moreno-Casbas, PhD<sup>i</sup>, Prof Anne Marie Rafferty, PhD<sup>j</sup>, Rene Schwendimann, PhD<sup>k</sup>, Prof P Anne Scott, PhD<sup>l</sup>, Prof Carol Tishelman, PhD<sup>m</sup>, Theo van Achterberg, PhD<sup>n</sup>, Prof Walter Sermeus, PhD<sup>b</sup>, for the RN4CAST consortium †

[+ Show more](#)

DOI: 10.1016/S0140673613626318

Refers To

**422 730 patients aged 50 years or older who underwent common surgeries in 300 hospitals in nine European countries.**

Referred to by The Lancet

Nursing in the UK: where next?

The Lancet 2014, 383(9931), 24–30 May 2014, Pages 1824–1830

## Findings

An increase in a nurses' workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7% (odds ratio 1·068, 95% CI 1·031–1·106), and **every 10% increase in bachelor's degree nurses was associated with a decrease in this likelihood by 7%** (0·929, 0·886–0·973). These associations imply that patients in hospitals in which 60% of nurses had bachelor's degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor's degrees and nurses cared for an average of eight patients.

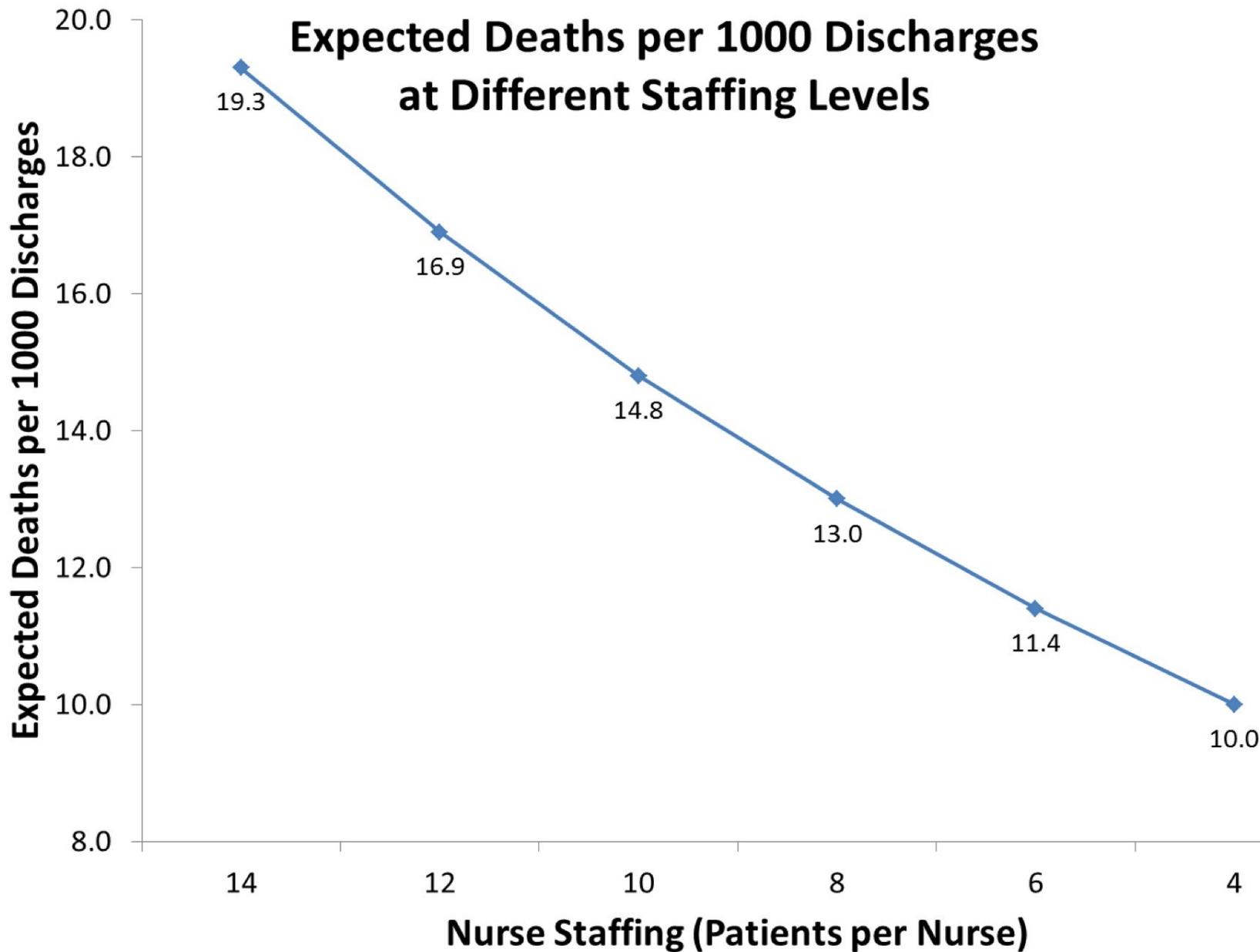
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## Findings

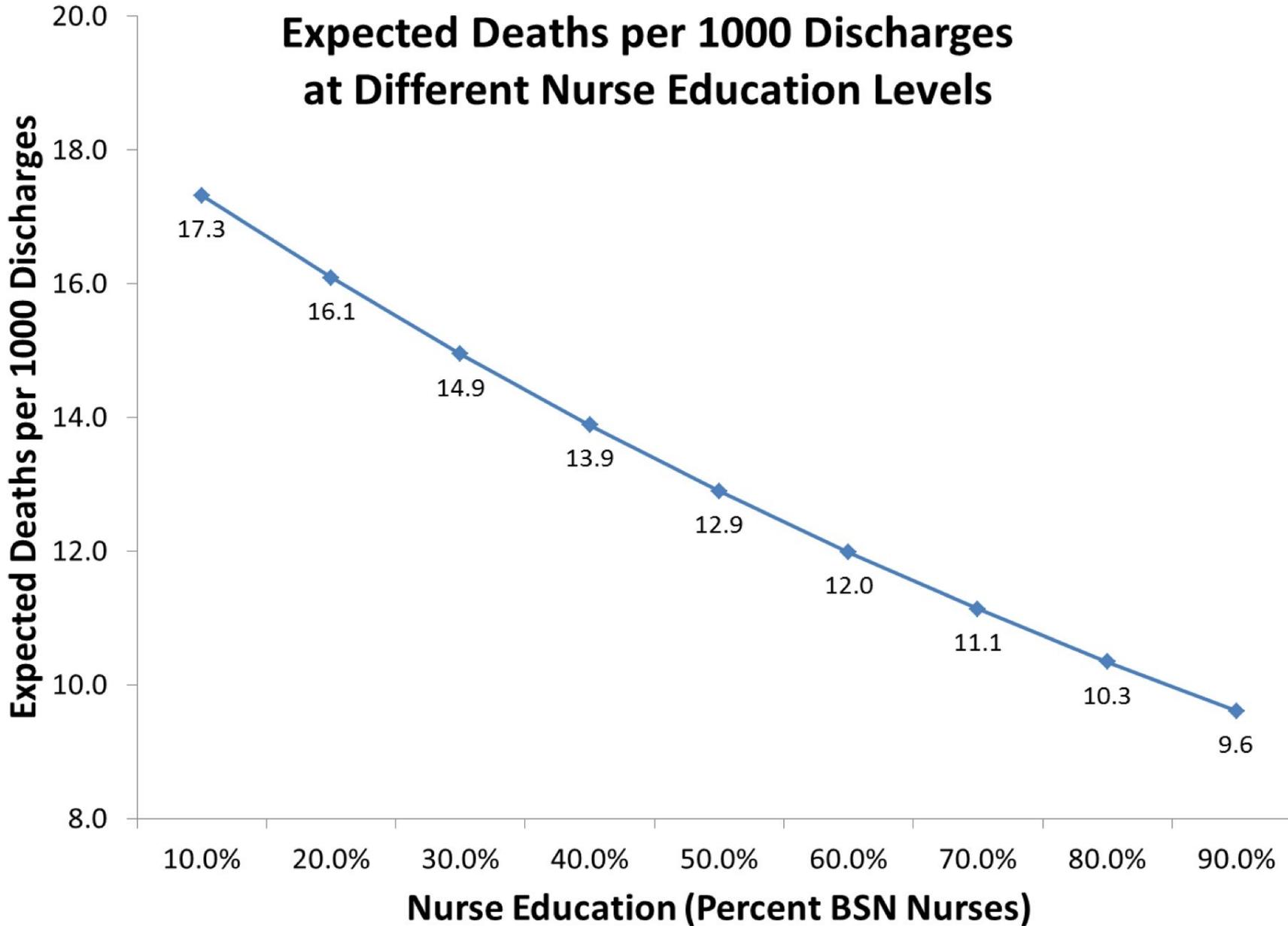
An increase in a nurses' workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7% (odds ratio 1·068, 95% CI 1·031–1·106), and every 10% increase in bachelor's degree nurses was associated with a decrease in this likelihood by 7% (0·929, 0·886–0·973). These associations imply that patients in hospitals in which 60% of nurses had bachelor's degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor's degrees and nurses cared for an average of eight patients.

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## Expected Deaths per 1000 Discharges at Different Staffing Levels



## Expected Deaths per 1000 Discharges at Different Nurse Education Levels



More



## ORIGINAL RESEARCH QUANTITATIVE

### The effect of Nurse

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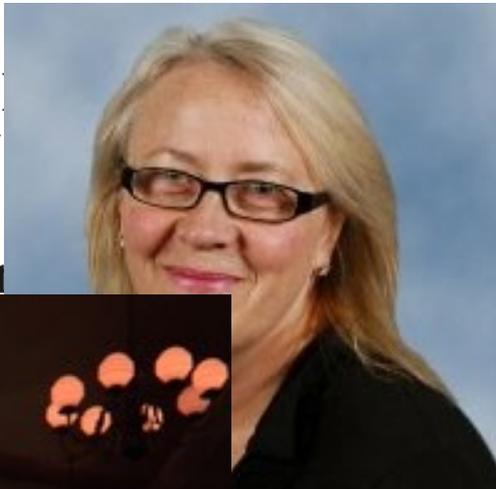
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## CAL RESEARCH

### on patient mortality ( study)



man, David R. Thompson, Roger Watson, Annie Topping & Richard Gray



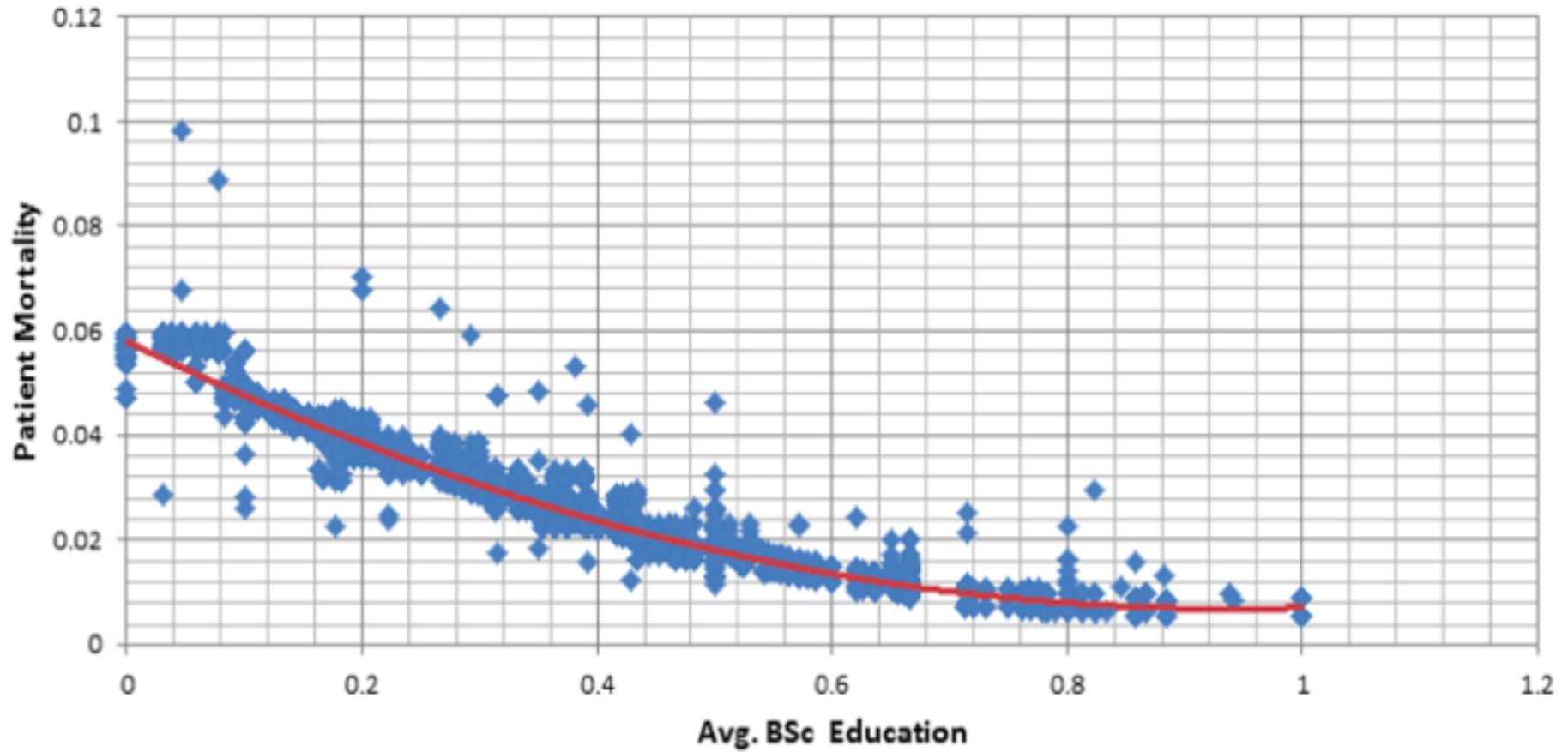
ANTARAS I., MAHFOUD Z.R., FORBY A.M., DESHPANDE D.H., WATSON Z. (2016) The effect of Nurse Graduation on patient mortality (the NuGaT study). *Journal of Advanced Nursing* 76: 1305-1312. doi: 10.1111/jan.13059

#### Abstract

To investigate the relationship between patient mortality and the



, CAN- . (2016) l survey 00-000.



# Francis report



## Focus on practice during ‘training’

1. In nurse training, education and professional development there should be an increased focus on the practical as well as the theoretical requirements of delivering compassionate care.
2. Training should be reviewed to ensure sufficient practical elements are incorporated for a consistent national standard to be achieved by all trainees.



## Pre-entry exposure

3. There should be a national entry-level requirement that students spend at least three months working in the direct care of patients under the supervision of a registered nurse. Such experience would ideally include older people and involve hands-on physical care. Satisfactory completion of this direct care experience should be a condition of continuing nurse training.



More





Contents lists available at ScienceDirect

## Nurse Education Today

journal homepage: [www.elsevier.com/nedt](http://www.elsevier.com/nedt)

# Do emotional intelligence and previous caring experience influence student nurse performance? A comparative analysis

Rosie Stenhouse<sup>a,\*</sup>, Austyn Snowden<sup>b</sup>, Jenny Young<sup>b</sup>, Fiona Carver<sup>b</sup>, Hannah Carver<sup>b</sup>, Norrie Brown

<sup>a</sup> University of Edinburgh, United Kingdom

<sup>b</sup> Edinburgh Napier University, United Kingdom

### ARTICLE INFO

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#### Keywords:

Emotional intelligence

Student nurse

Pre-registration

Performance

Previous caring experience

### ABSTRACT

**Background:** Reports of poor nursing care have focused attention on values based selection of candidate nursing programmes. Values based selection lacks clarity and valid measures. Previous caring experience might lead to better care. Emotional intelligence (EI) might be associated with performance, is construct valid and measurable.

**Objectives:** To examine the impact of 1) previous caring experience, 2) emotional intelligence 3) social desirability scores on performance and retention in a cohort of first year nursing and midwifery students in Scotland.

**Design:** A longitudinal, quasi experimental design.

**Setting:** Adult and mental health nursing, and midwifery programmes in a Scottish University.

**Methods:** Adult, mental health and midwifery students (n = 598) completed the Trait Emotional States Questionnaire-short form and Schutte's Emotional Intelligence Scale on entry to their programmes.

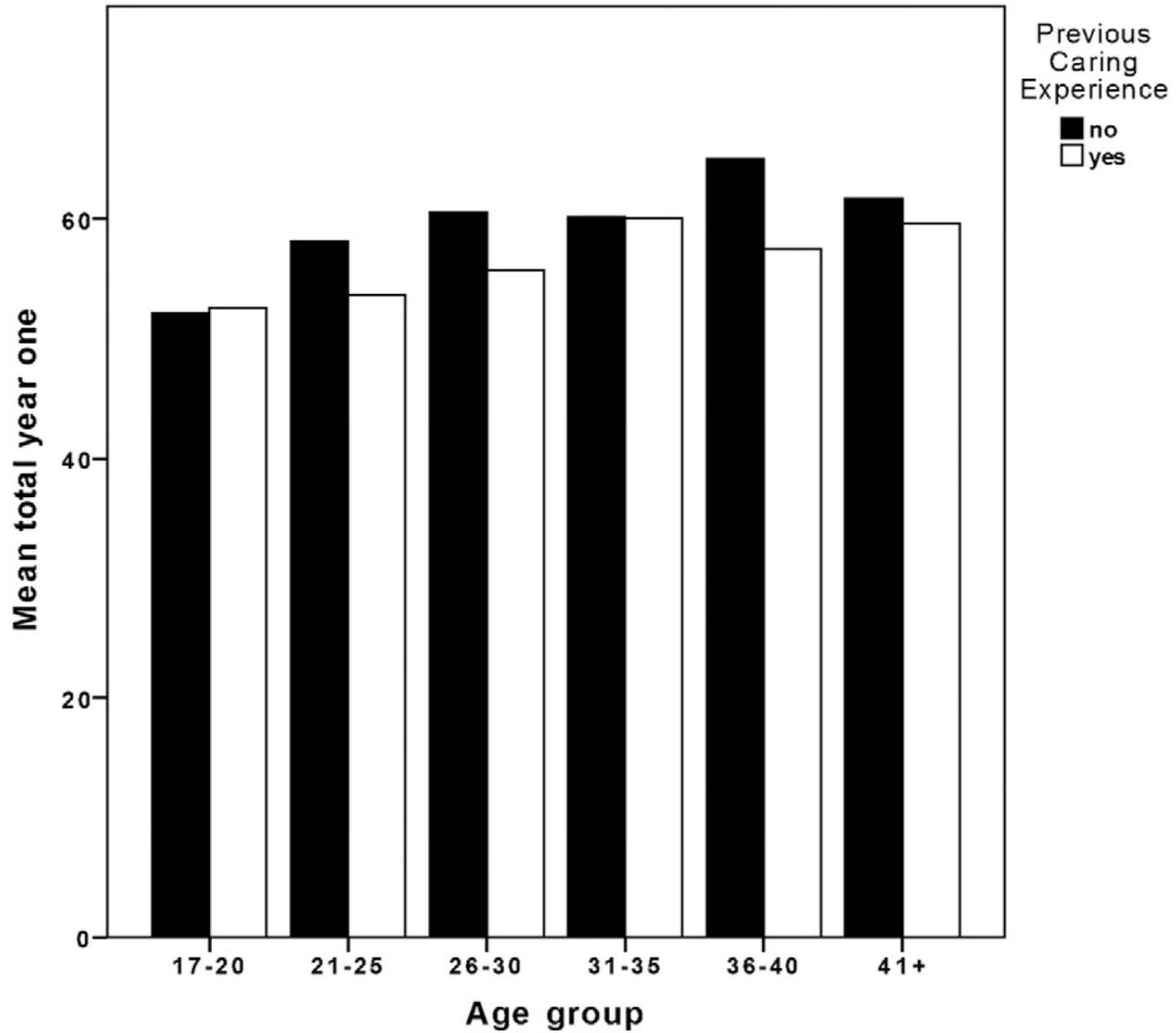
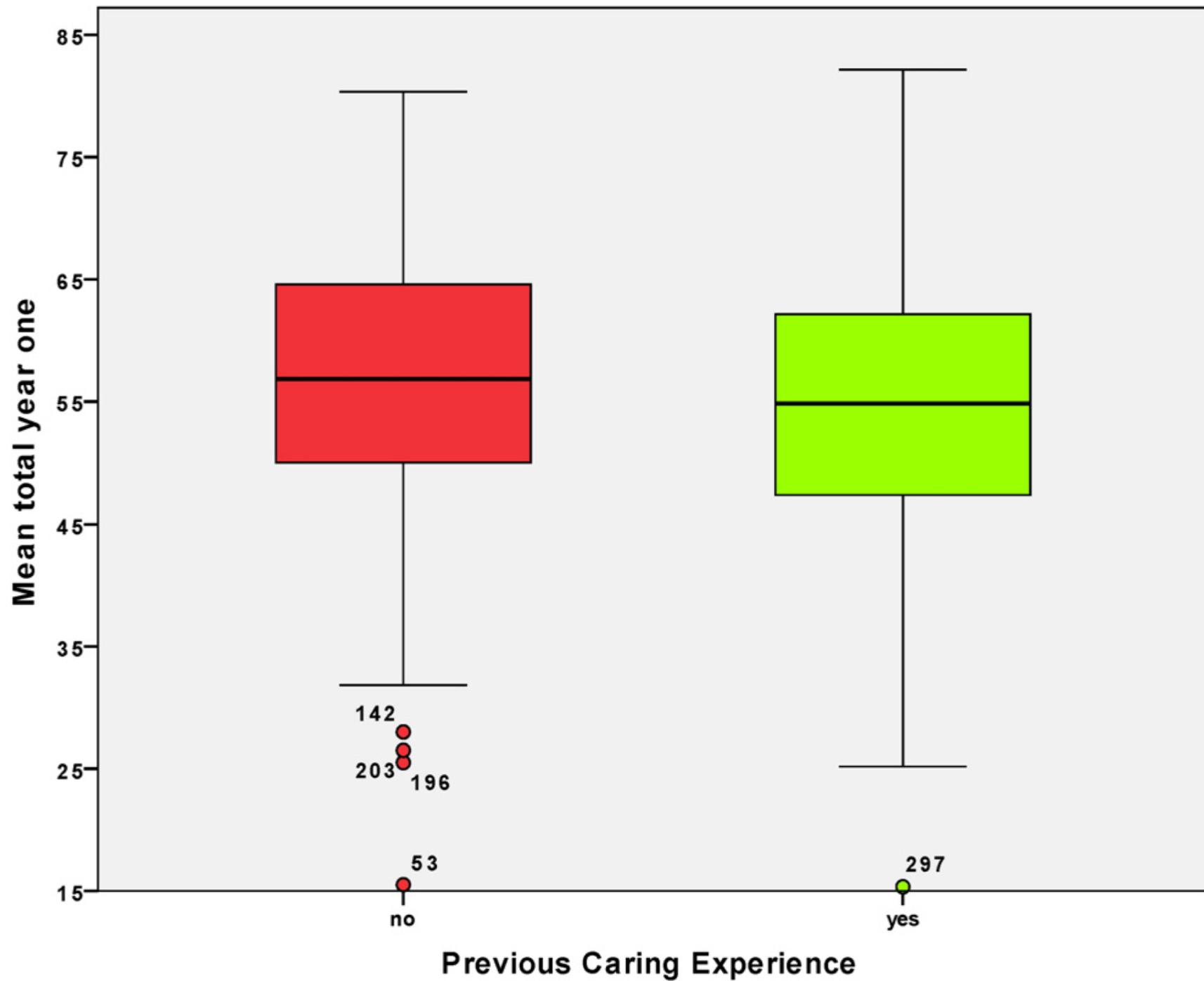


Fig. 2. Clustered bar chart of mean performance scores by age group and previous caring experience.



# Nurses run clinics



# Removal of foreign bodies from children's ears: a nurse-led clinic

Williams J *et al* (2013) Removal of foreign bodies from children's ears: a nurse-led clinic. *Nursing Standard*, 27, 51, 43-46. Date of submission: February 22 2013; date of acceptance: June 12 2013.

## Abstract

This article presents an account of the rationale for and the introduction of a change in practice. The successful removal of foreign bodies from children's ears requires appropriate skills and experience. While traditionally a role for junior doctors, removal of foreign bodies from children's ears at the ear, nose and throat outpatient clinic at Birmingham Children's Hospital was associated with a low success rate. Therefore, it was proposed that an experienced advanced nurse practitioner would carry out this task in an attempt to improve patient outcomes. A database of outcomes was maintained and compared with those from a doctor-led clinic at Nottingham University Hospitals NHS Trust. The results highlight the benefits of nurse-led removal of foreign bodies from children's ears.

## Authors

Jo Williams  
Advanced nurse practitioner ENT, Birmingham Children's Hospital.  
Adal Mirza  
Surgical trainee, Nottingham University Hospitals NHS Trust.  
Kim To  
ENT trainee, Birmingham Children's Hospital.  
Kersti Tzifa  
Consultant ENT surgeon, Birmingham Children's Hospital.  
Lisha McClelland  
Senior registrar ENT, Nottingham University Hospitals NHS Trust.  
Mal Daniel  
Consultant ENT surgeon, Nottingham Hearing Biomedical Research Unit.  
Correspondence to: jo.williams@bch.nhs.uk

## Keywords

Advanced nurse practitioner, ear, nose and throat, foreign bodies, junior doctors, paediatrics

## Review

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## Online

Guidelines on writing for publication are available at [www.nursing-standard.co.uk](http://www.nursing-standard.co.uk). For related articles visit the archive and search using the keywords above.

IN THE PAST 50 years, there have been numerous and significant changes in the provision of health care to meet the changing needs and demands of the population. Nurse training has developed in response to these changes, with nurses demonstrating advanced skills and knowledge. A reduction in the hours junior doctors are allowed to work and changes to their training have led to opportunities to develop and expand the scope of nurses, with advanced nurse practitioners leading the way in challenging traditional professional boundaries (Royal College of Nursing (RCN) 2012).

Advanced nurse practitioners often have their own patient workload. Independently, they assess, plan and implement care for patients. They tend to work with patients who have long-term conditions such as diabetes, asthma and epilepsy. As specialist nurses, they are dedicated to a particular area of nursing, and have associated expertise and skills. Specialist nurses in the UK have been found to be clinically and cost effective (RCN 2010), and have a role in reducing unnecessary hospital admissions. For example, specialist tracheostomy nurses working collaboratively with other healthcare professionals involved in the care of patients undergoing tracheostomy, have been found to reduce hospital readmission rates (Russell and Harkin 2001).

The successful removal of foreign bodies from ears, particularly those of children, requires appropriate skills and experience. Traditionally, this has been a role for junior doctors. At the ear, nose and throat (ENT) outpatient clinic at Birmingham Children's Hospital, the success rate for the removal of foreign bodies from children's ears by junior doctors was low. This became apparent because of the large number of children who required foreign bodies to be removed from their ears under general anaesthesia after the first attempt at removal had failed. Changes in training, shorter placements and a reduction in working hours make it difficult for junior doctors to

# Removal of foreign bodies from children's ears: a nurse-led clinic

- A reduction in the hours junior doctors are allowed to work and changes to their training have led to opportunities to develop and expand the scope of nurses, with advanced nurses practitioners leading the way in challenging traditional professional boundaries (RCN 2012)
-

# Removal of foreign bodies from children's ears: a nurse-led clinic

- Specialist nurses in the UK have been found to be clinically and cost effective (RCN 2010), and have a role in reducing unnecessary hospital admissions.
-

## Removal of foreign bodies from children's ears: a nurse-led clinic

- At the ear, nose and throat (ENT) outpatient clinic at Birmingham Children's Hospital, the success rate for the removal of foreign bodies from children's ears by junior doctors was low.
  - The clinic led by the advanced practitioners was more successful at removing foreign bodies from children's ears than either the registrar-led or junior doctor-led clinics.
-

## Removal of foreign bodies from children's ears: a comparison of success rates between doctor-led and nurse-led clinics

	Number of patients seen	Number of successful removals	Number of unsuccessful removals	Percentage success rate
Junior doctor-led clinic at Nottingham University Hospitals NHS Trust	26	2	24	7.7%
Registrar-led clinic at Nottingham University Hospitals NHS Trust	26	4	22	15.4%
Advanced nurse practitioner-led clinic at Birmingham Children's Hospital	23	21	2	91.3%

## ORIGINAL RESEARCH

# Randomized controlled trial of a nurse-led rheumatology clinic for monitoring biological therapy

Ingrid Larsson, Bengt Fridlund, Barbro Arvidsson, Annika Teleman & Stefan Bergman

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Correspondence to I. Larsson:  
e-mail: ingrid.larsson@spenshult.se

Ingrid Larsson PhD RN  
Senior Lecturer  
School of Health Sciences, Jönköping  
University, Sweden,  
Research and Development Centre,  
Spenshult Hospital, Oskarström, Sweden  
and School of Social and Health Sciences,  
Halmstad University, Sweden

Bengt Fridlund PhD RNT  
Professor

LARSSON I., FRIDLUND B., ARVIDSSON B., TELEMAN A. & BERGMAN S.  
(2013) Randomized controlled trial of a nurse-led rheumatology clinic for monitoring biological therapy. *Journal of Advanced Nursing* 00(00), 000–000.  
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## Abstract

**Aim.** To compare and evaluate the treatment outcomes of a nurse-led rheumatology clinic and a rheumatologist-led clinic in patients with low disease activity or in remission who are undergoing biological therapy.

**Background.** Patients with chronic inflammatory arthritis treated with biological therapy are usually monitored by rheumatologists. Nurse-led rheumatology clinics have been proposed in patients with low disease activity or in remission.

## Abstract

**Aim.** To compare and evaluate the treatment outcomes of a nurse-led rheumatology clinic and a rheumatologist-led clinic in patients with low disease activity or in remission who are undergoing biological therapy.

**Results.** A total of 47 patients in the intervention group and 50 in the control group completed the 12-month trial. The trial revealed no statistically significant differences between groups in mean change of Disease Activity Score 28, Visual Analogue Scales for pain, the Health Assessment Questionnaire, satisfaction with or confidence in obtaining rheumatology care.

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**Keywords:** biological therapy, intervention, nurse-led rheumatology clinic, person-centred care, randomized controlled trial

## ORIGINAL RESEARCH: EMPIRICAL RESEARCH – QUANTITATIVE

**The patients in the nurse practitioner only group, overall and stratified by medical productivity index status, had significantly improved outcomes compared with all primary care physician provider groups regarding healthcare services utilization, patient health outcomes and healthcare costs.**

May Nawal

Accepted for publication

Correspondence to M.N. Lutfiyya:  
e-mail: nlutfiyy@umn.edu

LUTFIYYA M.N., TOMAI L., FROGNER B., CERRA F., ZISMER D., PARENTE S. (2016) Does primary care diabetes management provided Medical

patients

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Parente

## Evidence briefing on nurse endoscopy

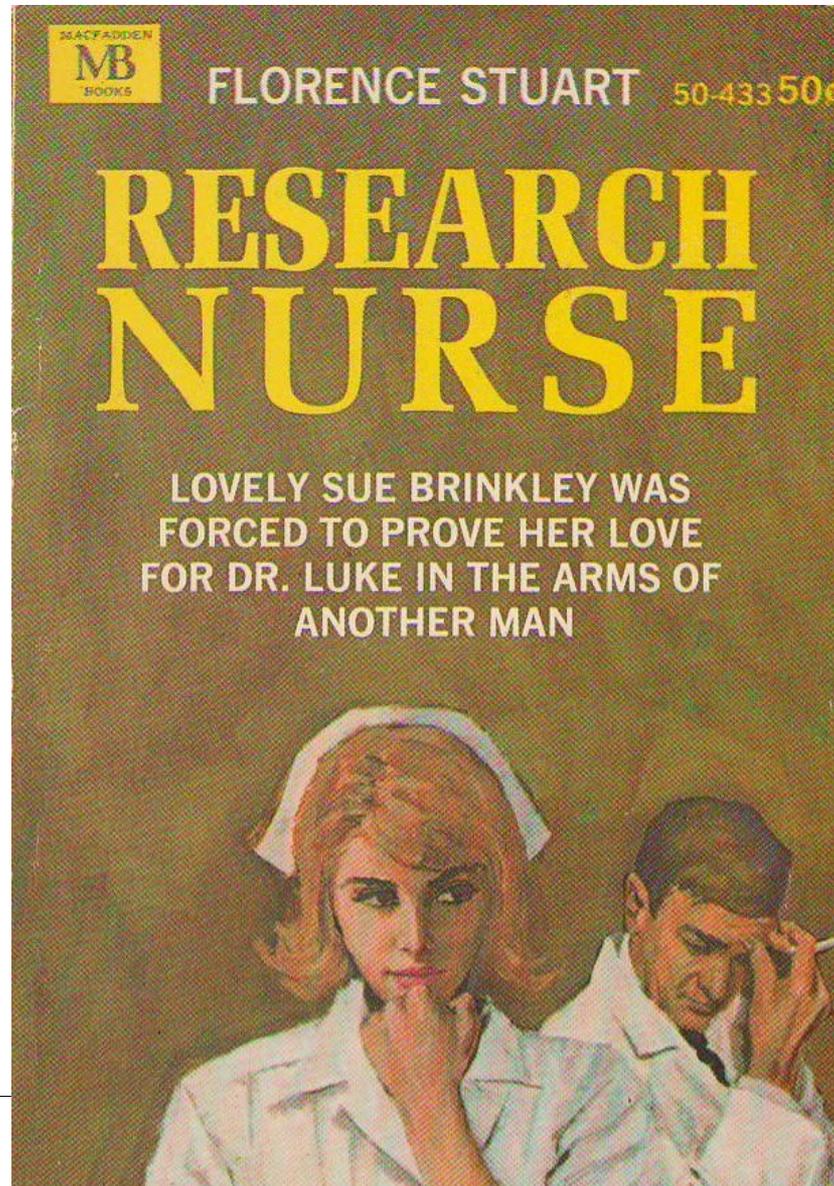
- York Hospitals NHS Foundation Trust is considering setting up a nurse led service to deliver elective diagnostic endoscopy.

**The available evidence suggests that appropriately trained nurses can perform diagnostic endoscopy safely and with similar outcomes to doctors**

uncertainty underlying the cost-effectiveness analysis.

- Any loss of cost-effectiveness resulting from a transfer of elective endoscopy from doctors to nurses needs to be balanced against possible gains from using the doctors more effectively elsewhere and from potential better co-ordination of elective endoscopy services

# Nurses do research





## Nutrition and dementia

A review of available research



**Alzheimer's Disease  
International**

*The global voice on dementia*

Supported by



- Eating and feeding behaviour assessments are usually observer rated, and assess aversive feeding behaviours and feeding dependency (need for assistance). The most widely used and best validated measure is the 10 item Edinburgh Feeding Evaluation in Dementia Scale (EdFED), developed for those with moderate to late-stage dementia, and brief and simple enough to be used in routine care. It establishes the level and type of feeding disability and can be used to plan effective interventions.

The EdFED has been subject to extensive psychometric testing demonstrating internal consistency, hierarchical scaling properties (items 5–10), confirmatory factor analysis, construct, convergent and discriminant validity, inter-rater and test-retest reliability<sup>13</sup>. The EdFED is brief and simple enough to be used in routine clinical practice in care homes and hospitals, and might in principle be used to interview caregiver informants in the community. It establishes the level and type of disability and can be used to plan effective interventions.

2010

## Using spaced retrieval and Montessori-based activities in improving eating ability for residents with dementia\*

Li-Chan Lin<sup>1†</sup>, Ya-Ju Huang<sup>2‡</sup>, Su-Gen Su<sup>3§</sup>, Roger Watson<sup>4¶</sup>, Belina W-J. Tsai<sup>1||</sup> and Shiao-Chi Wu<sup>5†</sup>

<sup>1</sup>Institute of Clinical and Community Health Nursing, National Yang-Ming University, Taipei, Taiwan, R.O.C

<sup>2</sup>Veteran General Hospital-Taipei, Taiwan

<sup>3</sup>Nursing Department, Hsin-Sheng College of Medical Care & Management, Taiwan, R.O.C.

<sup>4</sup>School of Nursing and Midwifery, The University of Sheffield, UK

<sup>5</sup>Institute of Health and Welfare Policy, National Yang-Ming University, Taipei, Taiwan

*Correspondence to:* L.-C. Lin, RN, PhD, E-mail: lichan@ym.edu.tw

<sup>†</sup>Professor.

<sup>‡</sup>Registered Nurse.

<sup>§</sup>Instructor.

<sup>¶</sup>Professor of Nursing.

<sup>||</sup>Research assistant.

\*This article was published online on 6 January 2010. An error was subsequently identified in the Key points section. This notice is included in the online and print versions to indicate that both have been corrected [26 January 2010].

**Objectives:** To construct a training protocol for spaced retrieval (SR) and to investigate the effectiveness of SR and Montessori-based activities in decreasing eating difficulty in older residents with dementia.

**Methods:** A single evaluator, blind, and randomized control trial was used. Eighty-five residents with dementia were chosen from three special care units for residents with dementia in long-term care facilities in Taiwan. To avoid any confounding of subjects, the three institutions were randomized into three groups: spaced retrieval, Montessori-based activities, and a control group. The intervention consisted of three 30–40 min sessions per week, for 8 weeks.

**Results:** After receiving the intervention, the Edinburgh Frailty Evaluation in Dementia (E-FFED) scores

## CLINICAL ISSUES

## Using a Montessori method to increase eating ability for institutionalised residents with dementia: a crossover design

Li-Chan Lin, Ya-Ju Huang, Roger Watson, Shiao-Chi Wu and Yue-Chune Lee

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**Aims.** To investigate the efficacy of applying a Montessori intervention to improve the eating ability and nutritional status of residents with dementia in long-term care facilities.

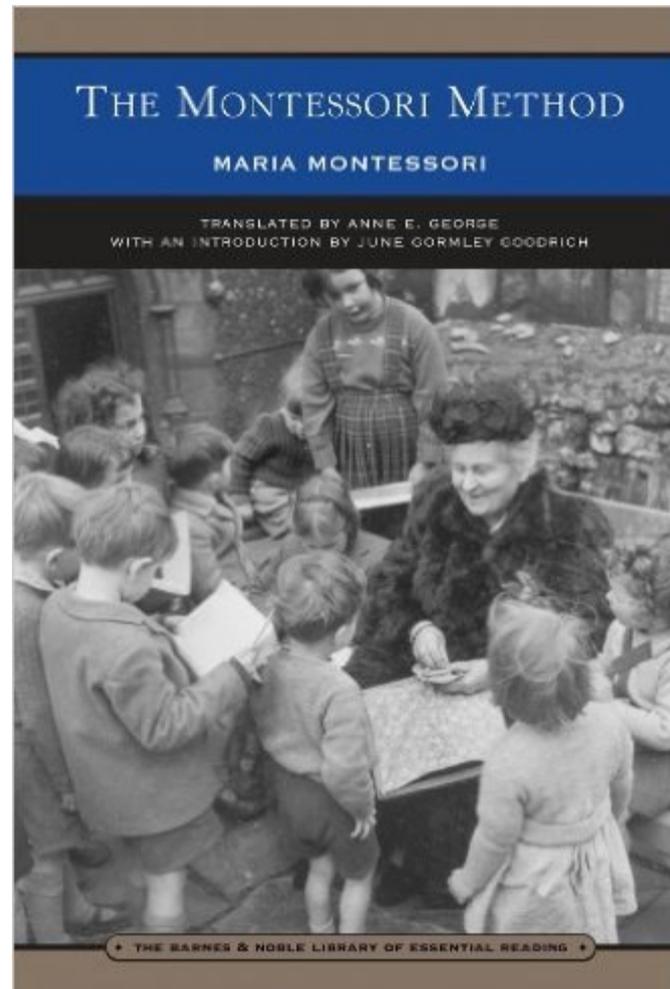
**Background.** An early intervention for eating difficulties in patients with dementia can give them a better chance of maintaining independence and reduce the risk of malnutrition.

**Methods.** An experimental crossover design was employed. Twenty-nine residents were chosen from two dementia special care units in metropolitan Taipei. To avoid contamination between participants in units using both Montessori and control interventions, two dementia special care units were randomly assigned into Montessori intervention (I1) and routine activities (I2) sequence groups. A two-period crossover design was used, with 15 residents assigned to Montessori intervention sequence I (I1, I2) and 14 residents assigned to Montessori intervention sequence II (I2, I1). On each intervention day, residents were given their assigned intervention. Montessori intervention was provided in 30-min sessions once every day, three days per week, for eight weeks. There was a two-week washout period between each intervention.

**Results.** There was a significant reduction in the Edinburgh Feeding Evaluation in Dementia score for the Montessori intervention period but not for the routine activities period, while the mean differences for the Eating Behavior Scale score, self-feeding frequency and self-feeding time were significantly higher than those of the routine activities period. Except for the Mini-Nutritional Assessment score post-test being significantly less than the pre-test for the routine activities period, no significant differences for any other variables were found for the routine activities period.

**Conclusion.** This study confirms the efficacy of a Montessori intervention protocol on eating ability of residents with dementia. Adopting Montessori intervention protocols to maintain residents' self-feeding ability in clinical practice is recommended.

**Relevance to clinical practice.** Montessori-based activities could provide caregivers with an evidence-based nursing strategy to deal with eating difficulties of people with dementia.



IN M.M. GRUNEIBERG, P.E. MORRIS, & R.N. SYKES (Eds.),  
Practical Aspects of Memory (pp. 625-632).  
London: Academic Press. (1978).

OPTIMUM REHEARSAL PATTERNS AND NAME LEARNING

T. K. Landauer

*Bell Laboratories*

*Murray Hill, N. J., USA*

R. A. Bjork

*University of California, Los Angeles*

*Los Angeles, California, USA*

ABSTRACT

Two kinds of practice are distinguished. In one, new information is presented repeatedly for study. In the other, often exemplified in name learning, a fact is presented just once, and subsequent rehearsal takes the form of "tests". Previous results and theory suggest that different schedules of rehearsal may be optimal in the two cases. We report ex-

## The Spaced-Retrieval Technique

- **Begin with a prompt question for the target behavior and train the client to recall the correct answer**
  - **When retrieval is successful, the interval preceding the next recall test is increased.**
  - **If a recall failure occurs, the participant is told the correct response and asked to repeat it**
  - **The following interval length returns to the last one at which recall was successful.**
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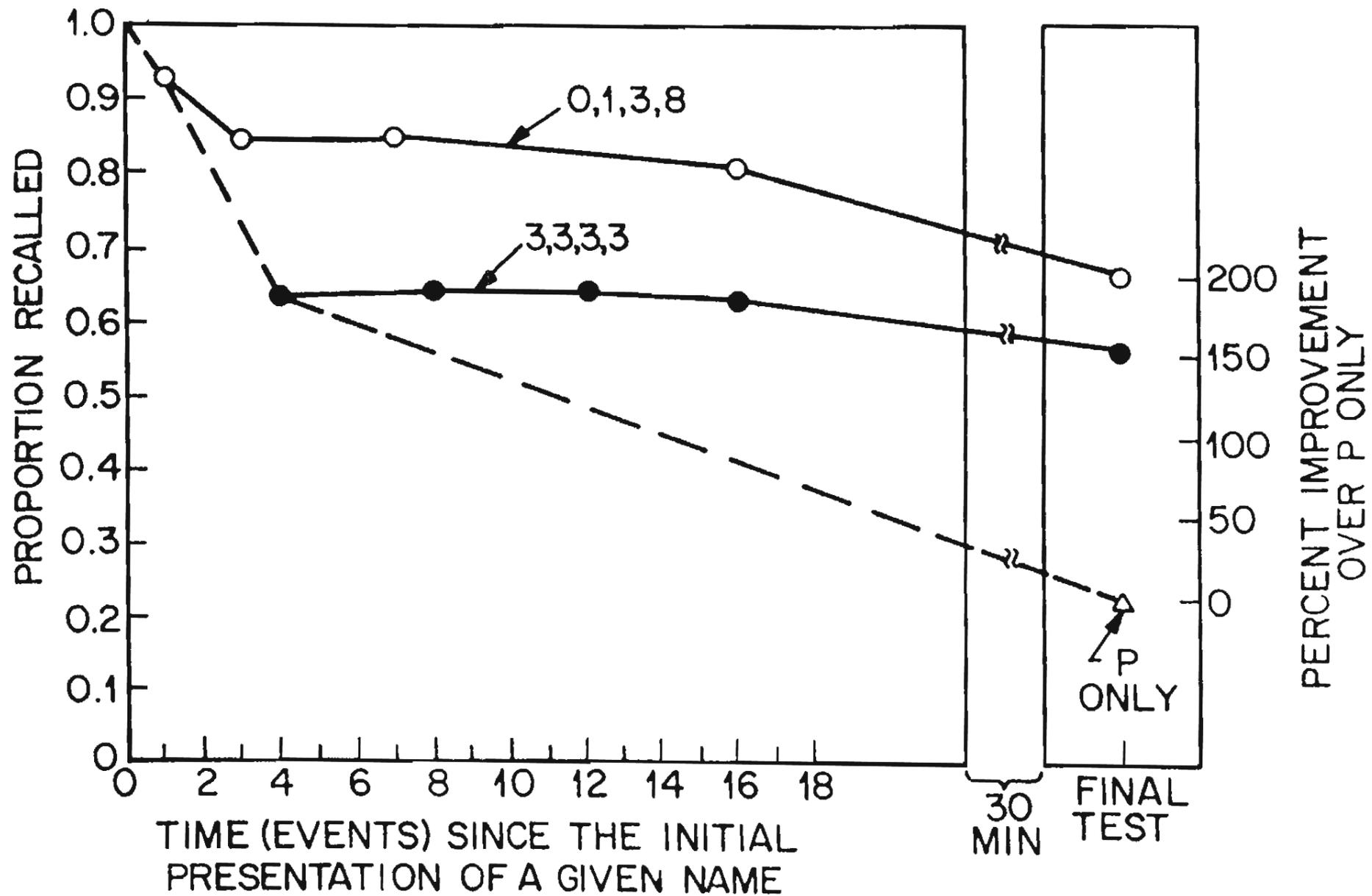
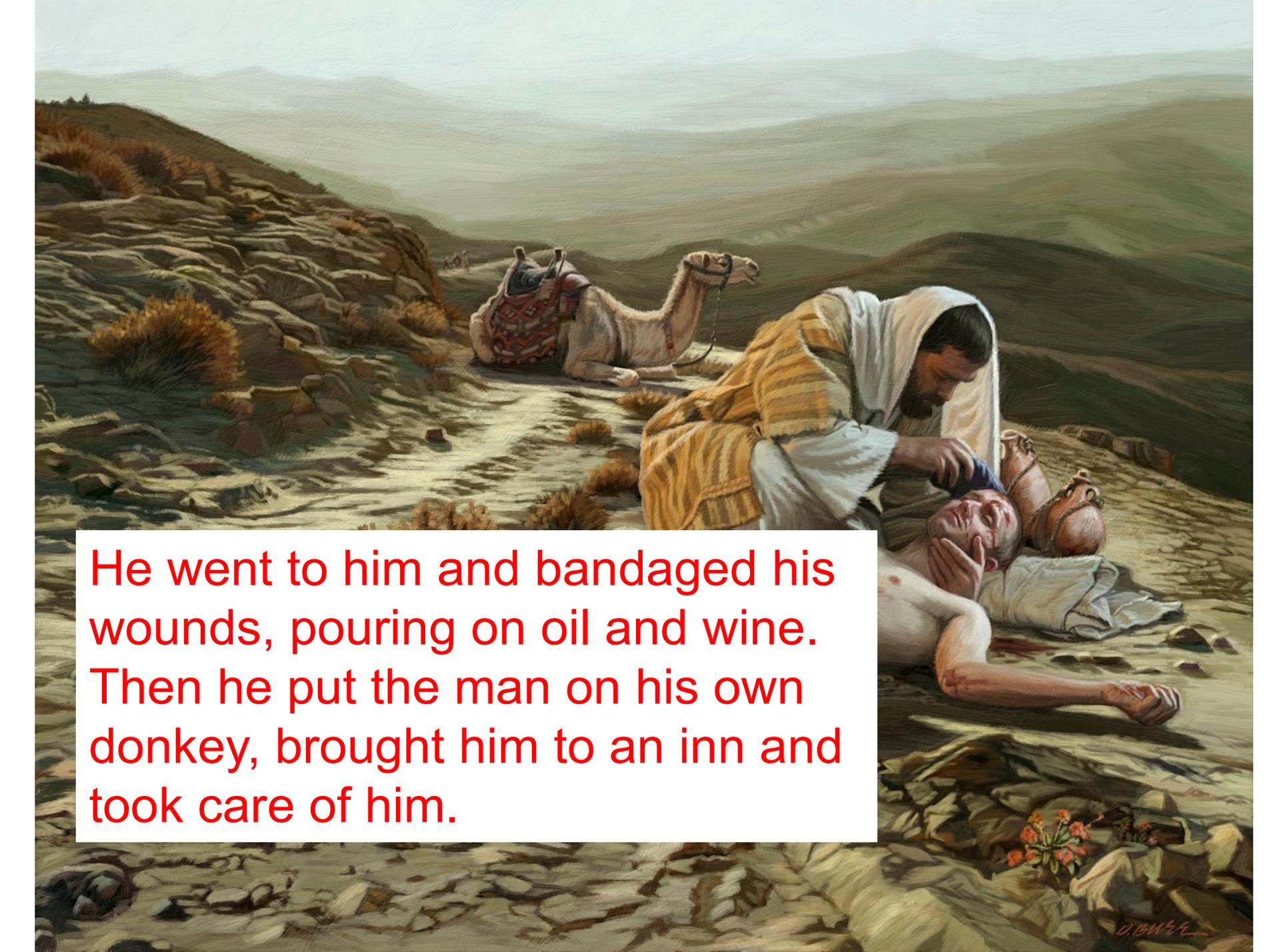


Fig. 3. Results for test-type practice in Exp. II.

# Nursing research gets reported





He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, brought him to an inn and took care of him.

r.watson@hull.ac.uk

ORCID

0000-0001-8040-7625



@rwatson1955