The Contribution of Research to Nursing

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Why should I give TWO HOOTS...

...about (NURSING) RESEARCH?
‘You don't learn compassion at university...Nurses will become quasi-doctors, bristling with professional self-importance and remote from the wards’
Rona Johnson, Daily Mail, 13/11/2009

A degree has sent out all the wrong messages, as it has become more important to write about care than to give it’
Katherine Murphy (Director, Patients’ Association), The Times 12/11/2009

[Educating nurses] ‘discourages the sort of person who would make a good nurse’
Nigella Lawson, The Times, Dec 1996
Nurse—I Want My Mummy!
Pamela J. Hawthorn

Information—A Prescription Against Pain
Jack Hayward

Nil By Mouth?
Stephanie Hamilton Smith
The Areas of the blue, red, & black wedges are each measured from the centre as the common vertex.

The blue wedges measured from the centre of the circle represent area for area the deaths from Preventable or Mitigable Zymotic diseases; the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.

The black line across the red triangle in Nov. 1854 marks the boundary of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area coincides with the red; in January & February 1856, the blue coincides with the black.

The entire areas may be compared by following the blue, the red & the black lines enclosing them.
'Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles

(Last updated June 2014)
http://www.icn.ch/about-icn/icn-definition-of-nursing/
ICN Position Statement on Nursing Research

‘Research-based practice is a hallmark of professional nursing. Nursing research, both qualitative and quantitative, is critical for quality, cost-effective health care’

ICN (2007 revision)
‘Research is Everybody’s Business’
(NHS England R&D Strategy 2013)

‘For the first time, there is a duty on the Secretary of State to promote research on matters relevant to the health service and the use in the health service of evidence obtained from research’ (Health and Social Care Act 2012)

The NHS aspires to the highest standards of excellence and professionalism...through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population’ (NHS Constitution 2013)
Pigliucci M. *Nonsense on Stilts: How to Tell Science from Bunk* Chicago: University of Chicago Press, 2010
NURSES SAVE LIVES

ROSIE the RIVETER

www.rosietheriveter.com
‘...nurses may not use the available research to fully explain why what they do is so critical to patient outcomes’

Safe staffing for nursing in adult inpatient wards in acute hospitals

Issued: July 2014

Safe staffing guideline 1

www.nice.org.uk/sg1

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

Lindsey Ailsen, Douglas M Sloane, Luko Wyneveld, Kevin Young Hendrie, Peter Griffiths, Reinhard Hess, Mariana Bailescu, John Kinchen, Manolitsa S. Francescato, Matthew D. McHugh, Al T. Macdonald, Carol Fethman, Theo van Aaltenweg, Walter Serrone, for the RNC/CAST consortium

Summary

Background

Austerity measures and health-system redesign to minimise hospital expenditure risk adversely affecting patient outcomes. The RNC/CAST study was designed to inform decision making about nursing, one of the largest components of hospital operational expenses. We aimed to assess whether differences in patient to nurse ratios and nurses' educational qualifications in nine of the 12 RNC/CAST countries with similar patient discharge data were associated with variation in hospital mortality after common surgical procedures.

Methods

For this observational study, we obtained discharge data for 422,730 patients aged 50 years or older who underwent common surgical procedures in 306 hospitals in nine European countries. Administrative data were coded with a standard protocol (variants of the ninth and tenth versions of the International Classification of Diseases) to estimate 30-day hospital mortality by use of risk adjustment models including age, sex, admission type, 43 dummy variables suggesting surgery type, and 17 dummy variables suggesting comorbidities present at admission. Surveys of 24,358 nurses practising in study hospitals were used to measure nurse staffing and nurse education. We used generalised estimating equations to assess the effects of nursing factors on the likelihood of surgical patients dying within 30 days of admission, before and after adjusting for other hospital and patient characteristics.

Findings

An increase in a nurse's workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7% (odds ratio 1.048, 95% CI 1.026–1.071), and every 10% increase in bachelor's degree courses was associated with a decrease in this likelihood by 7% (0.992, 0.986–1.007). 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.

Interpretation

Nurse staffing cuts to save money might adversely affect patient outcomes. An increased emphasis on bachelor's education for nurses could reduce preventable hospital deaths.

Introduction

Constraint of health expenditure growth is an important policy objective in Europe despite concerns about adverse outcomes for quality and safety of health care. Hospitals are a target for spending reductions. Health system reforms have shifted resources to provide more care in community settings while shortening hospital length of stay and reducing inpatient beds, resulting in increased care intensity for inpatients. The possible prioritisation of fewer trained staff in hospitals and intensive patient interventions raises concerns about whether quality of care might worsen. Findings of the European Surgical Outcomes Study across 28 countries recently showed higher than expected hospital surgical morality and substantial between country variation in hospital outcomes.

Nursing is a so-called soft target because savings can be made quickly by reduction of nursing staff whereas savings through improved efficiency are difficult to achieve. The consequences of trying to do more with less are shown in England's Francis Report, which discusses how nurses were criticised for failing to provide poor care after nurse staffing was reduced to meet financial targets. Similarly, results of the Kong review of 14 hospital trusts in England showed that inadequate nurse staffing was an important factor in persistently high mortality rates. Austerity measures in Ireland and Spain have been described as adversely affecting hospital staffing too.

Research that could potentially guide policies and practices on safe hospital nurse staffing in Europe has been scarce. Jarman and colleagues' reported an
‘The problem is that when [nurses and others] focus on caring, they often sentimentalize and trivialize the complex skills [nurses] must acquire through education and experience’

Gordon S. *Topics in Advanced Nursing Practice eJournal* 2006 (1)  
The seasoned nurse’s well-honed sixth sense enables her to make lifesaving decisions.

http://www.youtube.com/watch?v=-Fl43rq3Zqw
Promoting excellence in care through research and development

an RCN position statement

“...while compassionate care is important, compassionate but ill-informed care may be harmful”.

Royal College of Nursing, 2003
‘There are still significant gaps in evidence about what matters to patients and nursing’

Prof Alan Pearson, Joanna Briggs Institute Australia speaking at RCN International Nursing Research Conference, Gateshead, Newcastle, May 2010
Some Key Questions for Nursing Research

- What’s it like for patients and their families?
- Does using this treatment produce better outcomes than that treatment?
- How should we organise and deliver our services?
- Can we do things differently to improve care and the patient/carer experience?
- How can we safely and effectively expand and develop nursing roles?
- Are our services producing high quality outcomes?
- Are we delivering value for money?
What are the Key Research Questions for Nurses Working in Acute Medicine?
Where Next?

• NIHR/HEE Clinical Academic Training Programme (including new internships)
  http://hee.nhs.uk/work-programmes/clinical-academic-careers/internships/
  http://www.nihr.ac.uk/funding/nihr-hee-cat-programme.htm

• SAM Research Group
  http://www.acutemedicine.org.uk/what-we-do/research-update/
THANK YOU!