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EBN PERSPECTIVES - Nursing Issues

Introduction

This article is part of the Evidence Based Nursing (EBN) Perspective series. In this series, published commentaries related to a specific nursing theme are collated and highlights are presented here. The topic for this edition is 'Nursing Issues', covering 21 commentaries published from October 2017 to July 2019. A summary of the issues discussed in these commentaries is organised into key themes.

Key themes

The 21 commentaries, presented (Box 1) can be grouped into three key themes:

- *Professional and workforce issues*, focussed around the influence of psychosocial and workplace characteristics that contribute to or mitigate against nurses' experiences of workplace stress and/or burnout, issues related to professional and nurse education, with an increasing emphasis on incorporating technology and social media, the impact of nursing and nurse-led interventions, strategies to reduce medication errors, and staffing and the risks associated with 'weekend' admissions to hospital.
- *Evidence-based therapies, care and treatments*, identifying the effects of treatments and therapies that are relevant to nursing care and practice, including the use of non-opioid pain management.
- *Patient experiences, risk factors and behaviours*, focussing on the impact of patient behaviours on health and wellbeing, and experiences of parenting in the context of advanced cancer, and engagement in nursing research.

Implications for practice and future research

The commentaries included in this Perspective piece, explored a range of nursing issues. The studies discussed within these commentaries include a range of methodologies, including randomised controlled trials (RCTs), cross-sectional studies, data linkage studies, and qualitative research. Studies were published across a variety of countries including the UK, USA, Australia, Spain, Sweden and South Korea. Selected commentaries and their implications for nursing practice and future research are explored further here.

The theme of *professional and workforce issues* was the largest across the commentaries published since October 2017. Within this particular theme, there was a strong emphasis on nurses' emotional wellbeing. In particular, the impact of psychosocial and workplace characteristics on the delivery of nursing care and nurses' experiences of workplace stress and/or burnout was explored. Geuens et al¹ described a descriptive-correlational study which identified that personality characteristics are an important vulnerability factor that can predispose nurses to emotional exhaustion and burnout in the workplace. Interpersonal relationships play a part too; Geuens et al¹ identified that emotional exhaustion and depersonalisation decreased when interpersonal relationships were perceived as friendly rather than overly dominant. Dr Martinez-Zaragoza commented that although the study did not consider organisational issues potentially contributing to nurses' stress and burnout, a better understanding of individual factors associated with nurses' experiences of burnout is helpful for allowing the development of tailored and bespoke programmes for nurses that can address or prevent the effects of stress and burnout (<https://ebn.bmj.com/content/21/1/24>). More long-term studies are needed however to examine the mechanisms that contribute to burnout in nurses from a long-term perspective (<https://ebn.bmj.com/content/21/1/24>).

Another commentary, which described a study exploring empathy and symptoms of burnout and stress specifically amongst paediatric nurses working in critical care and allied health professionals (AHPs)² confirmed that the nurses in the study experienced significantly more burnout and stress than the AHPs. The commentary by Colville

(<https://ebn.bmj.com/content/21/1/25>) reinforced the idea that intensive care nurses should be provided with advice on how to care for their own psychosocial wellbeing at work given their ongoing exposure to traumatic events. Future, larger scale research was recommended in the commentary to explore the impact of variables such as profession, traumatic events encountered, moral distress, and factors specific to paediatric and/or intensive care on emotional wellbeing (<https://ebn.bmj.com/content/21/1/25>).

The workplace environment can have a massive impact on nurses' emotional wellbeing. In one of the commentaries, the topic of workplace violence was focused on (<https://ebn.bmj.com/content/21/4/118>). The commentary described a study by Jeong et al³ who surveyed nurses working in emergency departments in South Korea. The findings identified that verbal abuse was the most frequent violence experienced by nurses. However, violent encounters led to 61% of nurses stating they had considered leaving their employment as a result. The nurses used a variety of problem-and emotion-focussed strategies to cope with workplace violence. Professor Rasero suggested that an increased understanding of the mechanisms nurses use to cope with, and react to, workplace violence could help in the development of 'targeted' strategies and evidence-based interventions to support nursing staff and promote retention (<https://ebn.bmj.com/content/21/4/118>).

The relationship between nurse staffing levels and patient care quality was identified as a significant issue in the last Perspectives piece on Nursing Issues.⁴ This relationship was highlighted again in recently published commentaries, highlighting its centrality to current discussions and debates around professional and workforce issues in nursing. The 'weekend effect', defined as a higher mortality risk amongst patients admitted to hospital at the weekend, has been receiving much attention in international literature (<https://ebn.bmj.com/content/21/2/49>). Using data from electronic health records in the UK, Walker et al⁵ identified that patients admitted at weekends were more likely to display clinical characteristics that had a greater effect on their mortality than staffing. In fact, staffing was not statistically associated with mortality at the weekend in their study. As commented on by Dr de Cordova, the evidence that patient factors are more likely to account for the 'weekend effect' than staffing or resource issues is getting stronger but further research should consider severity of illness as a key variable, which goes beyond the traditional proxy measures found in administrative datasets (<https://ebn.bmj.com/content/21/2/49>). Another commentary which addressed the issue of 'staffing' discussed an Australian study by Blackman et al⁶ who carried out a self-report survey with nurses to examine associations between sociodemographic characteristics, work environment factors, and reports of missed care and reasons for this (<https://ebn.bmj.com/content/21/3/68>). The results found that staffing and skill mix had an influence on the likelihood of care being missed. However, as commented by Dr Azuero the methodological issues inherent in this study would require these results to be confirmed by further research (<https://ebn.bmj.com/content/21/3/68>).

A number of commentaries focussed on nurse education, both in terms of content and formats for delivery. For example, two commentaries highlighted the importance of more comprehensive education for nurses on the proactive management of continence (<https://ebn.bmj.com/content/21/4/116>) and on addressing and discussing intimate partner violence with new mothers (<https://ebn.bmj.com/content/21/4/117>). Both can be sensitive and difficult issues for nurses to raise and address and therefore, bespoke and tailored training and education could be a key enabler in initiating better and more appropriate care in these areas. In relation to health care delivery, there was an emphasis within the commentaries on the role of innovative technologies, digital health and social media within nursing education and practice. In a commentary of a Cochrane systematic review by Vaona et al⁷ on e-learning for health professionals, Dr Swift noted that despite the increasing interest in moves away from traditional, face-to-face education, there is currently limited evidence to support e-learning as an alternative to traditional forms of teaching (<https://ebn.bmj.com/content/22/2/52>). Although reported to have many benefits, studies on

e-learning are limited by issues with attrition and outcome measures that do not support translation of their findings into practice. Further research examining how people use technology, how they learn and appropriate outcomes to demonstrate how learning has taken place would be valuable (<https://ebn.bmj.com/content/22/2/52>)

The ubiquitous use of social media and the implications of this for nurses also got attention. Although social media offers great potential for the promotion and dissemination of best practice and knowledge exchange, users need to be aware of the risk of breaching standards of professional behaviour (<https://ebn.bmj.com/content/22/1/28>). In a study of postings by Twitter users who identified as registered or student nurses, De Gagne et al⁸ found a number of posts were considered 'inappropriate' with many being of an expletive nature, endorsing particular products without evidence, or demeaning towards patients, personal insults towards other users or breaches of patients confidentiality. As commented by Dr Barrett, the study provides a timely reminder to nurses that the professional standards expected of them in the real world should also be met in cyberspace (<https://ebn.bmj.com/content/22/1/28>). Although regulatory bodies such as the Nursing Midwifery Council in the UK have put in place guidance to mitigate risks (e.g. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/social-media-guidance.pdf>), the study raises questions about the boundaries of acceptable use of social media across registered and student nurses and further research exploring nurses' perceptions towards, and experiences of, social media use would be valuable (<https://ebn.bmj.com/content/22/1/28>).

Within the theme of *risk factors and evidence based therapies and treatments*, the use of non-opioid analgesic drugs was the focus of one of the commentaries by Dr Swift (<https://ebn.bmj.com/content/21/2/50>). In an RCT study of attendees at two emergency departments in New York, Chang et al⁹ reported that combinations of non-opioid analgesic drugs were as effective in reducing pain as opioids. This has huge relevance to the provision of nursing care and because of the growing concerns about the harms of opioids which may provide further impetus to prompt change in clinical practice.¹⁰⁻¹⁴ That being said, further large-scale research is warranted to strengthen these findings and to investigate the dosing, adverse events, prescribing practices, and patient satisfaction with the use of non-opioids over opioids (<https://ebn.bmj.com/content/21/2/50>). In another commentary about treatments and therapies relevant to nursing practice, Dr Li commented on a Korean cross-sectional study of older adults with heart failure by Song et al¹⁴ which aimed to investigate the relationship between vitamin D intake, sleep quality and cognitive function (<https://ebn.bmj.com/content/21/3/69>). The findings identified a potential benefit of vitamin D on sleep and cognitive outcomes which provides insight and implications for practice and future research. As commented by Dr Li, nurses can help by informing patients and family members of the health benefits of vitamin D intake and recommendations to facilitate adequate vitamin D intake. However, there is a need for further research to investigate the mechanisms by which vitamin D affects sleep and cognitive function in older adults (<https://ebn.bmj.com/content/21/3/69>).

Finally, *patient experiences, risk factors and behaviours*, was a prevalent theme across the commentaries. The experiences of people living with cancer has been an important topic in nursing research over the past decade. One of the recent commentaries included here focussed on the experiences of parents with advanced cancer with dependent children (<https://ebn.bmj.com/content/20/4/114>). In comparison to much published research which focusses on parenting concerns in communicating cancer diagnoses to young children, the study by Park et al¹⁵ focussed on the parents' experiences of raising children whilst coping with advanced cancer, particularly with regards to palliative and end of life care. The main themes identified included parental concerns about the impact of their illness and death on their children, 'missing out' and losses of parental roles and responsibilities, maintaining parental responsibilities in the face of life-limiting illness, and parental identity. The study

offers a valuable insight into how nurses can support parents to develop strategies to optimise parental roles and responsibilities and highlights the importance of parenting-specific cancer support. As commented by Drs Loisele and Santerre-Theil, incorporating this kind of dialogue and support as part of routine cancer care could be one step in enhancing person-centred cancer care and reducing psychological distress in parents and families with young children (<https://ebn.bmj.com/content/20/4/114>). Further research, incorporating wider perspectives from fathers was highlighted as a need.

The growth in nursing research and the role that nurses play in supporting and recruiting for clinical research studies, has generated wider interest about research in nursing. Safeguarding research participants is of course a major priority in any research study and ethics committees scrutinise research studies for how researchers intend to safeguard and put measures in place to limit and reduce the risk of distress and burden to participants. Frequently, in studies which deal with 'sensitive' or 'emotive' topics, 'vulnerable people' e.g. people who are terminally ill, cognitively impaired, have poor mental health, are excluded from research studies. Whilst this is considered appropriate in many instances, there's little research to understand how vulnerable populations feel about their experiences in participating in research, the potential distress of this, and their feelings about their roles as research participants. This was the focus of a recent commentary by Dr White (<https://ebn.bmj.com/content/22/3/86>) who discussed the findings of a recently published systematic review by Alexander et al¹⁶ on the experiences of vulnerable people participating in research on sensitive topics. The review identified that for the majority of vulnerable people, participating in research was not distressing and helped to reduce feelings of stigma and isolation. It was possible to identify that those with more severe illness or trauma at baseline were more likely to experience some distress which highlights the importance of appropriate and robust assessment on recruitment to research studies. Even amongst those who felt distressed, there was still a sense that they felt they should be given the capacity to choose whether or not to take part in research, rather than have it assumed that it would not be appropriate. This has important implications for nursing research and ethics committees more broadly and it is important that a dialogue about choice and control with vulnerable populations who may be invited to take part in research is had in practice.

The commentaries of recently published research summarise the plethora of evidence which can be used to offer further insight into and understanding of key issues and challenges related to the education and training of nurses and the provision of high quality, person-centred, evidence-based nursing care, treatments and therapies. and translating research findings into nursing practice. Ongoing research can help to enhance our knowledge of evidence-based treatments, therapies and approaches to care and deepen our understanding of patients' experiences and behaviours. All of this is important for informing our interactions and relationships with individuals and families and for addressing the challenges we face in ensuring the delivery of effective, evidence-based nursing care and service delivery.

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Box 1 Evidence Based Nursing Commentaries on Nursing Issues (October 2017- July 2019)

Theme 1: Professional and workforce issues

- ⇒ Personality and interpersonal behaviour may impact on burnout in nurses (<https://ebn.bmj.com/content/21/1/24>)
- ⇒ Paediatric intensive care nurses report higher empathy but also higher burnout than other health professionals (<https://ebn.bmj.com/content/21/1/25>)
- ⇒ First-career and second-career nurses' experiences of stress, presenteeism and burn-out during transition to practice (<https://ebn.bmj.com/content/22/3/85>)
- ⇒ Coping methods used by emergency department nurses after a workplace violence experience could influence their intention to leave the hospital (<https://ebn.bmj.com/content/21/4/118>)
- ⇒ Excess mortality associated with weekend hospital admissions may be due to patient-level differences rather than reduced staffing or services (<https://ebn.bmj.com/content/21/2/49>)
- ⇒ Likelihood of nursing care being missed is influenced by several work-based factors (<https://ebn.bmj.com/content/21/3/68>)
- ⇒ Medication errors may be reduced by double-checking method (<https://ebn.bmj.com/content/21/3/67>)
- ⇒ Children's healthcare nurses should receive education in discussing intimate partner violence with new mothers (<https://ebn.bmj.com/content/21/4/117>)
- ⇒ There is a lack of preventive care and treatment interventions for urinary incontinence in hospitalised adults (<https://ebn.bmj.com/content/21/4/116>)
- ⇒ Nurses need to be aware of their professional responsibilities when engaging with social media (<https://ebn.bmj.com/content/22/1/28>)
- ⇒ Effective mentoring is key to enhancing practice and developing the next generation of nurses (<https://ebn.bmj.com/content/22/1/30>)
- ⇒ E-learning may be no better than traditional teaching for continuing education of health professionals (<https://ebn.bmj.com/content/22/2/52>)
- ⇒ Nursing interventions and research contribute to transforming health outcomes and improving the patient's experience of living with cancer (<https://ebn.bmj.com/content/22/2/53>)

Theme 2: Evidence-based therapies, care and treatments

- ⇒ Higher vitamin D intake could improve sleep and cognitive outcomes in older adults with heart failure (<https://ebn.bmj.com/content/21/3/69>)
- ⇒ Non-opioid analgesia is as effective as opioid management in acute pain and supports a change in prescribing practice to help address the opioid epidemic (<https://ebn.bmj.com/content/21/2/50>)
- ⇒ Low intake of vitamins B C, E and folate from dietary sources may lead to a higher risk of developing frailty in older adults (<https://ebn.bmj.com/content/ebnurs/early/2019/05/28/ebnurs-2018-103049.full.pdf>)

Theme 3: Patient experiences, risk factors and behaviours

- ⇒ Parenting concerns, parental identity and functional status influence medical treatment decisions of patients with advanced cancer (<https://ebn.bmj.com/content/20/4/114>)
- ⇒ Cognitively impaired patients with heart failure may not perceive weight gain as a risk for decompensation (<https://ebn.bmj.com/content/20/4/115>)

- ⇒ High alcohol consumption in adult survivors of childhood cancer increases risk of emotional distress (<https://ebn.bmj.com/content/22/3/84>)
- ⇒ Nurses must be aware of the potential for causing distress when recruiting vulnerable populations to research projects (<https://ebn.bmj.com/content/22/3/86>)
- ⇒ Virtual reality can enhance men's engagement with health screening and awareness (<https://ebn.bmj.com/content/22/3/87>)

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