Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

### Literature search results

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Search required by:</td>
<td>25th May 2012</td>
</tr>
<tr>
<td>Search completed on:</td>
<td>22nd May 2012</td>
</tr>
<tr>
<td>Search completed by:</td>
<td>Richard Bridgen</td>
</tr>
</tbody>
</table>

### Search details

Older people in hospital/inpatients. Clinical decision making by nurses. What do nurses perceive to be the factors affecting their decision making?

### Resources searched

NHS Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar

**Database search terms:**

- "older people"; "older person*"; elder*; aged; senior*; "later life"; geriatric*; old* adj2 age*; exp AGED; inpatient*; INPATIENTS; hospital*; HOSPITALIZATION; clinical* adj2 decision* adj2 making; exp DECISION MAKING; clinical adj2 choice*; clinical adj2 agreement*; clinical adj2 judgement*; clinical adj2 compromise*; nurs*; exp NURSES; NURSE'S ROLE; decision*

**Google search string:**

("older people" OR "older person*" OR aged OR seniors OR elderly OR elders OR "later life" OR geriatric OR "old age") (hospitalized OR hospitalised OR inpatient OR inpatients) "clinical decision making" (nurse OR nurses) (factors OR influence)

### Summary

There is a fair amount of research published on this topic, much of it qualitative. As the factors that influence decision making may be common to all patients, not just older people, I would be happy to search on the factors affecting nurse clinical decisions more broadly if you feel this would be useful.

### Guidelines

**Age UK**

Right care, first time: services supporting safe hospital discharge and preventing hospital.
admission and readmission 2012

**Royal College of Nursing**

- Information for nurses: What a difference a nurse makes: An RCN report on the benefits of expert nursing to the clinical outcomes in the continuing care of older people 2012
- An ageing population: Education and practice preparation for nursing students learning to work with older people. A resource pack for nursing students 2008
- Caring in partnership: older people and nursing staff working towards the future. An RCN nursing older people strategy progress and evaluation report 2007
- Maximising independence: the role of the nurse in supporting the rehabilitation of older people 2007
- Information for nurses: What a difference a nurse makes: An RCN report on the benefits of expert nursing to the clinical outcomes in the continuing care of older people 2004

**Evidence-based reviews**

- National Institute for Health Research (NIHR)
  - Dignity in practice: an exploration of the care of older adults in acute NHS trusts 2011

**Published research**

1. **Nurses’ perceptions of their role in rehabilitation of the older person.**
   - **Author(s):** Burke, Kathleen G., Doody, Owen
   - **Citation:** Nursing Older People, 01 March 2012, vol./is. 24/2(33-38), 14720795
   - **Publication Date:** 01 March 2012
   - **Abstract:** Aim The aim of the study was to explore nurses’ perceptions of their role in rehabilitation of the older person. Method Nine participants were interviewed in two rehabilitation units in Ireland. Data were transcribed and analysed using Colaizzi’s (1978) framework. Findings Three main themes emerged: care delivery, collaboration and autonomy/empowerment. Conclusion Nurses have an important role in the rehabilitation of older people, which is often undervalued and ill-defined. Nurses need to recognise and articulate their contribution and value.
   - **Source:** CINAHL
   - **Full Text:** Available in fulltext at [EBSCOhost](#)

2. **Using narrative inquiry with older people to inform practice and service developments.**
   - **Author(s):** Hsu, Ming Yi, McCormack, Brendan
   - **Citation:** Journal of Clinical Nursing, 01 March 2012, vol./is. 21/5/6(841-849), 09621067
   - **Publication Date:** 01 March 2012
   - **Abstract:** Aim. The aim of the study was to examine the usefulness of narratives of older peoples' hospitalisation experiences as a focus for informing practice and service developments. Background. Narrative inquiry provides an option for exploring personal experiences and for providing insight into treatment decisions that can help guide how healthcare services are developed and provided. Methods. Participants were aged 65 and upwards and had been patients in a rehabilitation unit. They were cognitively and physically
able to communicate and give consent to take part in the study. Narrative interviewing methods were used for data collection. A problem-solution pattern framework enabled the reconfiguring of narratives in the context of the older persons’ past, the here and now and the context of their usual level of well-being or ill-being. Seminars with multidisciplinary professionals were used to analyse the narratives in the context of how they informed the need for practice and service developments. Results. Twenty-eight narrative interviews were undertaken. Through reading and discussing the reconfigured narratives, the multidisciplinary team evaluated whether care procedures were appropriate and identified ways of improving care delivery. Challenges to the integration of narrative approaches were identified. Narrative interviewing was implemented in practice by some of the nurses who participated in the study. Conclusions. Narrative inquiry enhances the assessment of care needs and interactions between healthcare professionals and patients. The framework used for translating stories into plans for practice and service developments needs to be used in further studies and with a broader range of healthcare and social care professionals to determine its usefulness. Relevance to clinical practice. Narrative inquiry is a valuable methodology for understanding older peoples’ experiences of health care. Stories developed from older peoples’ hospitalisation experiences are a useful basis for identifying aspects of practice that could be developed.

Source: CINAHL

Full Text:
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection.

3. End-of-Life Care of the Geriatric Patient and Nurses' Moral Distress.

Author(s): Piers, Ruth D., Van den Eynde, Magali, Steeman, Els, Vlerick, Peter, Benoit, Dominique D., Van Den Noortgate, Nele J.

Citation: Journal of the American Medical Directors Association, 01 January 2012, vol./is. 13/1(0-7206), 15258610

Publication Date: 01 January 2012

Abstract: Abstract: Objectives: Moral distress (MD) occurs when the health care provider feels certain of the ethical course of action but is constrained from taking that action. The purpose was to examine MD in geriatric nursing care and to identify factors related to MD. Design: Cross-sectional survey. Setting: Twenty nursing homes and 3 acute geriatric wards in Flanders (Belgium). Participants: Participants were 222 nurses providing geriatric care. Measurements: Moral distress was assessed with an 18-item questionnaire, adapted from the Moral Distress Scale. Multivariate linear regression analysis was used to identify key factors (situational, work, and personal factors) related to MD. Results: The response rate was 57%. The frequency score of MD was 1.1 (mean, range 0–4) and the intensity score of MD was 2.3 (mean, range 0–4). Nurses identified situations involving unjustifiable life support (mean product score MPS 4.8), unnecessary tests and treatments (MPS 4.4), and working with incompetent colleagues (MPS 4.3) as causing the most MD. Responding to requests for euthanasia (MPS 0.8) and increasing morphine in an unconscious patient believed to hasten death (MPS 1.2) were least likely to cause MD. The total MD score (sum of the 18 product scores) was significantly higher in nurses with intentional or actual job-leave (mean difference = 15.1, t = −3.5, P = .001). After adjusting for demographic factors, the following factors were independently associated with elevated MD: working in an acute geriatric care setting (as compared with the chronic geriatric care setting), a lack of involvement in end-of-life decisions, a lack of ethical debate, and specific measures of burnout (emotional exhaustion and personal accomplishment). Conclusion: Providing futile and inadequate care contributes to moral distress more than euthanasia and believing to hasten an unconscious patient’s death by increasing morphine in geriatric end-of-life care. Nurses’ moral distress is related to situational and work characteristics as well as to burnout and job-leave.

Source: CINAHL

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Author(s): Doherty-King B, Bowers B

Citation: Gerontologist, December 2011, vol./is. 51/6(786-97), 0016-9013;1758-5341 (2011 Dec)

Publication Date: December 2011

Abstract: Adults over the age of 65 years account for 60% of all hospital admissions and experience consequential negative outcomes directly related to hospitalization. Negative outcomes include falls, delirium, loss in ability to perform basic activities of daily living, and new walking dependence. New walking dependence, defined as the loss in ability to walk independently, occurs in 16%--59% of hospitalized older patients. Nurses are pivotal in promoting functional walking independence in hospitalized patients. However, little is known about how nurses make decisions about whether, when, and how to ambulate older patients. A qualitative study using grounded dimensional analysis was conducted to further explore how nurses make decisions about ambulating hospitalized older adults. Twenty-five registered nurses participated in in-depth interviews lasting 30--60 min. Open, axial, and selective coding was used during the analysis. A conceptual model, which is grounded in how nurses experience ambulating patients, was developed. Multiple categories and dimensions interact and produce an action by the nurse to either restrict mobilization to the level of the bed or progress the patient to ambulation in the hallway. Factors that seemed to have a greater impact on nurses' decisions on whether, when, and how to ambulate were the risk/opportunity assessment, preventing complications, and the presence of a unit expectation to ambulate patients.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

5. Nurses’ recognition of delirium in the hospitalized older adult.

Author(s): Rice KL, Bennett M, Gomez M, Theall KP, Knight M, Foreman MD

Citation: Clinical Nurse Specialist, November 2011, vol./is. 25/6(299-311), 0887-6274;1538-9782 (2011 Nov-Dec)

Publication Date: November 2011

Abstract: BACKGROUND: Delirium is the most frequent complication associated with hospitalization of older adults, responsible for 17.5 million additional hospital days in the United States each year; yet, nurses fail to recognize it more than 30% of the time.OBJECTIVES: The specific aim of the study was to measure staff nurses’ recognition of delirium in hospitalized older adults by comparing nurse and expert diagnostician ratings for delirium using the Confusion Assessment Method (CAM).METHOD: This study investigated the rate of agreement/disagreement between researchers and a convenience sample of 167 nurses caring for 170 medical surgical patients (>65 years) in detecting delirium. Paired (nurse vs researcher) CAM ratings were completed at least every other day until either discharge or delirium was detected by the researcher.RESULTS: The researcher detected delirium in 7% (12/170) of patients. Nurses failed to recognize delirium 75% (9/12) of the time, with poor agreement between nurse/researcher for all observations (kappa = 0.34). A generalized estimating equation logistic regression model identified independent predictors of nurses’ underrecognition of delirium that included increasing age and length of stay, dementia, and hypoactive delirium.DISCUSSION: Findings provide further support for the significance of nurses’ underrecognition of delirium in the hospitalized older adult when using the CAM. Additional research is warranted regarding the clinical decision-making processes that nurses use in assessing acute cognitive changes and in identifying strategies to improve delirium recognition.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
6. Individuality in older people’s care - challenges for the development of nursing and nursing management.

**Author(s):** Suhonen R, Stolt M, Puro M, Leino-Kilpi H

**Citation:** Journal of Nursing Management, October 2011, vol./is. 19/7(883-96), 0966-0429:1365-2834 (2011 Oct)

**Publication Date:** October 2011

**Abstract:** AIM: To explore nurses' perceptions about individuality in older people's care. BACKGROUND: Individualized care is enshrined in health-care policies and ethical and quality guidelines concerning older peoples’ care but assessments of individualized care delivery are limited. METHODS: Using a descriptive survey design, Individualized Care Scale questionnaires (n = 147) were used to collect data from 96 registered or licensed practical nurses (response 65%) working in the inpatient wards of four randomly selected long-term care hospitals in 2008. The questionnaires were analysed statistically. RESULTS: Nurses perceived that they supported older patients' individuality well in the clinical situation and maintained patients' decisional control over their care. Nurses also perceived that although they moderately supported their patients’ personal life situation they did not actively encourage patients’ families to take part in care. CONCLUSIONS: This study revealed some shortcomings in the maintenance of individuality in older peoples’ care and the need to change the focus of care from reactive management to a proactive prevention orientation to improve the well-being of older people. IMPLICATIONS FOR NURSING MANAGEMENT: There is a need to examine the care structures and processes and the role of nurse professionals in older peoples’ care under the guidance of nurse leaders and managers. Copyright 2011 Blackwell Publishing Ltd.

**Source:** MEDLINE

**Full Text:** Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection


**Author(s):** Lechasseur, Kathleen, Lazure, Ginette, Guilbert, Louise

**Citation:** Journal of Advanced Nursing, 01 September 2011, vol./is. 67/9(1930-1940), 03092402

**Publication Date:** 01 September 2011

**Abstract:** Lechasseur K., Lazure G. & Guilbert L. (2011) Knowledge mobilized by a critical thinking process deployed by nursing students in practical care situations: a qualitative study. Journal of Advanced Nursing 67(9), 1930-1940. Abstract Aim. This paper is a report of a qualitative study of mobilization of knowledge within the critical thinking process deployed by female undergraduate nursing students in practical care situations. Background. Holistic practice is based on variety of knowledge mobilized by a critical thinking process. Novices and, more specifically, students experience many difficulties in this regard. Therefore, a better understanding of the knowledge they mobilize in their practice is important for nurse educators. Design. A qualitative study, guided by grounded theory, was carried out. Sixteen nursing students, registered in an undergraduate programme in an Eastern Canadian university, were recruited. Descriptions of practical care situations were obtained through explicitation interviews in 2007. A sociodemographic questionnaire, semi-structured interviews and field notes were also used. Data were analysed using an approach based on grounded theory. An additional stage of analysis involved data condensation. Findings. Various types of knowledge guide nursing students' practice. These include intrapersonal, interpersonal, perceptual, moral/ethical, experiential, practical, scientific and contextual knowledge. The mobilization of these types of knowledge is only possible when the process of critical thinking has attained a higher level, giving rise to a new knowledge that we have termed combinational constructive knowledge rather than aesthetic knowledge. Conclusion. Clarification of the types of knowledge guiding the practice of student nurses and of the role of critical thinking in their mobilization could lead to innovative educational strategies. The findings provide guidance for the revision and

Author(s): Adams KW, Tolich D

Citation: American Journal of Nursing, September 2011, vol./is. 111/9(24-30; quiz 31-2), 0002-936X;1538-7488 (2011 Sep)

Publication Date: September 2011

Abstract: OBJECTIVE: Blood transfusion is a standard treatment for anemia in both inpatients and outpatients. Nonetheless, few studies on the therapy have examined the patient's perspective. This study therefore sought to identify how well patients understand the role of blood transfusion in their treatment and whether it causes them discomfort.

METHODS: All medically stable adults who had received a blood transfusion at an Ohio hospital over a five-week period in 2009 were identified; a convenience sample of 21 of those patients participated in semistructured interviews lasting 15 to 30 minutes. The researchers recorded and transcribed the interviews and performed a thematic analysis.

RESULTS: Four themes emerged: paternalism and decision making, patients’ knowledge, blood safety and administration, and the nurse’s role. Participants said that because a physician decided the transfusion would take place, they didn’t understand that there were other options for treating their anemia; pretransfusion written materials weren't adequate to explain risks and benefits of the procedure; they had concerns about the safety of the blood supply; and they valued nurses’ opinions.

CONCLUSIONS: These qualitative findings suggest that clinicians may be missing opportunities to improve patients’ knowledge of and comfort with blood transfusion and that they can better meet patients’ needs before, during, and after the procedure. Further research is warranted. KEYWORDS: blood transfusion, lived experience, patient education, qualitative research.

Source: MEDLINE

Full Text:

Available in fulltext at Ovid
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection


Author(s): Dreyer, Anne, Førde, Reidun, Nortvedt, Per

Citation: Nursing Ethics, 01 July 2011, vol./is. 18/4(514-525), 09697330

Publication Date: 01 July 2011

Source: CINAHL

Full Text:

Available in fulltext at EBSCOhost
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Available in print at Lincoln County Hospital Professional Library


Author(s): Fulton AT, Rhodes-Kropf J, Corcoran AM, Chau D, Castillo EH

Citation: Clinics in Geriatric Medicine, May 2011, vol./is. 27/2(153-70), 0749-0690;1557-8623 (2011 May)
Abstract: Seventy percent of people in the United States who have dementia die in the nursing home. This article addresses the following topics on palliative care for patients with dementia in long-term care: (1) transitions of care, (2) infections, other comorbidities, and decisions on hospitalization, (3) prognostication, (4) the evidence for and against tube feeding, (5) discussing goals of care with families/surrogate decision makers, (6) types of palliative care programs, (7) pain assessment and management, and (8) optimizing function and quality of life for residents with advanced dementia. Copyright Copyright 2011 Elsevier Inc. All rights reserved.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

11. Factors that predict acute hospitalization discharge disposition for adults with moderate to severe traumatic brain injury

Author(s): Cuthbert J.P., Corrigan J.D., Harrison-Felix C., Coronado V., Dijkers M.P., Heinemann A.W., Whiteneck G.G.

Citation: Archives of Physical Medicine and Rehabilitation, May 2011, vol./is. 92/5(721-730.e3), 0003-9993 (May 2011)

Publication Date: May 2011

Abstract: Objective: To identify factors predicting acute hospital discharge disposition after moderate to severe traumatic brain injury (TBI). Design: Secondary analysis of existing datasets. Setting: Acute care hospitals. Participants: Adults hospitalized with moderate to severe TBI included in 3 large sets of archival data: (1) Centers for Disease Control and Prevention Central Nervous System Injury Surveillance database (n=15,646); (2) the National Trauma Data Bank (n=92,012); and (3) the National Study on the Costs and Outcomes of Trauma (n=1286). Interventions: None. Main Outcome Measure: Discharge disposition from acute hospitalization to 1 of 3 postacute settings: (1) home, (2) inpatient rehabilitation, or (3) subacute settings, including nursing homes and similar facilities.

Results: The Glasgow Coma Scale (GCS) score and length of acute hospital length of stay (LOS) accounted for 35% to 44% of the variance in discharges to home versus not home, while age and sex added from 5% to 8%, and race/ethnicity and hospitalization payment source added another 2% to 5%. When predicting discharge to rehabilitation versus subacute care for those not going home, GCS and LOS accounted for 2% to 4% of the variance, while age and sex added 7% to 31%, and race/ethnicity and payment source added 4% to 5%. Across the datasets, longer LOS, older age, and white race increased the likelihood of not being discharged home; the most consistent predictor of discharge to rehabilitation was younger age. Conclusions: The decision to discharge to home a person with moderate to severe TBI appears to be based primarily on severity-related factors. In contrast, the decision to discharge to rehabilitation rather than to subacute care appears to reflect sociobiologic and socioeconomic factors; however, generalizability of these results is limited by the restricted range of potentially important variables available for analysis. 2011 American Congress of Rehabilitation Medicine.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

12. The factors that influence nurses’ use of physical restraint: A thematic literature review.

Author(s): Lane, Chelsi, Harrington, Ann

Citation: International Journal of Nursing Practice, 01 April 2011, vol./is. 17/2(195-204), 13227114

Publication Date: 01 April 2011
Abstract: Lane C, Harrington A. International Journal of Nursing Practice 2011; 195-204
Difficult clinical situations in both hospitals and aged care facilities might lead to the use of physical restraint on older people. This literature reviewed aimed to identify the factors that influence nurses' use of physical restraint on people aged over 60 years. The prevalence of restraint use in aged care facilities was shown to be between 12% and 47%, with 7% to 17% for hospitalized patients. Database searches retrieved studies published after 1992 that highlighted nurses' use of physical restraint on older people in both acute and aged care settings. The analysis revealed two reasons for decisions to use physical restraint that were categorized as 'patient safety' and 'nurses' workload'. It is important for nurses to understand the nursing culture that perpetuates restraint use, and to consider patient-centred nursing as an instigator for change.

Source: CINAHL

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

13. 'How Should I Touch You?': A Qualitative Study of Attitudes on Intimate Touch in Nursing Care.

Author(s): O'Lynn, Chad, Krautscheid, Lorretta

Citation: American Journal of Nursing, 01 March 2011, vol./is. 111/3(24-33), 0002936X

Publication Date: 01 March 2011

Abstract: Objective: Although touch is essential to nursing practice, few studies have investigated patients' preferences for how nurses should perform tasks involving touch, especially intimate touch involving private and sometimes anxiety-provoking areas of patients' bodies. Some studies suggest that patients have more concerns about intimate touch from male than female nurses. This study sought to elicit the attitudes of laypersons on intimate touch provided by nurses in general and male nurses in particular. Methods: A maximum-variation sample of 24 adults was selected and semistructured interviews were conducted in four focus groups. Interviews were recorded and transcribed; thematic analysis was performed. Results: Four themes emerged from the interviews: "Communicate with me," "Give me choices," "Ask me about gender," and "Touch me professionally, not too fast and not too slow." Participants said they want to contribute to decisions about whether intimate touch is necessary, and when it is they want information from and rapport with their nurses. Participants varied in their responses to questions on the nurse's gender. They said they want a firm but not rough touch and for nurses to ensure their privacy. Conclusions: These findings suggest that nurses and other clinicians who provide intimate care should be more aware of patients' attitudes on touch. Further research on the patient's perspective is warranted.

Source: CINAHL

Full Text:
Available in fulltext at Ovid
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

14. Can this patient be discharged home? Factors associated with at-home death among patients with cancer.

Author(s): Alonso-Babarro A, Bruera E, Varela-Cerdeira M, Boya-Cristia MJ, Madero R, Torres-Vigil I, De Castro J, Gonzalez-Baron M

Citation: Journal of Clinical Oncology, March 2011, vol./is. 29/9(1159-67), 0732-183X;1527-7755 (2011 Mar 20)

Publication Date: March 2011

Abstract: PURPOSE: The purpose of this study was to identify factors associated with at-home death among patients with advanced cancer and create a decision-making model for discharging patients from an acute-care hospital. PATIENTS AND METHODS: We
conducted an observational cohort study to identify the association between place of death and the clinical and demographic characteristics of patients with advanced cancer who received care from a palliative home care team (PHCT) and of their primary caregivers. We used logistic regression analysis to identify the predictors of at-home death. RESULTS: We identified 380 patients who met the study inclusion criteria; of these, 245 patients (64%) died at home, 72 (19%) died in an acute-care hospital, 60 (16%) died in a palliative care unit, and three (1%) died in a nursing home. Median follow-up was 48 days. We included the 16 variables that were significant in univariate analysis in our decision-making model. Five variables predictive of at-home death were retained in the multivariate analysis: caregiver’s preferred place of death, patients’ preferred place of death, caregiver’s perceived social support, number of hospital admission days, and number of PHCT visits. A subsequent reduced model including only those variables that were known at the time of discharge (caregivers' preferred place of death, patients' preferred place of death, and caregivers' perceived social support) had a sensitivity of 96% and a specificity of 81% in predicting place of death. CONCLUSION: Asking a few simple patient- and family-centered questions may help to inform the decision regarding the best place for end-of-life care and death.

Source: MEDLINE

Full Text:
Available in full text at the ULHT Library and Knowledge Services’ eJournal collection.

15. Do not attempt resuscitation: The importance of consensual decisions. A qualitative study

Author(s): Imhofa L., Mahrer-Imhofa R., Janischb C., Kesselringc A., Zenklusend R.Z.

Citation: Swiss Medical Weekly, February 2011, vol./is. 141/FEBRUARY, 1424-7860 (February 2011)

Publication Date: February 2011

Abstract: AIMS: To describe the involvement and input of physicians and nurses in cardiopulmonary resuscitation (CPR / do not attempt resuscitation (DNAR) decisions; to analyse decision patterns; and understand the practical implications. DESIGN: A Qualitative Grounded Theory study using one-time open-ended interviews with 40 volunteer physicians and 52 nurses drawn from acute care wards with mixes of heterogeneous cases in seven different hospitals in German-speaking Switzerland. RESULTS: Establishing DNAR orders in the best interests of patients was described as a challenging task requiring the leadership of senior physicians and nurses. Implicit decisions in favour of CPR predominated at the beginning of hospitalisation; depending on the context, they were relieved/superseded by explicit DNAR decisions. Explicit decisions were the result of hierarchical medical expertise, of multilateral interdisciplinary expertise, of patient autonomy and/or of negotiated patient autonomy. Each type of decision, implicit or explicit, potentially represented a team consensus. Non-consensual decisions were prone to precipitate personal or team conflicts, and, occasionally, led to non-compliance. CONCLUSION: Establishing DNAR orders is a demanding task. Reaching a consensus is of crucial importance in guaranteeing teamwork and good patient care. Communication and negotiation skills, professional and personal life experience and empathy for patients and colleagues are pivotal. Therefore, leadership by experienced senior physicians and nurses is needed and great efforts should be made with regard to multidisciplinary education.

Source: EMBASE

Full Text:
Available in full text at ULHT journal article requests. Complete the online form to obtain articles.

16. Respecting patient autonomy: Understanding the impact on NHS hospital in-patients of legislation and guidance relating to patient capacity and consent

Author(s): Redley M., Keeley H., Clare I., Hinds D., Luke L., Holland A.

Citation: Journal of Health Services Research and Policy, January 2011, vol./is. 16/1(13-20), 1355-8196 (January 2011)
Abstract: Objectives: To determine the extent and nature of the decisions individuals are asked to make as in-patients, and whether doctors, nurses, other health care practitioners, and housekeepers engaged in routine (nonemergency) medical assessments, investigations and treatments, or acts of personal care observe the Reference Guide to Consent for Examination or Treatment, the principles of the Mental Capacity Act (England and Wales) 2005, and the guidance from the Dignity in Care Campaign. Methods: Hospital staff working on a general medical ward and a ward for older people in a large teaching hospital in England were observed for over 50 hours carrying out acts of medical and personal care. The observations were recorded using a semi-structured record sheet, complemented by unstructured field notes. Observations were subsequently categorized, coded and counted. Results: A total of 206 acts were observed, 127 (62%) of which were acts of medical care and 79 (38%) were acts of personal care. Patients approached for acts of personal care were generally presented with choices and options (78%). In contrast, when approached for acts of medical care, they were rarely presented with a choice (6%); instead, health care practitioners either requested permission to perform a procedure (29%) or informed patients that they were about to perform a procedure (50%). Irrespective of the way in which health care practitioners approached patients about acts of medical care, in the overwhelming majority of instances, patients complied (80%, 99 cases), either by giving permission for the act to be performed, or by complying and/or cooperating with the health care practitioner. In only a minority of cases did patients either refuse or resist a proposed procedure (9%). Conclusions: Patients were asked to make many varied decisions and the approaches taken by hospital staff differed depending on the nature of the decision and/or act in question. In contrast to personal care decisions, when health care practitioners approached patients in order to undertake routine acts of medical care, they generally did so in a manner that did not acknowledge that the patient had a right to exercise a choice. This is contrary to current law, policy and guidance. It seems to be rooted in the practical demands of running a hospital ward and uncertainties as to the purpose of securing patient consent before undertaking routine acts of medical care. The Royal Society of Medicine Press Ltd 2011.

Source: EMBASE

Full Text:
Available in fulltext at EBSCOhost

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

17. Determining factors for hospital discharge status after radical cystectomy in a large contemporary cohort


Citation: Journal of Urology, January 2011, vol./is. 185/1(85-89), 0022-5347 (January 2011)

Publication Date: January 2011

Abstract: Purpose We describe hospital discharge status in patients after radical cystectomy for bladder cancer. We determined factors affecting discharge status. Materials and Methods The 445 patients underwent radical cystectomy for urothelial carcinoma from January 2004 to December 2007. Patients were grouped by hospital discharge status into 1 of 4 groups, including home under self-care without services, home with home health services, subacute, rehabilitation or skilled nursing facility, or hospice/in-hospital mortality. We compared clinical, perioperative and pathological variables in these groups. We also examined the association of discharge status with the hospital readmission rate and 90-day mortality. Results Of the 440 patients 250 (56.8%), 145 (32.9%), 39 (8.9%) and 6 (1.4%) were in the home without services, home with services, facility and mortality groups, respectively. On multivariate analysis older age, lower preoperative albumin, unmarried status and higher Charlson comorbidity index were predictors of discharge home with services while older age, poor preoperative exercise tolerance and longer hospital stay predicted discharge to a facility. Patients in the facility group were more likely to die within 90 days of surgery than those who returned home independently or with services. There
was no difference in the likelihood of rehospitalization. Conclusions Sociodemographic factors, preoperative performance status, and comorbidities and perioperative factors contribute to the discharge decision after radical cystectomy. Some subgroups can be predicted to have increased postoperative care needs and may be appropriate targets for disposition planning preoperatively. 2011 American Urological Association Education and Research, Inc.

Source: EMBASE

Full Text:
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Gott M, Ingleton C, Bennett MI, Gardiner C

Citation: BMJ, 2011, vol./is. 342/(d1773), 0959-535X;1468-5833 (2011)

Publication Date: 2011

Abstract: OBJECTIVE: To explore how transitions to a palliative care approach are perceived to be managed in acute hospital settings in England. DESIGN: Qualitative study. SETTING: Secondary or primary care settings in two contrasting areas of England. PARTICIPANTS: 58 health professionals involved in the provision of palliative care in secondary or primary care. RESULTS: Participants identified that a structured transition to a palliative care approach of the type advocated in UK policy guidance is seldom evident in acute hospital settings. In particular they reported that prognosis is not routinely discussed with inpatients. Achieving consensus among the clinical team about transition to palliative care was seen as fundamental to the transition being effected; however, this was thought to be insufficiently achieved in practice. Secondary care professionals reported that discussions about adopting a palliative care approach to patient management were not often held with patients; primary care professionals confirmed that patients were often discharged from hospital with "false hope" of cure because this information had not been conveyed. Key barriers to ensuring a smooth transition to palliative care included the difficulty of "standing back" in an acute hospital situation, professional hierarchies that limited the ability of junior medical and nursing staff to input into decisions on care, and poor communication. CONCLUSION: Significant barriers to implementing a policy of structured transitions to palliative care in acute hospitals were identified by health professionals in both primary and secondary care. These need to be addressed if current UK policy on management of palliative care in acute hospitals is to be established.

Source: MEDLINE

Full Text:
Available in fulltext at Highwire Press


Author(s): McMurray A, Chaboyer W, Wallis M, Johnson J, Gehrke T

Citation: Collegian: Journal of the Royal College of Nursing, Australia, 2011, vol./is. 18/1(19-26), 1322-7696;1322-7696 (2011)

Publication Date: 2011

Abstract: BACKGROUND: Patient participation in handover is one aspect of patient-centred care, where patients are considered partners in care. Understanding the patient perspective provides a foundation for nurses to tailor their bedside handovers to reflect patients' thoughts and beliefs and encourage their active involvement in decision-making. AIM: This study examined patients' perspectives of participation in shift-to-shift bedside nursing handover. METHODS: A descriptive case study was conducted with 10 patients in one Queensland hospital who had experienced bedside handover during their hospitalisation in 2009. Participants were asked their views about bedside handover including its benefits and limitations, their existing and potential role in handover, the role of...
family members, and issues related to confidentiality. Data were analysed using thematic content analysis. FINDINGS: Four themes emerged from the analysis. First, patients appreciated being acknowledged as partners in their care. Second, they viewed bedside handover as an opportunity to amend any inaccuracies in the information being communicated. Third, some preferred passive engagement rather than being fully engaged in the handover. Fourth, most patients appreciated the inclusive approach of handover as nurse-patient interaction. CONCLUSIONS: Bedside handover provides an opportunity for patients to be involved as active participants in their care. They value having access to information on an ongoing basis, and although not all choose the same level of interaction, they see their role as important in maintaining accuracy, which promotes safe, high quality care.

Source: MEDLINE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

20. Do not attempt resuscitation: the importance of consensual decisions.

Author(s): Imhof L, Mahrer-Imhof R, Janisch C, Kesselring A, Zuercher Zenklusend R

Citation: Swiss Medical Weekly, 2011, vol./is. 141/(w13157), 0036-7672;1424-3997 (2011)

Publication Date: 2011

Abstract: AIMS: To describe the involvement and input of physicians and nurses in cardiopulmonary resuscitation (CPR / do not attempt resuscitation (DNAR) decisions; to analyse decision patterns; and understand the practical implications. DESIGN: A Qualitative Grounded Theory study using one-time open-ended interviews with 40 volunteer physicians and 52 nurses drawn from acute care wards with mixes of heterogeneous cases in seven different hospitals in German-speaking Switzerland. RESULTS: Establishing DNAR orders in the best interests of patients was described as a challenging task requiring the leadership of senior physicians and nurses. Implicit decisions in favour of CPR predominated at the beginning of hospitalisation; depending on the context, they were relieved/superseded by explicit DNAR decisions. Explicit decisions were the result of hierarchical medical expertise, of multilateral interdisciplinary expertise, of patient autonomy and/or of negotiated patient autonomy. Each type of decision, implicit or explicit, potentially represented a team consensus. Non-consensual decisions were prone to precipitate personal or team conflicts, and, occasionally, led to non-compliance. CONCLUSION: Establishing DNAR orders is a demanding task. Reaching a consensus is of crucial importance in guaranteeing teamwork and good patient care. Communication and negotiation skills, professional and personal life experience and empathy for patients and colleagues are pivotal. Therefore, leadership by experienced senior physicians and nurses is needed and great efforts should be made with regard to multidisciplinary education.

Source: MEDLINE

21. Clinical decision making of signs of infection in elderly persons: experience of nursing assistants... Fourth European Nursing Congress.

Author(s): Sund-Levander, Märtha, Tingström, Pia

Citation: Journal of Clinical Nursing, 02 October 2010, vol./is. 19/(125-125), 09621067

Publication Date: 02 October 2010

Source: CINAHL

Full Text: Available in fulltext at EBSCOhost.

Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection.

22. How decisions are made by and for older residents with dementia in residential care homes... Fourth European Nursing Congress.
23. Managing risk: Clinical decision making in aged care mental health services

Author(s): Barkway P., Gerace A., Curren D., Muir-Cochrane E.

Citation: Asia-Pacific Psychiatry, October 2010, vol./is. 2/3(A2-A3), 1758-5864 (October 2010)

Abstract: Risk assessment and management is integral to the delivery of safe, contemporary and ethical mental health care. The development of risk assessment and management is a priority for mental health services, and is an important part of clinical practice. However, the nature of this process and how health professionals understand assessment and management has been under-investigated. This paper reports on a qualitative study, undertaken at an Adelaide hospital, which investigated the risk assessment perceptions, knowledge and practices within a multi-disciplinary aged care mental health service. The research sought to identify baseline data about the clinical decision making practices of the multidisciplinary team members, including an understanding of the issues staff face when undertaking risk assessment in both inpatient and community settings, and the barriers and enablers to effective risk assessment and management. Findings will be used to direct and support future clinical practice, training initiatives and research into risk assessment and management of people with a mental illness across all wards and services of the hospital. Fifteen staff (including medical, nursing and allied health professionals) completed a case scenario risk assessment and management plan, and participated in a semi-structured interview discussing this assessment as well as issues regarding assessment and management of risk. Data was analysed using a hybrid thematic approach. Four major themes emerged: purpose of assessment, involving issues of prevention, protection, and evaluation; the staged process of assessment and management, including information is gathering and goal establishment (including the roles of multidisciplinary staff); mastery, focusing on knowledge and skills required; and tensions in the purpose and process, specifically risk averse versus individualised care. Implications of findings, highlighting ambiguity in the process, training needs, and future directions for consumer-focused practice are discussed.

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

24. Involvement of hospital nurses in care decisions related to administration of artificial nutrition or hydration (ANH) in patients with dementia: a qualitative study.

Author(s): Bryon E, Gastmans C, Dierckx de Casterle B

Citation: International Journal of Nursing Studies, September 2010, vol./is. 47/9(1105-16), 0020-7489;1873-491X (2010 Sep)

Abstract: BACKGROUND: Nurses that care for patients with advanced dementia are increasingly faced with consequences of disease progression, often requiring them to decide whether to artificially feed these patients. Clarifying how nurses can be better supported in complex care processes involving ethically sensitive decision-making requires that their practice be mapped out.OBJECTIVES: The aims of this study were to explore and describe how nurses are involved in the care that surrounds decisions concerning artificial
nutrition or hydration in hospitalized patients with dementia. DESIGN: We used a qualitative interview design. Data collection and analysis were informed by the grounded theory approach. SETTING: Nine hospitals geographically spread throughout the five provinces of Flanders, Belgium. PARTICIPANTS: Twenty-one nurses were purposively selected for interview, with the aim of including nurses that reflected diverse personal characteristics and experiences with the subject matter. METHODS: Between April 2008 and June 2009, we conducted 21 interviews that were audi-taped and later transcribed. Data processing involved (1) simultaneous and systematic data collection and analysis, (2) constant forwards-backwards wave, (3) continuous dialogue with the data, and (4) interactive team processes. RESULTS: Nurses' involvement was characterized by a desire to provide 'good care', which was the basis for their motivation and aspiration during the care process. Early in the process, nurses developed a holistic picture of their patients, laying the foundation of their 'good care' view. During the actual decision-making, nurses fulfilled the roles of messengers and guiding communicators, as they attempted to realize their 'good care' view. Nurses judged the physicians' decisions in light of their care view. If a decision matched their view, they supported the decision. If not, they resisted it openly or covertly. Some nurses remained passively in the background, while others took action to override the decision. Nurses' involvement ended with the intensive aftercare of the patients and their family. CONCLUSIONS: Nurses are closely and continuously involved in the care that surrounds decisions concerning artificial nutrition or hydration in hospitalized patients with advanced dementia. During the care process, nurses play several and specific roles, giving their contribution a unique and variable character. Copyright (c) 2010 Elsevier Ltd. All rights reserved.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Available in print at Lincoln County Hospital Professional Library

25. Nurses -- psychiatrists' main collaborators when treating women with postpartum psychosis.

Author(s): Engqvist I, Ahlin A, Ferszt G, Nilsson K

Citation: Journal of Psychiatric & Mental Health Nursing, 01 August 2010, vol./is. 17/6(494-502), 13510126

Publication Date: 01 August 2010

Abstract: Accessible summary · The paper describes Swedish psychiatrists' experiences of collaboration with healthcare professionals when treating women with postpartum psychosis (PPP). · A qualitative design was used, and semi-structured interviews were performed with nine psychiatrists working in psychiatric hospitals in Sweden. · This result was identified: collaboration related to admission, collaboration during inpatient care and collaboration related to discharge. Collaboration with midwives and obstetricians was important in diagnosing the illness, as this often occurred on postnatal wards. Decisions about the form of care for the woman with PPP and for her baby demanded collaboration with various healthcare professionals. Collaboration with nurses was based on expectations and confidence in nurses' competence, and was very important during inpatient care. When the woman was to be discharged, collaboration with healthcare teams as outpatient clinic, child health clinic and community services, was required. · The conclusion was that psychiatrists collaborate with different professionals in the different parts of the caring process. When caring for women with PPP, they considered nurses to be their most important collaborators and relied on their competence. The focus was to describe Swedish psychiatrists' experiences of collaboration with healthcare professionals when treating women with postpartum psychosis (PPP). A qualitative design was used, and semi-structured interviews were performed with nine psychiatrists working in psychiatric hospitals in Sweden. Data were analysed using manifest and latent content analysis. The results of these experiences were categorized in this study as: collaboration related to admission, collaboration during inpatient care and collaboration related to discharge. Collaboration with midwives and obstetricians was important in diagnosing the illness, as this often occurred on postnatal wards; and decisions about the form of care for the woman with PPP and for her baby demanded collaboration with various healthcare professionals.
Collaboration with nurses was based on expectations and confidence in nurses’ competence, and was exceedingly important during inpatient care. When the woman was to be discharged, collaboration with healthcare teams, e.g. outpatient clinic, child health clinic and community services, was required. The conclusions were that psychiatrists collaborate with different professionals in the various phases of the caring process. They rely extensively on nurses’ competence when caring for women with PPP, and consider nurses to be their most important collaborators.

Source: CINAHL

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
Available in print at Lincoln County Hospital Professional Library

Author(s): Stilos K, Daines P
Citation: CANNT Journal, 01 July 2010, vol./is. 20/3(56-57), 14985136
Publication Date: 01 July 2010
Source: CINAHL
Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

27. Nurses’ role in clarifying goals in the intensive care unit.
Author(s): Martin B, Koesel N
Citation: Critical Care Nurse, 01 June 2010, vol./is. 30/3(64-73), 02795442
Publication Date: 01 June 2010
Abstract: Nurses have an essential role as team members in establishing the goals of care in the ICU.
Source: CINAHL
Full Text:
Available in fulltext at Highwire Press
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

28. Care of acutely ill older patients in hospital: clinical decision-making.
Author(s): Milton-Wildey K, O’Brien L
Citation: Journal of Clinical Nursing, May 2010, vol./is. 19/9-10(1252-60), 0962-1067;1365-2702 (2010 May)
Publication Date: May 2010
Abstract: AIMS AND OBJECTIVES: The aim of this study was to investigate the nursing care of older hospitalised patients and how the nurses providing care understood the clinical decision-making around this care.BACKGROUND: One of the challenges confronting nurses is how best to manage the care required by increasing numbers of older people with complex problems and illnesses being admitted to hospitals.DESIGN: This qualitative study used multiple methods of data collection that included observations,
interviews and, where needed, review of the hospital records of older patients. METHOD: Twenty-seven registered nurses participated from across five hospital units. Data were analysed thematically to understand how nurses cared for older patients. RESULTS: The interpretative analysis yielded three major themes that emerged in relation to nursing care of older patients: knowing about care; optionalising care; and blaming. Participants were knowledgeable and potentially competent in providing care required by older patients in hospital. However, they admitted that they optionalised care by making decisions about which patients to care for and how much care should be provided. Participants rationalised these decisions through laying blame on the hospital organisation, needing social time with colleagues and preferring medically oriented technical interventions. CONCLUSION: Nurses experienced tension between professional and ethical nursing responsibilities and the lack of challenge and reward associated with the care of this group of patients. They attended to the more highly valued medical interventions and substituted time to care for older patients by socialisation with colleagues. RELEVANCE TO CLINICAL PRACTICE: This study draws attention to the discrepancy between stated and practice values in the care of hospitalised older patients. Clarification of disciplinary values and the professional role is required, including the adoption of models of care that refocus nursing care through the promotion of holistic practices.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

29. Development and use of a decision aid for communication with hospitalized patients about cardiopulmonary resuscitation preference.

Author(s): Frank C, Pichora D, Suurdt J, Heyland D

Citation: Patient Education & Counseling, April 2010, vol./is. 79/1(30-3), 0738-3991;1873-5134 (2010 Apr)

Publication Date: April 2010

Abstract: OBJECTIVE: To develop and evaluate a decision aid related to CPR decision-making for hospitalized patients. METHODS: The development of the decision aid was guided by published recommendations; physicians, nurses, and a clinical ethicist were involved in the process. In-patients over age 55 with serious illnesses and their family were involved in pre-testing and evaluation. RESULTS: Twenty-five patients and 11 family members participated. The majority (23/25, 92% of patients, 7/11, 64% of family) reported the information in the decision aid was ‘Very’ or ‘Extremely’ helpful in decisions. More than 70% of patients and family considered the aid to be “acceptable.” The decision aid did not appear to bias towards or away from preferences for CPR. Participants did not report significant burden with use (median score 2/10; 1=none, 10=extremely upsetting). All patients and 10 family members recommended the aid be available to all patients. CONCLUSION: The decision aid was felt to be acceptable, feasible, and useful by participants. Future research should evaluate the impact of the decision aid on outcomes including quality of decision-making. PRACTICE IMPLICATIONS: The decision aid can be used to assist with CPR decision-making with seriously ill hospitalized patients. It is available for use on the CARENET website. 2009 Elsevier Ireland Ltd. All rights reserved.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

30. The full story?... ‘Home truths’ (Nursing Older People. 21, 9, 12).

Author(s): Laycock W

Citation: Nursing Older People, 01 February 2010, vol./is. 22/1(8-8), 14720795

Publication Date: 01 February 2010
31. How nurses decide to get older patients moving.

Author(s): King, Barbara J

Citation: , 01 January 2010, vol./is. /0-233),

Publication Date: 01 January 2010

Abstract: New walking dependence has been found to occur in 16.8% to 59% of older adults in hospital settings. Walking dependence as been associated with limited mobility of older adults during their hospital stays. Nursing has been identified as a key health care provider that can impact mobility decline. However, studies have shown that nurses infrequently ambulate patients. Unfortunately, the research is lacking in knowledge of how nurses assess mobility in hospitalized older adults, when nurses consider mobilizing patients, and what barriers nurses face.

Source: CINAHL

32. Nurse-led medication reviews and the quality of drug treatment of elderly hospitalized patients.

Author(s): Bergqvist M, Ulfvarson J, Karlsson EA

Citation: European Journal of Clinical Pharmacology, November 2009, vol./is. 65/11(1089-96), 0031-6970;1432-1041 (2009 Nov)

Publication Date: November 2009

Abstract: PURPOSE: To evaluate if nurses after receiving training in clinical pharmacology can improve the quality of the drug therapy in elderly hospitalized patients.METHODS: Nurses were given a 1-day training in clinical pharmacology to identify drug-related problems (DRPs).All patients admitted to the ward aged 65 or more were studied. Patients at the same ward before the intervention were considered as control group. Outcome variables were re-hospitalized 3 months from discharge, drug-related readmissions, the proportion of inappropriate drug use (IDU), and DRPs found by the nurses.RESULTS: Of 460 patients (250 intervention group and 210 in the control group) 38 and 36%, respectively, had at least one re-admission to hospital (p=0.86) and 24% of the patients died. Eighteen and 17% (43/37), respectively, used one or more inappropriate drug (p 0.90). The nurses found 86 clinically significant DRPs not detected by the usual care. A substantial part of the DRPs detected by the nurses were revealed with assistance of Symptoms Assessment Form (SYM). There were no statistical difference in the number of drug-related re-admissions between the groups, 14/16, respectively, (p=0.40).CONCLUSIONS: Nurses are able to detect a high proportion of clinically relevant DRPs not detected by the usual care and thereby increase the quality of the drug treatment in elderly hospitalized patients. Our study showed no effect on re-hospitalization or IDU. By using a SYM nurses can find DRPs that computer-based decision support systems miss.

Source: MEDLINE

33. Uncomfortable prescribing decisions in hospitals: the impact of teamwork.

Author(s): Lewis PJ, Tully MP

Citation: Journal of the Royal Society of Medicine, November 2009, vol./is. 102/11(481-8), 0141-0768;1758-1095 (2009 Nov)
Abstract: OBJECTIVES: Prescribing is not always driven by therapeutic motives alone; social and intrinsic factors also play a part in the decision. However, most research into prescribing influences has been conducted in general practice, with very little conducted within hospitals. One potential influence is the hospital multidisciplinary team, yet little attention has been paid to how interactions between teams and team members may influence prescribing. This study investigated the effect that team interaction and structure had upon UK hospital doctors’ prescribing decisions, particularly their discomfort felt prescribing. DESIGN AND SETTING: The study used the critical incident technique and in-depth interviews. Prior to an in-depth interview, 48 doctors of varying grades from four hospitals were asked to remember any uncomfortable prescribing decisions that they had recently made. These ‘incidents’ were discussed in depth. All interviews were tape-recorded and transcribed verbatim. A grounded theory approach to data analysis was taken. RESULTS: There were 193 critical incidents described in the interviews. Over one-third were related to the difficulties of prescribing within a team environment. Discomfort frequently arose because of factors relating to the hierarchical structure; in particular, junior doctors described their discomfort when they were uncertain of seniors’ prescribing decisions. Prescribers also adhered to rules of prescribing etiquette, including the maintenance of other doctors’/teams’ prescribing decisions and adherence to prescribing norms. Discomfort also arose from a perceived pressure to prescribe from the nursing team. Doctors admitted to prescribing to maintain overall team relationships, sometimes ignoring hospital regulations and best practice to do so. CONCLUSION: Overall, this study demonstrated that hospital doctors’ prescribing decisions were strongly influenced by relationships with other team members, particularly nurses and senior doctors. Ways of reducing this discomfort should be explored and further research is advocated in this area.

Source: MEDLINE

Full Text: Available in fulltext at Highwire PressAvailable in fulltext at EBSCOhostAvailable in fulltext at National Library of MedicineAvailable in fulltext at ULHT journal article requests. Complete the online form to obtain articles

Available in print at Lincoln County Hospital Professional Library

34. Respecting patient autonomy versus protecting the patient’s health: a dilemma for healthcare providers.

Author(s): Badger JM, Ladd RE, Adler P

Citation: JONA's Healthcare Law, Ethics & Regulation, 01 October 2009, vol./is. 11/4(120-126), 15209229

Publication Date: 01 October 2009

Abstract: A 74-year-old man with multiple chronic medical problems was hospitalized for respiratory distress. He experienced recurrent aspiration and required frequent suctioning and endotracheal intubation on several occasions. The patient was deemed competent and steadfastly refused feeding tube placement. The patient demanded that he be allowed to eat a normal diet despite being told that it could lead to his death. The patient wanted to go home, but there was no one there to care for him. Additionally, neither a nursing home nor hospice would accept him in his present condition. The case is especially interesting because of the symbolic value of food and the plight of the patient who has no alternative to hospitalization. The hospital staff experienced considerable stress at having to care for him. They were uncertain whether their obligation was to respect his autonomy and continue to provide food or to protect his health by avoiding aspiration, pneumonia, and possible death by denying him food. This ethical dilemma posed by the professionals’ duty to do what is in the patient's best interest versus the patient’s right to decide treatment serves as the focus for this case study. Ethical, legal, and healthcare practitioners’ considerations are explored. The case study concludes with specific recommendations for treatment.

Source: CINAHL
35. Resonating relationships between nurses and elders in long term care.

Author(s): Hewett BJ

Citation: Communicating Nursing Research, 01 March 2009, vol./is. 42/(481-481), 01601652

Publication Date: 01 March 2009

Source: CINAHL

36. From hospital to nursing facility: factors influencing decisions.

Author(s): Mason SE, Auerbach C, LaPorte HH

Citation: Health & Social Work, 01 February 2009, vol./is. 34/1(8-15), 03607283

Publication Date: 01 February 2009

Abstract: This study addresses the factors influencing decisions to send medicine-surgical (med-surg) patients home or to nursing facilities (NFs). The sample (n = 7,852) was taken from a large, urban, teaching, med-surg unit where discharges were documented and data collected over a two-and-a-half-year period. Using logistical regression, the factors found to most influence the decision were age (z = 26.99, p = .000; odds = 1.06); patients diagnosed with "musculoskeletal system" problems (z = 11.07, p = .000; odds = 5.36); and needing skilled professional care (z = -15.03, p = .000; odds = .21) or nonprofessional personal care (z = 6.62, p = .000; odds = 2.32). Having less effect, but important information for discharge planners, was being an African American (z = 3.82, p = .000; odds = .76) or Latino (z = -3.96, p = .000; odds = .54). A review of the literature found limited knowledge of the factors that influence hospital patients, family members, and professionals, including social workers, to make the decision to recommend home care or NF care.

Source: CINAHL


Author(s): Florin J, Ehrenberg A, Ehnfors M

Citation: Journal of Clinical Nursing, November 2008, vol./is. 17/21(2935-44), 0962-1067:1365-2702 (2008 Nov)

Publication Date: November 2008

Abstract: AIM: To investigate predictors of patients' preferences for participation in clinical decision-making in inpatient nursing care.BACKGROUND: Patient participation in decision-making in nursing care is regarded as a prerequisite for good clinical practice regarding the person's autonomy and integrity.DESIGN: A cross-sectional survey of 428 persons, newly discharged from inpatient care.METHODS: The survey was conducted using the Control Preference Scale. Multiple logistic regression analysis was used for testing the association of patient characteristics with preferences for participation.RESULTS: Patients, in general, preferred adopting a passive role. However, predictors for adopting an active participatory role were identified.
role were the patient's gender (odds ratio = 1.8), education (odds ratio = 2.2), living condition (odds ratio = 1.8) and occupational status (odds ratio = 2.0). A probability of 53% was estimated, which female senior citizens with at least a high school degree and who lived alone would prefer an active role in clinical decision-making. At the same time, a working cohabiting male with less than a high school degree had a probability of 8% for active participation in clinical decision making in nursing care.

CONCLUSIONS: Patient preferences for participation differed considerably and are best elicited by assessment of the individual patient. Relevance to clinical practice. The nurses have a professional responsibility to act in such a way that patients can participate and make decisions according to their own values from an informed position. Access to knowledge of patients' basic assumptions and preferences for participation is of great value for nurses in the care process. There is a need for nurses to use structured methods and tools for eliciting individual patient preferences regarding participation in clinical decision-making.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

38. The Family Preferences Index: helping family members who want to participate in the care of a hospitalized older adult.

Author(s): Messecar D, Powers BA, Nagel CL

Citation: American Journal of Nursing, September 2008, vol./is. 108/9(52-9; quiz 59-60), 0002-936X;1538-7488 (2008 Sep)

Publication Date: September 2008

Abstract: Family members are an important but often underappreciated resource in caring for hospitalized older adults. The Family Preferences Index is a 14-item approach to exploring caregivers' personal choices for participating in the care of hospitalized older adult family members. It can be administered as a structured interview or as a questionnaire. Higher scores indicate a greater preference to participate in care. The nurse can use the responses to the index to plan care that builds a partnership with the family. To watch a free video demonstrating the use of the index, go to http://links.lww.com/A296.

Source: MEDLINE

Full Text:
Available in fulltext at Ovid
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection

39. Critical care outreach: The need for effective decision-making in clinical practice (Part 2)

Author(s): Hancock H.C., Durham L.

Citation: Intensive and Critical Care Nursing, April 2007, vol./is. 23/2(104-114), 0964-3397 (April 2007)

Publication Date: April 2007

Abstract: As the extension of nursing into roles previously within the domain of medicine and the demand for evidence based practice continue to increase, the quality of decision making becomes imperative. Making accurate decisions is essential, both for the practitioner and for the patient, especially in the provision of critical care outreach (CCOR), to improve outcomes of care. With changes in health care delivery and increased accountability for practitioners' decisions, it is important to understand more about how clinical decisions are made and what factors influence them in order to inform practice. The previous paper outlined the theoretical background of clinical decision making and the knowledge that underpins practice in CCOR. In this paper, the authors, a Nurse Consultant in CCOR and a research fellow, examine the process of a practitioner's decision making in the practice of CCOR, through a collaborative reflective account of a case study. From this, recommendations are made about the future development of CCOR practitioners and
40. The impact of using nursing presence in a community heart failure program

Author(s): Anderson J.H.

Citation: The Journal of cardiovascular nursing, March 2007, vol./is. 22/2(89-94; quiz 95-96; discussion 97-98), 1550-5049 (2007 Mar-Apr)

Publication Date: March 2007

Abstract: Nursing presence is the foundation of a long-term nurse-patient relationship that improves clinical decision making and ultimately patient outcomes. A home-based, advanced practice nurse-directed program uses presence at the heart of service delivery in an outpatient heart failure program that addresses complex healthcare needs of this patient population. The Community Case Management program has the following goals: (1) to improve access to appropriate cost-effective healthcare, (2) to prevent hospitalizations, and (3) to improve quality of life. An advanced practice cardiac nurse conducts home visits providing skilled nursing assessments, targeted education, emotional support, and advanced care planning to a vulnerable group of heart failure patients. Common nursing interventions are patient and caregiver education, therapeutic presence, supervision of adherence, and advocacy. The Community Case Management program provides a full continuum of care including disease management, case management, and palliative care serving patients and loved ones over the duration of their illness until death. Community Case Management results in fewer emergency room visits, unplanned hospitalizations, cost avoidance, as well as high patient satisfaction and improved quality of life. It is the contention of this author that the success of the program, while resting on expert multidisciplinary care, is also influenced by the spirit of a long-term therapeutic relationship that develops between the nurse, patient, and the patient's loved ones.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles. 

Available in print at Lincoln County Hospital Professional Library

41. Try this: best practices in nursing care for hospitalized older adults. Decision making and dementia.

Author(s): Mitty EL, Boltz M

Citation: SCI Nursing, 01 December 2006, vol./is. 23/4(0-1), 08888299

Publication Date: 01 December 2006

Source: CINAHL

Full Text:
Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection 

42. Communication and decision making for patients with end stage diseases in an acute care setting.

Author(s): Grbich C, Parish K, Glaetzer K, Hegarty M, Hammond L, McHugh A

Citation: Contemporary Nurse: A Journal for the Australian Nursing Profession, 01 October 2006, vol./is. 23/1(21-37), 10376178

Publication Date: 01 October 2006

Abstract: Twenty retrospective patient case studies were collated in an acute care setting.
teaching hospital using a case note audit and in addition interviews were undertaken with 40 nursing staff following the deaths of these patients in order to: analyse the end of life care received; identify any deficits in care provision and to enable the nursing division to target any inadequacies in care found. Findings indicated that communication between medical and nursing staff and between nursing staff, patients and family around end of life issues continue to be poor and that discussions regarding NFR decisions occurred too close to death, creating unnecessary stress for both patients and families. Recommendations regarding palliative approaches in the acute care setting are detailed.

Source: CINAHL

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

43. Which clinical indicators and resident characteristics are associated with health care practitioner nursing home visits or hospital transfer for urinary tract infections?

Author(s): Levy CR, Eilertsen T, Kramer AM, Hutt E

Citation: Journal of the American Medical Directors Association, October 2006, vol./is. 7/8(493-8), 1525-8610;1525-8610 (2006 Oct)

Abstract: OBJECTIVES: (1) To determine factors associated with practitioner visitation and/or hospital transfer for skilled nursing facility (SNF) patients who develop a urinary tract infection (UTI) and (2) to determine if SNF patients with a Do Not Resuscitate (DNR) directive are less likely to be personally assessed and/or transferred to the hospital in the event of a UTI when compared to patients without a DNR directive. DESIGN: Retrospective cohort study using nursing home medical record review. PARTICIPANTS: Participants were 564 residents from 35 nursing homes in 3 states who became acutely ill with UTI during the first 90 days of their nursing home admission. They were identified from 2832 random nursing home Medicare admissions and divided into 2 groups, those with DNR directives (n = 334) and those without (n = 230). MEASUREMENTS: Logistic regression was used to determine factors associated with practitioner in-person assessment and/or hospitalization, and to determine differences in the likelihood of practitioner in-person assessment and/or hospitalization among those with DNR directives versus those without DNR directives. RESULTS: Only one third (29%) of patients with unstable vital signs were seen by a practitioner or transferred to a hospital. Factors associated with practitioner assessment or hospital transfer were elevated temperature (OR 1.7, CI 1.04-2.64), pulse more than 100 beats per minute (OR 1.7, CI 1.01-2.99), and delirium (OR 2.1, CI 1.267-3.44). White residents were less likely to be assessed by a practitioner or transferred to a hospital (OR 0.45, CI 0.22-0.95). DNR directives were not significantly associated with fewer in-person assessments (P = .067). CONCLUSION: Only one third of SNF patients who developed a UTI with unstable vital signs were personally assessed by a practitioner and/or hospitalized. Patients with delirium were twice as likely to be assessed or transferred to a hospital, suggesting that practitioners use delirium as an indicator of illness severity. However, practitioner visit or transfer was also associated with ethnic background. In the absence of good evidence regarding which nursing home residents are likely to benefit from hospitalization or an urgent practitioner visit, these care decisions will continue to be associated with factors that are unknown.

Source: MEDLINE

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

44. End-of-life decision making for nursing home residents with dementia: a survey of nursing home social services staff.

Author(s): Lacey D

Citation: Health & Social Work, 01 August 2006, vol./is. 31/3(189-199), 03607283
Abstract: The purpose of this survey was to describe nursing home social services staff roles and perceptions related to end-of-life medical decision making for nursing home residents in endstage dementia. Using a self-designed questionnaire, 138 nursing home social services staff from across New York State answered questions about advance directives, medical interventions, and comfort levels with withholding and withdrawing of treatment. Results showed a high degree of involvement in advance directive discussions, problems in the implementation of advance directives, and wide variation in comfort levels with treatment issues. Results of this study indicate areas of need for further research and training of nursing home social services staff.

Source: CINAHL

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Available in fulltext at EBSCOhost

Available in fulltext at EBSCOhost

45. Nurses’ advance care planning communication: an investigation.

Author(s): Black K, Emmet C

Citation: Geriatric Nursing, July 2006, vol./is. 27/4(222-7; quiz 228), 0197-4572;0197-4572 (2006 Jul-Aug)

Publication Date: July 2006

Abstract: This article presents a descriptive study about nurses’ (N = 74) advance directive communication practices with hospitalized older patients. The research surveyed advance directive communication practices by using a self-administered questionnaire. Advance directive communication was measured with 7 subscales: initiation of the topic, disclosure of information, identification of a surrogate decision maker, discussion of treatment options, elicitation of patient values, interaction with family members, and collaboration with other health care professionals. Results suggest that nurses’ communication regarding advance directives reflects a broader process of advance care planning and that age, years of experience, and personal experience with advance directives are associated with communication practices.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

46. Spiritual care: implications for nurses’ professional responsibility.

Author(s): van Leeuwen R, Tiesinga LJ, Post D, Jochemsen H

Citation: Journal of Clinical Nursing, July 2006, vol./is. 15/7(875-84), 0962-1067;0962-1067 (2006 Jul)

Publication Date: July 2006

Abstract: AIM: This paper aimed to gain insight into the spiritual aspects of nursing care within the context of health care in the Netherlands and to provide recommendations for the development of care in this area and the promotion of the professional expertise of nurses.BACKGROUND: International nursing literature suggests that caregivers are expected to pay attention to spiritual aspects of patient care. In Dutch nursing literature, the spiritual dimension is increasingly becoming a focus of attention. Despite this, there is a lack of empirical data from professional practice in the Netherlands.METHOD: Data were collected by means of focus group interviews. The sample was made up of the specialist fields of cardiology, oncology and neurology and divided into groups of patients, nurses and hospital chaplains. The interviews took place between May and December 2004. Data were
qualitatively analysed using the computer programme Kwalitan. RESULTS: Different spiritual themes emerged from the interviews. There were different expectations of the nurse's role with regard to spiritual aspects. The main themes derived from this research can be recognized as aspects of nursing competencies that are reported in the literature. However, the attention to spiritual aspects in the nursing process is not clear cut. It seems to be highly dependent on personal expression and personal commitment. CONCLUSIONS: The study raises questions about the nurse’s professional role in spiritual care. The study shows that different factors (personal, cultural and educational) play a role in the fact that spiritual care is not structurally embedded in nursing care. Further research on the impact of that variable is recommended. RELEVANCE TO CLINICAL PRACTICE: Nursing care implies care for the spiritual needs of patients. To provide this care, nurses need to be knowledgeable regarding the content of spiritual care and the personal, professional, cultural and political factors influencing it. They also need to be able to participate in policy and decision-making discussions of spiritual care in clinical nursing practice.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection

47. Evaluation of a model of nursing care for older patients using participatory action research in an acute medical ward.

Author(s): Glasson J, Chang E, Chenoweth L, Hancock K, Hall T, Hill-Murray F, Collier L

Citation: Journal of Clinical Nursing, May 2006, vol./is. 15/5(588-98), 0962-1067;0962-1067 (2006 May)

Publication Date: May 2006

Abstract: AIMS AND OBJECTIVES: The main aim of this study was to improve the quality of nursing care for older acutely ill hospitalized medical patients through developing, implementing and evaluating a new model of care using a participatory action research process. BACKGROUND: One of the challenges of nursing today is to meet the health-care needs of the growing older population. It is important to consider what quality of nursing care means to older patients if nurses are to address gaps between their own perceptions and those of older patients themselves and to consider conceptual models of care appropriate for older patients care in order to improve the quality of care provided. DESIGN: This study is a mixed method triangulated study, involving the use of both quantitative and qualitative methods through participatory action research methodology to establish an evidence-base for an evolving model of care. METHODS: The model was tested on 60 acutely ill patients aged at least 65 years. The medical ward nurses selected a key reference group including the researcher to facilitate the participatory action research process to develop, implement and evaluate a new model of care based on Orem's self-care model incorporating the Nurses Improving Care to Health System Elders Faculty (Am J Nurs 1994; 94:21) medication protocol to improve the nursing care provided for acutely ill older patients. RESULTS: The participatory action research process resulted in improved health-care outcomes for the patients, such as significant improvements in activities of daily living capabilities between admission to discharge, significant improvements in knowledge levels regarding their medication regimes, as well as increased satisfaction with nursing care activities as perceived by older patients and nursing staff. The implementation of educational sessions during the model of care improved the older patient's functional activities and knowledge levels of their medication regime prior to discharge. In addition, by repeatedly explaining procedures, nurses became more involved with their individual patient's care, developing a patient-centred care relationship based on Orem's self-care model. CONCLUSIONS: This study demonstrates the efficacy of a new model of nursing care in improving the quality of nursing care for older patients in the acute medical ward setting. RELEVANCE TO CLINICAL PRACTICE: This study is significant because of its evidence-base and demonstrates how the participatory action research process empowered nurses to make sustainable changes to their practice. The nurses in the study wanted to affect change. The planned change was not dictated by management, but was driven by the clinical nursing staff at the 'grass roots' level. Therefore, being involved in the decision-making process provided an incentive to actively implement change.
48. Everyday ethics in the care of elderly people.

Author(s): Bolmsjö IA, Sandman L, Andersson E

Citation: Nursing Ethics, 01 May 2006, vol./is. 13/3(249-263), 09697330

Abstract: This article analyses the general ethical milieu in a nursing home for elderly residents and provides a decision-making model for analysing the ethical situations that arise. It considers what it means for the residents to live together and for the staff to be in ethically problematic situations when caring for residents. An interpretative phenomenological approach and Sandman's ethical model proved useful for this purpose. Systematic observations were carried out and interpretation of the general ethical milieu was summarized as 'being in the same world without meeting'. Two themes and four subthemes emerged from the analysis. Three different ethical problems were analysed. The outcome of using the decision-making model highlighted the discrepancy between the solutions used and well-founded solutions to these problems. An important conclusion that emerged from this study was the need for a structured tool for reflection.

Source: CINAHL

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

Available in print at Lincoln County Hospital Professional Library

49. Theories of aging as basis for assessment

Author(s): Grossman S., Lange J.

Citation: Medsurg nursing : official journal of the Academy of Medical-Surgical Nurses, April 2006, vol./is. 15/2(77-83), 1092-0811 (Apr 2006)

Publication Date: April 2006

Abstract: Based on biopsychosocial theories of aging, a tool was developed to assist nurses in conducting holistic adult admission assessments. The Adult Assessment Tool can facilitate comprehensive, best-practice decisions in caring for hospitalized middle-aged and older adults.

Source: EMBASE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

50. To hospitalize or not to hospitalize? That is the question: an analysis of decision making in the nursing home.

Author(s): Cohen-Mansfield J, Lipson S

Citation: Behavioral Medicine, 2006, vol./is. 32/2(64-70), 0896-4289;0896-4289 (2006)

Publication Date: 2006

Abstract: The authors examined the processes and factors that influence physicians'
decision-making processes as regarding hospitalization of nursing home residents. In a large nonprofit nursing home, 6 full-time male physicians and 1 female nurse practitioner completed questionnaires that described the medical decision-making process for 52 nursing home residents for whom hospitalization was considered. The questionnaire covered the following topics: medical event description, the decision-making process, considerations in making treatment decisions, and the role of advance directives. Hospitalized residents had fewer treatments considered and fewer treatments chosen than those who were not hospitalized. Residents with fractures were the most commonly hospitalized residents, whereas residents in frailter conditions, with breathing problems, and for whom the physician considered quality of life to be most important were less likely to be hospitalized. The results of this study clarify the complexity of factors affecting the decision-making process and suggest a methodology that may assist in discerning those factors in the future.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

✔ 51. Ethics, law, and policy. On nursing, moral autonomy, and moral responsibility.

Author(s): Mathes M
Citation: MEDSURG Nursing, 01 December 2005, vol./is. 14/6(395-398), 10920811
Publication Date: 01 December 2005
Source: CINAHL

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

✔ 52. Client-caregiver-nurse coalition formation in decision-making situations during home visits.

Author(s): Dalton J
Citation: Journal of Advanced Nursing, November 2005, vol./is. 52/3(291-9), 0309-2402;0309-2402 (2005 Nov)
Publication Date: November 2005
Abstract: AIMS: The purpose of this paper is to report the findings of an exploratory study designed to test a portion of the Theory of Collaborative Decision-Making in Nursing Practice for Triads by examining the relation between types of decisions and formation of coalitions during triadic interactions among older home healthcare clients, their caregivers and home healthcare nurses during seven admission visits for home health care.BACKGROUND: Although home healthcare nurses include clients and family members in decision-making about care, few publications address the nature of interactions among triads of clients, caregivers and nurses in home health care and the association between decision-making and those interactions.METHOD: The data presented in this paper are a secondary analysis of data originally collected in 1994. The sample included 157 decision-making situations identified from interactions of seven triads of older home healthcare clients, their caregivers and nurses. Qualitative data were collected by participant observation and audio-recording of admission visit interactions among clients, caregivers and nurses. Content analysis, augmented by Ethnograph software, was used to analyse the data.FINDINGS: Coalitions were evident in just eight of the 157 decision-making situations. All of the theoretically possible types of nursing care decisions
(programme, operational control, agenda) were observed. Each coalition involved one nursing care decision; two coalitions formed in one triad. Seven coalitions formed between nurse and caregiver against client during two programme and five operational control decisions. One coalition formed between client and caregiver against nurse during an agenda decision. No coalitions formed between client and nurse against caregiver.

CONCLUSIONS: Although the study sample was small, the findings expand understanding of the relation between types of decisions and formation of coalitions during triadic interactions in home health care, and provided empirical support for a portion of the Theory of Collaborative Decision-Making in Nursing Practice for Triads.

Source: MEDLINE

Full Text:
Available in print at Pilgrim Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
Available in print at Pilgrim Hospital Staff Library

Author(s): Spinewine A, Swine C, Dhillon S, Franklin BD, Tulkens PM, Wilmotte L, Lorant V
Citation: BMJ, October 2005, vol./is. 331/7522(935), 0959-535X;1468-5833 (2005 Oct 22)
Publication Date: October 2005
Abstract: OBJECTIVES: To explore the processes leading to inappropriate use of medicines for elderly patients admitted for acute care. DESIGN: Qualitative study with semistructured interviews with doctors, nurses, and pharmacists; focus groups with inpatients; and observation on the ward by clinical pharmacists for one month. SETTING: Five acute wards for care of the elderly in Belgium. PARTICIPANTS: 5 doctors, 4 nurses, and 3 pharmacists from five acute wards for the interviews; all professionals and patients on two acute wards for the observation and 17 patients (from the same two wards) for the focus groups. RESULTS: Several factors contributed to inappropriate prescribing, counselling, and transfer of information on medicines to primary care. Firstly, review of treatment was driven by acute considerations, the transfer of information on medicines from primary to secondary care was limited, and prescribing was often not tailored to elderly patients. Secondly, some doctors had a passive attitude towards learning: they thought it would take too long to find the information they needed about medicines and lacked self-directed learning. Finally, a paternalistic doctor-patient relationship and difficulties in sharing decisions about treatment between prescribers led to inappropriate use of medicines. Several factors, such as the input of geriatricians and good communication between members of the multidisciplinary geriatric team, led to better use of medicines. CONCLUSIONS: In this setting, improvements targeted at the abilities of individuals, better doctor-patient and doctor-doctor relationships, and systems for transferring information between care settings will increase the appropriate use of medicines in elderly people.
Source: MEDLINE

54. Patients’ and nurses’ perceptions of nursing problems in an acute care setting.
Author(s): Florin J, Ehrenberg A, Ehnfors M
Citation: Journal of Advanced Nursing, 15 July 2005, vol./is. 51/2(140-149), 03092402
Publication Date: 15 July 2005
Abstract: Aim. This paper reports a study to determine the degree of agreement or disagreement between nurses and patients in their perceptions of the presence, severity, and importance of nursing problems. Background. Patient experiences, values and preferences are increasingly acknowledged as important factors underpinning healthcare decision-making. The ability to identify patient problems accurately is an important prerequisite for planning and implementing individualized high quality care. Methods. A convenience sample of patients (n = 80) and Registered Nurses (n = 30) in an acute care setting responded to a 43-item questionnaire. Findings. Nurses identified patients’ problems with a sensitivity of 0.53 and a positive predictive value of 0.50. Patients identified several severe problems that were not identified by nurses, particularly problems with nutrition, sleep, pain, and emotions/spirituality. Nurses underestimated the severity in 47% of mutually-identified problems. An overall level of agreement of 44% was found on the importance of patient problems. Low levels of agreement on severity and importance were related more to individual differences than to systematic differences. Conclusions. Nurses need to be more aware that patients and nurses often hold disparate views of the priorities in nursing care. To plan individualized nursing care effectively, nurses need to elicit and use individual patients’ preferences more systematically in care planning.

Source: CINAHL

Full Text:
Available in print at Pilgrim Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
Available in print at Pilgrim Hospital Staff Library

55. Caring for older patients at an emergency department -- emergency nurses’ reasoning.

Author(s): Kihlgren AL, Nilsson M, Sørlie V

Citation: Journal of Clinical Nursing, 01 May 2005, vol./is. 14/5(601-608), 09621067

Publication Date: 01 May 2005

Abstract: AIM: The aim of the study was to use the experiences of emergency nurses to illuminate what constitutes good nursing care for patients 75 years or older transferred to emergency departments. BACKGROUND: Emergency departments have a medical technical character and the number of visits there increases dramatically as people age. Older patients require increased healthcare services in terms of nursing care, interventions and hospitalizations due to an increased complexity of their problems. For these reasons it is important to study what good nursing care of the older patients consists of at an emergency department from the emergency nurses’ point of view. METHOD: Ten emergency nurses from a university hospital emergency department in Sweden were interviewed. A thematic content analysis was performed. RESULTS: The study showed that it was necessary to be knowledgeable, to be understanding of the older patients’ situation and to take responsibility for them in order to be able to provide good nursing care. The emergency nurses shifted focus from describing the central aspect of good nursing care to describing what hinders the provision of it. Their experience was that prioritizing medical procedures, everyday tasks and routines threatens good nursing care of older patients in emergency departments. The emergency nurses held that the older patient is often sent to an emergency department where the level of care is not appropriate to their needs. CONCLUSIONS: The result can be seen as a challenge for the organization and the nurses in the future; to prioritize differently, thereby maintaining a balance between good nursing and medical/technical tasks when treating older patients. RELEVANCE TO CLINICAL PRACTICE: The present day healthcare system is not organized to appropriately meet the needs of the older patients. Nurses themselves hold they can better serve the older patient. By sharing their experiences, both can be accomplished.

Source: CINAHL

Full Text:
56. Dilemmas in providing patient-focused care... reprinted with permission from the Canadian Association of Nephrology Nurses and Technologists (CANNT) Journal, 2003, 13(4)30-3.

Author(s): Drayton S, Canter A, Allen C

Citation: Perspectives: The Journal of the Gerontological Nursing Association, 01 March 2005, vol./is. 29/1(19-24), 08317445

Publication Date: 01 March 2005

Source: CINAHL

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

57. A literature review exploring how healthcare professionals contribute to the assessment and control of postoperative pain in older people.

Author(s): Brown D

Citation: Journal of Clinical Nursing, 02 September 2004, vol./is. 13/6b(74-90), 09621067

Publication Date: 02 September 2004

Abstract: Little research has examined the care older people receive in the acute surgical setting. Although pain assessment and management are judged to be a priority in nursing, often pain, in older people, is undermanaged for a variety of reasons. Factors such as stoicism, communication and ageism can shape both the patients' and nurses' attitude towards the perception of pain which subsequently affects pain management. Through a review of the literature, this paper aims to: (i) identify how healthcare professionals contribute to the assessment and control of postoperative pain in older people and (ii) explore potential barriers to achieving more advantageous pain control in this group. It is suggested that to improve pain management there is a need to individualize pain assessment for older people and to assist clinicians with enhancing their education and decision-making abilities in this field. This may best be achieved by supporting a programme of change to develop the skills of staff and encouraging learning through reflective practice. There is however a need for further research in this area.

Source: CINAHL

Full Text: Available in fulltext at EBSCOhost

58. Clinician discomfort with life support plans for mechanically ventilated patients.


Citation: Intensive Care Medicine, September 2004, vol./is. 30/9(1783-90), 0342-4642;0342-4642 (2004 Sep)

Publication Date: September 2004

Abstract: OBJECTIVE: To examine the incidence and predictors of clinician discomfort with life support plans for ICU patients.DESIGN AND SETTING: Prospective cohort in 13 medical-surgical ICUs in four countries.PATIENTS: 657 mechanically ventilated adults expected to stay in ICU at least 72 h.MEASUREMENTS AND RESULTS: Daily we documented the life support plan for mechanical ventilation, inotropes and dialysis, and clinician comfort with these plans. If uncomfortable, clinicians stated whether the plan was too technologically intense (the provision of too many life support modalities or the
provision of any modality for too long) or not intense enough, and why. At least one clinician was uncomfortable at least once for 283 (43.1%) patients, primarily because plans were too technologically intense rather than not intense enough (93.9% vs. 6.1%). Predictors of discomfort because plans were too intense were: patient age, medical admission, APACHE II score, poor prior functional status, organ dysfunction, dialysis in ICU, plan to withhold dialysis, plan to withhold mechanical ventilation, first week in the ICU, clinician, and city. CONCLUSIONS: Clinician discomfort with life support perceived as too technologically intense is common, experienced mostly by nurses, variable across centers, and is more likely for older, severely ill medical patients, those with acute renal failure, and patients lacking plans to forgo reintubation and ventilation. Acknowledging the sources of discomfort could improve communication and decision making.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection
Available in print at Lincoln County Hospital Professional Library

59. Utility of decision support tools for assessing acute risk of violence.

Author(s): McNiel DE, Gregory AL, Lam JN, Binder RL, Sullivan GR

Citation: Journal of Consulting & Clinical Psychology, October 2003, vol./is. 71/5(945-53), 0022-006X;0022-006X (2003 Oct)

Publication Date: October 2003

Abstract: The authors evaluated the utility of 3 decision support tools for assessing acute risk of violence in patients undergoing behavioral emergencies that warranted hospitalization. Information available at the time of admission to a short-term psychiatric unit was coded from the medical charts of 100 patients using the Historical, Clinical, Risk Management-20 (HCR-20), the Hare Psychopathy Checklist-Screening Version (PCL-SV), and the McNiel-Binder Violence Screening Checklist (VSC). Nurses rated violence that later occurred during hospitalization with the Overt Aggression Scale. Scores on all 3 instruments were associated with the likelihood of violence. The strongest predictive relationships were obtained for indices of clinical risk factors rather than historical risk factors. The results suggest that decision support tools, particularly those that emphasize clinical risk factors, have the potential to improve decision making about violence risk in the context of behavioral emergencies.

Source: MEDLINE

Full Text:
Available in print at Grantham Hospital Staff Library
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

60. Hospital discharge referral decision making: a multidisciplinary perspective.

Author(s): Bowles KH, Foust JB, Naylor MD

Citation: Applied Nursing Research, August 2003, vol./is. 16/3(134-43), 0897-1897;0897-1897 (2003 Aug)

Publication Date: August 2003

Abstract: Patients discharged without home care referral were presented as case studies to nurses, social workers, physicians, and discharge planners experienced in discharge planning. Observations and tape-recorded interviews were used to identify patterns clinicians used when gathering information, determine information essential to discharge referral decisions, and explore why patients in need may not be referred for service. Clinicians collected information randomly, and content analysis of their interviews identified
mental and functional status, treatment adherence, medical and co-existing conditions, medication management, social support, and prior hospitalization as essential information. Three themes describe why patients may not receive needed referrals: patient characteristics, workload and staffing, and educational issues. Suggestions for improved practice and further research are based on these themes.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

61. Medical staff’s decision-making process in the nursing home.

Author(s): Cohen-Mansfield J, Lipson S

Citation: Journals of Gerontology Series A-Biological Sciences & Medical Sciences, March 2003, vol./is. 58/3(271-8), 1079-5006;1079-5006 (2003 Mar)

Publication Date: March 2003

Abstract: BACKGROUND: This paper describes the medical decision-making process at the time of status change events in the nursing home. METHODS: Six male physicians and 3 female nurse practitioners completed questionnaires that described the medical decision-making process for 70 residents of a large nonprofit nursing home. RESULTS: Hospitalization was the most frequently cited treatment considered and chosen; family members were involved in 39% of decisions, and nurses were involved in 34%. The most important considerations in making a decision were reported to be the resident's quality of life, the relative effectiveness of the treatment options, and the family's wishes. The levels of importance ascribed to the considerations were related to the physician's identity, specific resident characteristics (such as estimated life expectancy), and communication between the physician and resident (such as sharing knowledge of family wishes). CONCLUSIONS: The decision at the time of a status change event involves multiple conditions, multiple considerations, and multiple treatment options, and tends to result in either an active route, such as hospitalization, or a passive one, such as comfort care. The impact of the individual physician and the physician-resident relationship on this process deserves further investigation.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

62. Areas of discharge agreement and disagreement between older adult patients and nurses.

Author(s): Joosten D, Potts M

Citation: Care Management Journals, 2003, vol./is. 4/4(185-90), 1521-0987 (2003)

Publication Date: 2003

Abstract: The objectives of this study were to identify areas of agreement and disagreement between nursing staff and older adult patients about discharge needs, and to explore relationships between hospitalized older adults' perceived postdischarge Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) dependency, social networks, and quality of life. Differences between patients and nurses for the ADL scale showed that patients perceived themselves as being more independent with respect to ADLs upon discharge than did their nurses. Agreement between patients and nurses for the Quality of Life Index indicated high agreement about patients' general well-being upon discharge. Positive relationships between overall IADL and both overall Social Network and Friend subscale scores were indicative of the positive effects of social support on patients' perceptions of IADL independence. Implications for case management practice were
63. Medical decision-making around the time of death of cognitively impaired nursing home residents: a pilot study

Author(s): Cohen-Mansfield J., Lipson S.

Citation: Omega, 2003, vol./is. 48/2(103-114), 0030-2228 (2003-2004)

Publication Date: 2003

Abstract: The purpose of this article is to describe the end-of-life process in the nursing home for three groups of cognitively-impaired nursing home residents: those who died with a medical decision-making process prior to death; those who died without such a decision-making process; and those who had a status-change event and a medical decision-making process, and did not die prior to data collection. Residents had experienced a medical status-change event within the 24 hours prior to data collection, and were unable to make their own decisions due to cognitive impairment. Data on the decision-making process during the event, including the type of event, the considerations used in making the decisions, and who was involved in making these decisions were collected from the residents’ charts and through interviews with their physicians or nurse practitioners. When there was no decision-making process immediately prior to death, a decision-making process was usually reported to have occurred previously, with most decisions calling either for comfort care or limitation of care. When comparing those events leading to death with other status-change events, those who died were more likely to have suffered from troubled breathing than those who remained alive. Hospitalization was used only among those who survived, whereas diagnostic tests and comfort care were used more often with those who died. Those who died had more treatments considered and chosen than did those who remained alive. For half of those who died, physicians felt that they would have preferred less treatment for themselves if they were in the place of the decedents. The results represent preliminary data concerning decision-making processes surrounding death of the cognitively-impaired in the nursing home. Additional research is needed to elucidate the trends uncovered in this study.

Source: EMBASE

Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.
Patient complexity has been acknowledged as one of most influential factors in clinical decision-making. Study, the availability of up to date technology and experienced critical care staff (nursing and medical) were major influences in nurses’ decision-making for two ... Cited by 91 - Related articles - Find@The Christie - BL Direct - All 10 versions

66. Decision-making in clinical nursing: investigating contributing factors
K Hoffman, J Donoghue… - … of Advanced Nursing, 2004 - Wiley Online Library ... leads to a belief amongst nurses that their job involves carrying out medical orders (Rhodes ... making, as it aims to prepare nurses professionally to undertake clinical decision-making as part ... to be conducted to identify if differences exist between decision-making and educational ... Cited by 39 - Related articles - Find@The Christie - BL Direct - All 4 versions

67. Barriers to evidence-based practice in primary care nursing–why viewing decision-making as context is helpful
C Thompson, D McCaughan… - … Advanced Nursing, 2005 - Wiley Online Library … research capacity and developing quality services through research, Themed research programmes (eg mental health, health promotion, older people), ... Cioffi J. (1997) Heuristics, servants to intuition, in clinical decision-making. ... Journal of Medical Library Association 91, 203–215. ... Cited by 53 - Related articles - Find@The Christie - BL Direct - All 9 versions

68. A qualitative study of clinical decision making in recommending discharge placement from the acute care setting
DU Jette, L Grover… - Physical Therapy, 2003 - physicaltherapyjournal.com ... that they had learned how to make discharge recommendations through clinical experience and ... considered patients’ conditions and situations first, including their medical and functional ... The decision-making processes of the physical therapist and occupational therapists we ... Cited by 56 - Related articles - BL Direct - All 12 versions

69. Professional perspectives on decision making about the long-term care of older people
BJ Taylor… - British Journal of Social Work, 2006 - BASW ... It isn't necessarily a clinical crisis; nobody has fallen and broken their hip ... referred to the time required getting to know the client, and a General (Medical) Practitioner referred ... older person to enter institutional care, and feelings of vulnerability even led some older people to refuse ... Cited by 17 - Related articles - Lancashire Teaching Hospitals - Find@The Christie - BL Direct - All 6 versions

70. Medical hegemony in decision-making–a barrier to interdisciplinary working in intensive care?
M Coombs… - Journal of Advanced Nursing, 2004 - Wiley Online Library ... medicine – the dominant culture – in order to create opportunities to contribute to clinical decision-making. ... Despite vociferous statements made by medical and nursing in private spaces, there were ... Although nurse's power was used to reduce conflict between doctors and nurses ... Cited by 85 - Related articles - Find@The Christie - BL Direct - All 8 versions

71. Detecting acute confusion in older adults: Comparing clinical reasoning of nurses working in acute, long-term, and community health care environments
MC McCarthy - Research in nursing & health, 2003 - Wiley Online Library
... toward health in aging affect the ways they regard older people and ultimately ... hand, early recognition and management can effectively restore an older person to premorbid health ... nurses embrace different philosophical perspectives regarding aging and the aged that represent ... Cited by 29 - Related articles - Find@The Christie - BL Direct - All 3 versions

72. **Factors determining nurses’ clinical judgments about hospitalized elderly patients with acute confusion**

J Wang... - Issues in Mental Health Nursing, 2009 - informahealthcare.com

... Respecting tradition and tolerating elders does not assist nurses in accurately differentiating AC from ... S. Identification of factors associated with the diagnosis of delirium in elderly hospitalized patients ... Journal of the American Geriatric Society 1988; 36(12):1099–1104. Lin SM, Liu ...

Cited by 5 - Related articles - Find@The Christie - All 4 versions

73. **Hospital discharge referral decision making: a multidisciplinary perspective**

KH Bowles, JB Foust... - Applied Nursing Research, 2003 - Elsevier

... were prescribed an average of four daily medications, and had been hospitalized for a ... The staff nurse also described a lack of physician understanding of patient's needs ... is needed on ways to improve the attainment and the flow of information to support clinical decision making. ...

Cited by 38 - Related articles - Lancashire Teaching Hospitals - Find@The Christie - All 4 versions


D Solomon, A Sue Brown... - Journal of the ..., 2003 - Wiley Online Library

... of a physician, nurse, and social worker, each with special expertise in caring for older people. ... There are several components to a comprehensive assessment for an older person’s ability to function. ... Several programs have focused on elderly persons at points of transition or ...

Cited by 23 - Related articles - Find@The Christie - BL Direct - All 4 versions