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**Literature search results**

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**Search details**

- Subcultures in a hospital setting

**Resources searched**

- NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; MEDLINE; PsychINFO; Google Scholar

**Database search terms**

- subcultures, hospital, staff, ethics, ethical behaviour, elderly care, dementia, management culture, elder abuse, negative behaviour, vulnerable adults.

**Summary**

None found

**Guidelines**

None found

**Evidence-based reviews**

None found

**Published research**

17. The pivotal role of nurse managers, leaders and educators in enabling excellence in nursing care.

**Author(s):** McSherry R, Pearce P, Grimwood K, McSherry W

**Citation:** Journal of Nursing Management, January 2012, vol./is. 20/1(7-19), 0966-
AIM: The aims of this paper are to present the findings from a discursive analysis of key issues associated with providing excellence in nursing care; and to provide an exemplar framework to support excellence in nursing care and describe the potential benefits when excellence in nursing care occurs.

BACKGROUND: The challenge facing the nursing profession is in ensuring that the core principles of dignity, respect, compassion and person (people) centered care become central to all aspects of nursing practice. To regain the public and professional confidence in nursing, nurse leaders, managers and educators play a pivotal role in improving the image of nursing.

KEY ISSUES: Excellence in nursing care will only happen by ensuring that nurse managers, leaders and educators are able to respond to the complexity of reform and change by leading, managing, enabling, empowering, encouraging and resourcing staff to be innovative and entrepreneurial in practice.

CONCLUSIONS: Creating healthcare environments that enable excellence in nursing care will not occur without the development of genuine shared working partnerships and collaborations between nurse managers, leaders and educators and their associated organizations.

IMPLICATIONS FOR NURSING MANAGEMENT: The importance of adopting an authentic sustainable leadership approach to facilitating and supporting frontline staff to innovate and change is imperative in restoring and evidencing that nurses do care and are excellent at what they do. By focusing attention on what resources are required to create a healthcare environment that enables compassion, safety and excellence in nursing care and what this means would be a reasonable start on the journey to excellence in nursing.

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

1. Vulnerable adults... This practice profile is based on NS601 Straughair C (2011) Safeguarding vulnerable adults: the role of the registered nurse. Nursing Standard. 25, 45, 49-56.

Author(s): Norkett, Lyn

Citation: Nursing Standard, 16 November 2011, vol./is. 26/11(59-60), 00296570

Publication Date: 16 November 2011

Abstract: I work in a community rehabilitation team treating adults with physical illness or disability. Safeguarding is an issue that is frequently discussed in my team.

Source: CINAHL

Full Text: Available in fulltext at EBSCOhost

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Available in print at Louth County Hospital Medical Library

Available in print at Pilgrim Hospital Staff Library

Available in print at Lincoln County Hospital Professional Library

2. A joined up approach to safeguarding and personalisation: a framework for practice in multi-agency decision-making.

Author(s): Galpin, Diane, Hughes, Dorena

Citation: Journal of Adult Protection, 01 August 2011, vol./is. 13/3(150-159), 14668203

Publication Date: 01 August 2011

Abstract: Purpose - This paper aims to provide a framework from which practitioners can develop a partnership approach to multi-agency decision-making.

Design/methodology/approach - The authors have drawn on the direct experiences of social work practitioners currently involved in safeguarding activity and qualified social workers undertaking post qualifying social work education. Those seeking safeguarding guidance from a safeguarding adult co-ordinator/manager indicate multi-agency decision-making can be professionally, intellectually and emotionally challenging. In response to these concerns, the authors have worked together to develop a simple framework designed to support practitioners in facilitating effective multi-agency decision-making.

Findings - There is a need for effective practice in multi-agency decision-making to be central to
delivering a system of personalised care that both empowers and protects. The Harvard Business model identifies five key stages as being crucial to decision-making; first, establishing context; second, framing the issue; followed by generating alternatives and evaluating alternatives and finally choosing the best option. The model stops here, but for most decisions a sixth step is required to identify actions and those responsible for implementing them. Originality/value - Policy and legislation alone cannot protect adults at risk and in vulnerable circumstances from abuse, there also needs to be commitment at an organisational and practitioner level to develop decision-making processes that ensure safeguarding and personalisation is interwoven as efficiently and effectively as possible.

Source: CINAHL
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3. Resisting market-inspired reform in healthcare: The role of professional subcultures in medicine.
Author(s): Martinussen, Pål Erling, Magnussen, Jon
Citation: Social Science & Medicine, 15 July 2011, vol./is. 73/2(193-200), 02779536
Publication Date: 15 July 2011
Abstract: Abstract: The reorganisation efforts of the hospital sector in many Western countries in recent decades have challenged the role, identity and autonomy of medical professionals. This has led to increased focus on the role and impact of physicians who are also managers and on the unique discourse being formed through the integration of medical and managerial knowledge. Following the line of studies addressing the professional subcultures in medicine, we investigated whether assessments of health reform differ between medical doctors with managerial responsibilities and their colleagues at the clinical level as well as between those involved in direct patient care and those who are not. The analysis was performed within the context of the Norwegian hospital sector, where a major reform was implemented in 2002, and it was based on a survey of a representative sample of hospital physicians in 2006. The analysis focused on how the respondents viewed the overall effect of the reform and on the reform’s effect on three central health policy goals: equity, quality and productivity. Combining data from the survey with organisational and financial data from the hospitals, we employed multilevel techniques to control for a number of individual and hospital-specific factors that could explain the physicians’ views. As expected, respondents with managerial responsibilities were more positive in their evaluations of the reform, whereas respondents who spent time on direct patient-related work showed the opposite pattern. Of the hospital-specific factors of interest, the share of department managers with medical backgrounds and the economic situation positively affected the evaluations. Our findings support the view that, rather than managerialist values colonising the medical profession through a process of hybridisation, there is heterogeneity within the profession: some physician managers are adopting management values and tools, whereas others remain alienated from them.
Source: CINAHL
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Imbody, Bethany, Vandsburger, Etty
Citation: Educational Gerontology, 01 July 2011, vol./is. 37/7(634-650), 03601277
Publication Date: 01 July 2011
Abstract: With our communities rapidly aging, there is always a clear need for greater knowledge on how to serve elders. Professionals must be able to recognize cases of abuse and neglect and provide appropriate follow up services. Through reviewing recent literature, this paper surveys existing assessment tools and interventions, describes characteristics of effective service provision, and offers recommendations for best practice and future research. There lacks an instrument that fulfills the need for brevity, thoroughness, and user-friendliness. Best practices for service provision to maltreated elders were reviewed.
including the need for multidisciplinary collaboration, cultural competency, professional training, and responding to ageism.

**Source:** CINAHL

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5. **Safeguarding adults at risk in the NHS through inter-agency working.**

**Author(s):** Williams, Simon

**Citation:** Journal of Adult Protection, 01 May 2011, vol./is. 13/2(100-113), 14668203

**Publication Date:** 01 May 2011

**Abstract:** Purpose - The paper aims to appraise professional practice in safeguarding vulnerable adults. It will examine the mechanisms in place and discuss how future policy will affect multi-agency working in this field. Design/methodology/approach - The paper examines recent consultations, policy development, inspectorate reports and legal guidance surrounding the issue of safeguarding adults in England and Wales, and suggests ways in which inter-agency working can be strengthened. Findings - Safeguarding systems need to be timely, rigorous and transparent to increase levels of public confidence and to ensure that the people who are at most risk of being abused are safe when accessing public services. The concept of safeguarding adults is increasingly being integrated into government policy and there are many successful examples of safeguarding partnership working in England and Wales. However, there are also substantial barriers that hinder organisations from working together effectively, such as different cultures, practices and ideologies. Originality/value - The paper explores the fact that there needs to be clarification of roles and responsibilities and integration of processes, and acceptance of true multi-agency working. There is a danger that instead of providing extra protection for adults at risk, multiple routes will result in a lack of co-ordination.

**Source:** CINAHL

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6. **Organizing moral case deliberation Experiences in two Dutch nursing homes.**

**Author(s):** van der Dam, S, Abma, Ta, Molewijk, Ac, Kardol, Mjm, Schols, Jmga, Widdershoven, Gam

**Citation:** Nursing Ethics, 01 May 2011, vol./is. 18/3(327-340), 09697330

**Publication Date:** 01 May 2011

**Source:** CINAHL

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Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal.
Available in print at Lincoln County Hospital Professional Library

7. **Healthcare scandals in the NHS: crime and punishment.**

**Author(s):** Alghrani, Amel, Brazier, Margaret, Farrell, Anne-Maree, Griffiths, Danielle, Allen, Neil

**Citation:** Journal of Medical Ethics, 01 April 2011, vol./is. 37/4(230-232), 03066800

**Publication Date:** 01 April 2011

**Abstract:** The Francis Report into failures of care at Mid Staffordshire NHS Foundation Trust Hospital documented a series of 'shocking' systematic failings in healthcare that left patients routinely neglected, humiliated and in pain as the Trust focused on cutting costs and hitting government targets. At present, the criminal law in England plays a limited role in calling healthcare professionals to account for failures in care. Normally, only if a gross error leads to death will a doctor or nurse face the prospect of prosecution. Doctors and nurses caring for patients under the Mental Health Act 1983 and the Mental Capacity Act 2005 may however be prosecuted for wilful neglect of a patient. In the light of the Francis Report, this article considers whether the criminal offence of wilful neglect should be extended to a broader healthcare setting and not confined to mental healthcare.
8. After shock? Towards a social identity explanation of the Milgram 'obedience' studies.
Author(s): Reicher, Stephen, Haslam, S. Alexander
Citation: British Journal of Social Psychology, 01 March 2011, vol./is. 50/1(163-169), 01446665
Publication Date: 01 March 2011
Abstract: Russell's forensic archival investigations reveal the great lengths that Milgram went to in order to construct an experiment that would 'shock the world'. However, in achieving this goal it is also apparent that the drama of the 'basic' obedience paradigm draws attention away both from variation in obedience and from the task of explaining that variation. Building on points that Russell and others have made concerning the competing 'pulls' that are at play in the Milgram paradigm, this paper outlines the potential for a social identity perspective on obedience to provide such an explanation.

Author(s): Milne, Alisoun
Citation: Journal of Adult Protection, 01 February 2011, vol./is. 13/1(53-56), 14668203
Publication Date: 01 February 2011
Abstract: Protecting my mother offers a moving account of a daughter's experiences of her mother's placement(s) in long term care and her exposure to poor care and/or abuse. The article highlights a number of the key features of the care of nursing home residents that need to addressed if standards are to improve and abuse become a rarity. The very dependent and frail nature of most residents renders them vulnerable to receiving poor care which may, if unchecked, become routinised abusive or neglectful practice. Risk is compounded for residents with dementia who often have limited communication skills and high levels of need. The fact that most residents are not known by care staff on admission is a primary challenge to offering good care, an issue that is compounded by a focus on tasks rather than relationships. The combined impact of dependency on staff for survival and having no, or few, opportunities for advocacy places residents in a profoundly powerless position to complain about mistreatment. This experience is mirrored by relatives. A primary deficit is that the emotional well-being of residents is given limited attention by the care home sector or agencies tasked with inspecting them. Raising the status of care home work; improving pay, conditions and training; and embedding person-centred values in care home practice are key to raising standards. Ensuring that all residents have access to an advocate and improving the capacity of safeguarding systems to address abuse in care homes are also important elements of reducing risk.
Abstract: Background: Hospital organizational culture is widely held to matter to the delivery of services, their effectiveness, and system performance in general. However, little empirical evidence exists to support that culture affects provider and patient outcomes; even less evidence exists to support how this occurs. Objectives: To explore causal relationships and mechanisms between nursing specialty subcultures and selected patient outcomes (i.e., quality of care, adverse patient events). Method: Martin’s differentiation perspective of culture (nested subcultures within organizations) was used as a theoretical framework to develop and test a model. Hospital nurse subcultures were identified as being reflected in formal practices (i.e., satisfactory salary, continuing education, quality assurance program, preceptorship), informal practices (i.e., autonomy, control over practice, nurse–physician relationships), and content themes (i.e., emotional exhaustion). A series of structural equation models were assessed using LISREL on a large nurse survey database representing four specialties (i.e., medical, surgical, intensive care, emergency) in acute care hospitals in Alberta, Canada. Results: Nursing specialty subcultures differentially influenced patient outcomes. Specifically, quality of care (a) was affected by nurses’ control over practice, (b) was better in intensive care than in medical specialty, and (c) was related to lower adverse patient events; nurses in intensive care and emergency specialties reported fewer adverse events than did their counterparts in medical specialties. Conclusions: Understanding the meaning of subcultures in clinical settings would influence nurses and administrators efforts to implement clinical change and affect outcomes. More research is needed on nested subcultures within healthcare organizations for better understanding differentiated subspecialty effects on complexity of care and outcomes in hospitals.

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11. Leading the change from adult protection to safeguarding adults: more than just semantics.

Author(s): Reece A

Citation: Journal of Adult Protection, 01 August 2010, vol./is. 12/3(30-34), 14668203

Publication Date: 01 August 2010

Abstract: In many if not most areas of England, there has been a significant change in the language used to describe work with vulnerable adults. Most local councils have evolved their language from ‘protecting’ to ‘safeguarding’ vulnerable adults. This paper will argue that unless this is accompanied by a change in practice and focus, this will be a hollow change in semantics and will not improve the life chances of disabled people. By defining safeguarding as opposed to protection, it is suggested how Coventry City Council could frame the change process needed to ensure that the move from protection to safeguarding is real and not hollow.

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12. The successes and challenges of seven multidisciplinary teams.

Author(s): Twomey MS, Jackson G, Li H, Marino T, Melchior LA, Randolph JF, Retselli-Deits T, Wysong J

Citation: Journal of Elder Abuse & Neglect, 01 July 2010, vol./is. 22/3-4(291-305), 08946566

Publication Date: 01 July 2010

Abstract: The teams highlighted in this article represent a diversity of Multidisciplinary Teams (MDTs) but share similar challenges and successes. These shared experiences provide an opportunity to explore the key issues germane to MDTs. A hallmark of the elder abuse prevention community from its earliest days, the MDT has proven itself as a helpful and effective tool, one that will continue to add value to the field into the foreseeable future. These teams show that MDTs play a valuable role in helping communities increase collaboration, promoting efficiency in handling complex cases of elder abuse, educating the public, and ultimately safeguarding vulnerable adults from abuse.
13. Facing up to 'challenging behaviour': a model for training in staff-client interaction.

Author(s): Farrell GA, Shafiei T, Salmon P

Citation: Journal of Advanced Nursing, 01 July 2010, vol./is. 66/7(1644-1655), 03092402

Abstract: Aim. This paper draws on theory and evidence to develop a conceptual staff training model for the management of 'challenging behaviour'.

Background. Staff working with clients who are experienced as challenging commonly report negative feelings such as anxiety, anger, guilt, fear, self-blame and powerlessness, as well as dissatisfaction with their jobs. Current training programmes in challenging behaviour offer a 'smorgasbord' of content, without a clearly defined conceptual framework.

Data sources. Medline and PsychInfo were searched for papers in English from 1998 to 2008, linking 'nurs*' to 'challenging behavio*' and its related terms. Additional hand-searching identified informative papers from disciplines outside nursing older than the search period.

Discussion. We developed an applied model for training educators in respect of challenging behaviours. The model directs educators to consider: the influence of the nurse, including their values, emotional processes and behavioural skills; features of the client; and features of the situation in which the behaviour occurs, including its culture and working practices and physical environment.

Implications for nursing. The most striking implication of the model is that it explicitly recognizes the importance of domains of learning other than skill. This enables educators to find educationally appropriate responses to resource limitations that inevitably constrain training.

Conclusion. Challenging behaviour should be considered as a product of several intertwined factors: the actors involved -- nurses, clients and others -- and the situation in which the behaviour occurs, including its culture and working practices and physical environment.

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Author(s): Sammer CE, Lykens K, Singh KP, Mains DA, Lackan NA

Citation: Journal of Nursing Scholarship, 01 June 2010, vol./is. 42/2(156-165), 15276546

Abstract: Purpose: To organize the properties of safety culture addressed by many studies and to develop a conceptual culture of safety model. Design and Methods: A comprehensive review of the culture of safety literature within the U.S. hospital setting. The review was a qualitative metaanalysis from which we generated a conceptual culture of safety framework and developed a typology of the safety culture literature.

Findings: Seven subcultures of patient safety culture were identified: (a) leadership, (b) teamwork, (c) evidence-based, (d) communication, (e) learning, (f) just, and (g) patient-centered.

Conclusions: Safety culture is a complex phenomenon that is not clearly understood by hospital leaders, thus making it difficult to operationalize. We found senior leadership accountability key to an organization-wide culture of safety. Clinical Relevance: Hospital leaders are increasingly pressured by federal, state, regulatory, and consumer groups to demonstrate an organizational safety culture that assures patients are safe from medical error. This article defines a safety culture framework that may support hospital leadership answer the question "what is a patient safety culture?"

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15. Ethical values in caring encounters on a geriatric ward from the next of kin’s perspective: an interview study.

Author(s): Jonasson L, Liss P, Westerlind B, Berterö C
Citation: International Journal of Nursing Practice, 01 February 2010, vol./is. 16/1(20-26), 13227114
Publication Date: 01 February 2010
Abstract: The aim of this study was to identify and describe the governing ethical values that next of kin experience in interaction with nurses who care for elderly patients at a geriatric clinic. Interviews with 14 next of kin were conducted and data were analysed by constant comparative analysis. Four categories were identified: receiving, showing respect, facilitating participation and showing professionalism. These categories formed the basis of the core category: 'Being amenable', a concept identified in the next of kin's description of the ethical values that they and the elderly patients perceive in the caring encounter. Being amenable means that the nurses are guided by ethical values; taking into account the elderly patient and the next of kin. Nurses' focusing on elderly patients' well-being as a final criterion affects the next of kin and their experience of this fundamental condition for high-quality care seems to be fulfilled.

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Author(s): Morgan A
Citation: Nursing Older People, 01 February 2010, vol./is. 22/1(6-7), 14720795
Publication Date: 01 February 2010
Abstract: A consultation has highlighted the joint responsibilities of individuals and organisations in the prevention of abuse of vulnerable adults.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost
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17. Dementia and ethics: often it's the little things that count.

Author(s): Hope T
Citation: Journal of Dementia Care, 01 November 2009, vol./is. 17/6(10-11), 13518372
Publication Date: 01 November 2009
Abstract: Professor Tony Hope outlines the findings of the Nuffield Council on Bioethics report on the ethics of dementia care.

Source: CINAHL
Full Text: Available in print at Grantham Hospital Staff Library
Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal.

18. Responding to a "window of opportunity": the detection and management of aged abuse in an acute and subacute health care setting.

Author(s): Joubert L, Posenelli S
Citation: Social Work in Health Care, 01 October 2009, vol./is. 48/7(702-714), 00981389
Publication Date: 01 October 2009
Abstract: Aged abuse can manifest as physical harm, sexual assault, intimidation, blackmail, and social deprivation, misappropriation of funds or property, and neglect. The extent of the problem is difficult to assess in health settings due to underreporting and the fragility and reluctance of the elderly in being able to discuss the issue with health care providers. This appears to be related to the fact that perpetrators are frequently family members with resulting issues of aged dependency, family loyalty, and fear of the...
consequences of reporting. Of equal importance is a general lack of community understanding of aged abuse, including health professionals who frequently lack the confidence in screening and management to respond appropriately when aged abuse is suspected. Staff knowledge and skills emerge as a deficit in the detection of elder abuse and staff education has been identified as an effective means of improving the recognition of the abused elderly person in acute hospital settings. In addition, there remains a need for effective screening protocols. The aim of this study was to explore the recognition of aged abuse in an acute and subacute hospital setting. This has implications for effective management and community linkage as well as strengthening the knowledge base of issues related to this vulnerable group. The study included a survey and interview with hospital staff to explore their response to aged abuse over a retrospective twelve-month period.

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Full Text: Available in fulltext at EBSCOhost®. Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Haskins AR, Hinton CA
Citation: Topics in Geriatric Rehabilitation, 01 October 2009, vol./is. 25/4(311-319), 08827524
Publication Date: 01 October 2009
Abstract: Healthcare providers are providing care to an increasingly diverse and elderly population. The dominant US culture is highly individualistic and provides the context for the bioethical principles of the healthcare system. Many other cultures have a collectivist, rather than an individualistic, orientation; and interpretations of ethical principles may differ. This article compares and contrasts the ethical norms, values, and beliefs of the US and other cultures and discusses strategies that healthcare providers may employ to reduce biomedical and cultural ethnocentricity in ethical decision making.
Source: CINAHL
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Kirsch NR
Citation: Topics in Geriatric Rehabilitation, 01 October 2009, vol./is. 25/4(346-354), 08827524
Publication Date: 01 October 2009
Abstract: Abuse of the elderly is a relatively new phenomenon, at least in terms of the dialogue becoming public. It is not as easy as child abuse to recognize and it takes a variety of forms including overt physical abuse, self-abuse, neglect, verbal abuse, and emotional behavior. There are several evaluation assessments. Not all of them are effective, and even the more accurate tools cannot definitively determine for certain whether there is abuse. They can only suggest the possibility that there may be abuse and therefore circumstances should be further investigated to determine whether there is reason to report suspected abuse. The inherent ethical conflicts associated with reporting are also investigated. In addition, the issue of confidentiality is explored particularly with reference to privacy laws. There are 2 cases presented, and the ethical considerations are embedded throughout the cases and the summary passages.
Source: CINAHL
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Author(s): Mårtenson EK, Fägerskiöld AM, Runeson IV, Berterö CM
Citation: Nursing Science Quarterly, 01 July 2009, vol./is. 22/3(281-288), 08943184
Publication Date: 01 July 2009
Abstract: In this column the authors discuss the ethics of information exchange in nursing practice with children. Five concepts identified in three Swedish grounded theory studies
and a content analysis that used the theoretical framework of ethical demand were analyzed. A simultaneous concept analysis found five related concepts: being interconnected, acting according to accepted procedure, completeness, interdependence, and social intercourse. These concepts are synthesized in the concept of intergrade, which emphasizes the value of maintaining the integrity of all involved in information exchange.

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22. Raising awareness of elder abuse in the community practice setting.
Author(s): McGarry J, Simpson C
Citation: British Journal of Community Nursing, 01 July 2009, vol./is. 14/7(305-308), 14624753
Publication Date: 01 July 2009
Abstract: In 2000 the Department of Health published No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. This has laid the foundation for multi-agency policy development for the prevention of abuse of vulnerable adults at the national and local level. Recognition and appropriate action by community practitioners is essential to safeguard the welfare of older people. This paper aims to provide an overview of the key policy and research initiatives surrounding elder abuse, and to provide clear guidance in terms of identifying and reporting possible cases of abuse.

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23. Abuse of people with dementia.
Author(s): Selwood A, Cooper C
Citation: Reviews in Clinical Gerontology, 01 February 2009, vol./is. 19/1(35-43), 09592598
Publication Date: 01 February 2009
Abstract: People with dementia are particularly vulnerable to abuse. It is inherently difficult to study as it is a hidden offence, perpetrated against vulnerable people with memory impairment, by those on whom they depend. In the general population, 6% of older people have experienced abuse in the last month and this rises to approximately 25% in vulnerable populations such as people with dementia. We know that various factors in the carer and the care recipient can predispose to a higher rate of abuse and this knowledge can be harnessed to try and improve prevention. There are also valid and reliable scales available to help detect abuse in vulnerable older adults. All health and social care professionals have a responsibility to act on any suspicion or evidence of significant abuse or neglect in order to ensure that appropriate management is taken.

Source: CINAHL

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24. Senior nursing student level of preparation, attitudes, awareness, and competence in ethnocare.
Author(s): Moulder M
Citation: , 01 January 2009, vol./is. /(0-122),
Publication Date: 01 January 2009
Abstract: The purpose of this study was to examine senior nursing student preparation in ethnocare, their attitudes toward patient diversity, their awareness of ethno nursing care, and their competence in ethno nursing care. Based on the frameworks from Leininger (1991) and Campinha-Bacote (2003), this study explored the relationship of gender, age, ethnicity, educational level, years of experience in health care, and participation in cultural activities outside of their curriculum to preparation, attitudes, awareness, and competence in ethnocare.
1. **Abuse of vulnerable adults: what do we know about interventions?**
   **Author(s):** Manthorpe J
   **Citation:** Community Care, 06 March 2008, vol./is. /1712(34-35), 03075508
   **Publication Date:** 06 March 2008
   **Source:** CINAHL
   **Full Text:**
   Available in **fulltext** at EBSCOhost
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2. **The prevalence of elder abuse and neglect: a systematic review.**
   **Author(s):** Cooper C, Selwood A, Livingston G
   **Citation:** Age & Ageing, 01 March 2008, vol./is. 37/2(151-160), 00020729
   **Publication Date:** 01 March 2008
   **Abstract:**
   **OBJECTIVE:** to perform a systematic review of studies measuring the prevalence of elder abuse or neglect, either reported by older people themselves, or family and professional caregivers or investigated using objective measures.
   **METHODS:** we conducted a comprehensive literature search of multiple databases up to October 2006, supplemented by a search of the references of all relevant articles. Validity of studies was graded by two authors independently using a standardised checklist.
   **RESULTS:** forty-nine studies met our inclusion criteria, of which only seven used measures for which reliability and validity had been assessed. In the general population studies, 6% of older people reported significant abuse in the last month and 5.6% of couples reported physical violence in their relationship in the last year. In studies using valid instruments involving vulnerable elders, nearly a quarter reported significant levels of psychological abuse. Five per cent of family caregivers reported physical abuse towards care recipients with dementia in a year, and a third reported any significant abuse. Sixteen per cent of care home staff admitted significant psychological abuse. Rates of abuse recorded using objective measures (5%) or reported to home management or adult protective services (APS) (1-2%) were low.
   **CONCLUSION:** one in four vulnerable elders are at risk of abuse and only a small proportion of this is currently detected. Elders and family and professional caregivers are willing to report abuse and should be asked about it routinely. Valid, reliable measures and consensus on what constitutes an adequate standard for validity of abuse measures are needed.
   **Source:** CINAHL
   **Full Text:**
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   Available in **print** at Louth County Hospital Medical Library
   Available in **fulltext** at the ULHT Library and Knowledge Services' eJournal collection

27. **Subcultural dynamics in transformation: a multi-perspective study of healthcare professionals.**
   **Author(s):** Morgan PI, Ogbonna E
   **Citation:** Human Relations, 01 January 2008, vol./is. 61/1(39-65), 00187267
   **Publication Date:** 01 January 2008
   **Abstract:**
   The extensive criticism of the integrative `shared values' view of culture has prompted many researchers to argue that one way of advancing culture research is by examining the ways different subcultures interact in organizational settings. However, existing studies in this area generally explore the nature of subcultures and the differences between them. The findings from a study of two large healthcare organizations suggest that greater insights can be generated into organizational subcultures by studying doctors, nurses and non-clinical managers through multiple analytical lenses. Such analyses help to uncover the wide variation in subcultural values, norms and assumptions, revealing those that are shared, those that differ and those that are characterized by ambiguity both within and across subcultures. It is argued that this approach reveals interesting insights into the dynamics of subcultures and the ways in which different subcultures interpret and respond to management initiated changes designed to transform organizational practices.
   **Source:** CINAHL
28. The relationships among unit culture, work stress, compassion fatigue and sense of wellbeing in operating room nurses in level one or two trauma centers.

Author(s): Dogbey EA
Citation: , 01 January 2008, vol./is. /(0-187),
Publication Date: 01 January 2008
Abstract: The purpose of this study was to explore the relationships among unit culture, work stress, compassion fatigue, and sense of wellbeing in operating room (OR) nurses employed in level one and two trauma centers. Wellbeing was measured by two components, mental and physical. Several studies (Coeling, 1992; Hawkins & Kratsch, 2004; Seago, 1996; Waters, 2004; Wesorick, 2002) have documented the characteristics of organizational culture or organizational subcultures (nursing units) and the negative impact the culture has on individual wellbeing of nurses and the quality of patient care. This descriptive correlational study was guided by the Culture-Work-Health model (Peterson & Wilson, 1998). The concepts deducted from the model were organizational culture, management systems, employee health, and quality of work life.
Source: CINAHL

29. Practice development: a critique of the process to redesign an assessment.

Author(s): Cioffi J, Leckie C, Tweedie J
Citation: Australian Journal of Advanced Nursing, 01 December 2007, vol./is. 25/2(70-77), 08130531
Publication Date: 01 December 2007
Abstract: Objective This paper presents a brief description of an activity to redesign a nursing assessment followed by a critique of the practice development process used. Setting Adult acute care general hospital wards. Primary argument Practice development can address shortfalls in clinical practice by using a systematic process to change practice so improving health care. Through the application of a professional development activity addressing assessment the described process provides the basis for a critique that gives directions for ongoing similar activities. Conclusions Directions identified for ongoing practice development activities are: engage all staff in the change process who own the practice; appoint alternative persons with delegated authority for key facilitators; build professional development into the practice change; provide service users (eg patient representatives) with mentoring; develop transformational strategies that address not only the dominant organisational culture but also existing subcultures; and employ an emancipatory practice development process. The main recommendation for practice development in bureaucratic organisations is to develop and establish the evidence base necessary to ensure the process is effective.
Source: CINAHL

30. Spotlight on vulnerable adults.

Author(s): Woods S, Warren M
Citation: Nursing Management - UK, 01 December 2007, vol./is. 14/8(18-20), 13545760
Publication Date: 01 December 2007
Abstract: Nursing managers must be able to understand mechanisms for safeguarding adults and apply them when potential abuse is identified, say Sarah Woods and Mark Warren.
Source: CINAHL

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Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.
31. Deference as a form of reciprocity among residents in assisted living.
Author(s): Beel-Bates CA, Ingersol-Dayton B, Nelson E
Citation: Research on Aging, 01 November 2007, vol./is. 29/6(626-643), 01640275
Publication Date: 01 November 2007
Abstract: Although the ability to provide support to others may diminish with age, the desire to reciprocate persists. Using social exchange theory, this article examines deference as one form of exchange. Based on a sample of 31 residents age 85 and older in assisted living facilities, data were gathered via a semi-structured interview that was audiotaped and transcribed. This study analyzes their responses to open-ended questions using qualitative methods. Findings indicate that these "oldest old" respondents reciprocate for the support they receive from family and staff via deference. Four forms of deference are identified: participation, pleasantness, cooperation, and gratitude. In addition, the psychological costs and rewards of deference are examined from the elders' perspective.
Source: CINAHL
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

32. Maximizing safety of hospitalized elders.
Author(s): Lindquist R, Sendelbach SE
Citation: Critical Care Nursing Clinics of North America, 01 September 2007, vol./is. 19/3(277-284), 08995885
Publication Date: 01 September 2007
Abstract: The safety of elders in acute care settings has been a long-standing nursing concern; it is well known that elders are at a higher risk for injury and adverse events during hospitalization. Common sensory changes, comorbidities, and frailty of elders may contribute to injury and poorer outcomes. Confusion, delirium, falls, or adverse drug events experienced by hospitalized elderly also may contribute to injury and adverse hospital outcomes. Nurses may use strategies to protect hospitalized elderly from injury and optimize their outcomes by establishing a culture of safety. Approaches to foster safe hospital stays for elderly patients are outlined, and recommendations for institutional management and administration, policy and nursing practice, education, and research are identified. Copyright © 2007 by Elsevier Inc.
Source: CINAHL
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

33. Keep older people safe.
Author(s): Sturdy D, Heath H
Citation: Nursing Standard, 13 June 2007, vol./is. 21/40(20-20), 00296570
Publication Date: 13 June 2007
Abstract: Deborah Sturdy and Hazel Heath report on action being taken to help nurses protect vulnerable older people from abuse.
Source: CINAHL
Full Text: Available in fulltext at EBSCOhost
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Available in print at Louth County Hospital Medical Library
Available in print at Pilgrim Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library

34. Clinical excellence. A leadership framework for culture change in health care.
Author(s): Rose JS, Thomas CS, Tersigni A, Sexton JB, Pryor D
Citation: Joint Commission Journal on Quality & Patient Safety, 01 August 2006, vol./is. 32/8(433-442), 15537250
Publication Date: 01 August 2006
Abstract: Background: In 2005, Ascension Health's strategic direction sharpened the focus
of its 2002 Call to Action to provide "Healthcare That Works, Healthcare That Is Safe, and Healthcare That Leaves No One Behind, for Life," Ascension Health has used a framework, the Five Cs of Culture Change, to address the call to action—comprehension (understanding the problem), compassion (spirituality and commitment), collaboration (teaming between subcultures and providers), coordination (system processes, infrastructure, and ideation), and convergence (leadership of local culture with spread and dissemination of new norms in a rapid way).

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35. Nursing education in gerontological clinical settings: what do elderly patients think of student-rendered care?

Author(s): Mossop M, Wilkinson T
Citation: Journal of Gerontological Nursing, 01 June 2006, vol./is. 32/6(49-55), 00989134
Publication Date: 01 June 2006
Abstract: Gerontological units are commonly used as clinical placements for first year nursing students, but the ethics of sending novice nursing students to gerontological units for their first clinical placement is often challenged. Although this environment allows student learning at a slower pace, some believe that students are practicing on a captive population and that this undervalues the specialist knowledge and skills required to care for older patients. This qualitative study explores the perspectives of 12 older patients in long-term care hospitals who had first-year nursing students involved in their care. Data were gathered using face-to-face, semi-structured interviews. A thematic analysis of data then identified themes and patterns used by older adults to describe their perspectives of student-rendered care. Findings revealed that with the exception of one patient, this group of older patients found first-year student-nurse-rendered care to be a positive experience. The emergent themes indicated that patients enjoyed the extra care, attention, and the increased social opportunities the students provided. The patients also demonstrated an interest in participating in student learning. The findings are discussed in relation to social exchange theory and the concept of reciprocity.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

36. Abuse of vulnerable people with dementia by their carers: can we identify those most at risk?

Author(s): Cooney C, Howard R, Lawlor B
Citation: International Journal of Geriatric Psychiatry, 01 June 2006, vol./is. 21/6(564-571), 08856230
Publication Date: 01 June 2006
Abstract: OBJECTIVE: We wanted to explore possible associations between characteristics of carers, dementia sufferers and the caring situation and the presence of abuse that was acknowledged by carers. METHODS: Eighty-two carers of dementia sufferers were interviewed in their homes about three types of abuse (verbal abuse, physical abuse and neglect) using a structured questionnaire. RESULTS: Fifty-two percent (n = 43) carers admitted to having carried out some form of abuse. Verbal abuse was the most common form (n = 42, 51%), while 20% (n = 16) of carers admitted to physical abuse and 4% (n = 3) to neglect abuse. Significant associations were found between verbal abuse and psychological ill health in the carer and behavioural problems in the dementia sufferer. Physical abuse was significantly associated with higher levels of self-reported good health by the carer. High expressed emotion measured in carers was highly correlated with all types of abuse. CONCLUSION: It is possible to identify situations where people with dementia may be at high risk of abuse from their carers. Any effective intervention strategy should address psychological health problems in the carer, behavioural problems in the dementia sufferer and a strategy to manage high levels of expressed emotion in these situations. Copyright (c) 2006 John Wiley & Sons, Ltd.
Source: CINAHL
Full Text:
37. **Negotiating ethics in dementia care: an analysis of an ethic of care in practice.**

**Author(s):** Brannelly T

**Citation:** Dementia (14713012), 01 May 2006, vol./is. 5/2(197-212), 14713012

**Publication Date:** 01 May 2006

**Abstract:** Providing care for people with dementia is often complex and ethically difficult, and is guided by the values of people with dementia and professional and lay carers. Each participant brings often different, and sometimes conflicting, perspectives, which contribute to the difficulty of negotiating suitable care. This research examined how participation and inclusion were facilitated by community psychiatric nurses and social workers to achieve care for people with dementia. Practice was observed to provide snapshots of interactions between people with dementia, practitioners and lay carers, and interviews with practitioners interrogated practice. The analytical framework used was Tronto's (1993) 'integrity of care', taken from the wider feminist political argument of an ethic of care (Gilligan, 1982). The adoption in practice of an ethic of care strengthens the opportunity for increased participation and inclusion and therefore aims to provide care that fits with the values and preferences of people with dementia and their carers. The research found that of 50 people with dementia, 10 were placed in permanent placements such as nursing homes and residential homes, some unwillingly. This article discusses what happens in care when the ethical elements of an ethic of care are practised, and when they are not.

**Source:** CINAHL

38. **Management's role in shaping organizational culture.**

**Author(s):** Kane-Urrabazo C

**Citation:** Journal of Nursing Management, 01 April 2006, vol./is. 14/3(188-194), 09660429

**Publication Date:** 01 April 2006

**Abstract:** Aim The present study addresses the importance of the manager's role in the development and maintenance of organizational culture. It describes the types of cultures that exist and manager characteristics that are essential to facilitating a healthy workplace.

**Source:** CINAHL

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39. **Constructing a Morality of Caring: codes and values in Australian carer discourse.**

**Author(s):** Winch, Sarah

**Citation:** Nursing Ethics, 01 January 2006, vol./is. 13/1(5-16), 09697330

**Publication Date:** 01 January 2006

**Abstract:** In this analysis I apply a Foucauldian approach to ethics to examine the politically prescribed moral and ethical character required of carers of aged persons at home in Australia and the role of nurses in shaping these behaviours. The work that spousal carers provide, although often founded on love and/or obligation, has been formalized through a variety of policy initiatives and technologies that serve to construct the moral approach they must adopt. This shaping of conduct at the most personal level takes place through the application of codes of behaviour policed largely by nurses. These codes redefine the mode of coexistence between an aged husband and wife and propose a new form of relationship that is derived from and supports policies of the deinstitutionalization of care services for elderly persons. In this way modern carer policy has drawn on knowledge and governance of the self to produce a morality of caring that is both authoritative and scientific.

**Source:** HEALTH BUSINESS ELITE

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