The Emotional Impact of Nursing: Identifying issues and supporting staff

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Published works submitted in partial fulfilment of the requirements of Sheffield Hallam University for the degree of Doctor of Philosophy on the basis of Published Work

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Contents

I. List of Publications

Ref No	Details of Publication	My role in publication preparation
1	Wilson J. (2002) The impact of shift patterns on Health Care Professionals. *Journal of Nursing Management,* 10, 211-219	**Sole author**
2	Wilson J, Kirshbaum M. (2011) Effects of patient death on nursing staff: a literature review. *British Journal of Nursing* 20(4) 239-241	I was the **lead author** of this paper taking the lead on all aspects of its preparation with some input from the co- author
3	Wilson J. (2014) Ward Staff experiences of patient death in an acute medical setting. *Nursing Standard.* 28(37) 37-45	**Sole author**
4	Wilson J. (2014) The Awareness of Emotional Intelligence by Nurses and Support Workers in An Acute Hospital Setting. *Journal of Health Sciences.* 2(9) *458-464*	**Sole author**
5	Wilson J. (2014) *Working with Bereavement. A Practical Guide.* Basingstoke, Palgrave Macmillan	**Sole author**
6	Wilson J., Steers J., Steele K., Turner J., Tinker A. (2015) Evaluation of Community based Palliative Care and a Hospice at Home Service involving the use of Focus Groups. *End of Life Journal.* Published Online First. [10August 2015] doi: 10.1136/eoljnl-2015-000004	I was the **lead author** of this paper taking the lead on all aspects of its preparation with input from the other members of the research team
7	Wilson J. (2016) Professional Socialization in Nursing; Experiences of New and Established Nursing Staff in response to patient death. *American Research Journal of Nursing.* 2(1) 4-8	**Sole author**
8	Wilson J. (2016) An Exploration of Bullying Behaviours in Nursing: a review of the literature. *British Journal of Nursing* 25(6) 2-5	**Sole author**

II. Abstract

These publications relate to the emotional impact of nursing and result from three separate empirical studies conducted during the years 2002 to 2016, in the UK. Each study was qualitative, specifically using phenomenology to investigate the lived experiences of staff working in healthcare.

Eight publications are included in this submission. Four journal articles report on aspects of two studies, three review the relevant literature and the final publication is a book developed from one of the studies.

Two studies specifically focus on the experiences of nursing staff; the 2002 study focussed on their experience of shiftwork and the 2014 study explored nursing staff responses to patient death. The third empirical study involved a range of healthcare staff, patients and carers and was an evaluation of a hospice at home service.

The contribution to knowledge includes:

Identification of the social and emotional issues of working shifts, providing advice and guidance for managers of this aspect of nursing work

The exploration of specific needs of nursing staff in response to patient death in terms of education and support. This resulted in curriculum changes in nurse education to cover a range of issues including grief reactions, disenfranchised grief, emotional intelligence and professional socialisation.

The book was developed as a result to provide an accessible handbook for health and social care staff working with those at the end of life and their bereaved family and friends in a range of settings.

A methodology using focus groups with a range of stakeholders was developed for the evaluation of a hospice at home service. This has been recommended as the preferred

model for evaluations by the hospice at home association. The range of stakeholders contributing was wider than in previous studies. From the evaluation, further funding and an extension to the service was secured by the organisation.

III. Acknowledgements

I would like to extend my sincere and heartfelt thanks to many people who have supported and encouraged me in my research and publications over several years. I am grateful to Dr Jane Clayton and Professor Marilyn Kirshbaum who supported and guided me through some of the earlier publications and my co-authors and researchers for the hospice at home evaluation study; Julie Steers, Kath Steele, Dr Jim Turner and Alison Tinker.
I am extremely grateful for support and direction from my supervisor Professor Ann Macaskill who has wisely guided me through this process.
I am also very grateful for the ongoing support of several friends both professional and personal who have been a constant source of encouragement.

IV. Ethics Statement

All of the research studies linked to this thesis have received full ethics approval from the appropriate Research Ethics Committees at the healthcare trusts where the research was conducted.

V. Critical Appraisal of published works

1. Introduction

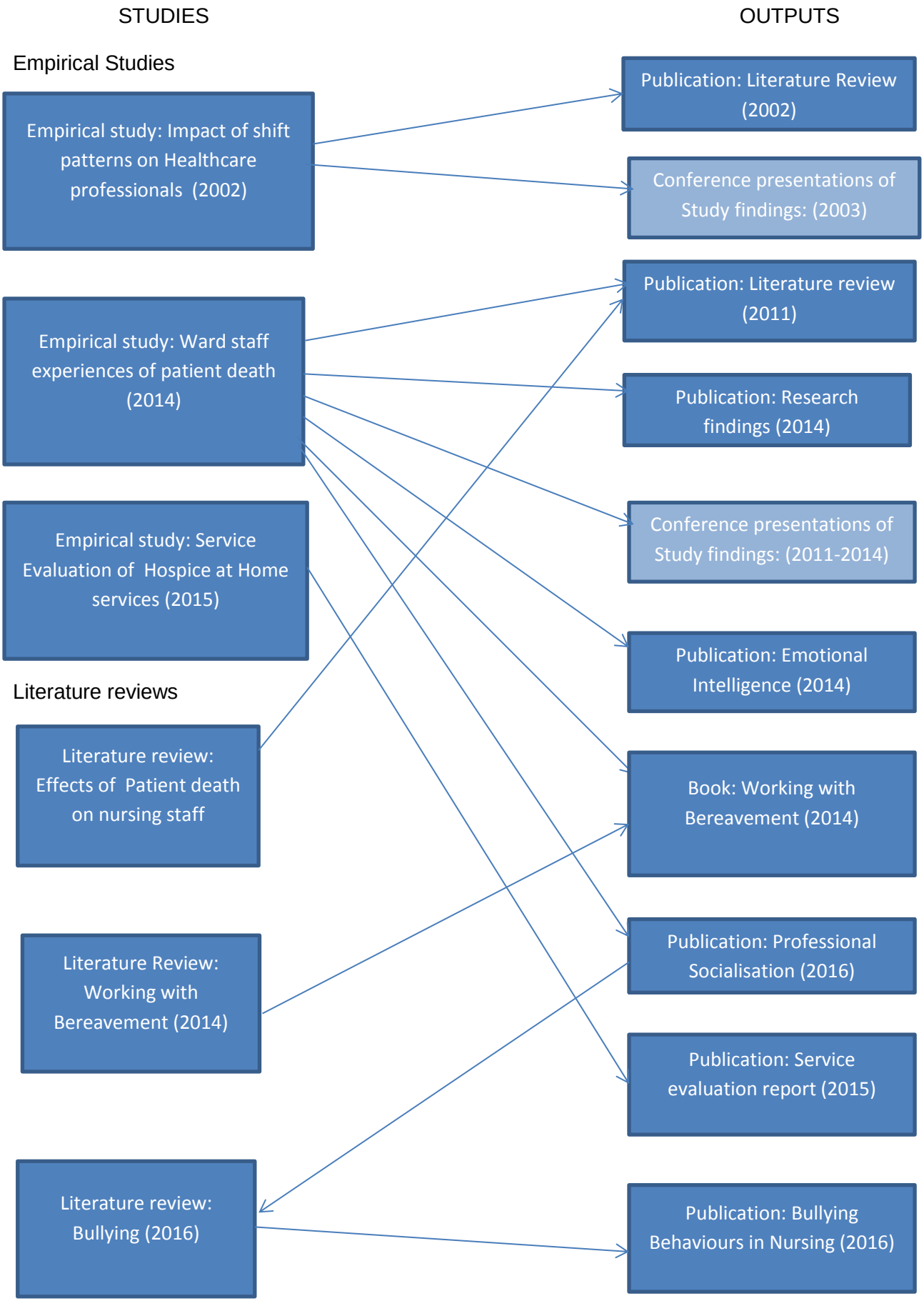
1.1 Aims and Rationale for selection of submitted works

This critical appraisal covers aspects of my writing and research within the area of adult nursing. The submitted works represent the development of my research and writing concerning the emotional impact of nursing, particularly in situations such as patient death. The papers identify and explore relevant issues such as staff working hours, peer pressures, educational needs, coping strategies and how staff can be supported in these circumstances and work situations. The core focus of my work is that of applied research aimed mainly at clinical staff and finding solutions to practical problems in order to support them in their clinical practice and promote a high standard of patient care. Figure 1 overleaf shows how the empirical and literature review research links to the published papers.

This document contains three sections. This section is an introduction giving background information, explaining the rationale for the approach used and the development of my research themes. This section also contains a synthesis of my work as a coherent study. Section two provides an overview and critical appraisal of each publication and the final section discusses the key original contributions to knowledge and impact of each publication submitted.

An account of the origins and progression of the research which underpins the eight publications is set out in Appendix 1.

Figure 1


STUDIES
OUTPUTS
Empirical Studies
Empirical study: Impact of shift patterns on Healthcare professionals (2002)
Empirical study: Ward staff experiences of patient death (2014)
Empirical study: Service Evaluation of Hospice at Home services (2015)
Literature reviews
Literature review: Effects of Patient death on nursing staff
Literature Review: Working with Bereavement (2014)
Literature review: Bullying (2016)
Publication: Literature Review (2002)
Conference presentations of Study findings: (2003)
Publication: Literature review (2011)
Publication: Research findings (2014)
Conference presentations of Study findings: (2011-2014)
Publication: Emotional Intelligence (2014)
Book: Working with Bereavement (2014)
Publication: Professional Socialisation (2016)
Publication: Service evaluation report (2015)
Publication: Bullying Behaviours in Nursing (2016)

1.2 Background

Nursing is a complex occupation which takes place in many settings and includes a wide range of activities. It involves both physical and emotional aspects of care for patients and their carers (Sellman, 2011).

Emotional aspects of care are referred to as emotional Labour; a concept first developed in 1983 by Hochschild, and involves staff acting out behaviours in order to convey to others their care and concern. For nurses this can involve smiling and talking in a calming voice even though they may be anxious or worried (Smith, 2012). It is used to make patients feel safe and is part of the normal routine of nursing (Smith & Gray, 2001). This feature was identified as being particularly required when staff care for patients in stressful situations such as those nearing the end of life (James, 1992) and those in pain or experiencing loss (Smith, 2012).

Within nursing, emotional intelligence is a feature that has been identified as being essential for this work. Whyte (1997) wrote that the nurse who is emotionally intelligent is one who can work in harmony with both their thoughts and their feelings. Freshwater and Stickley (2004) consider that emotional intelligence is fundamental to the act of caring. Smith (2008) states that student nurses need to understand the emotional nature of nursing, have emotional skills in order to deliver competent nursing care and develop emotional intelligence in order to deal with chaotic working environments.

Many nurses work shifts with increasing workloads and care for people who are very ill and some of whom die. It has been identified that sources of stress for nurses include high workloads, interpersonal issues, shift work, caring for patients at the end of life, demands from relatives and carers and unsupportive management (Gamma, Barbosa & Vieira 2014; Happell et al. 2013). The Health and Safety Executive (2016) identified that those working in health and social care activities have a prevalence rate for work related

stress of 2,020 cases per 100,000 workers which is considerably above the national average for all industries of 1,230 cases per 100,000 people employed.

These emotional aspects of nursing if not managed successfully can result in adverse effects on nurses, the organisation and on patients and carers. The possible effects for nurses is that their physical and psychological health may suffer and the organisation may be subject to high staff turnover and absenteeism. This can result in patients and carers experiencing a low level of care from staff lacking commitment to their work and poor continuity of care due to staff turnover and low staffing levels (Happell et al. 2013).

Working in clinical practice made me very aware of difficulties nurses face in their work and the lack of support available. This was particularly apparent in challenging situations such as end of life care and the death of patients. The rationale which underpins my research programme is the emotional welfare of nursing staff, enabling them to develop resources to support themselves to deal with challenging clinical situations. By caring for and supporting staff, then both patients and the organisation benefit as well as the staff members themselves. If staff are cared for and well supported then they are likely to feel committed and loyal to the organisation and they will provide a high level of care to the patients and carers with whom they work.

1.3 Approach

The studies underpinning this PhD adopt an interpretivist approach. The focus of the research is to build understanding in terms of the different meanings that people derive from their experiences (Denzin and Lincoln 1994). The interpretivist approach assumes that reality is socially constructed by human actors and this includes researchers. In adopting this approach the aim is to develop understanding as in this research

programme, rather than collecting "facts" which can be used to provide explanations as in positivist methodologies.

A major characteristic of this research is that it is conducted in the field; it is not an artificially created environment as found in laboratory experiments. It cannot be measured or quantified and verified by independent observers with the researcher holding the position of detached observer, therefore a positivist approach would not be suitable for this type of research.

The data for these studies consists of accounts of individual ward staff's responses and those of hospice at home stakeholders in specific situations that are real and have meaning to the individual (Streubert and Carpenter 2011). The aims of the studies to discover the lived experiences of the participants determined the approach taken. As phenomenology strives to describe experiences as they are viewed and interpreted by the participants themselves (Denzin and Lincoln 1994) this was the methodology of choice. While a broadly hermeneutic phenomenological approach inspired by Heidegger was adopted, the specific procedures follow van Manen's description of conducting phenomenological research (van Manen 1984).

Ethnography was considered as a methodology as this also seeks to explore the individual experiences of the participants in the culture and context of the environment where the research is undertaken. However it was decided that phenomenology would offer a more in depth understanding of the phenomenon under investigation.

Within phenomenology a number of approaches exist. The studies which form the basis of this PhD utilised van Manen's approach (1984). In his paper titled, 'Practicing Phenomenological Writing' (1984) van Manen identifies four key elements to his approach; turning to the nature of the lived experience, existential investigation, phenomenological reflection and phenomenological writing (p42). These elements involve the following:

1. Turning to the nature of the lived experience involves the researcher seeking to make sense of a particular life circumstance and focussing on what it means to the individual to experience the specific phenomenon under study.
2. Existential investigation involves a combination of searching the current literature for records of descriptions of the phenomenon, utilising the personal experiences of the researcher and obtaining descriptions from research participants
3. Reflection is the thoughtful comprehending of what gives an experience its special significance, to discover the essence or core of the experience.
4. Phenomenological writing consists of the ability to be sensitive to the subtle undertones of the language used. The writing is organised around themes and reflection is an integral part involving the interrogation of the phenomenon and rewriting as various levels of questioning of the phenomenon are worked through.

The strength of van Manen's approach to the collection and analysis of data is that it includes a stage whereby the researcher returns to the participants following initial analysis of the data to check that the interpretations made by the researcher were also those of the participants. This was very important as the researcher has knowledge and experience of the phenomena being studied and wanted to ensure the findings from the data analysis were those of the individual participants. The checking with participants involved asking them to clarify words relating to their emotional responses. For example if they said they felt upset they were asked to explain what they meant by this word. This led to participants giving more details of emotions they experienced such as anger, sadness or frustration.

Other methods of thematic analysis could have been used such as framework analysis and IPA but these do not involve asking the participants to categorise the findings as van Manen does in his approach. Following the design developed by van Manen (1984 and

1990) and used by Callaghan (2010) and Standing (2009), the data collection and analysis was carried out in two stages. Following the first interviews there was an initial analysis of the transcripts to obtain pertinent and commonly reported phrases. These were written on cards and during the second interviews, participants were asked to verify these and identify the ones that are pertinent or relevant to them. They were also asked to sort the various phrases into groups. These were further scrutinised by the researcher along with the transcripts to confirm the groups or preliminary themes. These were then reviewed by the researcher and the essential themes derived.

1.4 Key themes

The publications presented here primarily focus on particular aspects of nursing work which have an emotional impact on staff. One publication is an evaluation of a service providing end of life care with recommendations for the future resulting from interviews with service users and healthcare staff involved in the running of this service.

1.5 The emotional health of staff in healthcare settings

There is considerable evidence to suggest that investment in healthy working practices and the health and wellbeing of employees improves productivity and is cost effective for both organisations and the wider society (Coats & Max, 2005; Dunham, 2001; Foresight Mental Capital and Wellbeing Project, 2008). Measures to safeguard employee mental wellbeing could help businesses and organisations retain staff with the skills and experience necessary for sustaining business performance in the long term. The document 'Promoting Mental Wellbeing through Productive and Healthy Working Conditions' published by the National Institute for Health and Clinical Excellence (NICE) in 2009 listed recommendations for employers. These are; adopting an organisation-wide

approach to promoting the mental wellbeing of all employees and ensuring that the approach takes account of the nature of the work, the workforce and the characteristics of the organisation. It also should ensure that systems are in place for assessing and monitoring the mental wellbeing of employees so that areas for improvement can be identified and risks caused by work and working conditions addressed.

In the *National Health Service (NHS) Health and Wellbeing Final Report* (Boorman, 2009) there are recommendations aimed at NHS Trusts to implement the guidance from NICE (2009) on Promoting Mental Health and Well-being at Work. This document recommends that all trusts should provide a range of additional staff health and well-being services targeted at the needs of their organisation. To do this they will need to assess the specific needs and requirements of their staff and determine the services staff wish to see provided.

Healthy Lives, Healthy People: Our Strategy for Public Health in England was a Her Majesty's (HM) Government white paper published in 2010. This is a strategy for Public Health in England focusing on health and wellbeing throughout life. This document states that there is a need to provide evidence and data that will raise awareness among employers of the case for investing in the health of employees.

Dame Carol Black's review of the health of Britain’s working age population (Department of Work and Pensions and Department of Health, 2009) highlighted that working age ill health was costing England £100 billion a year. Key issues identified include early intervention, prevention and proactive responses such as health-promoting workplaces, better mental health and employment outcomes, and lengthening healthy working lives.

My research aims to explore how the emotional health of staff is supported and managed by employers and by healthcare staff themselves. A major focus is the identification of the

emotional impact of their work on nursing staff, their recognition of this and how they manage this aspect of their work.

1.6 The emotional impact of working with patients at the end of life

It has long been acknowledged that the death of someone known to an individual has an emotional impact on the person experiencing the bereavement (Kubler-Ross 1973; Parkes 1975). There has been research over many years identifying the impact of bereavement on individuals. This has developed from Freud's work on melancholia (1949) through to recent theorists who have identified the importance of making sense of the death (Neimeyer, 2001) and the work of Stokes (2009) on resilience in children following the death of a parent. One way of making sense of death involves the bereaved person creating a story enabling them to integrate the memory of the dead person into their ongoing life (Walter, 1996).

The death of a patient is an event most, if not all nursing staff experience as part of their work in a healthcare setting. The role of caring for a patient who is dying and supporting family members at this time has been described as one of the most demanding roles in healthcare (Loftus, 1998). A literature search at the time of the study identified that the focus of much of the research at this time was the responses of staff working in specialist palliative and long term care settings, and oncology or intensive care units (Irvin, 2000; Meaders & Lamson, 2008; Rickerson, Somers, Allen, Lewis & Strumpf, 2005,). In these settings there was an emphasis on end of life care and not as in acute hospital settings on recovery and discharge home.

The focus of my research in this area is to explore the responses of nursing staff to patient death in acute hospital settings where the emphasis is on recovery and discharge home and not on palliative and end of life care.

1.7 Home services for end of life care

Hospices and other providers of end of life care are required to develop services which aim to give choices to patients in this situation and their families and also improve the quality of the care they receive. Most terminally ill people would prefer to die in their own home (Eyre, 2010; Stevens, Spencer-Grey, Heller & Komaromy, 2009), however only about a quarter of these people do so. This has been found to be due to a range of factors including the quality of family support, and the availability of social and healthcare support, including home based palliative care (Capel, Gazi, Vout, Wilson & Finley, 2012; Sheppard, Wee & Straus, 2011,).

Providing palliative care in a home environment can be challenging for both the health professionals involved and for the patient and their family. This can range from the psychological impact on the family in terms of stress and disruption of their daily life (Eyre, 2010) to the variety of health professionals which may be involved. The healthcare staff may include community nurses, general practitioners, hospice staff, Macmillan and Marie Curie nurses and other specialist nurses. They will all be required to have a distinct and co-ordinated plan of care so the patient, family and professionals are all clear on their specific roles and responsibilities and who to contact for specific issues (Jarrett & Maslin-Prothero, 2008).

My research in this area focusses on the evaluation of a hospice at home service from the viewpoint of both care providers including community nurses, general practitioners and specialist nurses from Macmillan and Marie Curie services and from patients and carers who use this service.

1.8 Conclusions from the literature

The publications presented here contribute to addressing gaps and weaknesses in the existing literature through addressing the following issues

- The emotional wellbeing of staff in being supported in their work and their awareness and management of their emotional responses to work situations. (publications 1, 2, 3, 4, 5, 7, & 8)
- The emotional impact of working with patients at the end of life and supporting the bereaved in acute hospital settings. (publications 3, 4, 5, & 7)
- Differing perspectives from staff and service users of home services for end of life care (publication 6)

1.9 Synthesis of the works as a coherent study

I am primarily an inquisitive practitioner in nursing wanting to contribute to the development of evidenced based practice and find empirical solutions to practical problems. With the new Sheffield Hallam University (SHU) strategy of applied research I have come to see myself as an applied researcher as the papers and reports submitted all relate to clinical practice. There is an emphasis in my work on supporting staff to develop their own emotional skills and knowledge to enable them to take care of themselves and as a result provide a good service to patients.

The research into shift work in nursing was conducted whilst I was working in the practice development department of a large teaching hospital and was involved in studies relating to the skill mix of nursing staff and workload management. Many of the areas where the studies on workload were carried out involved shift work and being interested in the wellbeing of staff in healthcare I wanted to explore the physical, social and psychological impact of shift work on nursing staff. The study was a qualitative one using a

phenomenological methodology as I wanted to explore the personal experiences of shift work for the participants. I had spent several years working shifts in hospital settings and therefore had personal knowledge and experience of this aspect of nursing work. Staff in the area where this study took place were considering changing the length of shifts at this time and the study interviewed participants before the shift changes and then three months after the changes to ascertain the physical, emotional and social effects of the two systems.

As well as the shifts staff worked I recognised that there were other aspects of nursing work which had an impact on the emotional wellbeing of staff. Having worked clinically in medical wards I was mindful of how the death of a patient could impact on staff and was interested to investigate staff responses to this event and identify how they managed this situation in a large acute hospital setting.

As highlighted earlier the literature review identified that most research into this topic took place in specialist units such as palliative care centres (Fisher, 1991), oncology wards (Aycock & Boyle, 2008), and intensive care units (Meaders & Lamson, 2008). I wanted to identify the specific issues for staff working in an acute setting where the emphasis was on patient recovery and discharge home rather than end of life care.

The study which resulted from the literature review used a Heideggarian phenomenological approach to gather and analyse data. Nursing staff were interviewed about their experiences following patient deaths and themes were identified of responses, influences and support.

From this study there were particular findings I wanted to explore further and one of these was the awareness and use of emotional intelligence by staff. During the study above, none of the participants mentioned this concept however some demonstrated they had this quality in their reporting of how they managed their emotions following patient death.

Some staff did not appear to have developed skills or knowledge of emotional intelligence and this paper was designed to inform staff about this concept and help them identify how they could develop emotional intelligence and use it in their work.

Another concept identified from the original research was that of professional socialisation. It was found that newly qualified nurses had assumptions of how they should behave in the work setting following a patient's death which they felt would be acceptable to more established staff members. However the study found that the newer staff members assumptions were not always correct and in fact several established staff members behaved in a manner opposite to that assumed by the newer staff to be the acceptable way of responding. This finding led to an interest in this phenomenon and the exploration of this concept in healthcare resulted in the published paper focusing on this aspect of the research.

Whilst searching the literature for the article on professional socialisation I found several articles referred to bullying behaviours by nursing staff with the aim of forcing others to conform to certain practices and behaviours in a unit. There was a link identified between professional socialisation and bullying. This led me to publish a paper reviewing the literature on bullying behaviours in nursing.

From the research study I identified that there was a lack of knowledge and awareness of several aspects of patient death in terms of staff managing this emotionally for themselves and recognising influences such as professional socialisation and disenfranchised grief. This led me to identify a need for a text for staff to use both in caring for patients and their families, supporting colleagues and also in developing their own skills of resilience and self-care.

The development of the book 'Working with Bereavement' started from the literature review which prompted me to look at other evidence of best practice in working in this

area. This book provides evidence based practice from a library based research study of systematic reviews and complementary work already done in this area.

As a result of my knowledge and experience in end of life care and bereavement I was asked along with colleagues to undertake an evaluation of a hospice at home service in a local town. This was a qualitative study consisting of focus groups with a range of stakeholders and data analysis used a framework approach to categorise the responses. My knowledge and skills in this area both of the specific topic and of performing qualitative research were utilised in this study to gain the individual experiences of the various stakeholder groups of healthcare staff and service users.

1.10 Conclusion

This section as well as including a background to my research has given details of how my research outputs have developed. It also explains how the publications have followed on from each other, all with the central theme of identifying the personal lived experiences of nursing staff and supporting them in their roles with a focus on the emotional components of their work

2. Critical appraisal of submitted works

This critical appraisal is divided into two sections, one covering the empirical studies and the second covering the literature reviews. Summaries of each of the publications are in appendix 2.

2.1 Empirical studies

There are three empirical studies which contributed to seven of the publications submitted. As discussed above, phenomenology was used as an approach in the studies on shift patterns and responses to patient death to obtain the lived experiences of the participants. This choice enabled the perceptions of individuals to be identified along with accounts of their experiences thoughts and feelings in relation to their encounters with the phenomenon being studied.

2.1.1 Reflexivity

In carrying out research of any kind there is an assumption made that the researcher is investigating something outside of themselves. In the case of phenomenology, the assumption is that the knowledge being sought cannot be gained solely through observation. However, it can also be claimed that a researcher cannot research something of which they have no experience or from which they are completely isolated. All researchers are to some degree connected to, or part of, the object of their research (Kvale 1996). This leads to questions concerning the process and results of the research relative to the impact of the researcher's presence and influence. In the thought processes of any researcher, subjectivity is an inherent feature and this can affect the planning, data collection, analysis and the interpretation of results of the research.

Reflexivity is the continuous process of self-reflection which researchers carry out in order to become aware of their actions, emotions and perceptions in relation to their research (Hughes 2014). The role of reflexivity is to improve the transparency of the subjective role of the researcher and results from this process can allow the researcher to control biases and make changes to improve the credibility of their findings (Finlay & Gough 2003). Reflexivity is seen as being of great importance for social research where the link between the researcher and research setting is close, and the subjects of the research study can be influenced by the researcher in the process. There is a requirement of subjective self-awareness for the researcher in order to identify the lived experience which is present between the researcher and participant (Finlay 2002).

This is significant in Heideggerian phenomenology, as the researcher is engaged in constructing the reality emerging from the research through the process of data collection and analysis. Van Manen (2017) writes that reflection is an integral part of phenomenological research, that the researcher needs to spend time reflecting on words used to weigh them for their cognitive meaning and be attentive to insights which may be realised through both their thoughts and also through writing and rewriting. According to Finlay and Ballinger (2006) subjectivity is something to be not just acknowledged but celebrated in qualitative research, and that it can facilitate the exploration of the perspectives and experiences of the participants (Smith 2006).

The personal history of the researcher, along with their professional and socio-cultural circumstances, can have a significant effect on which topic and which group of people are selected for the research. By interaction with the participants, the researcher helps to construct the observations and interviews that become their data.

A positive feature for participants in the study on nursing staff responses to patient death was their knowing that I am a nurse and that they could use language familiar to

healthcare staff. They did not need to explain terms and abbreviations that are commonly used. Examples of the terms used by participants were; fatal haemoptysis and the abbreviation COPD (referring to Chronic Obstructive Pulmonary Disease). Participants did not need to explain these words as they were aware the researcher knew these terms. Having worked in environments that appeared to be similar to the one where this study was undertaken, I could have made assumptions from my past experience, which are not relevant or applicable to the participants in the study. This could include the defining of words used, or that the work setting for this study was the same or similar to where I had worked in the past. In order to counteract this I asked participants for their definitions of some words used, and did not rely on my own interpretations of what they said. Examples were to ask participants to clarify what they meant by general terms used to describe their emotional responses such as 'feeling upset'.

A feature of hermeneutic phenomenological research is that of the hermeneutic circle (Koch, 1999). Godamer (1990) describes the hermeneutic circle as the fusion of horizons. This involves the researcher having awareness of and not being attached to their own prejudices and biases, what he calls fore-structures consisting of the researcher's values, experiences and background. This results in a dialogical method where the horizon of the researcher and the participant are combined (Dowling 2004).

I tried to balance how much I asked for clarification with allowing participants to freely talk about their experiences. I did not want to interrupt them excessively but was also aware I needed to be clear on some words they used where there was a possibility of ambiguity. Heideggerian phenomenology suggests that a researcher's knowledge and experience of the subject area can be beneficial in enabling them to ask pertinent questions of the area of study.

Interviewing participants individually enabled them to contribute their own personal views without being inhibited or influenced by other participants being present. Open ended questions enabled the participants to respond in their own words and not limit them to set responses (Lobiondo-Wood & Haber 2010).

The first study carried out in 2002 concerned the impact of shift patterns and the publication associated with this was a literature review. The findings from the study were presented at nursing conferences but not published in a peer reviewed journal. With hindsight it would have been beneficial to have published this research and could have added useful knowledge to the empirical studies in this area of nursing practice.

The second empirical study explored ward staff experiences of patient death in an acute medical setting and was conducted in 2014. Phenomenology was the approach used in this study focusing on the participant's individual interpretation of their experiences and the ways in which they expressed them. An alternative method of ethnography could have been used in this study to explore how people can influence and be influenced by the groups they are part of and identify shared norms, values, perceptions and behaviours. Ethnography is concerned with understanding how people interact and behave as part of a group (Parahoo 2014). Phenomenology was selected as it was the individual personal experiences which were the focus of this study. However conducting a similar study using an ethnographic approach could produce new findings which would add knowledge and have an application to practice in this area.

Individual interviews were used in this study as it was the individual personal experiences of the participants which was sought and not the collective view of a group of people. The strengths of using individual interviews were that participants were able to express their own views and not be inhibited or influenced by fellow participants who may have had different responses to the questions. A limitation of this type of data collection could be

that individuals responded to questions of what they thought was expected of them in their professional role rather than what they really thought. They also may have omitted some important aspects which they did not think of at the time of the interview. The use of focus groups instead of interviews could have elicited other useful information as participants would have had the opportunity to discuss issues with each other and clarify their views in a way which is not possible in an individual interview (Parahoo 2014).

The choice of using the method of data analysis described by van Manen (1984 & 1990) was selected for this study as it involves a second interview with the participants checking what they meant by certain words and phrases they used. Some other methods of thematic analysis which could have been selected did not involve checking back with participants. To ensure the findings included the definitions of the participants as accurately as possible rather than the researcher's interpretations of words used, the approach of van Manen was selected. A detailed description of this method of analysis as used in this study can be found in Appendix 3.

Issues with using this approach included locating the participants for the second interviews. Following the first interviews, the unit where the study was performed was reconfigured resulting in some staff moving wards and one person left the trust. Other issues encountered when trying to apply the phenomenological approach was trying to find suitable times and locations for the interviews. On several occasions when appointments were made to interview participants it was found on arrival by the researcher that due to circumstances of staffing levels or of unexpected emergencies with patients the interview had to be cancelled and rearranged. Private rooms for the interviews were generally available although on occasions the interviews had to be relocated if the room was required for other purposes.

This study is differentiated from others looking at staff responses to death in that it did not take place in a specialist unit such as a hospice, oncology ward or other area focussing on palliative or end of life care. It took place in a general acute medical ward where the emphasis is on treating patients and enabling them to be discharged home.

It may be that ward staff caring for patients with other types of chronic illness, such as heart disease or diabetes, may have different responses to patient death. This study was conducted at a specific time in a large teaching hospital in the north of England. These factors could be pertinent to the findings of this study. It could be that a similar study conducted at a different time in a smaller hospital, or another area of the country, could result in different findings. This could mean that the findings are not transferable to other areas of healthcare where patients are cared for with a chronic illness.

This research study had a small number of participants – thirteen - and it is not possible to generalise the findings to other acute healthcare settings within the UK. However, the results are indicative of the meaning that ward staff give to their experiences in this setting regarding patient death.

Some of the findings corroborate those from other studies investigating nurses' responses to patient death. It could be that ward staff in other acute hospital settings have similar responses. The sample size for this study was comparable to similar research studies using a phenomenological approach.

Twelve of the participants were female with just one male involved in the study. Although this relates closely to the national average percentages in ward staff of 87% female and 13% male in the UK (NHS Digital 2016), this could result in the findings being biased towards the opinions of females. Hooper-Dempsey et al (1986) express the view that women's emotional expressiveness is greater than men's and that they find it more difficult to leave work behind them when they go home.

According to the Health and Safety Executive (2016), nursing is one of the most stressful professions, and Llewellyn and Osborne (1990) suggest that this can be a major problem for women in the caring professions who may worry about their patients after they have left work. If this study had recruited predominantly males then the findings in relation to emotional responses may have been different.

All the participants in this study were white; twelve were white British. One was from another European country and had lived in the UK for many years. White British culture, along with that of other western societies, emphasises the importance of the individual over the group (Ryde 2009). Values are built on the rights and responsibilities of the individual whereas some other cultures emphasise the importance of community and family, seeing themselves as part of this and not as an individual unit (Ryde 2009). This could alter how situations are viewed as participants from other cultures and ethnic backgrounds may have responded differently to patient death than those in this study.

Thirty percent of the participants of this study were under the age of 25 years. This is higher than the current national average for ward staff in this age range, which is less than five percent (NHS Digital 2016). Participants in this younger age range are likely to have fewer significant life experiences and will have worked in this health care setting for only a limited number of years. This may have affected their responses to the questions asked and could have impacted on the overall findings.

Further research could contribute to the development of knowledge in this area and guidance for the implementation of training and services to support staff. The study adds information to this area of research within a specific setting, group of participants and at a specific time. The replication of this study at a different time, in a different acute setting and with participants with a different demographic profile, could add useful knowledge in

confirming any similarities or identifying differences. Replication of this study in a similar setting could also help to support these findings or identify variations.

Since the publication of this study two papers have been found which focus on nursing experiences of patient death in medical wards. Palese, Patean & Cerne, (2013) studied unexpected deaths at night in a medical ward in Italy exploring how better surveillance could be used to identify patients at risk so had a very different focus.

The second paper by Mak, Chiang & Chui, (2013) studied nurses' perceptions of caring for dying patients in a medical ward in Hong Kong. The findings identified the need for staff education on bereavement and the requirement for staff support in coping with somatic, cognitive, behavioural and emotional responses to death. This study supported my findings in these aspects and demonstrates that although this study took place in a very different culture there are similar needs identified for staff working in this type of ward environment.

The four publications associated with this study were the literature review, report of the study and papers on the specific aspects of emotional intelligence and professional socialisations which were prominent findings from the study.

The third empirical study was an evaluation of a hospice at home service. This study was distinctive in that it considered the views of a range of stake holders and evaluated the whole of the hospice at home service.

Focus groups were used for this study. This was in order to utilise group processes to enable participants to explore and clarify their views. This occurred in discussions amongst themselves and with the aid of a researcher as facilitator.

Interaction is a key concept in focus groups where data generated can be confirmed, refuted and discussed in more detail within the group (Addington Hall et al 2007). The

potential result of this is to provide a greater breadth of understanding of the topic and the data can be validated by other members of the group.

Individual interviews could have been used for this study but there would not have been the opportunity for participants to explore and discuss their ideas as they can in a group. Some people may feel they can talk more freely in a group and share their views or experiences however others may feel inhibited and not express their true thoughts or the group may be dominated by one member inhibiting others from contributing their opinions. In view of the fact that this study involved a range a stakeholders, focus groups were divided in to the specific groups in order that participants were with others in the same area of work or experience such as carers which would hopefully enable them to voice their opinions in a safe and open environment. The facilitator helped to ensure all the group members had an opportunity to speak and express their views.

A search for current literature evaluating hospice at home services resulted in very few articles. Those found explored the views of one group such as carers (Exley & Tyrer, 2005; Jack O'Brien, Scrutton, Baldry & Groves, 2014), differences in referrals from diverse socio-economic areas (Campbell, Grande, Wilson, Caress & Roberts, 2010) and the development of a specific service such as crisis intervention (Travers & Grady, 2002). No studies were found which comprehensively evaluated the service from different viewpoints of all those involved as either providers or recipients of the service.

2.2 Literature Reviews

Three of the journal articles and the book are the result of reviews of the literature on the selected topics. Ankem (2008) reports that systematic reviews make a substantial contribution to healthcare literature and are amongst the most popular types of studies searched for through library services. A range of 14 types of literature reviews are

identified by Grant and Booth (2009). In selecting a review type the aim of the review must be identified in order to select the most appropriate method. The papers in this section incorporate elements of systematic reviews and were conducted to systematically search for and appraise studies and synthesise the research evidence.

Some types of reviews such as a meta-analysis were not appropriate as this method is specifically aimed at the analysis of quantitative studies. Other types of review could have been used in these papers, many of which are systematic in their approach but concentrate on specific aspects which determine their focus.

A mapping review aims to identify gaps in the literature which could have been pertinent for the topics studied; however a perceived weakness could be a lack of depth in analysis in relation to processes used to measure quality (Grant and Booth 2009). A narrative review is mostly aimed at studies using mixed methods and can give a more complete picture of the topic but can also result in difficulties in trying to integrate qualitative and quantitative results (Grant and Booth 2009).

The current trend in literature reviews involves a number of stages. Initially the question needs to be clearly framed and can be developed using the acronym PEO for qualitative studies. These letters stand for population, exposure and outcome (Khan et al 2003) and for the review on shift work the population was healthcare professionals, the exposure, shiftwork and the outcome, impact on staff.

These words and phrases can be used as keywords in searching the literature and alternatives added to create a search string strategy. Specifying inclusion and exclusion criteria and creating a search strategy string of keywords is a current convention used in literature reviews. The range of sources used also needs ot be specified, for example specific databases, hand searching of reference lists in journal articles, grey literature, conference proceedings and books (Bettany-Saltikov 2012).

The Preferred Reporting Items for Systematic Reviews and Meta- Analyses (PRISMA) provides guidelines for conducting database and hand searches and includes a checklist of items designed to help authors improve their reporting of systematic reviews and meta-analyses (Moher at al 2009).

A diagram detailing the study selection process usually in the form of a flow chart with the end result of papers selected is also recommended in the PRISMA guidelines to demonstrate how the search was refined to the eventual number of studies used in the review (Moher et al 2009). It is also current practice to include a table of the selected studies detailing the authors, participant details, sample size, study design, findings and ethical and quality assessment (Bettany-Saltikov 2012, Moher et al 2009).

In a review of qualitative studies the included studies are often synthesised under headings of themes. The discussion section generally includes comparisons of different study findings, ethical and quality issues, applications to policy and or practice, suggestions for future research and conclusions from the review (Bettany-Saltikov 2012).

In the reviews published and submitted here some of the above trends and current practice are followed but others are not.

The review of shift work was published in 2002 when the above trends were not commonly used. This article does not include a clear section on the methodology used, a list of the searches, how they were refined or a table of the final articles included in the review. The key words used are identified in the paper and derived from the aims of the review. Further key words were identified from papers found in the search. In selecting papers to include in the review, inclusion criteria included qualitative studies and exclusion criteria included commentaries, review documents and discussion papers. Papers were appraised using the Critical appraisal skills programme framework. This framework was developed in the 1990s to provide tools to critically appraise research papers and since that time some

minor adjustments have been made to the format (CASP-UK 2017) however details of this are not included in the article.

If this review was being conducted at the present time then the structure of the article is likely to be very different from that presented in 2002. There would be a clear section on methodology detailing the aspects mentioned above and include a diagram of the study selection process along with a table of the final list of articles used in the review. The studies were synthesised under headings of several clear themes and the discussion suggested recommendations when planning and implementing shift patterns.

Although this study is likely to have been written in a different format and include more details of the methodology if written today, this review was published in a peer reviewed professional journal and it is still being quoted in recent publications on shift work (Lin, Liao, Chen & Fan, 2014; Peters, de Rijk, Engels, Heerkens & Nijhuis, 2016; von Treuer, 2014). This indicates a contribution to knowledge and that the findings from this review are still of benefit to researchers and professionals involved in the study and organisation of shift patterns in healthcare settings.

The literature review on the effects of patient death was published in 2011and there was a clear question stated in the article with key words identified from the words used in this question. This article has a section titled search strategy where the methodology of this systematic review is described with details of the study selection process.

With hindsight, including a diagram in the form of a flow chart detailing the study selection process could have helped illustrate this process more clearly to the reader of this article. 17 studies were identified for inclusion in this review and a table detailing these would also have been a useful addition to this article. Themes were identified from the articles in the review and the discussion includes implications for practice and for future research.

The article on bullying behaviours in nursing published in 2016 follows a very similar format to the article on the effects of patient death on nursing staff. These two articles were both published in the British Journal of Nursing and followed the conventions of structure and layout of other literature reviews found in this publication.

The section titled 'search strategy' details the methodology used in terms of key words derived from the study question, databases used, inclusion and exclusion criteria and the study selection process. As with the previous article a flow diagram detailing the study selection process and a table of the final articles used in the review would have been a useful addition to this article although this publication does not request these tables and they are not present in other reviews published by this journal. Themes are identified from the selected papers and recommendations for interventions to combat bullying behaviours were produced from the literature.

The book 'Working with Bereavement' published in 2014 is based on reviews of the literature related to the various topics covered in the text. However it is not formulated as a literature review in terms of explaining the methodological details of the literature search for each topic reviewed.

The aim of the book is to provide a practical guide for a range of practitioners working with people at the end of life and those bereaved. It is not an academic paper on methodological aspects of literature reviews. As an applied researcher my focus is on producing information which can equip the reader with a combination of knowledge and skills for working in the area of bereavement. This is done through exploring key theories and models, communication skills and practical and professional issues. The exercises of self-reflection and applied examples found throughout the book are to support the reader in their understanding.

Different types of bereavement are covered along with spiritual and cultural influences and there is a section on self-care including issues of emotional labour and emotional intelligence, vicarious trauma and coping strategies.

Although this publication is a practical handbook for those working in this area of care it also contains theories and the evidence base for the practices and guidance given.

3 Original Independent Contribution

This final section provides a discussion of the key methodological, empirical and conceptual contributions to knowledge made by this body of work. The original contribution to knowledge represented in the submitted published works focusses on the emotional aspects of nursing in relation to working hours, particularly concerning shifts, responses by nurses to patient death, and how aspects such as emotional intelligence along with other strategies are utilised and can be developed to help staff manage their emotions in a healthcare setting. There follows an account of the contributions to knowledge and the impact of all the submitted publications

3.1 The impact of shift patterns on healthcare professionals

Publishing this paper in the *Journal of Nursing Management* (2002) provided recommendations for working practices to help reduce the negative effects of shift work on staff. This paper has been quoted in a range of other studies and provides background information on how shift work can impact on the physical, social and emotional aspects of workers lives.

At a local level in the hospital where this study was conducted these recommendations were implemented to help staff manage their working hours and provide managers with information to assist them in planning their shift work schedules. Findings from this study were also presented both locally and nationally at nursing conferences.

As a result of this publication I was invited to be part of a national group looking at how to more effectively manage shift work in nursing and other areas of healthcare. This demonstrates the impact of this research, and from the evidence collected the national

group produced guidance for managers regarding shift times and length to help advise them in this aspect of their role.

Although studies into the effects of shift work have been carried out in a range of settings since this publication, this study is still quoted in academic papers studying this aspect of work (Peters et al., 2016; Lin et al., 2014; von Treuer et al., 2014). The findings are still acknowledged as being relevant to practice today thus making an original contribution to knowledge.

3.2 Effects of patient death on nursing staff: a literature review and account of the research into ward staff experiences of patient death.

The literature review was published in the *British Journal of Nursing* (2011) and an account of the research was published in the Nursing Standard (2014). Following publication I was contacted by some clinically based nurses in the south of England and in Scotland and supplied further information of the study regarding recommendations for supporting staff to be used in their practice. This demonstrated that the choice of journal for publication was advantageous in reaching the staff group I was hoping would read this study, which was staff working in clinical practice and their managers, and shows the impact of this research. My paper was addressing a clinical need. I presented this study at the following conferences where it was well received:

European Conference in Nursing Science, Berlin (2010),

National Conference on Bereavement in a Healthcare Setting, Dundee (2010)

The Royal College of Nursing International Research Conference, Belfast (2011)

Sigma Theta Tau International, Phi Mu Chapter Inaugural Conference, Bournemouth (2013)

3.3 Working with Bereavement: a practical guide

Following publication of this book I gave a presentation at the 'Off the Shelf' literature festival in Sheffield (2015) outlining some key aspects from the book. Following the presentation I responded to invitations from South Yorkshire Housing and Age Concern to talk to members of their staff who support people in sheltered housing who have been bereaved.

This book is a recommended text used by SHU and other universities for courses and modules concerned with bereavement issues.

The book was reviewed by other academic nursing staff and professional journals.

Reviews of this book include the following:

'Working with bereavement is an excellent practical guide that covers a vast array of subject matter from theories of bereavement, working with bereavement to hard to talk about deaths.'

Ibadete Fetahu, Nursing Times

'Janet Wilson has produced a supremely practical book on bereavement. As a nurse, psychotherapist and academic, the author offers readers from different professions invaluable insights into bereavement work. No relevant reading list can afford not to include this excellent book.'

Colin Feltham, Emeritus Professor, Sheffield Hallam University, and Associate Professor of Humanistic Psychology, University of Southern Denmark.

'I am delighted to commend this book. Nurses, allied health professionals and counsellors working in the field will find much to stimulate their thinking. It is an essential read for those working with bereavement.'

Amanda Clarke, Professor of Nursing, Northumbria University, UK

'Working with bereavement' provides a comprehensive, yet thought provoking, overview of issues that will help practitioners support people both practically and emotionally when there has been some form of life related loss. The book recognises the complexity of loss and grief, but the use of applied examples will help practitioners think about the people and contexts where bereavement support can help. The book makes a particularly important contribution to the field of bereavement work by incorporating chapters on Hard to Talk About Deaths and Unrecognised Grief. The inclusion of Reflection activities (Over to You) and a Self-Care chapter will help practitioners make real connections from theory to the real world situations in which they are supporting others.'

Professor Josie Tetley, Manchester Metropolitan University, UK

These references attest to the contribution to better inform practice that the book has made.

3.4 The awareness of emotional intelligence by nurses and support workers in an acute hospital setting.

An academic article on Emotional Intelligence in nursing was published in the *Journal of Health Sciences* (2014) identifying that this was not a concept recognised by many nursing staff working in clinical practice. Other articles on this topic focussed on emotional

intelligence in students and exploring this concept in relation to Registered nurses and support workers provided an original contribution to knowledge in this field.

From writing this article I recognised that emotional intelligence was not a topic taught in the undergraduate nurse training programme here at SHU. As a result the development and use of emotional intelligence was added to the psychological sciences modules of the course. Following this publication on Emotional Intelligence I was contacted by nurse lecturers from two universities in the UK and we shared the content of our teaching sessions on this topic to enhance our teaching resources. This again demonstrating the applied value and impact of my work in nursing.

A paper on this topic was presented at the following conference:

Sigma Theta Tau International Phi Mu Chapter Biennial Conference, Leeds (2015)

3.5 Professional socialisation and bullying behaviours in nursing

An article on Professional Socialisation in Nursing was published in the *American Research Journal of Nursing* (2016) and an article on bullying behaviours, in nursing in the *British Journal of Nursing* (2016). The paper on professional socialisation focussing on nursing staff working in clinical practice again provided an original contribution to knowledge in this area as previous papers mostly focussed on experiences of students in relation to this concept. The publication on bullying supports previous publications on this type of behaviour, and demonstrates that this is still an ongoing issue in clinical practice. Following these publications teaching sessions were introduced for student nurses at SHU on the topics of professional socialisation and bullying in nursing. This includes discussions on how to manage these issues and is an important feature of seminar

discussions for year three students in the module they study on leadership and management in nursing. In this way I continue to apply the findings from my research.

A paper on professional socialisation was presented at the following conference:

The Royal College of Nursing International Research Conference, Glasgow (2014)

3.6 Service evaluation of a hospice at home service

The results were written up as a report for the local health trust enabling them to apply for continued and increased funding. The results of the evaluation locally were that the hospice at home service received funding to increase this service in terms of hours in the day it was available and also to extend the fixed term funding which was scheduled to end after two years.

The study was published in the British Medical Journal *(BMJ) End of Life Journal* (2015). The choice of journal was made through exploring publications which focussed on palliative and end of life care with the aim of making this article accessible to those working in this speciality of healthcare. The design of this study and the inclusion of the wide range of stakeholders had not been identified before; therefore this was an original contribution to knowledge in the method used to evaluate this service.

The Vice Chairman for the National Association for Hospice at Home contacted the team who conducted this evaluation to ask if our paper could be circulated around its membership with a recommendation to use the study design we had developed in other similar studies. This use of the study design indicates another contribution to knowledge albeit this time to the development of future research studies.

3.7 Conclusion

I am an applied researcher in clinical practice and the research in this submission has made original contributions to knowledge in terms of how nurses are supported in the workplace, their understanding of the impact of patient death and how to best manage these aspects of their work.

In addition my research has resulted in significant changes to the content of nursing courses, particularly the inclusion of the topics of emotional intelligence and professional socialisation which were not previously included in courses but are now part of the curriculum.

From the research reported here, it is apparent that my original contribution to knowledge is centred on understanding the emotional impact of nursing on staff and also on equipping student nurses with the knowledge and skills they need for professional practice. My research has also produced good clinical applied guidance, particularly in relation to dealing with patient death, which is evidence based and which I have used my research skills to produce.

In the applied area of nursing my focus has been to undertake and disseminate the findings from applied research to the clinical and academic communities.

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Appendix 1: Origins and progression of the programme of study

My interest and involvement in research started before the dates of the studies selected for this submission and have contributed to the development of my knowledge and skills in this area. Both in my academic studies and my clinical work as a nurse I have always been interested in the evidence base for clinical practices and have used opportunities to explore and investigate clinical issues. I have also aimed to produce results from these studies which can be used in practice settings for the benefit of both patients and staff.

From being a newly qualified staff nurse

I had an interest and concern for the emotional wellbeing and support available to nursing staff. This developed as I realised the emotional impact of nursing work and that by supporting staff and developing their knowledge and skills in this area then they were able to provide a better level of care to patients and also support themselves and colleagues.

My first experience of research occurred whilst I worked in an Infectious diseases unit where I questioned the current practice of wearing long sleeved cotton gowns as I thought this was not an adequate protection and that plastic aprons would be more suitable. This motivated me to search the literature and explore practices in other healthcare settings which I did in America and Canada through a scholarship from Westfield Health. Resulting from the report of this study the policy on protective clothing where I worked was changed from wearing cotton gowns to the use of plastic aprons and I published this study in the *Nursing Times* (1990).

As I progressed through my career I looked at how I could support clinical staff in their working environment and explored the impact of various aspects such as shift work and stressful events and how these could be better managed to reduce the emotional impact on staff.

At this time I was also involved in voluntary work with a charity supporting the bereaved and undertook courses in counselling becoming a trainer and supervisor in this area of work. This culminated in an MSc in Integrative Psychotherapy and through my work as a supervisor I wanted to research how best to support staff working particularly with patients at the end of life and their families.

This study led to me focussing on various findings from this study and the writing of the book ' Working with Bereavement', a handbook for practitioners caring for people at the end of life and supporting those who are bereaved in a range of circumstances and settings. It is aimed primarily at those working in health and social care with an emphasis on application to clinical practice.

Appendix 2: Summary of submitted publications

1. Wilson J. (2002). The impact of shift patterns on Health Care Professionals. *Journal of Nursing Management, 10,* 211-219.

This article was written at a time when the length of shifts in hospitals for nursing staff were mostly 7.5hours and the impact of these on staff in a range of workplace settings was being reviewed. I was involved in work reviewing staffing levels and the skillmix required in certain clinical areas. Many areas in healthcare necessitate staff working over a 24 hour period and the aim was to discover how this could be achieved to meet the requirements of the service and have the least effect on the health and wellbeing of staff. The cardiac unit in this hospital at that time operated a 7.5hour shift system and the purpose of this research was to explore the possible benefits or issues of working 12hour shifts. The hospital funded this study with a £2,000 grant. A phenomenological approach was used to interview staff in order to identify their experiences of the physical, social and emotional effects of shift work.

2. Wilson J, Kirshbaum M. (2011). Effects of patient death on nursing staff: a literature review. *British Journal of Nursing, 20*(4), 239-241.

The purpose of this paper was to provide a grounding for a study into the effects on nursing staff of patient death. It reviewed the current literature on this subject at the time. This study consisted of a systematic search of the literature using a range of terms and the focus was the effects of patient death on nursing staff and not on grief issues of other professionals, patients or family members. Five themes were identified from the literature: the theoretical context; the emotional impact on staff; the culture of the work environment; personal life experiences of staff and coping strategies.

3. Wilson J. (2014). Ward Staff experiences of patient death in an acute medical setting. *Nursing Standard, 28*(37), 37-45.

The purpose of this paper was to report the findings from a Heideggarian phenomenological study involving interviewing nursing staff about their experiences following patient deaths in medical wards caring for people with respiratory diseases. Phenomenology was an appropriate methodology as it was the personal experiences of the participants which were sought in this study. Three main themes were identified; responses, influences and support.

4. Wilson J. (2014). The Awareness of Emotional Intelligence by Nurses and Support Workers in An Acute Hospital Setting. *Journal of Health Sciences, 2*(9), *458-464.*

This paper focuses on one aspect of the findings from the above study. Although emotional intelligence is recognised as an essential requirement for nursing (Cadmen & Brewer, 2001) a consistent theme arising from this study was the lack of awareness of this concept amongst the participants. There was also a lack of knowledge of how this could be used to effectively manage their emotions in handling stressful situations involving colleagues, patients and relatives. Some participants did identify strategies they used to control their stress but did not recognise this as emotional intelligence. The study identified that there were differences between the responses of Registered nurses and healthcare support workers in this area. Registered nurses reported being pro-active in seeking out colleagues to talk to or sharing their emotions with others whereas some support workers said they did not realise they were affected by a death at work until family members commented on changes in their behaviour or attitudes when in their home environment.

5. Wilson J. (2014). *Working with Bereavement. A Practical Guide.* Basingstoke: Palgrave Macmillan.

The development of the book 'Working with Bereavement' started from the literature review on the effects of patient death on nursing staff. This led to an exploration of evidence for best practice in other areas of bereavement and end of life care. This book provides evidence based practice from a library based research study of systematic reviews and complementary work already done in this area. The book is aimed at a range of professionals working in health and social care as well as those working in the voluntary sector supporting both those at the end of life and those who are bereaved.

6. Wilson J., Steers J., Steele K., Turner J., Tinker A. (2015). Evaluation of Community based Palliative Care and a Hospice at Home Service involving the use of Focus Groups. *End of Life Journal.* Published Online First. [10August 2015] doi: 10.1136/eoljnl-2015-000004

As a result of my knowledge and experience in end of life care and bereavement I was asked along with colleagues to undertake an evaluation of a hospice at home service in a local town. The purpose of this study was to evaluate the hospice at home service which had been in place for two years and to make recommendations for the future of this service. This was a qualitative study consisting of focus groups with a range of stakeholders and data analysis used a framework approach to categorise the responses. The key stakeholders were made up of four groups; patients and carers, community nursing staff, palliative care nurse specialists, and General Practitioners and senior healthcare managers. The views of the different stakeholders were required to enable all those affected by the service to be identified and given the opportunity to express their opinions and describe their experiences. In the findings, participants identified that

important aspects of end of life care such as quick access to hospice at home services and the prevention of admissions to hospital were being met by the service. Issues requiring improvement were communication between hospital and community services, educational and training needs regarding the use of technology and the limitation of the current system which was not available overnight.

Several recommendations were made for the future of this service. One of these was the need for education in the areas of technology use, breaking bad news and advanced care planning. Another was a review of the communication system between the acute hospital and community services and the clarification of roles of the different nursing staff groups. There were a range of nurses including community nurses, Macmillan nurses, palliative care nurses and other specialist nurses who were not always clear of their distinct roles and responsibilities with particular patients and families. A major recommendation was that the current service should be extended to a 24 hour service over 7 days to ensure patients were able to access this service at any time of the day or night.

The study concluded that this service led to better service provision for patients particularly in terms of prompt symptom relief and care interventions and also provided support and advice to carers and to other community healthcare staff. This enabled advanced care planning to be carried out earlier than previously and improved the availability of resources for patients to be cared for in their preferred place of care.

7. Wilson J. (2016). Professional Socialization in Nursing; Experiences of New and Established Nursing Staff in response to patient death. *American Research Journal of Nursing, 2*(1), 4-8.

The purpose of this paper was to explore further an aspect from a larger study of how professional socialisation affected new and established nursing staff in terms of their response to patient death.

Professional socialisation is the acquisition of behaviours, values, and attitudes required to fulfil a professional role (Shinyashiki, Mendes, Trevizan & Day, 2006). Feng and Tsai (2012) identified that a sense of belonging is very important to newly qualified nurses and that they will conform to perceived norms in order to feel part of the team in which they work.

The design of this study was a Heiddegarian phenomenological approach which was appropriate as it was the personal experiences of the participants which were sought. The issue of professional socialisation was identified as significant for newly qualified nurses in particular. Participants in this study who were newly qualified reported feeling they should not show their emotions or discuss their feelings with colleagues as they perceived that this was a norm they needed to adhere to in order to be accepted by more established staff on the ward.

The findings form this study identified that some of the more experienced nurses on the ward did show their emotions and talked about their feelings with colleagues, reporting benefits for themselves and colleagues of sharing their experiences and both giving and receiving support.

These differences in behaviour could be due to experienced nurses feeling secure and comfortable in their professional roles and being clear on the values they hold. The more inexperienced nurses could be lacking in both knowledge and skills as well as being

unsure of their professional role. This study concluded that some newly qualified staff made assumptions about the beliefs and attitudes of more established staff members which were incorrect. Opportunities for newer staff members to discuss expectations and practices with more experienced colleagues could help them develop constructive strategies for managing their emotions around patient death and more openness in talking about this issue could improve staff relationships leading to more effective team working.

8. Wilson J. (2016). An Exploration of Bullying Behaviours in Nursing: a review of the literature. *British Journal of Nursing, 25*(6), 2-5.

This paper was developed from the previous one on professional socialisation. It became apparent when researching for the above paper that in some healthcare settings, if new staff did not conform to the norms of a particular area then bullying behaviours were used to try to force staff to follow the customs and practices of that setting. Bullying is defined as intentional and repeated psychological violence, having the effect of humiliating and isolating staff from colleagues (Rodwell & Demir, 2012).

As long ago as 1986 bullying behaviours were raised as an issue in nursing by Meissner and current literature (Pearce, 2017) reports that almost a quarter of respondents to a recent NHS staff survey had experienced bullying and harassment in the previous year. This paper consisted of a systematic search of the literature to discover the incidence of bullying behaviours both at the present time and in the past, and over a range of settings in the United Kingdom and other countries. It was discovered that this is an international issue with reports from a range of countries including Australia (Hegney, Tuckett, Parker & Eley, 2010), Brazil (Cahu, daCosta, Pinto-Costa, Batista & Batista, 2014), Canada (Duncan et al., 2001) and Turkey (Yildirim, 2009). Bullying behaviours reported in these studies were common to all areas and included staff having their opinions ignored, being

given impossible targets, humiliated or ridiculed in their work, and being given trivial or unpleasant tasks (Carter et al., 2013).

Perpetrators of bullying were mostly those in a senior position to the person being bullied or established staff members in a particular healthcare setting (Sauer, 2012).

The impact of bullying was identified as leading to staff feeling isolated, insecure, fearful and not valued (Burnes & Pope, 2007). Sauer (2012) found that this behaviour could not only lead to staff leaving their job but also leaving the profession.

Appendix 3: **van Manens approach to data analysis as used in the empirical study on ward staff responses to patient death**

Following the first interviews the recordings were transcribed, and using the computer software programme Nvivo, the frequency of commonly used words and phrases were found. These were then be analysed using what van Manen (1984 and 1990) describes as 'conducting thematic analysis'. The transcripts were initially read in their entirety in order to gain an overall understanding. They were then read and reread repeatedly and statements or phrases, which appeared to be revealing or essential about the experience, highlighted (described as 'uncovering aspects in life world'). The transcripts were compared with each other identifying common themes and differences. A collection of phrases were produced and written on the cards to be used in the second interviews with commonalities amongst the descriptions given by the various participants.

At the second interviews the phrases derived from the transcripts were presented to the participants who were asked to scrutinise them to identify words and phrases, which were important to them. Participants were asked to discard cards which they did not think were relevant or applicable. They then divided the remaining cards into groups of their own choosing and gave the groups names indicating how they perceived them as being related to each other in some way. A strategy of comparative analysis was used by the researcher to organise and seek relationships between the groups and to identify emerging themes. This involved repeatedly studying and comparing the groups formed by the participants and clustering the groups into connecting themes. Schematic diagrams were used to identify connections with headings and related quotes grouped together. The researcher's knowledge provided insight to enable the correct identification of the information.

Finally, the researcher reviewed and re-reviewed the preliminary themes to determine the three essential ones described as ‘responses’, ‘influences’ and ‘support’, and which answered the research questions posed by the first three objectives of the study.