

Hepatology nursing in the era of expanding hepatitis C evidence

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Project background

- Treatment of hepatitis C is undergoing rapid evolution
 - At the time of this study, Telaprevir and Boceprevir had recently been licensed for use (2012)
 - Significant side effect profile and complex treatment regimens
- Nursing assessment was becoming more complex and time consuming
- Huge learning curve in terms of management of patient's treatment journey and side effects

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Project Objectives

- To identify the learning strategies used by hepatology nurses to incorporate new evidence into nursing practice.
- To identify the sources of information used by hepatology nurses to inform their practice.
- To explore hepatology nurses' interest in and ability to perform research.

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Methodology

- Established the "C the Difference" steering committee
 - Comprised of three members
 - Senior hepatology nurse
 - Nursing education expert
 - Professor of Nursing
- Purpose of the steering committee was to seek:
 - Research mentorship
 - Guidance and advice with development of data collection tools

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Methodology

- Mixed methods: Semi-structured interviews; online questionnaire; focus group
- Interviewees were purposively recruited according to experience and geographic location
 - Interviews were recorded and transcribed verbatim
 - Interview data was analysed using thematic analysis
- Online questionnaire was circulated through the Australasian Hepatology Association (AHA) membership
- Questionnaire data was explored in-depth in a focus group

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Results - interview

- Interview structured around decision-making vignettes
 - Allowed exploration of how the participant processed a problem and sought information
- Vignette 1 – side effect management
- Vignette 2 – patient with an uncommon comorbidity on treatment (renal disease)
- Vignette 3 – patient contemplating treatment

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Results - interview

- Themes emerging from the interviews:
 - Participants lacked a systematic approach to keep up-to-date with the latest information
 - Participants relied on “Google”, external sources (medical colleagues, industry)
 - Preference for “pre-digested” information, preferably written in lay-English
 - This minimised the need for nurses to interpret information – lack of confidence in ability to critique

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Results - questionnaire

- Based on the results of the interviews, an online questionnaire was developed and circulated via email to the AHA membership in November 2012
- Ninety three out of 136 nurses responded to the questionnaire (68% response rate)

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Results - questionnaire

- 83% regularly accessed information to remain informed
- Most important sources of information:
 - AHA summit (35%)
 - Industry funded education forums (22%)
- 46% felt confident to conduct a literature review
- 58% felt confident to distinguish between “good and bad” research

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Results - questionnaire

- 36% felt confident to perform research
- 67% were interested in performing research
 - 67% had identified a research question

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Results - questionnaire

- 53% had a professional mentor
 - 67% their mentor was a nurse
 - 73% the mentor was located in their workplace
 - 93% gain information and skills from their mentor

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Results – focus group

- Focus group was held in Sydney in March 2013
 - Five participants (4 female and 1 male; > 6 years; 2 participants conducting post graduate study)
- Purpose to explore the findings identified from the interviews and questionnaire
 - Strategies used to remain informed
 - Assessing trustworthiness of information
 - Role of mentoring
 - Conducting nursing research

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Results – Knowledge acquisition

- Knowledge acquisition
 - Regular literature searches - fortnightly ... *"might be a quick search if I have a topic in mind ... using particular terms"*
- Ad hoc process
 - *"I rely on the Doctors I work with ... one in particular ...he's really up to date and flicks me the most relevant articles"*
 - *"I never look at Medline ... I wouldn't even know how to use it"*
 - On the job training

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Results – Knowledge acquisition

I can get all the information but it's not until I actually use it in practice, with a patient, that it becomes useful and meaningful.

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Results – Knowledge sharing

- Share / exchange useful information - journal articles, conference proceedings/presentations, with colleagues:
 - Informal – verbal (corridor conversations) or Twitter
 - Formal – meetings, workshops, conferences

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Results – Assessing trustworthiness

- Participants described a strategy to assess the trustworthiness of written information
 - Who are the authors – experienced or not? Where was it published? Is the research relevant to practice?

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Results – Assessing trustworthiness

- Human resources were less critiqued in terms of trustworthiness
 - Several participants described an implicit trust of the information relayed by doctors and senior nurses
 - However this was challenged by other members of the group

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Results – Assessing trustworthiness

Nurses need to be confident in their own professional expertise, and not trust or take as gospel everything the Doctor says...

Nurses are liable for their own actions, we shouldn't be using the word 'trust' at all. We wouldn't trust that our nursing colleague was giving the right dose of morphine, we go through the required steps and double check.

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Results - Mentoring

- Mentoring
 - “I think we do a lot of ‘see one, do one’. We’re a fairly young speciality ... I think the development of documents like the [AHA] Competencies and the Guidelines, help with the mentoring process ... They provide a benchmark”
- Several participants were mentors for junior nurses
- Informal mentoring was very common in both the provision and receipt of mentoring

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Results – Mentoring

I have several professional mentors ... I don't think I've ever told them they're my mentors but I respect them and their options and look to see what they're doing.

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Barriers to research participation

- Lack of knowledge of the research process – “I don't know how to start. I don't know what data to collect to answer the questions I have”
- Lack of time – “I think of fantastic topics and [research] questions all the time ... but it stops right there because I have no time .. No idea how to start”
- Lack of confidence
 - “Even though I have done research subjects [at university]... I feel rather **inadequate**”
 - “Game of research is **intimidating**”
 - “Research is so **other worldly**”

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Summary

- Majority of hepatology nurses rely on *ad hoc* strategies to keep up-to-date in the era of expanding hepatitis C evidence
- Reliance on external sources such as industry and medical colleagues for knowledge acquisition
- Significant proportion of hepatology nurses are interested in conducting nurse-led research but lack time, skills and confidence.

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Recommendations (1)

1. Support for hepatology nurses to conduct research is formalised and increased
 - a. Strategies include research mentors, research skill development
2. The AHA consider providing a forum for research skill development and opportunities for knowledge sharing
 - a. Research special interest group to create a safe environment for learning about research
3. Develop a professional tool to provide a systematic framework for knowledge acquisition rather than relying on an *ad hoc* approach

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Recommendations (2)

4. Promote the use of the *AHA Consensus-based Nursing Guidelines for the Care of Patients with Liver Disease* in the workplace to guide professional development and articulate work roles.
5. Offer a postgraduate curriculum in hepatology nursing.

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Acknowledgements

- Financial support for this research was provided by Merck Sharp and Dohme and Janssen-Cilag Pty Ltd.
- The AHA for their support with recruitment.
- Individuals that participated in the study.
- Sue Polis, CNC in Research, Centre for Research in Nursing & Health at St. George Hospital, NSW for assistance with data analysis.