Information exchange between patients and nurses during routine nursing care in ward settings: A qualitative multiple case study

Vivianne Joy Crispin

Volume II – Appendices

Thesis submitted for the degree of Doctor of Philosophy

School of Nursing Midwifery and Health

University of Stirling

August 2014

List of appendices

Appendix 1: Papers on patients information needs in nursing care

Authors	Type of study	Aims	Results	Limitations
Smith & Liles (2007) UK	Quantitative	To explore the information needs of patients who have received treatment for a myocardial infarction before their discharge home from an acute hospital.	Patients wanted information about medications, complications and physical activities. Also, driving, returning to work and sources of support were areas of concern. Retired older patients wanted more information that employed younger patients	Small sample from one hospital limits generalising to a wider population. Focuses on patients with uncomplicated MI thus does not report on information needs of patients with more complex information needs.
Suhonen et al. (2005)	Quantitative	To describe and compare the information patients want with the information they receive and examine whether this varies between patients.	Patients want information about medical issues such as illness and treatment. Follow-up care and less technical care information were perceived as less important.	Data collection tool designed with reference to national legislation and 'previous studies', although it is unclear which previous studies the authors are referring to. Also, the sample represented only 59% of the eligible patients.
Lemonidou et al. (2003)	Quantitative	To investigate and compare Greek patients' and nurses' perceptions of the realisation of autonomy, informed consent and privacy in surgical nursing care.	Autonomy, informed consent and privacy were not perceived by patients as being as realised as perceived by nurses. Nurses perceived that information provision was realised more than any other concept. Patients were given choices over some treatments, length of stay and dietary requirements.	Focus on information provision. Convenience sampling may also have limited the study.
Sainio & Lauri (2003)	Quantitative	To identify to what extent cancer patients participate in decision-making, and to what extent background characteristics, information obtained and relationships with staff, explain cancer patients' participation in decision-making.	Patients receiving 'enough' information, and about 'different issues', participated more in treatment and nursing care decisions.	Unclear how questionnaire could measure 'enough' information. Unclear what all the 'different issues' are. Lack of patients perspectives in research design. Focuses on cancer patients only.
Jacobs (2000)	Quantitative	Explores 45 patients perceptions of the discharge information needed after short-term surgical procedures.	Patients wanted information about activity levels, ADLs, treatments and complications	Focus on information provision. Retrospective-type questions may be limited in that patients may not remember what information they had been given.

Appendix 1: Papers on patients information needs in nursing care *(continued)*

Authors	Type of study	Aims	Results	Limitations
Lithner & Zilling (2000)	Quantitative	To investigate patients' needs for pre-operative and post-operative information.	Patients admitted for cholecystectomy wanted lots of information particularly related to anxiety-creating factors such as pain and post-operative symptoms.	Eliciting patients' information needs for pre- and post-operative care was intended for use in developing standardised information resources rather than for informing a process of information exchange.
Turton (1998) UK	Quantitative	To gain insight into patients' and their spouse/partners' perceptions of information needs in post-MI education. Also, to ascertain how much importance they attach to particular information items in post-MI education. Furthermore, the results were compared with nurses perceptions of information categories on the same post-MI education scale	Nurses' perceptions of what some information was most and least important were significantly different from those of the two other groups. However, there was some congruency between the three groups.	Focus on information provision. Patient questionnaire (Cardiac Patients Learning Needs Index) developed without patient input.
Logan et al. (2008) UK	Qualitative	To explore patients' experiences of learning how to perform intermittent self-catheterisation and to assess patients views of how the service is provided.	Patient experiences were categorised as: psychological issues, physical problems and service interaction.	Focuses on information provision and patient compliance. Confusion over information provision and exchange.
May et al. (2006)	Qualitative	To explore patients' experiences of compression stockings and ascertain perceptions of their use	Patients received little or no information from healthcare staff about compression stockings. They received information from other sources.	Focus on information provision and patient compliance. Retrospective accounts from patients rather than first-hand accounts may affect the quality of the data collected. Unsure whether semi-structured interview schedule developed with patient input – it was piloted with 2 subjects but not known if they were patients. Study too specific to cardiac compression stockings therefore limiting usefulness in other areas.

Appendix 1: Papers on patients information needs in nursing care *(continued)*

Authors	Type of study	Aims	Results	Limitations
Doherty & Doherty (2005)	Qualitative	To identify aids and barriers to increasing patient involvement in decision making.	20% of patients chose an active role in decision-making. 80% chose a collaborative or passive role. What patients chose as their preference on the autonomy scale was not reflected in the interview. The NHS maintains a paternalistic approach and disempowerment of nurses due to lack of staff, lack of information and no effective continuity of care.	Reports in terms of percentages with a small sample. For example, 40% sounds a lot, but in this study it amounts to 8 participants. Focus on patients over 60yrs, so not eliciting data from younger patients
Donohue (2003)	Qualitative	To understand the nature and processes of nurse practitioner and client encounters in an ambulatory care context.	Patients in this study were happy with little information exchange, and expected to receive instruction and advice.	Focus on information provision. Small sample size (patients *n*=8, nurses *n*=2), so cannot generalise that all patients would consider the lack of information unproblematic.
Aveyard (2002a) UK	Qualitative	Examines the way information is provided and consent is obtained, by nurses	Nurses administer care claiming they have received implied consent from patients. However, as care was delivered with very little information provided, the implied consent may more realistically be called compliance.	Focus on information provision. This was not an observational research study – the researchers listened to what the nurses said they did, and reported it as how nurses actually did things in practice.
Suhonen & Leino-Kilpi (2006)	Literature review	To explore what is known about surgical patients' information needs, patients' perspectives about the information given and the effect of any individualised information	Surgical patients' information needs are specific. Some patients were not given the information that they need.	Focus on information provision. Unsure whether patients had input into the data collection tools in the studies reviewed. Review focused on the needs of surgical patients and so needs of medical patients and those with chronic conditions may differ

Appendix 1: Papers on patients information needs in nursing care *(continued)*

Authors	Type of study	Aims	Results	Limitations
Aveyard (2002b) UK	Theoretical discussion	To examine the extent to which there is a requirement to obtain informed consent prior to nursing care procedures.	The argument is that the function of informed consent is to protect patient autonomy and to promote meaningful decision-making. Consent should always be obtained when there is a threat to patient autonomy.	Focus on information provision.

Appendix 2: Non-nursing literature related to information exchange

Authors	Type of study	Aims	Results	Limitations
Fullwood et al. (2013)	Quantitative	To explore characteristics of patients and family practices that are associated with patient experiences of SDM in the UK.	The mean SDM score was low for patients with irritable bowel syndrome (IBS). Younger patients and patients with poor health status reported lower degrees of SDM	The study was undertaken in only one socioeconomically deprived area therefore results may not be representative of the UK as a whole.
Isaacs et al. (2013)	Quantitative	To assess the relationship between older adults perceptions of SDM in the choice of analgesic for acute musculoskeletal pain and 1) patient satisfaction with the analgesic and 2) changes in pain score at 1 week.	52% reported receiving information about analgesic options. 31% reported participating in analgesic selection. Those who received information were more likely to report satisfaction with the analgesic. Those who participated in the decision also reported more satisfaction with the analgesic and reported lower pain scores. Therefore, SDM in analgesic selection in older adults with acute musculoskeletal pain may improve health outcomes.	Not specifically about information exchange but about SDM of which information exchange is a part. Some patients did not participate due to pain or wanting to call a doctor. Their non-participation may have biased the sample. SDM was assessed at the same time as outcome measures. Therefore pain relief may have influenced the reporting of the information provided and participation in SDM.
Arnetz et al. (2010)	Quantitative Uses secondary data	To investigate whether patient involvement in care during hospital stay for acute MI was associated with health and behavioural outcomes	Positive ratings of involvement were significantly associated with fewer symptoms 6-10 weeks post discharge.	Not specifically related to information exchange but includes information provision and patient involvement. Uses registry data and some participants were lost to follow-up. Patients responses were retrospective, which may have resulted in recall bias.
Andreassen et al. (2007)	Quantitative	Investigates self-reported information needs of patients with oesophageal cancer, and compares with the perceptions of health professionals. This pilot study tested a study specific questionnaire	Information needs included: tests/treatment; self-care; follow-up care; support for family members; and outcomes of treatment. Information needs were substantial and not adequately met by health professionals.	Not specifically about information exchange. Pilot study. Lengthy questionnaire. Small sample size. Low response rate. Possible ceiling effect either because patients had extensive information needs or because of a failure in the questionnaire.
Beaver and Booth (2007) UK	Quantitative	Investigates patients information needs in colorectal and gynaecological cancers	Information needs of patients with gynaecological cancer were reported as: likelihood of cure; spread of disease; and side effects of treatment. Findings consistent with patients with breast & colorectal cancer	Not focussed on information exchange. Possible selection bias as clinicians indicated patients suitable for inclusion. Information needs questionnaire developed previously from literature reviews but not with patient input.

Appendix 2: Non-nursing literature related to information exchange (*continued)*

Authors	Type of study	Aims	Results	Limitations
Van den Brink-Muinen et al. (2006)	Quantitative	Aims to get insight into changes to patients' involvement in decision-making processes over time. Investigates GP's communication about: treatment, alternatives and side-effects; informed decision-making; and obtaining consent.	Most patients received the information they wanted before the consultation. 'Overuse' of information to patients who did not want it. GP's who gave more information also involved patients more in decision-making	Structured questionnaire related to specific categories pre-determined by the researchers. Lack of exploration of patients perceptions. Ambiguity between terms 'not important' and 'not wanted'.
Edwards and Elwyn (2004) UK	Quantitative Longitudinal study	To identify professionals' attitudes during participation in a large practice-based intervention study with substantial individual exposure to SDM and risk communication, and to assess their confidence with these approaches and reported frequency of implementing them.	GPs indicated positive attitudes towards involving patients and towards the training interventions. Only occasional use of the risk communication packs outside of the trial. Time constraints were an important consideration in not implementing the SDM approach more frequently.	Group sizes small limiting the making of comparisons and inferences. Possible Hawthorne effect. Focus on GPs training, so no focus on patients.
Krag et al. (2004)	Quantitative	Investigated the spontaneous provision of information about side effects of treatment and medication by GP's to patients.	Information related to side effects was only provided by GP's if the side effects were common, and if the GP thought it was in the patient's best interests to receive the information. The main reason for information provision was so that patients would comply with treatment.	Paternalistic approach. Focus on information provision. Focus on GP's, not patients Questionnaires based on hypothetical case studies – uncertain if GP would provide same information in practice.
Ford et al. (2003)	Quantitative	Investigates information and decision-making expectations of GP patients.	Mismatch between information patients wanted and information they received.	Small number of patients with psychosocial problems makes general practice sample untypical. Investigates patients perceptions rather than being an objective assessment of what actually happened during consultations. No tangible data on how patients define SDM.

Appendix 2: Non-nursing literature related to information exchange (*continued)*

Authors	Type of study	Aims	Results	Limitations
Godolphin et al. (2001)	Quantitative	To find out how much patient information material on display in doctors' surgeries refers to management choices and hence useful for SDM. To evaluate he quality of the print information exchanged during consultations.	Noted that written information provided was not enough to facilitate decision-making. Major deficiencies related to mention of choices, risks, effect of no treatment or uncertainty and reliability.	Evaluated printed information in Vancouver, Canada. Printed information may be different in the UK. DISCERN, the instrument used to evaluate the information had good inter-rater reliability. However, there were some questions that caused difficulty and some debate. Snapshot study of physicians who stated they used printed information. The quality and amount of information cannot be generalised to other practices.
Beaver et al. (1999) UK	Quantitative	Compares and contrasts two previous studies examining decision-making role preferences and information needs for patients with colorectal cancer and breast cancer.	There are differences in decision-making role preferences with the majority of colorectal cancer patients preferring a passive role. There are similarities in information needs. Both colorectal and breast cancer patients want information about cure, spread of disease and treatment options.	The approaches used in the colorectal and breast cancer groups differed. Small sample sizes in the colorectal group limits generalisability. Also, colorectal cancer patients were from one consultant's practice. Individual patients may have developed a trusting relationship with a health professional and hence may have deferred decision-making responsibility.
Entwistle et al. (2006) UK	Mixed methods	Explores information needs and decision-making in women requiring hysterectomy.	Women were not given much opportunity to influence the selection of a surgical procedure. Women want information but not necessarily to make decisions.	Not specifically about information exchange. Other surgical procedures may not have the same variances as hysterectomy. Retrospective questioning, although participants felt able to recall the information requested.
O'Brien et al. (2013)	Qualitative	To identify patients' and physicians' perceptions of physician-related verbal and nonverbal facilitators and barriers to patient involvement in treatment decision-making.	Patients and physicians described similar information-giving facilitators. Few physician barriers to women's involvement in decision-making were identified.	Physicians were already interested in involving women in decision-making. Focus was on women with early stage breast cancer. Results may have been different for patients with other types of cancer. All the study physicians were in the age range of 34-44 with relatively few years in practice. Perhaps older physicians would have different behaviours and perspectives. Phase 1 depended on women's recall of the consultation, whereas in Phase 2 women were asked for their perceptions whilst watching a DVD of the consultation.

Appendix 2: Non-nursing literature related to information exchange (*continued)*

Authors	Type of study	Aims	Results	Limitations
Shortus et al. (2011)	Qualitative	To investigate provider perspectives on the role of patient involvement in chronic disease decision-making	Care providers were motivated by a sense of responsibility but differed in what the 'best care' meant. Care providers also manipulated patient involvement in support of care provider's agenda and what they want the outcome to be.	Focus is on SDM rather than information exchange specifically. Also, participants were all health professionals and not patients
Zoffman et al. (2008)	Qualitative	Studies patient/ professional interactions in the context of managing poorly controlled diabetes. Aims to develop a theory that details how communication and reflection between patients and professionals might lead to adequate SDM.	Co-creating person specific knowledge required communication, and situational and mutual and independent patient reflection. Professionals avoided communicating with patients on difficult issues, due to tensions caused by difficult feelings and different points of view. Person-centred Communication and Reflection Model developed to assist SDM. The authors say this model is useful for SDM for patients with other chronic conditions.	Not specifically about information exchange but about SDM in chronic care. Specific to patients with poorly controlled diabetes – the model needs to be tested in other contexts.
Jepson et al. (2007) UK	Qualitative	Investigates patients' information needs in the context of cancer screening.	Patients wanted to know contextual information such as personal risk factors, the disease condition being screened for, and symptoms, not just about the benefits, reliability and limitations of the screening process. 'Protectionism' and 'right to know' discourse. The desire for more information may not be used for decision-making.	Not specifically about information exchange. Does not elicit information needs of people who do not attend for cancer screening. Data collected in local area in Scotland may not represent the population of the whole of Scotland, or the UK.
Bugge et al. (2006) UK	Qualitative	To examine the reasons that patients and health professionals give for non-disclosure of particular elements of information in particular circumstances. To consider the implications of the information not exchanged.	The types of information not exchange were diverse and the reasons for non-disclosure varied. Some instances of non-disclosure had negative implications for decision-making and healthcare experience. However some instances of non-disclosure were not problematic.	Categorisation of 'types' of information may be incomplete. Participants may also have withheld information from the researcher. Sampling did not reach theoretical saturation potentially resulting in types of information not exchanged may have been missed.

Appendix 2: Non-nursing literature related to information exchange (*continued)*

Authors	Type of study	Aims	Results	Limitations
Towle et al. (2006)	Qualitative	Investigates the practice and perceptions of trained GP's attempting to implement informed SDM, and to identify the barriers they face.	The GP's liked the informed SDM model. Although able to elicit patients' perspectives and agree action plans, they were unable to elicit patients' roles, or information, preferences. Barriers included problems with competency.	Not focussed on information exchange. Focus on health professionals perspectives, not on patients. Participants known to be interested in encouraging patients to be involved in decision-making – coupled with small sample size (*n* = 6) – and not representative of all GP's.
Nelson et al. (2005)	Qualitative	Investigates what information is relevant and significant for clinician and patient/family communication when critical illness becomes chronic	6 major domains of important and significant information were found: nature of illness; prognosis; impact of treatment; potential complications; expected care needs after hospitalisation; and alternatives to continuation of treatment.	Several factors affected their sample size. White women were over-emphasised despite efforts to avoid bias. Patients declining to participate may have given different responses Relatively small sample size Focus on one institution may not be representative of other areas, although findings are consistent with other studies. Dependence on participants recollection rather than using real time observations
Lee and Garvin (2003)	Qualitative 3 case studies	To examine and challenge commonly accepted practices of information transmission in healthcare settings	Demonstrates paternalistic practices as insufficient because they are rooted in a one-way transfer of information rather than sharing information.	Case studies one and two only included women in the study and not men, which may have biased the resulting data.
Caress et al. (2002) UK	Qualitative	Explores preferred treatment decision-making roles, and rationales for role preferences. Seeks to identify facilitators and barriers from attaining preferred role	Active, collaborative and passive role preferences were identified. Role preferences are influenced by many and varied factors. Facilitators and barriers to attaining role preference included condition-related knowledge, practice issues and clinicians' interpersonal skills. Most patients wanted to feel involved in the decision-making process but did not want to control it.	Qualitative design limits external validity and hence limited generalisability. Recruitment rate was 50%. Recruitment was lower in primary care than in secondary care, which may have influenced the themes arising from the data. Exclusion of patients unable to converse in English may have limited the results as their decisional role preferences may have differed.

Appendix 2: Non-nursing literature related to information exchange (*continued)*

Authors	Type of study	Aims	Results	Limitations
Rogers and Todd (2002)	Qualitative	Explores the exchange of symptom and clinical information between cancer patients and oncologists in outpatient's clinics.	Patient information elicited on a hierarchy basis based on its utility in making treatment decisions rather than for symptom management. If patients gave negative information it was not addressed when positive clinical information was present and cancer treatment not indicated.	Paternalistic approach Possible Hawthorne effect as researcher sat in on consultations. However, participants were given a vague description of the purpose of the research, which may have reduced the Hawthorne effect. Small sample size limits generalisability.
Wade et al. (2000)	Qualitative based on secondary data	Examines information needs of women post-hysterectomy using secondary data for analysis.	Women wanted treatment choices and to play a part in decision-making. Women also want accurate and useful information at appropriate times.	Secondary data analysis. No means of checking data or of probing or exploring patients' perspectives as data were anonymous. Data collected in 1994 so not up to date, however hysterectomy care has not changed much since. Retrospective accounts were relied on, which is subject to bias.
Moumjid et al. (2003)	Qualitative pilot study	To assess the clinical issues addressed during the medical encounter; to assess the feasibility of the process of SDM in clinical practice; and to assess patient's desires concerning the question of who should take the decision in breast cancer treatments.	Most patients were satisfied regarding the possibility to participate in decision-making, even knowing that in France offering treatment choice is unusual. SDM is feasible in clinical practice.	Set in France where SDM is very unusual. Limited series of patients included in the study, which may have resulted in their results differing from those of others
Hubbard et al. (2007) UK	Literature review	To review the literature on cancer patients' involvement in healthcare research, policy and planning, and practice.	131 documents included in review. Patients had a lot of involvement in research but less so in policy and planning and in practice. Men, children and patients who are socially deprived were rarely involved. Training and information, resources and a change in attitudes and roles would facilitate more involvement	Due to the vast topic area the authors are aware that they may not have included all papers in the review. Not specifically about information exchange.

Appendix 2: Non-nursing literature related to information exchange (*continued)*

Authors	Type of study	Aims	Results	Limitations
Pinquart and Duberstein (2004)	Literature review	Provides an overview of age-differences in patients' preferences for participation in cancer treatment decision-making and factors that relate to the age-differences	Generally, older patients prefer less information about their illness and treatment and assume a less active role in making treatment decisions. They are also less likely to seek out information.	Not specifically about information exchange.
Ziegler et al. (2004)	Literature review	Reviewed literature in relation to patients' experiences of psychological and functional difficulties, and decision-making in patients with head and neck cancer.	Respondents wanted information readily available and delivered by a specialist. Written information was often inadequate. Patients wanted information about treatment plan at the outset rather than incrementally.	Some studies reviewed asked surgeons and nurses to identify patients' information needs, instead of using patient input.
Scott and Thompson (2003)	Literature review of quantitative literature	Examines information needs of post-MI patients and their families	Patients preferred doctors over nurses as information providers. Patients and nurses perceptions of information needs post-MI differ.	Focus more on information needs rather than information exchange Specific context of information needs post MI.. In the literature, patients have generally not been involved in the design of patients' information needs assessment instruments
Montori et al. (2006)	Theoretical discussion	To discuss the Charles et al. approach to SDM as applied to patients with chronic conditions and their clinicians.	The authors perceive differences in the types of decisions that are made in the context of chronic care for example end of life decisions and surgical treatment of cancer. Decisions in chronic care contexts more likely require an active patient role and there is likely to be a longer window of opportunity to make decisions and to revisit decisions made.	Not a research study, although areas for research are mentioned throughout. Not specifically about information exchange but about SDM of which information exchange is a part.
Charles et al. (1999) Canada	Theoretical discussion	To revisit an earlier theoretical paper and add more elements to the conceptual framework.	Identifies explicit steps; recognises that the approach adopted at the start of an interaction may change as the encounter changes; identifies other decision-making approaches; gives practical implications for practice, research and education.	The discussion is limited to patient and physician encounters and so may not be generalisable to patient encounters with other health professionals.

Appendix 3: School Research Ethics Committee approval – main study

LD/TS

UNIVERSITY OF STIRLING

11 March 2009

DEPARTMENT OF
NURSING AND MIDWIFERY

Email: nursingmidwifery@stir.ac.uk
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Len Dalgleish, PhD
Chair, Dept Research Ethics Committee

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Vivianne Crispin
Department of Nursing & Midwifery
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STIRLING
FK9 4LA

Dear Vivianne

A qualitative case study of information exchange between patients and nurses in ward settings

Thank you for submitting the clarification for your proposal, entitled as above, to me the Chair of the Departmental Research Ethics Committee on Thursday 4 March 2009.

I am pleased to advise you that your proposal has been approved.

Many thanks

Len Dalgleish, PhD
Chair

Appendix 4: NHS National Research Ethics Services approval – main study

West of Scotland REC 4

LIST OF SITES WITH A FAVOURABLE ETHICAL OPINION

For all studies requiring site-specific assessment, this form is issued by the main REC to the Chief Investigator and sponsor with the favourable opinion letter and following subsequent notifications from site assessors. For issue 2 onwards, all sites with a favourable opinion are listed, adding the new sites approved.

REC reference number:	09/S0704/26	**Issue number:**	1	**Date of issue:**	09 April 2009
Chief Investigator:	Mrs Vivianne J Crispin				
Full title of study:	A qualitative case study of information exchange between patients and nurses in ward settings.				

This study was given a favourable ethical opinion by West of Scotland REC 4 on 03 April 2009. The favourable opinion is extended to each of the sites listed below. The research may commence at each NHS site when management approval from the relevant NHS care organisation has been confirmed.

Principal Investigator	*Post*	*Research site*	*Site assessor*	*Date of favourable opinion for this site*	*Notes (1)*
Mrs Vivianne J Crispin	Postgraduate Research Student	Glasgow Royal Infirmary	West of Scotland REC 4	09/04/2009	

Approved by the Chair on behalf of the REC: Evelyn Macfadyen ..... (Signature of Co-ordinator)

Appendix 5: NHS Research and Development approval – main study

Research & Development Directorate
NHS Greater Glasgow and Clyde
The Tennent Institute
WIG, 38 Church Street
Glasgow
G11 6NT

NHS
Greater Glasgow and Clyde

Mrs Vivianne J Crispin
Postgraduate Research Student
Department of Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA

Date 12 June 2009
Your Ref
Our Ref MT/GP/approve

Direct Line 0141 211 6389
Fax 0141 211 2811
Email maureen.travers@ggc.scot.nhs.uk

Dear Mrs Crispin,

Reference Number: **GN09NR193**
Project Title: **A qualitative case study of information exchange between patients and nurses in ward settings.**
Chief Investigator: **Mrs Vivianne J Crispin**

I am pleased to confirm that Greater Glasgow & Clyde Health Board is now able to grant **Management Approval** for the above study.

As a condition of this approval the following information is required during the lifespan of the project:

1. SAES/SUSARS – If the study is a **Clinical Trial** as defined by the Medicines for Human Use Clinical Trial Regulations, 2004 (CTIMP only)
2. Recruitment Numbers on a quarterly basis (not required for commercial trials)
3. Any change of Staff working on the project named on the ethics form
4. Change of CI
5. Amendments – Protocol/CRF etc
6. Notification of when the Trial / study has ended
7. Final Report
8. Copies of Publications & Abstracts

Please add this approval to your study file as this letter may be subject to audit and monitoring.

Yours sincerely

Maureen Travers

Dr Maureen Travers
Academic Research Co-ordinator

Appendix 6: Letter to Director of Nursing

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Vivianne Crispin

Postgraduate Research Student
Dept of Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 466383
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16th February 2009

Mr Rory Farrelly
Director of Nursing for Acute Services
Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Dear Mr Farrelly

Subject: A qualitative case study of information exchange between patients and nurses in ward settings.

I am a PhD student at the University of Stirling undertaking a qualitative project exploring information exchange between patients and nurses relating to routine nursing care. I am looking for your support in conducting the project in NHS Greater Glasgow and Clyde. Specifically, I would like to conduct the research in medical and surgical wards in Glasgow Royal Infirmary.

Information exchange has previously been studied in the context of out-patient clinics, and GP surgeries, however, this study will be the first of its kind in looking at the process of information exchange in ward settings. The study is being carried out in two stages: a pilot study, followed by the main study. The pilot study is currently underway in NHS Forth Valley, and it is the main study that I wish to carry out in Glasgow Royal Infirmary.

NHS ethics and R&D approval was granted for the pilot study and will be sought for the main study, once the necessary amendments are made following the pilot. I will send you copies of the relevant letters once approval has been obtained. What I would like to do at this point is to raise the awareness of the study with the senior nurses at Glasgow Royal Infirmary and discuss the best ways to move forwards for when final permissions are in place.

I have enclosed the main study proposal, along with supporting documentation, for your information. The key issues I would like to draw to your attention are:

- Data collection involves observing nurse-patient interactions. I will be present within the ward environment to undertake observations and interviews.
- Only patients and nurses who have consented will be observed and asked to take part in interviews.
- The study involves patients and nurses – clinicians and other AHP's are not included.

- A radio-controlled microphone system will be used for recording observations, therefore I will be able to maintain a reasonable distance from the patient.
- If possible, I would like to be able to interview patients and nurses in private. Therefore, I would like to be able to use a room in, or near the ward if one is available.
- Posters and leaflets informing all staff and visitors to the ward of the study will be clearly displayed within the ward area. I have enclosed one of these posters for your information.

I would be delighted to come in and discuss the project with you and/or your senior team further. If you require any further information in order to reach a decision about your support (pending permissions) please do not hesitate to get in touch. If your support is given I will write to the lead medical and surgical nurses in GRI in order to raise their awareness of the study.

I look forward to hearing from you.

Yours sincerely,

Vivianne Crispin
Postgraduate Research Student
University of Stirling

CC Dr Carol Bugge – Principal Supervisor, University of Stirling
Dr Kath Stoddart – Additional Supervisor, University of Stirling
Maureen Travers – R&D officer, NHS Greater Glasgow and Clyde

Appendix 7: Sample letter to Heads of Nursing

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Vivianne Crispin

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E-mail: v.j.crispin@stir.ac.uk

26th February 2009

(This letter is being sent as an e-mail)

Subject: A qualitative case study of information exchange between patients and nurses in ward settings.

Dear Joyce Brown/Lesley Meikle

I am a PhD student at the University of Stirling undertaking a qualitative project exploring information exchange between patients and nurses relating to routine nursing care. I am looking for your support in conducting the project in NHS Greater Glasgow and Clyde. Specifically, I would like to conduct the research in medical and surgical wards in Glasgow Royal Infirmary.

The study is being carried out in two stages: a pilot study, followed by the main study. The pilot study is currently underway in NHS Forth Valley, and it is the main study that I wish to carry out in Glasgow Royal Infirmary.

As you are aware, I have received support for this project from Rory Farrelly, the Nursing Director. Furthermore, NHS ethics and R&D approval was granted for the pilot study and will be sought for the main study, once the necessary amendments are made following the pilot. I will send you copies of the relevant letters once approval has been obtained.

What I would like to do at this point is to meet with you to discuss the best ways to move forwards for when final permissions are in place.

I have attached the main study proposal, along with supporting documentation, for your information. The key issues I would like to draw to your attention are:

- Data collection involves observing nurse-patient interactions. I will be present within the ward environment to undertake observations and interviews.
- Only patients and nurses who have consented will be observed and asked to take part in interviews.
- The study involves patients and nurses – clinicians and other AHP's are not included.
- A radio-controlled microphone system will be used for recording observations; therefore I will be able to maintain a reasonable distance from the patient.

- If possible, I would like to be able to interview patients and nurses in private. Therefore, I would like to be able to use a room in, or near the ward if one is available.
- Posters and leaflets informing all staff and visitors to the ward of the study will be clearly displayed within the ward area. I have attached one of these posters for your information.

I would be delighted to come in and discuss the project further with you. In order to expedite the study, and apply for ethical and management approval timeously, I wondered if it would be possible to meet with you before the 18th of March 2009.

If you require any further information please do not hesitate to get in touch.

I look forward to hearing from you.

Yours sincerely,

Vivianne Crispin
Postgraduate Research Student
University of Stirling

CC Dr Carol Bugge – Principal Supervisor, University of Stirling
Dr Kath Stoddart – Additional Supervisor, University of Stirling
Maureen Travers – R&D officer, NHS Greater Glasgow and Clyde
Anne Irvine – PA to Rory Farrelly

Appendix 8: Sample letter to Lead Nurses

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Vivianne Crispin
Postgraduate Research Student
Dept of Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 466383
E-mail: v.j.crispin@stir.ac.uk

16th June 2009

Dear

Subject: A qualitative case study of information exchange between patients and nurses in ward settings.
Researcher: Vivianne Crispin

Further to our discussions regarding the above project, I would like to take this opportunity to formally thank you for your support. I have now received a favourable ethical opinion for the study, management approval from Dr Maureen Travers, the R&D Officer for NHS GG&C, and an honorary research contract from Professor Chris Packard, the R&D Director. Copies of these letters are enclosed.

I have now had the opportunity to discuss the project with lead nurses and ward managers from orthopaedics, urology and general surgery, and I am delighted at the positive support you have all given me. As final permissions are now in place, I will email the relevant ward managers requesting the names of the registered nurses currently working in their wards, in order that the recruitment of nurses can get underway.

I anticipate that the recruitment and consent process will commence in late June 2009, and data collection will begin once written consent has been formally obtained from the participants.

Thank you once again for your support.

Yours sincerely

Vivianne Crispin
Postgraduate Research Student
University of Stirling

Enc. Letter of favourable ethical opinion
NHS GG&C R&D Management approval letter
Honorary Research Contract

CC Dr Carol Bugge – Principal Supervisor, University of Stirling
Dr Kath Stoddart – Additional Supervisor, University of Stirling

UNIVERSITY OF STIRLING

SCHOOL OF NURSING, MIDWIFERY AND HEALTH

Information sheet for nurses

A qualitative case study of information exchange between patients and nurses in ward settings.

Version 3: 18/3/09

Introduction

You have been invited to participate in a research study. Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information below. If you want more information, or have any queries about any of these points, please contact me on the telephone number overleaf.

What is the purpose of this project, and who is supporting it?

The study is a postgraduate student research project, which is supervised by Dr Carol Bugge and Dr Kath Stoddart at the Department of Nursing and Midwifery at the University of Stirling. The study is supported by a PhD studentship at the University of Stirling. The purpose of the study is to examine the information that patients and nurses tell one another about routine nursing care, and their views on that interaction. The study will run from April 2009 – April 2010.

Why have I been chosen?

You have received this invitation because you are a registered nurse, and you work in a surgical or medical ward in NHS Greater Glasgow and Clyde. As part of your job, you are interacting with patients on a day-to-day basis.

Do I have to take part?

Taking part in the study is voluntary, and it is entirely up to you whether or not to take part. I hope to meet with nurses in a group setting, offering you the opportunity to ask questions about this study, and clarifying any issues that you may have. If you are unable to attend the meeting but wish to get more information, I can meet with you individually at a time and place convenient for you. You can contact me on the number provided overleaf.

If you wish to take part, you can sign the consent form after the meeting and put it in the envelope provided, either for me to collect from your ward, or to post the signed consent form directly to me. If I have not heard from you after one week of the meeting, I will visit the ward to remind you of the study, and ask if you are willing to take part. If at this time you decide you do not want to take part, no further contact will be made.

Once you have signed the consent form, if you change your mind at any time, you are free to withdraw from the study, and without having to give a reason.

What will happen to me if I take part?

During your shift I will be sitting in the ward area observing and recording short sessions of communication between you and a patient you are caring for, in relation to the type of information that is shared between you. I will not be observing your hands-on nursing practice. During this stage of the study I will be audio-recording the interaction, and taking notes. Following the observations, I will interview you and the patient individually. The interview will also be audio-recorded.

The kind of questions I will ask you will be about the type and amount of information you have received. I am interested in whether or not you feel that the information you receive from the patient is sufficient for you. I will also want to explore how much

information you shared with the patient. The interview will take approximately 5-10 minutes, and will take place as soon as possible after the interaction at a time convenient to you. I will use the notes from my observations to prompt you. If you change your mind, any interaction between you and the patients in the ward will not be included in this study. Likewise, I will only be able to observe interactions, and conduct interviews with you if the patient has agreed to take part. In the highly unlikely event that I observe evidence of serious misconduct, I will inform the nurse in charge.

Will my taking part in the study be kept confidential?

Yes. I will audio-record each interaction, and take notes, during the observation stage, and the interview will also be recorded. Any irrelevant or identifiable information recorded will, if possible, be deleted, and will not be used in any way in the study. All notes and recordings have numbers, not names. All audio-recordings and any written records will be kept in a secure, locked environment for the duration of the study. Once the study is completed and the data is analysed, all audio-recordings will be destroyed. All written records will be archived in the University of Stirling for five years. Thereafter, they will be destroyed. My supervisors at Stirling University will monitor the study. You will not be identified in any written reports. Any quotes used from the recordings will be anonymised by the use of codes and false names. All identifiable information will be kept strictly confidential, known only to the researcher and the supervisors.

Who has approved this study?

This study has been reviewed by a NHS Research Ethics Committee which has responsibility for scrutinising proposals for medical research on humans, in accordance with the requirements of the Clinical Trials Regulations. In this case, the reviewing Committee was the Glasgow Royal Infirmary Ethics Committee who have raised no objections from the point of view of medical ethics. The study has also been approved by Stirling University Research Ethics Committee, and by NHS Greater Glasgow and Clyde Research and Development Office.

REC Reference Number: 09/S0704/26

Thank you for taking time to consider taking part in the study.
If you have any questions about the study please contact:

Vivianne Crispin
PhD Student/Principal Investigator
School of Nursing, Midwifery & Health
R. G. Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466383
E-mail: v.j.crispin@stir.ac.uk

Dr Carol Bugge
Senior Lecturer/Principal supervisor
School of Nursing, Midwifery & Health
R. G. Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466109
E-mail: carol.bugge@stir.ac.uk

Appendix 10: Nurse invitation letter – main study

UNIVERSITY OF STIRLING

SCHOOL OF
NURSING, MIDWIFERY
AND HEALTH

Vivianne Crispin
01786 466383

Dear

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings.
Name of Researcher: Vivianne Crispin

You are invited to participate in a research study. You have received this invitation because you are a registered nurse, and you work in a surgical or medical ward in NHS Greater Glasgow and Clyde. As part of your job, you are interacting with patients on a day-to-day basis.

Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information on the enclosed information sheet. Feel free to talk to others about this study if you wish.

If you want more information, or have any queries about any of these points, please contact me on the telephone number above. If you wish further information about this study from my academic supervisor, feel free to contact Dr Carol Bugge on 01786 466109. The independent contact for this study is Professor Lauder who can be contacted on 01786 466345. Professor Lauder will be able to talk to you about taking part in research in general, myself and Dr Bugge will be able to talk to you about this project specifically.

Thank you for taking the time to consider taking part in this project.

Yours sincerely,

Vivianne Crispin
PhD Student
University of Stirling

Version 3 18/3/09 REC Reference Number: 09/S0704/26

Appendix 11: Nurse consent form – main study

UNIVERSITY OF STIRLING

SCHOOL OF NURSING, MIDWIFERY AND HEALTH

CONSENT FORM – Nurses

ID no.:

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings.
Name of Researcher: Vivianne Crispin

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version .....) for the above study. I have had the opportunity to consider the information and ask questions, and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason ☐
3. I understand that data collected during the study may be looked at by individuals from the University of Stirling, only where it is relevant to my taking part in this research ☐
4. I consent to interactions with patients regarding their treatment and care being observed by the principal researcher. I am aware of my rights under the Data Protection Act (1998), which states that any audio-recordings or written material taken at the observation will be kept locked and secure. ☐
5. I consent to being interviewed by the researcher. I am aware of my rights under the Data Protection Act (1998), which states that any audio-recordings or written material taken at the interview will be kept locked and secure ☐
6. I consent to things that I say as part of this study being used in the final report. I am aware that these quotes will be anonymised by the use of codes and false names so that I cannot be identified. ☐
7. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

When completed, 1 for participant; 1 (original) for researcher site file.

Version 3. 22/4/09 REC Reference Number: 09/S0704/26

UNIVERSITY OF STIRLING

SCHOOL OF
NURSING, MIDWIFERY
AND HEALTH

Information sheet for patients

A qualitative case study of information exchange between patients and nurses in ward settings

Version 3. 22/4/09

Introduction

You have been invited to take part in a research study. Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information below. If you want more information, or have any queries about any of these points, please contact me on the telephone number overleaf.

What is the purpose of this project, and who is supporting it?

The study is part of a postgraduate student research project, which is supervised by Dr Carol Bugge and Dr Kath Stoddart at the Department of Nursing and Midwifery at the University of Stirling. The study is supported by the University of Stirling, and the researcher is carrying out this project to study for a PhD.

The purpose of the study is to look at the information that patients and nurses tell one another about routine nursing care, and to find out their views on their discussions.

The study will run from April 2009 – April 2010.

Why have I been chosen?

You have received this invitation because you have been admitted to hospital during the study dates. Male and female adult patients admitted to medical and surgical wards in NHS Greater Glasgow and Clyde have been invited to take part if they are considered well enough.

Do I have to take part?

Taking part in the study is voluntary, and it is entirely up to you whether or not to take part. If you are interested in taking part, please tell the nurse looking after you. The nurse will contact me and I will arrange to meet you. At this meeting you will be given the opportunity to ask questions about the research and, if you are still willing to take part, to sign a consent form.

If you change your mind at any time, you are free to withdraw from the study, without having to give a reason.

What will happen to me if I take part?

During your hospital admission, I will be sitting in the ward area watching and audio-recording discussions between you and the nurses caring for you. A small microphone will be placed on your bedside table and will only

be made live when the nurse taking part comes to talk to you. I will turn the microphone on and off from another area in the ward. I will be listening to the type of information that is shared between you and the nurse. During this stage of the research I will be taking notes.

Following the observations, I will interview you and your nurse individually. The interview will also be audio-recorded. The kind of questions I will ask you will be about the type and amount of information you have received. I am interested in whether or not you feel you have received enough information for your needs. I will also want to look at how much information you shared with the nurse. The interview will take about 20-30 minutes, and will take place in a quiet room in or near your ward, or beside your bed.

If you change your mind, any interaction between you and the nurses in the ward will not be included in this study. Likewise, I will only be able to observe interactions, and conduct interviews with you if the nurse looking after you has agreed to take part.

Will my taking part in the study be kept confidential?

Yes. I will audio-record each interaction, and will take notes during your discussions with the nurse. The interview will also be audio-recorded. You can ask for the recording machine to be switched off at any time. Any irrelevant information, or any information recorded that may identify you, will, if possible, be deleted, and will not be used in any way in the study. Likewise, any comments picked up from patients who have not consented to take part will not be used.

The nurse will not be told your answers to my questions in the interview. All notes and audio-recordings have numbers, not names.
All notes and audio-recordings will be kept locked and secure, during the study. Once the study is finished and the notes are analysed, all audio-recordings will be immediately destroyed. All written notes will be kept locked in the University of Stirling for five years. After five years they will be destroyed.

My supervisors at Stirling University will follow the study. You will not be identified in any written reports.
Codes and false names will be used if any quotes are used in reports. All identifiable information will be kept strictly confidential, known only to the researcher and the supervisors.

Who has approved this study?

This study has been reviewed by a NHS Research Ethics Committee which has the responsibility for scrutinising proposals for medical research on

humans, in accordance with the requirements of the Clinical Trials Regulations. In this case, the reviewing Committee was the Glasgow Royal Infirmary Research Ethics Committee who have raised no objections from the point of view of medical ethics.

The study has also been approved by Stirling University's Department of Nursing and Midwifery Research Ethics Committee, and by NHS Greater Glasgow and Clyde Research and Development Office.

REC Reference Number: 09/S0704/26

Thank you for taking time to consider taking part in the study.
If you have any questions about the study please contact:

Vivianne Crispin
PhD Student/Principal Investigator
Dept of Nursing and Midwifery
R. G. Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466383
E-mail: v.j.crispin@stir.ac.uk

Dr Carol Bugge
Senior Lecturer/Principal supervisor
Dept of Nursing and Midwifery
R. G. Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466109
E-mail: carol.bugge@stir.ac.uk

Appendix 13: Patient invitation letter – main study

UNIVERSITY OF STIRLING

SCHOOL OF
NURSING, MIDWIFERY
AND HEALTH

Vivianne Crispin
01786 466383

Dear

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings.
Name of Researcher: Vivianne Crispin

You are invited to participate in a research study. You have received this invitation because you have been admitted to hospital during the study dates. Male and female adult patients admitted to a medical or surgical ward in NHS Greater Glasgow and Clyde have been invited to take part if they are considered well enough.

Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information on the enclosed information sheet. Feel free to talk to others about this study if you wish.

If you want more information, or have any queries about any of these points, please contact me on the telephone number above. If you wish further information about this study from my academic supervisor, feel free to contact Dr Carol Bugge on 01786 466109. The independent contact for this study is Professor Lauder who can be contacted on 01786 466345. Professor Lauder will be able to talk to you about taking part in research in general, myself and Dr Bugge will be able to talk to you about this project specifically.

Thank you for taking the time to consider taking part in this project.
Yours sincerely,

Vivianne Crispin
PhD Student
University of Stirling

Version 2 4/3/09 REC Reference Number: 09/S0704/26

Appendix 14: Patient consent form – main study

UNIVERSITY OF STIRLING

SCHOOL OF NURSING, MIDWIFERY AND HEALTH

CONSENT FORM – Patients

ID no.:

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings.
Name of Researcher: Vivianne Crispin

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information and ask questions, and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that data collected during the study may be looked at by individuals from the University of Stirling, only where it is relevant to my taking part in this research. ☐
4. I consent to interactions with nurses regarding my treatment and care being observed by the principal researcher while I am an in-patient in a ward. I am aware of my rights under the Data Protection Act (1998), which states that any audio-recordings or written material taken at the observation will be kept locked and secure. ☐
5. I consent to being interviewed by the researcher. I am aware that the interview will be recorded and I am aware of my rights under the Data Protection Act (1998), which states that any recordings or written material taken at the interview will be kept locked and secure. ☐
6. I consent to things that I say as part of this study being used in the final report and I am aware that these quotes will be anonymised by the use of codes and false names so that I cannot be identified. ☐
7. I agree to take part in this study ☐

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

When completed, 1 for patient; 1 for researcher site file

Version 3. 22/4/09 REC Reference Number: 09/S0704/26

Appendix 15: Semi-structured observation schedule

Study title: A qualitative case study of information exchange between patients and nurses in ward settings.
Name of researcher: Vivianne Crispin

This loosely structured observation schedule is designed to highlight the type of interactions taking place, and to reflect the characteristics of the type of information that could be exchanged about routine nursing interventions. The observations will be audio-recorded, and hence the observation schedule will be used to facilitate narrative field note-taking as applicable to each interaction. Clarification of points observed will be sought during interview.

A. Type of interaction taking place:
A.1. One which relates to a clinical intervention
A.2. One which relates to a non-clinical intervention
A.3. Other

B. Type of information shared/provided:
B.1. Patient's social context
B.2. Condition or natural history of disease
B.3. Patient's lay knowledge of disease/condition
B.3. Risk factors for disease/condition
B.4. Treatment/intervention – options, risks, benefits
B.5. Patient's preferences
B.6. Patient's emotional concerns
B.7. Possible outcomes of treatment/intervention
B.8. Follow-up care
B.9. Other

C. Direction in which information flows (map of interactional flow):
E.g. Nurse → patient, patient → nurse, or nurse ↔ patient.

D. Information exchange:
D.1. Interaction evidences elements of information exchange
D.2. Interaction does not evidence elements of information exchange
D.3. Other relevant features relating to information exchange
E.g. interruptions, inclusion of third party

Appendix 16: Observation research in ward settings

Authors, year & country	Topic	Research methods	Participant group/setting	Sample & size (observations only)	Data collection (observations only)	Data recording
Gordon et al. (2009) UK	Explores how nursing staff & patients with aphasia or dysarthria communicate with each other in natural interactions on a stroke ward	1)Observation 2)Discourse analysis	**Patients and nurses** from: a stroke rehabilitation ward and an acute stroke ward	5 patients 14 nursing staff	Recording periods of 1-3 hrs over 4months on various days at various times of the day. Camera near to bedside but obstructed when bedside curtains drawn. Proximity: **close**	**Written form:** Field notes **AV form:** Video-tapes
Palese et al. (2009) Italy	Examines the frequency and perceived risk of interruptions to nurses during drug rounds	1)?Non-participant observation (but not explicitly stated) 2)Interviews	Registered **nurses**/ 7 surgical wards	?no. of nurses (not explicitly stated)	56 drug rounds were observed: 8 per ward; randomly selected during 3 month period; randomised times for observation. Proximity: **unspecified**	**Written form:** Structured observation grid
Chaboyer et al. (2008) Australia	Comparing activities undertaken by RN's and EN's.	1)Non-participant observation	Registered **nurses** and enrolled **nurses**/ 4 medical wards across 2 hospitals	114 nurses: 25 EN's and 89 RN's	Work sampling technique; random intermittent observation; Observations lasted maximum of 2hrs, & work activities sampled at 10min intervals. Proximity: **unspecified**	**Written form:** structured observation schedule
Chan et al. (2008) Hong Kong	Learning from the severe acute respiratory syndrome (SARS) epidemic	1)Non-participant observation 2)Focus groups 3)Questionnaires 4)Hand hygiene audit	Registered **nurses**/ 3 wards: orthopaedic; urology; and medical.	3,491 observations of nursing practice	Work sampling technique; randomly selected days; morning and evening care periods of 8hrs. Proximity: **unspecified**	**Written form:** structured observation schedule

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
Chan et al. (2008) Hong Kong	Learning from the severe acute respiratory syndrome (SARS) epidemic	1)Non-participant observation 2)Focus groups 3)Questionnaires 4)Hand hygiene audit	Registered **nurses**/ 3 wards: orthopaedic; urology; and medical.	3,491 observations of nursing practice	Work sampling technique; randomly selected days; morning and evening care periods of 8hrs. Proximity: **unspecified**	**Written form:** structured observation schedule
Dickinson et al. (2008) UK	Action research to improve hospital mealtime experience for older people	1)Non-participant observation 2)Action research 3)Focus groups 4)Interviews 5) Benchmarking.	**Nurses**/ Ward caring for older people with complex nursing care needs	6 observations of meal times including nurse activity.	Breakfast, lunch and supper included. Location of eating, nurse involvement and activity, and duration of mealtimes was observed. Proximity: **unspecified**	**Written form:** structured observation schedule
Hamilton & Manias (2008) Australia	Addresses controlling aspects of psychiatric nursing	1)Participant observation 2)Individual interviews 3)Focus groups 4)Transcriptions of patient files	Psychiatric **nurses**/ Acute psychiatric unit	11 nurses 1 researcher as part time nurse.	180 hrs of participant observation. Proximity: **close**	**Written form:** Reflexive journal.
Kydd, A. (2008) UK	Delayed discharge	1)Participant observation 2)Interviews with patients	Elderly **patients**/ elderly care ward	14 patients in total, (3 reported in this paper)	Conversations with patients as a visitor over a year, observing practice on the ward. Proximity: **close**	**Written form:** Field notes

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
Lomborg et al. (2008) Denmark	Provides a theoretical account of professional nursing challenges involved in providing care to patients suffering from chronic obstructive pulmonary disease	1) Participant observation	**Patients & nurses/**	12 patients 4 nurses	Observation of 12 cases of nurse-patient interactions. Proximity: **unspecified**	**Written form:** Field notes **AV form:** Audio-recorded
Miller et al. (2008) Canada	To study nursing emotion work and inter-professional collaboration	1)Non-participant observation 2)Semi-structured interviews	**Nurses**; doctors; AHP's/ medical wards across 3 hospitals	1 nurse 2 doctors 2 AHP's	Ward activities and meetings were observed. In addition, participants were shadowed for 1hr periods. Proximity: **unobtrusive**	**Written form:** Field notes
Rischel et al. (2008) Denmark	Identifying patterns of professional competence	1)Non-participant observation	**Patients & nurses**/ orthopaedic ward	12 patients being admitted, involving 4 nurses (2 experienced and 2 inexperienced)	Data collected each time a change in situation occurred e.g. when subject of conversation or facial expression changed. Proximity: **close,** but avoiding eye contact	**Written form:** Structured observation schedule
Berg et al. (2007) Sweden	How a caring relationship is formed in a medical context.	1)Participant observation	**Patients & nurses**/ County hospital medical ward	51 patients – 28M & 23F 10 female registered nurses. 177 encounters in total	Researcher worked on the ward in a reduced capacity role. Timescale – 4 month period Proximity: **close**	**Written form:** Field notes

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
Casey (2007) Ireland	Health promoting practice in acute hospital setting	1)Non-participant observation 2)Interviews with nurses	**Nurses & patients**/ acute surgical ward	8 nurses 8 patients (focus of study on nurses)	Observation of eight nurse/patient interactions Proximity: **close, followed the nurse**.	**Written form:** Observation guidelines. **AV form:** Audio-recorded (digital recorder & microphone attached to nurses uniform)
Ellefsen et al. (2007) Korea, USA & Norway	Nursing gaze as framework for nursing practice	1)Participant observation 2)In-depth interviews 3)Reviews of documentation	Registered **nurses**/ medical and surgical wards across three countries	Between 4 & 6 experienced nurses from each setting.	3 shifts worked with each nurse. Timescale – between 126 & 144 hrs per country. Proximity: **close**	**Written form:** Field notes
Friberg et al. (2007) Sweden	Pedagogical encounters between nurses and patients.	1)Non-participant observation 2)Interviews with patients	**Nurses & patients**/ Medical ward	15 **nurses**,	Day and night shifts were observed 3-4hrs per session. 173hrs observed over 34 occasions Proximity: **close, shadowed the nurse**	**Written form:** Field notes
Henderson et al. (2007)	To explore what constitutes nurse–patient interactions	1) Non-participant observations	**Patients & nurses**	35 patients (11 male, 24 female) No. of nurses	Proximity: **unobtrusive**	**Written form:** Field notes

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
Australia	and to ascertain patients' perceptions of these interactions.	2) Interviews with patients		unknown		
Jones A. (2007) UK	Explores the nurse's role of initial assessment of patients being admitted to hospital.	1)Ethnographic observation 2)analysis of written documentation 3)Conversation analysis	**Patients and nurses** from: two medical, one surgical, one neurology, and one cardiology wards.	Patients and nurses: 45 assessment interviews were observed, 27 were audiotaped. No participant took part more than once	125 hrs and 21 mins of observational data 10hrs and 21mins of audiotapes, Proximity: **unspecified**	**Written form:** Field notes **AV form:** Audio-tapes
Sorensen & Iedema (2007) Australia	Advocacy at end of life.	1)?Participant observation (but not explicitly stated) 2)Interviews 3)Focus groups 4)Patient case studies	**Patients & nurses** & other AHP's/ intensive care unit	Observation was of 3 ward rounds with 11 participants, plus 6 family conferences with 15 participants.	Observation of **unit practice** carried out over an initial 2week period then periodically over 2yrs with visits several times a week. Proximity: **unspecified**	**Written form:** Field notes
Brown & McCormack (2006) UK	Examining pain management practices	1)Non-participant observation 2)Interviews 3)Questionnaires	**Patients & nurses**/ colorectal unit of acute hospital (2 wards)	46 patients 39 nurses	Observation of nursing practice and nursing handovers. Proximity: **unspecified**	**Written form:** Field notes
Chan et al. (2006)	An evaluation of nursing models in the context of	1)Non-participant observation	**Nurses** & other AHP's/ medical and fever	4 nurses	Direct and continuous observations from 7-11am.	**Written form:** Workflow observation

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
Hong Kong	the SARS outbreak.	2)Vignettes 3)Interviews	wards	4 nurses	Proximity: **close, followed the nurses**	schedule
Hummelvoll & Severinsson (2005) Norway	To reflect on experiences of using co-operative inquiry.	1)Participant observation 2)Interviews 3)Questionnaires 4)Focus groups 5)Field notes	**All ward staff**/ Acute mental health setting	All ward staff – no specific number stated. 120 hrs of observation	Focus on nursing activities. 120 hrs of observation, days and evenings Proximity: **close**	**Written form:** Field notes
Manias et al. (2005) Australia	Describing how graduate nurses use protocols in medication management activities.	1)Non-participant observation 2)In-depth interviews 3) Transcriptions of medication management protocols.	**Nurses/ d**ifferent clinical settings – not specified	12 graduate **nurses** – 1M & 11F	Each nurse was observed for 2hrs. Times for observations randomly selected, but at time of giving medication. Proximity: **close**	**Written form:** Observation schedule **AV form:** Portable tape recorder
Zeitz (2005) Australia	To describe what constitutes post-op nursing monitoring during initial 24hrs post-op period on the ward.	1)Non-participant observation	**Patients & nurses**/ general surgical units in 2 different hospitals	81 patients Number of nurses unknown Nurses were consented – patients and families were informed.	Nursing practice (obs of post op patients) was observed for maximum observation periods of 4hrs/day Proximity: **unobtrusive**	**Written form:** Structured observation schedule

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
Mantzoukas & Jasper (2004) UK	Reflective practice and daily ward reality: a covert power game.	1)?Participant observation (but not explicitly stated) 2)Interviews 3)Written reflective accounts 4)Qualitative content analysis	**Nurses**/ 4 medical wards in 2 hospitals	16 nurses	Observation of each nurse caring for two patients per nurse Proximity: **unspecified**	**Written form:** Field notes
Tutton & Seers (2004) UK	To investigate the meaning of 'comfort' to older people in hospital, and their health care workers	1)Participant observation 2)Interviews	**Patients & nurses**/ rehabilitation ward for older people – mainly stroke rehabilitation	Number of participants for observations unknown.	16shifts (130hrs) covering 24hr care and weekly ward visits were undertaken. Proximity; **unspecified**	**Written form:** Field notes
Henderson (2003) Australia	Exploring and describing nurses and patients views on partnership in care	1)Participant observation 2)Interviews	**Patients & nurses**/ acute medical, acute surgical and extended care wards	Number of participants for observations unknown.	142 hrs of observation in each of 4 hospitals Proximity: **unobtrusive or close, followed the nurses**	**Written form:** Field notes **AV form:** Main points of observations were later audio-recorded by the researcher.
Taxis & Barber (2003)	To determine the incidence and clinical importance of errors in the	1)Disguised observation	**Nurses** & doctors/ range of settings (10 wards) across a	113 nurses 1 doctor	430 observations were carried out over a period of 76 days. Nurses were	**Written form:** Validated scale

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
UK	preparation and administration of IV drugs, and the stages of the process in which errors occur.	2)Informal conversation with staff	university teaching hospital and a non-teaching general hospital		accompanied by researcher during IV drug rounds. Proximity: **close**	
Georges et al. (2002) Netherlands	To elicit how palliative care nurses perceive their role in an academic hospital.	1)Participant observation 2)Interviews	**Nurses**/ palliative care ward in academic hospital	Number of nurses unspecified.	Researcher worked with one nurse for a full day, over a 35 day period. Proximity: **close**	**Written form:** Filed notes
Irving K. (2002) Australia	To provide an interpretation on how restraint use is maintained and legitimised despite negative reports and ethical questioning	1) Particiant observations 2)Non-participant observations 3)Interviews 4)Analysis of documentation 5)Discourse analysis	**Patients and nurses** Lacks detail in how many patients and nurses involved in the whole study, but paper reports on one case from the study. This case is of a man admitted to an acute medical ward.	1 patient At least 4 staff members	60 hrs participant observation; 6 hrs non-participant observation; formal and informal interviews with staff. Proximity: **unspecified**	**Unspecified** – it is unclear whether or not the written data was only in the form of documentation or whether the researcher also made notes. The paper also lacks detail on audio-recording. It's possible that the interviews were recorded but not the actual observations.
King & Clark (2002)	To explore & identify nurses' clinical expertise in surgical ward and	1)Non-participant observation 2)Interviews	**Nurses**/ 4 surgical wards and 2 intensive care units	61 nurses	Researcher observed nurses' postoperative assessments of patients	**Written form:** Field notes

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
UK	intensive care unit settings				returning from surgery Proximity: **close, follows the nurses**	
Lyytinen et al. (2002) Finland	To determine what kind of care older patients receive during first 72hrs after admission.	1)Non-participant observation	**Patients & nurses**/ hospital ward unspecified	5 patients Number of nurses unspecified	Researcher continually present for the 72hrs after admission except night shift. Focus on the patients. Proximity: **unspecified.**	**Written form:** Field notes
Manias et al. (2002) Australia	Investigates nurse-patient interactions associated with pain assessment and pain management in postsurgical patients	1) Observations	**Nurses & patients/**	12 nurses No. of patients unknown	41 activities relating to pain observed over 12x2hour observation periods Proximity: **unspecified**	**AV form:** Head mounted audio recorder recorded researcher's rapid descriptions of activities observed.
Booth et al. (2001) UK	To compare the interventions of qualified nurses and occupational therapists during morning care of stroke patients	1)Non-participant observation	**Patients & nurses & OT's**/ stroke unit	10 patients 10 nurses (7 registered, 3 enrolled) Number of OT's unspecified.	20 observations recorded. Researcher seated beside the patient. Focus on the patient. Proximity: **close**	**Written form:** Observation schedule
Lundgren &	To investigate allocation of	1)Non-participant	**Nurses**/ one medical-	20 nurses (10	Researcher followed nurses	**Written form:**

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
Segesten (2001) Sweden	nursing time & organisation of nursing activities, and whether or not allocation and organisation have changed over time.	observation	surgical ward	nurses observed at each observation period, however it's possible that nurses at the first observation period were the same as those at the second observational period.	for a full shift. One nurse a day was followed for a period of 10 days, then same again after an interval of 2yrs. Proximity: **close, follows the nurse**	Field notes
Rycroft-Malone et al. (2001) UK	Education of patients about medication	1) Non-participant observations 2) Post interaction interviews	**Nurses & patients/** ward, community and clinic settings	No. of participants unspecified	Five interactions recorded in the ward setting. Proximity: **unspecified**	**Written form:** Field notes **AV form:** Audio-recorded
Bucknall (2000) Australia	To observe and describe the decision-making activities of critical care nurses in natural clinical settings	1)Non-participant observation 2)Questionnaire	**Nurses**/ urban & rural critical care settings	18 nurses	Nurses were observed in routine clinical practice for 2hrs immediately after the handover. Proximity: **close, shadows the nurse**	**AV form:** Audio-recorder recording running commentary by the researcher. Not recording actual interactions
Davies et al. (2000)	An evaluation of educational programmes	1)Non-participant observation	**Nurses**/ Range of practice environments	30 nurses	87 observation periods, each lasting a minimum of	**Written form:** Field notes and

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
UK	in the nursing care of older people		and caring for older people		3hrs. More than 1000 separate care events. Each care event observed in its entirety. Proximity: **unspecified (but probably close, from description offered)**	observation schedule
Dowsell et al. (2000) UK	Adjusting stroke patients poor position	1)Non-participant observation	**Patients & nurses & other staff.** Elderly care rehabilitation ward	Number of participants unclear. Reported in terms of observation hours.	Time sampling. Observation of nursing practice, followed by teaching good practice, followed by further observation of nursing practice. 1st period of observation was 191 patient hours; the 2nd period of observation was 189 patient hours. Proximity: **unobtrusive**	**Written form:** Observation schedule
Pound & Ebrahim (2000) UK	To identify aspects in the process of care that might help explain the improved outcomes associated with stroke units	1)Non-participant observation	**Registered nurses, assistant nurses and patients**/ one stroke, one elderly care and one medical ward.	146 observation hours. Number of participants unspecified.	Observation of 'information rich' events Proximity: **unspecified**	**Written form:** Field notes and observation schedule
Chien (1999) Hong Kong	Seeks to identify the values and factors influencing the decision-making of psychiatric nurses in applying	1)Partial participant observation 2)Interviews	**Nurses**/ male psycho geriatric ward	8 registered nurses	2hr observation session scheduled at different time spans in ten consecutive days	**Written form:** Observation schedule Field notes

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
	physical restraints to their elderly patients.	3)Examination of clinical records			Proximity: **close**	
Elliot & Wright (1999) UK	The importance of using verbal communication that critical care nurses use when caring for sedated or unconscious patients	1)Non-participant observation	**Nurses**/ intensive care unit	16 critical care nurses	Observation of nurses in 4hr episodes. Proximity: **close & follows the nurse**	**Written form:** Field notes
Fitzpatrick et al. (1999) UK	Shift work and its impact on nurse performance	1)Non-participant observation	**Nurses**/ Variety of wards in 2 hospitals in one NHS trust	34 nurses	Continuous observation of nurse for 2.5 hrs per nurse on 3 separate occasions Proximity: **close**	**Written form:** Validated scale
Mason (1999) Northern Ireland	To investigate how nursing care plans were being used in five clinical areas, and to assess their influence on nursing practice.	1)Participant observation 2)Focus groups 3)Diaries	**Nurses**/ five wards: general medical; intensive care unit; specialist medical; cardiology; and general surgical.	Number of nurses unspecified. Reported as observation hours.	3 days spent in each ward over various shifts producing 110hrs observation data Proximity: **close**	**Written form:** Field notes
Edwards (1998) UK	How patients and nurses perceive the use and possible abuse of touch and space in aspects of patient care.	1)Participant observation 2)Interviews	**Nurses & patients**/ acute medical ward caring for elderly patients.	6 patients 7 staff: charge nurse, staff nurses, auxiliaries and student nurses.	30 hrs of observation incorporating mornings, afternoons, evenings, & weekends. All main ward activities observed including the researcher going behind patients' curtains. Proximity: **close**	**Written form:** Observation schedule
Lally (1998)	Investigates the function of nurses' communication	1)Participant observation	**Nurses**/ one general surgery/vascular ward	? no. of nurses (not explicitly stated)	6 ward handovers were observed	**Written form:**

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
UK	at shift handover				Proximity – **close (from description)**	Field notes **AV form:** Audio recorded (tape recorder)
McCrea et al. (1998) Northern Ireland	To examine the influence of midwives approaches on the care given for pain relief during labour	1)Non-participant observation	**Women & midwives**/ Maternity ward	11 midwives 15 women	Observation on a continual basis. Proximity: **close.** Researcher positioned in corner of labour room	**Written form:** Field notes
Wakefield (1998) UK	Explores 'screening' procedures in nursing practice	1)Covert participant observation	**Nurses**	?no. of nurses (not explicitly stated)	Proximity: **unobtrusive** as covert methods used.	**Written form:** Field notes
Watson & Whyte (1998) UK	To explore what kind of health-related information is given to patients in hospital by diplomate staff nurses. To test the use of a radio-microphone.	1) Non-participant observation	**Nurses and patients**	3 staff nurses & 11 patients in one medical and two surgical wards	Radio receiver and video recorder positioned outside the ward area. Consenting nurses activated their microphone when talking with consenting patients. Proximity: **unobtrusive**	**AV form:** Audio recorded (radio microphone). Video recorded
Twin & Lee (1997) Hong Kong	Explores the practice of health education in acute care settings in Hong Kong	1)Non-participant observation 2)Semi-structured	**Nurses and patents**/ 1 male medical ward 1 female surgical ward	2 nursing officers 5 staff nurses 1 enrolled nurse	Observation over 4 two hr. periods. A range of nursing activities were observed Proximity: **unspecified**	**Unspecified**

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
		3)Questionnaires				
Furlong (1996) UK	Exploring a self-care approach in nursing practice	1) Participant observation 2) Semi-structured interviews	**Nurses and patients**	Numbers not specified	Researcher worked alongside each nurse acting as a second pair of hands if required, therefore proximity **close**	**Written form:** Field notes
Strange (1996)	Examines the practice of the nursing handover	1) Participant observation	**Nurses**	Numbers not specified	The researcher as a team member observed the ward handover, therefore proximity **close**	**Not recorded in either written or AV form** Author specifically states that no notes were taken.
Hurst (1995)	Collecting data from psychiatric wards for use for nursing workforce planning and quality assurance purposes	1) Non-participant observation 2) Nurses using researchers audit tools 3) Analysis of documents 4) Interviews	**Nurses, patients and relatives**	Numbers not specified	83 wards observed over 10 years Proximity: **unspecified**	**Written form:** Observation schedule/ audit tool
Macleod (1994) UK	Explores the nature of everyday experience in nursing practice. Explores what happens in moment by moment day by day work where nurses don't	1) Non-participant observations 2) Interviews 3) Focus groups	**Nurses**	10 ward sisters	The researcher shadowed the nurses over 7 days in 2 periods, 6 months apart Proximity: **close**	**Written form:** Field notes

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
	set out to learn but to become experienced.					
Whittington & Wykes (1994)	Examines associations between nurses' behaviour and violence in psychiatric hospitals	1) Non-participant observation	**Nurses** Patients were informed about the study if they asked.	103 nurses: 17 charge nurses; 49 staff nurses; 7 enrolled nurses; 15 nursing assistants; and 15 student nurses. 72% were female	Observations carried out over a 6 week periods on 12 wards. Total of 47 observation hours. Nurses were not necessarily aware that they were the target of the observation at any given time. Proximity: **unobtrusive**	**Written form:** Observation schedule
Holland (1993)	Observes nurses in their work environment to determine whether ritual existed as part of their cultural system.	1) Participant observation 2) Interviews	**Nurses**	Nurses on one ward were observed. Actual number of nurses observed is unspecified, but the researcher identifies 3 informants	Proximity: **unspecified**	**Written form:** Field notes
McCann & McKenna (1993) Northern Ireland	To discover the amount and type of touch received by elderly patients from nurses and to assess patients' perception of the touch given by the nurses	1) Non-participant observation 2) Semi-structured interviews	**Patients (elderly) and nurses**/ a continuing care ward and a rehabilitation ward	4 patients (2 male, 2 female) Number of nurses not explicitly stated.	Data collected over 2 days, total of 16hrs observation. Nursing staff not told which patients involved in study, also not told that study was about touch.	**Written form:** Structured observation schedule
Hawthorn	Measuring change in	1) Non-	**Nurses and patients**	Number of nurses	One ward observed for three	**Written form:**

Appendix 16: Observation research in ward settings *(continued)*

Authors, year & country	Topic	Research methods	Participant group/setting	Sample size (observations only)	Data collection (observations only)	Data recording
(1984) UK	nursing practice. Introducing the nursing process.	participant observation		and patients not explicitly stated.	days. Then nursing process introduced over two years, followed by another observation period of three days. Observations determined by activity sampling. Proximity: **unobtrusive**	Structured observation schedule
Macleod Clark (1982) UK	Analysis of recorded nurse-patient interactions in surgical wards	1) Non-participant observation	**Nurses and patients**		Nurse carried transmitter in pocket with microphone clipped to dress or apron. Proximity: **unobtrusive**	**Written form:** Field notes **AV form:** Audio recorded (radio microphone) Video recorded

Appendix 17: Patient semi-structured interview schedule

Semi-structured interview schedule – patient.

Study title: A qualitative case study of information exchange between patients and nurses in ward settings.
Name of researcher: Vivianne Crispin

Date:
ID no.:
Pseudonym:
Age:
Previous hospital admissions:
Reason for current admission:
Ward:
No. of days post-op (if applicable):

Up to three instances of interaction with one or more nurses will be identified to discuss in the interview. The following questions will be asked in relation to each extract of interaction:

OPENING QUESTION
'Tell me about the conversation you had with your nurse about ……?'
Prompt – clinical or non-clinical intervention.

TYPES OF INFORMATION
'What type of information did you share with the nurse?'
'What information did the nurse share with you?'
Prompts – social context, preferences, disease condition, lay knowledge, emotional concerns, other.

INFORMATION RELEVANCE AND QUANTITY
'How relevant was the information you received? Why?'
Prompts – what was the information needed for i.e. for decision-making, to relieve anxiety?
'Was there anything else that you would have liked to share with the nurse?'
'Was there anything else that you would have liked the nurse to share with you?'
'On instances of non-exchange, was this problematic? Why?'

CLOSING SUMMARY FOR EACH INTERACTIONAL EXTRACT
'Is there anything else you want to tell me about your conversation with the nurse about …..?'

Appendix 18: Nurse semi-structured interview schedule

Semi-structured interview schedule – nurse.

Study title: A qualitative case study of information exchange between patients and nurses in ward settings.
Name of researcher: Vivianne Crispin

Date:
ID no.:
Pseudonym:
Grade:
No. of years' experience:
Time in current place of work:
Ward:

Below are the questions which will be asked of the nurse. Prompts and probes will be used to help keep the focus of the interview. Some questions may result from the observation stage, and as such cannot be specified here.

OPENING QUESTION
'Tell me about the conversation you had with Patient X about ……?'
Prompt – clinical or non-clinical intervention.

TYPES OF INFORMATION
'What type of information did you share with the patient?'
'What information did the patient share with you?'
Prompts – disease condition, risk factors, treatment/intervention, outcomes of treatment/intervention, follow-up care.

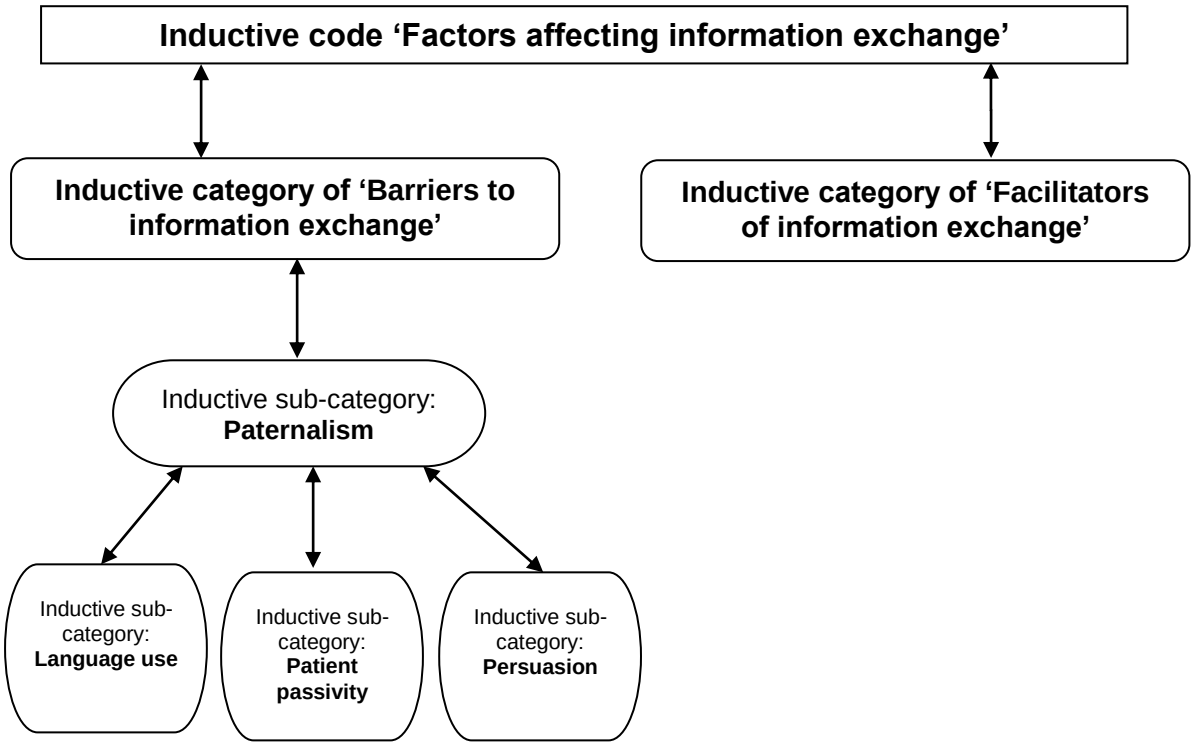
INFORMATION RELEVANCE AND QUANTITY
'How relevant was the information that you received? Why?'
Prompt – what was the information from the patient needed for?
'Was there anything else that you would have liked to share with the patient?'
'Was there anything else that you would have liked the patient to share with you?'
'On instances of non-exchange, was this problematic? Why?'

CLOSING SUMMARY FOR EACH INTERACTIONAL EXTRACT
'Is there anything else you want to tell me about your conversation with the patient about…..?'

Appendix 19: Decisions made within the code of 'Factors affecting information exchange'

Stage three of the analysis resulted in two inductive categories being coded under 'Factors affecting information exchange', which were 'Barriers to information exchange' and 'Facilitators of information exchange'. The inductive sub-category of 'Paternalism' was identified from the data and aggregated under 'Barriers to information exchange'. Further sub-categories of 'Patient passivity', 'Language use' and 'Persuasion' were aggregated under 'Paternalism'. Figure 1 illustrates this coding process.

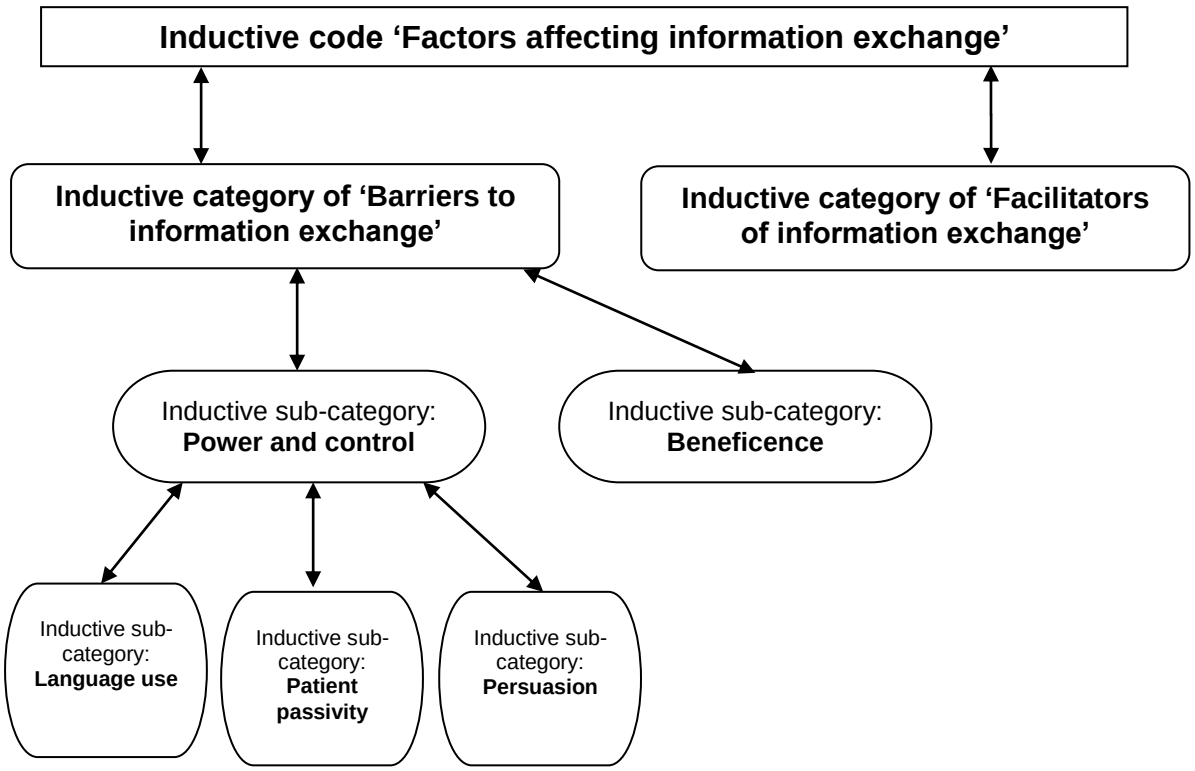
Figure 1: Stage 3 of coding under 'Factors affecting information exchange'



As analysis progressed through stage four, the data evidenced that patient passivity did not necessarily occur because the patients preferred to remain passive, but because the nurses' use of language may have disempowered the patients, which may then have resulted in patient passivity. Therefore a new sub-category of 'Power and control'

was identified and coded under ‘Barriers to information exchange’. The sub-category of ‘Paternalism’ was changed to ‘Beneficence’, which evidenced how nurses appropriately cared for non-autonomous patients rather than exerting influence over autonomous patients. Figure 2 illustrates this next stage (Stage four) of coding and categorical aggregation.

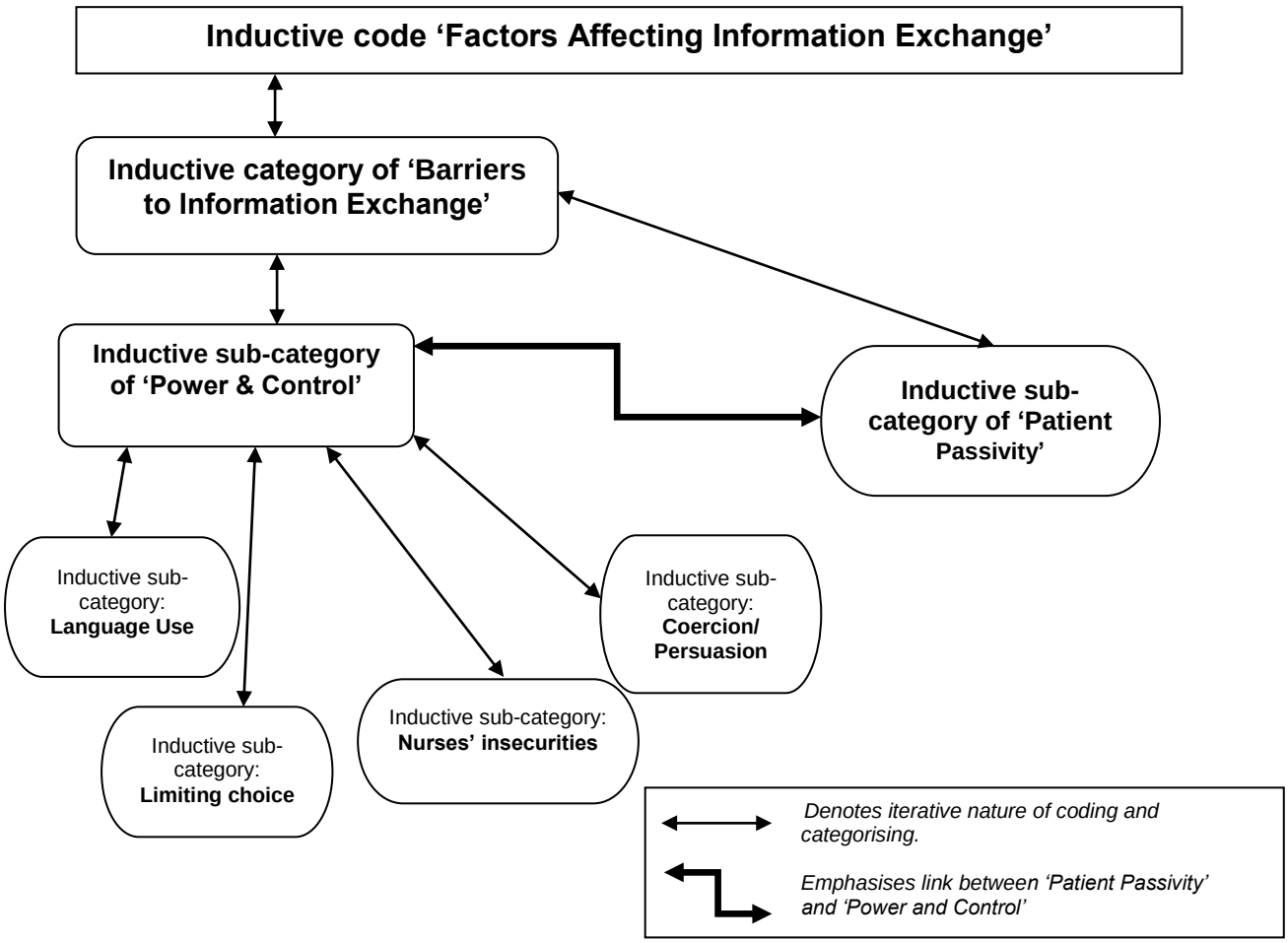
Figure 2: Stage 4 of coding under ‘Factors affecting information exchange’



At stage four of the analysis the inductive sub-category of ‘Patient Passivity’ was aggregated under ‘Power and Control’. However, during further iterative analysis, and as I searched for deeper meanings of the data (stages four and six), I noted that patient passivity occurred not only because of nurses exerting power and control, but also because some patients *preferred* a more passive role. Therefore, the decision was made to move ‘Patient passivity’ out from ‘Power and control’ and directly under the

inductive category of ‘Barriers to information exchange’. A strong link remained between ‘Patient passivity’, and ‘Power and control’. Furthermore, additional sub-categories of ‘Nurses’ insecurities’ and ‘Limiting choice’ were aggregated under ‘Power and Control’. Figure 3 illustrates the final coding and categorical aggregation under ‘Factors affecting information exchange’ relating to ‘Patient passivity’ and ‘Power and control’.

Figure 3: Stages 4 & 6 of coding under ‘Factors affecting information exchange’



Appendix 20: School Research Ethics Committee approval – pilot study

BP/EF

Registration Number: 1010196

8 August 2008

Vivianne Crispin
121 Lime Crescent
Cumbernauld
G67 3PG

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

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Dr Brodie Paterson
Deputy Chair
Departmental Research Ethics Committee

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Dear Vivianne

A Qualitative Case Study of Information Exchange between Patients and Nurses in Ward Settings: A Pilot Study

Thank you for submitting the clarification for your proposal, entitled as above, to me the Deputy Chair of the Departmental Research Ethics Committee on 6 August 2008. I am pleased to advise you via Chair's action that the proposal has been approved.

Yours sincerely

Brodie Paterson

DR BRODIE PATERSON
Senior Lecturer
Deputy Chair, Departmental Research Ethics Committee

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Appendix 21: NHS National Research Ethics Services approval – pilot study

Fife and Forth Valley REC

LIST OF SITES WITH A FAVOURABLE ETHICAL OPINION

For all studies requiring site-specific assessment, this form is issued by the main REC to the Chief Investigator and sponsor with the favourable opinion letter and following subsequent notifications from site assessors. For issue 2 onwards, all sites with a favourable opinion are listed, adding the new sites approved.

REC reference number:	08/S0501/80	**Issue number:**	0	**Date of issue:**	29 October 2008
Chief Investigator:	Mrs Vivianne J Crispin				
Full title of study:	A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study.				

This study was given a favourable ethical opinion by Fife and Forth Valley REC on 28 October 2008. *The favourable opinion is extended to each of the sites listed below. The research may commence at each NHS site when management approval from the relevant NHS care organisation has been confirmed.*

Principal Investigator	*Post*	*Research site*	*Site assessor*	*Date of favourable opinion for this site*	*Notes* (1)
Mrs Vivianne J Crispin	Postgraduate research student	NHS Forth Valley	Fife and Forth Valley REC	29/10/2008	

Approved by the Chair on behalf of the REC:

..... (Signature of [redacted]/Co-ordinator)
(delete as applicable)

FIONA BAIN ..... (Name)

(1) *The notes column may be used by the main REC to record the early closure or withdrawal of a site (where notified by the Chief Investigator or sponsor), the suspension of termination of the favourable opinion for an individual site, or any other relevant development. The date should be recorded.*

Appendix 22: NHS Research and Development approval – pilot study

NHS
Forth Valley

Date: 6 Nov 08
Your Ref:
Our Ref: 06/65
Direct Line: 01786 457293
Email: Irene.graham@fvpc.nhs.scot.uk

Mrs. Vivianne J Crispin
Postgraduate Research Student
Dept. of Nursing and Midwifery
University of Stirling
Stirling FK9 4LA

Dear Mrs. Crispin

Following approval from the Fife and Forth Valley Research Ethics Committee on 29 October 2008, I am pleased to confirm that I formally gave Management approval to " A qualitative study of information exchange between patients and nurses in ward settings: a pilot study" on 6 November 2008. This approval is subject to the provision of an appropriate honorary research contract or letter of access for yourself.

The Research Governance Framework for Health and Community Care applies to all research undertaken within NHS Forth Valley. The Framework sets out standards and details the key responsibilities of key individuals, including the research sponsor, principle investigator, other researchers and supervisors of students undertaking research.

All those involved in the project will be required to work within accepted guidelines of research governance and IHC-GCP guidelines.

A copy of the Framework and links to background annex material can be accessed via the Chief Scientist Office website at :
http://www.sehd.scot.nhs.uk/cso/Publications/ResGov/Framework/RGFEdTwo.pdf and ICH-GCP guidelines may be found at http://www.ich.org/LOB/media/MEDIA482.pdf

You will be required to provide a progress report on your study at the end of the study. We will also require a copy of the final report, when available. You will also be asked annually to complete a form on the activity taking place in relation to the study within Forth Valley, for each financial year during which it is active here, and may be asked to provide other information. The appropriate forms will be provided to you by the Research and Development office when they are needed.

Yours sincerely

DR. GARETH DAVIES
Medical Director

Appendix 23: Nurse information sheet – pilot study

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Participant information sheet for nurses

A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study

Introduction

You have been invited to participate in the pilot study phase of a research study. Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information below. If you want more information, or have any queries about any of these points, please contact me on the telephone number overleaf.

What is the purpose of this project and who is supporting it?

The study is a postgraduate student research project, which is supervised by Dr Carol Bugge, Dr Kath Stoddart and Ms Cheryl Tringham at the Department of Nursing and Midwifery at the University of Stirling. The study is supported by a University of Stirling PhD studentship. The purpose of the study is to examine the information that patients and nurses tell one another about routine nursing care, and their views on that interaction. The aims of the pilot study to which you are invited to participate are: to review the research process for the main study; to examine the procedures for recruitment and consent; and to test the methods for collecting and analysing the information obtained. The pilot study will run from December 2008 – February 2009.

Why have I been chosen?

You have received this invitation because you are a registered staff nurse or ward manager and you work in a surgical or medical ward in NHS Forth Valley. As part of your job, you are interacting with patients on a day-to-day basis.

Do I have to take part?

Taking part in the pilot study is voluntary and it is entirely up to you whether or not to take part. I hope to meet with nurses in a group setting, offering you the opportunity to ask questions about this study and clarifying any issues that you may have. If you wish to take part, you can sign a consent form after the meeting, or alternatively you can post the signed consent form directly to me. If you are unable to attend the meeting but wish to get more information, I can meet with you individually at a time and place convenient for you. You can contact me on the number provided overleaf.

If you change your mind at any time, you are free to withdraw from the study without having to give a reason. Your unit manager will be unaware as to whether or not you are taking part, unless you wish to tell him/her.

What will happen to me if I take part?

During your shift I will be sitting in the ward area observing and recording short sessions of communication between you and a patient you are caring for, in relation to the type of information that is shared between you. I will not be observing your hands-on nursing practice.

During this stage of the study I will be audio-taping the interaction and taking notes. Following the observations, I will interview you and the patient individually. The kind of questions I will ask you will be about the type and amount of information you have received. I am interested in whether or not you feel that the information you receive from the patient is sufficient for you. I will also want to explore how much information you shared with the patient. The interview will take about 10 minutes and will take place as soon as possible after the interaction at a time convenient to you. I will use the notes from my observations to prompt you.

If you change your mind, any interaction between you and the patients in the ward will not be included in this study. Likewise, I will only be able to observe interactions, and conduct interviews with you if the patient has agreed to take part. In the highly unlikely event that I observe evidence of malpractice, I will inform the nurse in charge.

The purpose of this pilot study is to examine the recruitment, observation and interview procedures before a larger study is carried out. For this reason, I will also ask you questions relating to your opinions about taking part in the study.

Will my taking part in the study be kept confidential?

Yes. I will audio-record each interaction, take notes during the observation stage, and the interview will also be recorded. Any irrelevant or identifiable information recorded will, if possible, be deleted and will not be used in any way in the study. All notes and recordings have numbers, not names. All audio-recordings and any written records will be kept in a secure, locked environment for the duration of the study. Once the study is completed and the data is analysed, all audio-recordings will be destroyed. All written records will be archived in the University of Stirling for five years. Thereafter they will be destroyed.

My supervisors at the University of Stirling will monitor the pilot study, and the results will inform the design of the main study. You will not be identified in any written reports. Any quotes used from the recordings will be anonymised by the use of codes and false names. All identifiable information will be kept strictly confidential, known only to the researcher and the supervisors.

Who has approved this study?

This study has been reviewed by a NHS Research Ethics Committee which has responsibility for scrutinising proposals for medical research on humans, in accordance with the requirements of the Clinical Trials Regulations. In this case, the reviewing Committee was the Fife and Forth Valley Research Ethics Committee who have raised no objections from the point of view of medical ethics. The study has also been approved by the University of Stirling's Department of Nursing and Midwifery Research Ethics Committee, and by NHS Forth Valley Research and Development Office.

Thank you for taking time to consider taking part in the study.

If you have any questions about the study please contact:

Vivianne Crispin
PhD Student/Principal Investigator
Department of Nursing and Midwifery
RG Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466383
E-mail: v.j.crispin@stir.ac.uk

Dr Carol Bugge **OR**
Senior Lecturer/Principal Supervisor
Dept of Nursing and Midwifery
RG Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466109
E-mail: carol.bugge@stir.ac.uk

REC Reference Number: 08/S0501/80

Appendix 24: Nurse invitation letter – pilot study

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Vivianne Crispin

01786 466383

Letter of invitation - Nurses

REC Reference Number: 08/S0501/80

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study.

Name of Researcher: Vivianne Crispin

Dear

You are invited to participate in the pilot study phase of a research study. You have received this invitation because you are a registered staff nurse or ward manager, and you work in a surgical or medical ward in NHS Forth Valley. As part of your job, you are interacting with patients on a day-to-day basis.

Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information on the enclosed information sheet. Feel free to talk to others about this study if you wish. If you want more information, or have any queries about any of these points, please contact me on the telephone number above. Alternatively, if you wish further information from my academic supervisor, feel free to contact Dr Carol Bugge on 01786 466109.

Thank you for taking the time to consider taking part in this project.

Yours sincerely,

Vivianne Crispin

PhD Student

University of Stirling

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Participant information sheet for surgical patients

A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study

Introduction

You are invited to participate in the pilot study phase of a research study. Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information below. If you want more information, or have any queries about any of these points, please contact me on the telephone number overleaf.

What is the purpose of this project and who is supporting it?

The pilot study is part of a postgraduate student research project, which is supervised by Dr Carol Bugge, Dr Kath Stoddart and Ms Cheryl Tringham at the Department of Nursing and Midwifery at the University of Stirling. The study is supported by a University of Stirling PhD studentship. The purpose of the study is to examine the information that patients and nurses tell one another about routine nursing care and their views on that interaction. The aims of the pilot study to which you are invited to participate are: to review the research process for the main study; to examine the procedures for recruitment and consent; and to test the methods for collecting and analysing the information obtained. The pilot study will run from December 2008 – February 2009.

Why have I been chosen?

You have received this invitation because you have been identified as someone who will be admitted to hospital during the study dates. A selection of male and female adult patients on the waiting list for surgery in NHS Forth Valley have been invited to take part.

Do I have to take part?

Taking part in the pilot study is voluntary and it is entirely up to you whether or not to take part. If I have not heard from you before your admission to hospital, I will assume that you do not want to take part and no further contact will be made with you.
Overleaf are my contact details, please feel free to contact me if you have any questions. If you are interested in taking part, please fill in the form enclosed and post it to me in the envelope provided and I will arrange an appointment with you. At this appointment you will be given the opportunity to ask questions about the research and, if you are still willing, to sign a consent form.
If you change your mind at any time, you are free to withdraw from the study, without having to give a reason.

What will happen to me if I take part?

During your hospital admission, I will be sitting in the ward area observing and audio-recording short sessions of communication between you and the nurses caring for you and listening to what type of information is shared between you.
During this stage of the research I will be taking notes. Following the observations, I will interview you and your nurse individually. The kind of questions I will ask you will be about the type and amount of information you have received. I am interested in whether or not you feel you have received enough information for your needs. I will also want to explore how much information you shared with the nurse. The interview will take about 30 minutes and will take place in a quiet room in or near your ward, or at your bedside. If

you change your mind, any interaction between you and the nurses in the ward will not be included in this study. Likewise, I will only be able to observe interactions and conduct interviews with you if the nurse has agreed to take part.

The purpose of this pilot study is to examine the recruitment, observation, and interview procedures before a larger study is carried out. For this reason, I will also ask you questions relating to your opinions about taking part in the study.

Will my taking part in the study be kept confidential?

Yes. I will audio-record each interaction, take notes during the observation stage and the interview will also be audio-recorded. Any irrelevant or identifiable information recorded will, if possible be deleted, and will not be used in any way in the study. All notes and recordings have numbers, not names. All audio-tapes and any written records will be kept in a secure, locked environment for the duration of the study. Once the study is completed and the data is analysed, all audio-recordings will be immediately destroyed. All written records will be archived in the University of Stirling for five years. Thereafter, they will be destroyed.

My supervisors at the University of Stirling will monitor the pilot study and the results will be used to inform the design of the main study. You will not be identified in any written reports. Any quotes used from the recordings will be anonymised by the use of codes and false names. All identifiable information will be kept strictly confidential, known only to the researcher and the supervisors.

Who has approved this study?

This study has been reviewed by a NHS Research Ethics Committee which has the responsibility for scrutinising proposals for medical research on humans, in accordance with the requirements of the Clinical Trials Regulations. In this case, the reviewing Committee was the Fife and Forth Valley Research Ethics Committee who have raised no objection from the point of view of medical ethics. The study has also been approved by the University of Stirling's Department of Nursing and Midwifery Research Ethics Committee, and by NHS Forth Valley Research and Development Office.

Thank you for taking the time to consider being part of this study.
If you have any questions about the study please contact:

Vivianne Crispin
PhD Student/Principal Investigator
Department of Nursing and Midwifery
RG Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466383
E-mail: v.j.crispin@stir.ac.uk
REC Reference Number: 08/S0501/80

OR

Dr Carol Bugge
Senior Lecturer/Principal Supervisor
Dept of Nursing and Midwifery
RG Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466109
E-mail: carol.bugge@stir.ac.uk

Appendix 26: Surgical patient invitation letter – pilot study

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Vivianne Crispin
01786 466383

Letter of invitation – Surgical patients

REC Reference Number: 08/S0501/80

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study.

Name of Researcher: Vivianne Crispin

Dear

You are invited to participate in the pilot study phase of a research study. You have received this invitation because you have been identified as someone who will be admitted to hospital during the study dates. Male and female adult patients on the waiting list for surgery in NHS Forth Valley have been invited to take part.

Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information on the enclosed information sheet. Feel free to talk to others about this study if you wish. If you want more information, or have any queries about any of these points, please contact me on the telephone number above. Alternatively, if you wish further information from my academic supervisor, feel free to contact Dr Carol Bugge on 01786 466109.

Thank you for taking the time to consider taking part in this project.

Yours sincerely,

Vivianne Crispin

PhD Student

University of Stirling

Appendix 27: Surgical patient response form – pilot study

Response form – surgical patients

REC Reference Number: 08/S0501/80

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study.

Name of Researcher: Vivianne Crispin

	Please tick
A: I wish to take part in the research study	☐
B: I do not wish to take part in the research study	☐

If you ticked the box at response **A** because you wish to take part, please complete the following details so that I can contact you to make an appointment:

Name: ……..

Address: ……..
…….
…….
…….

Telephone number: …….

Mobile number: ……...

E-mail address: ……

Please post this form back to Vivianne Crispin, Postgraduate Research Student, Dept of Nursing and Midwifery, University of Stirling, Stirling, FK9 4LA, in the envelope provided.

Appendix 28: Medical patient information sheet – pilot study

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Participant information sheet for medical patients

A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study

Introduction

You have been invited to participate in the pilot study phase of a research study. Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information below. If you want more information, or have any queries about any of these points, please contact me on the telephone number overleaf.

What is the purpose of this project and who is supporting it?

The pilot study is part of a postgraduate student research project, which is supervised by Dr Carol Bugge, Dr Kath Stoddart and Ms Cheryl Tringham at the Department of Nursing and Midwifery at the University of Stirling. The study is supported by a University of Stirling PhD studentship. The purpose of the study is to examine the information that patients and nurses tell one another about routine nursing care, and their views on that interaction.
The aims of the pilot study to which you are invited to participate are: to review the research process for the main study; to examine the procedures for recruitment and consent; and to test the methods for collecting and analysing the information obtained.
The pilot study will run from December 2008 – February 2009.

Why have I been chosen?

You have received this invitation because you have been admitted to a medical ward during the study dates. Male and female adult patients admitted to a medical ward in NHS Forth Valley have been invited to take part if they are considered well enough.

Do I have to take part?

Taking part in the pilot study is voluntary and it is entirely up to you whether or not to take part. If you do not state that you want to be involved in this study, I will assume that you do not want to take part and no further contact will be made with you.

Overleaf are my contact details. If you are interested in taking part, please contact me or speak to another member of staff. I will then arrange to meet you. At this meeting you will be given the opportunity to ask questions about the research and, if you are still willing, to sign a consent form.

If you change your mind at any time, you are free to withdraw from the pilot study, without having to give a reason.

What will happen to me if I take part?

During your hospital admission, I will be sitting in the ward area observing and audio-taping short sessions of communication between you and the nurses caring for you and listening to what type of information is shared between you.

During this stage of the research I will be taking notes. Following the observations, I will interview you and your nurse individually. The kind of questions I will ask you will be about the type and amount of information you have received. I am interested in whether or not you feel you have received enough information for your needs. I will also want to explore how much information you shared with the nurse. The interview will take about 30 minutes, and will take place in a quiet room in or near your ward, or at your bedside.
If you change your mind, any interaction between you and the nurses in the ward will not be included in this study. Likewise, I will only be able to observe interactions, and conduct interviews with you if the nurse has agreed to take part.

The purpose of this pilot study is to examine the recruitment, observation, and interview procedures before a larger study is carried out. For this reason, I will also ask you questions relating to your opinions about taking part in the study.

Will my taking part in the study be kept confidential?

Yes. I will audio-record each interaction, and will take notes during the observation stage, and the interview will also be audio-recorded. Any irrelevant or identifiable information recorded will, if possible, be deleted, and will not be used in any way in the study. All notes and recordings have numbers, not names. All recordings and any written records will be kept in a secure, locked environment for the duration of the study. Once the study is completed and the data is analysed, all audio-recordings will be immediately destroyed. All written records will be archived in the University of Stirling for five years. Thereafter, they will be destroyed.

My supervisors at the University of Stirling will monitor the pilot study, and the results will be used to inform the design of the main study. You will not be identified in any written reports. Any quotes used from the recordings will be anonymised by the use of codes and false names. All identifiable information will be kept strictly confidential, known only to the researcher and the supervisors.

Who has approved this study?

This study has been reviewed by a NHS Research Ethics Committee which has the responsibility for scrutinising proposals for medical research on humans, in accordance with the requirements of the Clinical Trials Regulations. In this case, the reviewing Committee was the Fife and Forth Valley Research Ethics Committee who have raised no objections from the point of view of medical ethics. The study has also been approved by the University of Stirling's Department of Nursing and Midwifery Research Ethics Committee, and by NHS Forth Valley Research and Development Office.

Thank you for taking the time to consider being part of this study.

If you have any questions about the study please contact:

Vivianne Crispin
PhD Student/Principal Investigator
Department of Nursing and Midwifery
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University of Stirling
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Phone Number: 01786 466383
E-mail: v.j.crispin@stir.ac.uk

OR

Dr Carol Bugge
Senior Lecturer/Principal Supervisor
Dept of Nursing and Midwifery
RG Bomont Building
University of Stirling
Stirling FK9 4LA
Phone Number: 01786 466109
E-mail: carol.bugge@stir.ac.uk

REC Reference Number: 08/S0501/80

Appendix 29: Medical patient invitation letter – pilot study

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Vivianne Crispin
01786 466383

Letter of invitation – Medical patients

REC Reference Number: 08/S0501/80

Title of Project: A qualitative case study of information exchange between patients and nurses in ward settings: a pilot study.

Name of Researcher: Vivianne Crispin

Dear

You are invited to participate in the pilot study phase of a research study. You have received this invitation because you have been admitted to a medical ward during the study dates. Male and female adult patients admitted to a medical ward in NHS Forth Valley have been invited to take part if they are considered well enough.

Before you agree to take part, it is important for you to understand why the research is being done, and what it will involve. Please take some time to read the information on the enclosed information sheet. Feel free to talk to others about this study if you wish. If you want more information, or have any queries about any of these points, please contact me on the telephone number above. Alternatively, if you wish further information from my academic supervisor, feel free to contact Dr Carol Bugge on 01786 466109.

Thank you for taking the time to consider taking part in this project.

Yours sincerely,

Vivianne Crispin

PhD Student

University of Stirling

Appendix 30: Explanation of paternalism and paternalistic language

Although the language used by nurses was central to maintaining power over patients, it was not the remit of this study to use or discuss types of professional discourses, such as Discourse Analysis (DA) or Conversational Analysis (CA). Paternalism is defined as 'when people in authority think or act in a way which results in them making decisions for other people which are often to their advantage but which prevent those people from taking responsibility for their own lives' (Cambridge Dictionary Online undated). Paternalism in healthcare correlates with the ethical principle of beneficence, which means 'to do well' (Nullity 2007). However one of the limitations of beneficence is that it can conflict with autonomy. For example, treating patients beneficently, or paternalistically, involves healthcare professionals making decisions on behalf of patients. However, patients who are autonomous have the right to make their own decisions regarding treatment and care. Paternalistic use of language in this study is therefore defined as language used (either sentences or individual words) that perpetuates paternalism rather than promotes patient autonomy.

Appendix 31: Questions asked by patients and by nurses

Cases	Patients' questions	Nurses' questions
1.	Can I have a bath this morning?	Do you want anything else for pain?
2.	Would it be better aff just maybe goin in and taking the cyst oot?	How are you today? How are you feeling?
3.	Would it be alright if ma boy brought my kilt up on Tuesday to try it? Did you have a nice lunch? Who's in charge next Tuesday? Have you had your breakfast yet?	**Nurse 1:** What kind of tartan are you getting? Did someone change your stoma bag alright for you? **Nurse 2:** What day did we stop putting a stoma bag on that? Are you alright? Where did you get your Becks scissors? Did the stoma nurse give you them?
4.	I've stopped taking all the, the ones [tablets] I had for the prostate condition. I presume that's…?	How are you feeling now? Are you needing any painkillers or anything just now?
5.		How's it going? How did you get on with your dressing change today? Do you mind if I check your blood pressure and things?
6.		Do you know what's happening with you today? How are you feeling? Do you feel less anxious? How's your hands? How's the tummy? Have you got any questions you'd like to ask me?
7.		Your temperature's stayed down hasn't it? Are you sore at all? Nausea gone too? You alright? No sign of anything [rash]?
8.	Are you just leaving that [pad]…or? Are you sure I'm no' wet up ma back?	How are you? How did you sleep? Would you like me to change your pads make you more comfortable just now? Can you sit forward for me? How did you manage with your breakfast?
9.	Could you take my chair into there [bathroom] for me? When does this [VAC dressing] get changed? Will you phone them [district nurses] today? Did you know my back was itchy last night? Wonder what that [VAC pump] cost, eh?	**Nurse 1:** How are you this morning? What do you want me to do for a wash for you this morning? Have you seen the wee one [VAC pump] before? Are you prescribed something for the itch? What do you want to do Iris? Do you want to sit up for a bit in your chair for a while?

Appendix 31: Questions asked by patients and by nurses *(continued)*

Cases	Patients' questions	Nurses' questions
9.	Could you take my chair into there [bathroom] for me? When does this [VAC dressing] get changed? Will you phone them [district nurses] today? Did you know my back was itchy last night? Wonder what that [VAC pump] cost, eh? Does it go by battery? Can I ask you to wash my back? This is blood that's coming out [from the VAC pump], should it be? Are you off tomorrow Oliver? Oh, it [progress] just takes time, doesn't it?	**Nurse 1:** How are you this morning? What do you want me to do for a wash for you this morning? Have you seen the wee one [VAC pump] before? Are you prescribed something for the itch? What do you want to do Iris? Do you want to sit up for a bit in your chair for a while? **Nurse 2:** How do you feel it [VAC pump working] with the dressing on? Can you feel it? Is your eating better, would you say? Do you want us to put the wee light off? Do you wanna go for a wee sleep?
10.		Will we take all this [irrigation fluid] down? You got towels and everything? Everything okay? You want to go under the covers, or…you want to just lie on the top? Is it [dizziness] easing at all?
11.		Your date of birth? Any allergies? What about painkillers for that wound? Are the Paracetamol helping? Do you want some of this Appletizer, or do you want some water? Could I get the physiotherapist to have a look and assess you? What was your INR yesterday?
12.	Is that [heart rate] good? We're going the right way anyway? [progress] See that [scan] what I'm going for, why am I going for that? It's only scarring [on my lungs]?	Did you feel sick at home? Any pain? No breathlessness? Bowels moved today?
13.	Still a wee bit breathless…it's that infection isn't it? Are you gonnae gie some [antibiotics] hame wi' me, aye?	How are you this morning? What family is it you've got up here? You've got family down in England, haven't you?
14.		
15.	What like is ma tongue? What is my blood sugar? That's [blood sugar level] alright, isn't it? Gonnae check if the commode's free? Is it [catheter] sore coming out? Am I ticking fine? [progress]	Can I take your blood sugar? Do you want to get up to sit? Did you not have a good sleep last night? Are you just tired this morning? You'll be fed up with us doing this [checking blood sugar] are you not? Do you think you've bit it [tongue]? Have you got a jaggy tooth or something?

Appendix 31: Questions asked by patients and by nurses *(continued)*

Cases	Patients' questions	Nurses' questions
15.	What like is ma tongue? What is my blood sugar? That's [blood sugar level] alright, isn't it? Gonnae check if the commode's free? Is it [catheter] sore coming out? Am I ticking fine? [progress] I will know when I need the toilet? Will it be alright? [if she is incontinent after catheter removal]	Can I take your blood sugar? Do you want to get up to sit? Did you not have a good sleep last night? Are you just tired this morning? You'll be fed up with us doing this [checking blood sugar] are you not? Do you think you've bit it [tongue]? Have you got a jaggy tooth or something? Are your bowels moving? Are your bowels moving most days? Do you want your Movicol? Bowels not too soft or anything? Are you alright for another half an hour or so or will I just take it [catheter] out for you? Do you think you can manage to lie on your side for a wee while? Would you be able to stand up at the side of your bed? Do you want to give your face a wee wash? Have you had a wee mouth wash today?
16.	Is that the Gliclazide tablet?	How was your blood sugar this morning, do you know? What does your missus work as? Any problems passing urine or anything? Bowels moving okay?
17.	I take it the test came back clear then? Can you get the painkillers over the counter? That test came back clear then? Can I get changed then?	Do you need painkillers away with you? Who's coming to pick you up? Will your husband come quite quickly? Do you have any questions?
18.	Did you give me the wee anti-nausea one [tablet]? Could you possibly pass down a drink of water? Nah, its [large dressing] not required is it?	**Nurse 1:** How are you doing? Do you need anything for your bowels? Is it [venflon site] sore? **Nurse 2:** I'm just coming to do your dressing, is that okay? Your stoma bag, are you doing that yourself? Is the cream for you eczema? You're no' allergic to any of these dressings are you? Is this [dressing change] getting done every day then? When did you last get it [dressing change] done then? Can I take that wee pad? Do you need anything before I go?
19.	Could I ask you please to put that bottle of juice back in the fridge for me please?	Do you want a shower Tracy? Are you doing your own insulin then?