

OUTCOMES

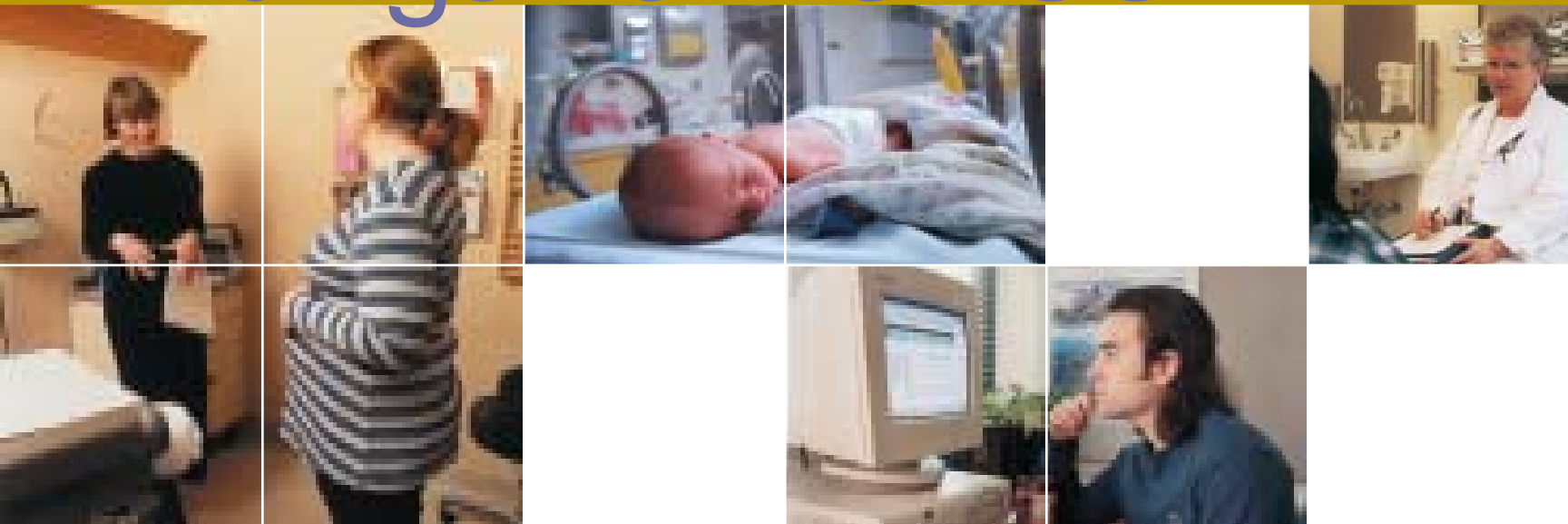
nursing research



“The ability to use evidence-based literature to answer clinical questions with the aid of MEDLINE as it is currently configured is low.”

— Katherine Crabtree, RN, DNSc

n findings from OHSU



Scientific literature proof of nursing research insight

Usefulness of online literature searches in clinical settings unproven

The vast amount of scientific information now available electronically to anyone with a computer, and specifically to students in clinical training, may not be all that useful. Yet.

A study published in the May/June 2002 issue of the Journal of the American Medical Informatics Association concluded that nurse practitioner and medical students are at best moderately successful at answering clinical questions correctly with the assistance of MEDLINE (an online resource) and the library.

The subjects included 21 nurse practitioner students in their final year of training and 45 senior medical students. They were asked to answer five clinical questions by searching MEDLINE. The subjects averaged 30 minutes to conduct an online search, and less than half their answers were correct.

The more they knew about a clinical question (e.g., Is there any benefit of routine Pap smears in persons who have had a hysterectomy for benign disease?), the more likely they were to correctly answer the question. Other advantages included the user's experience with online searching and the ability to visualize spatial relationships.

“Our results have significant implications for the use of information retrieval systems in clinical

settings,” according to Katherine Crabtree, RN, DNSc, professor of nursing and a co-author. “The ability to use evidence-based literature to answer clinical questions with the aid of MEDLINE as it is currently configured is low.”

The group of researchers at OHSU and the University of Pittsburgh says that further research is needed to determine whether additional training, either through the curricula or as part of the study, would change the outcome. The authors conclude the development of “synthesized” evidence-based content may be more useful in a clinical setting.

Hersh, W. R., Crabtree, M. K., Hickam, D. H., Sacherek, L., Friedman, C. P., Tidmarsh, P., Mosbaek, C., & Kraemer, D. (2002). Factors associated with success in searching Medline and applying evidence to answer clinical questions. *Journal of the American Medical Informatics Association*, 9, 283-293.

Studies examine abuse of women with disabilities by personal assistance providers

About 4.5 million women with disabilities use personal assistance services. Until recently little was known about abuse by these assistants. Two recent studies by a team of researchers at OHSU and the World Institute on Disability in Oakland, Calif., shed light on the perceptions and experiences of women with physical and cognitive disabilities on abuse by personal assistants.

The first study published in the April 2001

issue of *Violence Against Women* explored how women with disabilities define abuse by these providers, barriers they faced in handling abuse, and strategies to prevent or stop abuse. The authors, including OHSU’s Mary Ann Curry, RN, DNSc, FAAN, professor of nursing; and Laurie Powers, PhD, associate professor of pediatrics, psychiatry, and public health and preventive medicine, and co-director of the OHSU Center on Self-Determination at the Oregon Institute on Disability and Development; conducted focus groups and interviews with 72 women with disabilities. The authors reported that participants expressed confusion about social and personal boundaries, the difficulty of recognizing and describing abuse, the complexity of using family and friends as providers, and the barriers in responding to abuse.

The second study published in the January/February/March 2002, *Journal of Rehabilitation*, built on the first study and included a survey of 200 women with disabilities in Portland, San Francisco, Chicago and St. Louis. The results confirmed that women with physical and cognitive disabilities experience abuse by any perpetrator at about twice the lifetime rate as women without disabilities (67 percent experienced physical abuse and 53 percent sexual abuse). Abuse by personal assistants can include physical, sexual, verbal and financial abuse, neglect, withholding or destruction of equipment, inappropriate administration of medications, providing services while intoxicated, and physically or verbally controlling the patient.

“... Women with physical and cognitive disabilities experience abuse by any perpetrator at about twice the lifetime rate as women without disabilities (67 percent experienced physical abuse and 53 percent sexual abuse).”

— Journal of Rehabilitation, winter, 2002,



The study identified such barriers as low provider wages, shortage of qualified providers, lack of back-up services, embarrassment and fear of provider backlash. To prevent or stop abuse, respondents suggested having back-up providers, choosing one's own provider, having access to group support and crisis lines, and having information and support necessary for managing the personal assistant provider relationship.

The authors conclude that abuse against women with disabilities is a problem that requires attention. They suggest that further studies should examine abuse against men with disabilities.

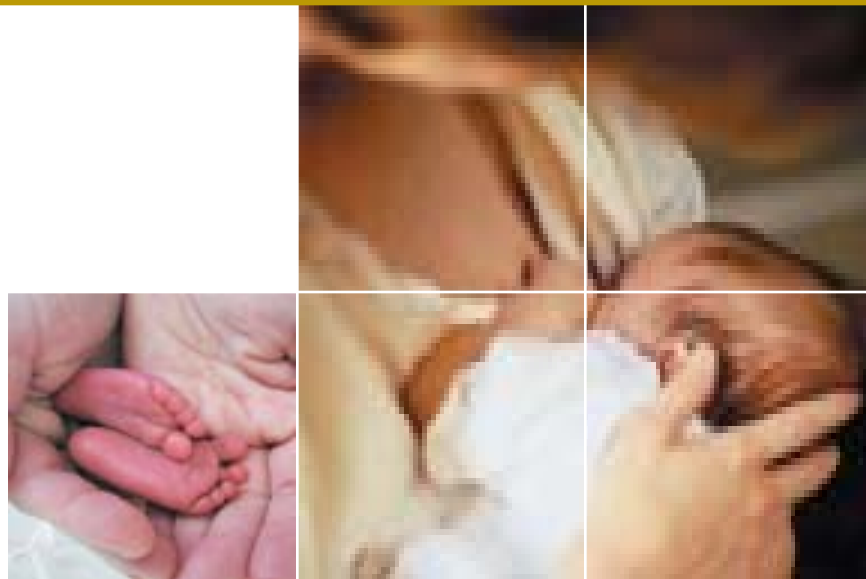
Saxton, M., Curry, M. A., Powers, L. E., Maley, S., Eckels, K., & Gross, J. (2001). "Bring my scooter so I can leave you:" A study of disabled women handling abuse by personal assistance providers. *Violence Against Women*, 7, 393-417.

Powers, L. E., Curry, M. A., Oswald, M., Maley, S., Saxton, M., & Eckels, K. (2002). Barriers and strategies in addressing abuse: A survey of disabled women's experiences. *Journal of Rehabilitation*, 68, 4-13.

Survey assesses nurse practitioner and nurse-midwife breast-feeding knowledge

Oregon nurse practitioners and nurse-midwives are nearly unanimous in believing that when it comes to infant nutrition, "breast is best." And 70 percent of respondents to a questionnaire considered themselves effective in meeting the needs of breast-feeding patients.

Pam Hellings, RN, CPNP, PhD, professor of nursing, and Carol Howe, RN, CNM, DNSc, FACNM, professor of nursing, surveyed 405



certified nurse-midwives, women's health care nurse practitioners, pediatric nurse practitioners and family nurse practitioners licensed in Oregon about their knowledge, attitude and experiences with breast-feeding. The study — patterned after a national survey of physicians — was published in the May/June 2000 *Journal of Midwifery & Women's Health*.

The authors state that nurse practitioners and nurse-midwives have a better understanding of the benefits of breast-feeding and an increased sense of effectiveness in managing breast-feeding problems than physician respondents in the national study.

The most common sources for information on breast-feeding included their postgraduate nursing program, lactation consultants, colleagues, continuing education, and their undergraduate nursing program. In an interesting convergence of personal and professional experience, 73 percent of respon-

dents had breast-fed an infant or had a spouse who had, and one-fourth of all respondents said that their own experience taught them the most.

The researchers state that because Oregon has a high rate of breast-feeding and also because 40 percent of respondents were graduates of OHSU's School of Nursing, which routinely teaches about breast-feeding, a national sample with nurse-midwives and NPs would provide a more complete picture of the attitudes and knowledge of these clinicians. It might also offer guidance for the creation of national standards for educating these specialists.

Hellings, P., & Howe, C. (2000). Assessment of breastfeeding knowledge of nurse practitioners and nurse-midwives. *Journal of Midwifery and Women's Health*, 45, 264-270.

“Fifty-four percent of families reported that their loved one experienced moderate to severe pain in the last week of life.”

— Western Journal of Medicine, June 2000

Study reveals too many hospitalized Oregonians die in pain

In 1997, after a decade of improvements in end-of-life care and pain management, researchers noted a worrisome trend. Oregon families were reporting a large increase in the pain their loved one suffered while dying in the hospital. Reports of moderate to severe pain rose from 33 percent to 57 percent in just one year. The increase in reported pain coincided with a second voter approval of physician-assisted suicide, creating a national spotlight on dying and pain management practices. This increase occurred only in dying hospitalized patients, not in patients who died at home or in nursing homes.

OHSU's end-of-life researchers were eager to learn whether the disturbing trend among hospitalized patients would persist another year, and, if so, what factors may have contributed to the sharp increase.

To find out, the team conducted a survey of 103 family members of people who died in hospitals in the final three months of 1998. Their findings, published in the June 2000 Western Journal of Medicine, showed that pain levels of dying hospitalized Oregonians remained high. Fifty-four percent of families reported that their loved one experienced moderate to severe pain in the last week of life.

To understand the increase from 33 percent, the research team also surveyed a statewide sample of 189 physicians and 222 nurses on what factors

may have contributed to the family reports of moderate to severe pain in dying hospitalized patients. The results, published in the November 4, 2000, issue of the Journal of Palliative Medicine, show that physicians and nurses believed the increase was due to several causes. The most frequently cited explanations were that families had higher expectations about pain management, that physicians prescribed less medication due to fears of scrutiny by regulatory agencies and that nurses administered less pain medication due also to fears about scrutiny.

The authors, Susan Tolle, MD, director of the Center for Ethics in Health Care; and including Virginia Tilden, DNSc, RN, FAAN, associate director of the Center for Ethics in Health Care; Susan Hickman, PhD, assistant professor; and Anne Rosenfeld, RN, PhD, associate professor; concluded that more research is needed to better understand the relationships between family and patient perceptions of care at the end of life, threats of investigation of pain control practices, and both physician and nurse pain medication practices.

Tolle, S. W., Tilden, V. P., Hickman, S., E., & Rosenfeld, A. G. (2000). Family reports of pain in dying hospitalized patients: A structured telephone survey. *Western Journal of Medicine*, 172, 374-377.

Hickman, S. E., Tolle, S. W., & Tilden, V. P. (2000). Physicians' and nurses' perspectives on increased family reports of pain in dying hospitalized patients. *Journal of Palliative Medicine*, 3, 413-418.

Advance directives help reduce stress when families must decide to withdraw life support

You could save your family or loved ones a great deal of stress if you were to make your wishes known about life-sustaining treatments before you are unable to communicate in the event of a serious or terminal illness. That's one of the conclusions that Oregon's pioneering end-of-life research team reached from studying family decision making about withdrawing life-sustaining treatments.

A team of researchers lead by Virginia Tilden, DNSc, RN, FAAN, associate dean for research, A.B. Youmans Distinguished Professor of Nursing, and associate director of the Center for Ethics in Health Care, interviewed families approximately two months after their loved one's death and six months later to assess their stress levels. The team also compared how families and clinicians reached decisions about withdrawing treatment.

Their results, published in the March/April 2001 *Nursing Research* show that stress was highest in the absence of a patient advance directive. In fact, families in this study were far more stressed than families who experience house fires, construction disasters or ferry disasters, as reported in other published studies. "This study is one of the first to show that the existence of patients' advance directives, whether in written form or verbally communicated to the family, ease the burden for the family and partially ameliorate the high stress of the decision,"

the authors wrote. With advance directives, the authors state that families are more able to focus on the patient's reduced quality of life and are less likely to endorse prolonging life at all costs.

The findings also suggest differences between families and clinicians in their reasoning to stop treatment. Families, particularly those without an advance directive to guide them, were more likely than clinicians to support the use of aggressive, life-prolonging treatments. However, both groups endorsed the patient's own values and preferences as the most important factor in decision making.

Tilden, V. P., Tolle, S. W., Nelson, C. A., & Fields, J. (2001). Family decision-making to withdraw life-sustaining treatments from hospitalized patients. *Nursing Research*, 50, 105-115.

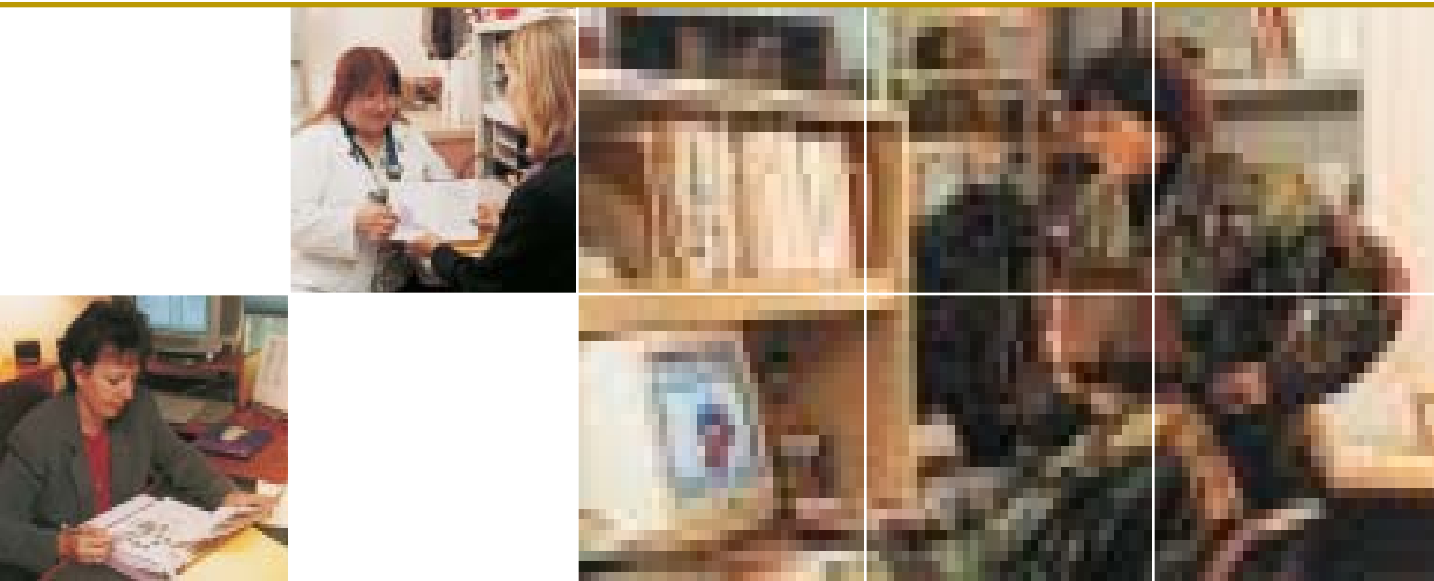
Study suggests a virtual health and wellness center feasible with the reserve military

Would Oregon Air National Guard reservists use a virtual wellness center for health promotion? A study in the January 2002 issue of *Military Medicine* strongly suggests the answer would be yes.

Deborah C. Messecar, RN, PhD, associate professor of nursing, and Catherine Salvesson, RN, PhD, assistant professor and director of the bachelor's program for registered nurses, surveyed 521 reservists about health behaviors they want to change, barriers to making changes, and their preference on sources of information to facilitate change.

“This study is one of the first to show that the existence of patients’ advance directives, whether in written form or verbally communicated to the family, ease the burden for the family and partially ameliorate the high stress of the decision.”

Virginia Tilden, DNSc, RN, FAAN



The results show that most reservists had contemplated making one or more health behavior changes in the past year, including becoming more physically active (95 percent), improving eating habits (86 percent), and losing weight (81 percent). Popular sources of information on ways to change behavior included reading material and the Internet. The most common barrier to better health behaviors was lack of time due to work and child rearing, and also the difficulty of changing behaviors of enjoyment, such as smoking. And when compared to the general population, the respondents report a high level of computer use and literacy at home and at work.

“Guard units cannot offer the same level of support to their members that active duty units can,” says Messecar. “Reservists only go to the base

once a month, but need to stay in good physical condition in the event they are suddenly recalled to active duty.” The authors hoped to show that a significant portion of Oregon Air National Guard reservists could and would use a virtual health and wellness center if one were to be created.

Salveson concludes, “Oregon Air National Guard members appear to have the skills and desire to use an Internet-based health and wellness center. Individualized wellness coaching by a trusted health professional should be an important feature of a virtual health and wellness center.”

Messecar, D. C., Salveson, C. A., & Monkong, S. (2002). Feasibility of a virtual health and wellness center for the Oregon Air National Guard. *Military Medicine*, 167, 38-43.