

“We often think of nursing as giving meds on time, checking an X-ray to see if the doctor needs to be called, or taking an admission at 2:00 a.m. with a smile on our faces. Too often, we forget all the other things that make our job what it truly is — caring and having a desire to make a difference.”

– Erin Pettengill, Registered Nurse

CNCF – ‘Writers in Focus’ series - Denise Blanchard and Sharon Bourgeois



Left: Denise Blanchard RN, BA, AdvDipTT, MSSRe, PhD Senior Lecturer, School of Nursing, Midwifery, and Indigenous Health, Faculty of Science Charles Sturt University

Right: Sharon Bourgeois, RN BA, MA, MEd, PhD. Honorary Fellow, University of Wollongong, Australia

The CNCF has established a strong professional collaboration of contributing members to its dissemination mission, and Denise Blanchard and Sharon Bourgeois are among the most committed and actively involved in the Field's evidence transfer work.

Denise Blanchard is a Clinical and Simulation Lead within the School of Nursing, Midwifery and Indigenous Health, at the Charles Sturt University, Australia. Denise's experience lies in the clinical,

management, education, research and policy-related domains of nursing. Recently, as an experienced academic, Denise spent two years in a senior clinical management role in the industry context to oversee change management processes that included developing an education framework for all of the organisation. Denise seeks to support nurses to respond flexibly to clinical information and achieve appropriate clinical outcomes.

Sharon Bourgeois is an Honorary Fellow and Associate Professor within the School of Nursing, University of Wollongong, Australia. Sharon has been involved in various leadership roles associated with nursing education, facilitating students' clinical and theoretical learning and supporting registered nurses educational development. She has a strong interest in models of education and students' experiences of the clinical learning context. Sharon advocates that nurses embrace all elements of the professional role to enhance and promote care.

Denise and Sharon are passionate about highlighting the growing need for our frontline hospital staff to have access to the most current review literature. The following article endeavours to address what they believe to be the prevalent Issues with

Translating Systematic Reviews for those professionals working at the forefront of healthcare.

Translating the Cochrane Systematic Review – written by Denise Blanchard and Sharon Bourgeois

Systematic reviews are considered the highest evidence and in health care contribute to building an evidence base. Translating these into a summary version makes the findings relevant to a particular health care professional group. When the Cochrane Nursing Care Field (CNCF) calls for expressions of interest from nurses to provide summaries from a nursing or primary health care focus based on the systematic review topic, this helps make the knowledge and information more accessible. Transferring the scientific and research language into professional, everyday language makes a quick and easy read while ensuring contemporary and relevant research for health care.

Knowledge translation can be challenging and is often performed by a person not involved in the original systematic review. The requirement to transfer scientific language into everyday professional language is made difficult by issues where words in the review such as; must, can, should, can change the meaning and intent of the translation. Translation is problematic when issues are encountered, such as inconsistency with language (using different terms in the review to mean the same thing), or key terms are not defined (either left up to the reader to assume the definition or referred to definitions in previous and sometimes not accessible research to the reader). Examples from our experiences have been when the authors of reviews have referred to a survey for a definition when there were several possible variants, when intervention strategies are not fully defined and when subjects in the

original research do not match the subjects defined in the systematic review. To support discipline specific knowledge translation, we would suggest that the peer review process for systematic reviews may need strengthening (taking into account, for example, accuracy, reliability, and validity) so there is less ambiguity, and findings can be deemed trustworthy and relevant.

Knowledge translation may be problematic when there is no connection between the authors of the systematic review and the registered nurse writers of the CNCF summary. CNCF summaries are sent to the systematic review authors to critique and peer review. Our experience is that these authors often miss the intent of the CNCF summary and the need to translate the review into a professional story that highlights, for example, clinical interventions, health outcomes or patient preferences. While the CNCF summaries provide an independent peer review translation for the profession of the systematic review, the nurse authors also need to contribute the relevance and meaning for their profession. Our experience is that when the systematic review authors are not nurses, this process is not entirely understood.

Ultimately we believe the process of knowledge translation can be improved methodologically. That is, a future model for adoption may include all health-related systematic review teams to comprise a comprehensive multidisciplinary systematic review team. Once the review is finalised then each discipline team member would write the transfer strategy for their profession. This approach would see evidence transferred to disciplines promptly, by a health care professional involved in the review, thereby contributing to a multi-discipline knowledge translation in a contemporary manner. CNCF leaders would be pivotal in recommending, based on their database, nurses to lead or to

engage with other disciplines about future systematic reviews.

CNCF extends publishing agreement with International Journal of Nursing Studies

The International Journal of Nursing Studies (IJNS) has agreed to extend its publication agreement with the CNCF and has requested a further eight summaries to feature as part of their continuing 'Cochrane Corner' series.

With an impact rating of 2.901, the IJNS is a highly ranked journal that provides a forum for original research and scholarship about health care delivery, organisation, management, workforce, policy and research methods relevant to nursing, midwifery and other health related professions. The IJNS aims to support evidence informed policy and practice by publishing research, systematic and other scholarly reviews, critical discussion, and commentary of the highest standard.

The IJNS has been publishing original peer-reviewed articles of interest to the international health care community since 1963, making it one of the longest standing repositories of scholarship in this field. It is a highly respected journal in its field with consistently high impact, Indexed in major databases including PubMed, Medline, Thomson Reuters - Science Citation Index, Scopus, Thomson Reuters - Social Science Citation Index, CINAHL and the BNI (British Nursing Index).

Free online course offered by the University of Sheffield – Measuring healthcare outcomes

Healthcare systems around the world are increasingly under pressure to fund drugs, treatments and other healthcare interventions. No one has the money or resources to provide them all, so how do we decide which ones to fund? One factor

which can help inform these decisions is to compare the costs and benefits of treatments. Costs are fairly straightforward to calculate, but what about benefits? How do we know which treatments help patients most? And how do we measure and value these benefits?

The University of Sheffield is offering a free online course that will introduce you to health outcomes and explain how they can be measured and valued, to make more informed decisions about where to spend our limited healthcare budgets. The course looks at two different types of measures, asking how they are developed and calculated, and how they are used by decision makers in practice.

More information about this online course can be found here - <https://www.futurelearn.com/courses/valuing-health>

Gastroenterology Nursing Journal to extend publication agreement with the CNCF

The Gastroenterology Nursing Journal (GNJ) has requested a further eight summaries to be produced by the CNCF for publication in their journal.

The Gastroenterology Nursing Journal reports from the front lines of nursing. It publishes top-quality articles, editorials, and case reports to help nurses and related healthcare practitioners improve the quality of patient care in Gastroenterology Units by staying up-to-date on guidelines, new procedures and therapies, pharmacology, and more. It's the only journal devoted exclusively to Gastroenterology nursing.

Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in

healthcare staff – A Cochrane Plain Language Summary

Healthcare staff are at much greater risk of infections such as Ebola Virus Disease or SARS than people in general. One way of preventing infection is to use personal protective equipment, such as protective clothing, gloves, masks, and goggles to prevent contamination of the worker. It is unclear which type of equipment protects best and how it can best be removed after use. It is also unclear what is the best way to train workers to comply with guidance for the use of this equipment.

A recent Cochrane Review established six studies with 295 participants in which workers' protective clothing was sprayed with a fluorescent marker or a harmless virus to simulate what happens in hospitals. Four of these compared different types of protective clothing. Two studies compared different ways of putting clothing on and taking it off. Three studies with 905 participants compared the effect of active training on the use of protective equipment to passive training. All studies had a high risk of bias.

In spite of protective clothing, the marker was found on the skin of 25% to 100% of workers. In one study, more breathable clothing did not lead to more contamination than non-breathable clothing, but users were more satisfied. Gowns led to less contamination than aprons in another study. Two studies did not report enough data to enable conclusions. This evidence was of very low quality.

In one study, two pairs of gloves led to less contamination than only one pair of gloves. The outer gloves were immediately removed after the task was finished. In another study, following CDC guidance for apron or gown removal led to less contamination. This evidence was also of very low quality.

Active training, including computer simulation and spoken instructions, led to less errors with guidance on which protection to use and how to remove it among healthcare staff compared to passive training.

The Reviewers judged the quality of the evidence to be very low because of limitations in the studies, indirectness and small numbers of participants.

There were no studies on the effects of goggles, face shields, long-sleeved gloves or taping on the risk of contamination. We need simulation studies with several dozens of participants, preferably using exposure to a harmless virus, to find out which type and combination is most protective. The best way to remove protective clothing after use is also unclear. We need studies that use chance to assign workers to different types of training to find out which training works best. Healthcare staff exposed to highly infectious diseases should have their protective equipment registered and be followed for their risk of infection. It is suggested WHO and NGOs to organise more studies.

Cochrane Corner Summaries developed since last newsletter (Some summaries may be pending publication):

Author: Lesley Andrews, RN, SPQ (Renal), BSc, PGDip, PGCert. School of Health Sciences, University of Stirling, MacAulay – Topic: **'Endoscopic or surgical intervention for painful obstructive chronic pancreatitis'** - Gastroenterology Nursing Journal

Author: Natalie K Bradford PhD, MPH, BNurs, RN Queensland Youth Cancer Service Lady Cilento Children's Hospital Brisbane, Australia – Topic: **'Advanced life support training for hospital staff'** - The International Journal of Nursing Studies

Author: Wen Ling Hsieh RN - Master student; Wen I Liu Ph.D. Professor, School of Nursing

National Taipei University of Nursing and Health Sciences, Taipei, Taiwan – Topic: **‘Compulsory community and involuntary outpatient treatment for people with severe mental disorders’** – Journal of Health Science

Author: Rhoda Redulla, DNP, RN-BC, the Memorial Hospital of Salem County, Salem, New Jersey, USA – Topic: **‘Gloves, gowns and masks for reducing the transmission of methicillin-resistant Staphylococcus aureus (MRSA) in the hospital setting’** – International Journal of Nursing Studies

Author: Nerys Bolton, Pathway Director IPL Adult Nursing Programme, Canterbury Christ Church University Canterbury, UK – Topic: **‘Perioperative beta-blockers for preventing surgery-related mortality and morbidity’** - Journal of Perioperative Practice

Author: Patrick Phillips RN, MSc, Research Associate, School of Health and Related Research, The University of Sheffield – Topic: **‘Motivational interviewing for smoking cessation’** – Public Health Nursing Journal

Author: Maria José Góis Paixão RN, MSc, Associate Professor, Escola Superior de Enfermagem de Lisboa, Portugal – Topic: **‘Management of faecal incontinence and constipation in adults with central neurological diseases’** – Nursing Times Journal

Author: Craig Lockwood, RN, BN, GradDipClinNurs, MNSc, PhD, Director of Cochrane Nursing Care Field – Topic: **‘What is the best nursing handover style to ensure continuity of information for hospital patients?’** - International Journal of Nursing Studies

Author: Mengxue He RN, School of Nursing, Fudan University, P.R. China – Topic: **‘Interventions used to improve control of blood pressure in patients with hypertension’** – The Journal of Health Science

Author: Jacqui Jauncey-Cooke PhD, Lecturer School of Nursing, Midwifery and Social Work, the University of Queensland – Topic: **‘What is the evidence for treating delusional disorder?’** - Mental Health Nursing Journal

Author: Daksha Trivedi, Senior Research Fellow, Evidence Based Practice, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, UK – Topic: **‘Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes’** - Primary Health Care Research & Development Journal - doi:10.1017/S1463423616000128

Author: Natalie K Bradford PhD, MPH, BNurs, RN Queensland Youth Cancer Service, Lady Cilento Children’s Hospital, Brisbane, Australia – Topic: **‘Psychological interventions for needle-related procedural pain and distress in children and adolescents’** – Nursing Times Journal

Make a contribution to the CNCF newsletter

We are very interested to hear from our readers regarding the content of this monthly newsletter.

We would be grateful to receive any stories, news or events information that may be of interest to our readers. All content submissions can be forwarded to the CNCF Coordinator, Alex Mignone – at Alex.Mignone@adelaide.edu.au

*"The trained nurse
has become **one of the
great blessings of humanity,**
taking a place beside the
physician and the priest."*

- William Osler, MD

