Advancing the ‘science’ of nursing through the use of concept development methodologies

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Aims of this presentation

- To provide an overview of different approaches to conceptually based research
- To demonstrate the use of concept development methodologies in the design of a PhD study
- To illustrate the process of investigation, including the potential to develop a programme of concept-driven research
Why choose conceptually based research?

- A concept … is a representation of a phenomenon that individuals perceive and experience in their environment
  
  (McKenna, 1997)

- Provides us with a concise summary of thoughts related to a phenomenon
  
  (Meleis, 2007)

- Focus is on providing a clear, shared, and conscious agreement on the properties or meanings of a concept
  
  (Meleis, 2007)
Strategies for concept development

A number of different approaches to concept development are available in the literature, many of which include techniques for concept analysis.

- Chinn and Kramer, 1995
- Morse, 1995
- Schwartz-Barcott and Kim, 2000, 2002
Approaches to concept analysis

Walker and Avant

Rodgers
Concept advancement

- **Concept analysis** - examines what is already known about the concept

- **Concept advancement** - refers to techniques that add to the existing body of knowledge through the synthesis of new or deeper knowledge

(Penrod and Hupcey, 2005)
Concept advancement (2)

- Methodologically, concept advancement is typically achieved through inductive inquiry of an exploratory nature, aimed at enhancing conceptual precision.

- Research is driven by the concept, not by a phenomenon.

- The researcher moves across phenomena, contexts and methods to derive a more precise understanding for the ultimate purpose of deriving theory.

(Penrod and Hupcey, 2005)
Witnessed Resuscitation

- Abstract concept, invented in clinical practice and for which there is no direct measure

- A term commonly referred to in the literature as ‘family-presence during a resuscitation attempt’

- Remains a source of contention among accident and emergency healthcare staff

- Their opinion is known to influence the extent to which family members are able to exercise their choice
Purpose of PhD study

To develop and advance conceptual understanding of the concept of ‘witnessed resuscitation’ towards a more precisely defined unit of meaning for research application and practical use.
THEORETICAL INVESTIGATION
Research aim - Study 1

To clarify the meaning of the concept of WR in its current use and to provide a clear conceptual foundation as a basis for further inquiry.

Method of analysis
Rodger’s evolutionary view of concept analysis
Research aim - Study 2

To further develop conceptual understanding of the concept of WR in the context of accident and emergency care by drawing on past empirical research studies as a source of data

Method of analysis
Critical literature review
(Broome, 2000)
Research questions – Study 2

- What factors influence accident and emergency healthcare staff experience with and support for witnessed resuscitation (antecedents)?

- In what situations do accident and emergency healthcare staff consider application of the concept of witnessed resuscitation to be appropriate (references)?

- What are the positive and negative effects (consequences) of witnessed resuscitation as perceived by accident and emergency healthcare staff?
Additional questions

- What research approaches have been used to understand the concept of witnessed resuscitation?

- How has the concept of witnessed resuscitation been defined and described by researchers?

- What is the methodological quality of existing research?
Gaps in understanding

- Inadequate definitions of WR

- Significance, use and application of the concept appeared to vary across contexts (primary and secondary care) and across disciplines

- Life-worlds of those who had experienced this situation – largely unexplored

- Need for on-going research is essential if WR is to be better defined and understood
EXISTENTIAL INVESTIGATION
Study 3 - Aim

To explore the lived experience of witnessed resuscitation during an adult cardiopulmonary resuscitation attempt, in primary (out-of-hospital) and secondary (in-hospital) environments of care, from the perspective of accident and emergency ambulance staff and first-level registered nurses who had experienced this situation.
Research questions

- What is the nature of the lived experience of lay presence during an adult cardiopulmonary resuscitation (CPR) attempt?

- What is it like to perform adult CPR in the presence of lay people?

- What are the salient characteristics of lay presence during an adult CPR attempt as described by A&E healthcare staff?
SYNTHESIS OF NEW INSIGHTS
Template comparison

1. A type of sequential triangulation focused on advancement of a single concept (Penrod & Hupcey, 2003)

2. The findings of the CA and CLR provided the foundation for the initial template

3. Data was analysed independently to enhance inductive validity and a template of interpretive findings was developed for each study

4. Structural features were compared and areas of agreement and incongruence identified
Coding framework

- **Antecedents** Factors which influence A&E healthcare staff experience with and support for WR

- **References** Situations in which A&E healthcare staff consider WR to be appropriate

- **Consequences** What happens after or results from an instance of WR in primary (out-of-hospital) and secondary (in-hospital) environments of care

- **Attributes** Defining characteristics of witnessed resuscitation
Towards a programme of concept-driven research
Primary Care

Paediatric CPR

Alternative environments

Phases of resuscitation

Type of resuscitation

A&E Ambulance Staff

A&E Nurses

Secondary Care

Perspectives of the witness

Witnessed Resuscitation
Being present at the moment of death

Lay presence during adult CPR

Parental presence during CPR

Presence in the context of EoL care

Spiritual presence

Lay presence during tests for Brain Stem Death
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