

# Nursing Practice

## COMMENT

### “Obtaining rich data gives the best outcome for service users”

Starting a research project is exciting – the discussions over what the research question should be, the decisions around the methodology, linking up with the local university.

We are three practitioners in South London who attended an intensive course in advanced motivational interviewing (MI) skills. We came back from the course full of enthusiasm, wanting to show evidence to our employer that this training was worthy of being rolled out to staff.

As part of a larger research project, we decided to train a group of frontline mental health crisis practitioners in MI skills over two days. We then offered a two-month period of practice supervision before setting up two focus groups to explore the practitioners' experience of using MI skills in mental health crisis settings.

We advertised the focus groups widely, sent several reminder emails, and offered refreshments for attendees. Then we sat and waited with our pens poised and tape recorders ready, and... no one turned up. Considering our enthusiasm for MI, this was incredibly disappointing.

Feedback from the supervision sessions suggested the training was well received. We reflected on why staff had not attended the focus groups. Were they feeling overwhelmed due to training, deadlines and service users in crisis? Did they perceive themselves as not using their newly learnt skills and feel they had nothing to contribute to the groups? Was the research not important to them? Or was it that they just didn't feel motivated by MI?

We thought that the methodology of

focus groups would allow us to obtain qualitative data on the personal experiences of staff using MI in mental health crisis teams. We were also interested in the interaction between staff members during the focus groups. Training the teams as a whole was perceived as beneficial to begin to shift the culture of teams and to have all members of the team “singing from the same hymn sheet”. With this in mind, the focus groups were most likely to give us evidence that the ethos and spirit of MI had been embedded within the teams.

We could have used questionnaires but they would not have given us the richness or depth of data. So we decided that, if we were to repeat the research, we would re-attempt the use of focus groups. However, with hindsight, we would plan them more carefully by including confirmed attendance dates, immediately on completion of training. And staff providing the MI training would be different to those conducting the research in order to avoid coercion.

The challenges we experienced in attempting this research have given us food for thought. However, we are clear that we would not want to compromise on our research methods as we strongly believe training the team and obtaining rich research data via focus groups gives the best outcome for service users. **NT**

*Debbie Batstone is dual diagnosis worker; Jackie Waghorn, mental health crisis services manager; Claire Tobias, practice development nurse, all at Oxleas Foundation Trust, London*

## HIGHLIGHTS

**When to use pulse oximetry** p12

**Reflecting on patient-nurse boundaries**

p18



**Educating student nurses about commissioning** p22

## SPOTLIGHT

### Dementia nurse specialist skills are invaluable

Dementia is a complex issue and affects individuals and their families in different ways. This is also true of cancer. Our article on page 14 explores how specialist cancer nurses have made a significant difference to care of patients with cancer and argue that dementia nurse specialists could well have the same impact on patient care if numbers are increased.

They rightly point out that the Dementia Friends programme has raised awareness throughout the population but that in itself is just one issue. Dementia specialist nurses work at a

higher level than general nurses, who need to be skilled in providing direct care.

They have an expert level of skill and knowledge that is invaluable in supporting both patients and their families, as well as their nursing colleagues.



*Kathryn Godfrey is practice and learning editor of Nursing Times.*

*kathryn.godfrey@emap.com*

*Twitter @GodfreyKathryn. Don't miss the practice blog, go to nursingtimes.net/practiceblog*