

Third Annual Meeting of the Nurses Hypertension Association, Queen's College, Cambridge, 14-15 September 1993

ABSTRACTS

Session I. The NHA

Descriptive study of the role played by members of the Nurses Hypertension Association.

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As a part of the ENB 870 course (introduction to research awareness for nurses) an attempt to identify the role of a Clinical Nurse Specialist (CNS) in hypertension was made. Using Balcombe's (1989) definition of a CNS a questionnaire was completed by 35 of 50 members of the Nurses Hypertension Association (NHA).

Thirty-one respondents worked in a hospital, two of whom were also attached to a general practice (GP), one was based between a GP and a university, two were practice nurses and one worked in the pharmaceutical industry. There was a variety of job titles, mostly relating to research. Thirty-three respondents saw patients in a clinic setting, 32 of whom measured BP (19 lying, 24 standing, 25 sitting, 10 all three). Over 80% were involved in counselling about lifestyle, diet, smoking, drinking,

drug therapy and compliance. Most had other responsibilities such as taking blood, height, weight, urine testing, referral to the dietician and updating a database. Twenty-two used a standard sphygmomanometer, 14 a Hawksley random zero sphygmomanometer, 19 some form of electronic semi-automatic equipment and 12 an ambulatory BP monitor (10 a Spacelabs 90207). Sixteen were shared with other specialities, mostly related to other risk factors contributing to coronary disease. All respondents were involved in some form of research although only 18 were in contact with other members of the nursing profession in an advisory capacity. Only two respondents use a 'model of nursing' in the care of hypertensive patients; 20 acknowledged participation in the evaluation of care given to hypertensive patients.

The above results demonstrate the varied role of members of the NHA. Identification of a CNS role is made difficult by the fact that many are involved in other specialities. However, most do actually see patients in a clinic setting and participate in patient education and evaluation of care. Only half of the respondents had contact with other nurses in an advisory capacity which suggests that although all are involved in research it is of medical and pharmacological rather than nursing interest.

Session II. Observer Training

Problems associated with observer training in blood pressure measurement

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The purpose of this abstract is to assess the efficacy of the present training method in the BP measurement training programme as suggested by the British Hypertension Society. This consists of three stages (1) using the British Hypertension Society videotape and booklet, (2) instruction from an expert on BP measurement and (3) assessment of the accuracy of BP measurement taken by trainees. This procedure is in accordance with the principles outlined in The British Hypertension Society Protocol for the evaluation of blood pressure measuring devices. To date, seven training sessions have been organised and the results are shown in the following table.

Training	Trainees	Passed	Failed
1	7	0	7*
1 retrain	7	7	0*
2	3	0	3*
2 retrain	3	3	0*

Training	Trainees	Passed	Failed
3	4	0	4*
3 retrain	3	3	0*
4	2	2	0
5	2	2	0*
6	2	0	2*
6 retrain	2	2	0*
7	2	2	0

*One pair of observers participated in each of these sessions

Despite rigorous training, some of the observers who participated in a number of these studies lost their accuracy in the interim periods. This constant need for retraining raises serious questions about the ability of human observers to measure BP accurately on a continuous basis. As a consequence, serious thought must be given to the introduction of a less fallible method of recording BPs for research purposes.