

Data collection and analysis Critical Appraisal Tool from Joanna Briggs Institute and Appraisal of Guidelines for Research & Evaluation (AGREE) were used for data extracted to determine the current best interventions for preventing CR-BSI. Two sessions of expert focus group were held to evaluate feasibility and the meaningfulness of each intervention. After revised the interventions based on the focus groups suggestions, a questionnaire survey was conducted to investigate the usefulness of interventions nationwide.

Results Fifty-eight articles were met the inclusion criteria and selected for further evaluation. After the rigorous appraisal by two independent reviewers, 24 articles were considered to be eligible for the present review and 35 articles were excluded. The data from eligible articles were formed the guideline proposal which including 18 preventing interventions and 36 daily care interventions. According to the evidence level (AHCPR 1992) and recommendation grade (AHCPR 1994), in those 54 interventions, 12 interventions were in IA level of evidence, 9 were IB, 2 were II, and 1 were IIA level, 11 interventions were graded as recommendation A, 7 graded as B and 8 graded as C. 3 interventions were not graded.

Two Doctors, 1 infection control specialist and 14 experienced nurses from nationwide-formed two focus groups and reviewed the proposed guidelines. Only one intervention was not accepted by the experts might due to different human race, which is when a patient using CVP needs heparin 2500 U subcutaneous injection daily for preventing thrombus. The evidence level of heparization is level I and still included in proposed guideline.

A questionnaire survey was conduct to investigate the difference between current practice and proposed guidelines, 400 questionnaires were disseminated and 240 participants responded. Five of 54 interventions, the average agreement rate were below 70%; 1 intervention was preventive intervention and 4 were daily care interventions (including the daily heparization).

Conclusion The current guideline was confirmed by national experts and evaluated by the first line clinicians. However, the heparization intervention needs to be further investigated, and the other four interventions indicated that the first line clinician needs further education of catheters daily care for preventing CR-BSI.

Critical appraisal tools – “Relax, it’s much worse than you think”

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Background A review of critical appraisal tools (CATs) was undertaken. The review specifically focused on the design and evaluation of new CATs, as reported in the peer reviewed literature.

Results Of the 45 CATs reviewed, 26 (58%) were applicable to more than one research design, 11 (24%) to true experimental studies, and the remaining eight (18%) to individual research designs. Comprehensive explanations of how a CAT was developed and guidelines to use the CAT were available in five (11%) instances. There was no validation process reported in 12 CATs (27%) and 34 CATs (76%) had not been tested for reliability.

Discussion Systematic reviews are important from a clinical and policy viewpoint. However, many CATs have been developed that disregard – basic research techniques; the evidence for CAT design; and validation and reliability testing.

Conclusion Researchers should take care when choosing a CAT.

The meaningfulness of quality of life in women diagnosed with breast cancer – a systematic review

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Objectives To establish the best evidence available related to meaningfulness of quality of life of women diagnosed with breast cancer.

Method Electronic databases (CINAHL, OVID, PubMed, ScienceDirect, Scopus and Web of Science were searched using a three-step search strategy to identify relevant qualitative studies published in English. The search for unpublished studies included Mednar and ProQuest Dissertations and Theses. The identified studies were assessed independently by two reviewers for methodological quality using the critical appraisal instrument from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI QARI). Seven qualitative papers met the inclusion criteria. Data was extracted from the studies and categorised into a meta-synthesis that generated three synthesised findings.

Results Three synthesised findings were generated. The first synthesised finding was – “effective care for patients will be achieved if clinicians are aware of the impact of breast cancer and its treatment on the physical and psychosocial domains of women’s QoL”. The second synthesised finding was – “for effective patient-centred care, clinicians must be cognisant of the ways breast cancer and its treatment modalities affect social relationships”. The third synthesised finding was: “clinicians should be aware that women use religion and spirituality to cope with breast cancer treatment and improve their QoL”.

Conclusion This review concludes that the breast cancer diagnosis and its treatment can have a significant effect on several domains of women’s quality of life. Healthcare providers caring for patients need to be well informed about