

What prompts nurses to seek help from wound care consultants in spinal cord injury management?

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KEY WORDS

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ABSTRACT

Objective

This study aimed to identify clinical scenarios that might prompt nurses to seek advice from a spinal cord injury wound care nurse consultant for pressure injury management. In addition, some attributes of nurses were examined for associations with intention to seek the help of a consultant.

Design

Exploratory quantitative survey.

Setting

Queensland, Australia.

Subjects

Fifty currently practising hospital and community based nurses

Main outcome measure(s)

Two part online survey - part one presented hypothetical clinical case scenarios, in which respondents indicated their likelihood of seeking help; and, part two examined participant attributes and work experience.

Results

Each scenario presented was rated as either of little importance or utmost importance by at least one respondent. Participants identified consultant personality and proximity as more influential on help seeking than timeliness, common sense or knowledge.

Conclusion

The study did not identify a pattern of association between the presence of certain clinical factors and intention to seek help from a spinal cord injury consultant nurse for pressure injury management. What is important and influential for one person may be of less importance for others. Consultants must market their value to nurses in order that they are front of mind during the help seeking process. Further studies are required to examine the decision making process associated with help seeking.

INTRODUCTION

Help seeking, the process of finding and receiving help from others, occurs in many contexts. Literature exists in a variety of domains including health, the workplace and education and pertains to reasons and triggers for seeking help, barriers to help seeking and help seeking outcomes (Wakefield et al 2014; Hammer and Vogel 2013; Geller and Bamberger 2012; Smith 2012; Mueller and Kamdar 2011; Howard-York 2006). Clinical nurses work in complex and challenging situations and may not always have the knowledge and skill set to meet the demands of all care tasks they must undertake. In such instances help seeking from colleagues may be beneficial. In the field of spinal cord injury management (SCI), understanding the help seeking behaviour of community nurses confronted with clients with pressure injuries could be valuable for improving outcomes.

“Help seeking behaviour represents intentional action to solve a problem that challenges personal abilities” (Cornally and Mc Carthy 2011, p286). A variety of factors may influence help seeking behaviour, including individual characteristics of the helper and the recipient, as well as relational and contextual factors (van der Rijt et al 2013; Bamberger 2009; Hoffman et al 2009; Nadler et al 2003). For some people, seeking help is an early response to a challenging problem, whereas for others it will follow a failure to resolve the issue independently. Following problem recognition, the help seeker forms an intentional decision to act, selects and engages a source of assistance, and discloses the problem in return for help (Cornally and McCarthy 2011).

Problem recognition requires the insight to appraise a situation and identify that the problem is worthy of seeking help and beyond personal capability to solve, or optimally influence (Howard-York 2006). Even when an individual is aware of the need for help, help seeking may not eventuate. The decision to seek help is influenced by socio cultural and motivational factors (Cornally and McCarthy 2011; Howard-York 2006). While it is generally accepted that outcomes can be enhanced through receiving help (Geller and Bamberger 2012), some associated costs exist. The potential to be seen as lacking in competence (Mueller and Kamdar 2011), reinforcement of feelings of dependency (Wakefield et al 2014) and the resource cost of expending time and energy in the process of help seeking (Geller and Bamberger 2012) are described as potential barriers to seeking help. Some people view help seeking as a learning opportunity, whilst others may desire a more expedient solution in which the helper solves the problem (Geller and Bamberger 2012; Cornally and McCarthy 2011).

Success in acquiring the knowledge to resolve a problem is linked to the selection of a capable helper. This choice can be influenced by a variety of factors including personality, relationship, economic and societal factors, as well as knowledge and skills (Amsters et al 2013; Cornally and McCarthy 2011). As the goal of help seeking is to resolve or improve a problem, failure to do so may negatively influence the decision to seek help, or choice of a helper in the future.

While much of the health literature related to help seeking pertains to clients seeking assistance from health providers, health professionals may also seek professional support in the workplace, as in the case of community nurses approaching a clinical nurse consultant (CNC) for expert advice or assistance. The role of clinical nurse consultancy for supporting community nurses is well documented (Jannings et al 2010; McSherry et al 2007; Austin et al 2006). As it is not practical for one nurse to know everything about every clinical scenario, seeking help, even at an advanced level of practice, can contribute to quality client care (Howard-York 2006; Jannings and Armitage 2001). In the case of SCI, a specific field which would be rarely encountered by many community nurses, a specialty CNC available for consultation in this area would seem a valuable resource.

The Spinal Outreach Team (SPOT), the community arm of the Queensland Spinal Cord Injuries Service, has provided free community based consultancy services throughout Queensland, Australia since 1996. SPOT

is a multidisciplinary team of nursing and allied health professionals. Clients with SCI can seek help directly from SPOT or health professionals can seek help on their behalf. The service model strongly supports building capacity in other health professionals to manage SCI issues. SPOT maintains a web presence and promotes its consultancy service through regular communications to SCI clients and community services on its comprehensive database.

A significant proportion of the work of SPOT clinical nurses is related to skin integrity and pressure injuries. Anecdotal evidence from SPOT clinical nurses suggested that some community nurses will seek help early whilst others seek help at a late stage of pressure injury. With no apparent pattern to this variability, questions were raised about factors which might influence this phenomenon. Are the factors firmly based on the complexity of the clinical case or is help seeking behaviour influenced by such things as professional expectations, personality and relationships? Understanding these factors has the potential to facilitate earlier referral to consultancy services. Therefore, the purpose of this research was to explore the influences on help seeking by community nurses for pressure injury management in SCI.

METHOD

Subjects

Participants were self-selecting from the pool of hospital and community based registered nurses currently practising in Queensland. All nurses, regardless of current work environment or level of experience, were eligible to participate. A target of 100-150 participants was thought to be achievable based on the number of individuals and services listed on the SPOT database. Recruitment was via direct approach to individual nurses as well as via a general invitation in a health service newsletter. A snowballing technique was envisaged, with participants invited to suggest other potential participants or forward the invitation directly. All completed surveys were included for data analysis. Participation was voluntary and a single reminder was issued to nurses who did not complete the survey. Collection was ceased when no further participant suggestions or survey replies were received.

DATA COLLECTION

Data were collected by means of an anonymous online survey comprising two parts which was accessed by electronic link from the invitation to participate. Part one presented a hypothetical clinical case scenario involving a person with SCI residing in the community, with a subsequent pressure injury (see figure 1). Participants were asked to imagine themselves in the role of a community nurse providing a home visiting service to the person with SCI, even if this was not their current work role. Using a ten point Likert Scale ranging from 'extremely unlikely' to 'extremely likely', participants were asked to indicate their personal likelihood of seeking help from, firstly, a nursing consultant in SCI management and, secondly, from a different peer or colleague.

To ascertain the influence of various factors on the decision to seek help, the basic hypothetical case was then embellished with 29 different scenarios, each of which included one additional factor related to the wound, client attributes, health professional attributes or the environmental context (see figure 1). The scenarios were developed by a researcher based on discussion with the SPOT clinical nurse about factors that may prompt referral to SPOT. The survey was refined following pilot feedback from an experienced community clinical nurse who was not part of the research project.

The electronic survey presented the scenarios one at a time. For each new scenario, participants were asked to rate how this scenario would influence their decision to seek help from the SCI nursing consultant on a 10 point Likert Scale ranging from 'No influence' to 'Strongest possible influence'. It was emphasised that

participants should answer as they thought they really would act. Additionally, they were periodically reminded that each scenario was to be treated as an isolated case and not as part of a single escalating scenario.

Figure 1: Hypothetical case and scenarios

BASIC HYPOTHETICAL CASE

You are working as a community nurse, providing an in home visiting service. You have a 27 year old client called Andrew. He has C6 tetraplegia from a traumatic spinal cord injury sustained 5 years ago. Andrew lives alone in a unit complex but has paid carers to assist him with daily living tasks. Currently Andrew has a pressure injury on his right buttock and is resting in bed. You are aware of a community nurse called Frieda who has extensive experience with spinal cord injury. From time to time you have seen brochures from Frieda which state that she is able to provide a consultancy service in the area of spinal cord injury management, particularly wound care and bladder and bowel management.

SCENARIOS THAT MAY INFLUENCE DECISION TO SEEK CONSULTANT HELP

1. Andrew is unable to pay for nursing services to manage the wound. (Pay for nursing)	2. Underlying structures such as muscle, tendon or bone are visible. (Stage 4 wound)	3. The wound extends down into the subcutaneous fat. (Stage 3 wound)
4. Heavy exudate is coming from the wound. (Wound exudate)	5. Andrew has developed a second wound. (Second wound)	6. Urinary incontinence is hampering progress. (Urinary incontinence)
7. You suspect Andrew is becoming depressed. (Patient depression)	8. The wound has been static for a long time. (Static wound)	9. Andrew says resting in bed is causing him pain. (Patient pain)
10. Andrew has diabetes, is obese and has lower limb oedema. (Patient comorbidity)	11. Andrew has become acutely unwell. (Patient illness)	12. Andrew wants a second opinion. (Second opinion)
13. The wound has been present for more than three months. (Long duration)	14. The dressings being used are not staying in place. (Insecure dressings)	15. You've tried lots of things but nothing seems to be working. (Trial and error)
16. You think the condition of Andrew's wound is deteriorating. (Wound deterioration)	17. There is no active medical involvement in Andrew's wound management. (No medical involvement)	18. Andrew does not have enough care support to meet the wound care requirements. (Insufficient care)
19. You feel you have poor rapport with Andrew. (Rapport with patient)	20. Andrew is sitting up on the wound against your advice. (Sitting against advice)	21. The wound is oozing through the dressing. (Wound oozing)
22. Andrew prefers a different dressing to the one you recommend. (Dressing preference)	23. You think that Andrew's equipment may be causing the skin problem. (Equipment)	24. Andrew can't afford the recommended dressings. (Pay for dressings)
25. Andrew is passive about managing the secondary complications of his spinal cord injury. (Patient passivity)	26. You think some activity Andrew is doing in his day to day life may have caused the skin problem. (Patient activity)	27. Your caseload is very heavy. (Caseload)
28. The wound is malodorous. (Wound malodorous)	29. Andrew is refusing your visits. (Refusing visits)	

The second part of the survey examined a range of consultant and consultee characteristics. Experience and confidence with wound management and experience and confidence with SCI were measured on a 5-point scale ranging from low to high. Years of clinical experience and current age were measured in years. Respondent location was determined by postcode of place of work, with this data subsequently grouped into metropolitan, regional or rural. In relation to consultants, participants were also asked to rate if their previous experience with consultants had been helpful, unhelpful or limited. Similarly they were asked to identify if their organisation supported the use of clinical consultants, did not support clinical consultants or whether they were uncertain about their organisation's approach to consultants. Participants rated the statement 'If I knew and trusted the clinical consultant, this would make me more likely to seek their help' on a 5 point scale ranging from strongly disagree to strongly agree. Consultant factors such as proximity, personality,

knowledge, timeliness and common sense were presented and participants were asked to rank these five factors in terms of their influence in seeking consultant help.

ANALYSIS

Descriptive statistics were used to illustrate the responses for each of the scenarios in relation to the hypothetical case. An exploratory factor analysis using Principal Components Analysis (PCA) with varimax rotation was conducted on scenario responses to determine a factor structure of the domains of influence on seeking help.

The factors that emerged from the factor analysis were saved as variables. Due to the non-parametric and ordinal nature of the data, Spearman's correlations were used to explore relationships between age, experience, confidence and consultant factors as they related to the scenario factors. Independent sample Kruskal Wallis Tests were used to explore differences in the scenario factors across location.

Ethics approval for this project was obtained from Metro South Human Research Ethics Committee and Uniting Care Queensland Human Research Ethics Committee.

FINDINGS

One hundred and twenty-two invitations to participate (and to distribute further) were issued by email. Fifty respondents completed the survey. The demography of this sample is shown in table 1.

Table 1: Demography of respondents

		<i>Frequency n (%)</i>
Age	Under 26	2 (4%)
	26-35	9 (18%)
	36-45	8 (16%)
	46-55	16 (32%)
	Over 55	15 (30%)
Years of clinical experience	Under 5	3 (6%)
	6-10	8 (16%)
	11-15	6 (12%)
	16-20	6 (12%)
	More than 20	27 (54%)
Location	Metropolitan	16 (32%)
	Regional	28 (56%)
	Rural	6 (12%)
Sector	Government	37 (74%)
	Non-government	13(26%)

Of the 50 participants, 42 (84%) identified they had previously had helpful encounters with consultants, 7 (14%) stated they had limited dealings with clinical consultants in the past, while only 1 participant identified negative unhelpful encounters with clinical consultants. Forty participants (80%) stated their organisation was supportive of clinical consultants, 6 (12%) suggested their organisation was not supportive of clinical consultants and 4 (8%) did not know whether their organisation was supportive of clinical consultants. Forty-two participants (84%) either agreed or strongly agreed with the statement that they would be more likely to seek help from a consultant that they knew and trusted. In rank ordering the aspects of consultants in terms of proximity, personality, knowledge, timeliness and common sense, participants identified proximity and personality as the two more important factors influencing their decision to seek help from a consultant, while knowledge was identified as the least influential factor.

For the basic hypothetical case of a client with SCI resting in bed due to a pressure injury, with no additional scenarios, around half the respondents indicated a high likelihood (8-10 on a ten point scale) of seeking help from a peer and slightly more than half from a SCI consultant. Participant responses for each of the 29 scenarios ranged from 1 to 10. This means that each scenario was considered of little importance or utmost importance, as a factor influencing help seeking, by at least one respondent. Table 2 provides means with standard errors and standard deviations for each scenario response. The scenarios most frequently identified as most influential in the decision to seek help from a consultant were unsuccessful trial and error; the patient wants a second opinion; the patient is refusing visits; having a Stage 4 wound; insufficient care; wound deterioration; patient passivity; equipment as the cause of the problem; and, no medical involvement. Those rated least influential included the inability of the patient to pay for nursing services; patient depression; respondent's caseload is heavy; the patient prefers different dressings; and, the wound is oozing.

Table 2: Means, standard error and standard deviation for the 29 help seeking scenarios

<i>Help Seeking Scenario</i>	<i>Mean (SE)</i>	<i>Standard Deviation</i>
Trial and error	8.76 (0.28)	1.99
Second opinion	8.56 (0.35)	2.49
Refusing visits	8.56 (0.36)	2.53
Stage 4 wound	8.42 (0.34)	2.41
Insufficient care	8.40 (0.33)	2.34
Wound deterioration	8.24 (0.35)	2.44
Patient passivity	8.18 (0.29)	2.07
Equipment	8.10 (0.39)	2.73
No medical involvement	8.06 (0.38)	2.68
Sitting against advice	7.92 (0.32)	2.29
Second wound	7.82 (0.37)	2.63
Long duration	7.76 (0.37)	2.62
Static wound	7.68 (0.34)	2.43
Urinary incontinence	7.66 (0.37)	2.58
Wound malodorous	7.66 (0.37)	2.63
Patient comorbidity	7.50 (0.41)	2.91
Stage 3 wound	7.48 (0.37)	2.59
Pay for dressings	7.46 (0.40)	2.83
Wound exudate	7.44 (0.40)	2.80
Patient activity	7.44 (0.38)	2.67
Insecure dressings	7.36 (0.40)	2.86
Patient pain	7.20 (0.37)	2.63
Patient illness	7.12 (0.46)	3.26
Rapport with patient	7.04 (0.38)	2.67
Wound oozing	6.96 (0.40)	2.81
Dressing preference	6.84 (0.39)	2.74
Caseload	6.32 (0.45)	3.15
Patient depression	6.20 (0.42)	2.98
Pay for nursing	5.62 (0.48)	3.41

An exploratory Principal Components Analysis (PCA) was conducted to explore whether there were a clear set of themes across the scenarios that work together to determine help seeking. The Kaiser-Meyer Olkin Measure of Sampling Adequacy (KMO) 0.878 and Bartlett's Test of Sphericity ($\chi^2 = 1742.36$, $p < 0.001$) both indicated the factorability of the correlation matrix for the 29 scenario items. Varimax rotation was used to clarify the emerging factors. Four factors initially emerged with eigenvalues greater than 1 and these four factors accounted for 77.75% of the variance in the rotated factor solution. The fourth factor to emerge,

however, consisted of only one scenario, namely that of respondent caseload. This scenario was removed and the resulting three factor solution accounted for 74.9% of the variance. Table 3 illustrates the scenarios associated with each factor, their eigenvalues, percent of variance explained and descriptive statistics. The first factor to emerge consisted of scenarios that were consistent with wound management, accounting for 42.7% of the variance. There were 19 scenarios that loaded on this factor. The second factor consisted of four scenarios that characterised general health, accounting for 16.9% of the variance. The third factor was characterised by scenarios that reflected relationships and these five scenarios accounted for 15.3% of the variance. These three factors were saved as separate variables for further analysis.

Table 3: Factor structure of help seeking scenarios

<i>Help seeking scenario</i>	<i>Factor 1: Wound</i>	<i>Factor 2: Health</i>	<i>Factor 3: Relationship</i>
Sitting against advice	0.889		
Wound oozing	0.866		
Wound malodorous	0.856		
Stage 3 wound	0.850		
Wound deterioration	0.826		
Insecure dressings	0.822		
Wound exudate	0.820		
Second wound	0.809		
Long duration	0.796		
Stage 4 wound	0.780		
Trial and error	0.752		
Patient activity	0.750		
Dressing preference	0.732		
No medical involvement	0.674		
Static wound	0.671		
Insufficient care	0.655		
Patient pain	0.646		
Equipment	0.623		
Patient passivity	0.612		
Patient illness		0.799	
Patient depression		0.783	
Urinary incontinence		0.724	
Patient comorbidity		0.621	
Refusing visits			0.850
Second opinion			0.829
Pay for dressings			0.771
Pay for nursing			0.608
Rapport with patient			0.424
Eigenvalue	11.96	4.73	4.29
% variance explained	42.71	16.88	15.33
α	0.98	0.86	0.80

Personal attributes including age (using ordinal groupings); experience (using ordinal grouping); experience and confidence in wound management; experience and confidence in SCI management; and location (metropolitan, regional, rural) were explored in relation to identification of each of the three scenario factors. Using $p < 0.01$ significance levels to account for multiple comparisons, the only significant finding to emerge was a positive

relationship between age of respondent and Factor 1, Wound ($\rho = 0.407$, $p=0.003$). Older participants were more likely to identify wound management factors that influenced their decision to seek consultant help. Similarly, those with greater years of experience in nursing identified this factor more commonly ($\rho = 0.408$, $p=0.002$). Obviously, however, these two attributes are closely related ($\rho = 0.697$, $p<0.001$).

DISCUSSION

This exploratory study aimed to identify scenarios that might prompt nurses to seek advice from an SCI wound care consultant for pressure injury management and explore whether consultant or consultee characteristics were related to the reasons that would prompt nurses to seek consultant help.

Results indicate that the majority of participants were positive about engaging consultants and perceived their organisations to be supportive of the use of consultants. There was, however, data to suggest that positivity towards consultants might be enhanced by 'knowing and trusting' that individual through previous engagement. A demonstrated preference in the data for a consultant known and trusted to the help seeker highlights the value of relationship building to facilitate future approaches. This supports the findings of Amsters et al (2013) regarding the contribution of relationships to creating links between consultants and consultees. Similarly, Seright (2011) describes the importance of collaborative relationships to clinical decision making in a group of novice nurses. This study highlighted social rather than evidence based aspects of decision making, with strong reliance on support of co-workers and seniors to validate clinical judgements.

Jannings et al (2010) identified access to expert clinical knowledge via consultants as important to generalist nurses. In the current study, it is interesting that knowledge was identified as the least influential consultant characteristic on the decision to seek help, behind proximity, personality, timeliness and common sense. Proximity and personality were given the highest ratings. Perhaps there is an assumption that all SCI consultants will possess adequate specialty knowledge, and being able to access and engage with the consultant will facilitate problem solving. Perceptions of accessibility and trustworthiness have previously been identified as important influences on help seeking (Hofmann et al 2009). The expansion of telehealth services may be an important development in bridging perceived proximity issues (Moffatt and Eley 2010).

Analysis of the responses to the 29 scenarios indicates that what held utmost importance to one participant may be of no importance to another participant. Every scenario had at least one participant rating of 10 (most likely to be a catalyst for help seeking) and 1 (least likely to be a catalyst for help seeking). To place this in context, for the scenario stating that "you think the condition of the wound is deteriorating", 24 participants rated this as a 10 but two participants rated this as a 1. One of the limitations of a closed question survey is that it is not possible to delve into the thought processes of those participants who did not view deterioration as a red flag for help. The message for the promotion of help seeking behaviour is that what seems important and influential for one nurse may hold little influence for another. It is a complex interplay of factors, including situational factors that may impact on seeking help (Adamson et al 2009). This has implications for education of nurses in the community, particularly where the goal is to facilitate early intervention. Problem recognition is the driving force in the process of seeking help, as engaging a consultant cannot occur without this step. Education must therefore be far reaching to educate nurses about the complex and individual needs of the SCI population and the desirability of early specialist consultation for optimum outcomes.

Factor analysis revealed a three factor solution which accounted for 74.9% of the variance. These factors can broadly be described as wound factors, health factors and relationship factors. Significant associations between these factors and respondent characteristics was limited to wound factors and age of respondent, with older participants more likely to identify wound factors as promoting help seeking behaviour. Further work

is needed to understand the association between these variables but it may perhaps be related to positive experiences of using wound care consultants over time.

Limitations of this highly exploratory research are acknowledged. The sample size was smaller than anticipated due to a low response rate. Relying on participants to suggest other potential participants was not particularly successful and few responses were generated by people passing on the survey to others. Being mindful of busy clinical loads, and not wanting to unduly influence nurses to participate, the researchers did not continue to approach participants after the initial invitation and one follow up reminder. Although participants were asked to answer questions as they thought they would act, rather than should act, a social desirability bias may have influenced responses (Wasylikiw 2007). The nature of the potential bias is uncertain and may be influenced by professional or workplace culture as well as personal factors.

An alternative approach to gauging triggers for help seeking may have been to ask respondents to undertake a ranking or sorting of the factors, thereby forcing comparisons between factors. In addition, complementary qualitative data collection could elucidate the cognitive processes involved in making these choices. Participant sampling processes were not ideal. The sample consisted of nurses from a variety of backgrounds, who were asked to imagine themselves in the role of a community nurse. Surveying only nurses currently working in such a role may have provided different responses, however recruiting with such narrow employment criteria would doubtless prove challenging. Qualitative research exploring actual seeking help instances may be more informative and should be explored.

CONCLUSIONS/RECOMMENDATIONS

It was not possible from this study to identify particular circumstances that would prompt a community nurse to seek assistance from an SCI consultant nurse for pressure injury management. Results revealed that the nurses surveyed had varying reasons for seeking help. Factors related to the wound, client health and the relationship between nurse and client were regarded as being variably influential as catalysts for help seeking across the participant group.

This exploratory research suggests that to facilitate early referral and maximise the use of consultancy services (such as the Spinal Outreach Team), it is important to focus on all aspects of the help seeking process. Education, networking, relationship building, availability, approachability and positive personal attributes must all be viewed as influential factors. While this study has not provided definitive results, further research may identify other environmental or personal determinants as yet unidentified. Such information has potential application across a broad range of consultancy services.

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