

'Trying to pin down jelly'

Toye, F. Seers, K. Allcock, N. Briggs, M. Carr, E. Andrews, J. and Barker, K. (2013) 'Trying to pin down jelly' - exploring intuitive processes in quality assessment for meta-ethnography. BMC Medical Research Methodology 2013, 13:46 <http://www.biomedcentral.com/1471-2288/13/46>

This paper looks at issues around assessing the quality of qualitative research for inclusion in a qualitative systematic review or synthesis. This was undertaken as part of a larger meta-ethnography on chronic musculoskeletal pain. Team discussions over 20 months about assessing quality were recorded and transcribed.

We suggest there are two core aspects of quality when deciding whether to include a qualitative paper in a systematic synthesis. These aspects are 1) conceptual clarity (is there a clear concept that helps theoretical insight) and 2) Interpretative rigour (can you trust the

interpretation – including the context of the interpretation, are the interpretations supported by the data and does the researcher consider alternative explanations). We concluded that rigorous methods in a paper are necessary but not always a sufficient aspect of quality. Quality comprised both good methods and insightfulness, and these were different facets of quality. This study was funded by The National Institute for Health Research Health Services and Delivery Research programme. (Project number 09/2001/09).

Contact: Kate Seers



Emotional Labour and Resilience

Liz Tutton gave a paper on Emotional Labour and Resilience at the RCN Annual Patient Safety and Quality conference at Staffordshire County Showground. The focus of the day was understanding the present and looking to the future. There were presentations on nursing, management, patient and carers' perspectives of health care, leadership and the importance of values. The presentations engendered much discussion and an appreciative inquiry led by Geraldine Cunningham ensured everybody shared their trials and tribulations and left with a positive goal and a personal contact to support its achievement.

The paper on emotional labour focused on the need to: legitimise - emotional labour is invisible, unrecognised work; emphasize - need to recognize it, articulate it and influence the

system; and capitalise - recognise what we as nurses need as support to accomplish this work.

The nature and breadth of emotional labour was discussed drawing on the work of Pam Smith, Catherine Theodosius and a poem of patient experiences drawn from current research at the RCNRI. Understanding resilience drew on the work of Debra Jackson also noting the usefulness of the concept of hardiness and work engagement. A brief discussion raised the issues of how nurses interact with doctors and the hidden support role and how we develop greater resilience in daily nursing life.

Contact: Liz Tutton

ESRC Seminar Series

This ESRC seminar series on social science and nursing is gathering pace. It provides opportunities to discuss the potential contributions that the social sciences might make to nurse education. Meetings bring together academics from nurse education and health-related social sciences with nursing students and those with responsibility for commissioning nurse education. The series aims to increase interdisciplinary collaboration between the social sciences and nursing to

inform innovative curriculum design in nursing and bring benefits to social science research and education. See our ESRC seminar series website for more details <http://socialscienceandnursing.com/>

The second seminar in the series of six is in Warwick on the 15th July 2014. It will consider how a social science perspective provides insight into the cultural context of the ward and community environment.

Conversations begun in the first seminar will develop further through considering ideas around culture and health in different settings and how such ideas might contribute to nursing education, looking at why culture and context matter.

Contact: Kate Seers

Better Care for People with Memory Loss

Services after Hospital: action to develop recommendations enabling better care for people suffering from cognitive impairment

Currently in the United Kingdom, up to 70% of acute hospital beds are occupied by older people and it is estimated that around 40% of these have dementia (RCN 2011), many of whom do not have a formal diagnosis. A clear problem is that currently there is no easy care pathway for people suffering from cognitive impairment or their carers, when patients leave hospital. In addition, they may leave hospital with increased dependency and a decline in their health (DH 2010). This can cause unnecessary distress at a worrying time, and families can face many difficulties when health and social care services do not work well together, and staff may not know how to overcome this (Commission on Dignity in Care for Older People 2012).

We have been successful in gaining funding of £240k from the National Institute of Health Research (Research for Patient Benefit) for a two year study to develop carer and patient-led recommendations for services to enable smooth transition for people suffering from cognitive impairment

and their carers from hospital back to their home. The recommendations will be a reference for health and social care professionals when involved in planning hospital discharge for a patient suffering from cognitive impairment and their family carer.

The study will explore the experiences of up to 30 patients and their family carers from two England counties at three time points over a 12 week period from discharge looking at what works well, what can be improved, and how patients and carers are involved in decision making. Service users are taking a major role in this study and are involved from the initial development of the proposal to dissemination, including as trained co-researchers.

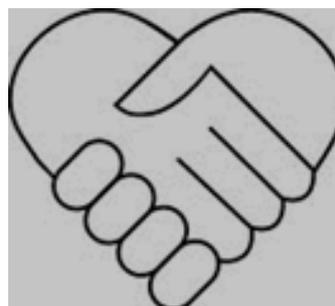
The study is supported by the University Hospitals of Coventry and Warwickshire and Oxfordshire Health, the University/User Teaching and Research Action Partnership (UNTRAP – a volunteer network based at the University of Warwick) and the Alzheimer's Society volunteer network. Dr Carole Mockford¹, Professor Kate Seers¹, Dr Sophie Staniszewska¹, Professor Jan Oyebode², Mr Matthew Murray³, Mrs Rashida Suleman⁴, Ms Rosemary Clarke⁴. ¹RCNRI, Warwick Medical

School, University of Warwick; ²University of Bradford; ³Alzheimer's Society, ⁴UNTRAP.

References:

- i) Commission on Dignity in Care for Older People (2012) Delivering Dignity: securing dignity for older people in hospitals and care homes. A collaboration established by the NHS Confederation, the Local Government Association and Age UK. Report June 2012 Delivery Dignity Team: London
- ii) DH (Department of Health) (2010) Living Well with Dementia: A National Dementia Strategy
- iii) RCN (Royal College of Nursing) (2011) Dignity in Dementia: Transforming general hospital care: results from an online survey consultation of carer and patients. Final report. Employment Research Ltd: Hove, Sussex.

Contact: Carole Mockford



Publications

Staniszewska, S. Thomas, V. **Seers, K.** (2013) Patient and public involvement in the implementation of evidence into practice, Epub 10.1136/eb-2013-101510

Hamilton, T. Hutchings, L. Alsousou, J. **Tutton, E.** Hodson, E. Smith, C.H. Wakefield, J. Gray, B. Symonds, S. Willett, K. (2013) The treatment of stable paediatric forearm fractures using a cast that may be removed at home. Comparison with traditional management in a randomised controlled trial. The Bone and Joint Journal doi: 10.1302/0301-620x95B12.31299 Vol95B:1714-20, No.12, December

Mathie, E. Wilson, P. Poland, F. McNeilly, E. Howe, A. **Staniszewska, S.** Crowe, M. Munday, D. Goodman, C. (2014) Consumer involvement in health research: a UK scoping and survey. International Journal of Consumer Studies, 38, 34-44 doi:10.1111/ijcs.12072

The RCN Research Institute, within the Division of Health Sciences, Warwick Medical School at the University of Warwick, provides a vibrant student research community.

If you are interested in undertaking a PhD, part time or full time, please contact:

Prof Kate Seers.

PhD Student: Emergency Preparedness

Emergency Preparedness, through the experiences of pre-hospital health-care professionals. A qualitative study.

Understanding the concept of emergency preparedness has gained increased importance as a consequence of the terrorist attacks in London and Madrid. These unscheduled, catastrophic events create enormous challenges for emergency personnel due to their diverse and uncertain characteristics.

Pre-hospital care workers are expected to deal with major incidents but it is unknown if these staff are prepared, how we measure preparedness and how we ensure quality in this area. It is acknowledged that 'readiness' in this context is sub-optimal, with the changing nature of threat and evolution of the role of the health-care provider occurring synonymously.

The literature in this field has important limitations in relation to its conceptualisation, the extent to which it draws on theory and how it operationalises the concept in practice. The review concludes that emergency preparedness definitions and concepts are poorly defined and applied and that theory is built on assumptions and experience, rather than on a credible knowledge base, in this developing speciality. In addition, there is a lack of standardisation of training and education within the United Kingdom and little is known about how pre-hospital care workers perceive and engage in emergency preparedness and how this influences their training, education and experience.

Utilising an Interpretative Phenomenology Analysis (IPA) methodology, this study aims to increase understanding of the concept of emergency preparedness, through the experience of pre-hospital

healthcare professionals. An understanding of how the motivations, barriers and enablers of individuals' engagement with emergency preparedness are being explored, via one-to-one semi-structured interviews.

I have upgraded from MPhil to PhD, ethics clearance has been achieved and data collection and analysis is currently being undertaken. I have time secured from my full-time employment to write-up this study in Autumn 2014.

Contact: Alison Day



Alison Day

Chronic Musculoskeletal Pain

Kate Seers is a co-investigator on an innovative grant funded by the National Institute of Health Research. We undertook a qualitative synthesis of research evidence on chronic musculoskeletal pain. We synthesised 77 studies, and found that for people with this pain, life was an adversarial struggle in many different ways. In addition, we produced a short film based on the findings, "*Struggling to be me with chronic pain*" which is on YouTube and has been watched over 2,700 times so far.

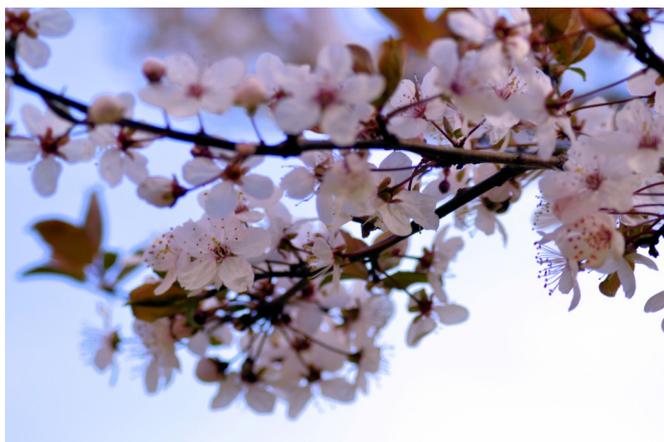
<http://www.youtube.com/watch?v=FPpu7dXJFRI>

Or type 'struggling to be me' into your search engine.

Full report: Toye F, Seers K, Allcock N, Briggs M, Carr E, Andrews J, Barker K (2013) A meta-ethnography of patients' experience of chronic non-malignant musculoskeletal pain. *Health Serv Deliv Res* 2013;1(12). http://www.journalslibrary.nihr.ac.uk/_data/assets/pdf_file/0005/93632/FullReport-hsdr01120.pdf

Shorter paper: Toye F, Seers K, Allcock N, Briggs M, Carr E, Andrews J, Barker K (2013). Patients' experiences of chronic non-malignant musculoskeletal pain: a qualitative systematic review. *Br J Gen Pract.* 63(617):e829-41. doi: 10.3399/bjgp13X675412. <http://bjgp.org/content/63/617/e829.full.pdf+html>

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Spring on Campus



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