

RCN RESEARCH INSTITUTE

DIRECTOR:
Prof Kate Seers

OUR RESEARCH THEMES:

Patient Experiences and Involvement

Patient Reported Outcomes

Translating Knowledge into Practice

This newsletter presents selected highlights of our Research. For details of the full programme please see our website.

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Website address:

<http://www2.warwick.ac.uk/fac/soc/shss/rcn>

RCN Research Institute



Newsletter

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Lost in translation

Professor Kate Seers from the RCN Research Institute, University of Warwick was invited to give the 2010 Annual Winifred Raphael Memorial Lecture entitled "Lost in Translation: the Art & Science of using evidence in practice".

Kate argued that ensuring practice is underpinned by the best available evidence is crucial to delivering excellent care. She discussed how knowledge is translated into practice, and examined a range of models, including the knowledge to action model proposed by Graham et al (2006). This encompasses knowledge creation and knowledge application.

Action theories had a common core of identifying the problem; finding research or guidelines; adapting them to the context; assessing barriers; selecting, tailoring and implementing the change; monitoring and evaluating; and sustaining ongoing knowledge use.

Kate presented the question "what is evidence?" and discussed the varying interpretations of evidence that underpin knowledge translation in practice. The context in which evidence is used, and the support

available to help get it used are critical factors. Evidence for practice can include research evidence, clinical experience, patient preferences and local information. Balancing these different types of evidence in practice requires a skilful practitioner, who understands about different ways of knowing, and how science, art, ethics and personal knowing are important within a socio-political context.

She discussed how 'magical thinking' sometimes was apparent in decisions about using evidence, and the tensions caused by the uncertain nature of evidence. Ideas are constantly refined, but often the public and politicians want certainty.

The role of a knowledge broker was highlighted as interpersonal networks are important in getting evidence used in practice. We often need complex interventions in complex settings using complex forms of evidence in order to deliver the best possible care.

If you would like more information, the slides from the lecture are available: http://www.rcn.org.uk/_data/assets/pdf_file/0003/349761/wrm12010seers.pdf

Reference
Graham, I. D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions*, 26(1): 13-24

Contact: Kate Seers



The work of the RCNRI aims to:

- ▶ Produce high quality research that improves patient care and impacts on policy
- ▶ Increase research capacity within nursing by providing high quality research training
- ▶ Contribute towards the RCN delivering on its strategic objectives

Contact: Kate Seers

Impact of patient and public involvement

“There is poor reporting of impact data”



Developing guidance for reporting the impact of patient and public involvement

Patient and public involvement (PPI) in health services and in research is encouraged by current policy and practice, with many papers now published in this topic. We undertook two systematic reviews of evidence, one focused on the impact of patient and public involvement in health and social care research and one focused on patient and public

involvement in health and social care services. Both reviews identified a range of impacts, but a key difficulty was the poor reporting of impact data, which made it very difficult to evaluate the effectiveness of PPI. As the reviews progressed it became apparent that there is a need for greater consistency in reporting and that guidance is required to enhance overall reporting quality and strengthen the future PPI evidence base, in the same way that the CONSORT guidance has strengthened the

quality of clinical trials reporting. We have taken the first step in developing guidance for PPI impact reporting, based on the reviews, which aims to help researchers, users, editors and others to ensure that key information is included in studies. We are now working with EQUATOR (<http://equator-networking.org>) to secure funding to begin the process of consensus development.

Contact: Sophie Staniszewska

International Collaboration of Orthopaedic Nursing

“Nurses must embrace interdisciplinary and collaborative approaches to research”.



Liz Tutton gave a plenary paper at the International Collaboration of Orthopaedic Nursing in Dublin. The title of the paper was ‘Developing a Research Agenda in Orthopaedic and Trauma Nursing’. The paper explored three questions:

- what evidence do we need to practice?
- does it already exist?
- what do we want to know?

These questions were explored drawing on the research work of the Kadoorie Centre, Oxford Radcliffe Hospitals NHS Trust and RCN Research Institute, University of Warwick to illustrate how research strategies may be developed. Challenges for nursing in relation to the three questions were identified.

Looking at the nature of evidence used in practice identified the need for nurses to be able to articulate their role and value their contribution, whilst also questioning their practice. Research on the professional culture of care on a Trauma Unit and the concept of Hope were provided as examples of research derived from nurses questioning their practice.

Does the evidence exist? This identified many challenges in relation to finding the evidence and implementing evidence if it does already exist. The RCN Research Institute’s work on knowledge translation including protocol based care, peri-operative fasting and facilitating implementation of research evidence into practice were explored. Developing ‘leaders’ who are aware of the nature of evidence and the important processes of context and

facilitation was identified as a major issue.

What do we want to know? highlighted important research questions identified by nurses and raised important issues about how to involve nurses in research. Being active in the Comprehensive Local Research Networks and finding ways of increasing research capacity are important ways forward.

Nurses have the potential to make a strong contribution to research but must also embrace interdisciplinary and collaborative approaches to research. In addition there are many challenges in how we involve users in care but also within the process of research. Examples were provided of a range of ways of answering research questions using qualitative and quantitative methods.

Contact Liz Tutton

PhD Student: Alison Day

Alison Day is currently in her 3rd year of a part-time PhD within the RCN Research Institute. She works as a Senior Lecturer in Emergency Nursing at Coventry University.

The study will focus on the diverse range of individuals making up the volunteer medical team based at The City of Coventry football stadium, an Olympic host venue. After only 3 days of test events, these professionals will be expected to practice efficiently within their temporary role. The study will examine their motivations, barriers and enablers in developing practice and training knowledge in emergency planning. Comparison will occur against the engagement of the regular grounds staff in training for major incident planning on a match day.

It is envisaged that the research will be carried out using interviews,

focus groups or written diaries where the individuals can share their experiences and thoughts on this process.

The eyes of the world will be on the United Kingdom as it hosts the 2012 Olympics. 200 nations will compete in 26 sports, in 34 venues, with an estimated 9 million tickets being sold and 27,500 members of the media in attendance. Security will be tight, with the national alert level on severe.

Whilst the Olympics are a one off event within the UK, it is hoped that the knowledge of how staff engage with emergency planning training (an area where their knowledge may never be tested) and also interact with each other will have relevance to other clinical settings.

Contact: Sophie Staniszewska

The RCN Research Institute, within the School of Health and Social Studies, 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.



The PRIME Project

Staniszewska, S. Crowe, S. Badenoch, D. Edwards, C. Savage, J. Norman, W.

The PRIME project: developing a patient evidence-base.
Health Expectations, 13, pp. 312-322

This paper suggests that patient experience has never really been taken seriously within debates around evidence. The authors propose a term 'patient based evidence' to encompass the useful ways that information from patients may be used alongside clinical and economic data. For this study the experience of living with myalgic encephalitis (ME)/chronic fatigue syndrome (CFS) was explored through the use of narratives.

A literature survey (www.prime-cfs.org) and forty interviews were undertaken. The study was set up as a collaborative venture with user

involvement integral to the whole study. Participants were obtained from across the UK including a range of severity and time living with the condition to gain a variety of experiences. Due to confidentiality and usability issues the original idea of full transcripts on line evolved to simple headings illustrated with data from the transcripts. This provides a structure for others to analyse the data in their own way.

The three headings were: causes and factors, symptoms and coping strategies. The data were coded and uploaded onto a secure database. Key words or issues can be searched and data from a variety of experiences can be explored. The aim of the data base is to underpin a more collaborative approach to research where users are central to the

research process. Benefits may be that researchers develop an understanding of the experience of this condition prior to developing their research questions. It may enhance planning of a study and provide the basis for work on impact on health or wellbeing and outcome measures.

This study provides patient based evidence that has an important contribution to make to understanding health care and its impact on patients. It has the potential to be developed to convey a wider range of stakeholders perspectives. Most importantly this study challenges traditional views of evidence and provides a web based resource that can be used to further research in this area.

Contact: Sophie Staniszewska

Peri-operative Implementation Study Evaluation (PoISE)

Rycroft-Malone, J., Chandler, J., Hawkes, C., Allen, C., Bullock, I., Crichton, N., Strunin, L., Seers, K., Smith, T. (2010)

Peri-operative Implementation Study Evaluation (PoISE): Implementing evidence into practice.

Report to The Health Foundation.

This study was designed to find out the best way of implementing evidence into practice in relation to peri-operative fasting. Getting evidence into practice is a key area of research in health care. Guidelines are often used as a vehicle for changing practice but their use is variable and influenced by context. Recent systematic reviews suggest that interactive educational approaches and opinion leadership may be useful strategies for change.

This study was a pragmatic randomised controlled trial with mixed methods to evaluate the process of implementation and change. Nineteen acute NHS Trusts across the United Kingdom were randomly allocated to three interventions: standard intervention;

a web-based educational package plus opinion leader; and Plan-Do-Study-Act (PDSA), a quality improvement approach.

The peri-operative fasting guideline had been developed using NICE methodology and supported by many organisations including the Royal College of Nursing and Royal College of Anaesthetists.

Across all groups before the intervention, (n=1440 patients), length of patients' fluid fast was an average of 9.6 hours (ranging from 0.5 to 51.5 hours), with no significant difference between groups. After the intervention, (n=1761 patients) the average fluid fast was 8.9 hours (ranging from 0.5-32.8 hours). There were no significant differences in fluid fasting times between the three interventions from pre to post intervention, although six sites significantly reduced fluid fasting times.

The process data showed that whilst the evidence base was accepted by practitioners, clinical experiences and system factors affected the translation of these guidelines into practice.

Many barriers to change were identified such as behaviour, professional issues, power, lack of authority and responsibility, and the affect of teams and professions on operating list management. Suggestions for improving practice include informing patients of list changes and reasons for fasting. Management of fasting involves a balance of priorities between demands of a highly pressurised elective surgical system and adequate hydration and comfort of the patient.

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