

**OUR RESEARCH
THEMES:**

**Patient & Public
Involvement**

**Experience of Health
Care**

**Person 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/med/research/hscience/rcn>

Twitter:



@rcnri

Graduation



From left to right: Dr Liz Tutton, Dr Michele Platt and Professor Kate Seers

We were delighted to have two doctoral awards at the January graduation, Dr Michele Platt and Dr Jo Brett. That's two more high quality research studies relevant to nursing.

Dr Michele Platt was supervised by Professor Kate Seers and Dr Liz Tutton. The aim of Michele's work was to gain a better understanding of what happens when patients become critically ill in ward areas, how do staff know they are deteriorating and what do they do about it. The findings identify the importance of making the link at all stages within the process of deterioration. Knowledge and understanding was crucial but despite this the process could fail at any stage if the link between knowledge and action was not made.

Making the link was set within the framework of:

- 1) Being vigilant through surveillance,
- 2) Identifying and recognising urgency,
- 3) Taking action: escalating and responding and
- 4) Taking action: treating.

Dr Jo Brett's supervisors were Dr Sophie Staniszewska and Dr Kirstie Haywood.

Jo's study explored the lived experience of hip fracture in older people. The findings present the impact on self, and the role of biographical disruption in triggering feelings of incompetency and frustration, particularly in those who had been relatively active prior to hip fracture. Participants struggled with feeling labelled as 'old' and 'disabled' post hip fracture.

Managing expectations and building confidence and competency in self-management could be achieved through comprehensive discharge planning initiated early and the introduction of key workers could be considered to co-ordinate seamless care, from acute care at the hospital to community care at home, monitoring all aspects of patients' wellbeing.

Contact: Liz Tutton



From left to right: Dr Kirstie Haywood, Dr Jo Brett and Dr Sophie Staniszewska

Services After Hospital for People with Memory Loss (SHARED)



From left to right: Bob Ewings, Matt Murray, Taryn Talbott, Claire New, Uma Sharma, Sophie Stanszewska, Carole Mockford, Jill Lindsay, Andrew Entwistle, Rebecca Burt, Yvonne Diment, Richard Grant and Anthony Locke.

The SHARED Event 26th November 2015 (Services after Hospital: Action to develop REcommenDations)

As the SHARED study came to an end, all of those who had contributed to the study were invited to have lunch and a catch up before attending the lunchtime seminar organised by Warwick Medical School. At the hour long presentation the completed study was presented to a full room of interested academics and clinicians as well as our research team of research nurses, lay members of the advisory group, co-investigators, and administrator. The lay co-researchers talked about what it was like being a researcher, particularly what they learned, what they felt they added and their personal experiences of being involved in the SHARED study. Their contribution was very well received

by the audience. Most researchers are interested in patient and public involvement in research studies and want to know how this will benefit their studies especially as lay involvement is a requirement of major funding bodies such as the National Institute for Health Research.

Some of the key messages from the lay co-researchers included that they could empathise with the study participants' experiences as many were past carers themselves, they learned more about a growing health and social care problem, and they learned about the practicalities of being a researcher. They felt able to question aspects of the research study and we grew as a team over time, each learning from each other. We started with 12 lay co-researchers and at the end we had a strong team of five. They were involved in

interviewing carers and patients discharged from acute hospitals in two NHS Trusts; they developed a framework for analysis of the interview data; they facilitated focus groups of study participants, and from this service user led recommendations were developed for discharge and care planning for patients living with memory loss and their carers.

"It brought it home to me the value of all research and that lay people should be involved in some way to be the voice of the patient and in this case to try and improve the lives of people living with memory problems after hospital discharge".

The lay co-researchers have co-authored papers from the study and are co-presenting the results to various audiences.

Reference:

Mockford C, Murray M, Seers K, Oyeboode J, Grant R, Boex S, Staniszewska S, Diment Y, Leach J, Sharma U, Clarke R and Suleman R (2016) A SHARED study – the Benefits and Costs of setting up a Health Research Study involving Lay Co-Researchers and how we overcame the Challenges. *Research Involvement and Engagement* 2:8

Funded by the National Institute for Health Research, Research for Patient Benefit.

Contact: Carole Mockford

Sustainable Health

The Value of Health: Healthcare Outcomes as a Driver for Sustainable Health Systems

Kirstie highlighted the work of the RCNRI and its contribution to patient-centred care including research conducted as part of the RCNRI patient-reported outcomes theme – in particular, PROM development and

application in research and routine practice settings, core outcome set development, and involving patients as research partners.

A final report was launched at the European Parliament as part of the Inaugural Conference of the European Institute for Innovation through Health Data (i-HD) on the 16th March.



Dr Kirstie Haywood in Brussels

Publications

Karasouli E, Munday D, Bailey C, Staniszewska S, Hewison A, Griffiths F (2016). Qualitative critical incident study of patients' experiences leading to emergency hospital admission with advanced respiratory illness. *BMJ Open* 2016;6:e009030 doi:10.1136/bmjopen-2015-009030

Seers, K. Staniszewska, S. Tutton, L. Watterson, L. Currie, L. (2015) A survey to provide baseline activity in relation to ward sister/charge nurse supervisory roles. <https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2016/01/rcnri-report-supervisory-roles-survey-dec15.pdf>

Toye F Jenkins S Seers K Barker K. (2015) Exploring the value of qualitative research films in medical education. *BMC Medical Education*. 15:214 DOI: 10.1186/s12909-015-0491-2

Mockford C. (2015) A review of family carers' experiences of hospital discharge for people with dementia and the rationale for involving service users in health research. *Journal of Healthcare Leadership* June 2015: 7: 21-28 DOI: <http://dx.doi.org/10.2147/JHL.S70020>

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.

Ward Sister/Charge Nurse Supervisory roles

A survey to provide baseline activity in relation to ward sister/charge nurse supervisory roles

This findings of this study undertaken by Professor Kate Seers, Dr Sophie Staniszewska, Dr Liz Tutton, Linda Watterson and Lynne Currie are now out online at: <https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2016/01/rcnri-report-supervisory-roles-survey-dec15.pdf>

Policy agendas currently support a move towards supervisory roles at ward sister/charge nurse level in order to promote leadership and the provision of high quality care. However little is known about the extent of implementation and the challenges that surround supervisory practice.

A survey was undertaken of all Chief Nurses/Directors of Nursing Services in England to ascertain

their views of current practice. A response rate of 27% (n=63/234) was obtained which included acute, mental health, community and integrated trusts. The findings added the key elements of knowledge and action to existing definitions of supervisory practice. Time to lead was highlighted alongside important aspects of leadership that valued "knowing, sharing, directing, involving, engaging, managing and overseeing". The participants identified strategies to achieve these which were "being present; knowing and sharing knowledge and skills, and; developing and sustaining standards of care (p.4).

In general supervisory roles were seen as an ideal and participants aimed to undertake them on a full time basis. However in reality financial issues and high vacancy factors seriously limited what was possible. A minimum time for

supervisory practice was considered to be one day a week. Often sickness, high patient acuity or poor skill mix would draw ward sisters/charge nurses back into the provision of direct patient care.

Standard key performance indicators were not considered useful in the evaluation of supervisory roles as so many variables influence these measures. Areas the participants valued most were improvements in: leadership; quality of care; managing staff; being visible in the organization; patient safety; communication and coordination of care.

There was strong support for supervisory roles as a means of strengthening leadership at ward level and providing good succession planning.

Funded by NHS England.

Contact: Liz Tutton

International Visitor: Patient and Public Involvement



Dr Sophie Werkö

Dr Sophie Werkö from the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) visited the RCN Research Institute.

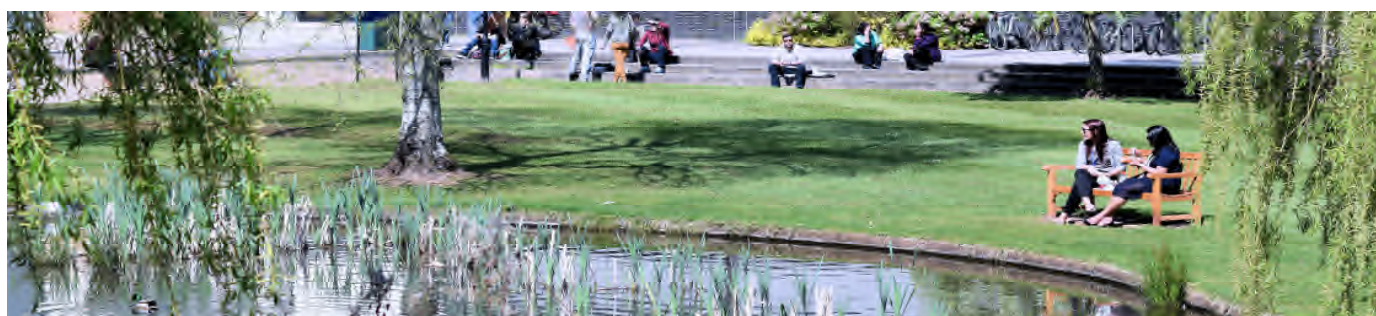
We were very pleased that Dr Sophie Werkö from the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) visited the RCN Research Institute for a few days in March 2016. She has worked in health technology assessment for many years in her role as Project Director, which includes conducting systematic reviews and producing health technology assessment reports.

In 2012 she was appointed Manager of International Relations at SBU, responsible for coordinating SBU's international work. Sophie is co-chair of the HTAi Patient and Citizen Involvement Methods and Impact sub-group together with Dr Sophie

Staniszewska. They are known in HTAi circles as the "Two Sophies". While she was visiting the RCN Research Institute, Sophie and Sophie collaborated on a chapter for the first Health Technology Assessment book on patient and public involvement.

They are focusing on the concept of patient evidence and the need to develop it conceptually and methodologically to ensure health technology assessment is complete through a more consistent consideration of patient experience, perspectives, needs and quality of life.

Contact: Sophie Staniszewska



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