

**RCN  
RESEARCH  
INSTITUTE**

**DIRECTOR:**

**Prof Kate Seers**

**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>



# RCN Research Institute Newsletter

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JULY/AUG/SEP 2016

## Janet Davies visits the RCNRI



Kirstie Haywood, Stephanie Tierney, Sophie Staniszewska, Kate Seers, Janet Davies, Aileen Clarke, Liz Tutton

### Janet Davies Chief Executive and General Secretary of the RCN visited the RCN Research Institute

We were delighted that Janet Davies was able to visit the RCNRI at Warwick Medical School on the 5th September. This was an opportunity to exchange news of work in progress at the RCN and the RCN Research Institute. Key research studies were discussed and their impact on policy and practice. Particular themes included staff and patient experience of compassion in healthcare;

patient important outcomes in a range of specialities; the impact research can make through the use of media such as YouTube and user involvement. A lively discussion was held in relation to research on the ward sister/charge nurse role within the reality of current resource limitations.

The group were joined by Professors Aileen Clarke and Frances Griffiths who shared developments within Warwick Medical School and across the University.

## Celebrating 100 years of the RCN

Staff from the RCNRI were pleased to attend the RCN West Midlands Region Centenary Conference in July. Prof Kate Seers spoke about the Supervisory Ward Sister Study ([www.rcn.org.uk/professional-development/publications/pub-005026](http://www.rcn.org.uk/professional-development/publications/pub-005026)).

Liz Tutton, Kirstie Haywood and Sophie Staniszewska presented on the broad topic of patient and public involvement in research and learning from users of services about their care experiences and priorities for outcomes.

## Self-Compassion

### Celebrating 100 years of the RCN: West Midlands Conference

As part of the West Midlands Conference Stephanie Tierney and Hannah Andrews ran a workshop on compassionate care. It offered those attending the opportunity for reflective discussion, with peers, on the meaning of compassionate care and self-compassion. Ideas from participants on these topics are listed below.

“Compassionate care is about: understanding needs; having time to listen; adopting a holistic approach; being person-centred; respect; empathy; dignity; remaining non-judgemental; and emotional support”.

Self-compassion is about: not being too hard on yourself; not being scared

of failure; not harbouring regrets; looking after your health; work/life balance; reflection; accepting imperfections; recognising colleagues needs; and self awareness”.

Stephanie outlined some of the key writings on compassionate care and various elements involved in facilitating its delivery. Hannah, who is completing a PhD at the RCNRI on self-compassion (and self-care) among nurses, shared with the group ideas from Kristin Neff, a leading academic in this area ([www.youtube.com/watch?v=1IU0h0DPu7k](http://www.youtube.com/watch?v=1IU0h0DPu7k)).

Neff is clear that self-compassion is not about self-pity, but relates to our common humanity. Hence, although we may feel abnormal or marked out when things go wrong, this is actually part of life. Therefore, self-

compassion involves being kind to oneself, accepting mistakes and failures. It also entails ‘mindful acceptance’ rather than ignoring or focusing on difficulties experienced.

Feedback from those attending suggested they appreciated the time to reflect upon these important aspects of their work role, which they may not have the opportunity to consider during the busy reality of daily practice. Hannah framed her presentation within the RCN’s ‘Healthy Workplace, Healthy You’ campaign; she produces a blog as part of this initiative, which aims to encourage nurses to consider their own and colleagues’ well-being. ([www2.rcn.org.uk/newsevents/campaigns/healthy-workplace/blog](http://www2.rcn.org.uk/newsevents/campaigns/healthy-workplace/blog))

**Contact: Stephanie Tierney**

## ESRC Research Methods Festival

Liz Tutton attended one day of the ESRC Research Methods Festival in Bath in July. The sessions attended highlighted the impact of technology on traditional ways of data collection. The increasing use of data platforms that anyone can access, ability to process large data sets, and ability to link data sets has created enormous opportunities for social science research. Discussion included the place of the traditional survey, security, trustworthiness and

distortion of data and ethical issues regarding its use. An interesting use of language was noted such as data soup, data carpentry and data lake.

Sessions on ageing highlighted the importance of considering ethnicity. Discussion noted how difficult research is in populations where there is a vast diversity of language, where people do not know their age and there are different perceptions of what it means to be old. Research in

nursing homes highlighted the uncertainty around end of life care and the diversity of approaches to care. Defining when end of life care should start, what degree of active treatment should take place and the capacity of a home to manage care were noted. An increasing degree of missingness of data is also part of researching this population due to increasing frailty.

**Contact: Liz Tutton**

## Experience of hip fracture

The protocol for the study exploring patient and relative/carer experience of hip fracture in acute care is now online (see publications). Liz Tutton is undertaking this study with colleagues from Trauma Research at the Kadoorie Centre in Oxford, Dr Lorena Saletti-Cuesta, Debbie

Langstaff (Matron) and Professor Keith Willett.

This study builds on previous RCNRI research undertaken by Dr Jo Brett, supported by Trauma Research, who explored patient experience of hip fracture 3 months after injury;

interviewing patients in their homes. The current study involves interviews with older people, their family and informal carers in acute care. It notably aims to include people without capacity through using participant observation.

**Contact: Liz Tutton**

## Publications

Saletti-Cuesta, L; **Tutton, E**; Langstaff, D and Willett, K (2016) Understanding patient and relative/carer experience of hip fracture in acute care: a qualitative protocol. *International Journal of Orthopaedic and Trauma Nursing*. doi.org/10.1016/j.ijotn.2016.09.002

**Mockford, C; Seers, K**; Murray, M; Oyebode, J; Clarke, R; **Staniszewska, S**; Suleman, R; Boex, S; Diment, Y; Grant, R; Leach, J and Sharma, U (2016) The Development of Service User led Recommendations for Health and Social Care Services on Leaving Hospital with Memory Loss or Dementia – the SHARED study. *Health Expectations*. doi: 10.1111/hex.12477

Mentzelopoulos, SD; Bossaert, L; Raffay, V; Askitopoulou, H; Perkins, GD; Greif, R; **Haywood, K**; Van de Voorde, P and Xanthos, T (2016) A survey of key opinion leaders on ethical resuscitation practices in 31 European Countries. *Resuscitation*. **14:100**:11-17

Sandhu, H; Ellard, DR; Achana, F; Antrobus, JH; Balasubramanian, S; Brown, S; Cairns, M; Griffiths, F; **Haywood, K**; Hutchinson, C; Lall, R; Petrou, S; Stallard, N; Tysall, C; Walsh, DA and Underwood, M (2016) Facet-joint injections for people with persistent non-specific low back pain (FIS): study protocol for a randomised controlled feasibility trial. *Trials*. **24;16(1)**:588

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.**

## Ankle Injury Management

1) Willett, K; Keene, D; Mistry, D; Nam, J; **Tutton, E**; Handley, R; Morgan, L; Roberts, E; Briggs, A; Lall, R; Chesser, T; Pallister, I and Lamb, S (2016) Close contact casting vs surgery for initial treatment of unstable ankle fractures in older adults. A randomised clinical trial. *JAMA* **316(14)**1455-1463 doi:10.1001/jama.2016.14719

2) Keene, DJ; Mistry, D; Nam, J; **Tutton, E**; Handley, R; Morgan, L *et al* (2016) The Ankle Injury Management (AIM) trial: a pragmatic, multicentre, equivalence randomised controlled trial and economic evaluation comparing close contact casting with open surgical reduction and internal fixation in the treatment of unstable ankle fractures in patients aged over 60 years.

*Health Technol Assess* **20(75)** DOI: <http://dx.doi.org/10.3310/hta20750>

The findings of a study exploring the outcomes for close contact casting (CCC) and surgery in the treatment of unstable ankle fractures in the over 60s has recently been published in *JAMA* and by Health Technology Assessment. Liz Tutton was involved in this study undertaking interviews with patients. The findings demonstrate that CCC has equivalent outcomes to surgical intervention. Longer term follow up is also underway to ascertain outcomes up to 5 years after initial treatment.

The interviews identified the harrowing nature of an ankle fracture that precipitated a feeling of being old. Participants struggled with non-weight bearing, being

able to move and maintain daily activities. There was a lack of confidence with walking equipment and many examples of moments of instability. Emotions and relationships were disrupted and feelings of unhappiness common. Implications for rehabilitation suggest that this group require further practical, emotional and social support in the early phase of recovery.

Differences in the experience of treatment were identified. Not knowing if they were healing and fear of damaging the ankle were noted in the CCC group. Fears of infection and further surgical interventions were evident in the surgical group.

**Contact: Liz Tutton**

# Emergency Preparedness

## Planning for chaos: developing the concept of emergency preparedness through the experience of the paramedic

Alison Day (PhD student at the RCNI and Senior Lecturer in Emergency Nursing, Coventry University) has been awarded a PhD exploring how paramedics experience preparation for mass casualty incidents. She was supervised by Dr Sophie Staniszewska and Dr Ian Bullock.

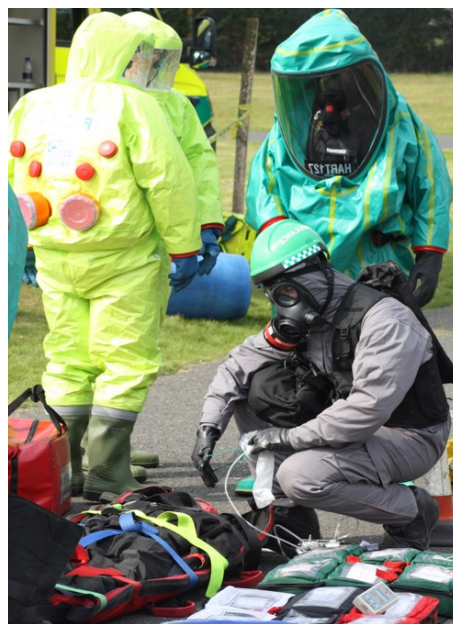
Emergency preparedness is a developing speciality, with the published literature offering little more than opinion and a retrospective view of experience, with minimal understanding of the individual health care workers lived experience. Alison interviewed paramedics, including members of the regions Hazardous Area Response Team.

The paramedics noted that they are preparing for an event with a high degree of uncertainty, with one participant stating:

*"there's a paradigm that we've got the watches, but the terrorists have got the time, so you don't know what it is going to consist of, where it is going to happen or how it is going to happen, but every-time that the terrorists come out with a different methodology then we have to change our preparedness".*

In this study paramedics valued practice-based knowledge and education, rather than theoretical classroom based training. Areas for development included the need to acknowledge personal context, past experience and personal resilience within emergency preparedness education. The content delivered needs to be adaptable and updateable to reflect the ever changing threat.

The study findings have been disseminated to West Midlands Ambulance Service and will be presented at the Emergency Nursing Association conference in Los Angeles in September 2016.



Emergency preparedness training

Contact: Sophie Staniszewska

## RCN Research Institute

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