

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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GRIPP 2

GRIPP 2 - Development of Guidance for the Reporting of Patient and Public Involvement

Current policy emphasises the need for patient and public involvement in health and social care research, to develop research that is driven by the needs of service users. PPI can enhance the quality, relevance and appropriateness of research through service users' unique perspective of the lived experience of the condition under investigation. However, the impact of PPI on research often depends on the approach taken to and attitudes towards service user involvement.

To gain an understanding of what works for whom and why, there is a need to build a strong evidence base. However recent reviews of the evidence on the impact of PPI have highlighted the need to improve the quality and content of the reporting of PPI, as poor reporting of PPI can result in misinterpretation and inappropriate or poor evaluation of PPI.



Guidance for reporting patient and public involvement (GRIPP) in health and social care journal articles was developed following completion of the two systematic reviews undertaken at the RCN RI. (Staniszewska et al. 2012).

The GRIPP 2 project builds on GRIPP, but will follow the EQUATOR method in developing consensus on the key items that studies of PPI should report. The EQUATOR (Enhancing the Quality and Transparency of Health Research) Network is based at the University of Oxford. EQUATOR have developed a wide range of reporting guidance used widely across key clinical and nursing journals.

Staniszewska S, Brett J, Mockford C, Barber R (2011). The GRIPP checklist: Strengthening the quality and transparency of reporting for patient and public involvement in research. *International Journal of Technology Assessment for Health Care*, 27 (4):391-399.

Contact: Jo Brett, Sophie Staniszewska

Emotional Labour

The Coventry and Warwickshire branch of the Royal College of Nursing met for a learning event at the Nuffield Warwickshire Hospital on the 2nd of July. Liz Tutton led a session on Emotional Labour drawing on research on patient and staff experiences of trauma care. This work has been undertaken with Kate Seers and Debbie Langstaff, Matron of the Trauma Unit at Oxford.

The group engaged in a discussion of aspects of emotional labour covering: the boundaries between being hard/being soft; playing a role,

developing resilience; emotional energy; recovery; expertise; leadership; reflection and self awareness. The session was followed by a session on clinical supervision by Sonya Wallbank which identified a clear way forward for articulating and supporting Emotional Labour. The key message from the session was Emotional Labour remains invisible, unsupported work that requires attention. Understanding patient's emotions and our own is clearly a useful area for further research and development.

Contact: Liz Tutton

Farewell to FIRE

The FIRE project has, after four and a half years come to an end. This is a 3 million Euro, international, randomised controlled trial using two different methods of facilitating incontinence guidelines in long term care. The RCNRI research team met to celebrate the successful completion of the project and say farewell to Carole Mockford, Deirdre Kennedy and

Claire New who have played a fundamental role in the life of the project.

Although sad to be leaving it has been a fun period with much joy and laughter mixed in with the challenges of running a large international project of this size. Kate Seers thanked the staff for all their fantastic work.



The RCNRI team

Health Technology International



Sophie Staniszewska attended the 10th Annual Meeting of Health Technology International (HTAi) in Seoul, presenting on the development of the Warwick Patient Experiences Framework (WaPEF), with colleagues from NICE and the

Royal College of Physicians Clinical Guidelines Development Centre. WaPEF underpinned the development of the NICE Patient Experiences Guidance and Quality Standard. In collaboration with colleagues from the HTAi Citizen and Patient Involvement Steering Group, Sophie ran a number of workshops, one on capturing and measuring the impact of patient and public involvement in research and one on qualitative methods.

Sophie was a co-author on a paper on including stakeholders' voices in

deliberative methods for HTA decision-making: an art or a science, with Jackie Street, Annette Braunack-Mayer from the University of Adelaide & Adelaide Health Technology Assessment, Australia, Janet Hiller from the Australian Catholic Universities, Australia and Lizzie Amis from NICE. Our paper won best oral presentation at the conference. We all enjoyed visiting Seoul, an amazing city.

Contact: Sophie Staniszewska

PhD students

The RCNRI has 9 PhD students undertaking research in a variety of areas. Students generally start at the beginning of the academic year in September and take 5 years part-time or three years full-time to complete their studies. Many of the students are senior clinical staff or work within university settings. Currently we have students studying the following areas: emergency preparedness; patient experience of hip

fracture; junior nurses' experience of technology in intensive care; comprehensive assessment in acute care for older people; patient reported outcomes following cardiac arrest; factors influencing the assessment of acute deterioration in patients; factors affecting the assessment and treatment of physical illness in mental health settings; paediatric specific patient reported outcome for Chronic Fatigue Syndrome; patient and public

involvement. All staff have experience of supervising PhDs and you are welcome to contact us if you wish to know more about the process or discuss a potential study with us. Our research areas are on the website.

<http://www2.warwick.ac.uk/fac/med/research/hscience/rcn>

Prof Kate Seers

Professor Kate Seers was awarded a Doctor of Science at the University of Warwick graduation ceremony on the 16th July 2013. This is the highest academic award and is given for an outstanding contribution to research over a prolonged period of time. It was a very happy occasion and on the day Kate was supported by her family and staff of the RCNRI. Paul Kent has kindly provided a photograph of Kate.



Professor Kate Seers DSc

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.

Social Science and Nursing

ESRC Seminar Series

What perspectives from the social sciences can contribute to nursing

We are delighted to be part of a successful bid to the ESRC to fund a seminar series. It brings together social scientists and academics expert in nurse education to consider how the social sciences may be further utilised in nurse education to increase understanding and improve care.

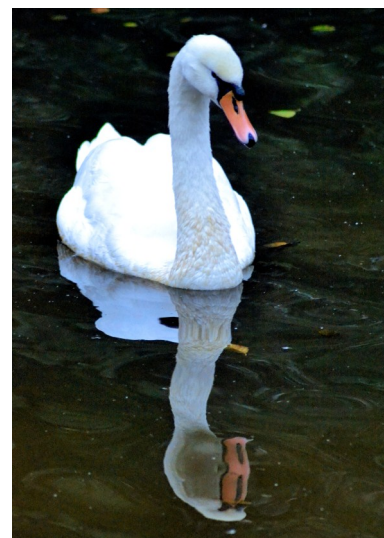
Six seminars will be held at University of Stirling, University of Warwick, University of Nottingham and Kings College, London. The seminar at the University of Warwick is on 15th July 2014. It will examine

theoretical ideas, looking at understanding the culture of the ward and community. We have an exciting day, with discussion papers presented by key experts at Warwick: Professor Gillian Hundt on Culture and Understanding Health; Professor Celia Lury on Interdisciplinary Methodologies; Professor Frances Griffiths on Complexity and Health; and Professor Kate Seers on Cultural Understandings in the Ward and Community Environment.

The seminar at Warwick will involve about 30 invited participants, so if you are interested, please register your interest with Kate Seers. We will be setting up a website, so please watch this space for further information as this develops.

The ESRC seminar series grant is held by Atherton, I., Kyle, R., Robert, G., Seers, K., Donetto, S., Haw, S. and Timmons, S.

Contact: Kate Seers



Retrospective: Comfort

Tutton, E. Seers, K. (2004) Comfort on a ward for older people. Journal of Advanced Nursing 46(4), 380-389.

Comfort is a core concept in nursing and one that has current interest in light of discussion regarding compassionate care. This paper highlights the place of comfort within nursing theory as an overriding goal or as one of many important concepts. Comfort tends to be constructed in different ways depending on the values and beliefs of the author and the meaning they wish to convey. It has been used to convey closeness, an emotional process, an activity or relief from discomfort. In this study comfort was explored using ethnography in a rehabilitation ward setting for older people. Participant observation and interviews with staff and patients were undertaken.

The findings identify the interrelated nature of comfort and discomfort and how the environment of care was a crucial factor in the achievement of comfort. The three themes were: the nature of comfort/discomfort; key determinants of comfort/discomfort and underlying factors that influence the achievement of comfort / discomfort.

Comfort from patient's perspectives was largely experienced through the notion of discomfort, with a feeling that they were enduring daily life and all the attendant discomforts. They felt trapped in their chairs, sitting all day with very little relief. Any trips away or activities were seen as a relief from discomfort. Staff aimed to create a sense of comfort through helping patients to feel they had everything they needed. They also saw comfort as a holistic inspirational term that was more than the sum of its parts.

The approach of the nurse was seen as crucial to comfort with engaged staff conveying comfort through their personal qualities. Disengaged staff were seen as harsh and generally unable to convey comfort or bring relief from discomfort. Knowing the patient and having a shared focus of care was really important for comfort; a focus on the little things was important to patients.

In addition the environment of care was important; having the right equipment and policies in place that support patient centred practice combined with an awareness of power and control differences between staff and patients .

Contact: Liz Tutton

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