Maximising the impact of nursing research

RCN research conference
5-7 April 2017, Oxford, UK

Paper 1

Maximising the Impact of nursing research through collaboration

Professor Daniel Kelly, RCN Professor of Nursing Research, University of Cardiff
Dr Ann McMahon, Research and Innovation Manager (Innovation), RCN

REF 2014

The UK's research excellence framework (REF) 2014 rated the research from **154 universities**. For the first time, the **impact of research** was evaluated in 6975 impact caseS. Nursing was assessed in Unit of Assessment (UoA) 3 covering research in **Nursing & Midwifery, Dentistry, Pharmacy & Allied Health Professions,** although nursing research was also submitted within other UoAs. Users were central in leading the assessment of impact case studies.

Background

The Research Excellence Framework in 2014 was the first to i
Impact as an outcome measure with a contribution of 20% to the total score
(outputs 65% and environment 15%). Likely to be similar in REF 2021.

One impact case study per 10 staff submitted

Based on minimum 2* research

User representatives (>250) were closely involved in scoring these.

"An effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia"

1* Research that is recognised nationally for originality, significance and rigour

2* Research that is recognised internationally for originality, significance and rigour

3* Research that is internationally excellent in originality, significance and rigour

4* Research that is world-leading in originality, significance and rigour

6,957 impact cases were submitted to REF 2104

REF 2014: Unit of assessment summary data

UOA 3: Allied Health Professions, Dentistry, Nursing and Pharmacy

Submission information

Number of submissions	94
Category A FTE staff submitted	2,748
Headcounts of category A and C staff submitted	3,016
Headcounts of early career researchers (REF1a)	508
Number of outputs submitted	10,358
Number of case studies submitted	351

Doctoral research degrees awarded

2008-09	2009-10	2010-11	2011-12	2012-13
924	947	965	993	1130

Total external research income, including income-in-kind (£M)

2008-09	2009-10	2010-11	2011-12	2012-13
177.95	187.12	185.81	179.85	187.11

Average overall quality profile for all submissions in the UOA (FTE weighted)
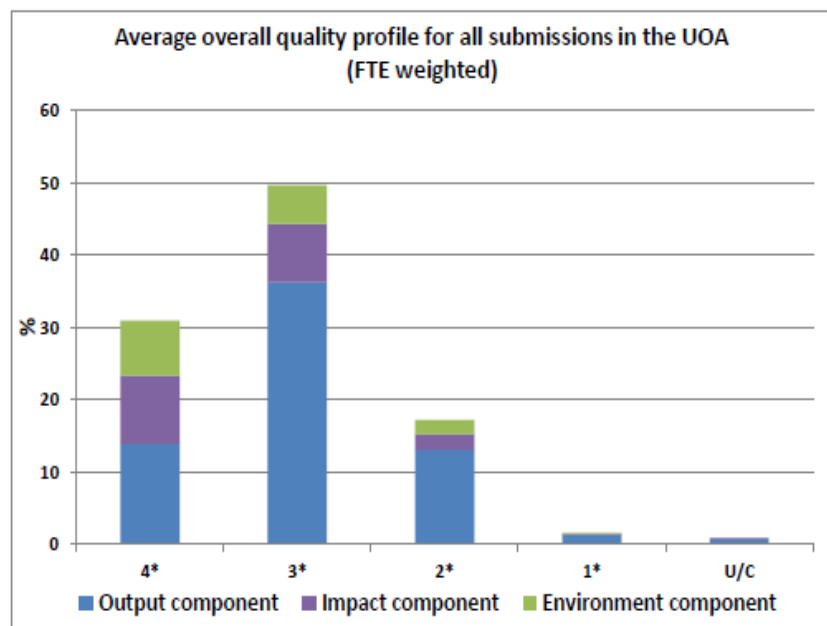
Average overall quality profile and average sub-profiles for all submissions in the UOA (FTE weighted) [1]

	4*	3*	2*	1*	U/C
Overall	31	50	17	1	1
Outputs	21.4	55.7	20.1	1.9	0.9
Impact	47.2	40.8	10.4	0.6	1
Environment	50.1	35.5	13.4	1	0

Distribution of submission size and of the results in the UOA [2]

Aims:

In 2016 the RCN Research Society undertook an analysis of the REF impact case studies to categorise (where possible)

- the range of direct and indirect impact cases that could be traced back to nursing in the REF;
- the kinds of impact nursing was contributing;
- who was undertaking research into nursing.

Methods

- The REF database of impact case studies was searched across all institutions and across all UoAs with the search terms nurs* and/or midw*.
- Excel spreadsheet contained 469 entries retrieved
- Categorised independently by four reviewers
- Three categories (1. team of at least one nurse on a relevant topic, 2. on nursing but may not involve a nurse, 3. not relevant, or only indirectly)
- Where there was uncertainty discussed until agreement reached.
- All case studies were interrogated by category
  - revise coded if necessary;
  - coded thematically by substantive topic and type of impact,
  - cross-cutting observations.

Category 1: n = 80

Research undertaken by a team containing at least one nurse and concerned with the practice of nursing (confirmed by google and institutional checks).

Examples

Capturing the Impact of Advanced Practice Roles in Nursing (Sheffield Hallam UoA3)

Protocols that assist clinicians to wean critically ill patients from mechanical ventilation in the intensive care unit (ICU) (QUB UoA1 Clinical Medicine)

Sleepio, an online course of cognitive behavioural therapy for insomnia adopted by the UK NHS and sold by Boots UK Plc. (Glasgow, UoA4 Psychology)

IMPACT IS IMPORTANT FOR NURSE RESEARCHERS AND RESARCH ON NURSING!

HOW TO ACHIEVE AND CAPTURE IMPACT IS OUR FOCUS

ivory tower

A disparaging term that refers to elitist detachment from, and especially criticism of the everyday world, or of common sense and beliefs.

Let those scholars criticize our beliefs from their ivory tower; we all know how the world really works.

"He needs to get out of his ivory tower and put his feet on the ground."

Urban Dictionary 2017
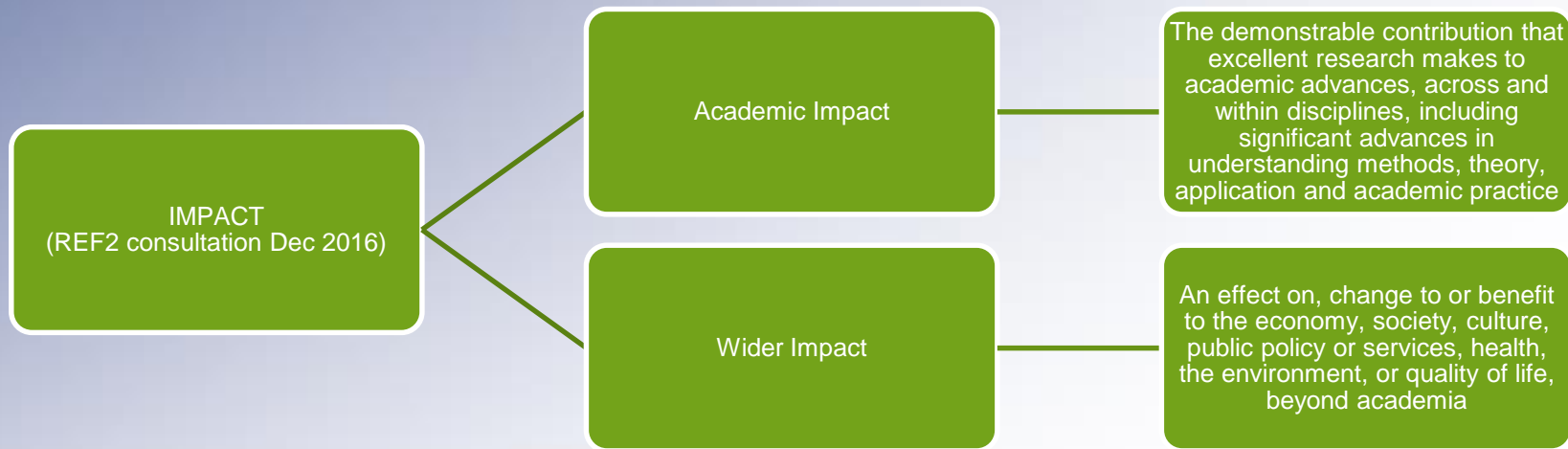
Hawksmoor's Twin Towers,
All Saints, Oxford

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theguardian

home

Impact of research

Academics: leave your ivory towers and pitch your work to the media

Publishing in academic journals is prestigious, but sharing your ideas with a wider audience is exciting and full of unexpected rewards

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The RCN Group

The RCN

Focus on developing and influencing

KNOWLEDGE

- Practice
  - Health services / management
  - Education
  - Clinical
    - National Guidance
      - NICE
      - SIGN
    - Professional Forums / Leads
      - RCN Publications

- Health and Social Care policy
  - Education Policy
  - Research Policy
    - Workforce
      - Capacity & Capability (to use and do)
      - Career Pathways
    - Knowledge development

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Paper 2

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The Quality Framework for RCN professional resources

Dave O'Carroll, Programme Manager (Information and Resources), RCN

Paper 2

Overview of the quality framework for RCN professional resources

1
You should identify whether the resource will fill the identified gap/solve the problem.
What kind of resource should it be? Who needs it? What will they do with it? Who is the project lead? Involve main stakeholders including support from RCN expert members, RCN staff leads, RCN corporate communications and publishing staff?

2
At this stage you will prepare the bid for funding and firm up the outline project plan. This includes scope, purpose and success criteria, a review of what already exists and a stakeholder engagement plan.

3
Don't reinvent – if a suitable resource exists elsewhere consider adopting it via RCN Endorsement or adapting it with permission.

4
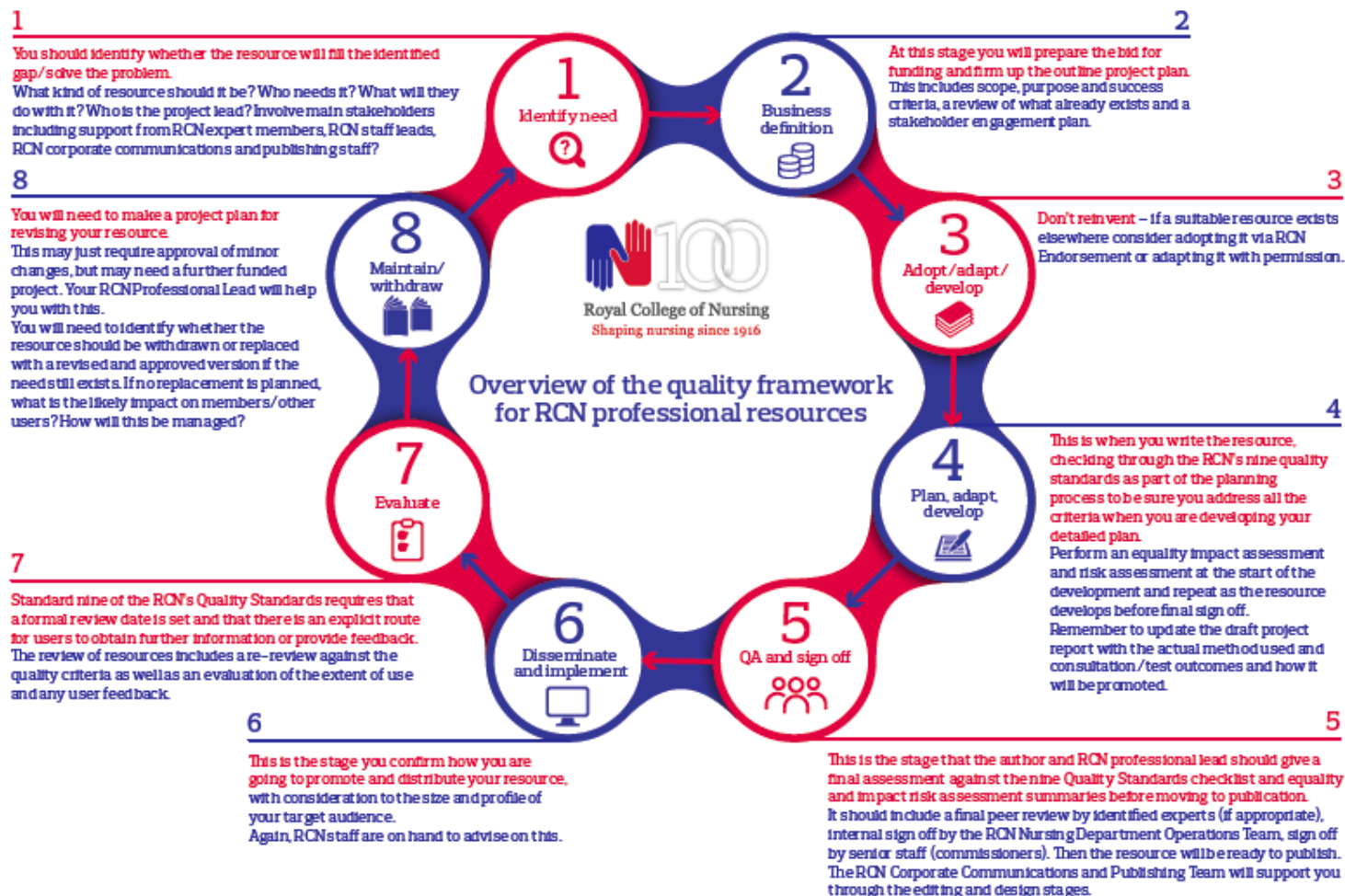This is when you write the resource, checking through the RCN's nine quality standards as part of the planning process to be sure you address all the criteria when you are developing your detailed plan.
Perform an equality impact assessment and risk assessment at the start of the development and repeat as the resource develops before final sign off.
Remember to update the draft project report with the actual method used and consultation/test outcomes and how it will be promoted.

5
This is the stage that the author and RCN professional lead should give a final assessment against the nine Quality Standards checklist and equality and impact risk assessment summaries before moving to publication.
It should include a final peer review by identified experts (if appropriate), internal sign off by the RCN Nursing Department Operations Team, sign off by senior staff (commissioners). Then the resource will be ready to publish. The RCN Corporate Communications and Publishing Team will support you through the editing and design stages.

6
This is the stage you confirm how you are going to promote and distribute your resource, with consideration to the size and profile of your target audience.
Again, RCN staff are on hand to advise on this.

7
Standard nine of the RCN's Quality Standards requires that a formal review date is set and that there is an explicit route for users to obtain further information or provide feedback. The review of resources includes a re-review against the quality criteria as well as an evaluation of the extent of use and any user feedback.

8
You will need to make a project plan for revising your resource.
This may just require approval of minor changes, but may need a further funded project. Your RCN Professional Lead will help you with this.
You will need to identify whether the resource should be withdrawn or replaced with a revised and approved version if the need still exists. If no replacement is planned, what is the likely impact on members/other users? How will this be managed?

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Paper 2

Paper 2

1

You should identify whether the resource will fill the identified gap/solve the problem.
What kind of resource should it be? Who needs it? What will they do with it? Who is the project lead? Involve main stakeholders including support from RCN expert members, RCN staff leads, RCN corporate communications and publishing staff?

1
Identify need

RCN competences
- Competence framework
- Knowledge and skills framework
- Education framework/curriculum guidance

RCN guidance
- Practice guidance
- Service guidance
- Other guidance

RCN standard
- Best practice statement

RCN statement
- Policy/position statement

RCN research
- Survey report
- Evidence review
- Evaluation report

Paper 2

At this stage you will prepare the bid for funding and firm up the outline project plan. This includes scope, purpose and success criteria, a review of what already exists and a stakeholder engagement plan.

2 Business definition
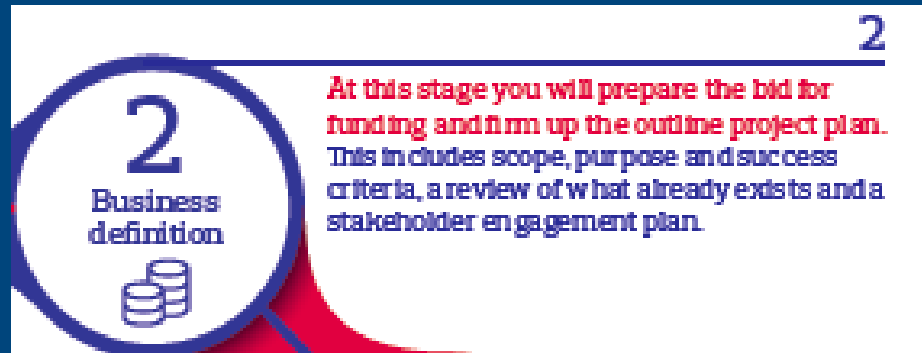
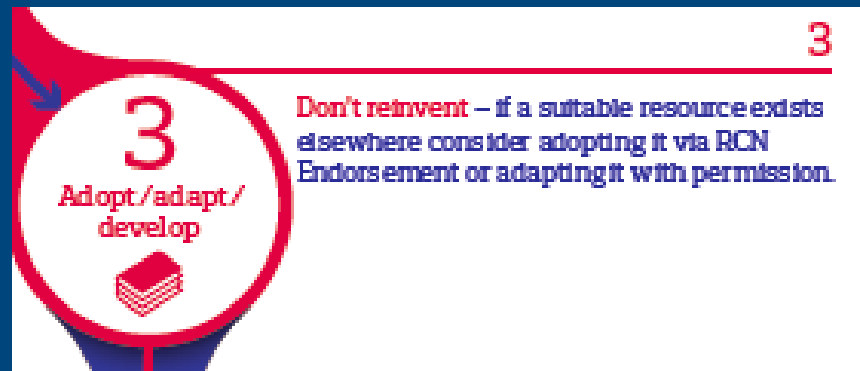Scope, including target audience ('users'), patient populations / clinical context for use

What is not in the scope

Purpose and success criteria - to inform evaluation / assurance

Review of what exists already
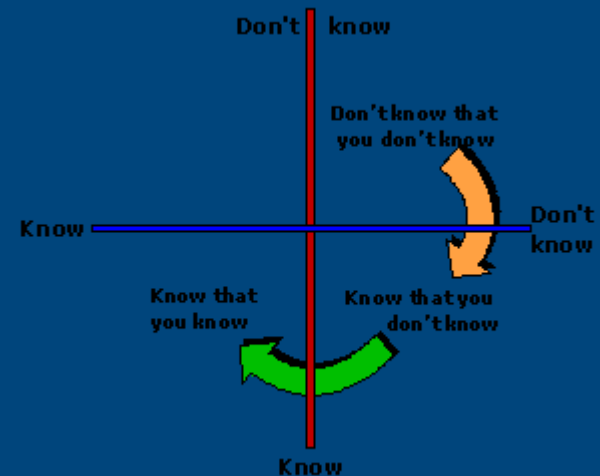
Paper 2

3

3 Adopt./adapt./develop

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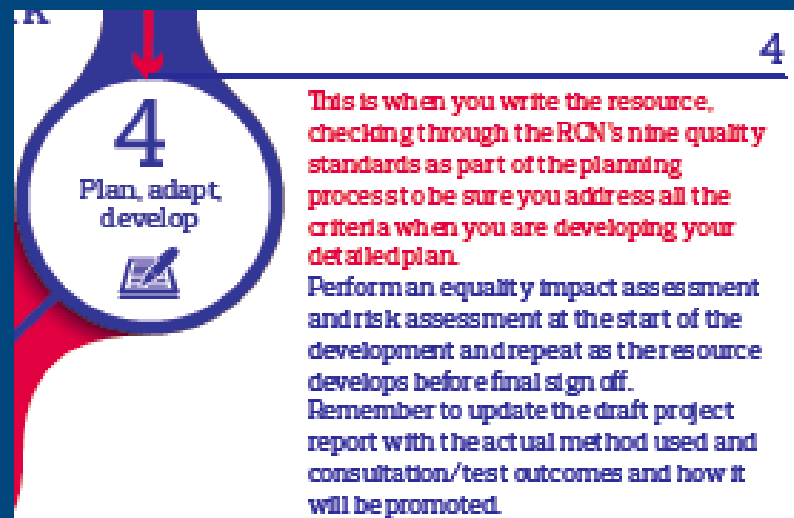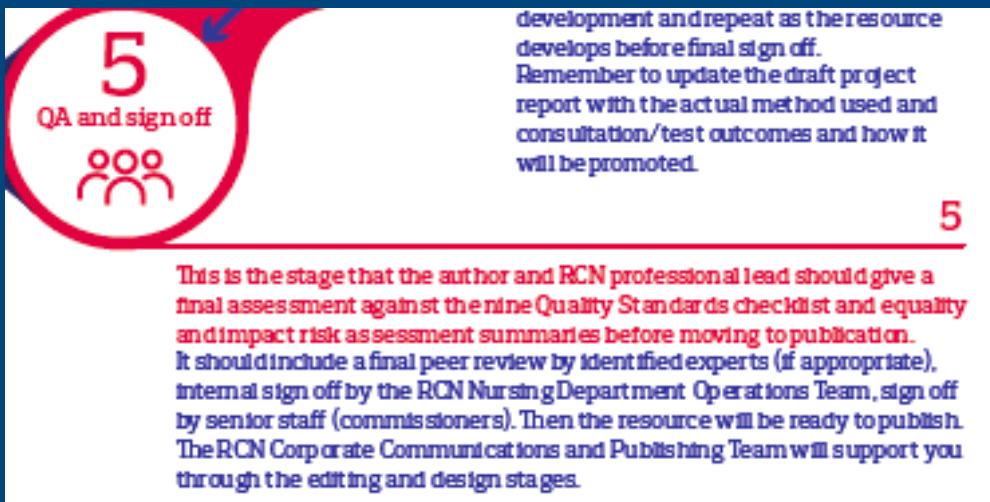
Paper 2

The Nine Quality Standards

1) Resources are evidence-based
2) Resources have an explicit statement about Intellectual Property Rights (IPR) and copyright issues
3) Resources have been considered for four country involvement and development
4) Resources have been considered in relation to equality, diversity and human rights
5) Relevant internal and external stakeholders are included in the development and on-going evaluation of all resources
6) Resources are consistent with RCN policy and strategy
7) Other specific standards relevant to the type of resource have been identified and met
8) Safety & risk management
9) All resources are reviewed in relation to their lifecycle

4

Plan, adapt, develop

This is when you write the resource, checking through the RCN's nine quality standards as part of the planning process to be sure you address all the criteria when you are developing your detailed plan.
Perform an equality impact assessment and risk assessment at the start of the development and repeat as the resource develops before final sign off.
Remember to update the draft project report with the actual method used and consultation/test outcomes and how it will be promoted.

Paper 2

- Final peer review by identified experts
- Publication should make explicit the authorship, publication date, review date, and compliance with the nine Quality Standards
- Publication / go live

Paper 2

Carry out plan for implementation

...ality Standards requires that
...that there is an explicit route
...rmation or provide feedback.
...es a re-review against the
...aluation of the extent of use

6

6
Disseminate and implement

This is the stage you confirm how you are
going to promote and distribute your resource,
with consideration to the size and profile of
your target audience.
Again, RCN staff are on hand to advise on this.

Paper 2

Standard 9 requires that a formal review date is set and that there is an explicit route for users to obtain further information or provide feedback. Review of resources includes re-review against the quality criteria as well as an evaluation of the extent of use and user feedback.

7

Evaluate

7

Standard nine of the RCN's Quality Standards requires that a formal review date is set and that there is an explicit route for users to obtain further information or provide feedback. The review of resources includes a re-review against the quality criteria as well as an evaluation of the extent of use and any user feedback.

Paper 2

8

You will need to make a project plan for revising your resource.

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You will need to identify whether the resource should be withdrawn or replaced with a revised and approved version if the need still exists. If no replacement is planned, what is the likely impact on members/other users? How will this be managed?

8
Maintain/ withdraw

Paper 2

Hierarchy of evidence

Types of publication

- RCN competences
- RCN guidance
- RCN standard
- RCN statement
- RCN research

Guide to Evidence Reviews

- Literature review
- Narrative review
- Quick scoping review
- Systematic mapping
- Rapid Evidence Assessment/Appraisal (REA)
- Full systematic review
- Review of reviews

Paper 3

An evidence-informed approach to developing professional nursing publications: the case of RCN Standards for Infusion Therapy and a rapid evidence review

Anda Bayliss, Research and Innovation Manager (Evidence), RCN
Lynne Currie, Research and Innovation Analyst, RCN

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PAPER 3

An evidence-informed approach to developing professional nursing publications: the case of RCN Standards for Infusion Therapy and a rapid evidence review

RCN Research Conference April 2017

Dr Anda Bayliss CPsychol AFBPS
Research and Innovation Manager (Evidence)
Lynne Currie
Research and Innovation Analyst

We are:

Research and Innovation (Evidence) team in RCN Nursing Policy and Practice Directorate

We do:

- Research delivery
- Research Management
- Advice
- Quality Assurance
- Development

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Conception and design

Planning and organisation

Stakeholder engagement

Technical knowhow & QA

Procurement/contract mng

Editing, publication, dissemination

RCN Standards for Infusion Therapy: REA

Context

- Update of 2010 RCN Standards for Infusion Therapy
- Standards production groups (project and advisory) took an evidence-informed approach
- Applied organisational quality guidelines
- Evidence review to be supported by RCN Research

Aim of Evidence Review

- To identify the areas with robust/promising/no evidence and evidence identifying harmful practice
- To identify gaps in literature and agree on where professional consensus is required

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Context

- Update of 2010 RCN Standards for Infusion Therapy
- Standards production groups (project and advisory) took an **evidence-informed approach**
  - **to support decision making about the development of content and the presentation of that content in a way that indicates the level of confidence in the evidence that the advice was based on.**
- Applied organisational quality guidelines
- Evidence review to be supported by RCN Research

Aim of Evidence Review

The evidence function input:

(1) formal membership of an evidence team representative of the Standards project group;

(2) counsel to the advisory group regarding options to meet evidence needs;

(3) commissioning, management and publication of a rapid evidence review;

(4) steer on the representation of evidence (type and strength) in the Standards content and general quality assurance.

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Developing professional nursing publications – Evidence Review

Process map

RCN sponsorship

Industry sponsorship

Forum steering committee

Advisory group

Specialist
Academics

Content development
Writing
Publication

QA

Project group
(exec function/commissioned)

Standards production

Evidence review

Academic peer review
Advisory group
Sponsors

QA

Design

Lit search

Phase 1   Mapping/Synthesis(clinical/RCTs/SRs)(outsourced)

Phase 2   Mapping/Synthesis(clinical/other designs)(in-house)

Phase 3   Mapping/Synthesis(patient perspective)(in-house)

Publication (in-house)

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Developing professional nursing publications – Evidence Review

Context
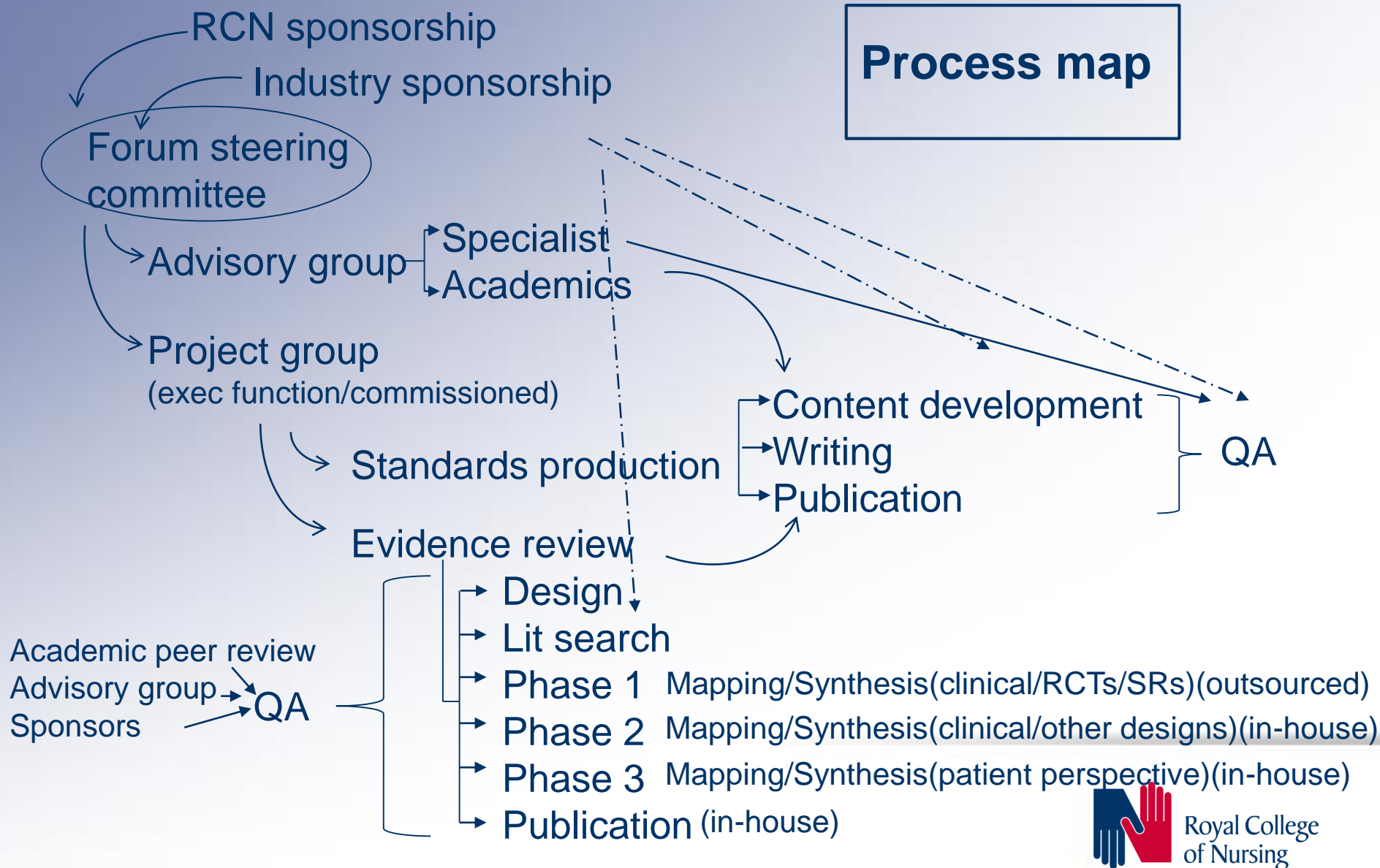
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Focus of presentation

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Diagram cycle:
1 — Identify need
2 — Business definition
3 — Adopt/adapt/develop
4 — Plan, adapt, develop
5 — QA and sign off
6 — Disseminate and implement
7 — Evaluate
8 — Maintain/withdraw

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Overview of the quality framework for RCN professional resources

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Quality Framework for RCN professional resources

Activities are not discrete steps

- Identify need
- Business definition
- Adopt/ adapt/ develop
- Plan, adapt/ develop
- QA and sign-off
- Disseminate and implement
- Evaluate
- Maintain/ withdraw

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Focus of this presentation

Maintain/withdraw

Identify need

Evaluate

Business definition

Activities are not discrete steps

Disseminate and implement

Adopt/adapt/develop

QA and sign-off

Plan, adapt/develop

Evidence of existing provision

Evidence of quality

Evidence for content (knowledge)

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Classification scheme of knowledge content (agreed with Advisory Group)

Quality Framework reference

Nursing-specific practice
- guidelines exist
- re-use

Adopt/adapt/develop
- Evidence of existing provision

Non nursing-specific practice
- guidelines from other professions
- re-use

Adopt/adapt/develop
- Evidence of existing provision

Nursing-specific practice
- no guidelines and/or
- primary evidence required

Plan, adapt/develop
- Evidence for content (knowledge)

Contextual factors (eg patient perspective)
- no guidelines and/or
- primary evidence required

Plan, adapt/develop
- Evidence for content (knowledge)

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Classification scheme of knowledge content (agreed with Advisory Group)

Quality Framework reference

Nursing-specific practice
- guidelines exist
- re-use

→ Adopt/adapt/develop
- Evidence of existing provision

Non nursing-specific practice
- guidelines from other professions
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Nursing-specific practice
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→ Plan, adapt/develop
- Evidence for content (knowledge)

Contextual factors (patient perspective)
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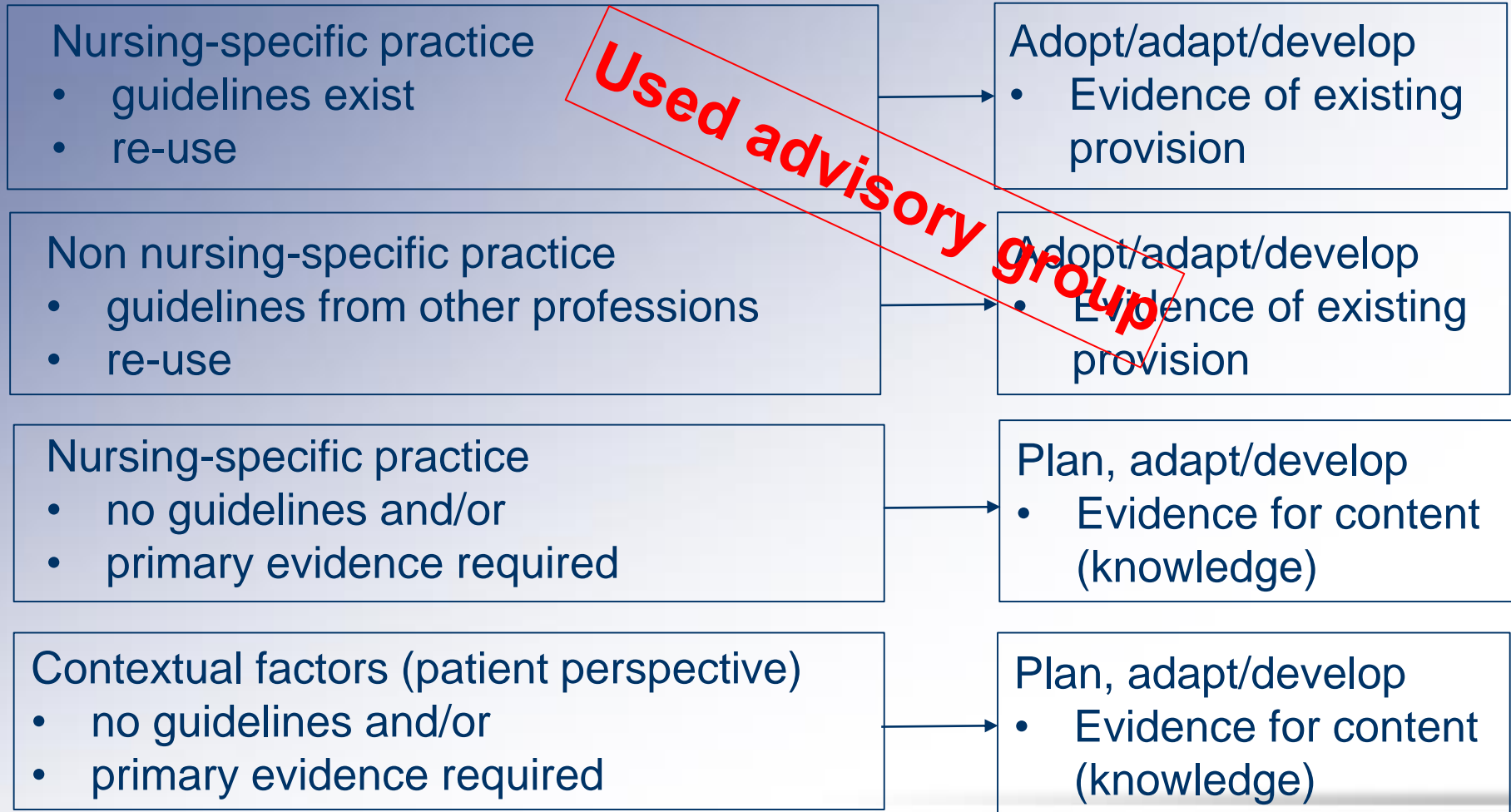
Used advisory group

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Classification scheme of knowledge content (agreed with Advisory Group)

Quality Framework reference

Classification scheme of knowledge content	Quality Framework reference
Nursing-specific practice • guidelines exist • re-use	**Adopt/adapt/develop** • Evidence of existing provision
Non nursing-specific practice • guidelines from other professions • re-use	**Adopt/adapt/develop** • Evidence of existing provision
Nursing-specific practice • no guidelines and/or • primary evidence required	**Plan, adapt/develop** • Evidence for content (knowledge)
Contextual factors (patient perspective) • no guidelines and/or • primary evidence required	**Plan, adapt/develop** • Evidence for content (knowledge)

New search for primary studies/reviews

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Classification scheme of knowledge content (agreed with Advisory Group)

Quality Framework reference

Nursing-specific practice
- guidelines exist
- re-use

Adopt/adapt/develop
- Evidence of existing provision

Non nursing-specific practice
- guidelines from other professions
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Adopt/adapt/develop
- Evidence of existing provision

Nursing-specific practice
- no guidelines and/or
- primary evidence required

Plan/develop
- Evidence for content

Contextual factors (patient perspective)
- no guidelines and/or
- primary evidence required

Plan/develop
- Evidence for content

B I G   J O B !

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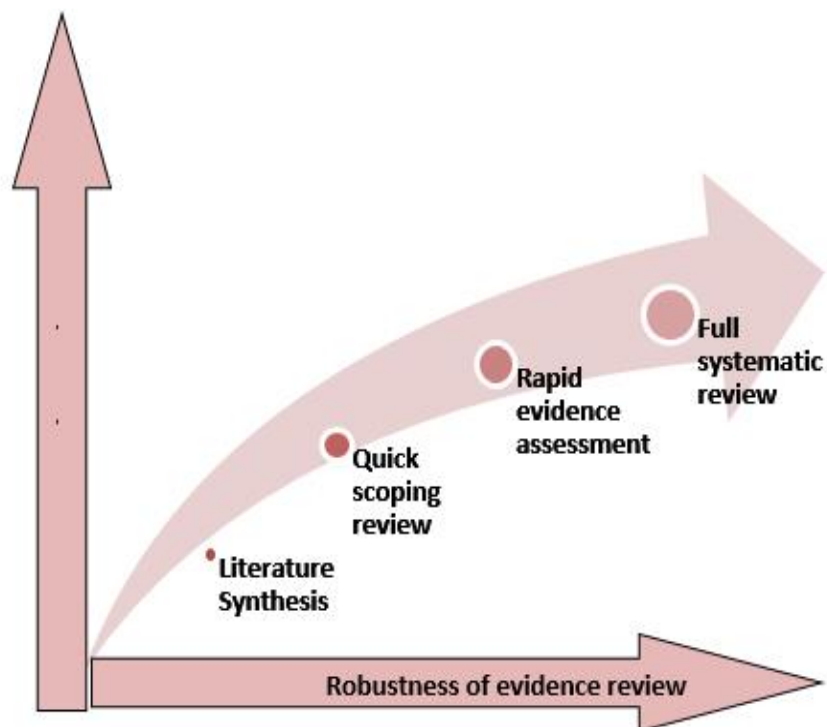
- **Planning questions:**

  - What is the evidence need
    - for standards, guidance or practice advice
    - level of risk associated with the consequences of the review i.e. acceptable degree of uncertainty

  - Who can do it
    - how much input from experienced researchers is needed
    - how experienced the review team is and how well they understand the policy context
    - information resources (human and digital)

  - How much funding do we have

  - How much time do we have
    - the breadth of the question or issue
    - the volume of relevant information
    - how easy the information is to locate and obtain

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Commissioning an evidence review

Attributes	Literature Review	QSR	REA	SR
Time duration	1-2 weeks	2-4 months*	3-8 months*	10-18 months
Used to	Inform on a specific topic	Identify evidence available on a topic and summarise	Identify evidence available on a topic, summarise and provide a critical assessment of the evidence	Comprehensive review and assessment of evidence available on a topic
Search published data	✓	✓✓	✓✓✓	✓✓✓✓
Search additional sources of information		✓	✓	✓✓✓
Systematic map of evidence		✓	✓	✓✓✓
Informed conclusion upon completion	Maybe	✓	✓	✓✓
Critical assessment of evidence			✓	✓✓✓
Input from external experts	Maybe	Maybe	✓	✓✓
Estimated cost	<5,000	10-30,000	20-50,000	80-120,000

*after contract has been established and once project has commenced

Full systematic review

Rapid evidence assessment

Quick scoping review

Literature Synthesis

Robustness of evidence review

Source: Collins et al (2014)

Challenges in implementing the approach:

- resource identification and management
  - o skills, staffing, outsourcing and contract management

- using nurse and non-nurse researchers
  - o clinical info specialists, social researchers, nurse researchers

- stakeholder relations

- technical aspects of the review
  - o QA, synthesis

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Some reflections:

- How this process tested the RCN Quality Framework

- Impact of an evidence function to promote understanding of and commitment to the evidence-based practice agenda

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Paper 4

Evaluating a Professional Resource for Travel Health Nursing

Anda Bayliss, Research and Innovation Manager (Evidence), RCN
Lynne Currie, Research and Innovation Analyst, RCN
Julian Russell, Research and Innovation Analyst, RCN

PAPER 4

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An evidence-informed approach to updating professional nursing publications: RCN Travel Health Competencies

RCN Research Conference
Symposium Friday 7th April 2017
Oxford

Lynne Currie

Research & Innovation Analyst (Evidence)

Anda Bayliss

Research and Innovation Manager (Evidence)

Updating RCN Travel Health Competencies

Context:

- Possible revision of 2012 RCN Travel Health Competencies

- Public Health Forum Project Steering Group advocated an evidence-informed approach

- Study carried out by RCN Evidence Team

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Evidence Team Input

(1) Formal membership on Project Group and research project lead

(2) Advising Project Steering Group regarding research options and research questions

(3) Research design, data collection, analysis, and report writing

(4) Recommendations to inform decision-making on the development and revision of competencies document

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Updating RCN Travel Health Competencies: Aims of the study

- To capture users perceptions of the competencies document

- Organise users' perceptions into a useful conceptual framework to structure questionnaire development

- Contribute to the identification target population for survey

- Inform thinking of the Public Health Forum Project Steering Group in decision-making on the future development and revision of competencies document

Updating RCN Travel Health Competencies: Process

- Liaise with Project Steering Group to identify project aims and timescale for completion

- Draft formal project proposal

- Project proposal agreement and sign off

- Qualitative data collection and data analysis

- Questionnaire development

- Piloting questionnaire

- Quantitative data collection and data analysis

- Drafting report

- Final report agreement, sign off, project completion
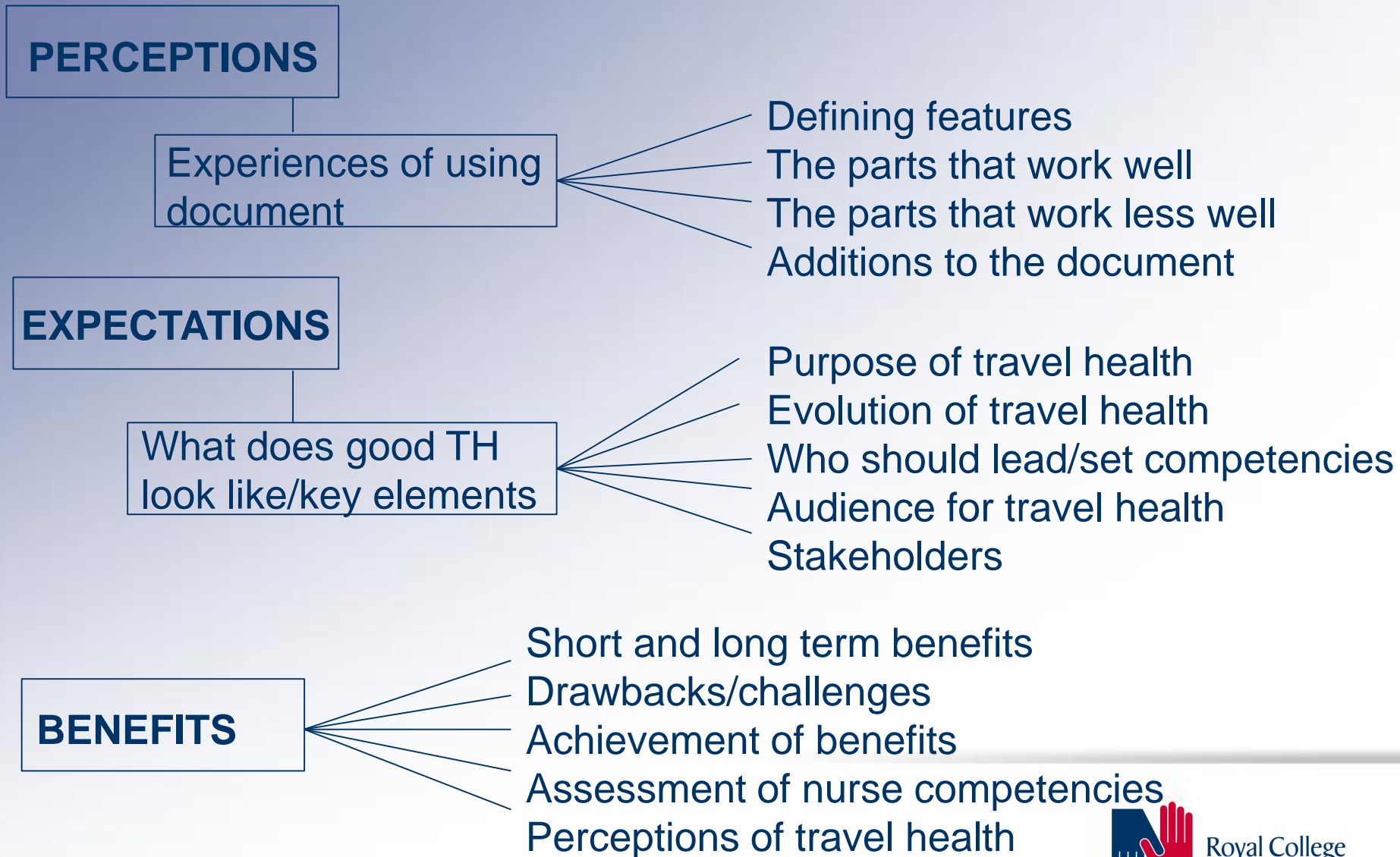
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Updating RCN Travel Health Competencies: Research Questions

- To what extent do users have experience of the document in practice?

- To what extent do potential users have an understanding of the document?

- How do users rate the impact of using the document in practice?

- How do users rate the content and usefulness of the document?

- What do users identify as missing from the document?

- What opportunities and barriers do users identify?

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Updating RCN Travel Health Competencies: Methods

- Telephone interviews with key users identified by expert practitioners on the project steering group

- Questionnaire developed following analysis of qualitative data

- Survey population identified and targeted via RCN membership fora (Practice Nurses & Public Health), NATHNAC & TRAVAX (travel health networks); GPs, Pharmacists, and private travel health providers

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Conceptual Framework

PERCEPTIONS

Experiences of using document
- Defining features
- The parts that work well
- The parts that work less well
- Additions to the document

EXPECTATIONS

What does good TH look like/key elements
- Purpose of travel health
- Evolution of travel health
- Who should lead/set competencies
- Audience for travel health
- Stakeholders

BENEFITS
- Short and long term benefits
- Drawbacks/challenges
- Achievement of benefits
- Assessment of nurse competencies
- Perceptions of travel health

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Updating RCN Travel Health Competencies: Limitations and mitigation

- Selective nature of travel health nurses identified for interview

- Survey population opportunistically identified rather than through random sample selection so findings may be subject to selection bias

- Second stage data collection allowed reporting of both positive and negative perceptions and expectations

- Survey tool facilitated distinction between experienced users and non-experienced users who had an opinion about the competencies document

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Updating RCN Travel Health Competencies: Conclusions to inform future decision-making

- Overall the RCN Travel Health Competencies document well received

- Findings reveal a continuing need for guidance on travel health

- Travel health guidance could be addressed through a user-friendly resource which could include information and a range of decision-support tools like risk assessment

- Further work needed to raise awareness of guidance documents once these are made available

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Your Royal College needs you!