The Queen's Nursing Institute

# Masterclass:

## Value of research for patients and community nursing

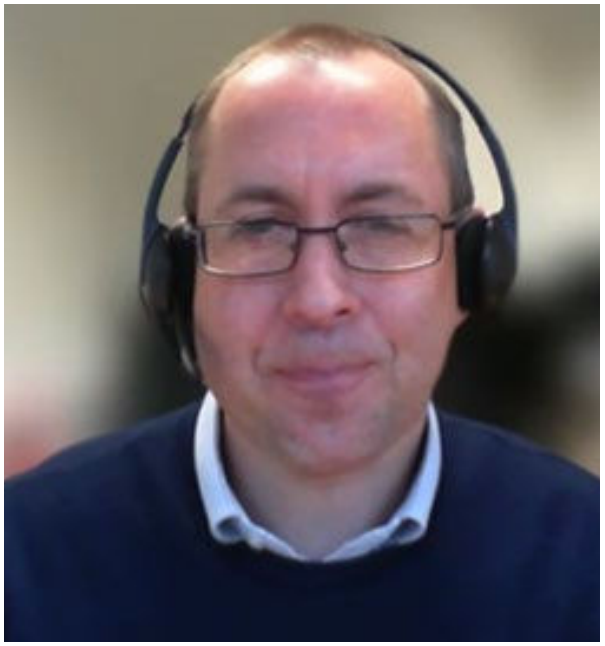
## SUMMARY

Wednesday 14 December 2022
1pm - 2pm, via Zoom

#QNIResearch

Dr Ben Bowers QN, Community Nursing Research Consultant, The QNI, ben.bowers@qni.org.uk, @Ben_Bowers

- Welcome to everyone, a recording of this masterclass will be available shortly
- Brief overview of the forum: it's a national forum for community nurses who are undertaking or considering carrying out research.
- It aims to strengthen the capacity of community-based nursing research through peer support, mentorship, and supporting personal development and research opportunities.
- Gives us a space to learn about research together,
- There are currently 440 members across the UK.
- We offer monthly newsletters about research and research activities, webinars, masterclasses, this is the first of 6. There are website resources and from January we're launching a mentorship scheme, to help develop your research career.
- To sign up and/or find out more, go to: https://qni.org.uk/nursing-in-the-community/community-nursing-research-forum/



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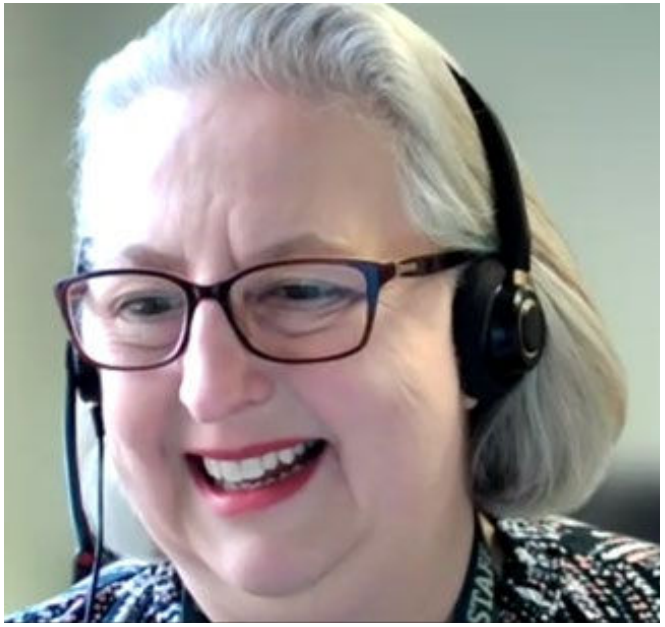
# The free 1-hour masterclass focused on the value of research for patients and community nursing, open to all community nurses interested in research.

Professor Alison Leary MBE, FQNI, Professor of Healthcare and Workforce Modelling at London South Bank University and ICNO Director, @alisonleary1

- A lot of people think they have to undertake a big research project or become a Principle Investigator but  in the real world we need people that engage with research and a lot of research we do at the QNI's International Community Nursing Observatory (ICNO) is because you share your real life experiences at work with us.

- The ICNO was launched in 2019 and the idea was to use evidence to influence community nursing and community care. We work in partnership with different organisations, service users, nurses and many more to make change. It goes with the QNI's objective of supporting community nurses.
- We underestimate people's workloads, it's important to be able to articulate that if you want to influence that. We primarily do that at the ICNO, it's about understanding your work, it's still very much hospital-based.

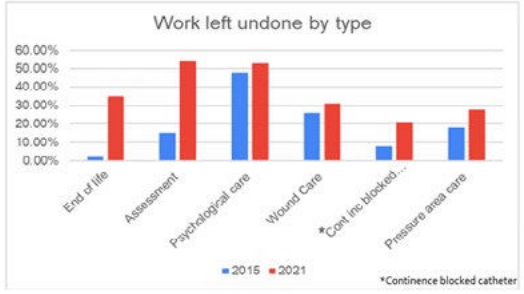
## Some examples of the work we do

- District Nursing Today (2019)
- QNI Workforce Standards for District Nursing (2021)
- End of life care provision with Marie Curie (2022)
- Nursing in the Digital Age (2022)
- Care homes workforce (2020)
- GPN survey NHS England (2020)

- Nursing still not seen as a safety critical profession.
- Definition of safety critical profession: means that in any profession if you're not there, then the service cannot function without significant risk. Basically if you're not there catastrophe happens.
- Policy makers are not aware of broad nature of community nursing. Prison nursing for example. District Nursing is most known but not contemporary. Being able to share more up to date data and informing people of community nursing and all its different forms is hugely important.
- We bring data to the table - as the Chief Executive of the QNI Dr Crystal Oldman CBE says, 'be at the table, or you'll be on the menu'.
- It's important to find the red flags, to find out what shouldn't happen, to be able to put up those safety rails.

- It's really important to understand what people can't do.
- Assessments and care plans aren't done, or delayed. The provision of end of life care came up a lot. It correlated closely with Marie Curie that people are not having their care needs met..it's causing people moral distress and making them want to leave their job as nurses.
- Also this has come up in others' findings. Obviously a really sad place to be. On the basis of this work we came up with these red lines.

Deprioritisation of highest priority work such as EOLC. Other data affirms this (ie ONS rise in deaths at home, Marie Curie ~75% carers felt EOLC needs not met 64% Pain not controlled in EOLC). This causes moral distress. **This is an exit trigger**




## Based on these data (Red Lines)

- Min 30 min visit (not inc travel)
- Tipping points:
  - More than 200 on caseload
  - More than 10 visits a day is associated with more in inappropriate delegation and deferral
  - Skillmix 60 RN 20 NRN 20 NSW

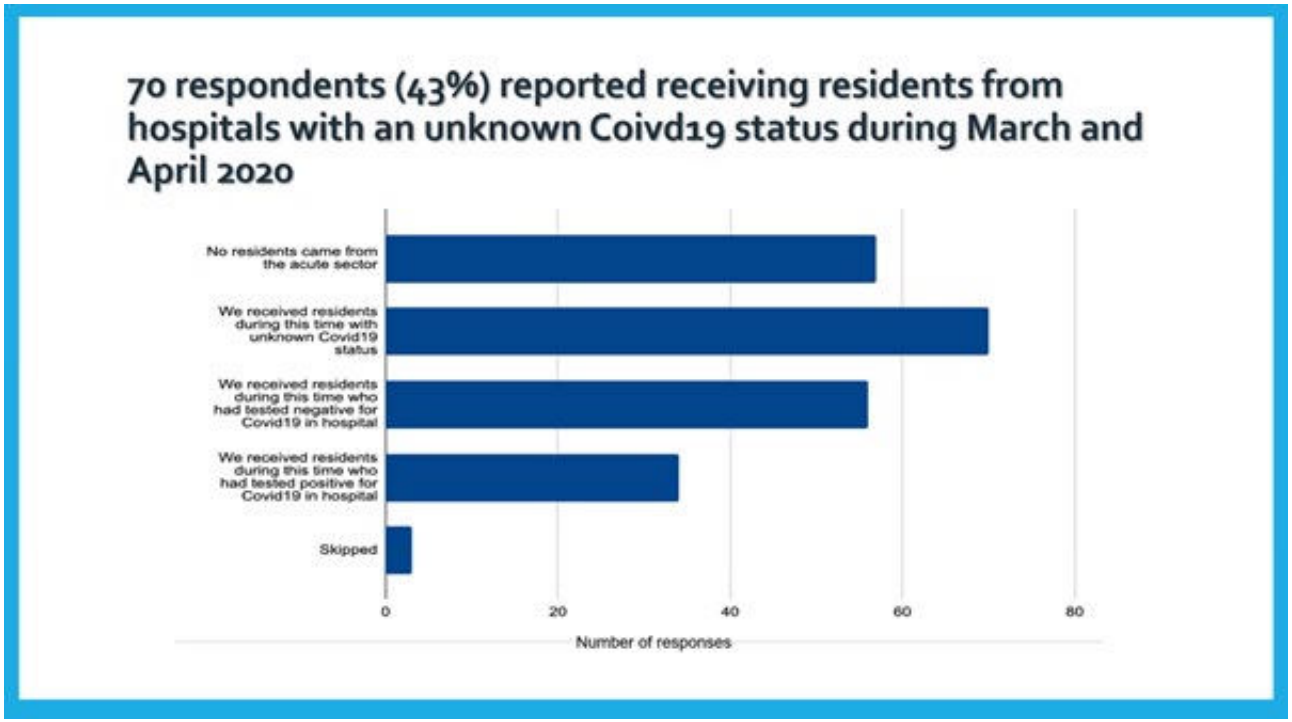
Safety & Nursing process
Every 4th visit should be an RN to enact the nursing process

- Platforms should only be used if they have been evaluated and proven to:
  - Improve patient outcomes (quality and safety)
  - Improve workforce experience
- Deal with work hygiene factors ie travel costs, hydration, working conditions
- Each services should have referral criteria

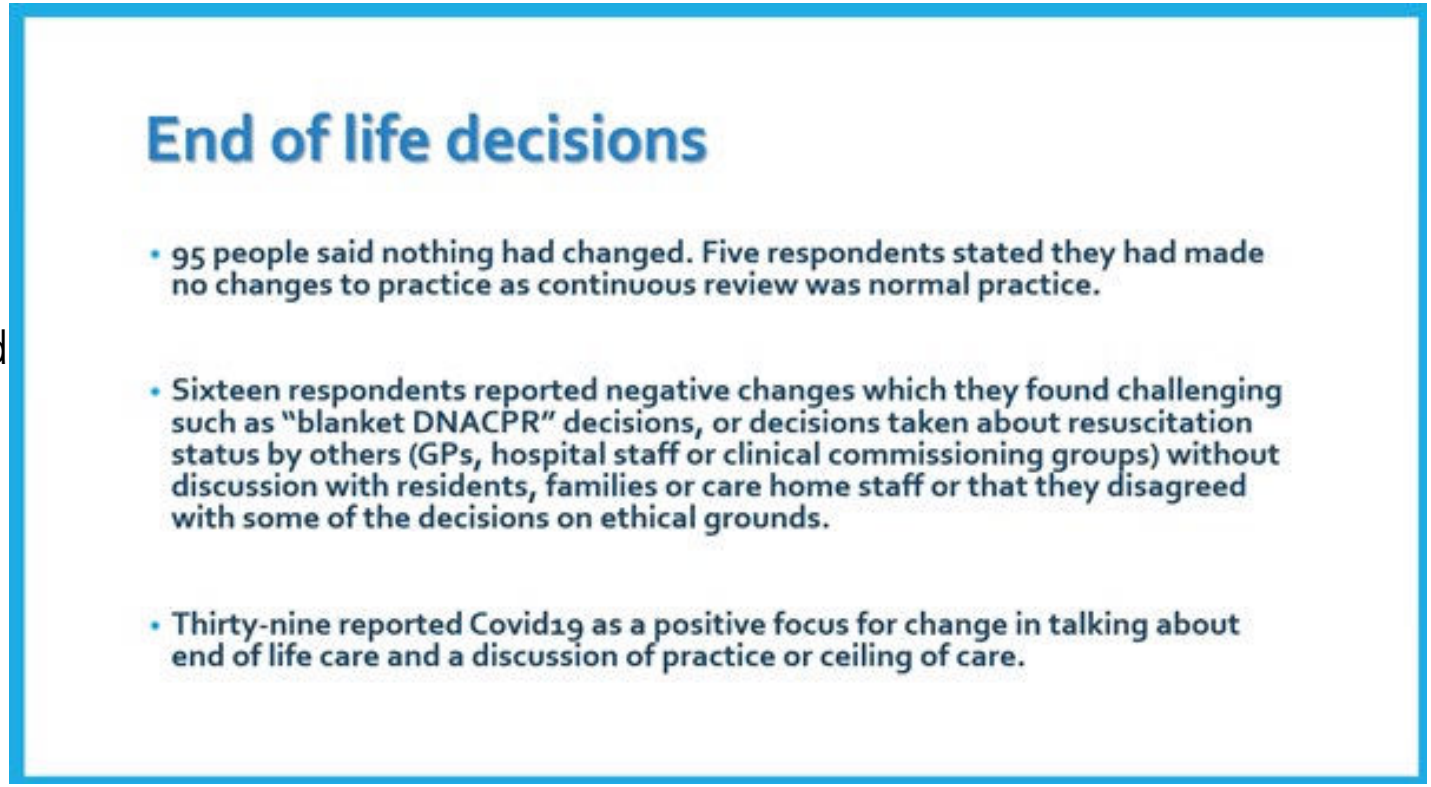
- I think it's interesting you can put out a straightforward piece of research, get lots of data, and thanks to the people completing the surveys, they can have influence.


- Timed-task allocation: a type of care is given a time in which it should be completed. For example leg ulcer is given x amount of time. It doesn't take into account the complexity of the work. *"We have been given 7.5 mins for each diabetic patient on the district. This includes driving time and documentation. I feel this small amount of time is unsafe."*
- One of the things that came out of the Workforce Standards was that the scheduling platforms were making the people want to leave. In our report, we asked district nurses about scheduling platforms and they didn't find them particularly helpful. That's something we will go and speak to those who design the platforms, I think it's how the platforms are used rather than the platforms themselves. Interestingly, GPNs find it more useful than DNs. In terms of saving time and increasing productivity.

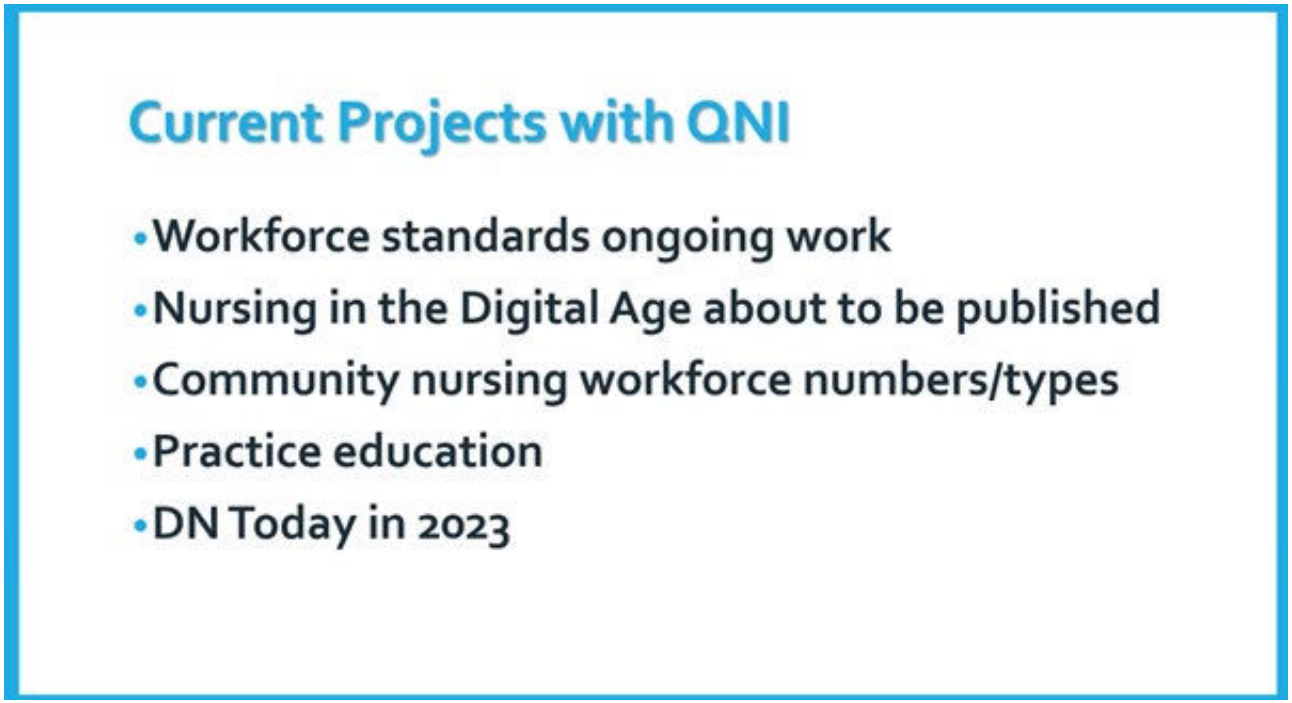
- The experience of digital is getting worse for more people. There is better integration but I think they are using the same laptops and batteries from 5 years ago. We've submitted this as evidence to the government's digital pledge.
- During the pandemic, a lot of nurses contacted the QNI about their experience in care homes and so we did something quick and dirty: we came up with a solid survey, cross sectional of that care home network to see what was going on - and the findings were impactful.
- But the biggest thing was end of life decisions: 16 people reported something illegal: 'blanket DNA CPR' decisions without discussion with residents, families or care home staff.



- That was something picked up by CQC and Amnesty International because that is illegal and where more robust work done, it was found to be common.
- It was submitted to the Covid enquiry.
- So people telling the stories of their experiences is very important for future care. It also exposed the care that people working in care homes do.



- Current ICNO projects: we're currently looking at how many people are working in the community which is harder than you think. Some people think it's as low as 10% of workforce, but that can't be right, there's more of you than that!




- We can't do any of this without you, participating in a survey, or collaborative research. One of important things we get is generation of questions. I would not know what questions need to be asked. If you don't want to be a collaborator, be there with real life questions and experience, that is really important to us.
- Find out more about the ICNO and read previous reports: https://qni.org.uk/explore-qni/icno/

- Tell people what you do. Nurses are their own best ambassadors. People and communities trust you, help people understand the work you do is important, because it is.
- So many people are telling me about end of life care that wasn't done right, it's harrowing.  And that's what happens if you're not there. Important things don't happen if you're not there.
- One of the things to have influence, is asking one of non executive directors to follow you at work for one day. Think about the political landscape in your organisation.
- Nursing research is seen as a thing that academics do, it isn't valued by people that are providing services, commissioners for example. There is that competing priority.
- There are lots of reason people don't engage with research, sometimes it's confidence and helping people to engage with research is very important.
- One of things we talk about and coroners pick up on: nurses will talk about interventions and what they do, but not *all* they do. Nurses do pro-active case management and vigilance. Vigilance was first described by Florence Nightingale as the detection of deterioration. Those things don't show up as activities but are very important to do with safety. Nursing is a vigilant workforce, you spend a lot of time looking for risk, understanding risk and rescuing people from risk.
- Do get in touch: alisonleary@yahoo.com or on Twitter: @alisonleary1

## Thank you to all 150 delegates who attended today's Masterclass.


Next masterclasses in the series:
17 January 2023 – Critically appraising qualitative research papers with Dr Jenni Burt
28 February 2023 – Writing for publication: tips from an editor with Professor Catherine Walsh
Book here:
https://qni.org.uk/news-and-events/events/community-nursing-bitesize-research-masterclass-17-01-23/

# COMMENTS
# A selection from delegates:

Great webinar. Lots of food for thought for me as a pain specialist nurse

Really useful and interesting, thanks!

This has been brilliant thanks so much for the session

Thank you so much - so interesting to hear what is going on. Thank you so much QNI for putting these on for us - great as always

Thank you. Great presentation and really useful.

Thank you, really inspiring session

This has been an excellent session -thank you so much Alison & Ben & everyone!!

Thank you ever so much.

Well done Alison and Ben