

Member profile for QNI Community Nursing Research Forum



Name: Louise Wolstenholme

Job title: 0-19 Research Lead & Health Visitor; Co-lead of the 0-19 Research Network, CRN Yorkshire & Humber & NIHR Nursing & Midwifery Clinical Fellow

Employing organisation: Sheffield Children's NHS Foundation Trust

Country of residence: England

How would you describe your current role and research interests?

I am currently the 0-19 Research Lead at Sheffield Children's NHS Foundation Trust where I have a remit to build research capacity & capability within health visiting and school nursing. I support colleagues to develop their research interests through the '0-19 Research & Innovation Council', co-lead the Yorkshire & Humber 0-19 Research Network. As a Principal Investigator (PI), I also oversee and deliver on funded research projects in conjunction with our Research and Development department.

I am also seconded to the NIHR Nursing & Midwifery to undertake the RISE project (Research in community Settings). We are identifying features of successful research-related roles for nurses and midwives in community, public health, and social care.

How did you first get involved in doing clinical research / your own research?

Completing my master's dissertation in Health Education Care was the trigger for me to get more involved in research. Fortuitously, one of the academics at Sheffield Hallam University had jointly set up the North of England Health Visitor Research Forum (as it was known then) at the same time as I was completing my studies. I attended the second ever meeting and was hooked, whilst at the time I did not know what a next step would be me I knew that it felt important to explore the possibilities.

What difference has your research training and experience made to your career / clinical practice / academic practice?

My research training and experiences have clearly demonstrated to me the link between research and improving health outcomes. When thinking about the four pillars that underpin practice (leadership, clinical delivery, education and research), research is where we see least activity within clinical services. I believe that research engagement can be part of all nurses and midwives working lives and whether that be using evidence in practice, recruiting patients to studies, becoming a research active health visitor or undertaking a PhD. All these activities can make a difference to the care that we provide.

It has been great to deliver an intervention as part of a research project and see that intervention become part of service delivery beyond the life of the study.

What has been your favourite research experience so far?

Being asked to take over the running of the 0-19 Research Network (CRN Yorks & Humber) has been a fantastic research experience. Knowing the importance of working with others, we developed a small team of colleagues to support the Network. This team has expanded, with additional CRN funding, to 12 of us who deliver on our two core aims:

- To increase research engagement and capacity of public health professionals working with the 0-19 age group (research capacity building).
- To support and increase the participation and recruitment of children and families in public health research, with a focus on those underserved populations (research delivery).

How did you develop your research career?

As a health visitor I was not sure what avenues were open to me to become research active. The first step was to seek mentorship from a colleague within the CLAHRC, an early iteration of the NIHR Applied Research Collaboration. This inspired me and fuelled my determination to pave a path within research. As a busy practitioner I recognised that protecting time was important and so achieving a Research Internship was transformative in my research journey.

At the time, I felt further academic study was the next step and since becoming a member of a 0-19 Research Network I was determined to undertake PhD studies. My internship time led to 2 outcomes: writing a PhD proposal and setting up the Sheffield 0-19 Research Interest Group. The group had and retains a focus on building research capacity and capability. When research activity becomes a shared ambition more successes are achieved, and it raises confidence in clinically based staff and provides them with a route in research.

A series of successes within research delivery followed. I became a PI on four studies, a research co-applicant and developed links within the Research and Development Team (becoming a Trust Research Board member). Being awarded a place on the 70@70 Senior Nurse Research Leader programme was instrumental in effectively leading initiatives that have had a positive impact in increasing research activities for others. There have also been times when things have not worked out, significantly withdrawing from my PhD studies after two years of doctoral training. However, all these experiences have been a learning point and enabled me to move forward.

What are your top tips for anyone wanting to become a clinical academic / become more research active?

Being based in the community, research is less visible to us and there is some way to go before research activity is embedded within core services. However, there is an increasing appetite for clinically based staff to have a research element in their role.

My top tips:

1. Join a network or a group, become a member of a forum. Research can feel the business of others and networking can help demystify what research is or could be. It is an easy first step into learning more about research, increasing confidence and opening doors for training and opportunities.

2. Undertake some research training, masterclasses are a great introductory option.

Research language can be daunting (RCT's, systematic reviews, principal investigators) – the number of acronyms is often joked about.

3. Be ambitious and apply for research opportunities. Don't be disheartened if success does not come straight away.

4. Link with your Research Department. They would be delighted to hear from you. There is an increasing drive for studies to be delivered in out of hospital settings.

5. Share your research interest with your matrons, managers or service leads or in your personal development reviews.

Where can we access your recent work?

Wolstenholme, L., Cooke, J., Manlove, L. & Long, T. (2022). A new vision for research, Community Practitioner, March/April: 44-47

<https://www.communitypractitioner.co.uk/issue/marchapril-2022>

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