

## Member profile for QNI Community Nursing Research Forum



**Name:** Catherine Evans

**Job title:** Professor of Palliative Care and Honorary Consultant Nurse in Community Palliative Care. Co-Founder of the QNI Community Nursing Research Forum

**Employing organisation / University:** King's College London and Sussex Community NHS Foundation Trust

**Country of residence:** England

### How would you describe your current role and research interests?

I am a clinical academic in palliative care and community nursing. My research and clinical practice focus is on strengthening the integration of palliative and end of life care in community health and social care for adults with multiple conditions, including frailty and dementia. I focus on generating new knowledge on integrating palliative care where older adults reside (at home and in care homes) and receive care (community hospitals, at home and care homes), and transitions between community care settings and acute hospital.

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

My first exposure to research was as an undergraduate in community nursing at King's College London. I listened to a lecture about how older adults with cancer in the UK were the largest group who sought help at an often late and advanced disease stage. The problem had been observed at a population level for many years and the UK fared far worse compared with other high-income countries. I raised my hand and asked why. I was shocked that little evidence informed understanding on why older adults presented late or how to address. This inequity of access to healthcare for older adults drove my interest in research. I pursued this area from my undergraduate dissertation to leading major research programmes on empowering better end of life care for older adults severely affected by life-limiting conditions.

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

Seeing research as vital to drive change in ways that responded to and meet priorities for patients and those close to them, is central to why I have pursued a career as a clinical academic in nursing. I have been supported by amazing supervisors and mentors across my journey from undergraduate to post-graduate research to an independent research leader in nursing. Collaborating and working with others is a key ingredient to undertake robust research and realise the intended impact on clinical care and benefit for patients and families.

## What has been your favourite research experience so far?

Wow, that's a big question. I have many. I think stand out for me is being an undergraduate with the collegiality and friendships of my peers. This is something I valued greatly early on in my career and that I have sought to grow and nurture across my career. Collegiality, networks and collaborations are the fun part of research. The vital part, to build a network of people with breadth of expertise and knowledge to ask and answer important research questions that matter for patients and families.

## How did you develop your research career?

My research career is driven by two ambitions. To generate and implement evidence to drive high-quality community care and improve outcomes for older adults affected by serious illness and those close to them. And to excite and inspire nurses to be research active and see research as an accessible, vital way to drive high-quality care for all. Having a focus enabled me to pursue and build a programme of research and identify and work with people with the breadth of clinical and methodological skills and expertise to conduct robust research relevant and important for clinical care. The opportunities that made a difference was the formation of the National Institute for Health and Care Research (NIHR) Integrated Clinical Academic pathway for nurses, midwives and AHPs. My clinical academic career was made possible through this funding and pathway. My success in attaining nationally competitive funding was through working with my NHS trust, Sussex Community, who have supported me from first post as a clinical lecturer to professor, and from my phenomenal multi-disciplinary colleagues and peers at the Cicely Saunders Institute, King's College London and my supervisors and mentors who have worked alongside me from post-graduate research to professor. Finding the right people and investing the time to work with them, and build partnerships and trust is key to realise a successful career as a clinical academic. An important part of my role and expertise is to promote, advocate and support opportunities for nurses to pursue research in clinical practice from first exposure of research internships to post-graduate research and independent leadership.

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

- **Think about and identify the important research questions that matter to patients and families, that matter to you, that excite and inspire you.**
- **Build research training and expertise in the same way that we build clinical skills and expertise, incrementally planning ahead and identifying and seeking opportunities, and working with mentors and supervisors to support you.**
- **Publish and disseminate what you have achieved. Do this from the outset from innovations in clinical care to publishing academic outputs from dissertations and doctoral thesis and continue throughout your career. Writing and publishing is a learnt skill and writing and training is the way to hone this skill.**

## Where can we access your recent work?

All my publications are available [here](#). Two recent key papers that I'm particularly proud of are:

1. Evans CJ, et al. '[Community-based short-term integrated palliative and supportive care reduces symptom distress for older people with chronic noncancer conditions](#)'

[compared with usual care: A randomised controlled single-blind mixed method trial](#). *International Journal of Nursing Studies*, 2021; 120: 103978.

This intervention was unique to establish the provision of specialist palliative care for older adults with multimorbidity and frailty in a planned way based on individual palliative care needs and integrated with healthcare services for the population.

2. Evans CJ, et al. '[Characteristics and mortality rates among patients requiring intermediate care: a national cohort study using linked databases](#)'. *BMC Medicine*, 2021; 19: 48.

This novel study of all community hospitals in England found that over 1 in 4 patients died within 1 year of admission. The findings questioned the traditional emphasis in community hospitals on rehabilitation and recovery and argued this had changed with an ageing population and the need for greater integration of palliative care.

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