

Member profile for QNI Community Nursing Research Forum



Name: Dr Kate Lippiett

Job title: South West General Practice Nurse Research Clinical Fellow & Senior Research Fellow

Employing organisation: NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board & /University of Southampton

Country of residence: United Kingdom

How would you describe your current role and research interests?

I am working as a clinical academic jointly between the NHS and University of Southampton. In my university role, I work on a multi-site study aiming to provide person-centred care for patients with multiple long-term conditions in primary care. In my NHS role, I work across the South West aiming to build research capacity in primary care, particularly with general practice nurses. I am a respiratory nurse and chair the Research and Education Committee for the Association of Respiratory Nurses. My PhD identified and characterised patient experiences of burden of treatment in lung cancer and Chronic Obstructive Pulmonary Disease (COPD).

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

I started as a research nurse on a COPD exacerbation study. I then had a joint clinical/research role, recruiting respiratory patients to research; providing specialist respiratory care. I then began to transition to nurse researcher, leading a project case-finding for COPD. The success of this led to a subsequent randomised controlled trial. I knew then I wanted to develop as clinical academic in applied health research, so I set about securing funding. I won a Florence Nightingale Research Scholarship and then a Health Foundation fellowship which funded my full-time PhD on treatment burden in COPD and/or lung cancer.

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

My research training and experience has transformed my career and clinical practice. Throughout my career, I have worked hard to ensure that clinical practice is informed by research and research is informed by clinical practice.

Often, I have seen how healthcare is designed around professionals rather than patients. My research aims to evidence the best way to deliver minimally disruptive care – care that prioritises what matters to patients rather than what is the matter with patients.

What has been your favourite research experience so far?

I have really enjoyed my post-doctoral research career. I am working in a group of like-minded individuals on a variety of person-centred research projects. Although I had excellent PhD supervisors, I found my PhD journey lonely at times and it is a luxury to be able to work in a research team. I especially enjoy qualitative data analysis in a team and the benefits of a multiplicity of perspectives, particularly public contributors.

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

It's amazing what people will do if you just ask them. Very senior academics are (generally) incredibly helpful and inclusive.

Find a mentor. Ideally someone who you would like to emulate in your clinical academic career who is not your line manager.

Research is not as scary as it may sound. I was extremely intimidated by just how complicated ethics can be when I first started. The best thing to do is ask people to help you for advice and help – the clinical research networks are very supportive, so is the research design service as are ethics committees themselves.

Where can we access your recent work?

- Minimally disruptive medicine: 10 years on. Kasey R. Boehmer, Katie I. Gallacher, Kate A. Lippiett, Frances S. Mair, Carl R. May, & Victor M. Montori , 2022 , Mayo Clinic Proceedings , 97 (2) , 210—220 DOI: 10.1016/j.mayocp.2021.09.003
- How do illness identity, patient workload and agentic capacity interact to shape patient and caregiver experience? Comparative analysis of lung cancer and chronic obstructive pulmonary disease. Kate Lippiett, Alison Richardson, & Carl R. May , 2022 , Health & Social Care in the Community , 30 (6) , e4545--e4555 DOI: 10.1111/hsc.13858
- Patients and informal caregivers' experiences of burden of treatment in lung cancer and chronic obstructive pulmonary disease (COPD). Katharine Lippiett, Alison Richardson, Michelle Myall, Amanda Cummings, & Carl May , 2019 , BMJ Open , 9 (2) , 1—17 DOI: 10.1136/bmjopen-2017-020515

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