



Department of Nursing & Midwifery Research Newsletter



Welcome to our quarterly research newsletter from the Department of Nursing and Midwifery at the University of the Highlands and Islands.

Welcome to our new academic year. The start of term is always busy as we welcome students starting their journey in nursing (approximately 160) as well as supporting existing Undergraduate (UG) and Postgraduate students. In addition to teaching, our core activities include delivering research which is needed to transform services and improve outcomes for patients and the public. Nurses, Midwives and Allied Health Professionals (NMAHPs) seek answers to research questions relevant to their discipline and experience, such as exploring patient experience of living with a long-term condition etc. Despite NMAHPs unique contribution there are few opportunities for them to develop research career pathways. Our revised [Research Strategy](#) focuses on a vision to build NMAHPs research capability and capacity from the establishment of research placements for UG students throughout to post-doctoral clinical academic posts. There remains much work to be done but articulating our vision is a good place to start. Some of the articles below provide examples of the strategy translating into action, such as providing all staff with opportunities to be involved in research (see the New Arts Project, Primary Care Healthcare Professionals' Research Priorities in Scotland and Stepping Stones to Nurse Academia).



[Dr Michelle Beattie](#)

Senior Lecturer and Assistant Head of Research



What do we do?

Our research aims to foster a strong research community in the Highlands and Islands and build research collaborations nationally and internationally. This enables us to address key health questions relevant to Scotland and beyond and conduct high quality research that improves health and wellbeing within the Highlands and Islands. We conduct research to improve health and wellbeing in remote and rural regions that has international significance and spans urban populations. Our research expertise includes:

- Health promotion and disease prevention
- Active health
- Health and social care interventions and evaluation
- Improvement science
- Nurse education

Digital Arts Impact on Mental WELLbeing (DIME)

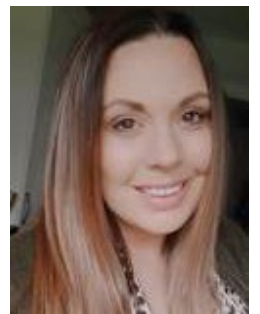


The mental health of the UK's children and adolescents was deteriorating before the Covid-19 pandemic, and during the pandemic young people have experienced disruptions to education and face an uncertain future. UHI mental health lecturers Sam McDonald and Eve Eadie are starting a new study to see if arts engagement will help improve adolescent mental wellbeing. They will be joined by psychologists Drs Nikki Perrin, UHI and Chantal den Daas, University of Aberdeen and Professor Gill Hubbard, Head of Research in the Department of Nursing and Midwifery at UHI. The purpose of the study is to evaluate an arts programme that will be provided 2-3 hours a week for 10 weeks at the Highland Print Studio outside of school timetable hours to adolescents who could benefit from such a programme as identified by their

teachers.

Professor Gill Hubbard, Head of Research says, "I'm delighted to support Sam and Eve conduct this important piece of research that aims to help young people who are experiencing mental health difficulties. It is great to see UHI working in partnership with Highland schools and the Print Studio to address this major public health problem."

For further information on this project, please contact [Sam](#) or [Eve](#).



Stepping Stones to Nurse Academia – Alison MacIver



Last year I completed my MSc in Advanced Nursing Practice with the Department of Nursing and Midwifery. I have found this course to be invaluable within my every day practice working as Rheumatology Specialist Nurse. I especially enjoyed the dissertation module which, whilst hugely challenging, developed my research skills. I chose to do a systematic review on the use of tele-health interventions to support self-management in Rheumatoid Arthritis. The support of the course leaders and supervisors was brilliant as they guided me through the process. Following completion of my dissertation I was encouraged to think about publishing my dissertation as it's a great opportunity to share new evidence and would prevent my work from sitting on a shelf gathering dust. The topic I had chosen had also become more meaningful throughout the Covid-19 pandemic where the interest in tele-health within clinical practice had grown exponentially. I then worked on publishing my work in the peer reviewed Rheumatology International Journal. This was a more complex process than I had anticipated but with the support of my supervisors I managed to navigate it. It proved to be very worthwhile and I am delighted that my article has now been published.

<https://link.springer.com/article/10.1007/s00296-021-04907-2>

At the start of this year, I started work as a research nurse alongside Dr Michelle Beattie and her team on the Care Homes Project. This has been a fascinating project to be part of researching the stress and coping experiences of healthcare workers throughout the pandemic. My role has included interviewing participants within the study, transcribing the interviews, and learning data analysis techniques such as coding and report writing. I feel this has been an excellent opportunity for me as it has given me first-hand experience of being involved in a formal research project and developed my practical skills. The experience of my dissertation and working as a Research Nurse has spurred me on to take the next steps and start a PhD. I will be researching social engagement in patients with inflammatory arthritis. The PhD will offer me an opportunity to combine my interest, expertise and passion for rheumatology with research. I feel my time at UHI has prepared me well for the next step in my clinical academic career and I look forward to collaborating with and working alongside the department in the future.

Alison MacIver – alison.maciver@uhi.ac.uk

Primary Care Healthcare Professionals' Research Priorities in Scotland after Coronavirus Pandemic

Note to self..... be careful who you talk to when out for an evening walk!

One evening during lockdown whilst out with my dog, I happened to pass my neighbour's house – Prof Gill Hubbard, who was out in her garden. The conversation eventually came round to asking if I'd like to be involved in a research project. Something I'd never done before, so I thought why not.

The aim of the project was to reach a consensus for primary care research priorities in Scotland and set a research direction that will be relevant for patients, carers, and generalist healthcare professionals in the aftermath of the coronavirus pandemic. This would be the first comprehensive, generalist health professional project of primary care research priorities since the 2020 coronavirus pandemic. It is hoped that it will support and strengthen future evidence for primary care to improve health outcomes.



The Scottish School of Primary Care (SSPC) Steering Group put together a letter that we then sent to multiple individuals and organisations inviting them to be 'Key-Partners'. We had fifty-four respondents willing to take part. The Steering Group administered an online survey to identify an initial set of research priorities. The project and survey was publicised via the SSPC and key partners members' network in order to identify the research priorities. Anyone living in Scotland and a healthcare professional in primary care in Scotland was eligible to participate.

Overall, there were 512 respondents to the survey, generating a total of 1,274 research ideas. The respondents were asked to suggest up to three important primary care research priorities. The suggestions were then grouped into themes and sub-themes by me and Gill. Theme, sub-themes, and topic names were chosen from current policy and literature so that they would be familiar to readers of this report. To rank these research themes and sub-themes in order of priority an email/survey was sent to respondents that wished to continue supporting the research project.

The response was quite staggering, and it was encouraging that so many people were willing to take part and furthermore are keen to be involved with any projects that can be taken forward following on from this.

The top five research priorities identified are:

1. Access
2. Workforce
3. Multi-disciplinary teams
4. Integration
5. Health inequalities

Not surprisingly Mental Health has come out on top as to where focus should be directed. Ultimately it is hoped that the findings of this research prioritisation exercise will inform the future direction of research in primary care in Scotland.

Hubbard, G, Grist, F, Pope, L, Cunningham, S, Maxwell, M, Sullivan, F, Guthrie, B and Mercer, SW, (2021) 'Primary care healthcare professionals' research priorities in Scotland after the coronavirus pandemic', Glasgow, Scottish School of Primary Care. <http://www.sspc.ac.uk/reports/>

For further information, please contact Fiona Grist – fiona.grist@uhi.ac.uk

Using Project ECHO to support Non-Medical Prescribing in Palliative and End of Life Care

Dr Clare Carolan, Dr Alison MacRobbie, Jackie Matthews and Fiona Young.

Appropriately qualified non-medical healthcare professionals may now prescribe medicines for their patients following successful completion of an accredited non-medical prescribing qualification and entry into the relevant professional register. However, post qualification barriers to non-medical prescribing in clinical practice are recognised, with prescribing confidence often remaining low and negatively impacting on transitions to *active* non-medical prescribing. Delays in the transition from qualified non-medical prescriber to active prescriber are reported within palliative and end of life care contexts. Educational initiatives to enhance perceived self-efficacy and confidence in prescribing decision-making have been proposed to address these issues.



[Project ECHO](#) (Extension of Community Health Outcomes) is a tele-mentoring methodology which creates virtual knowledge sharing networks that enables specialist teams and local providers to learn from each other by collaboratively problem-solving real-time experiences and sharing best practice via videoconferencing. Highland Hospice is an ECHO superhub member and actively supports a range of communities practice with a variety of care practitioners (e.g., out of hours GPs).

Working with colleagues from Highland Hospice, the department successfully piloted the use of Project ECHO to support last year's cohort undertaking our [Non-Medical Medical Prescribing Module](#) (40 credits at SQF level 11). Our current research will use a mixed-methods approach using an on-line survey and one-to-one qualitative interviews to evaluate the use of project ECHO. In particular, we want to understand how participation in Project ECHO influences students' i) perceived self-efficacy in palliative and end of life care and ii) perceived self-efficacy in palliative and end of life care prescribing. We will also explore students' experiences of participating in project ECHO and how this has impacted on their learning. We hope that the findings from this research can provide important insight into transitions to active prescribing practice and how best to support this.

For more information, please contact clare.carolan@uhi.ac.uk

Interventions to Increase Walking among People Living with Intermittent Claudication (IC)



Prof Gorely is involved in an exciting new research synthesis project that has just got underway. It is led by Dr Ukay Abaraogu at Glasgow Caledonian University (GCU) and involves a team of people from GCU, the University of Edinburgh and UHI. The project is funded by NIHR Health Technology Assessment Programme and focuses on people living with intermittent claudication (IC) due to peripheral arterial disease. IC leads to severe cramp like pain when walking and the pain goes away when the person stops. One outcome of IC is that people with IC limit their walking and have been found to be 40-45% less active than their peers resulting in further long-term health problems and decreasing ability to do everyday tasks.

The idea for this project emerged out of earlier work by team members exploring the design and delivery of interventions to increase walking among people living with intermittent claudication. The project is a multi-stage evidence synthesis that will explore; (1) the effectiveness of interventions to increase and maintain physical activity in people with IC; (2) identify the behaviour change techniques associated with physical activity (PA) behaviour change and maintenance; (3) the acceptability, feasibility and appropriateness of such interventions; and (4) the feasibility of delivering services using interventions containing behaviour change techniques to support PA in people with IC. Qualitative, quantitative, and mixed method studies will be included at different stages of the synthesis. Findings of the project will be evidence-based strategies to support engagement with PA among people living with IC. They will be used to design scalable interventions to enhance exercise therapy and support PA maintenance in those living with IC.

Further information about the study available from Professor Trish Gorely– trish.gorely@uhi.ac.uk.

Students as Co Designers: The Story Behind Dignispace

Macaden L, Webster E, Munoz, S-A, Angus N, Douglas S, Ellis L, Macmillan J, Cunningham S, Boddie L, Hudson L & Mhairi L

BACKGROUND

Dignity is a concept that most of us intuitively understand. Most of us would like to be treated with dignity and to be respectful of others' rights as individuals. [The Universal Declaration of Human Rights \(1948\)](#) states that "all human beings are born free and equal in dignity and rights". In a healthcare context, most professionals want to provide care to patients that maintains individual's dignity and rights. However, it can be challenging to understand how to translate the concepts of dignity and human rights into the actual practice of care – involving real people, in often stressful situations.



To date, resource-based responses to crises of dignity in care have focused on an **audience of current practitioners**.

- The context of **nurse education** presents a critical opportunity to support the **sustainable development of a culture of confidence** in delivering dignity in care.
- Perceptions and practices then develop, shift, and are challenged as students' shuttle between educational and real-world experiences within the curriculum over time ([Kyle et al. 2017](#)).
- Students as codesigners of learning materials can **positively influence cultures of care** in a long-term perspective.

Following recommendations from [The Francis Report in 2013](#), Dr Macaden led some pilot work on Human Dignity Narratives and Nurse Education in collaboration with experts in Human Rights Law and Participatory Research funded by the Interdisciplinary Fund of the Scottish Crucible: A competitive and prestigious research leadership and development programme. Students as key participants in this pilot highlighted a need for dignity education. Further information on this work can also be accessed from:

1. [Macaden L](#), Kyle R, Medford W, Blundell J, Munoz SA & Webster E (2017). Student nurses' perceptions of dignity in the care of older people. *British Journal of Nursing*, 26 (5), 274 -80.
2. Munoz SA, [Macaden L](#), Kyle R, & Webster E (2016). Revealing student nurses' perceptions of human dignity through curriculum co-design. *Social Science & Medicine*. [DOI: 10.1016/j.socscimed.2016.12.011](#)

In 2018, she coordinated an interdisciplinary dignity education group to include experts in coproduction, educational technology and instructional design to lead: Dignity Engagement Space for Nurse Education using a Human rights-based approach [DESNEHRA] funded by the Sir Halley Stewart Trust. DESNEHRA is a collaborative project with experts from the University of the Highlands & Islands, University of Strathclyde and the University of Dundee.

DESNEHRA is innovative in its attempt to facilitate a deep level of creative intellectual engagement with the idea of human dignity from the perspective of human rights law and dignity theory. This project breaks new ground by adopting a combined focus on a student-centered, co-produced, technology-enabled engagement space, supported by creative intellectual thinking about the protection of human dignity

AIM: To co-produce an Online Dignity Engagement Space for Nurse Education using a Human Rights based Approach.

METHODS: PHASE ONE

An online survey was completed by 136 nursing students from two Scottish Universities.

The survey captured information on students' understanding of human rights and dignity; dignity in practice using a case study and methods preferred for dignity education.

Nine Co Production Workshops were facilitated by experts in Human Rights Law & Dignity across three sites with students, educators, practitioners, patients and carers.

KEY FINDINGS

- 87.8 % of students rated 'Right to Life' as the most important human right.

- 80.1% strongly agreed that all nurses had a legal duty to ensure respect for patient's human rights.
- Most students (90%) perceived respecting a patient's dignity was paramount in all circumstances across all domains of basic and complex care needs.
- 94.9% of students expressed interest in accessing an online dignity education resource.

OUTPUT: Dignispace, is the is the culmination of 8 years of collaborative working with interdisciplinary expertise. **Dignispace** has been co - designed with students from the University of the Highlands & Islands and the University of Dundee, practitioners and nurse educators to help healthcare professionals learn more about the concept and to confidently promote and advocate dignity in practice.

It is the first online learning space focusing on the concept of dignity (through a consideration of human rights) and is underpinned by the PANEL (Participation, Accountability, Non-discrimination & Equality, Empowerment and Legality) principles of Human Rights as **the overarching framework. Dignispace will support students to interrogate the concept of Dignity and its complexities using a Human Rights based approach through self-directed reflective learning.**

Further details on Dignispace can be accessed from [DESNHERA – Dignity Engagement Space for Nurse Education using a Human Rights based Approach \(uhi.ac.uk\)](https://www.uhi.ac.uk/dignispace)

The team are grateful to Sir Halley Stewart Trust as their primary funder and the NHS Highland Research, Development and Innovation Endowment Fund for part funding this project.

PhD Student Profile – Julie Munro



Julie is in the initial few weeks of her PhD studies but has been working in the Department of Nursing and Midwifery since 2009. Julie returned to Inverness after living in Glasgow and London when studying for her BSc in Physiology and Sports Science, and MSc in Cardiac Rehabilitation respectively. She started her work as a research assistant on topics involving cardiac misconceptions, and cardiac rehabilitation delivery with colleagues in the department and in Raigmore cardiac unit. In 2013, the direction of work moved onto rehabilitation for people living with bowel cancer for projects secured by Professor Gill Hubbard. In the midst of this Julie received a kidney transplant in 2014 from an altruistic donor through a kidney sharing scheme and the generosity of her brother-in-law but was back in the office 4 weeks later. In 2017 Julie and her husband were delighted to introduce their daughter, Bria, to the world who is now 4 and attending local nursery. Julie will continue her project work with Gill involving patients living with a stoma and study for her PhD part-time alongside. Away from work and research Julie is kept busy with Bria and family outings and is enjoying some normality returning after a tough 18 months in and out of lockdown.

Project work

Julies PhD work will continue the good work for people living with a stoma and particularly those with a hernia, and continue with her passion for physical activity and health. The project is being supported by UHI Staff Development Fund and the Department of Nursing and Midwifery. The work will look at the physical and psychosocial aspects of living with a hernia around the stoma, known as a parastomal hernia (PSH), and explore self-management options and examine specific physical activity strategies for this patient group.

Visit our [website](#) to find out more about PhD students within the Department of Nursing and Midwifery.

Interested in doing a PhD?

If you are passionate about an area of healthcare practice and want to make a research contribution to your field, a PhD could be the route for you. Doing a PhD provides you with the opportunity to go to the depths of critical enquiry into a chosen topic enabling exponential personal and professional growth. Doctoral studies are challenging, but we provide you with support and encouragement every step of the way. Our department research team gets to know you which enables tailored supervision to your individual learning needs and styles. We can also provide inter-department and across University supervision to ensure students have access to the right supervisors. Students also have access to the University's Graduate School which provides access to training and guidance on administrative procedures.

Anyone interested in conducting a PhD please contact Dr Michelle Beattie michelle.beattie@uhi.ac.uk for informal enquiries.

Recent Publications

Dixon, D., Den Daas, C., **Hubbard, G.**, & Johnston, M. (2021) 'Using behavioural theory to understand adherence to behaviours that reduce transmission of COVID-19; evidence from the CHARIS representative national study' *British Journal of Health Psychology*.

<https://doi.org/10.1111/bjhp.12533>

Gray, J., Chandler, J., & Wolf, E. (2021) 'Bowel Health and Screening: evaluating a peer-led educational intervention for people with learning disabilities' *Learning Disability Practice*, 24(2), [e2131].

<https://doi.org/10.7748/ldp.2021.e2131>

Hubbard, G., Broadfoot, K., Carolan, C., & van Woerden, H. C. (2021) 'An Exploratory Qualitative Study of Computer Screening to Support Decision-Making about Use of Palliative Care Registers in Primary Care: GP Think Aloud and Patient and Carer Interviews' *Journal of Primary and Care Community Health*, 12.

<https://doi.org/10.1177/21501327211024402>

Hubbard, G., Den Daas, C., Johnston, M., Murchie, P., Thompson, C. W., & Dixon, D. (2021) 'Are rurality, area deprivation, access to outside space, and green space associated with mental health during the covid-19 pandemic? A cross sectional study (charis-e)' *International Journal of Environmental Research and Public Health*, 18(8), 1-17. [3869].

<https://doi.org/10.3390/ijerph18083869>

MacIver, A., Hollinger, H. and **Carolan, C.** (2021) 'Tele-health interventions to support self-management in adults with rheumatoid arthritis: a systematic review'. *Rheumatology International*

<https://doi.org/10.1007/s00296-021-04907-2>

Niven, A., Ryde, G. C., Wilkinson, G., Greenwood, C., & **Gorely, T.** (2021) 'The Effectiveness of an Annual Nationally Delivered Workplace Step Count Challenge on Changing Step Counts: Findings from Four Years of Delivery' *International Journal of Environmental Research and Public Health*, 18(10), [5140].

<https://doi.org/10.3390/ijerph18105140>

Shore, C. B., **Hubbard, G., Gorely, T.**, Hunter, A. M., & Galloway, S. D. (2021) 'The match between what is prescribed and reasons for prescribing in exercise referral schemes: a mixed method study' *BMC Public Health*, 21(1), [1003].

<https://doi.org/10.1186/s12889-021-11094-z>

Shore, C. B., **Hubbard, G., Gorely, T.**, Hunter, A. M., & Galloway, S. D. R. (2021) 'Associated Sociodemographic and Facility Patterning of Uptake, Attendance, and Session Count Within a Scottish Exercise Referral Scheme' *Journal of Physical Activity and Health*, 18(5), 557-562.

<https://doi.org/10.1123/jpah.2020-0539>

van Woerden, H. C., **Angus, N.** J., Kiparoglou, V., Atherton, I. M., & Leung, J. (2021) 'Long-term conditions in older people are

linked with loneliness, but a sense of coherence buffers the adverse effects on quality of life: A cross-sectional study' *Journal of Multidisciplinary Healthcare*, 14, 2467-2475.

<https://doi.org/10.2147/JMDH.S317393>

Meet our Research Staff

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| <ul style="list-style-type: none">• Neil Angus• Dr Michelle Beattie• Marie Cameron• Dr Clare Carolan | <ul style="list-style-type: none">• Professor Trish Gorely• Jonathan Gray• Hannah Hollinger• Professor Gill Hubbard | <ul style="list-style-type: none">• Dr Leah Macaden• Julie Munro• Robert Polson• Dr Michelle Roxburgh |
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