



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.

A New Year brings renewed optimism and change. A warm welcome to our new Head of Department, Dr Nicola Carey, who brings a wealth of research expertise and a fresh perspective to build our research capacity and capability (details of Dr Carey's research portfolio can be found below). Our department sits within the School of Health, Social Care and Life Sciences, and we are also delighted to welcome our new Head of School, Professor Brian Williams. Prof Williams research profile can be [found here](#).

Reflecting on our work during the Covid-19 pandemic there are many lessons learnt, but three key lessons stand out which apply to our research. Firstly, is the necessity for international collaboration. Whilst the global response to the pandemic has been rapid and adaptable it has also increased the chasm in health inequalities. In response the World Health Organisation has set an aim to vaccinate 70% of people from *every* country by the middle of 2022. These inequities can only be reduced by working internationally, sharing both ideas and resources. Dr Leah Macaden is Head of Internationalisation in our Department and is currently working on a strategy to bring together and expand our individual contacts to harness and grow our collective international collaborations.

Latest News

[Covid-19 Health and Adherence Research in Scotland \(CHARIS\)](#)

The CHARIS team, which includes [Prof Gill Hubbard](#), UHI, has been awarded a quarter of a million pounds by the Health Service Executive to continue with the survey of people's behaviours to reduce Covid-19 transmission.

The team will look at behaviours such as physical distancing, self-isolation and vaccination. For further info, please contact gill.hubbard@uhi.ac.uk.

Secondly, are the lessons from the radical and quick shifts seen in health and social care services which are now requiring realistic transformation to recover from the impact of the pandemic. We have also learnt that research can go forward at pace, and we have also seen the possibilities of e-learning and e-health, particularly for remote communities. Academics in the Department have expertise in service redesign and improvement science methods. Harnessing these skills and working with our health and social care partners will contribute to the seismic change needed. Dr Carey has an example below of how we are contributing and shaping such redesign, see the Evaluation of supplementary prescribing by dieticians and independent prescribing by therapeutic radiographers piece below.

Finally, and most importantly, is the impact that Covid-19 has had on the wellbeing of health and social care staff, as well as people generally. Staff have faced unprecedented challenges of working with reduced staffing and an ever-changing environment. Despite being key to the Covid-19 response they have also been most vulnerable both in terms of frontline exposure to the virus and the psychological impact of caring for people during Covid-19. This newsletter includes an example of our research in this area; the stress and coping experiences of staff working in Care Homes during the pandemic. We are also mindful of the necessity to support each other as academic and professional services colleagues who have worked tirelessly during the pandemic to support our student nurses and postgraduate community to progress and to contribute to the evidence base for Covid-19 and health more generally.



Here's to a healthy, productive and collaborative 2022.

[Dr Michelle Beattie](#)

Senior Lecturer and Assistant Head of Research



Articles in this Issue

[Welcome to Dr Nicola Carey](#)

[Care Home Staff Experience of Stress and Coping during Covid-19](#)

[Supporting Patients – Near Me, Health Information, Health Literacy and Library Services](#)

[Collaboration to Create Compassionate Virtual Rural Communities to support Palliative/End of Life Care needs in the Highlands](#)

[Congratulations to Ronie Walters](#)

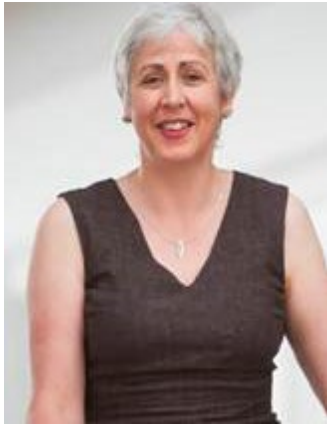
What do we do?

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

You can view our Research Strategy [here](#).

Welcome to our new Head of Department



We are pleased to welcome [Dr Nicola Carey](#) who joined UHI as the Head of the Nursing & Midwifery Department in October last year.

I am delighted to join the research community in the Department of Nursing and Midwifery and the wider UHI partnership. In my previous role as a Reader in Long-Term Conditions, at the University of Surrey, I developed a successful programme of research designed to support the development and evaluation of innovation in clinical practice related to long-term conditions, providing national and international leadership in the field. My main areas of expertise are the exploration of long-term conditions and workforce development, specifically the evaluation of implementation of non-doctor prescribing by nurses and other healthcare professionals in the UK in both primary and secondary care.

I have helped secure over £3 million in competitive research funding to date from a range of sources i.e. National Institute of Health, Health Education England, Department of Health Policy Research Programme (PRP), industrial partners, SMEs and charities. In addition to informing UK healthcare policy, my work has provided an evidence-base for extending non-doctor prescribing roles beyond the UK and has been cited in relation to the extension and standardisation of prescribing regulation across the US, and international policy developments in New Zealand, Israel, Canada, the Netherlands and Australia.

I am currently PI for several studies most notably an NIHR grant "*Innovation in the Allied Health Professions: Evaluation of supplementary prescribing by dieticians and independent prescribing by therapeutic radiographers*". This aspect of my research portfolio has had impact in the UK and internationally in terms of improving quality and access to health and social care, and informing policy recommendations, most significantly in improving patient experience and access to medicines via non-doctor prescribing. I was lead author for an impact case study '*Improving access to medicines via non-Doctor Prescribing*' submitted for REF 2021, rated 3.5-4* externally pre-submission. Two recent awards, and cross faculty collaborations, *Better-Track* and *Ready2Drive* involve SMEs, adopting innovative approaches and use of simulation and digital technology to i) improve performance indicators in social care and ii) supporting older adult decisions around driving retirement respectively.

Informed by a FNF scholarship (2019-2020) I established an international multidisciplinary collaboration comprising 10 countries, hosting visiting researchers from Spain (2020-21) and Saudi Arabia (2019-2020) and a broad programme of work designed to improve the *Early Detection of Infection in Nursing Homes*, the importance of which has been emphasized during the current global Covid-19 pandemic.

Funding obtained via *Global Challenges Research Fund* (December 2020 completion) was used to successfully develop an Ethiopian based palliative care App '**Ayzot**', with users reporting high levels of satisfaction, and easily accessible information regarding PC symptom management'. Using advanced communication technology, the '**Ayzot**' App, offers a landmark opportunity to transform palliative care management directly contributing to goals 9,10 &17 of the sustainable development agenda, and directly impacting health in Ethiopia a LDC where 82% live in rural locations.

I am looking forward to progressing current projects and using established national and international collaborations to increase research capacity and make a positive contribution to developing the next generation of healthcare practitioners and researchers in the field. Please do get in touch if you would like to find out more details about any of the above or, if you would like to discuss any ideas you may have – nicola.carey@uhi.ac.uk

Care Home Staff Experience of Stress and Coping during Covid-19

Dr Michelle Beattie tells us more about a study to hear and understand care home staff experiences of stress and what helped them cope during the Covid-19 pandemic.

Healthcare staff working in Care Homes during the Covid-19 pandemic are facing unprecedented challenges. Despite the disproportionate impact of Covid-19 on residents and staff in care home settings there was limited evidence exploring the experiences of working in these contexts during the global pandemic. We explored the stress and coping experiences of staff to give this underrepresented group a voice and to inform future supportive interventions. We reported in a previous [Newsletter](#) about the challenges and solutions of recruiting Care Home Staff to our study during the Covid-19 pandemic. Despite these challenges 52 staff working at Balhousie Care Homes completed our online survey and 13 participated in one-to-one virtual interviews. The participants were predominantly female (90.4%), more than half were over the age of 44 (53.8%), over a quarter (26.9%) of the participants had their own health issues and half (50%) had caring responsibilities at home. The mean score for the Stress Scale was 39.75 indicating that participants had high stress levels. The mean score for coping was 150.6 meaning most participants had medium coping skills. Some key factors that caused or exacerbated stress, and/or enabled coping are depicted below. The full report is available [here](#).

What caused stress or made it worse?

"I lost seven months with my daughter so I could keep me safe, them safe and my residents safe. I'll never get those seven months back." P9

"So, where everybody flocked, again, to the NHS to support and volunteer. And, you know, the nurse banks flourished. We were again in the dark going, hello, can somebody come and help us?" P13

"They (residents) don't understand. They're so frightened of us walking in with full PPE all the time. You know, there's no there's no personalisation anymore. It's just it's very clinical." P5

"I remember when we first closed doors to relatives, and it was, it was really heart-breaking, you know, some of the conversations we've been having." P7

"We've been living and breathing this, we've not had COVID and here's her (inspector) picking me up, because I've got version two of the same poster instead of version three, you know, it's just, it's just ridiculous." P2

"The bit I found traumatic was that we had people who had passed away that weren't COVID positive, but families weren't allowed in. Sitting with someone with all your PPE (Personal Protective Equipment) on it just feels horrible." P5

"At times I couldn't sleep like, you know, it was just like I said, every time I shut my eyes, I was seeing stuff, seeing the images and the buzzers, you were hearing them in your sleep. And it was just, it was hard. But it's a lot better now." P6

"You're reading about the number of deaths and the terrible staff and the lack of PPE. How would you feel? so the stress levels were shocking and relatives really distressed because they've read the headlines...Going care homes are terrible. They can't come in and they can't see. And it was just horrific." P12

Coping

Personal Factors



"I'm a talker so I'm not too bad. Talking and getting everything out, rather than bottling everything up." P5

"So, it's like just keep going, keep going, keep going. And then when it's all over we'll sit, and we'll think, and we'll reflect, and we'll come to terms with all this because I think once the floodgates of this is opened it's going to be hard for some people. P2

"I think as a nurse it's just in you to be like, I need to be at my work, and I need to be available if anybody needs me sort of thing. So, I think that's what's kept me going, I've got a duty of care to my residents and my staff...It's not, it's not a 9-5 job, it's something we dedicate our lives to." P7

"I'm glad I was still working though you know, that's been a bonus I feel. As much as it's been stressful at times.... giving you a purpose too." P9

"My husband he's very good at supporting me in everything I do. I have a good family network." P4

"So, I went to be closer to my mum. So, I've had a lot more support since I moved back here, I'd say, than I did in the first six months." P3

Organisational Culture



"I'm not short on giving them the praise when they do something right, you know, now, I will always go and, you know, say to them...well done, today was a hard shift, you know, and, you know, sort of thing, but yeah, they're nothing short of amazing, because they've done a brilliant job." P1

"And it's, you have to look like you absolutely know what you're doing. So that they can think, right. Okay, there's a steady ship, they're gonna be able to help." P12

"I feel well supported by the company. And I feel safe at work." P7

"Having each other, just helping each other, and I don't think any of us would cope if we didn't have each other to keep each other going. It really has probably been one of the main things that has kept us putting one foot forward every day, it's just having the support of your colleagues and we're all in this together and we're all feeling the same and facing the same." P2

All work colleagues, everyone, we've all come together and it's almost like they've become your family, we're a very close-knit family in the home." P9

Safety & Security



"We get our weekly tests and everything which is reassuring. I'd rather have that and be working and get the test and know that I am clear." P3

"I think as a country to have gone from a disease that is basically new that we didn't know about... to where half the population is vaccinated in 12 months. In some ways it's made me feel safer." P13

"I do have two COVID co-ordinators in post which has been so useful and has taken a lot of pressure off myself and the administrator." P7

"It's important to understand that I've done everything online, apart from going to work and filling the car with diesel, we don't leave the house very often, to ensure that we're keeping safe." P6

Please contact [Dr Michelle Beattie](#) for further information.

Supporting Patients – Near Me, Health Information, Health Literacy and Library Services



Specialist Librarians, Rob Polson and Chris O'Malley describe below how they have supported health literacy for patients using Near Me video consultations as an alternative to NHS face-to-face appointments.

Health literacy, health information and education/promotion are crucial components in health care. Library services, particularly health libraries play key roles to support these (Higgins 1992; [Barker and Polson 1999](#)). The library services as essential to the research activity in the Department, the wider University and the NHS. The Specialist Librarians not only support research but conduct their own research and scholarly activity. Department researchers have previously contributed to the initial [development](#) and [implementation of Near Me](#).



Given the role of the library in providing health information, this project aimed to test whether having a librarian present in

the consultation to provide health information, using this new technology, would be useful for both the clinician and the patient.

For the study the librarian attended nine consultations run from the Outpatients Department at Raigmore Hospital, Inverness. Two clinics were attended – one to Belford (Fort William) and one to Caithness General (Wick). The patient population studied were those with chronic conditions e.g., stroke, multiple sclerosis and spina bifida.

Permission was sought from each patient that they were happy for the librarian to be present in the consultation - all consented.

Eight out of the nine patients requested further information relating to specific aspects of their condition journey – e.g., information on cord tethering in spina bifida. Patients were asked on their preferences as to information format (video, leaflet) and method of delivery (mail, e-mail). Post consultation the librarian looked up relevant materials which were passed to the consultant for review before passing on to the patient.

It was intended to expand the test study into oncology and colorectal consultations. Unfortunately, COVID has intervened and halted the project. However, the initial study demonstrated that chronic illness patients have an ongoing requirement for information regarding their conditions, and that there's potential to continue this research project.

For further information please contact: [Rob Polson](#) and [Chris O'Malley](#), Specialist Librarians, [Highland Health Sciences Library](#).

HIGGINS, R., (1992). 'The re-emergence of consumer health information and its application in the Highlands of Scotland: general practice waiting room libraries'. Aberystwyth: University of Wales.

Collaboration to Create Compassionate Virtual Rural Communities to support Palliative/End of Life Care needs in the Highlands



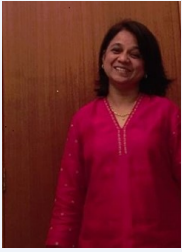
Dr Leah Macaden tells us more about a study commissioned by the Highland Hospice to evaluate their online version of Last Aid Training (LAT) during the pandemic.



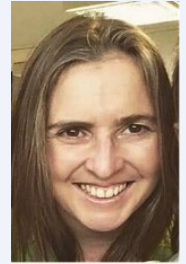
Evidence suggests that by 2040, the number of people requiring palliative care in Scotland will increase by a minimum of 14% and by 20% if multimorbidity is included ([Finucane et al. 2021](#)). There is a growing interest to build community capacity and confidence to provide palliative care and support people to die at home should they wish to do so. Building 'Compassionate Communities' is promoted as a public health promoting palliative care initiative (Wegleitner et al. 2015).

Last Aid is an innovative face to face educational course which endorses a simple concept paralleling the universal promotion of *First Aid* training to enhance citizens' everyday capacity to deal with minor injury or illness in that *Last Aid* can similarly enhance citizen's everyday capacity to support death and dying in their communities ([Bollig et al. 2019](#)). *Last Aid* as a public health initiative is growing rapidly around the world to promote 'death literacy'. Highland Hospice was an early adopted of *Last Aid* and is the sole provider of this training in Scotland.

Drs Leah Macaden [PI], Clare Carolan and Kirsten Broadfoot were commissioned by Highland Hospice to evaluate their online version of LAT during the pandemic. Our pilot evaluation [Oct 2020 – April 2021] adopted a mixed methods with an on-line survey of LAT participants



{n=26} and individual semi-structured qualitative interviews with participants {n=6} and facilitators {n=5}.



Key Summary

1. Findings from this evaluation support the utility of Last Aid as an educational initiative to enhance death literacy. Survey and interview data report increased personal comfort in talking about death and dying and engagement with family and wider community networks following LAT.
2. Course participants and facilitators place value on LAT with high rates of satisfaction expressed. However, perceived deficits pertaining to the inclusivity of course content and structure were identified. While the content of the four modules was deemed appropriate by most participants the need to include culturally competent learning materials to reflect audience diversity within the local Highland population was identified.
3. The shift to on-line learning necessitated by the pandemic paradoxically presented both threats and opportunities to course participants and facilitators alike. On-line delivery offered an accessible and convenient mode of delivery enabling greater reach for a variety of populations; this includes those with carer responsibilities or those living in remote and rural populations in Highland. However, barriers to digital inclusion were evident with concerns about connectivity and digital literacy.
4. Facilitation of Last Aid training was highly rated by course participants, with course facilitators perceived as professional and relatable. The need for facilitator training and support was keenly expressed. Training to address unmet learning needs included facilitation skills training and included development of tangible learning support materials such as a facilitation guide.

To our knowledge this is the first UK evaluation of Last Aid and provides insights into the outcomes of Last Aid training, thus addressing limitations of earlier evaluations ([Bollig 2021 \(a\)](#); [Bollig 2021 \(b\)](#)). Moreover, this is the first evaluation to include information rich thick data from one-one qualitative interviewing on experience of on-line course delivery. The team were invited to join the Last Aid Research Group Europe [LARGE]. Methods and findings from our pilot evaluation are currently informing a multisite large-scale evaluation of Last Aid internationally in Austria, Denmark, Germany, Australia, India and the UK that is due to be launched in March 2022.

For further information please contact [Dr Leah Macaden](#).

Wegleitner K, Heimerl K and Kellehear A. (2015) *Compassionate communities: case studies from Britain and Europe*. Abingdon: Routledge.

PhD Success – Ronie Walters

We are delighted to congratulate Ronie Walters on completing her PhD. Ronie is the first PhD registered with the Department of Nursing & Midwifery at UHI. Ronie tells us more about her studies, her viva and plans for the future.

I started my PhD with the Department of Nursing and Midwifery in April 2018 whilst living in Orkney. I had wonderful supervisors and an accommodating department which were happy to supervise me remotely, making my dream of doing a PhD become a possibility. In August 2019 I moved to Inverness

to enable me to become more involved in the day-to-day life of the department and make accessing participants easier. Little did I expect that within 6 months of moving Covid would strike and everyone had to adapt to working remotely! Luckily my prior experience stood me in good stead, and I was able to adapt my research plans and continue regardless.



My PhD has examined the role of health literacy in cardiac rehabilitation. Using mixed methods, I have developed my skills in conducting systematic reviews, quantitative cluster and correlational analysis, and qualitative composite narrative analysis and thematic analysis. The research showed that whilst all patients have some health literacy strengths and limitations, around 52% of them had quite significant challenges which would benefit from health literacy interventions. Despite Scotland having a health literacy action plan in place since 2014 staff reported limited knowledge and access to health literacy specific training.

My viva took place on the 16th of December via MS Teams. I was quite nervous beforehand, but once it started, I actually found it to be an engaging and enjoyable process. Being able to discuss my research in depth, with experts in the field, was incredibly exhilarating. Now the PhD is complete I am starting to make plans for the future. I have thoroughly enjoyed the process of becoming a more independent researcher and being able to research something in depth. The project is part of the World Health Organisation's National Health Literacy Demonstrator Projects and has a further 6 months of funding from Interreg to allow us to begin implementing some of the intervention suggestions collected from stakeholders during the PhD. I also plan to apply for various funding and fellowship opportunities and hope to be able to continue my work in this field.

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>

Goodman, W, Allsop, M, Downing, A, **Munro, J**, Taylor, C, **Hubbard, G** & Beeken, RJ (2021), 'A systematic review and meta-analysis of the effectiveness of self-management interventions in people with a stoma', *Journal of Advanced Nursing*.

<https://doi.org/10.1111/jan.15085>

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>

Muirhead, K., Macaden, L., Smyth, K., Chandler, C., Clarke, C., **Polson, R. and O'Malley, C.** (2021) 'Establishing the effectiveness of technology-enabled dementia education for health and social care practitioners: a systematic review'. *Systematic Reviews*, 10(1), pp.1-26.
<https://doi.org/10.1186/s13643-021-01781-8>

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

- [Neil Angus](#)
- [Dr Michelle Beattie](#)
- [Marie Cameron](#)
- [Dr Nicola Carey](#)
- [Dr Clare Carolan](#)
- [Professor Trish Gorely](#)
- [Jonathan Gray](#)
- [Hannah Hollinger](#)
- [Professor Gill Hubbard](#)
- [Dr Leah Macaden](#)
- [Julie Munro](#)
- [Robert Polson](#)
- [Dr Michelle Roxburgh](#)

Please feel free to pass this onto colleagues.

To stop receiving this Newsletter, please reply to this email and ask to be unsubscribed.

Department of Nursing and Midwifery, University of the Highlands and Islands, Centre for Health Science, Old Perth
Road, Inverness IV2 3JH