HSK 2022

Wednesday 15th June 2022
10am - 5pm

Research Conference

Networking Opportunities

Oral Presentations

Poster Presentations

Randomised Coffee Trial

Lindop Building, College Lane Campus, University of Hertfordshire, AL10 9AB

Programme & Abstract Booklet

University of Hertfordshire UH

University of Hertfordshire UH School of Health and Social Work

The Annual HSK Research Conference

#UHHSK2022 Wednesday 15th June 2022

Venue: A154 Lindop Building and Foyer, University of Hertfordshire, College Lane Campus

09.00	**Registration Opens** *(Tea and coffee available)*
09.45	**Welcome and Opening Introductions**: Prof. Jackie Kelly
10.00	**Plenary: Racism in Health Care and Social Services from a Canadian Context: Exploring Indigenous Experiences of Pregnancy, Birthing and Parenting** In 2015, Winnipeg, Manitoba earned the distinction of “Canada’s Most Racist City” by MacLeans magazine. This dubious title was unsurprising for Black, Indigenous, and People of Colour (BIPOC) in this prairie city. This racism is most insidious in the clinics and hospitals that support families through pregnancy, birth and postpartum periods. Dr. Jaime Cidro, will describe her research focusing on doulas as culturally based health interventions for Indigenous birthing people in Winnipeg. **Presenter**: Dr. Jaime Cidro is a Tier II Canada Research Chair (CRC) in Health and Culture at the University of Winnipeg. She focuses primarily on social determinants of health and maternal child health with a focus on culturally based interventions. Dr. Cidro is a full professor in the Department of Anthropology, the Director of the Masters of Development Practice, and the Associate Vice-President of Research and Innovation. She is UWinnipeg’s highest funded health researcher and was recently awarded the top national ranking for the first Race, Gender, Diversity and Inclusion award from the Social Science and Humanities Research Council of Canada for her work on doulas and midwives.
10:45am-11:45pm	**Session 1** Chair: Rosemary Godbold
10:45am	**Prof. Shula Ramon & Prof. Brian Littlechild** - The Impact of the Covid-19 Pandemic on asylum seekers and social workers in North Greece and South Italy
11.05am	**Caroline Kelly** - Becoming an autistic autism researcher
11.25am	**Dr. Han Newman** - Becoming a Strongwoman: An auto/ethnographic study of the pursuit of strength and power, and the negotiation of health and performance in the UK Strongwoman community
11:45am	**Comfort Break**
12.00pm-1:00pm	**Session 2** Chair: Chaz Simpson
12:00pm	**Simone Roberts** - Improving Detection of Malnutrition in the Community: Tools used by Meals on Wheels and the Emergency Medical Services, a systematic review.
12:20pm	**Caroline Ashton-Gough** - Caring for hospital patients with delirium superimposed on dementia and their family carers: an appreciative inquiry
12:40pm	**Ashley Hayward** - Fair Compensation and the Exploitation of Cultural Doulas and Birth Workers Serving Ethnically Marginalized Birthing People in Canada
1:00pm-1:40pm	**Lunch and poster exhibition** *(Served in the Foyer)* **Poster Presenters** • **Radica Hardyal -** Experiences of maternal critical illness • **Dr. Anthony Herbland -** Simulation in pre-registration physiotherapy education: a scoping review

	• **Dr. Anthony Herbland -** The KNOWledge, BEhaviours and Skills required of the modern physioTherapy graduate (KNOWBEST): description of a longitudinal multi-stakeholder crowdsourcing project • **Shauna Gnanapragasam -** The influence of route of entry on academic achievements and attrition in a Pre-registration Midwifery Higher Education programme • **Linda Moenke -** The Influence of Care Home Managers’ Leadership on the Delivery of Person-centred Care for Residents Living with Dementia • **Prof. Natalie Pattison -** CAREVIS: Co-creation And Evaluation of a Visual REsource to support COVID-19 Vaccine uptake in people with Intellectual DisabilitieS • **Jane Say -** Caring for those with Parkinson’s Disease: The Effect of Social Networks on the Family Carer’s Role • **Matthew Winter -** Flat, cold and empty…. How humane is one then?’’: exploring the experiences of moral distress and moral injury in mental health care settings. A rapid review of qualitative literature.
1.40pm-2.35pm	**Pecha Kucha Session** Chair: Rosemary Godbold & Chaz Simpson • **Dr. Jessica Rees** - A qualitative study of how care for long-term conditions is provided and supported in dementia • **Sally Humphreys** - Developing person-centred outcome measures in end-of-life care in critical care: A study protocol • **Steve Maddern** - The Evolving Role of the Medical Officer of Health in Wiltshire and Swindon, 1899-1972 • **Dr. Louca-Mai Brady** - Involving children and young people in research - introducing the Herts young people's advisory group • **Dr. Jane McClinchy** - The potential of peer support groups to facilitate the nutritional self-management of people with Type 2 Diabetes. • **Helen Harte** - From Chaos to Quest: The Narratives of Women Living with Hypermobile Ehlers Danlos Syndrome • **Dr. Rebecca Hadley** - Dementia Friendly Communities and Physical Activity
2.35pm	**Tea and coffee break + poster exhibition + Randomised Coffee Trials** *(Served in the Foyer)*
3.00pm-4:00pm	**Session 3** Chair: Rosemary Godbold
3.00pm	**Victoria Major** - Exploring CT dose optimisation; a longitudinal study of pre- to post-registration radiographers
3.20pm	**Lynne Gordon** - Experiences of men with prostate cancer regarding information related to radiotherapy in the UK: summary of findings of a DHRes study
3.40pm	**Sally Humphreys** - #Red4Research creating and sustaining an international research campaign
4.00pm-4.30pm	**Panel: ‘*Networking and connecting with fellow researchers across Academia and Health and Social Care Practice’*** **Members:** Prof. Wendy Wills, Prof. Kathryn Almack, Prof. Mark Whiting, & Sandra Okwara (DrPH Student & EM Advocate) **Poster Prizes**: Awarded by Dr. Jaime Cidro **Conference Close:** Prof. Julia Williams
4.30 - 5.00pm	**Refreshments** *(Served in the Foyer)*
5.00pm-6:15pm	**Robyn Martin memorial lecture**. Robyn was a highly regarded Professor of Public Health Law in CRIPACC at the University of Hertfordshire and we are delighted that this memorial lecture, entitled ***"Law and the control of communicable disease: a delicate balance"*** will be delivered by Matthew Weait, Professor of Law and Society at the University of Oxford and our ex-DVC.

Presenter First name:
Presenter Second (Surname):
Affiliation:
Other Authors:

Presentation Type:

Title:

Abstract:

HSK Research Conference website

Shula Ramon
Brian Littlechild
HSK
Prof. Elena Allegri , James Cox, Prof. Roberta di Rosa, Prof. Brian Littlechild, Prof. Theano Kallinikaki

Paper

The Impact of the Covid-19 Pandemic on asylum seekers and social workers in North Greece and South Italy

We have opted for a comparative study of Greece and Italy due to the high number of asylums seekers these countries had in the period of 2015-2019, selecting the entry area of each country as the study focus.

This comparative study investigated the experience of the pandemic on both asylum seekers who have been given the right for temporary stay in each of the two countries and their social workers. The key impact issues included the living and working conditions of both the asylum seekers and their social workers, key decisions concerning the asylum seekers' future, and maintaining relationships with the families of the asylum seekers.

A comparative qualitative methodology, which has some quantitative components and a case study approach, has been selected as the most appropriate and possible option. Each site had also a local advisory group.

30 asylum seekers and 40 social workers were interviewed individually, and data concerning migration trends in Greece and Italy was collected. Thematic analysis has been applied to the data.

The key findings highlight that the pandemic has added a considerable stress to both the asylum seekers and the social workers, on top of the high level of stress due to the migration process itself, policies concerning illegal migration, unclear future, and worsening general public attitudes towards the asylum seekers.

The pandemic limited options for both groups while creating high risk conditions. Aiming at good collaboration between the two groups required additional efforts by all participants

Notes:

Caroline
Kelly
School of Health and Social Work, University of Hertfordshire
Dr Shivani Sharma, School of Life and Medical Science, University of Hertfordshire; Professor Shulamit Ramon, School of Health and Social Work, University of Hertfordshire
Paper

Becoming an autistic autism researcher

The focus of my presentation will be my journey to becoming an autistic autism researcher and my experience of conducting research with ‘insider knowledge’. Throughout my life, I have always felt ‘different’, ‘weird’, and that I did not belong, but could not understand why. After my son’s autism diagnosis, I realised that a lot of his ‘atypical’ behaviours were similar to mine. I completed a Post-graduate Certificate in Autism at Sheffield Hallam University in order for me to better understand the condition. At the age of 50 years old, I was diagnosed with autism and, shortly after my diagnosis, I began my doctoral studies at the University of Hertfordshire. I am currently in the fifth year of my part-time Professional Doctorate in Health Research and am completing my data analysis on ‘The impact of an autism diagnosis on women’s experience of motherhood’ using Interpretative Phenomenological Analysis (IPA).

Hardly any qualitative research on autistic motherhood exists in the literature, although there is plenty describing the experiences of non-autistic mothers with autistic children. There is little awareness of autistic motherhood as an identity or social role, so the aim of my research is to explore women’s lived experience of motherhood following their autism diagnosis in adulthood, using neurodiversity and intersectionality as my theoretical framework. By having similar lived experience to the ten participants I interviewed, I was able to empathise and foster trust with them, which should lead to descriptive and insightful accounts, enabling professionals to better understand and support autistic mothers.

Notes:

Han
Newman
CRIPACC, HSK, University of Hertfordshire
N/A

Paper

Becoming a Strongwoman: An auto/ethnographic study of the pursuit of strength and power, and the negotiation of health and performance in the UK Strongwoman

Strongwoman is a strength and power-based sport which tests competitors’ physical capacity via a combination of both static and dynamic tests of strength, power, speed, and endurance. This study explored the subculture of strongwoman in the UK and the experiences of those who train and compete in it, taking a combined autoethnographic and ethnographic approach through my immersion in the sport and its community. Autoethnographic reflections, reflexive journaling, and ethnographic fieldnotes were accompanied by semi-structured interviews with 23 other strongwomen. This in-depth research into the subculture of strongwoman explores the dynamic between exercise, health, gender, and sporting performance for those who compete in it. It demonstrates how many strongwomen ‘stumble’ their way into the sport through health-motivated exercise practices, and how these health-motivated practices are challenged by a performance-driven lifestyle as they immerse themselves further into the sport - largely through training and eating practices, as well as in considerations of performance-enhancing drugs. As strongwomen progress from novice level through to elite, the dynamic between health and performance varies and fluctuates. At the elite level, their bodywork pursuits follow a ‘perfection discourse’, in a pursuit for continual self-improvement. In pursuit of this perfection, health is not always the priority. This research adds a novel contribution to a small but growing body of literature on women in strength and muscularity-based sports, in the context of a society in which women’s engagement in strength-based exercise and activities is becoming more widely accepted.

Notes:

Simone
Roberts

Dr Angela Dickinson, Dr Vince Clark

Paper

Improving Detection of Malnutrition in the Community: Tools used by Meals on Wheels and the Emergency Medical Services, a systematic review.

Malnutrition is a growing public health concern, with prevalence and costs to healthcare rising in line with the growing population of older adults. Malnutrition is identified via a series of validated screening tools, with no current gold standard. It remains unknown whether Meals on Wheels (MoW) services or Emergency Medical Services (EMS) could play a role in increasing malnutrition screening, amongst older adults in the community. Our systematic review aims to establish where and with what tools malnutrition screening is taking place amongst these professional groups.

We searched four electronic databases and secondary sources from inception to December 2021. Inclusion criteria: Studies in English, community-based participants aged ≥65 years, malnutrition screening measured by staff employed by MoW or the EMS. From 453 papers, 11 papers were included for MoW (10 USA, 1 UK). From 135 papers, one study in Finland was identified for EMS. Women (74.98% MoW, 62.1% EMS) were more commonly included. Of the 5 tools used, the NSI-Determine was most used (9/11 MoW studies) with 67.71% of participants screened at high risk of malnutrition. The NRS-2002, adjusted to excluded Body Mass Index (BMI) was used by EMS (16.6% high risk). The NSI excludes BMI and includes access to food measures. Other tools include the Mini Nutritional Assessment and short form and Malnutrition Universal Screening Tool, which all assess BMI.

There continue to be areas where malnutrition screening could be implemented to increase identification. Increasing awareness amongst health and social professionals may support earlier identification and subsequently earlier treatment.

Notes:

Caroline
Ashton-Gough
DHRES University of Hertfordshire

Paper

Caring for hospital patients with delirium superimposed on dementia and their family carers: an appreciative inquiry

Justification: Delirium, is an acute medical emergency. People living with dementia admitted to hospital are at higher risk of delirium (NICE 2010). Delirium causes distress to patients, families, and carers (Royal College of Nursing 2021). There is evidence on how to recognise delirium. Less is known about how hospital staff and nurses in particular work with family's to reduce the impact of delirium for people living with dementia

Conceptual and theoretical framework: To understand what enables effective working between staff, patients and family, the framework draws on relational constructionism informed by an appreciative inquiry approach to data collection

Research questions: What is the evidence that supportive interventions that involve patients with delirium superimposed on dementia (DSD), family carers and healthcare professionals lead to improved outcomes for the patient and experience for the carer?

How do hospital staff involve family carers in recognising the signs and symptoms for delirium and providing effective care for someone with delirium superimposed on dementia?

Systematic review findings: Eleven studies between 2009-2019 met the inclusion criteria. Findings demonstrated nursing staff were eager to gain more education around delirium but found caring for this patient group difficult. Family involvement was recognised as having the potential to reduce adverse outcomes however, there was minimal evidence of how their input made a difference.

Future work: Observation and interviews in up to 10 wards will focus on what enables staff, patients living with dementia and family carers to reduce and manage the risk of delirium

Relevance for practice: Findings from the review and ward based research will help to identify how to embed good practice and provide an environment conducive to person centred care.

Notes:

Ashley
Hayward
University of Manitoba
Dr. Jaime Cidro, Larissa Wodtke, Alexandra Nychuk, Caroline Doenmez, Stephanie Sinclair

Paper

Fair Compensation and the Exploitation of Cultural Doulas and Birth Workers Serving Ethnically Marginalized Birthing People in Canada

In Canada, cultural doulas provide perinatal support to underserved families, partially as a response to widespread racism in health care settings, and partly as a dissatisfaction with existing Western based health models for ethnically marginalized populations. Doula care sits outside the public health system, and cultural doulas serve the country’s most socioeconomically disadvantaged populations, to which they also often belong.

Our research team led at the University of Winnipeg in Canada set out to answer the question, “What types of service models are cultural doula collectives in Canada currently using to provide care and what might be their challenges?” Semi-structured interviews were conducted in 2020 with representatives from doula collectives in Canada. Transcripts were coded to identify key themes. Of the five emergent themes raised, the issue of fair compensation, which includes the need for fair payment models and the tension between cultural responsibility and fair compensation.

Specifically, participants discussed the challenges and limitations of providing high quality care to families with complex needs and who cannot afford to pay for their services while ensuring that they are fairly compensated for their labour.

Cultural birth workers expend more affective labour than mainstream non-racialized counterparts yet are often paid less than a living wage. Though there are community-based doula models across the United States, the United Kingdom, and Sweden that serve underrepresented communities, further research needs to be conducted in the Canadian context to determine an equitable, sustainable pay model for cultural doulas that is accessible for all racialized families.

Notes:

Victoria
Major
UH HSK
Prof Sean Ryan, Dr Desiree O'leary

Paper

Exploring CT dose optimisation; a longitudinal study of pre- to post-registration radiographers.

In CT scanning, patients should receive the optimal level of radiation to achieve a clinically diagnostic image. Vulnerable groups are particularly sensitive to the ionising radiation dose from CT scanning. Collaborative working is required to effectively optimise CT parameters giving maximum image quality for minimum radiation exposure. Current knowledge of dose optimisation techniques is essential fro radiographers (Foley et al, 2013).

The aim is to identify training requirements for UK CT radiographers regarding specifically social and educational factors, and whether these have an influence on the longitudinal approach toward CT dose optimisation.

Mixed method methodology was used to explore radiographers’ views, experiences and perspectives to evaluate the factors that contribute to holistic dose optimisation within the clinical environment. Data were collected using validated exposure parameter and emotional intelligence tools, and in-depth interviews.
The key findings were that ongoing education is a key requirement. Knowledge of exposure parameters significantly increased ($p=0.0085$) from pre- to post-registration radiographers. Wellbeing and emotionality increased significantly ($p=0.039$ and 0.047 respectively) from pre- to post-registration radiographers, although their global emotional intelligence score was not significantly different. Pre-and post-registration radiographers appreciated the need to adjust exposures for children although they may not have seen the adjustments in practice at this stage of their careers. Three themes were identified from the qualitative data, which were: Education, Culture. and Dose optimisation.
Evidence from study can contribute to clinical training needs.
Ethical approval: University of Hertfordshire Ethics Committee with Delegated Authority aHSK/UH/02331.

Notes:

Lynne
Gordon
UH Senior lecturer/DHRes student
Dr Angela Dickinson; Prof Wendy Wills

Paper

Experiences of men with prostate cancer regarding information related to radiotherapy in the UK: summary of findings of a DHRes study

Introduction: This qualitative study aimed to explore in-depth, the experiences of MPC in relation to the information they receive about radiotherapy before, during and after treatment.

Method and Materials: 20 men with prostate cancer (MPC) and 13 of their wives recruited nationally were interviewed either face to face or by telephone using a semi-structured approach. 14 Therapeutic radiographers (TR) were recruited from one NHS Trust and participated in 3 focus group interviews. All interviews were voice recorded and transcribed verbatim. Data were analysed using the thematic analysis approach described by Braun & Clark.

Findings: The temporal nature of information related to radiotherapy was identified, with the pre-peri- and post-radiotherapy periods being identified as important. 12 semantic themes were identified demonstrating interconnectedness across the three periods. In addition, two latent themes of time and communication were identified as arising across all periods and underpinning the semantic themes.

Conclusion and Discussion: The issues related to information reported by the participants had multiple mediating factors that differed across the three periods and so were considered with respect to Bronfenbrenner's ecological systems theory. As a result, a new model of ecology of information in radiotherapy has been proposed to describe experiences of MPC. Additionally, incognizance and biographical disruption were identified as mediating factors influencing the MPC experiences. Decisions made in the pre-radiotherapy period profoundly impact on longer term outcomes. Availability or lack of information and/or communication before and during radiotherapy must be considered in context to reflect changing needs over time.

Notes:

Sally
Humphreys
University of Hertfordshire School of Health and Social Care

Paper

#Red4Research creating and sustaining an international research campaign

Created in 2020 #Red4Research is an international social media campaign aiming to raise the profile and work of all those involved in COVID-19 research on a specific day through a call to action. It is not country, group or organisation specific but powered by the collective efforts. Research isn't undertaken by individuals working in isolation, it is collegial, made possible by people around the world working together. Research doesn't just happen, people make it happen – research participants, patients, nurses, other professionals, volunteers and regulatory bodies all collectively working together.

In 2021 #Red4Research reached 17 countries with over 800 UK organisations supporting the day. Now in its third year, the campaign enables people to communicate their individual research stories, role and impact personally and collectively. It gives people permission to showcase how the R&D profession has adapted, to mark the achievements and acknowledge the challenges but how do you create and sustain a campaign from scratch with no funding or previous experience? This presentation will focus on how the campaign was created, the challenges and learning gained.

Notes:

Sally
Humphreys
University of Hertfordshire School of Health and Social Care
Professor Natalie Pattison, Dr Rosemary Godbold, Dr Nazir Lone, Rebecca J Scott

Pecha Kucha

Developing person-centred outcome measures in end-of-life care in critical care: A study protocol

Patients are primarily admitted to critical care due to organ dysfunction or organ failure with the aim of initiating single or multiple organ support to correct dysfunction and sustain life. Despite continued advances in diagnostics and treatments mortality rates remain high. The need for effective end-of-life interventions is therefore essential if patients are to experience a good death and their family members receive appropriate levels of support.

Person-centred care is internationally recognised as a core aspect of high-quality healthcare (Giusti et al., 2020). It places patients and their families at the centre of care decisions and is a key focus of UK health policy (Health and Social Care Act, 2012). Conversely traditional outcome measures utilised in end-of-life critical care research such as organ dysfunction, length of stay and mortality focus on system measures and may not align with outcomes of importance to patients and their families. This coupled with heterogeneity in outcomes makes interpretation and comparison on study findings difficult (Connolly et al., 2018; Dinglas et al., 2020).

Core outcome sets (COS) are increasingly being used to mitigate heterogeneity in outcomes reported and evaluated. Developed through consensus methodology they bring together outcomes that are important to patients, their families and the research community. Currently no core outcome set is available within a critical care context for end of life care. This study aims to develop a draft COS through a qualitative exploration of bereaved families experience and Delphi exercise.

Notes:

Steve
Maddern

Pecha Kucha

The Evolving Role of the Medical Officer of Health in Wiltshire and Swindon, 1899-1972

Aim: To understand the changing role of the Medical Officers of Health (MOH) in the administration of public health at county level to meet the needs of the population.

Background: MOH were public health leaders who had a strong focus on public health service provision until the abolition of the role in 1972. After 1972, public health functions were split between local authorities and the National Health Service (NHS).

Methodology: Analysis of statistical and narrative data from the annual MOH reports and wider sources builds a picture of change to the role, services and health over time.

Results: The study identifies the expanding role of the MOH from environmental focus through to the development of health and social services in Wiltshire and Swindon. The study reflects upon the public health duties under the Local Government Acts 1888 and 1929 and the NHS Act 1946. The research gives an account of the diverse range public health services between 1899-1972 including hospital provision and other key services with a focus around communicable and non-communicable disease management, introduced before and after establishment of the NHS.

Conclusions: Academic literature suggest that the role of the MOH was abolished because of lack of action from the MOH profession. Local research suggests the role evolved beyond abolition into the ‘community medicine’ in the 1970s. Many public health services in Wiltshire, led by the MOH became fragmented and displaced with the introduction of the NHS and health system reforms.

Notes:

Jessica
Rees
CRIPACC/ARC EoE

Pecha Kucha

A qualitative study of how care for long-term conditions is provided and supported in dementia

In the UK, almost 8 in every 10 people with dementia have another chronic condition requiring continuous management in primary care, including support for self-management. Using multiple data sources, we qualitatively explored how care for long-term conditions in dementia was provided and supported by networks of care in the community. As data collection spanned from September 2019 to May 2020, findings are considered within the context of COVID-19.

We conducted a semi-structured interview followed by longitudinal interviews over four months. Participant accounts were triangulated with document analysis of primary care records and event-based diaries of people living with dementia. We used reflexive thematic analysis to develop case studies and across group themes.

Data were collected from 18 participants in eight care networks, including nine people with dementia, seven family carers and two healthcare professionals (GP and neurologist). Six themes were identified across eight case studies. 1) Balancing support and independence; 2) Implementing and adapting advice for dementia context; 3) Balancing physical, cognitive and mental health; 4) Competing and entwined needs and priorities; 5) Curating supportive professional networks; 6) Carer support and coping.

These findings indicate that support for managing long-term conditions in dementia should be holistic, flexible, and consider networks of care. Advice around self-management of long-term conditions needs to be tailored for the stage of dementia, and consider the interacting nature of physical, cognitive and mental health needs. Care networks curated support from wider family, healthcare professionals and homecare workers to facilitate the management of long-term conditions.

Notes:

Louca-Mai
Brady
CRIPACC

Pecha Kucha

Involving children and young people in research - introducing the Herts young people's advisory group

Children and young people have a right to be involved in matters that affect them. Involving them in research enables them to inform research priorities and approaches, and for their experiences, priorities and concerns to be better reflected in evidence about their peer groups, as well as informing the policies, practices and services that affect them.

In this presentation Dr Brady will outline the key principles, benefits and challenges to involving children and young people in research, highlight practical examples of participatory approaches from her own work and introduce the Herts YPAG - HSK's young people’s research advisory group. The YPAG are a group of 20 children and young people aged 8-18, who meet at the university and online to learn about research and work with researchers to help them plan and do research about children and young people’s health, care, family lives and the communities we live in.

Notes:

Jane
McClinchy
University of Hertfordshire
Dr Angela Dickinson Professor Wendy Wills

Pecha Kucha

The potential of peer support groups to facilitate the nutritional self-management of people with Type 2 Diabetes.

People with type 2 diabetes (T2DM) make decisions everyday about what to eat in order to self-manage their condition and to prevent complications. Although the focus of nutrition education for people with T2DM is for newly diagnosed individuals to attend group structured education sessions, only a small number of those invited attend. While there is limited research exploring the value and accessibility of peer support groups for people with T2DM they have been shown to help in self-management. The aim of this study was to explore the accessibility and value of peer support groups for people with T2DM in nutritional self-management. The conceptual framework combined the theoretical frameworks, information practice, practice theory and embodiment using a social constructionist mixed methods qualitative approach. Twenty participants (19 with T2DM and one partner without) were recruited through peer support groups across the east of England, and from the researcher's workplace. Participants completed a 4 week nutrition information diary and were interviewed using a semi-structured approach. Thematic analysis of the data was managed using NVIVO. Participants found support groups facilitated sharing of ideas on how to live with T2DM, however there was a need to be competent in social interactions and collaboration in order to make the most of this nutrition information source. Peer support group attendance could be encouraged as a way of providing practical nutritional information on how to live with T2DM, beyond information provided on diagnosis.

Notes:

Helen
Harte
DHRES- University of Hertfordshire
Professor Kathryn Almack, Professor Karen Beeton

Pecha Kucha

From Chaos to Quest: The Narratives of Women Living with Hypermobile Ehlers Danlos Syndrome

Hypermobile Ehlers Danlos Syndrome (hEDS) is characterised by joint laxity, pain, fatigue and autonomic dysfunction (Terry et al., 2015). The emotional, psychological and social impact of the condition can be disabling, as people with hEDS battle against the stigma of a frequently contested diagnosis (Johannessen et al., 2016; Palmer et al., 2017).

This doctoral research project aimed to uncover the narratives created by women about securing a diagnosis of hEDS and its relevance to the participants' social world.

Research Design

An original recruitment target of 20 participants was interrupted by the SARS-CoV-2 pandemic. 16 women were successfully recruited to the study and had been interviewed before lockdown.

As restrictions eased, rather than recruit an additional 4 participants, the study was redesigned to seek a longitudinal view as to whether faced with the threat of COVID-19, the meaning of living with hEDS had shifted. 11 participants agreed to be re-interviewed in Phase 2.

Initial Findings

- Women struggle to secure a diagnosis of hEDS, with multiple missed opportunities by professionals to connect significant episodes of injury / ill-health.
- Pain and fatigue are the predominant features of hEDS and impact significant life decisions e.g. Relationships, pregnancy.
- Living through the pandemic has been a social leveller with reduced pressure to socialise in person.
- Limited access to services is a detriment to health, with deconditioning leading to worsening symptoms.

Conclusions

Drawing on Frank's (2013) ideas in "The Wounded Storyteller", women create stories of chaos before moving to activism in the quest for improvements to care.

Notes:

Rebecca
Hadley
CRIPACC, School of Health and Social Work
Submitted by Elspeth Mathie, Claire Goodman and Elizabeth Pike

Pecha Kucha

Dementia Friendly Communities and Physical Activity

Engaging in physical activity has many benefits for people affected by dementia. It has potential to reduce social isolation, improve health and wellbeing and is a modifiable risk factor for dementia. In England, Dementia Friendly Communities (DFCs) are one approach to community engagement and enabling people affected by dementia to live well. Our study aimed to understand how DFCs enable people affected by dementia to access and undertake physical activity.

Our study used mixed methods and included dementia friendly community leads, physical activity providers and people affected by dementia. Thirty-one DFC leads completed a survey, 49 physical activity service providers were interviewed and 16 people affected by dementia. Factors identified that enabled people to undertake physical activity were a known coordinator and local authorities were seen as key for coordinating information, providing venues and funding. There was a lack of awareness of what was available in the local area following a dementia diagnosis, despite activities being available. Some activities were only for people living with dementia and others were activities open to all with adaptations for people living with dementia. Physical activities were beneficial if provided in local venues, including taking activities into care homes and bringing residents into their local community.

This study found DFCs facilitating access to physical activity, however, more work is needed to support access to ensure those likely to benefit can find activities suited to their abilities and interests. Physical activities which are dementia inclusive have the potential to be beneficial for all.

Notes:

Linda
Moenke

Poster

The Influence of Care Home Managers’ Leadership on the Delivery of Person-centred Care for Residents Living with Dementia

In England, there are around 251,000 people with dementia living in care homes which is projected to rise to 417,000 in 2025 (Wittenberg et al., 2020). Person-centred care can be described as best practice in care settings. To maintain the individuality of residents, a leadership which embed person-centred care practices is necessary. A systematic review (Moenke et al., 2022, PROSPERO CRD42021237930) was conducted to determine how this can be achieved.

The review found limited evidence for what kind of leadership that is likely to facilitate a person-centred approach with care home residents living with dementia. Support for care home managers to improve their leadership role is considered necessary to promote person-centred approaches to care (Johannessen et al., 2021). This study aims to explore care home managers’ experiences of fostering person-centred approaches with their care staff. The research objectives are to:

- Explore the ways in which organisational processes and support systems enable care home managers to carry out their role
- Understand the perceived influence of training, education and learning on person-centred care
- Explore care home managers’ involvement in day-to-day activities and how this influences care practices
- Develop insights about the influence of leadership style on the quality of care in care homes

A qualitative design using virtual interviews will explore the experiences of care home managers and staff supporting people with dementia. By employing an interpretative phenomenological approach (Heidegger, 1927), the researcher will interpret participants’ interviews with reflection of her personal experience as a care home manager.

An ethics application has been submitted.

Notes:

Nicola Heneghan
Karen Beeton
Musculoskeletal Research Unit, Department of AHP, Midwifery and Social Work
Anthony Herbland, Karen Atkinson, Catherine Minns Lowe

Poster

Simulation in pre-registration physiotherapy education: a scoping review

Rationale: Practice based learning (PBL) is a cornerstone of courses leading to professional practice registration. Advances in educational technologies and clinical placements shortages underpin a need to explore the use of simulation based learning (SBL) in physiotherapy pre-registration education.

Aim: To explore SBL within physiotherapy pre-registration education.

Design and methods: A guideline informed scoping review was conducted. Eligibility criteria: SBL within pre-registration physiotherapy. Searching included: databases (inception to October 2021), grey literature, and key journals. Data extraction included detailed reporting of study aims, year group, practice area, and specifically type, duration and approach to SBL. Three reviewers were involved in screening, selection, data extraction and charting data summaries).

Results: Searches yielded 60 studies, (n=30 published in full). The majority originated in Australia and USA, with most exploring different SBL approaches (i.e. student role-play, standardised patient etc.), acceptability of such and investigating development in student confidence, clinical reasoning and knowledge acquisition. The majority of studies reported favourably on the use of SBL.
Areas of practice (i.e. cardiorespiratory), and knowledge/skill acquisition varied (i.e. cultural empathy, communication). Some studies investigated different curriculum/placement models (e.g. integrating SBL within traditional clinical PBL blocks or a priori SBL to PBL). Notwithstanding a plethora outcome measures reported, just the Assessment of Physiotherapy Practice tool was used more than once.

Summary: SBL offers considerable potential as an adjunct or substitute for traditional PBL. Findings reveal that pre-PBL SBL was positively received by key stakeholders, with students exhibiting heighted levels of confidence and self-efficacy with University based SBL.

Notes:

Catherine Minns Lowe
Karen Beeton
Musculoskeletal Research Unit, Department of AHP, Midwifery and Social Work
Nicola Heneghan, Anthony Herbland, Karen Atkinson

Poster

The KNOWledge, BEhaviours and Skills required of the modern physioTherapy graduate (KNOWBEST): description of a longitudinal multi-stakeholder crowdsourcing project.

Background: KNOWBEST was commissioned by the Chartered Society of Physiotherapy (CSP), as part of their transformation of pre-registration education to examine the knowledge, skills, attributes and behaviours required for contemporary professional practice, including practice based learning.

Aim: To examine the knowledge, skills, attributes and behaviours required of the modern physiotherapy graduate.
Methods: ‘Crowdsourcing’ describes solving a problem via aggregating crowd wisdom.
Multiple methodologies, supported by a steering group of stakeholders, were undertaken (27/09/2021-02/02/2022) to crowdsource for 12 a priori broad categories of stakeholders to examine their views and beliefs. Methods included: project website, webinars, conference networking, Instagram, group meetings (purposive sampling), social media, discussion fora, one-to-one meetings and emails. Data analyses: content, thematic and frequency analyses of responses, and synthesis of findings.
Results: 168 responses (physiotherapists, AHPs, employees for key organisations, service users, others) via the KNOWBEST website. www.health.herts.ac.uk/elearning/knowbest
Networking Field Session at virtual Physiotherapy UK 2021 conference (n≈40): clinicians, educators, students and CSP employees. Webinars via Eventbrite: Herts webinar (n=14 students and staff), UK wide webinars on ‘Practice Based Learning’ (n=61 registered, n=48 attended) and ‘Digital Skills and Learning’ (n=31 registered, n=19 attended). Student Instagram (n=239): 10 questions were posted on the CSP Students Instagram page for a 24 hour period plus additional Social Media and articles throughout. Online discussion fora Groups 1 (n=18) and 2 (n=19)
Meeting with Support Workers (n=9)
One-to-one meetings/emails (approximately n=30-40).
Conclusion: Crowdsourcing successfully and effectively allowed all 12 planned categories of stakeholders to give their views to inform recommendations provided to the CSP.

Notes:

Shauna
Gnanapragasam
Anglia Ruskin University
N/A

Poster

The influence of route of entry on academic achievements and attrition in a Pre-registration Midwifery Higher Education programme.

Purpose: It is not known if widening access to include non-traditional entry qualifications, has an impact on degree attainment or retention of students in midwifery education. This study looked at entry route and outcome in a single higher education midwifery programme.
Design: Following ethical approval retrospective data was obtained from university admissions and ongoing student records. Data spanned 5 academic years from 2014 –2018. Students were categorised by highest qualification obtained at entry to the programme with a focus on A levels, BTEC, Access and postgraduate routes. Degree classification achieved on completion and associated attrition rates were assessed.
Results : The cohort included 335 students with a median age of 23 (range 17-49 years). 63/335 (18.8%) students left before completion with the remained achieving degrees or were still in course. 23.6% of the cohort entered via the A level route, 11.3% via BTEC, 28.4% with Access Course and 15.8% with a postgraduate degree. Of those awarded degrees 112/249 (44%) achieved a first-class honour and there was no association between route of entry and degree attainment. Attrition rates were very similar amongst A levels, BTEC and Access students (25.8%, 31%, 25% respectively). However only 11.1% of postgraduate students left the course without completing.
Conclusion : In this study route of entry did not influence final degree classification attained. Students with post-graduate qualifications appear to be most likely to complete the course. Further research will explore how other demographics may impact on success/attrition on the undergraduate midwifery programme.

Notes:

Jane
Say
University of Hertfordshire

Poster

Caring for those with Parkinson’s Disease:
The Effect of Social Networks on the Family Carer’s Role

Background

There is an increasing ageing population in the UK that means the demand for informal care is growing. Family carers are therefore providing greater amounts of care against a backdrop of social change with smaller, more diverse family structures and diminishing public sector resources.

The Study

This poster will present the findings of a case study that examined the social networks of 20 informal carers and their effect on the carers' role.

Methods

Social network data, carer diaries and interviews acted as complementary data collection methods. Individual case and cross case analyses were undertaken using the Framework Method.

Findings

Using network approaches and a Bourdieusian lens, the social networks of informal carers for those with Parkinson’s Disease and the impact on their caring role are detailed. The findings demonstrate that the carers are uniquely positioned in relation to their Personal Community (the informal sector), the state and the market as providers of formal health and social care. Third Sector Organisations were viewed as a ‘Lifeline’ by the carers with the support offered through these groups acting synergistically with the formal care sector. As the care trajectory progressed the carers increasingly acted as network bridges, brokers, and coordinators as they navigated and negotiated across the various networks of care.

Outcomes

This study has given new insights into the evolving networks of those caring for a family member with Parkinson’s Disease. The findings can inform the practice of health and social care professionals to aid carer recognition, assessment, and partnership working.

Notes:

Radica
Hardyal
Doctorate in Health Research
Professor Kathryn Almack and Dr. Rosemary Godbold

Poster

Experiences of maternal critical illness: The impact of a global pandemic

Recent reports highlighted that women who died or became critically ill during childbirth were more likely to be obese, from minority ethnic backgrounds or have comorbidities (Knight et al., 2021) Women hospitalised with Covid-19 were also more likely to be admitted to intensive care (Vousden et al., 2021). Few studies explore experiences of women who survived, but better care could have made a difference for many of those who died (Knight et al.,2021; Ockenden, 2022). This qualitative study is drawn from the ontological belief that the existence of reality is based on the human mind and socially constructed meanings (Blaikie, 2007). The epistemological assumption is that knowledge is relative, subjective, richly descriptive and contextual (Crotty, 1998; Taylor & Francis, 2013). The study will use semi structured interviews to explore the experiences of women who survived critical illness in childbirth. It will discover an understanding of how maternity services meet the needs of women and their families, identify any challenges to care and examine the impact of coronavirus on maternity care provision. Following University of Hertfordshire ethical approval, participants will be recruited via social media and snowballing. 15-20 women who experienced critical illness will be invited to either audio recorded semi-structured face to face interviews or video recorded online interviews via Zoom. Interviews will be transcribed and analysed using Thematic Analysis (Clarke and Braun, 2015). The findings of the study will be shared to the participants on request, through academic publications and as part of a doctoral thesis.

Notes:

Matthew Winter [1]
Emily Beadle PhD [1], Agnieszka Walecka MD [2], Amy Sangam MD [2], Jess Moorhouse RN [2], Helen Munro Wild MPH [1], Daksha Trivedi PhD [1], Annalisa Casarin MD MPH [1]

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Poster

Flat, cold and empty…. How humane is one then?’’: exploring the experiences of moral distress and moral injury in mental health care settings. A rapid review of qualitative literature.

Moral distress (MD) and moral injury (MI) portrays the experience of healthcare professionals feeling obligated to perform morally correct behaviours but being unable to do so due to external constraints. The experience of MD or MI can adversely impact an individual's physical and mental health, leading to symptoms like burnout, but also the quality of healthcare they can provide due to high professionals’ turnover. Despite being unknown to many professionals, MD resonated with 78.4% of doctors responding to a June 2021 survey, MI with 51.1% of them. We performed a rapid review looking into views and experiences of mental health care workers whom have been impacted by MD and MI. The review synthesises the data of seven qualitative studies on psychiatric healthcare settings, found searching electronic databases systematically until January 2022, following Cochrane guidelines. Data extraction and thematic analysis were structured to provide a narrative synthesis of evidence. Four key themes were identified, (1) causes and triggers, (2) symptoms and experiences, (3) consequences, and (4) coping strategies. This quote best represents the experience of professionals when dealing with MD: ‘’feelings of guilt, frustration, anger, sadness, inadequacy, mental tiredness, emotional numbness and being fragmented’’. Unsurprisingly the Covid-19 pandemic has aggravated the triggers of MD and MI in psychiatric settings. Health consequences have been identified as short and long term, and potential solutions as individuals (therapy) or organisational (better team working). This review highlights the importance of further analysis of wider healthcare settings to implement effective interventions because it is likely that MD and MI are a system problem.

Notes:

University of Hertfordshire UH

The Robyn Martin Memorial Lecture

Delivered by:

Prof Matthew Weait
Professor of Law and Society
University of Oxford

"LAW AND THE CONTROL OF COMMUNICABLE DISEASE: A DELICATE BALANCE"

Wednesday 15th June 2022 , 5-6 pm

University of Hertfordshire UH

School of Health and Social Work

This is a hybrid lecture and will be available to attend online or in person at the Lindop Building, College Lane Campus, University of Hertfordshire.

For more details and to register visit: https://www.eventbrite.co.uk/e/the-robyn-martin-memorial-lecture-tickets-333537518697