

Newsletter

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| **In brief:** | **Volume 6, Issue 1. 31/01/24** |
| The International  Continence Society hosts  its annual meeting bringing  together healthcare  professionals interested in  treating incontinence  patients. This year’s event  will take place in October in  Madrid and Professor  Suzanne Hagen has been  invited to attend as a  keynote speaker. | **Working on a transdisciplinary and transcultural project**  By Hannah Hale, Research Fellow  I am a relatively new member of the Medical Research Council funded Chitetezo project team, visiting briefly to cover a maternity period. Chitetezo is a multi-faceted, arts-mediated, rights-based advocacy intervention designed to decrease the road traffic accidents in southern Malawi; it has introduced me to a lot. Thankfully, this is a team where no question is silly and this seriously helps because I don’t think I have ever worked on such a transcultural and transdisciplinary project before. In monthly and bi-monthly meetings, furrow foreheads and grimaced  concentration faces are interspersed with laughter and smiles while focusing hard on another topographical illustration of what’s coming through in the data so far. And having collected a complete set of intervention evaluation data in two schools now, some really interesting findings are coming about.  With the walking interviews (no mean feat in the Malawi heat!), we are finding ways to capture lived experiences of young people as they negotiate the throws of their daily walks to and from school. This exercise has unfolded a factor we had not  anticipated. The routes children opt for are more dictated by the preference of avoiding places where they are more likely to meet criminals than choices that relate to dangerous road features.  Data collection for the next block of four schools is firmly in the pipeline. Just wish I could stay longer…with all my silly questions!    **TOPSY study update**  By Suzanne Hagen  [(TOPSY): a randomised](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext)  [controlled superiority trial -](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext)  [eClinicalMedicine](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext)  [(thelancet.com).](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext) The trial was also featured on STV news:  [Self-managing pessaries](https://news.stv.tv/scotland/self-managing-pessaries-for-women-with-pelvic-organ-prolapse-could-improve-quality-of-life-study-shows)  [can improve care for](https://news.stv.tv/scotland/self-managing-pessaries-for-women-with-pelvic-organ-prolapse-could-improve-quality-of-life-study-shows)  [women with pelvic organ](https://news.stv.tv/scotland/self-managing-pessaries-for-women-with-pelvic-organ-prolapse-could-improve-quality-of-life-study-shows)  [prolapse (Web)](https://news.stv.tv/scotland/self-managing-pessaries-for-women-with-pelvic-organ-prolapse-could-improve-quality-of-life-study-shows)  (PFIQ-7 questionnaire) 18  months after randomisation.  We found no statistically  significant difference between  groups in PFIQ-7 at 18  months, but SM was less  costly than CBC. Also a  lower percentage of pessary  complications was reported in  the SM group. We concluded  that pessary self-management  is cost-effective,  does not improve or  worsen quality of life  compared to CBC, and has a  lower complication rate. This  research was funded by the  National Institute for Health  and Care Research, Health  Technology Assessment  programme (16/82/01).  The findings are published in  the Lancet’s  eClinicalMedicine journal:  [Clinical effectiveness of](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext)  [vaginal pessary selfmanagement](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext)  [vs clinic-based](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext)  [care for pelvic organ prolapse](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00503-5/fulltext)  Prolapse affects 30-40% of women, and those using a pessary for prolapse usually receive care as an outpatient. We have recently completed the [TOPSY trial](https://www.isrctn.com/ISRCTN62510577) which determined effectiveness and cost-effectiveness of pessary self-management (SM) versus clinic-based care (CBC) in terms of how it affects women’s quality of life. We randomised 340 women (169 SM, 171 CBC), 18 years or older, attending pessary clinics at 21 UK centres to self-management or clinic-based care. SM group received a 30-minute teaching session; information leaflet; 2-week follow-up call; and telephone support. CBC group received usual routine appointments. The primary clinical outcome was pelvic floor-specific quality of life |
| [ICS 2024](https://www.ics.org/2024?utm_source=Marketo&utm_medium=email&mkt_tok=MzA1LVFVSy01MTkAAAGQz186AHdxle5ONSnsxmMBX6k4ug5MwuJekqNkiayMOjju393spEtLx8e5zxdXTCnY3tR43L-PCgboSiKCVSub1za7ZtUVyjXAJmwdsm2dsXVI5CQ) |
| I’d like to share some good news regarding some funding I applied for from my professional body, The Royal College of Occupational Therapists (RCOT). This is to support me in undertaking a Joanna Briggs Institute Comprehensive Systematic Review Training Programme through Robert Gordon University. I applied for one of ‘The Pearson Awards’ which offers up to £750 to “support an individual occupational therapist or student/learner member towards an activity that forms part of their education, research or continuing professional development” (RCOT 2024). I was delighted to be awarded £741 towards this training opportunity and would like to thank the RCOT, Pearson Education and my supervisors, Bridget Davis and Alex Todhunter-Brown, for their support. |
| **Jay Webster** |
| **Inside this issue:** |
| Transdisciplinary 1  and transcultural  project |
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| Topsy Study Update 1 |
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| What helps or hinders 2 nurses to lead funded research projects? |

**What helps or hinders nurses to lead funded research projects?**

By Barbara Farquharson

One of the significant

contributions of the NMAHP Research Unit has been to develop research capability amongst NMAHPs in Scotland. Many of those who have been supported by the Unit have gone on to lead major research projects, securing funding from competitive funders such as

the National Institute for Health and Care Research, the Medical Research Council,

Economic and Social Research Council, CSO and others.

Findings from a recent UK- wide project, led by Barbara Farquharson, highlighted how few nurses achieve this and, importantly, identified the

factors that help or hinder them to do so. M*ulti-disciplinary collaborations*, *mentorship from*

*individuals with a track record of success* and *research-supportive environments* were identified as critical to success (see examples of data extracts on right). *Lack of a research career pathway* and

*competing clinical and/or*

*teaching priorities* hindered nurses from leading research.

As CSO support for a

national NMAHP Research Unit comes to an end it is critical that other means to support NMAHP researchers in Scotland are found.

The full study publication is available (open access):

[https://onlinelibrary.wiley.com/](https://onlinelibrary.wiley.com/doi/epdf/10.1111/jan.15932)

[doi/epdf/10.1111/jan.15932](https://onlinelibrary.wiley.com/doi/epdf/10.1111/jan.15932)

Data Extracts:

“[I] was also working in an environment where research was the norm and fully supported, and the development of clinical academic roles also fully embraced—this is not the norm in nursing” (Participant 15, F,

PhD >10years)

“most important factor [in my success]

was being located within a world-leading applied health care research environment ... I was able to discuss my ideas with methodologists and encouraged to challenge myself

methodologically” (Participant 29, F, PhD >10 years)



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Researchers on the NIHR funded Stepping Stones Study (NIHR130619) led by Prof Cheyne, alongside Dr Polly Radcliffe at Kings College London, are preparing to share their findings through a mixture of on-line and in person events in March. This was a multi-method, longitudinal, qualitative study that aimed to identify optimal models of care for women who experience drug dependence in pregnancy. For more information and to book a slot

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**Lynne Gilmour**

Visiting Professor from University of Stavanger, Norway - Professor Terese Bondas from Health Sciences at University of

Stavanger, Norway and Adjunct Professor at the University of Eastern Finland is coming to work as part of her sabbatical with Dr Emma France at the University of Stirling for the month of February to collaborate on qualitative evidence synthesis projects.

**Emma France**

Margaret Maxwell and Andrea Sinesi attended the kick-off meeting in Cork this month of the new Horizon Europe project PROSPERH which will deliver interventions to address both physical and mental health in the workplace. This will be a 5 year study including a large international trial of the

PROSPERH intervention.

**Margaret Maxwell**



Recent publications

* Gilmour, L., Honeybul, L., Lewis, S., Smith, E., Cheyne, H., Aladangady, N., Featherstone, B., Maxwell, M., Neale, J. and Radcliffe, P. (2024) Scoping review: mapping clinical guidelines and policy documents that address the needs of women who are dependent on drugs during the perinatal period. BMC Pregnancy and Childbirth, 24 (84).
* Irvine, L., Burton, J.K., Ali, M., Booth, J., Desborough, J., Logan, P., Moniz-Cook, E., Surr, C., Wright,

D. and Goodman, C. (2024) Data Resource Profile: the Virtual International Care Homes Trials Archive (VICHTA). International Journal of Population Data Science, 8 (6).

* Krishnaswamy, P.H., Middleton, E., Hagen, S., Guerrero, K.L. and Booth, J. (2024) Women's Experiences of Urinary Tract Infections and Impact on Life: An Exploratory Qualitative Study. Urogynecology (Philadelphia, Pa.), 30 (1), pp. 80-86.
* Lamont, K., C Van Woerden, H., King, E., Wendelboe-Nelson, C., W. Humphry, R., Stark, C., Williams,

C. and Maxwell, M. (2024) Improving the mental health of farmers: what types of remote support are acceptable, feasible, and improve outcomes? A feasibility RCT. Discover Mental Health, 4 (4).

* McHale, C., Cruickshank, S., Brown, T., Torrens, C., Armes, J., Fenlon, D., Banks, E., Kelsey, T. and Humphris, G. (2024) Mini-AFTERc: a controlled pilot trial of a nurse-led psychological intervention for fear of breast cancer recurrence. Pilot Feasibility Studies, 10 (3).

**Co-Directors Blog:**

Sadly, this will be the final newsletter and blog

from the NMAHP-Research Unit. For the past 2 years we have been busy discussing and

forming transition arrangements as we reach

the end of our funding from the Chief Scientist

Office (CSO) for Scotland. At GCU, staff will become integrated within the School of Health and Life Sciences and its existing Research Centre for Health (ReaCH). The NMAHP-RU and its staff at University of Stirling will transition to a new Centre for Healthcare and Community Research (CHeCR). These arrangements will take effect from April 2024. A final report will be

submitted to the CSO in April 2024 which will include a brief history of the Unit as well as our key achievements over our 30-year history. The formal partnership between our host Universities will cease but our spirit of friendship, collegiality and collaboration will continue even as we respond to new directions within each host University. We believe it is still a sad day for NMAHP research in Scotland as we formally close its centre of excellence and a home where NMAHP researchers were nurtured to compete at the highest levels and deliver high quality research for Scotland. We thank our supporters and wish all our staff the very best as we continue our research journeys.

**Best Wishes, Margaret Maxwell & Helen Cheyne**