

## Impact and Contribution – February 2013 – Response rate 8/9 (89%)

### What did you bring to this project?

*(1) Experience and knowledge as a practitioner. Interest in research. Interest in changing practice through research. Interest in older people and reshaping health and social care. Knowledge of carers and carer issues, which tend not to be the primary focus of (?) in health and social care. Knowledge of local structures and stakeholders.*

*(2) Practitioner experience, enthusiasm, knowledge of carers assessments, knowledge of local authority assessment process.*

*(3) My knowledge of elderly patients as a staff nurse. My time management skills.*

*(4) Desire to do research. Knowledge and enthusiasm about people living with a diagnosis of dementia. Background is degree in Social Policy with gender studies, Diploma in Community Care in dementia studies*

*(5) Interest. Willingness to use opportunity to learn and reflect on practice issues and research 'world'.*

*(6) A willingness to undertake it in own time. Knowledge and experiences as a practitioner. Interest in how/why music seems to improve people with dementia's life through using it as therapy/activity in various aspects of service provision. Previously used this as a topic in Diploma in Dementia Care and wanted to explore further. The backing of my organisation and ability to identify service users/carers who might take part.*

*(7) Knowledge of training programme. Knowledge and experience of reablement/care. Values – person centred care.*

*(8) A question. Experience as a practitioner working with older people.*

**What did you do?**

*(1) Planned a research project. Conducted four focus groups and a lot of document analysis. Analysed evidence. (Hopefully) I will have written a report and developed other feedback methods and knowledge exchange methods. Worked jointly with another individual and their organisation.*

*(2) Between 2 workers/researchers - four focus groups and 18 document analysis. Background reading, data (pulling?) and compiling. Lots of thought and discussion with the other researcher. Compiled questions and strategies to focus research on research question.*

*(3) Design a questionnaire. Carry out a questionnaire and interview. Complete a quality improvement workbook. Do literature search.*

*(4) Interview five people with dementia and three carers to find out what the outcomes were for them using the Early Stage Support Service. Also used a questionnaire to gather staff (4) views. Got organisational approval. Designed questionnaires.*

*(5) A practitioner research project around a current service delivery model which was implemented with little preliminary planning in Local Authority.*

*(6) Identified research question. Literature review – whether my research question had been addressed. Applied for ethics, having (devised?) consent form and information sheet. Spoke informally to carers who might be interested/appropriate. Meetings with five couples, obtained consent. Had discussion group with three PWD (people with dementia) then separate meeting with two PWD who couldn't make it. Discussion group with the carers. Five semi-structured interviews with carers. Five semi-structured interviews with PWD. Transcribed all discussion groups/ SS interviews that had been audio recorded. Collating and analysing data for report.*

*(7) Completed ethics protocol. Researched literature. Focus group – two groups (1x3 meeting and 1x2 meetings). Questionnaires – designed. 52 staff completed. Underestimated time staff would take to complete. Support required for some participants to use computer. I did provide this but took more resources.*

	<p>(8) Questionnaire. Data input. Developed education tool. Reading around subject – literature review. Discussion with colleagues/mentors etc.</p>
<p><b>What did you learn?</b></p>	<p><i>(1) About myself and how I approach learning/ projects /doing research. About my partners organisation and other perspectives. About knowledge exchange and the relationship between research, policy and practice.</i></p> <p>(2) Research is a lot harder than I thought! We’re still working on pulling the findings out of the data but I’ve learnt about the different approaches to working with carers and the value in them – will hopefully be able to pull this in the write-up.</p> <p><i>(3) How to design and carry out a research project. Ways to communicate my findings.</i></p> <p>(4) Research is complicated – very. More about the process of communication for people with dementia and the impact this has.</p> <p><i>(5) Appreciation of approaches to research. The range of research topics in the class was stimulating.</i></p> <p>(6) That not everything goes to plan. Aspects of research that I could apply. How to conduct focus groups, interviews, etc. That it is incredibly difficult to undertake participative research with PWD especially identifying time, periods of time. Feedback was easier using photo words. That as a practitioner/research I had to be aware and not use this to control what I wanted.</p> <p><i>(7) Difficulty and time required to find out information. Understanding of research. Increased terminology and understanding in relation to research.</i></p> <p>(8) A wide introduction to research specifically: how to – what to do with information gathered – why research is important to practice/policy making – already had an idea of the importance but now I’m much more informed around this subject.</p>

<p><b>What did you share?</b></p>	<p>(1) Shared experiences with the group. Shared findings in an on-going/informal way with my colleagues. Sharing/learning/experiences with my research partner.</p> <p>(2) The experience with another research, the process by involving practitioners and carers. We will share the findings once we've found them.</p> <p>(3) With fellow staff members – what PROP is and who is involved, what my project is with family re what PROP is and what I am researching and why. With fellow people invested in PROP regarding my experiences and my projects, reflecting with them.</p> <p>(4) Shared my experiences within the class. Found the group in the class to be a great mix of people all with varying experiences of working with older people. Shared with local team. Shared with regional team.</p> <p>(5) Discussion about overall experience with one or two colleagues. Literature from IRISS!</p> <p>(6) Information with PROP peers, mentors. Shared my ideas. Shared my ideas with carers and PWD.</p> <p>(7) Information on project with team , line manager, senior, reablement staff. COSLA for award about training.</p> <p>(8) Anxieties. Lack of experience in research. Why subject (question) interested me. What works well for me – what didn't!</p>
<p><b>How did you change?</b></p>	<p>(1) Got me thinking about all sorts of things: what I want – what people want – where services are going. Reflecting on my own practice.</p> <p>(2) I've become more motivated. I've engaged the academic process and using my skills and experience in a different way. My practice with carers is more informed and I value the</p>

	<p>importance of being aware of how I engage with carers more. Slight more apathetic about the Council and apparent lack of investment (rhetoric) from where I'm sitting, although this could be misconstrued and they could just be 'giving me the space to get it done'.</p> <p><i>(3) Increased confidence in discussing research. Increased confidence in public speaking. Increased my knowledge of other organisations in community and their role regarding the elderly.</i></p> <p>(4) Personally I have found participating in this a confidence boost on a personal + professional level, having recently gone some major life changes personally. Keen interest in research – would be interested in doing more in the future.</p> <p><i>(5) Changing and absorbing values around ethics /confidentiality /the importance of methodology and clarifying goals /questions/ aims is aspirational.</i></p> <p>(6) Much more reflexive especially about PWD experience and difficulty in thinking outside the 'moment'. Felt more comfortable in the research process. Feel I have some solid evidence to back up what I thought.</p> <p><i>(7) Improved confidence – more reflective – listened.</i></p> <p>(8) More confident in subject – i.e. comprehensive geriatric review and literature review – proving its benefit to patients in hospital. Better understanding of research projects / papers and higher level of respect for people who have engaged and completed this process. More reflective about certain aspects of practice.</p>
<p><b>What impact do you think your involvement in PROP will make to you, your organisation and/or older people you work with?</b></p>	<p><i>(1) I can see the immediate impact on me, but impact on organisation or older people remains to be seen – I hope carers will have a better experience and get more from the services they engage with. Better working relationships for the two organisations.</i></p> <p>(2) 'A change is as good as a rest' - it's reminded me to not just work on a production line and</p>

	<p>speaking about and up to try and work to my own standards/values and ethics as opposed to the demands of the machine. Organisation: it will hopefully inform how the Local Authority work with carers for the better and achieve better outcomes for carers.</p> <p><i>(3) Increased knowledge of different organisations involved with the elderly out in the community. Hopefully change attitudes towards the elderly. Allowing me to share information I have learnt from other researchers.</i></p> <p>(4) Me – confidence, desire to do more research. Org – evaluation of a model of support, evidence of good practice. Older people – continued funding for the service.</p> <p><i>(5) If I survive the 9<sup>th</sup> of May I'll be very pleased. Hopefully I will keep learning, asking questions.</i></p> <p>(6) For people and service users I work with to use music in a more prescribed way for some people where they might benefit. For the organisation – would hope they can use some of the research to improve practice, knowledge exchange.</p> <p><i>(7) Improve training for new staff. Identify learning for staff (?future need) – thus improve service to staff and service user.</i></p> <p>(8) Name at bottom of poster therefore made me more visible in organisation. Project will hopefully impact on nurses ability to care for older people in a more informed and evidence based manner.</p>
<p><b>What helped and hindered you?</b></p>	<p><i>(1) My research partner and joint project – enormously helpful and beneficial but also considerably more time (?) than just pushing ahead as an individual.</i></p> <p>(2) Hindered – coming in ½ way through and picking up where someone else left off. Not a great deal of experience of the current process – lack of time and ability to take time. Working in a pair. Helped – working in a pair, the days at the uni, the suggested reading, being motivated.</p>

	<p>(3) <i>Lack of support from my management. Lack of time to carry out project. Support from mentor helped me to carry out project. Support from study days. Support from peers doing PROP. Hindred by waiting for ok from quality improvement and holidays.</i></p> <p>(4) <i>Biggest hindrance has been lack of time. Xmas falling during data collection. The classes in Edinburgh have been a real help. Catherine-Rose has been very enthusiastic and supportive.</i></p> <p>(5) <i>Discussion in small and large groups helped. Mentorship.</i></p> <p>(6) <i>Lack of time at work. Using weekends was difficult. Christmas – losing my momentum. Distance to travel to see Mentor if needed.</i></p> <p>(7) <i>Computer issues Staff and seniors supported. Putting it off – making it more difficult to focus. Going on holiday and getting back into it – hindered. Colleagues carried out questionnaire/ using computer – helped.</i></p> <p>(8) <i>Help – mentor / CR. Hinder – local processes, lack of knowledge of copyright. General inexperience and expectation of NHS to be more clear around what can and what can't be done.</i></p>
<p><b>What are the risks of doing/sharing this research?</b></p>	<p>(1) <i>Upsetting individuals / organisations – making them defensive and MORE resistant to change. That nothing changes.</i></p> <p>(2) <i>My mental health and spilling into private life (time). People who invested in the project might not like the findings. It takes my focus away from practice and my caseload.</i></p> <p>(3) <i>Negative feedback.</i></p> <p>(4) <i>Putting your research under scrutiny.</i></p>

- (5) *The practitioner can be in a very challenging position in relation to organisational expectation.*
- (6) Hopefully that people may think it is the answer for all PWD whereby it might be the answer for some. It poses more questions than it answers.
- (7) *People not working to put findings into play.*
- (8) Nurses may think I'm looking to criticize their practice / level of knowledge. May develop into a much bigger project !!

THANK YOU!