Birth of a research consortium for respiratory nurses

The Respiratory Nurse Research Consortium (RNRC) was founded in March 2016 in an environment not conducive to nurse-led research in respiratory care. The consortium aims to facilitate communication between nurse researchers, nurse academics, nurse groups and other key organisations in the field of respiratory care. Its mission is to mobilise the collective experience, knowledge and research capacity of respiratory nurses, empower them to lead high-quality funded research, and explore options for future clinical academic career pathways. This article describes why and how the RNRC was established, its achievements so far, and what lies ahead for it.

Burden of respiratory disease
Lung disease affects over 12 million people in the UK and is often characterised by progressive and degenerative symptoms that have a significant negative impact on quality of life. It costs £11bn a year, of which £9.9bn falls directly on the NHS and patients and 1.2bn on the wider UK economy (British Lung Foundation, 2017).

To reduce this burden, we need to improve the care and services provided to patients with respiratory disease, yet there is a gap in knowledge regarding the most effective and efficient ways of doing so. Respiratory nurses provide a vital contribution to patient management (Yorke et al, 2017; Fletcher and Dahl, 2013), but the lack of a sound evidence base means that this is often not sufficiently recognised or valued (Taylor et al, 2005), which ultimately has a negative impact on patient care.

Role of nurses in research
There is an increasing need to ensure practice is informed by research. Health Education England has stressed the importance of nursing research, of developing the evidence base and of fostering clinical practice...
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Box 1. Key respiratory organisations
● Association of Chartered Physiotherapists in Respiratory Care
● Association of Respiratory Nurse Specialists
● Asthma UK
● British Lung Foundation
● British Thoracic Society Nurse Advisory Group
● Education 4 Health
● National Paediatric Respiratory and Allergy Nurses
● Primary Care Respiratory Society
● Royal College of Nursing
● UK Respiratory Research Collaborative

Box 2. Vision and mission of the RNRC
Vision
Respiratory nurses will be empowered to speak with a single voice on research issues, enabling an influencing, lobbying, and consultative forum.

Mission
To promote and facilitate high-quality, collaborative, multidisciplinary research relevant to respiratory nursing, health and social care, and people living with a respiratory condition and their lay carers and families, which has a positive impact on nursing practice, education and policy.

Box 3. What we mean by ‘respiratory nurse research’
Respiratory nurse research is led by respiratory nurses to generate knowledge to guide, inform and progress the care delivered to respiratory patients.

Academic practice (Willis, 2015). However, large-scale implementation studies are often neglected for a quick-fix roll-out of evidence that does not necessarily respond to real-life clinical practice needs. A prime example of this in respiratory care is that 50% of patients have three or more co-existing long-term conditions (Barnett et al, 2012), yet many clinical trials only include patients with a single-disease diagnosis (Price et al, 2015). This raises the question of the value of some research in clinical practice.

Nurses often lead innovative practice in terms of service organisation and care delivery. Grounded in patient care and immersed in daily practice, they are ideally placed to enhance the evidence base by ensuring that it is patient-focused and applicable in the real world. We need to increase awareness of the value of nurses as researchers, while nurses themselves increase awareness of the value of nurses applicable in the real world. We need to ensuring that it is patient-focused and placed to enhance the evidence base by immersed in daily practice, they are ideally terms of service organisation and care

Respiratory nurses are working on the frontline of respiratory care as part of the multidisciplinary team, so they are familiar with the nuances of patient care and have expertise in navigating the clinical landscape. They know what clinical issues and research questions need to be addressed, yet, they seldom undertake or participate in research – and rarely lead studies.

Many of their existing skills are transferable to a research setting and make respiratory nurses valuable additions to the research team. With appropriate training, support and guidance, respiratory nurses could be a driving force in taking the respiratory research agenda forward.

Current landscape
Currently there is a dearth of nurse-led, clinically relevant research focused on respiratory patients, and there are no UK-wide research priorities or nursing research strategy in place to improve the care of patients with respiratory conditions. Anecdotal evidence and expert opinion concur on the fact that the current clinical situation is not conducive to health professionals participating in, or undertaking, high-quality research (Sherrington, 2011).

Respiratory nurses are the ideal leaders of research, who could improve the morbidity and mortality of respiratory patients, but the lack of co-ordination and of a common agenda works against this. Several factors come into play:
● A dearth of published nurse research focused on patients with long-term respiratory disease;
● A lack of co-ordination potentially resulting in duplicated efforts and poor use of time and resources;
● Most research resulting from academic studies, usually small-scale, local and often not disseminated;
● Nurses lacking resources – mostly research skills and protected time – to conduct high-quality research;
● Research expertise and support mechanisms (such as mentorship) are difficult to access;
● Nurses not knowing how to get started in research.

A consortium of research-active respiratory nurses could remedy some of these issues by providing a hub of expertise and resources readily available to respiratory nurses and other potential collaborators.

Creating the consortium
The first steps towards creating the RNRC were to identify collaborators and stakeholders for its steering group and gain the support of key organisations (Box 1).

Once the steering group had been set up, an inaugural meeting was convened to discuss the remit and terms, establish a vision and mission (Box 2) and set aims and objectives.

It soon became clear that we would also need to define what we meant by ‘respiratory nurse research’ (Box 3).

Funding was provided through a Research Institute Thematic Award from the Postgraduate Medical Research Institute at Edge Hill University (EHU) – which also hosts the consortium – as well as a partnership with the Association of Respiratory Nurse Specialists (ARNS) (Box 4).

Patient and public involvement was regarded as essential to inform the steering group’s activities; guidance on that matter was taken from INVOLVE (www.invo.org.uk), a national advisory group supporting the public’s involvement in NHS, public health and social care research.

Progress to date
Since the RNRC was created, the steering group has met on three occasions, in July 2016, October 2016 and May 2017. In that time, the consortium has established its future governance and funding arrangements, identified its longer-term goals, and made progress towards achieving some of them.

Its achievements to date include:
● Vision and mission established (Box 2);
● Discussions held with key organisations (Box 1);
● Patient representative recruited for steering group;
● PhD scholarship advertised;
● Poster judging supported at the 2017 ARNS annual conference;
● First-ever oral presentations of research findings at the ARNS annual conference;
● £25,000 funding for bronchiectasis self-management project awarded by
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EHU as an internal pump prime investment with RNRC representation on the proposing bid;
- Survey conducted to explore cognitive behavioural therapy training for respiratory nurses (results to be published separately);
- Two honorary senior lecturer awards created at the Postgraduate Medical Research Institute at EHU.

‘There needs to be more career opportunities in academic research available to clinical nurses’

Working with the ARNS
In February 2016, the ARNS commissioned the EHU and RNRC to undertake a UK-wide Delphi survey of its membership to identify the research priorities of respiratory nurses. The findings have informed the ARNS research strategy 2017-2022 and dissemination is under way, with an oral presentation at the 2017 annual conference of the European Respiratory Society (Kelly et al, 2017). A paper has now been submitted to a journal for publication and is currently under review. Australian and European nurse groups have expressed interest in replicating the study. The RNRC steering group has been instrumental both in conducting the survey and in formulating, reviewing and endorsing the ARNS research strategy.

One of the challenges was future-proofing the consortium. Following negotiation with the ARNS executive committee, it has been agreed that, while maintaining its own identity and terms of reference, the consortium would sit as a subcommittee of the ARNS. This will secure its efficient and effective operation through the ARNS governance framework and ensure the aims and objectives of both organisations are aligned. Crucially, the ARNS has awarded the RNRC £5,000 per annum until 2022 for research initiatives.

Next steps
With the support of the ARNS, the RNRC will now work towards:
- Establishing a database of research mentors for ARNS members;
- Setting up a database of live research projects led by respiratory nurses;
- Conducting a training needs analysis of respiratory nurses to assess their current research capacity and capability;
- Developing collaborative bursaries to stimulate investment in small-scale studies and PhD fellowships;
- Raising the profile of research at the ARNS annual conference through posters, oral sessions and workshops;
- Disseminating information on research funding, collaboration opportunities and professional development via an RNRC page on the ARNS website;
- Developing monitoring systems to measure the impact of the RNRC activities and ARNS research strategy.

Nurses empowering nurses
The consortium was created to provide a forum for sharing ideas and stimulating discussion – a hub of expertise and resources readily available to anyone with an interest in respiratory nurse research. There is still much to do to make this vision a reality. The consortium will strive to make research more accessible to nurses in clinical practice. In the longer-term, there needs to be more career opportunities in academic research available to clinical nurses, as well as support from managers, professional organisations and the government.

We acknowledge that the extent to which the RNRC can free up nurses’ time for research and ensure they have managerial support is limited. Its remit is to facilitate communication, co-ordination and dissemination, and highlight the training nurses need to be able to address clinical research questions with rigor and validity. We hope that this will empower nurses to bring about changes in their practice and participate in, and/or lead research projects that are relevant to them and their patients.

Conclusion
The establishment of the RNRC demonstrates how nurses can work together to raise the profile of nurse-led research; empower other nurses to harness their existing knowledge and skills to research their practice; change specialist nursing services through research; and ultimately improve patient care. This model of innovation could be transferable to other specialist nursing groups.

References

Box 4. The Association of Respiratory Nurse Specialists
Established in 1997 as a nursing forum for respiratory nurse specialists, the Association of Respiratory Nurse Specialists (ARNS) promotes excellence in practice, influences policy, and guides nursing care. It contributes to respiratory guidelines and policy, champions respiratory nursing and acts as an advocate for patients with respiratory disease, their families and carers.

FACT
Total annual cost of lung disease in the UK: £11bn

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- A network to link and inspire nurses interested or active in research Bit.ly/NTCambridgeResearch