

#WhyWeDoResearch

“Nursing, Midwifery & Allied Health Professions (NMAHP) Research”

TweetChat 9: 19th May 2020

*The ninth #WhyWeDoResearch 2020 weekly tweetchat explored **Nursing, Midwifery & Allied Health Professions (NMAHP) Research**. The theme for this #WhyWeDoResearch tweetchat was a result of tweets discussing how COVID-19 had impacted not just drug and industry sponsored trials but research lead by nurses, midwives and allied health professionals (AHP). Below is a summary of the tweets sent during the #WhyWeDoResearch tweetchat on Tuesday 19th May 2020 (please note that the representative examples may vary depending on the location and the experiences of individuals).*

Health & Wellbeing

Overall, the mood was positive. People spoke about ‘unwinding’ and spending time with family members in the evening. Some people tweeted of difficulties they had faced during the week: “it’s tough at the moment isn’t it”.

Research during COVID-19

A lot of people said that their site had paused most of their non Covid-19 research unless patients were getting their treatment as part of the research (as the treatment couldn’t be supported as standard care). Some studies had been put on hold due to difficulties with getting the allocated funding released.

Sites that were able to keep studies open were using remote follow up via phone/video. One theme focused on “the main question now is how can we get them all running again safely given the circumstances so that patients and participants do not feel excluded”.

Experiences of NMAHP researchers during COVID-19

NMAHPs who were able to continue, either their own research or supporting studies, tweeted that they considered themselves ‘lucky’. Some tweeted “we have had moderate

amounts of creative control with this [NMAHP lead research] - maybe because I work in a big research centre”

Some spoke of how they were preparing for a negative impact on their data collection (and putting in place contingency plans) and others tweeted how they have had to pause their research or PhD studies. NMAHPs who are leading multi-site studies found it “challenging to give clarity to the participating sites on what the recovery plan is and timeline”. COVID-19 has also limited the time and space to analyse and write up the results of previous studies that were completed prior to the start of COVID-19. Another difficulty is that some “research projects work may have been time critical and they may not be able to be picked up so easily”. Everyone taking part in the #WhyWeDoResearch tweetchat doing or planning to do ethnography studies had their research stopped or paused.

Some NMAHP researchers tweeted how they were now focusing on developing and leading COVID-19 studies. Others also said that “lots of research based wellbeing initiatives are evaluating well”.

Available support

Tweets discussed the need for support from organisations (i.e. universities, NHS Trusts, funding bodies) to help prepare and handle distribution to research studies. One tweeted “Supervisors have been key for me. With very mixed & confusing messages coming from funding bodies”.

Learning from experience to support future events was also mentioned: “Lots of plans now being put in place as part of recovery with contingency for a second wave and we know so much more now to enable this preparation”.

Redeployment

Some NMAHPs had been redeployed to clinical practice. For those who were either principal investigator or sub-investigator and had been redeployed, their research was paused (therefore enabling them to remain as principal investigator or sub-investigator). Others

found themselves with two roles – working by the bedside and supporting research studies which impacted on life/ work balance.

For some NMAHPs they were returning to bedside nursing from academic and education roles. Overall, tweets commented that it was tough but the “supportive approach with HEI colleagues has been pivotal to research continuity and redeployment/training of staff”. Many found it a positive experience returning to clinical practice “I've loved returning to practice! We have some big opportunities to showcase our skills and raise our profile within therapies at the moment, and it's great to be involved in this growth with the skills I've developed through research”. Redeployment was seen as an opportunity “making research more visible for nurses and the role of small-scale research within teams”.

Positive experiences

Some spoke about how family members took “comfort knowing that their relative was able to participate in a research study - it was something 'good'”. Others spoke of how proud they were of the teams they worked with and how everyone supported each other “The response and the way we have covered upcoming COVID research, supporting clinical work and maintained our critical follow ups has been an education in teamwork for sure!” and “Team work in all aspects clinical and research has been amazing boundaries no longer exist everyone stepping up”.

Questions



#WhyWeDoResearch
(19.05.2020)



#WhyWeDoResearch
(19.05.2020)



**Q1: We would like to ask first
& foremost, how are you all?**

**Q2: What experiences have you
had of pausing or continuing on
with your NMAHP research during
COVID?**



Please remember to include
#WhyWeDoResearch
in all your tweets.



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Q3: What support have you had with that or seen from an organisational and/or a national perspective?

Please remember to include #WhyWeDoResearch in all your tweets.

Q4: Please share your experiences of increasing or changing your clinical practice as an NMAHP clinical academic in response to COVID (what has this involved for you etc.)

Please remember to include #WhyWeDoResearch in all your tweets.



#WhyWeDoResearch
(19.05.2020)



#WhyWeDoResearch
(19.05.2020)



Q5: How do you see the research landscape generally changing in light of the pandemic, both from a delivery and development perspective....?

Please remember to include #WhyWeDoResearch in all your tweets.

Last question of the eventing: Tell us a joke. Let's keep ourselves laughing!



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