

#WhyWeDoResearch—first weekly Tweetchat to support research during #Covid19 (24.03.2020)

The first #WhyWeDoResearch tweetchat explored research support during COVID-19 and was held on Tuesday 24th of March 2020. Overall, 68 participants (across England, Wales, Scotland, Ireland) sent

The Numbers

1.496M Impressions

671 Tweets

68 Participants

268 Avg Tweets/Hour

10 Avg Tweets/Participant

671 #WhyWeDoResearch tweets. Patients, staff (researchers and healthcare), representatives from healthcare trusts and charities, academics and hospital chairperson participated in this #WhyWeDoResearch tweetchat. These tweets were seen (impressions) by 1.50 million Twitter accounts. The key positive impact of the #WhyWeDoResearch tweetchat was people tweeting about the benefit of having #WhyWeDoResearch as a source of

support (both mentally and for research activity). Below is a summary of everyone's tweets merged under different sub-headings. The transcript of the #WhyWeDoResearch tweetchat (held on 24.03.2020) is available: [click here](#).

Mental Health

The focus of this #WhyWeDoResearch tweetchat was on mental health. First, and foremost, we wanted to ask how everyone was. People said that they felt 'overwhelmed', 'sad', 'fearful', 'drained' and were balancing increasing anxiety, guilt and (for redeployment) anticipation at starting in a new area. Others spoke about getting used to working from home, spending time in isolation (due to pre-existing conditions or feeling unwell) and how surreal the situation seemed. Healthcare staff and frontline researchers worried for their families in case they bring COVID-19 home and some said they had become obsessed with decontamination. People said they were thinking of the frontline staff working in such a challenging place at this time.

Some people spoke of 'waiting for the tsunami', 'fear of the unknown' and 'I don't know how you guys on the frontline are mentally preparing for what's to come, I don't envy you'. Running, family quizzes, cycling, resilience, gardening, determination and compartmentalising feelings were some of the strategies people were using to manage their mental health.

The Spotlight for Research – Covid 19

The spotlight that research is now under in combating COVID-19 has shown the value and need for research in clinical settings. Research will find the answers that we need to beat COVID-19. Tweets included being 'in awe' of research teams, 'Research is the answer to COVID19', 'Feel proud of

research nurses' and 'Great to hear research is so quickly being established for this'. There is now greater research support and faster study setup. Decisions that used to take months are now made in hours. Many clinical research nurses said that they no longer needed to prove that they were 'real nurses'.

COVID-19 research has been prioritised in all sites. All, or nearly all, non COVID-19 studies had been suspended (and people discussed feeling sorry for those with non COVID-19 studies that were stopped). Concerns were also shared about the length of pause for non COVID-19 studies and how long research staff will be pulled away. Other research studies shouldn't suffer as a result of COVID-19.

Adapting to Change

A lot of clinical researchers said that they were being redeployed for their current roles or that redeployment was either confirmed or looming. Hospitals were focusing on upskilling/ refreshing clinical skills of their research staff in advance of returning to wards and departments. Many felt that it was an odd position to be in and it felt like limbo. Some spoke of how they had remained in their research role to set up COVID-19 emergency studies at any time. Roles also included preparing additional research training/ support for wards who will be caring for COVID-19 patients in research studies before the surge arrives. Non-clinical researchers reported having their portfolios suspended. People said so much was 'new'; a steep learning curve and that although it was daunting at first it was like riding a bike. Tweets mentioned that the unprecedented crisis was being used to focus on operational issues and not necessarily strategy. There was worry that staff will be burnt out but expected to pick up the pieces (from paused studies, cancelled appointments/ operations) and get back to 'normal'.

People spoke about how the changes in research development and management during COVID-19 will have long-term impacts. Examples given were movement to online clinics, remote working, non-facing ways of working and more agility in working practices. Sponsors were working hard to maintain research integrity in light of social distancing. Also, for those unable to work from home the quieter motorways and cheaper petrol were seen as a benefit! Others found developing new IT skills to facilitate online conferencing of huge value. Some of the tweets asked if the NIHR, and Trusts, would relax the cross-site working/ boundaries for emergency studies.

Public Patient Involvement

Nearly all patients said that Public and Patient Involvement (PPI) had come to a close but some were now working on their own COVID-19 research and this had given them a sense of pride. Research participants spoke of their direct contact from study teams; being given information and having their medications delivered to their house following Skype follow up visit. The rapid review of studies meant there is now a lack of PPI in research and this was viewed as a setback for involving patients in research. It was noted that patients who have recovered will have valuable PPI to contribute.

Follow-up

#WhyWeDoResearch was asked to pull together the learning from the COVID-19 #WhyWeDoResearch tweetchats (i.e. progress speed of research). It was decided to include a transcript of each #WhyWeDoResearch COVID-19 tweetchat once it had ended and to include weekly blogs of the #WhyWeDoResearch tweetchat.

Thank you

It is important to note that people spoke very highly of the support they had received (people wanting to contribute voluntarily, support from local companies and national chains with providing staff with food/ drinks etc) and the amazing teamwork and flexibility, the support that everyone had for each other.



Q1: We are in uncharted territory so we'd like to ask first & foremost, how are you all?



Q2: As Researchers are you heading back to the bedside? What does this look like for you?



Q3: How are you managing existing studies? What decisions have you made? (for example: medication breaks, protocol changes)



Q4: What success stories are/might be coming out of changing the way you are working?



Please remember to include #WhyWeDoResearch in all your tweets so that everyone who is joining us can see your tweet.



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#WhyWeDoResearch
(24.03.2020)



**Q5: What #WhyWeDoResearch resources
would you like to see in place
(for example, mental health tips once a week)?**



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