

## Fundamental care on hospital wards: Identifying research priorities

‘Fundamental care’ refers to all aspects of basic care on hospital wards. After a series of widely reported failures in fundamental care, various initiatives have been proposed to improve quality of care and safeguard patients. However, most of these lack evidence to support their implementation. As part of the work of NIHR CLAHRC Wessex, we carried out an innovative exercise with patients, carers, the public and health care professionals to identify the top five research priorities to improve fundamental care. In this Evidence Brief, we summarise why deciding research priorities is an issue, outline the approach we used, describe how the priorities for research were arrived at, and look at how the priorities identified are shaping research to improve fundamental care in hospitals.

### Improving fundamental care in NHS hospitals: what are the issues?

A number of high profile cases have highlighted some serious failures in the quality of fundamental care offered to patients on NHS hospital wards.<sup>1,2</sup> By ‘fundamental care’ we refer to any element of nursing care, or factors influencing the delivery of that care, such as eating and drinking, continence, positive relationships, or activities impacting on patient safety. Several initiatives have been proposed to address shortcomings in fundamental care, including guidelines, organisational changes and monitoring of quality. However, there is little research evidence underpinning these interventions, and where research exists, it is often of poor quality.<sup>3</sup> We set out to conduct an inclusive democratic exercise to identify the most important priorities for research in the area of fundamental care, to stimulate research and to inform the next phase of our research programme.

### How do we determine the priorities for research?

Until relatively recently, the focus of research in the NHS was typically left to the discretion of those designing and conducting research. In the 1990s, more systematic approaches to determining which research areas should take priority were established. Initially these primarily involved seeking the views of ‘expert’ academics in the field, with little representation of patients, carers and the public. Consequently, funding for health research was still not prioritised where it was most needed, leading to a dissatisfaction that research failed to deliver tangible benefits to patients and NHS services. The National Institute for Health Research (NIHR), established in 2006, created opportunities for patients and the public to be involved in virtually every aspect of publically funded health research, including

the prioritisation of research topics, and awarding research funding.<sup>4</sup>

Although there is now broad agreement that research priority setting exercises can lead to more transparent decision making, there is still not consensus about the best way to conduct such exercises. The James Lind Alliance, now supported by the NIHR, has developed a three stage model including both health care professionals and patients on an equal footing. This model, known as ‘Priority Setting Partnerships’, employs a survey, an online priority setting activity and a face to face prioritisation meeting to generate lists of top ten research priorities within specific health areas.<sup>5</sup>

One of our challenges in exploring research priorities in fundamental care is that there is not a ‘natural’ constituency of patients or health care professionals, as there is, for example with asthma, schizophrenia or Parkinson’s. We wanted to work with stakeholders to identify, as well as prioritise, the topics in this area, and were committed to public involvement throughout the process.

### What did we do?

In 2016, the core team of two researchers, an experienced public contributor, a PPI champion<sup>6</sup> and service user, and the CLAHRC Wessex Patient and Public Involvement Lead developed and undertook a six-phase approach to identify key priorities in fundamental care. This approach comprised:

1. Developing a conceptual framework of ‘fundamental care’ through reviews of patient reports, academic papers, practice guidelines and policies. We took care to reflect the views of patients and their families, health care professionals, academics and organisations.

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2. Consultation involving an online survey, group and individual discussions with stakeholder groups, to identify relevant issues (both new and those issues identified in phase 1) for research to improve fundamental care. We used a variety of strategies to engage seldom-heard voices.
3. Analysis of responses to the consultation exercise, resulting in the identification of 76 topics.
4. Highlighting the most frequently mentioned topics and reducing this 'longlist' of 39 topics to 15.
5. Further prioritising of the 15 'shortlist' topics at a stakeholder workshop, involving patients/public contributors and health care staff, resulting in five research priorities to improve fundamental care.
6. Considering how the top five research priorities could be developed as research topics, including specific research questions and potential design and methods.

## Priorities for research to improve Fundamental Care

In total, 340 people completed the survey as part of the consultation phase. Percentages of respondents were as follows: registered nurses 30%, patients, carers and members of the public 29%, other health staff 22%, students 7%, educators/researchers 6% and others 6%. We talked with an additional 97 people (public, patients, carers and staff) as part of the consultation.

Thirty-nine participants attended the stakeholder workshop: 23 members of the public, patients and carers, and 16 health care staff.

The five top priorities identified for research to improve fundamental care on hospital wards were:

- Nurse staffing
- Individualised/patient-centred care
- Involvement in care
- Communication
- Staff attitudes

## What difference did this approach make?

The iterative process used to identify the five research priorities ensured that a broad range of issues was considered, without attempting to pre-empt or restrict what was deemed relevant.

The five issues identified through this process relate less to specific care activities, but draw on a holistic perspective which also considers underlying influences on care provision and how care is delivered. Consequently, within the emergent research priorities the delivery of nursing care is not divorced from the context in which it is delivered.

This gives the research that is developed in response to these priorities a better chance of being meaningful and having impact, in the eyes of key stakeholders.

The inclusion of a PPI champion in the core project team was a critical decision, which helped to ensure that the views of patients and the public received equal consideration throughout the project. The involvement of a PPI champion and service user not only helped the team to consider where to access patient/carer and public perspectives, but also how to elicit these.

## Next steps

Since carrying out this research prioritisation exercise, we have been working with a range of stakeholders and partners to develop research that can address some of these priorities. We have also collaborated on a publication which describes this prioritisation exercise in more detail<sup>7</sup> and are exploring opportunities to continue to build on this work and strengthen the patient and public involvement in the research. The positive relationships which we have established with different stakeholders through this research prioritisation exercise continues to enrich our programme of research both within NIHR CLAHRC Wessex and beyond.

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