

## BU Studentship Competition – Example Proposals

### Example 1 - 2019 Competition

**Title:** Continuity model of midwifery care team: a new way of working – midwives views and experiences

**Faculty:** FHSS

**Author:** Professor Lee-Ann Fenge

### Project Summary

The policy document 'Better Births' proposes midwife-led continuity of care as a key recommendation for building improved maternity services within England (1). Continuity of care means that women will know the midwife who cares for them throughout pregnancy, birth and postnatal period (2). Women who receive midwife-led continuity models of care are less likely to experience intervention and are more satisfied with their care (3). Such relationship-based care approaches empower women to take control of their childbirth journey (3;4). In addition, midwives using this model of care appear fulfilled and believe they practice midwifery in its purest form (4). To meet one of the key recommendations of Better Births (1), Salisbury Foundation NHS Trust (SFT) Maternity Department have set up a new Continuity Model of Care Team. This is built on the premise that women who are considered 'high risk' benefit from continuity of care led by midwives, alongside benefits to the wider multi-disciplinary team (2). Research by Sandall (5) suggest key factors need to be considered when implementing and sustaining midwife-led models of care, including prevention of burnout which is associated with low job control and long working hours. Although such models offer greater agency for midwives (increased professional autonomy, meaningful relationships with women, and collegial support to maintain work/life balance), there can be challenges within host units including a clash of models and culture (6). It is therefore important to understand the implications of introducing such new ways of working for both midwives and the wider organisation.

**Aim:** To explore the impact of a new Continuity Model of Care Team on midwifery practice.

**Objectives:** 1) To develop insights into the process of introducing Continuity of Care within a Midwifery setting; 2) To engage with midwives' views and experiences of working within a Continuity of Care approach; 3) To explore how a Participatory Action Research (PAR) approach may facilitate midwives to embrace new ways of working. **Methodology:** This study uses an overarching Participatory Action Research approach to explore midwives' experiences of working within a Continuity of Care team. PAR takes account of adult learning theory and through dialogue it produces action and change (7). The benefits of a PAR are that it works in collaboration with local stakeholders, focusing on action, practice change and theory development (8; 9). An action group, comprising Midwives is a core component of this approach, and they will be key drivers of the research phases. This will open up possibilities for midwives to work collaboratively through the recurring action research cycle of problem identification, planning action, taking action, data collection, analysis and critical reflection and re-planning (8). **Outcomes:** Through this process of PAR midwives are co-researchers and co-learners in this process. Developing key insights into how Continuity of Care models can be introduced, refined and sustained within midwifery environments.

**References:**<sup>1</sup> NHSE 2016. *National maternity review report: Better Births: improving outcomes of maternity services in England*. NHSE; <sup>2</sup>Warwick 2017 *Continuity of Carer: an update*. Available from: <https://www.rcm.org.uk/news-views-and-analysis/views/continuity-of-carer-an-update>; <sup>3</sup>Sandell, J. et al.. 2016. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane database of Systematic Reviews*, Issue 4. Art. No. CD004667; <sup>4</sup>Wainwright, K. and Collins, M. 2015. Caseloading Midwifery – an ever-evolving model of care? *MIDIRS Midwifery Digest*. 25:2; <sup>5</sup>Sandall J. 1998. Occupational burnout in midwives: new ways of working and the relationship between organisational factors and psychological health and wellbeing. *Risk, Decision and Policy*. 3(3):213-32.7; <sup>6</sup>Sandall J. 2017. *The contribution of continuity of midwifery care to high quality maternity care*. RCM; <sup>7</sup>Teram, E., et al. (2005) 'The case for integrating grounded theory and participatory action research: Empowering clients to inform professional practice', *Qualitative Health Research*, 15(8), pp. 1129–40; <sup>8</sup>Kemmis S & McTaggart R (1988) *The Action Research Planner*. Deakin University Press, Geelong, Vic., Australia

### **Academic Impact**

The project is part of a programme of work between Salisbury Foundation NHS Trust (SFT) and Bournemouth University that is beginning to build research expertise in the clinical area. Bournemouth University currently has 10 match-funded PhD studentships with one successful completion within the stipulated timeframe. The student will benefit from existing collaborations with Professor Lee-Ann Fenge [Professor of Social Care], Dr Cescutti-Butler, an experienced midwife and neonatal practitioner with research interests in the late pre-term infant, newborn infant physical examination and women's maternity experiences and Dr Rawnsdon, an experienced midwife academic with research expertise in caseloading practice. We anticipate a minimum of two academic papers for submission to leading health professional journals, such as BMC Pregnancy & Childbirth (IF 2.83) and Midwifery (IF 2.262).

BU Match-funded clinical academic doctorates have been accepted by the Department of Health as being eligible to join the NIHR Clinical Research Network (NIHR CRN) Portfolio. This portfolio consists of high-quality clinical research studies that are eligible for support from the CRN in England. The Portfolio database captures research activity data and provides analysis tools to facilitate active management of studies; activity data inform the allocation of NHS infrastructure for research (including NHS Support Costs).

### **Societal Impact**

The proposed project was developed in response to an identified clinical need by Salisbury Foundation NHS Trust Maternity Department. The project will address an area of implementing a new way working

### **Training Opportunities**

The training programme, directed by the criterion supervisor Professor Fenge and co-supervisors Drs Cescutti-Butler and Rawnsdon will have the following objectives: Formal training in: i) undertaking a systematic review of the literature by attending the two-day Masterclass run by FHSS ii) Research Design Workshop: Action Research through Bournemouth University Doctoral College research development programme, iii) analysis of data will be provided through Bournemouth University Doctoral College research development programme.

Transferable skills in : i) networking and communication– developed through the process of

establishing an advisory group for the Trust and working to draw up a strategy in response to study findings. Guidance and support from PhD supervisors will ensure that the student is able to develop in these areas; ii) communication and presentation. The student will develop these skills through seminars and conference presentations, and in preparing and submitting peer reviewed publications

### **Research Ethics / Health & Safety Considerations**

Ethical approval and permission to conduct the study will be sought from BU's Health, Science & Technology research ethics committee. Since the study involves NHS staff and will take place on NHS facilities, ethical approval will also be required from the Health Research Agency (HRA). As non-medical research, the study will have minimal potential for harm. Participation will be voluntary and participants will be assured that non-participation will not affect their employment rights. Research will conform with the Department of Health's Research Governance Framework for Health and Social Care. We do not foresee any health or safety concerns.

### **BU2025 Research Principles**

This PhD studentship demonstrates the BU2025 Vision and Values in the following way:

**BU2025 Research Principles:** The project allows for the development of internal departmental interdisciplinary teams in Health and Social Care as well as external teams through SFT. The student will be supervised by supervisors that are able to demonstrate evidence of recent successful and timely completion of previous PGRs as well as mentor two early career researchers in their new supervisors role.

**Strategic Investment Areas (SIA):** The methodology used for this research is transferable to the SIA Medical Science, where new roles and ways of working will be necessary in order to meet many of the NHS plans such as *Vision for Technology* (NHS 2018). The plan aims to ensure joined-up health and social care which is designed around the needs of patients and their care networks, empowering individuals to take responsibility for their own health.

**Fusion Model:** Excellence and creativity is seen through our unique clinical doctorate, which creates a real opportunity for fusion enabling the PGR to conduct research, while remaining firmly grounded in practice. The project stems from an identified clinical need in the NHS and addresses a priority area. Inclusivity is demonstrated by the project fitting well within UoA3 and the BU theme (Health, Wellbeing & Society). The study is collaborative, and cross-disciplinary bringing together midwifery and social science to address the topic. The close partnership with SFT and alignment with their midwifery strategy will ensure that the work has the potential to demonstrate impact for future research assessment exercises. In addition, the project will inform academic debate on the process by which new models of providing midwifery care are developed, adopted and accepted by practice. All supervisors are research active and will work with the student to produce a series of high quality peer reviewed publications; the cross-disciplinary focus will ensure that these research outputs are of interest to both maternal health and social science fields (UoA3, 22, 23).

## **Example 2 – 2019 Competition**

**Title:** Emerging new roles in maternity services: facilitating change in practice using Participatory Action Research

**Faculty:** FHSS

**Author:** Professor Lee-Ann Fenge

### **Project Summary**

National policy drivers and a changing workforce mean that maternity services need to consider different ways staff are deployed, ensuring pregnant women receive care from the most appropriate person with relevant skills<sup>1,2</sup>. Maternity support worker (MSW) roles are well established and their positive contribution is maximised where they are integrated as part of the maternity care team, appropriately trained and managed by midwives<sup>2,3</sup>. Their training is usually undertaken in-house but more recently there is a call for having more highly educated and skilled support staff educated to Foundation Degree level, enabling better use of graduate health professional resources.

Maternity services at University Hospital Southampton NHS Foundation Trust (UHS) will employ their first local MSW graduates in 2020, providing a unique opportunity to develop a service that is inclusive of their level of training and responsibility, potentially in smoking cessation and flu vaccination. In order to integrate these new, non-professionally regulated roles successfully, their responsibilities and relationships with other members of the maternity team require clarity. This includes clear boundaries of responsibility to ensure that the role contributes successfully to the strategy and vision of the maternity services but does not erode the professional role of the midwife and challenge their accountability<sup>4</sup>.

The project will focus on the introduction of this innovative role within UHS acute and community setting. It will challenge shared assumptions and beliefs of traditional roles and ways of working, as well as the structures in which they work, in order to shape and facilitate change.

**Aim:** To explore how Participatory Action Research (PAR) may facilitate 'change' in practice including the development of new roles within a culture of care.

**Method:** The benefits of using a PAR model are that it encompasses a range of research approaches to work in collaboration with local stakeholders, with a focus towards action, practice change and theory development<sup>5,6</sup>. An action group, comprising of local stakeholders (manager, midwives, women and MSW), is a core component of this approach, and they will become key drivers of the research phases which will include reflection, review and refinement of practice. Service user involvement is fundamental to modernisation activities and is reflected in values underpinning the national patient and public involvement strategy and is essential to the new patient-led NHS<sup>3</sup>. Bringing together stakeholders in regular meetings will open up possibilities for staff to work collaboratively through the recurring action research cycle of problem identification, planning action, taking action, data collection, analysis and critical reflection and re-planning<sup>5</sup>

**Outcome:** the intergration of a new role that meets the needs of UHS and is acceptable to the maternity services, contributing to high quality care for women and their families. The role and

its methodology for implementation can be utilised within other health and social care services both nationally and internationally.

(1) NHS 2019. NHS long-term plan. NHS England. (2) RCM 2014. Maternity Support Workers, RCM Position statement. (3) NHS Employers 2006. Maternity support workers. NHS England. (4) Hussain CJ. & Marshall, JE, 2011. The effect of the developing role of the Maternity Support worker on the professional accountability of the midwife. <https://doi.org/10.1016/j.midw.2011.02.010>. (5) Kemmis S & McTaggart R (1988) The Action Research Planner. Deakin University Press, Geelong, Vic., Australia. (6) Reason P & Bradbury H (2001) Inquiry and participation in search of a world worthy of human aspiration. In Handbook of Action Research: Participative Inquiry and Practice (Reason P & Bradbury H eds). Sage, London, pp. xxi–xxxii.

### **Academic Impact**

The project is part of a programme of work between the UHS and Bournemouth University (BU) that builds research expertise in the clinical area. BU currently has four match-funded PhD studentships with UHS and two applications (including this one) being proposed. The intention is to develop a critical mass of research proficient midwives, who are able to support the growth of research and implementation of findings in Southampton.

The studentship will enable co-creation of journal articles. We anticipate a minimum of three academic papers for submission to leading journal, such as BMC Pregnancy & Childbirth (IF 2.83), Journal of Qualitative Methods (IF 1.387) and Journal of Nursing Management (IF 1.905). The project will build on and enhance BU's reputation for multi-professional, collaborative research

### **Societal Impact**

The proposed project was developed in response to an identified clinical need in the *NHS Long Term Plan* (2019) and is a priority area for UHS. It addresses areas of national public health such as smoking and uptake of flu vaccination during pregnancy, with an aim for women to take responsibility for their own health in these areas. Societal impact will be seen in terms of: i) maintaining quality and safety of care for women and babies by utilising the most appropriate person with the relevant skills to provide care; ii) improving the health and wellbeing of mother's and babies by being able to target specific public health concerns and iii) better use of resources by enabling highly skilled registered practitioners to use their time efficiently and effectively with the potential impact for cost savings for the NHS.

### **Training Opportunities**

The training programme, directed by the primary applicant Prof Lee-Ann Fenge and co-supervisor Prof Susan Way and Dr Sally Lee will have the following objectives:

Formal training in: i) Participatory Action Research (PAR) drawing on the expertise of Prof Fenge and provided through the Doctoral College researcher development programme; ii) qualitative interviewing provided through BU's Centre for Qualitative Research (CQR). CQR is

internationally recognised in the field of qualitative health and social care research iii) quantitative methods will be supported by Master Classes co-ordinated by the Senior Lecturer in Quantitative Methods. Support will also be provided through Bournemouth University Clinical Research (BUCRU). This Unit provides training and support for researchers in improving the quality, and efficiency of research across BU and local NHS Trusts; iv) applying for NHS ethics supported by the Clinical Governance Advisor role in the Research Development and Support Office.

Transferable skills in : i) networking - guidance and support from PhD supervisors will ensure that the student is able to develop in this areas; ii) communication and presentation - the student will develop these skills through seminars and conference presentations, and in preparing and submitting peer reviewed publications

### **Research Ethics / Health & Safety Considerations**

Ethical approval and permission to conduct the study will be sought from BU's Health, Science & Technology research ethics committee. Since the study involves NHS staff and will take place on NHS facilities, ethical approval will also be required from the Health Research Agency (HRA). As non-medical research, the study will have minimal potential for harm. Participation will be voluntary and participants will be assured that non-participation will not affect their employment rights (staff) or maternity care (women). Research will conform with the Department of Health's Research Governance Framework for Health and Social Care. We do not foresee any health or safety concerns.

### **BU2025 Research Principles**

BU2025 Research Principles: The project allows for the development of internal departmental interdisciplinary teams in health and social care as well as external teams through UHS. The student will be supervised by supervisors that are able to demonstrate evidence of recent successful and timely completion of previous PGRs as well as mentor an early career researcher in her new supervisors role.

Strategic Investment Areas (SIA): The methodology used for this research is transferable to the SIA Medical Science, where new roles and ways of working will be necessary in order to meet many of the NHS plans such as *Vision for Technology* (NHS 2018). The plan aims to ensure joined-up health and social care which is designed around the needs of patients and their care networks, empowering individuals to take responsibility for their own health.

Fusion Model: Excellence and creativity is seen through our unique clinical doctorate, which creates a real opportunity for fusion enabling the PGR to conduct research, while remaining firmly grounded in practice. The project stems from an identified clinical need in the NHS and addresses a priority area. Inclusivity is demonstrated by the project fitting well within UoA3 and the BU theme (Health, Wellbeing & Society). The study is collaborative, and cross-disciplinary bringing together midwifery and social science to address the topic. The close partnership with UHS and alignment with their midwifery strategy will ensure that the work has the potential to demonstrate impact for future research assessment exercises. In addition, the project will inform academic debate on the process by which new roles are developed, adopted and accepted by

practice. All supervisors are research active and will work with the student to produce a series of high quality peer reviewed publications; the cross-disciplinary focus will ensure that these research outputs are of interest to both maternal health and social science fields (UoA3, 20).