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| Host department: Keele |
| Project Title: Evidence-informed Self-management among older Adults with musculoskeletal pain and comorbidities in community settings: A knowledge mobilisation PhD study. |
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| Proposed supervisory team: Names and areas of expertise to be included |
| 1. Dr Opeyemi Babatunde: Knowledge mobilisation, Evidence synthesis, Multimorbidity, Musculoskeletal pain and multimorbidity, Patient and Public Involvement. 2. Dr Shoba Dawson: Multimorbidity, health inequalities and patient and public involvement and engagement. 3. Prof Krysia Dziedzic: Professor of Musculoskeletal Therapies; Implementation research. 4. Prof Carolyn Chew Graham: GP, Professor of General Practice Research, Mental health, Multimorbidity, Qualitative Research Methods and Ethnography. |
| Potential for cross consortium networking and educational opportunities: |
| The student will work with key stakeholders including members of Keele’s LINK group (who bring personal and volunteering networks and experiences from national charities, local community groups, patient support groups, NHS organisations and volunteer networks, to help support implementation activity), General Practitioners, Knowledge Mobilisation experts, NICE Clinical guideline working group members (for MSK and MH), Keele research user group members (RUG PPIE) and race equality and diversity ambassadors.  Keele School of Medicine and Keele Impact Accelerator Unit (IAU) are developing a strong research group around knowledge mobilisation, musculoskeletal health, multimorbidity and community engagement as part of their Race Equality Framework for Public Involvement in Research. The applicability of this research as well as expanding research participation to seldom heard and previously underserved populations will align with Keele IAU strategy, Bristol Medical School research blue print and the NHS long term plan.  We are working with the Keele Deal Health to link this work stream to social and commercial enterprise sectors, and we have links through the IAU, SPCR Evidence synthesis working group and NIHR centre for engagement and dissemination – NIHR CED to enhance dissemination of this work to broader audience and relevant stakeholders. This will serve as a platform for further testing, scale-up and scale out of the resource outputs from this research. The student will become trainee members of the UK Knowledge Mobilisation Alliance and the NIHR Incubator for Methodology: Awareness Raising Workstream for which the lead supervisor is currently involved. Offering a broader spectrum of training activities and networking opportunities other PhD students, post-doctoral researchers, and senior academic staff from relevant and complementary research themes within the SPCR beyond Keele University as the host research organisation. This work will align with the NIHR Framework for Race Equality in public involvement in research. |
| Project description: |
| Background: In the UK, over three million people aged 65years and over live with joint pain along with other long-term conditions including depression, anxiety related problems; accounting for ~70% of overall NHS spending. Self-management is essential and is a core recommendation for most older people with chronic long-term conditions. However, uptake varies and most programmes in primary care have resulted in modest outcomes. A leap in information technology, social media and increasing pressure on healthcare systems due to the current pandemic has made health-information seeking (through various means) for self-management popular. Older adult’s health behaviours are influenced by knowledge exchanged or disseminated in social interactions within the community. The ongoing pandemic has further heightened the pressure on individuals to self-manage, but without appropriate support. Within limited consultation time, the opportunity to discuss and correct unproven, low-quality, non-evidence-based health information and perceptions with each older adult is not feasible. In addition, up to two-thirds of older adults who live with musculoskeletal and mental health (MSK-MH) comorbidities live in deprived areas, with factors related to health equity (e.g., socio-economic disadvantage, lower education level, ethnic minority backgrounds) partly explaining why some people benefit less or at increased risk of harm from self-management practices based on non-evidence-based health information. Increased health risks and complications arising from personal health decisions based on such low-quality information is costly to the NHS.  There are unanswered questions about the impact of lots of different, often contradictory health information on self-management support for older adults shared with family and friends, and in community groups. Through there is a plethora of evidence-based guidelines and research evidence that may be used to support effective self-management of older adults with multiple long-term conditions (LTCs) including MSK pain; there is limited research on the mechanisms by which informal knowledge exchange takes place within community settings, and how these may be effectively used to complement provision in primary care. The need to develop innovative ways of mobilising self-management knowledge among older adults with MSK-MH comorbidities, improve concordance with health management plans that is set in primary care is imperative.  Aims: This PhD will focus on how best to support older adults (65yrs and over) with long-term joint pain and mental health problems to use current best-evidence to self-manage and to enhance their wellbeing and quality of life. The PhD aims to gain holistic understanding of how knowledge regarding self-management created, exchanged, adopted, and acted upon among older adults (60yrs and over) with comorbid MSK-MH problems in community settings; and based on this, develop innovative methods of mobilising evidence-informed knowledge to support self-management among these settings. Patients and members of the public from community groups will form part of a stakeholder advisory group along with health and care professionals to guide the PhD.  Methods: The PhD is in three workpackages.  Workpackage 1: The student will host a stakeholder group to discuss and prioritise important aspects such as i) specific social networks, community, and care settings to be researched, ii) exemplar MSK and mental health condition comorbidity cluster to be prioritised for the study, iii) particular older adults’ characteristics (e.g., seldom heard voices, and underserved communities including ethnic minorities, faith communities, those with low health literacy and socio-economic backgrounds who are currently underrepresented in research activities). Key stakeholder involvement in this workpackage will also help to refine the focus of the PhD in line with national priorities (NHS long term plan), expertise within the faculty and current research evidence on MSK pain multimorbidity clusters e.g., self-management of osteoarthritis with anxiety and depression.  Workpackage 2: The student will then undertake research (an ethnography inquiry) to: (i) understand what influences how older people self-manage in communities, (ii) understand the community’s knowledge and experiences of health information and (iii) how knowledge is shared in community settings. Whilst immersed in the social culture of community support groups and physical and online social networks, the student will concurrently collect data using ethnographic methods including participant observation of support group activities and dynamics, informal conversations with and among older-adults, field notes and semi-structured interviews. Additional ethnographic methods such as focus groups, and documentary analysis will be used to allow deep and nuanced understanding of how health information sharing, knowledge creation, exchange, and adoption influence self-management behaviours of older adults. This approach will allow the researcher (PhD student) to observe day-to-day reality of self-management among older adults and is robust enough to ensure that factors contributing to self-management behaviours and practices among individuals and within community specific contexts can be clearly identified.  Workpackage 3: Using established principles of co-creation, and findings from workpackage 2, the student will co-create with stakeholders an innovative resource package to facilitate evidence-based self-management knowledge sharing and use among older adults. That is the right information at the right time and in the right format, so that they can make informed decisions and take appropriate community actions to support self-management of health conditions.  The exact nature of the resource package to be developed cannot be specified a priori but it is anticipated to include i) a set of strategies for mobilising knowledge among community dwelling older adults and, ii) visual evidence-based information for self-management (from synthesised evidence including guidelines, and NIHR themed reviews). Previous experience in development of succinct evidence summaries with visual appeal may be drawn upon as a springboard for co-creation of the resource package. |

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| Training and development provision by host: |
| *Formal training:*  The PhD student’s training needs informed by the Vitae Researcher Development Framework will be dependent on the professional discipline, qualifications and previous research and methodological experience. A provisional outline is described below:  **Research methods and subject specific workshops (Keele):**   1. Specific coaching in ethnographic methods, ii) Research Methods in Health, iii) Evidence Synthesis, iv) PPI / Equality and diversity training, v) Interviewing and Qualitative analysis, vi) Stakeholder Consensus and co-production training, vii) Project management.   **Short courses**   * Certificate in Knowledge Mobilisation completed via distance learning from the University of Guelph (Canada ~ £500) * Introduction to Qualitative Methods (Nuffield Department of Primary Health Sciences) (~£500) |
| *Informal training:*  Informal training will include attendance at seminars across the faculty where appropriate. The student will benefit from an experienced supervisory team and working in an environment with staff who are undertaking research and clinical practice alongside their academic role.  The student will be expected to present their work at the annual Keele postgraduate symposium, and attend training available throughout the University and the SPCR – for example:   * UK Knowledge Mobilisation Alliance – NIHR (which the supervisors are current members). * Write Fest a collaboration with 11 Universities which is part of Academic Writing Month alongside more academic skills training such as managing large documents, RefWorks, End Note, Microsoft Software training. |
| ***PPIE***  Advice from the Race Equality ambassador in community group engagement and the NIHR Race Equality Framework for PPIE. |

Key references

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