IDENTIFYING QUALITY INDICATORS IN HEALTH VISITING SERVICES THROUGH CONSENSUS METHODS

Protocol v1.0

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KEY WORDS
- Quality
- Health visiting
- Nursing
- Quality indicators

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STUDY SUMMARY

Study Title	Identifying quality indicators in health visiting services through consensus methods
Study Design	Mixed-methods using Group Concept Mapping
Study Participants	Health visitors in Wales
Planned Size of Sample	Recruitment target = 30
Planned Study Period	Start date: 23.09.2019 End date: 30.01.2020
Research Aim	To identify quality indicators and generate consensus around which quality indicators should be used to assess health visiting in Wales

FUNDING AND SUPPORT IN KIND

FUNDER(S)	FINANCIAL AND NON FINANCIAL SUPPORT GIVEN
PRIME Centre Wales	Non-financial support, time for CW & ME
University of South Wales	Non-financial support, time for DP

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1.0 SUMMARY

Health visitors are trained nurses who are responsible for providing a service to all families in their community. In Wales, health visitors deliver the Healthy Child Wales Programme[1], which aims to support families with children under 5 years. However, there is not currently a way of assessing the health visiting service to understand whether it is successful.

This study aims to use Group Concept Mapping to generate consensus about what health visitors and their managers think should be included in a tool that measures the quality of the health visiting service.

Group Concept Mapping is a mixed-methods approach that uses a three-stage process to answer the research question:

1. Brainstorming: Participants brainstorm and create statements to finish a sentence. In this study, the sentence will be '*an indicator of the quality of health visiting services is…*'.
2. Sorting: Participants sort the statements generated from stage 1 into piles that make sense to them, they are then asked to give these piles labels.
3. Rating: Participants rate each of the statements on 1-5 Likert scales, based on; *importance* and *impact on service delivery*.

Whilst the brainstorming stage must come first, the methodology allows for the sorting and rating phases to take place in either order.

In the present study, workshop participants will complete the brainstorming phase (1) and the rating phase (3) during the workshop and then be invited to complete sorting (2) online at a later stage. Participants joining the study online will be invited to participate in the sorting (2) and rating (3) at the same time.

Participants will be health visitors or health visiting service managers working in Wales. They will be recruited either at the 2nd National Nurse Staffing Conference in Cardiff or online through the FRAIT Community of Practice. The target for recruitment is 8-100 participants[2].

The study has received ethical approval from the University of South Wales Faculty of Life Sciences and Education ethics subgroup.

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[1]Welsh Government, 2016. Healthy Child Wales Programme. Last accessed from https://gov.wales/healthy-child-wales-programme on 22.08.2019.

[2] Kane, M. and Trochim, W.M., 2007. *Concept mapping for planning and evaluation* (Vol. 50). Thousand Oaks, CA: Sage Publications.

2.0 THE PRESENT STUDY

2.1 STUDY AIM

This study aims to combine quality indicators identified in the literature with quality indicators generated by health visitors, and generate consensus around which quality indicators should be used to assess health visiting in Wales.

2.2 RESEARCH QUESTIONS

- What quality indicators should be used to assess health visiting in Wales?

2.3 STUDY DESIGN

The study will combine findings from rapid literature review with Group Concept Mapping methodology (GCM[2]; figure 1 below) to develop a conceptual framework of quality indicators for health visiting.

2.3.1 RAPID LITERATURE REVIEW

A rapid review of the literature will be conducted to establish existing work of quality indicators for health visiting, public health nursing, home nursing, and similar fields.

Search terms: health visitor, health visiting, quality, quality indicators, metrics, data, caseload, quality standard, health visitor service and health visitor staffing.

Databases searched: CINAHL, Web of Science, Scopus Online, NICE Guidelines.

Inclusion criteria: Published since 2000, English language papers, research articles, literature reviews, overviews.

Exclusion criteria:

- Article consisting of a case study of a single child (usually investigating effects of psychotherapeutic counselling)
- Article focused on bereavement in war situations or in very different country contexts from the UK (such as children bereaved by AIDS in Africa)
- Article dealing with adolescent suicide or suicide prevention
- Article consisting of commentary rather than evidence.

2.3.2 GROUP CONCEPT MAPPING

Group concept mapping is a facilitator-led consensus method, which involves three-phases of participation, followed by structured analysis and interpretation.

In this study, participants will be invited to participate in the study in two different ways across the three different stages of the study. Participants will be invited to participate in three stages of Group Concept Mapping, either initially through a workshop and then online, or entirely online using the Group Wisdom[TM] software.

Consenting participants will give permission for the study researcher to register them onto the software using their email addresses as their username. Participants will be recognised on the exercises by an allocated unique participant password.

Participants have access only to the three online exercises they have completed and any associated explanations required.

DEMOGRAPHIC QUESTIONS

Three demographic questions will be asked and used for later analysis and interpretation of the maps. These questions will include:

- What is your current role?
  - Health visitor
  - Manager
  - Other (free text option)
- In which Welsh health board do you work?
  - Aneurin Bevan University Health Board
  - Betsi Cadwaladr University Health Board
  - Cardiff & Vale University Health Board
  - Cwm Taf Morgannwg University Health Board
  - Hywel Dda University Health Board
  - Powys Teaching Health Board
  - Swansea Bay University Health Board
- How long have you worked as a health visitor (years)?

STAGE 1: BRAINSTORMING

Participants attending the 2nd National Nurse Staffing Conference will be invited to participate in the brainstorming stage during a face-to-face workshop. They will be invited to work in small groups (n = 4-6) to generate statements in response to the focus prompt:

"An indicator of the quality of health visiting services is…"

They will be invited to list their statements within their groups and these statements will be collated from all groups within the workshop.

Statements generated by participants will be combined with quality indicators that were identified in the rapid literature review for the subsequent two stages of the Group Concept Mapping.

STAGE 2: SORTING

Statements generated from the brainstorming stage will be combined with those identified from the literature review and uploaded to Group Wisdom™, an online Group Concept Mapping software.

Participants from the 2nd National Nurse Staffing Conference will be invited to participate in the online stage following the event. Health visitors from the Family Resilience Assessment & Instrument Tool (FRAIT) Community of Practice will also be invited to participate in the online stage.

STAGE 3: RATING

Participants will be asked to rate study statements generated from the brainstorming, along with statements from the literature review, on two 5-point Likert scales:

1. Importance
2. Impact on service delivery

These ratings will be done on paper and manually uploaded to the Group Wisdom™ software for analysis.

Following their participation in the sorting stage, health visitors from the FRAIT Community of Practice will be invited to rate all statements online.

2.4 ROLES IN DATA COLLECTION

The team at USW will be responsible for preparing study materials (e.g. participant information sheet and consent form), facilitating the workshop, manually uploading findings from the workshop to the software, setting up the online study, facilitating the online study and analysing and interpreting results.

2.5 DATA ANALYSIS

Data will be analysed using the Group Wisdom™ software in four steps.

- Descriptive statistics are used to analyse the demographic question responses.
- A similarity matrix is created from the sorted statements.
- A multidimensional scaling analysis of the similarity matrix generates a point map. This locates all participant statements on a two dimension XY axis.
- A hierarchical cluster analysis groups statements in the form of a cluster map using Ward's Algorithm. This process also includes analysing the cluster labels (confirming the names) and anchoring analysis, which identifies the statement in each cluster that best reflects its actual content.

3.0 STUDY SETTING

The workshop will take place at the 2nd National Nurse Staffing Conference in Cardiff City Centre on 26.09.2019. Individuals will be invited to participate if they are health visitors working in Wales. The workshop will last 90 minutes.

Participants will be invited to participate in the latter two stages of the study online. Each stage will take 20-30 minutes.

The online element can be completed at the participant's location of choice.

4.0 SAMPLE AND RECRUITMENT

4.1 ELIGIBILITY CRITERIA

Participants will be invited to participate in the study if they are currently working as health visitors or health visiting service managers in Wales.

4.2 EXCLUSION CRITERIA

Participants will be excluded from the study if they are not working as health visitors, or if they work as a health visitor outside of Wales.

4.3 SAMPLING

Group Concept Mapping (GCM) recommends a sample size between 8 and 100 [2] and this study aims to recruit a sample within this guidance.

4.4 RECRUITMENT

There will be two opportunities to recruit participants.

Firstly, participants will be recruited from the 2nd National Nurse Staffing Conference, Cardiff, Wales. Breakout sessions will be held as part of the conference and health visitors will be invited to attend a workshop entitled 'Identifying quality indicators in health visiting using consensus methods' if they would like to participate in the study. The workshop will last 90 minutes. Participants will be invited to give their e-mail address if they are interested in continuing to participate online in the later stages of the group concept mapping.

Health visitors will also be invited to participate through the Family Resilience Assessment Instrument and Tool (FRAIT) Community of Practice, which consists of approximately 30 health visitor champions working across the 7 health boards in Wales that offer health visiting services. The FRAIT team will share an invitation to participate in the online elements of the study with these individuals. If they are interested they will be sent the patient information sheet and consent form and instructions on how to join the study.

4.5 CONSENT

Copies of the participant information sheet and the consent form will be given to prospective participants either in paper format at the conference, or sent via e-mail to participants after the conference. Workshop participants will be given the opportunity to ask the researchers any questions before starting the workshop. Those invited to participate online will be given contact details of a researcher to whom they can direct questions, and be asked to return a paper/scanned signed copy of the consent form to the researcher.

5.0 ETHICAL AND REGULATORY CONSIDERATIONS

5.1 ASSESSMENT AND MANAGEMENT OF RISK

The study-specific risks for the participants are minimal. The first phase of the study will be conducted within a formally organised conference. The study will be available online later, which means that participants across Wales will be able to engage.

Risks to researcher safety and well-being are also minimal, and University of South Wales policies will be followed to mitigate any risks. No lone working is required for this study.

5.2 RESEARCH ETHICS COMMITTEE AND OTHER REGULATORY REVIEW AND REPORTS

The University of South Wales Faculty of Life Sciences & Education Ethics Subgroup responded favourably to an application for ethical approval on Monday 23rd September 2019.

Reference: 19ME0901LR.

5.3 PROTOCOL COMPLIANCE

The chief investigator, Prof Carolyn Wallace, will be responsible for compliance with the protocol and data security.

5.4 DATA PROTECTION AND PATIENT CONFIDENTIALITY

All personal data will be collected and stored in accordance with GDPR (2018) and Data Protection Act (1998) regulations.

Signed consent forms will be securely stored in a locked cabinet in a locked office on University of South Wales premises. Participants will engage with GCM using their e-mail address, however this will not be linked to their data.

Information will not be stored or processed on personally owned devices or email accounts. Data will be backed up securely on a weekly basis as a minimum, and we will not use Cloud storage services.

The University of South Wales research team will have full access to the final dataset, and data will be destroyed after 5 years of study closure.

5.5 INDEMNITY

The University of South Wales are the study sponsors.

6.0 DISSEMINATION

6.1 DISSEMINATION POLICY

All study data will be owned by the research team at University of South Wales.

The final study findings will be presented in a report to the Health Visiting Safer Staffing group, produced by the research team at University of South Wales.

The research team will seek to publish a peer reviewed article from the data produced from the study, and present this at national conferences.