ScHARR PGR Conference 2018

Conference Programme

Pemberton Lecture Theatre

Thursday 24th May

9am – 5pm
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Abigail Stevely – The relationship between the contextual characteristics of drinking occasions and levels of alcohol consumption and alcohol-related harm: A systematic mapping review

Hannah Penton - An investigation into the validity and acceptability of existing quality of life and wellbeing measures in older people using item response theory and differential item functioning

Simon McNamera - How averse are the general public to inequalities in lifetime health between socioeconomic groups? A systematic review

Walter-Rodney Nagumo - Factors affecting reporting of adverse drug reaction by healthcare professionals in Ghana

Lise Andreasen - Social preferences for allocation of health care – Is it a matter of perspective?

Matt Rand - Can the leisure and fitness industry do more to encourage greater attendance amongst its subscription members?

Deborah Harrop - Bloomin’ marvellous: outdoor space and health and wellbeing in care homes
Session Three (1.30 – 2.30)
Chair: Steve Goodacre, Director of Research

Habiba Saddiq - The Role of Organisational Factors in Maternity Care Adverse Events: A Case Study of a Nigerian Teaching Hospital

Sophie Reale - Snack intake in preschool children

Fiona Graham - Challenges to supporting healthy and environmentally sustainable food consumption

Session Four (2.45 – 3.40)
Chair: Stephen Walters, Director of DTS

Affra Al Shamsi - Mixed messages: the challenges of cross-disciplinary patient-care

Sarah Bates - Weight Trajectories within Health Economic Modelling of Obesity Interventions: A Systematic Review and Psychological Perspective

Kelly Mackenzie - Sit Less@Work: A framework for the development, implementation & evaluation of workplace sitting interventions
Laura Flight – How does looking at data early in a clinical trial impact value for money?

Zakia Abdul-Haq - Definition and categorisation of healthy and unhealthy food

Affra Al Shamsi - Eliciting ‘collective identity’ through participant-visualised data methods

Eiman Alkhazi – The Promotion of Physical Activity among Older Adults: A Qualitative Study Exploring Perceptions of Physical Activity among Kuwaiti Older Adults

Sarah Crede - Differences in socio-demographic characteristics and emergency department (ED) use between migrants and non-migrants in the Born in Bradford (BiB) cohort

Charles Bello - Basic Emergency Obstetric and Newborn Care Readiness of the Primary Health Centres in Ibadan Metropolis, Nigeria: Implications for policy changes

Walter-Rodney Nagumo - Improving Spontaneous adverse drug reaction reporting among healthcare professionals: A systematic review

Viola Cassettti - Engaging stakeholders in your research: using theory of change tools as a participatory approach

Tourkaih Alessa - Mobile Applications to support the self-management of hypertension: A Systematic Review of effectiveness, usability and user satisfaction
Gone in 60 Seconds

Abu Alshreef
Genevieve David
Thomas Bayley
Rachel King
Hani Alghamdi
Charles Bello
Helen Radford
Marit van Buijsen
Andrea Madrid Menendez
Bruce Moore
Nicola Crook
Alice Spann
Sarah Abdi
‘Writing a Research Grant Application – Avoiding the Pitfalls’

Professor Skerry will be joining us to talk to PGR students about how to apply for grant applications towards the end of their PhD and beyond.

Abstract

Writing a successful research grant application is an important part of an academic’s job. While there are many ways to create a compelling application, it is easy to hole your grant below the waterline by missing out key information, not sticking to the funder’s rules, or assuming the readers have expertise that they do not possess. From experience on a wide range of grant committees, I have come to the conclusion that success is about clarity and specificity of aims, and creation of an application where it is hard for the reader to interpret what is written as anything other than a compelling case for why the funding should be awarded to you now in Sheffield. If you expect assessors to read between the lines, be prepared for disillusionment! I hope to provide a few pointers of ways to strengthen your application and areas where it is important not to damage the chances of success.
The relationship between the contextual characteristics of drinking occasions and levels of alcohol consumption and alcohol-related harm: A systematic mapping review

Abigail Stevely

Introduction
The links between drinking context and consumption/harm are often studied using occasion-based methods. This mapping review describes coverage of and gaps in existing quantitative research.

Methods
Eligible papers studied adults’ drinking occasions, considered one or more contextual characteristics (e.g. venue), and at least one consumption or harm outcome. Systematic searches of Ovid MEDLINE, PsycInfo, and Web of Science SSCI were conducted. Data collection methods, settings, populations, characteristics of drinking occasions, other predictors, and outcomes were assessed.

Results
Systematic searches identified 3,473 unique papers, of which 167 met inclusion criteria. Most papers were published since 2007 (n=137). Around 60% of papers were conducted in the US (n=99) and 44% on student populations (n=74). Over 80% of papers included socio-demographic variables as predictors (n=140). Common outcomes included consumption (n=141) and aggregate measures of acute harm (n=21). Meaning (e.g. drinking motives), timing, venue, company, situation (e.g. crowding) and drink type were considered in 85, 75, 58, 51, 25 and 17 studies, respectively.

Conclusions
The literature focuses on student populations and consumption outcomes. There is a lack of research into occasion-level motives, expectancies and acute harm. Future work should review well-covered areas, such as venue type, and develop primary evidence in under-researched areas.
Background: Old age is often characterised by declining health and increasing numbers of health conditions that may require a mix of health and social care services. These services often impact areas beyond health. Therefore, in economic evaluation, traditional measures of health-related quality of life (QoL) may not appropriately describe the outcomes of interventions for older people.

Aim: To investigate the measurement performance of the EQ-5D-5L, the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and the Adult Social Care Outcomes Toolkit (ASCOT) in older people.

Methods: Item response theory was used to compare the construct validity and internal consistency reliability of these measures in older (65+) versus younger adults. Differential item functioning (DiF) analyses assessed whether older and younger adults with the same underlying QoL or wellbeing had different expected scores, signalling scoring bias due to age.

Results: Ceiling effects limited the ability of the EQ-5D-5L and ASCOT to discriminate the QoL of above average individuals, resulting in diminished internal reliability in these respondents. DiF had the largest impact on EQ-5D-5L scores. The WEMWBS exhibited good internal reliability and minimal DiF.

Conclusion: WEMWBS appears to perform best in older people in terms of the aspects of measurement performance tested, however other aspects of validity and responsiveness need to be tested before a measure can be recommended.
How averse are the general public to inequalities in lifetime health between socioeconomic groups? A systematic review

Simon McNamera

In general, the poor live shorter lives than the rich, they live with lower average health-related quality of life, and they can expect to experience disability at a younger age. This socioeconomic “health gap” is substantial – a person living in the poorest quintile in society can expect to experience >10 QALYs less in their lifetime, compared to an individual in the richest. Recent evidence suggests the UK public are averse to such inequality, and would be willing to trade a significant amount of average population health, in order to achieve a more even distribution of that health across socioeconomic groups. This presentation details a systematic review on the strength of this aversion. We identify 15 relevant studies. We find general, although not universal, support for aversion to inequalities in life-expectancy, in a range relevant to socioeconomic inequality in health. We find evidence that suggests the public are more averse to inequalities in lifetime health, when that inequality is presented in the context of socioeconomic inequality, than when presented in isolation. We find evidence that suggests the public may be more averse to an inequality of a given QALY magnitude, if that inequality is a function of life-expectancy, rather than QoL.
ADR is one of the leading causes of morbidity and mortality in healthcare. In the UK recent studies show that ADR costs the NHS £98.5 million and 712 deaths per year. (Elliot et al 2018) Given this burden, the reporting of ADRs is an essential aspect that requires more attention by HCPs to safe costs and improve patient safety.

HCPs under-report ADRs, for several complex reasons which have been extensively measured quantitatively in several studies mainly in developed countries. In Ghana, studies are scant and ADR reporting rates are very low. In 2016, 1607 reports were submitted to the National Pharmacovigilance centre representing only 30 reports per million inhabitants falling short of the WHO recommended 200 to 250 reports.

The aim of the study was to assess the knowledge and attitudes of spontaneous reporting practices among healthcare professionals.

A mixed methods study was conducted using a concurrent nested design with qualitative emphasis. 450 self-administered questionnaires were distributed to doctors, prescribers, nurses, midwives and pharmacists and pharmacist technicians. 32 in-depth interviews and 4 focus group discussions were held.

368 respondents (295 nurse/midwives, 48 doctors/prescribers and 35 pharmacist/technicians) returned their questionnaires representing an 81.7% response rate. There was a generally positive attitude to ADR reporting among HCPs. Knowledge however was low especially among nurses. Only 31.9% of HCPs were aware of the national pharmacovigilance centre. 99.5% did not know correctly the recommended number of days to send an ADR report. 45.9 strongly agreed there was lack of knowledge of the reporting process. The qualitative further showed HCPs preferred oral reporting. Reporting was also affected by inter and intra professional conflicts. High patient illiteracy and HCP-patient relationship was also important factors which emerged.
Social preferences for allocation of health care – Is it a matter of perspective?

Lise Andreasen

Publicly funded health care sectors around the world face the same problem of how to set priorities in allocation of scarce health care resources. For welfare states, a central concern is how to define an optimal allocation of health care resources balancing efficiency and equity. Furthermore, good practice for decision makers in a democratic welfare state is to align allocation principles with public preferences.

The present study aims at addressing the following two pertinent research questions:

1) What are the public’s preferences and concerns for distribution of health care resources in society?

2) Do the individual’s preferences for distribution of own future health care resources differ from the individual’s social preferences of distribution of health care resources to others?

Using a web-based survey approach using a stated preference experiment, we set out to elicit the Danish publics' preferred health care allocation principles from both an individual and social perspective. Respondents are presented with a series of binary choice tasks in which allocations of health care resources are varied between four chronic patient groups, which differ by severity of illness and capacity to benefit. The choice tasks are designed to force respondents to make trade-offs between different distributional principles: the utilitarian and the three egalitarian principles.
Can the leisure and fitness industry do more to encourage greater attendance amongst its subscription members?

Matt Rand

Physical inactivity is a well-documented public health issue. In the UK, approximately 1 in 7 people are paying members of a gym and/or leisure centre, however research suggests only 10% of these members are regular attendees. Research also suggests the average member ‘lifetime’ is nine months before they relinquish their membership. These findings imply that leisure and gym venues could do more to encourage greater activity among their subscription members. The following talk will outline a proposal of research aimed at understanding gym and leisure centre members' behaviour during their membership and how greater, more regular attendance can be encouraged. The proposed research will therefore take the form of four key studies. First, is there anything we can learn about members' attendance data that furthers our insight about their behaviour, for example the habits of regular attendees? Second, can we understand more from members about why they do or do not utilise their membership (i.e. attend regularly or non-regularly)? Third, is there anything we can learn from previously published academic literature about how venues can encourage greater attendance? Finally, what could be implemented to encourage greater attendance, and to what extent has this intervention been successful?
For years I have been fascinated by the physical environment and the subjective experience of the person whilst inhabiting a space. My PhD research seeks to build on my curiosity and explore the often repeated mantra that being outside is somehow inherently good for you. But what does the evidence say? This short presentation will introduce you to my research which aims to explore if and how the gardens in care homes for older people may support the health and wellbeing of residents. The research is situated at the intersection of health and wellbeing, design and the environment. The health and wellbeing of the residents are expected to be framed within the physical, mental and social domains. These are the early days of my research, so I will summarise what is known (and not!) from the literature and share my plans for primary data collection and analysis. I hope the session will provide opportunity for critique and for you to consider your own interactions with the outdoors; how does it make you feel?
The Role of Organisational Factors in Maternity Care Adverse Events: A Case Study of a Nigerian Teaching Hospital

Habiba Saddiq

The first principle of medicine, as explained in the Hippocratic Oath, is to “do no harm.” However, significant numbers of patients suffer from unintended harm in hospital settings known as adverse events (AEs), some of which are preventable with ordinary standard of care. Harm could result from direct “commission” or “omission” resulting in an undesirable consequence to the patient that could vary from temporary, permanent injury or even death.

Adverse events are a global phenomenon as they are neither new nor rare and could affect all level of health systems. Jha et al (2013) estimated that 42.7 million AEs follows 421 million hospitalisations worldwide annually. However, the extent per country depends on the strength of its health system and this is expected to be worse in those with weaker and deteriorating health systems.

Little is known about the extent of adverse events in African countries and Nigeria will be an interesting starting point due to its fast-increasing population of about 200 million (the largest in Africa), weak and deteriorating health systems. Lack of literature regarding patient safety issues in Nigeria was also mentioned in a study examining the practices of information disclosure to patients by doctors. More so, the risk of occurrence AEs increases in the maternity care as two lives (mother and baby) are affected and this could discourage women from using healthcare services despite some evidence of increased funding and programmes designed to increase skilled birth attendance as a key strategy of improving maternal health.
Snack intake in preschool children

Sophie Reale

Caregivers act as the ‘gatekeepers’ of paediatric nutrition with the capacity to foster or detriment young children’s innate self-regulation when solid foods become part of the habitual diet. It is unknown how caregivers decide on the amount of food that they offer their children, nor what an “oversized” portion is given that portion size recommendations for children are not clear or specified on packaging. This study aimed to identify factors that influence caregivers when serving their young children (2-4y) snack foods in line, larger or smaller than recommended amounts using an online survey. Participants were 659 parents and carers (611 mothers, 37 fathers, 4 aunts, 3 foster carers and 2 grandmothers) of pre-school aged children with a mean age of 34.18±4.72 years. A multinomial logistic regression with robust standard effects was conducted, followed by a subgroup analysis based on energy density. The study suggests that many caregivers are not meeting minimum requirements for fruit and vegetable portion sizes but are exceeding recommended quantities for moderate and high energy dense snacks. The variables that predict these behaviours appear to be dependent upon the energy density of the snack on offer, with the exception of children’s food liking and caregiver portion size.
Challenges to supporting healthy and environmentally sustainable food consumption

Fiona Graham

UK food consumption patterns are linked with diet-related diseases and environmental degradation. Although point-of-choice interventions hold promise for improving food choices, results have been mixed. To maximise effectiveness, interventions need to be acceptable to intervention beneficiaries and implementers. The aim of this study was to explore, with customers and caterers, the acceptability and feasibility of an intervention to increase healthy and environmentally friendly (HEF) food choices in cafes at the University of Sheffield.

Focus groups (n=6) were held with customers to explore the acceptability of a café-based intervention. Focus groups (n=4) with university caterers were held to determine the feasibility of proposed intervention ideas. Focus groups were audio recorded, transcribed verbatim and coded inductively by thematic analysis.

Four key subthemes relating to the acceptability of an intervention emerged from customer focus groups; ‘institutional or personal responsibility?’, ‘forcing choice or freedom of choice’, ‘scepticism towards sustainability claims’ and ‘doubts about intervention effectiveness’. Two broad themes emerged from caterer focus groups: ‘norms, expectations and risk’, and ‘financial and practical feasibility’.

Customer knowledge, beliefs and attitudes towards dietary interventions and environmentally friendly food underpin the acceptability an intervention. Balancing feasibility concerns with financial risk is important to caterers when implementing café-based interventions.
Mixed messages: the challenges of cross-disciplinary patient-care

Affra Al Shamsi

The healthcare environment is complex, requiring interaction and interdependency between specialized disciplines. Understanding the concepts of ‘team’ and ‘teamwork’ between highly specialized healthcare professionals is critical for ensuring patient safety, as effective teamwork and communication requires all members of a team possessing a common understanding of patient needs and outcomes.

The literature provides some insight on cross-professional collaboration in healthcare, and this paper focuses on human-centred interaction in healthcare, drawing on interviews, focus groups and a document analysis to trace how cross-professional teams understand their shared work experience, how they define their teams, work together, and interact with others outside their teams.

The dilemma of integration versus autonomy of specialities was apparent from participants, as they belonged to formally identified teams linked to specialities, and at the same time, more fluid teams based on immediate need, creating tensions between the different requirements of the teams. Similarly, consultation was common practice requiring communication across disciplines and participants were divided as to whether it constituted teamwork, creating tension around ‘teamwork’ as a concept. This presentation will discuss the tensions that arose as participants negotiated the concepts of team, teamwork and collaboration when required to work in fluid cross-disciplinary healthcare delivery.
Background: This review sought to determine what methods are used within health economic models to predict weight trajectories beyond available data and the current and potential role for psychology.

Method: Health economic models of obesity interventions that were aimed at changing behaviour of overweight/obese adults (18-65) to achieve weight-loss and that included a prediction of weight trajectories were reviewed. A systematic search was conducted in November 2017 of Medline, NHS EE, Embase, Econlit and PSYCinfo.

Results: With the 31 studies reviewed, there were three broad methods used to predict weight trajectories; 1) Weight was regained, 2) Weight-loss was maintained and 3) Weight was regained over a period of time. Psychological factors were not included in any of the models. For 7 of the models, at least one of the studies on which the model was based included at least one psychological measure.

Discussion: There was not a consistent method used to predicting weight trajectories. This has the potential to have a large impact on outcomes. Given that previous research has demonstrated a role for psychological factors and psychological measures are collected within some obesity interventions, future research should investigate the feasibility of including psychological factors within health economic modelling.
Introduction:
Prolonged sitting is associated with increased risks of poor health. Given workplaces contribute to a large proportion of our daily sitting time, interventions to reduce workplace sitting are important public health initiatives. Previous reviews have focused on intervention effectiveness and demonstrated inconsistent evidence, therefore there is a need to now explore the implementation of workplace sitting interventions.

Methods:
A qualitative systematic review was conducted. Four health and social science databases were searched for evidence including all studies set in the workplace, with desk-based employees and the primary aim of reducing workplace sitting. Extracted data were primarily from author descriptions of intervention implementation. Thematic synthesis was undertaken.

Results:
Forty studies met the inclusion criteria. Nine descriptive themes were identified from which emerged three higher-order themes, namely the development, implementation and evaluation of workplace sitting interventions. Key findings included: balancing top-down and bottom-up approaches; grounding interventions in theory; and conducting comprehensive process and outcome evaluations.

Conclusions:
These findings provided the basis for an operational framework to support workplace sitting intervention development, implementation and evaluation. After formal testing, the framework will be used to develop a practical toolkit for organisations to develop, implement and evaluate their own interventions to reduce workplace sitting.
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Special Thanks

Poster Judges
Philip Powell (HEDS)
Elizabeth Such (PH)
Olubukola Otesile (HSR)
Nikki Totton (DTS)

Session Chairs
Mark Strong (PH)
Phil Shackley (HEDS)
Steve Goodacre (HSR)
Stephen Walters (DTS)

Opening and Closing the Day
Liddy Goyder
PGR Committee

Dr Tom Sanders - (Acting) Director of PGR Studies
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Laura Flight - Student Representative (Staff)
Sarah Crede - Student Representative (Part Time)
Charles Bello - Student Representative (International)
Johanna Lister – Student Representative (Distance Learning)