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Citation for final published version:

Kelly, Daniel M. , Kent, Bridie, McMahon, Ann, Taylor, Julie and Traynor, Michael 2016. Impact case studies submitted to REF2014: the hidden impact of nursing research. *Journal of Research in Nursing* 21 (4) , pp. 256-268.  
10.1177/1744987116646153

Publishers page: <http://dx.doi.org/10.1177/1744987116646153>

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# Impact case studies submitted to REF 2014: The hidden impact of nursing research

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## Abstract

The UK's Research Excellence Framework (REF) 2014 rated the research from 154 universities, and the impact of research was evaluated in 6975 impact case studies. Nursing was returned within unit of assessment (UoA) 3, which also included Dentistry, Pharmacy and Allied Health Professions, although nursing research was also submitted within other UoAs. The study aim was to collate and categorise available REF impact case studies involving nursing researchers or on topics of relevance to nursing. Using *nurs\** as a search term, 469 case study entries were retrieved from the REF database and placed into three categories determined by the level of involvement of nurses. Some 80 impact case studies were submitted by nurses across 11 units of assessment, the majority being in UoA 3 ( $n = 55$ ). A further 50 revealed some relevant impact, although nurses did not have an obvious research role. A total of 248 case studies described actual or potential impact on health or social care but were not associated specifically with nursing. Nursing research has demonstrable impact; however, there is a significant body of research with relevance for nursing

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that has not been associated with the profession in the REF. More attention should be paid to the 'hidden impact' of nursing research to ensure the full impact of nursing is recognised.

### Keywords

impact case studies, metrics, quality-related funding, Research Excellence Framework, universities, nursing research

## Introduction and background

In the United Kingdom the Research Excellence Framework in 2014 (REF 2014) replaced the research assessment exercise as the government's measure of the quality of research carried out in the UK's universities. It was the first to include 'impact' as a new outcome measure, with a contribution of 20% to the total score obtainable by the 'units of assessment' (UoA) entered. Many commentators believe that in future years this proportion may rise further. Thus impact is an important concern as the outcomes of the REF are highly significant both for individual researchers and academic institutions. There is considerable reputation at stake and the REF remains the primary means of distributing the current £1.6bn budget of quality-related funding in the United Kingdom. REF 2014 was the seventh such exercise, with the first taking place in 1986. The exercise previous to REF 2014, held in 2008, also involved peer assessment, but had not required impact to be assessed.

The underlying philosophy of all aspects of the REF is peer review, which includes assessment of the four 'best' publications of each entrant since the last assessment exercise, as well as statements about the research environment in which the submitted research was carried out. The final scores for each submission are agreed by academics appointed to the sub-panels of each unit of assessment alongside service users or other stakeholders, such as charities or NHS representatives. Units of assessment are the groupings into which each academic discipline is placed in order to be assessed by the appointed representatives. In REF 2014 nursing was located in unit of assessment A3 (UoA3) with the title Allied Health Professions, Dentistry, Nursing and Pharmacy.

This approach was evaluated in the Higher Education Funding Council for England (HEFCE) evaluation report of REF 2014 and was judged to have been well received; however, impact was noted to have been difficult to measure in quantifiable terms (HEFCE, 2015a). (The HEFCE funds and regulates universities and colleges in England. It also distributes funds and aims to incentivise excellence in research and teaching; see [www.hefce.ac.uk](http://www.hefce.ac.uk).) It is also the case that some impact may be more theoretical, or paradigm-shifting, in nature, making its immediate impact less easy to discern. Debates about how disciplines could enhance their impact appeared as REF 2014 came closer (Watermeyer, 2014).

Planning for the next REF to be conducted in or near 2020 is already underway and a review is being carried out currently by Sir Nicholas Stern, who has previously led reviews into the economics of climate change (see <https://www.gov.uk/government/consultations/research-excellence-framework-review-call-for-evidence>).

It is fair to say that initial misgivings about the assessment of impact in REF 2014, and since, have been put forward by critics, such as the University and College Union, which claimed that focusing on outputs, and trying to judge the social or economic change brought

about by research endeavour, would serve to limit blue skies research and lead to a 'brain drain' from the UK (University and College Union, 2009).

It was also proposed that countries that valued innovative research and creativity would be more welcoming to academics whose work was not yet able (or mature enough) to claim clear impact in REF 2014 (University and College Union, 2009). Individual academics' performance within universities has also been shaped greatly by the new REF, with those who fail to demonstrate 'impact' in research finding themselves judged as unproductive and with subsequent management performance decisions being explained away as the result of requirements for REF.

In *The Metric Tide* report (HEFCE, 2015b) there are stark conclusions about the misuse of metrics, and the gaming that some have engaged in (such as over-reliance on quantitative scores such as 'H indices' or journal impact factors, rather than qualitative judgements of peer review). The same report also calls for diversity and variation across disciplinary fields, plurality in research methods and different research career paths across the system. Another note of caution called for by the report authors is that some 'humility' should also be employed by recognising that quantitative metrics should be used with caution, with qualitative expert assessment also being valued (HEFCE, 2015b). For nursing these are important messages as there is often a plurality of methods, and it is not unusual for research careers to commence only after clinical experience has been gained.

The inclusion of an assessment of the impact of research remains a relatively new process, the overall aim being to demonstrate the societal benefit of research. This is a laudable but complex goal and an evaluation study by Rand Europe was conducted into the impact cases of REF 2014 (Manville et al., 2015a, 2015b). Following an in-depth analysis of all submitted impact cases, they offered three conclusions: first, that the HEFCE impact case repository offers a rich source of research material (hence this study); second, that the range and diversity of impact cases would suggest that identification of a common metric for judging impact would be unlikely to succeed; and third, that some common nomenclature and definitions around impact would be helpful for future exercises.

Nursing is one of many care-focused professions that saw the potential benefit of capturing and persuading the REF panel about the impact of their research on patients, colleagues, service users, health systems or health policy. This could also be constructed as being local, national or international in scope. Importantly for nursing, assessors of the impact cases submitted in 2014 also included 'research users' such as representatives of industry, the charity sector, as well as special interest and user groups.

The definition of impact adopted was contained within the 'Assessment framework and guidance on submissions' (HEFCE, 2012), and defined 'impact' as 'an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia'.

This can be seen as a broad definition and one that could be interpreted differently by different disciplines, including nursing and the other health disciplines who are concerned routinely with patient benefit and service development. Some, but not all, of this will be based on research endeavour (Greenhalgh and Fahy, 2015). Regardless of the source of potential impact, time is required for findings to translate into practice or policy (Hanney et al 2015).

The format for submitting impact cases was a four page impact template with a defined word limit and a focus on research programmes between 1993 and 2013, and an expectation that evidence of impact would be evident from the past five years (HEFCE, 2012). An

important proviso was that the impact would be beyond academia – suggesting a requirement to demonstrate that investment in research could be linked to wider social benefit.

However, as this was the first time impact was used in this way it was unclear what was expected of impact case studies (with one impact case submitted per proportion of research active staff submitted by the institution – the lower the number of staff submitted, the fewer the number of impact cases required).

There is likely to be more advice available for the next REF in 2020 and publishers are already advising authors on how to ensure that papers are cited highly and distributed through different social media channels to increase evidence of impact. For one example of such advice see <http://exchanges.wiley.com/authors/promo>.

An example of how to present a case for impact was provided by Parker and Van Teijlingen (2012), who advised colleagues to use the opportunity afforded to enhance the profile of social work research:

Examples of case studies being developed to show how research has societal impact are described and some of the complexities of what, on the surface, appears to echo social work's desire to make a positive difference to the lives of people in society, are drawn out. The importance of the REF for the integration of social work practice and academia has been rehearsed many times. This paper argues that making an impact is everybody's concern and practitioners and those who use social work services and their carers have a role to play in its creation and identification.

(Parker and van Teijlingen, 2012: 1)

The tone of this extract emphasises the opportunity afforded by the submission of impact cases to show a linear relationship with a discipline's particular ethos and the merits of its research effort. The co-production opportunity afforded by impact assessment is also evident in this quote and is presented as a desirable approach.

Despite the limitations observed in REF 2014, the next research excellence/assessment exercise is likely to give impact even more prominence with the current 20% of total score being increased. Nursing, therefore, has an opportunity to reflect on the 2014 REF experience in terms of the range and type of impact cases submitted; but also to identify research (and therefore possible impact cases) submitted by other disciplines that involve nurses and/or nursing. The latter point was the main focus of the current study.

In REF 2014 Nursing was located with Allied Health Professions, Dentistry and Pharmacy in UoA3. All are practice-based disciplines with public-facing profiles and are underpinned by individual academic cultures; there was, therefore, an intention to recognise variation between academic subjects. The practice focus of the disciplines within UoA3 does not deter other disciplines from researching their role or impact. Thus the impact assessment can be both intrinsic (in UoA3) and claimed as such, or extrinsic (in which a discipline such as nursing may become the focus of other disciplines in other UoAs). However, both sources provide evidence of the range and reach of the impact of a given discipline (in our case nursing and, to some extent, social care).

Since the 2014 results were announced, a number of authors have analysed the findings, the most comprehensive study having been carried out by the Policy Institute at King's College London (Manville et al., 2015a, 2015b). In addition there have been published analyses of specific disciplines such as one by Greenhalgh and Fahy (2015), who argue against the dominant linear and short-term nature of many of the impact cases submitted to sub-panel UoA2. Instead they emphasise the 'processes and interactions through which indirect impact may occur' (Greenhalgh and Fahy, 2015: 1). This is an interesting insight into the whole

impact debate as it draws on the role that user groups and stakeholders play in taking up invitations to engage in research, accept or promote findings and so implement new insights or change in everyday contexts; an approach to research promoted by bodies such as the UK National Institute for Health Research Collaborations (Greenhalgh and Fahy, 2015).

## Method

This was a desk-based analysis to identify relevant impact cases that might be pertinent to nursing. In order to understand where nursing research impact was represented we devised three categories: Category 1, which indicated research undertaken by a team containing at least one nurse and was concerned mainly with the practice or a topic of relevance to nursing; Category 2 in which the research was on the practice of nursing, but where nurse representation in the research team was not obvious; Category 3 in which the impact had no direct or immediate relevance to nursing, but was relevant in a more generic sense to health and social care. All case studies were identified, read and allocated the above categories by members of the research team. Meetings of the team took place to cross-check or discuss and refine categorisations. Examples of impact cases from each category were first identified and then extracted from the REF database and are used in the following to illustrate each category and the distinctions between them.

## Findings

Using *nurs\** as a search term, 469 case study entries were retrieved from the REF database. In order to summarise our analysis we devised three categories of impact case study as detailed below.

### *Category 1 case studies*

We assigned Category 1 status to cases in which there was at least one nurse on the team and the focus could be identified as relevant to the practice of nursing. The status of individuals as nurses (where not declared) was confirmed by Google searches and institutional home page checks. Some 80 Category 1 impact case studies were submitted by 46 higher education institutions.

The number of case studies included in this category per university ranged from one to six, with the University of Manchester submitting six, followed by the University of Central Lancashire, De Montfort University, Nottingham University and Queen's University Belfast, who each submitted four cases (see Table 1).

The case studies were submitted across 11 different units of assessment; however, the majority of these ( $n=55$ , 69%) were found in UoA3 (there were 351 case studies altogether in UoA3). Table 2 shows the origin of Category 1 case studies.

The range of topics of these impact case studies was diverse and covered the human lifespan, ranging from reproductive health to end-of-life care, and a mix of health service delivery settings and other initiatives. Table 3 illustrates the range of topics in this category.

One example of a Category 1 case study was a submission to UoA3 from Sheffield Hallam University on the impact of advanced practice roles in nursing. This case study was unequivocally concerned with nursing practice. Another example from Queen's University Belfast was submitted to UoA1 (Clinical Medicine), and concerned the development of protocols to assist clinicians in the weaning of critically ill patients from mechanical

**Table 1.** Number of cases submitted by universities.

Number of cases submitted	Number of universities
1	28
2	10
3	2
4	5
5	0
6	1

**Table 2.** Units of assessment (UoA) of Category I impact case studies.

Allied Health Professions (UoA3)	55 (68.75%)
Social Work and Social Policy (UoA22)	5 (6.25%)
Clinical Medicine (UoA1)	4 (5%)
Psychology (UoA4)	4 (5%)
Business and Management (UoA)19	3 (3.75%)
Public Health (UoA2)	3 (3.75%)
Education (UoA25)	2 (2.5%)
Art and Design (UoA34)	1 (1.25%)
Computer Science (UoA11)	1 (1.25%)
English Language (UoA29)	1 (1.25%)
Music and Drama (UoA35)	1 (1.25%)
Total in this category	80 (100%)

**Table 3.** Focus of Category I impact case studies.

Patient safety	19 (23.75%)
Policy and practice evaluation	17 (21%)
Reproduction/women's health	10 (12.5%)
Quality of life	10 (12.5%)
Mental health	9 (11.25%)
Death and dying	8 (10%)
Workforce	5 (6.25%)
Nursing terminology	2 (2.5%)

ventilation in intensive care settings. Although of direct interest to nursing practice, this topic is also of relevance to other clinicians. We considered this a Category 1 study because the lead investigator and many of the research team were identified as nurses.

Another submission from the University of Glasgow to UoA4 (Psychology, Psychiatry and Neuroscience) entitled 'Sleepio' described an online course of cognitive behavioural therapy to treat insomnia, adopted by the NHS and sold by Boots UK Plc. This was also

placed in Category 1 as the intervention (and thus the majority of the impact) was delivered by specialist health visitors trained in cognitive behavioural therapy and sleep scheduling.

To give more detail of the kind of impacts seen in Category 1, a submission from the University of Sheffield in UoA3 is helpful. The impact case study was entitled 'Enhancing care for older people and family carers: international impacts on practice, guidelines and policy' and contained the following statements:

This case highlights research led by nurses and other health professionals at the University of Sheffield since 1995... [We] helped develop two new approaches to work with older people and carers, each of which has associated implementation tools (CADI/CASI/CAMI; COPE; COAT for carers; and the CARE profiles for the senses). These approaches have fundamentally altered thinking and practice in the field.

### *Category 2 case studies*

We classified impact case studies into Category 2, in which the work referred, albeit to different degrees, to the practice of nursing or had included nurses as participants but where the team identified in producing the case study did not appear to include a nurse. We located 50 case studies in this category. See Table 4 for the academic disciplines or fields from which these cases emerged. One example of such studies, 'Safer human-computer interaction for healthcare', involved a submission to the Computer Science and Informatics UoA by a team from Swansea University. The case study describes the reduction of medical errors by means of studying and redesigning computerised devices in order to manage input errors in ways that enhanced overall safety performance. The researchers employed eye-tracking technology to demonstrate how nurses used such devices, noting that about 4% of keystrokes entered by nurses in error went unnoticed. Table 4 shows the UoAs of origin of all Category 2 case studies.

**Table 4.** Units of assessment (UoA) of Category 2 impact case studies.

Psychology	12 (24%)
Allied Health Professions	10 (20%)
Public Health	7 (14%)
Education	3 (6%)
Business and Management	3 (6%)
Clinical Medicine	3 (6%)
Art and Design	2 (4%)
Social Work and Social Policy	2 (4%)
Computer Science	2 (4%)
Biological Sciences	1 (2%)
Mathematical Sciences	1 (2%)
Modern Language and Linguistics	1 (2%)
Music and Drama	1 (2%)
English Language and Literature	1 (2%)
General Engineering	1 (2%)
<b>Total in this category</b>	<b>50 (100%)</b>

**Table 5.** Topic areas of Category 2 impact case studies and an example of each.

Topic area	N	Example title	UoA
Technical aspects of the delivery of healthcare	7	Developing and implementing national standards to improve the structure and content of patient records	Allied Health Professions
Patient experience/ improving care	10	Improving quality for cardiovascular disease prevention in Europe and the National Health Service	Clinical Medicine
Direct patient interventions	14	Experimental evaluation of a national responsible drinking campaign leading to its suspension and recommendations for future campaign development	Psychology
Improving access to healthcare	5	Improving access to mental health care in low- and middle-income countries	Public Health
Healthcare workforce, including recruitment, training and leadership	12	Improving assessment and selection practices within the health care professions and internationally	Psychology
Miscellaneous/unclear	2	Charles Dickens: sexuality, gender and modernity (includes discussion of Dickens' depiction of a male nurse)	English Language and Literature
<b>Total</b>	<b>50</b>		

UoA: units of assessment.

We attempted to characterise the profile of the topics included in this category of impact case studies. However, this was not straightforward due to the range of topics included in this category. See Table 5 for categories used, with an example from each and the UoA to which each impact case study was submitted.

### *Category 3 case studies*

The impact case studies that were assigned Category 3 status were those in which the impact described was considered to have no explicit relevance to nursing in particular. However, while some of these cases may have had some generic impact on health and social care policy or practice, the relationship to nursing was less apparent. Where the impact was more generic, the target impact was not presented with overt reference to nursing work.

We assigned 326 cases to this category. Of these, 78 were found to have no direct bearing on health and social care policy or practice.

The remaining 248 cases either demonstrated some relevant impact or had the potential to impact on health and social care practice. For example the 'Impact of assessment of depression' case study submitted by the University of Southampton in the public health, health services and primary care unit of assessment did demonstrate potential impact on health or social care policy, with the research team's findings informing national guidelines and featuring explicitly within general practitioners' contractual arrangements, and so led to a change in practice. In this case therefore the target for impact was general practice, but, as far as we could tell, nurses were not involved in the research.

Another case study described genome research and was at least one stage removed from having a direct impact on public health or patient care.

Developing this third category helped to focus attention on the first two categories in which the impact case studies of research submitted in the 2014 REF have had direct impact on the practice of nursing. While in our analysis we set aside Category 3 case studies as they did not reflect nursing research impact, we recognise that some of these cases could merit further consideration, especially in terms of their potential to impact on nursing practice in more tangential ways. However, Category 3 cases that might impact on health or social care policy or practice, and which appear more generic, may have already impacted on nursing, but this level of impact is not claimed. In addition, some Category 3 cases may have potential to impact on the practice of nursing further downstream. A closer look at these cases may provide a useful horizon-scanning exercise for the nursing profession as it considers how the research of others may impact upon it.

## **Discussion**

Nursing was successful in demonstrating impact in REF 2014, and some examples were marked out for particular note. Comments in the overview report of UoA3 included the following:

In terms of nursing-related research outputs, many of those in cancer, palliative and related supportive care were widely held to have been internationally excellent or world-leading as were those in the field of self-care management and the support of people with long term conditions. Sub-panellists felt that there were particular strengths in the mental health field, notably in the areas of prevention of self-harm and suicide. Midwifery contained many areas of strength including breastfeeding and place and manner of birth, with evidence of strong multidisciplinary. Important work was also noted in the general area of quality and safety of care in acute and community settings (e.g. prevention of infections, falls, pressure sores, wound care and leg ulcers, urgent and emergency care, access to care outside of hospital). There were excellent examples of world-leading work on staffing levels and quality of care. The application of new technologies to patient care and managing chronic illness was also worthy of praise. (HEFCE, 2015c: 35)

However, the chair of the UoA3 panel, Professor Hugh McKenna, later noted that universities had not submitted enough work by nurse academics to REF 2014. This situation, he argued, merits further attention as confidence in the perceived quality of nursing research by universities may be low. In his message to nurses at the Royal College of Nursing (RCN) International Research Conference in Nottingham in 2015 he challenged some institutions to 'raise their game'. This is a pertinent message as the outcome for nursing research that was submitted to REF 2014 was actually very positive, with 80% judged to be either 'world leading' (four star) or 'internationally excellent' (three star). However, nursing is not alone in questioning its contribution in research assessment exercises, the humanities have similar ambitions (and some concerns) about how best to prove their worth in the impact stakes and to compete in the new drive for more open access publishing (Mandler, 2014). There are also concerns about to what extent the next REF will require all eligible staff to be submitted, rather than a highly selective sample. This could have a major impact on disciplines like nursing with relatively higher numbers of academic colleagues who focus primarily on teaching (Kelly, 2015).

Within the data sets accessed and reviewed in this study (apart from Category 1) the professional nursing contribution to the research reported within impact case studies was sometimes opaque. Consequently, our classification of cases within each category was based on collective judgement and has not been verified by the relevant research teams. Examples were drawn from the REF database, or universities themselves, so it was possible only to classify and analyse cases on the descriptions available.

A concern exists, however, about the visibility, voice and contribution of nursing (and nurses) within health and social care research beyond our Category 1. Nurses do not only undertake nursing research. In the UK nurses make a significant, and valued, contribution to clinical research across the spectrum (e.g. <http://www.nihr.ac.uk/our-faculty/clinical-research-nurses.htm>). However, the contribution of these nurses to REF impact case studies is almost completely invisible and yet the role they play in recruiting, consenting, educating, supporting and coordinating the care of patients is key. While nurses may be named as authors on publications, the nursing role is not always made visible in traditional reporting mechanisms. An opportunity now exists to highlight the impact made by nurses to clinical research that is currently hidden, or acknowledged only in less than transparent ways.

There has been significant recent progress in the UK to ensure that research includes public and patient involvement (PPI). Funders of health and social care research have collectively made PPI a requirement within research funding applications and the allocation of funds is, in part, now contingent upon the quality and voracity of PPI involvement. This is considered a positive development that has helped to ensure the relevance of research and enhance its potential for impact; the involvement of stakeholders and user groups in the assessment panels for REF 2014 underlines their growing profile. However, there are no similar safeguards to ensure that when nursing itself is the focus of study, nurses are engaged in the research process. The absence of professions in research activity in which they have a stake, by definition, poses a risk to the relevance of the research and its potential to impact on professional practice.

We are confident that the cases classified within Category 1 met the agreed criteria. However, we acknowledge that we may have misclassified some work in the other categories, especially where the nursing contribution was not obvious to us, despite the checks undertaken. This is a possible limitation of the study. Our analysis of Category 1 case studies has demonstrated that research that can be seen to have impacted on the practice of nursing was submitted across 11 units of assessment. While the majority was submitted to UoA3, without our analysis approximately one-third of these cases may have remained invisible to nursing. We have not made any association between scores of impact case studies here and the final REF score per university; this exercise was primarily descriptive.

The RCN Research Society has argued previously that research in nursing is under-resourced in the UK (Kelly et al., 2015). Category 1 case studies support this argument by evidencing the value of nursing research and demonstrating return on investment through impact. However, there is a need to ensure that if impact occupies a greater score in the next REF assessment exercise the impact of nursing research is captured early, and that in instances in which research on or with nurses takes place their contribution is made evident in the subsequent reporting mechanisms, including impact case studies. As impact is likely to remain topical, it is important to continue the debate on impact and its association with related concepts such as change, agency and implementation. These are beyond the scope of this article, but we suggest that the relationship between nursing

research and impact needs more fuller exploration and debate than may have been provided to date (May, 2013).

## Conclusion

The findings of this study confirm the achievement of nursing research in REF 2014, including a range of successful impact studies that have direct relevance to practice. However, by examining the available impact case studies we discovered examples that have relevance to nursing, but do not include nurses on the team, as well as research in which nursing has been the focus of impact but in a more tangential way. The lessons of this study include the need to understand and appreciate the importance of impact for nursing in the next REF, and to be aware that there may be research (and associated claims of impact) that are currently hidden. The role of nursing as a research-led profession is growing and the contribution that we can make to contemporary health challenges relies on a confident and thriving research sector. Attention needs to be focused on how to ensure that the impact of nursing research, and research on nursing, is captured and celebrated.

### Key points for policy, practice and/or research

- Nursing was successful in demonstrating impact in REF 2014.
- Some of that impact was 'hidden' in impact case studies submitted by disciplines other than nursing, even though a nurse was part of the research team.
- Some impact case studies with relevance for nursing practice were submitted by disciplines other than nursing, with no nurse apparent in the research team.
- Further research might attempt to make associations between scores of impact case studies identified here and the final REF score per university.

## Declaration of Conflicting Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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