NHS LOTHIAN RESEARCHER PROFILE

Kath Williamson, Manual Handling Advisor, District Nurse and NRS Clinician, Midlothian Health & Social Care Partnership/ NHS Lothian

What type of doctoral student are you?
I am a PhD student at the University of Glasgow and am registered in the Department of Human Nutrition in the College of Medical, Veterinary and Life Sciences. I have been studying part time since November 2016 and plan to submit my thesis in February 2023. I've been supported to do this work through NHS Lothian Research Futures funding, which has paid my academic fees and I have had protected research time through becoming an NRS Research Fellow between 2016-2019 and an NRS Clinician since 2019, which will come to an end in 2023. I qualified as a nurse from the University of Edinburgh in 1995, initially working in London before returning to Edinburgh and completing my Specialist Practitioner qualification in District Nursing from Queen Margaret University in 1999. I have worked in community ever since, in various caseloads in Edinburgh, including a Step Down Care Home. In 2010, I did a 6 month secondment to Bariatric Surgery in the Royal Infirmary, which led to a part-time Masters in Weight Management, completed in 2014. In 2018 I became a manual handling advisor, but have continued community nursing, working in a care home during the Covid pandemic.

What is the focus of your research?
My research study is called 'EXPRESSO: a mixed methods study EXploring the PREvalence, Service utilisation and patient experience of Severe Obesity (BMI >40 kg/m^2)'.

Why is this research study important?
The proportion of the population with severe obesity has grown hugely in the last 30 years. Most people affected don't receive effective weight management treatment, but higher body weight means that they are at increased risk of disability and illness. This means that they can need input from health and social care services in the community, to manage their Activities of Daily Living (ADLs), particularly those who are housebound.

Previous research has focussed on estimating and costing hospital episodes and primary (medical) care. Community health and social care usage is largely unevidenced. My district nursing experience suggested that multiple community services were involved in providing care, often long-term. I wanted to make this care, and its cost, visible to researchers, service managers and policy makers. The aim being to inform discussion on the health economics of weight management and stimulate service developments to provide more effective care.

What kind of research study have you done?
I have done a mixed methods observational study, which has combined direct involvement of

people with severe obesity living in the community and routinely collected health and social care data. As a clinician routine data is all about patient care. But routine data can tell a story to those outside of clinical care about what care is actually given, or not, that is not available elsewhere. It can be very messy to work with, but as clinicians we can help frame it in ways that make it more useful and understandable to non-clinical researchers.

I developed a structured questionnaire on "Help needed at Home", which allowed me to collect detailed information on services used by the people involved in my study and I was able to calculate micro-costing to give an annual cost of health and social care services per participant.

I also interviewed all the participants to explore their experiences of community services and analysed all this data using thematic analysis.

Why was this group of people important to you?
As a District Nurse I was caring for more and more people with severe obesity, but they had poor outcomes, despite huge resources being poured into care provision from multiple services. Staff receive no training and there is little guidance on caring for this population, despite often complex needs. Quite simply, this is an emerging population and we need to develop better care.

Anyone who has been unhappy with their weight, will know that maintaining a healthy body weight is not as simple as many people think, having multiple intertwined aspects physical, emotional, sociological, environmental, and that is why it fascinates me. There is so much to learn and improve upon.

Why did you want to do doctoral studies?
Because outside of bariatric surgery there is minimal evidence to guide the care of people with severe obesity, yet most researchers are not aware of this whole area. NHS managers wanted factual evidence to support business cases, so I set out to get it. Plus I got the opportunity to work with a leading obesity expert, which I knew I would regret if I didn't take it.

We need to develop practice to improve outcomes for people with severe obesity, to enable staff to care well and to use resources most effectively.

What are you enjoying the most about being a doctoral student?
Learning! Although sometimes it is uncomfortable, and time consuming. I am passionate about this subject area, so I have loved developing my specialist knowledge, especially as being a district nurse usually means knowing a little about a lot of things, which can be quite frustrating.

I also love the exchange of ideas that academia allows. Doing a PhD has made me more comfortable taking risks and stepping into the unknown. I never imagined I would have 4 articles published from my work!

What have been the main challenges for you being a doctoral student?
Having enough time, so balancing clinical work, PhD, family, friends, trying to keep myself healthy…

Imposter syndrome – the first few years were such a personal journey into managing self-doubt, anxiety and uncertainty. It has been, and still is, a huge journey in self-discovery.

Professional isolation – it can be lonely at times, especially working from home. And you have to

work hard, evenings, weekends, research rarely fits neatly into office hours.

How have you been supported to do this work?
I've had huge support from Juliet MacArthur, Chief Nurse for Research and Andy Peters, AHP Research Facilitator, especially in the early days. They have provided both practical support but also moral support encouraging and championing my work, which has been a huge help. They have made NHS Lothian the stand-out place in Scotland for NMAHP research, for example by doing this and running the NMAHP network which makes you feel less alone.

Senior managers in the organisation have also been supportive, but immediate line managers and peers can find it hard to understand what you are doing.

Funding for NMAHP research is poor, (although improving), so my husband has been a huge support and very patient. My PhD has seen my daughters through high school and now to university – sharing the highs and lows of studying together has eased my doubts about whether I should be doing this as a parent.

I have found the University of Glasgow very supportive of its Post Graduate Researchers with excellent training programmes and resources.

My supervisors have also been a pleasure to learn from, encouraging and challenging me equally.

What do you hope to do in the future? How will having a doctorate help you achieve this?
I would love the opportunity to develop services for the population with severe obesity in the community, particularly the housebound. Also to do further research, including some international visits/ collaboration to bring best practice back to Scotland.

I hope that this PhD will give me the credibility in other people's eyes to contribute meaningfully to a new area of care and research. I now have a much better appreciation of the gaps and weaknesses in the evidence base.

Have you been able to share any of your work so far?
I have been very fortunate that my supervisor has pushed me to publish: PhD related articles

1. Williamson, K., Nimegeer, A., & Lean, M. (2020). Rising prevalence of BMI≥ 40 kg/m2: A high-demand epidemic needing better documentation. *Obesity reviews*, *21*(4), e12986.

2. Williamson, K., Blane, D. N., & Lean, M. E. (2022). Challenges in obtaining accurate anthropometric measures for adults with severe obesity: A community-based study. *Scandinavian Journal of Public Health*, 14034948221089111.

3. Williamson, K., Nimegeer, A., & Lean, M. (2022). Navigating data governance approvals to use routine health and social care data to evidence the hidden population with severe obesity: a case study from a clinical academic's perspective. *Journal of Research in Nursing*, *27*(7), 623-636.

4. Williamson, K., Blane, D. N., Grieve, E., & Lean, M. E. (2022). Overlooked and under-evidenced: Community health and long-term care service needs, utilization, and costs incurred by people with severe obesity. *Clinical Obesity*, e12570.

More general:
1. Williamson, K. (2020). Nursing people with bariatric care needs: more questions than answers. *Wounds UK*, *16*(1).

2. Williamson, K. (2017). [Nurses must bear witness to the obesity problem](#). *Primary Health Care (2014+)*, *27*(1), 16.

3. Williamson, K. (2000). [A review of the psychosocial aspects of multiple sclerosis](#). *British Journal of Community Nursing*, *5*(3), 132-138 (this one I wrote as part of my DN training).

This Sept I did my first invited presentation at the UK Congress on Obesity, Lancaster, UK on my research, which I was hugely encouraged to be asked.

Any other thoughts?
A PhD as an NMAHP is not to be undertaken lightly, it takes a massive amount of time and resilience, with lots of unexpected twists and turns, and funding is limited. But if you are curious and love learning, and see something in your professional area that you are passionate about, it can be a fantastic way to contribute to developing a better world – with your work potentially being relevant at an international level.

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