

Top ten research priorities relating to stroke nursing

It is important that research addresses what is of greatest priority to people affected by a health condition. A UK based organisation called the James Lind Alliance (JLA) brings patients, their family and caregivers, and health professionals together to identify and agree the top 10 priorities for important healthcare topics. Working with the JLA in 2014 the top ten priorities relating to life after stroke were defined, following a comprehensive, rigorous process, with equal participation from stroke survivors, carers and health professionals. Anecdotal evidence suggests that these top ten research priorities are successfully informing the activities of the stroke research community and research funding bodies. Furthermore, the top four priorities have been included in the World Stroke Organisation (WSO) research recommendations relating to stroke recovery demonstrating international adoption of these nationally derived priorities. However, a recognised limitation of these top ten priorities is that they reflect research topics rather than clearly defined research questions. Furthermore, these top ten research priorities do not provide specific direction to any one clinical or research grouping, instead reflecting what is greatest shared importance to stroke survivors, caregivers and health professionals.



Fig. 1. This priority setting project was supported by funding from Chest Heart & Stroke Scotland and by the Scottish Stroke Nurses Forum.

CHSS Stroke Nurse Dawn Manders in the Stroke Rehabilitation Unit, Woodend Hospital, Aberdeen, along with Unit Staff Nurse Elsie Edwards & patient Mr George Jack. The CHSS nurses are members of the Multidisciplinary Team in the Stroke Units where they are based. They provide a support service to patients like Mr Jack, & their families, after discharge home from hospital following a new stroke/TIA

The Scottish Stroke Nurses Forum (SSNF) aims to support stroke nurses build research capability and capacity. While the SSNF believes that it is important that all stroke research should be

relevant to and valued by stroke survivors and their caregivers, the organisation also aspires to support meaningful and useful nurse-led research (Fig. 1). This recently led the SSNF to build on the stroke priority-setting project to identify the top ten research priorities that are specific to stroke nursing.

The life after stroke research prioritisation project involved 4 key stages. During the first stage 548 treatment uncertainties were collected. During the second stage these 548 questions were formatted, merged where similar, and checked for existence of research evidence, leaving 226 unique unanswered research questions. The third and fourth stages involved an interim prioritisation method and a final consensus meeting to reach agreement on the shared top ten research priorities.

The SSNF nursing research priorities project considered that the 226 unique unanswered research questions that had been established using a comprehensive, rigorous and inclusive process, ought to be the priorities for nurse-led stroke research. Consequently it was decided that it was appropriate, and efficient, to complete only the third and fourth stages of research prioritisation, using the 226 previously identified questions to identify which of these questions stroke nurses consider to be of greatest importance for nurse-led stroke research.

Number	Research priorities relating to stroke nursing:
1	What are the best ways to manage and/or prevent fatigue?
2	What are the best ways to improve cognition after stroke? (Cognition: the function of processing information and applying knowledge. Functions include processes requiring thought and intelligence, such as attention, perception, learning, memory, comprehension, judgment and decision making)
3	What are the best ways to manage urinary and faecal incontinence?
4	What are the best ways to manage altered mood and emotion after stroke?
5	What are the best ways to promote self-management and self-help after stroke?
6	What are the best ways of helping stroke survivors and their families come to terms with uncertainty of prognosis and the long term consequences of stroke?
7	Can a goal setting approach help recovery after stroke?
8	What is the impact of thrombolysis on emotion, cognition and communication?
9	Is a "young stroke environment" better than other stroke rehabilitation environments at improving recovery of young people after stroke?
10	What is the optimal amount and intensity of therapy provided by nurses for patients with stroke?

Fig. 2. Top 10 nursing research priorities relating to life after stroke.

Ninety-seven nurses, all working in stroke care in Scotland, participated in the interim prioritisation stage, leading to the identification of 28 shared top priorities relating to stroke nursing. At a final consensus meeting, 27 purposively selected nurses, representing a range of stroke care settings, roles/grades and geographical locations agreed their top ten priorities for stroke nursing research (Fig. 2). Three of the nurses top ten priorities were also reflected in the previously-derived shared top ten of stroke survivors, caregivers and health professionals (numbers 1, 2, 6) and two are also included in the WSO recommendations (numbers 2, 6). This overlap clearly highlights the importance of nurses in addressing shared research priorities. However, these top ten also include research questions that are of particular importance to nurses; including questions relating to the management of incontinence, and specific strategies such as goal-setting and self-management techniques that nurses may use to support optimal recovery and quality of life after stroke.

The research agenda for stroke nursing has now been clearly defined and nurses and nursing-oriented research organisations should establish collaborative activities to address these research priorities.

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