



Introduction to rapid qualitative research

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Review article

Rapid qualitative research methods during complex health emergencies: A systematic review of the literature

Ginger A. Johnson ^{a, b, *}, Cecilia Vindrola-Padros ^c

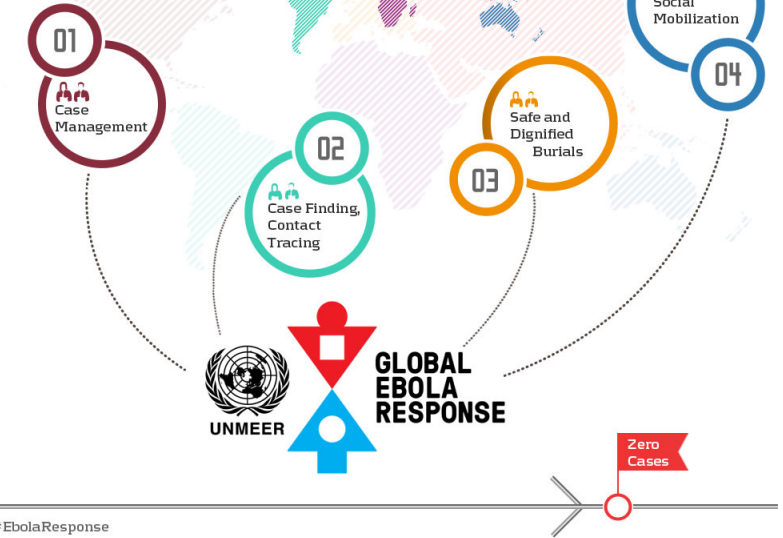
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^c Department of Applied Health Research, University College London, United Kingdom



How We Are Working to Stop the Ebola Outbreak



Ebola Response Anthropology Platform

Anthropologists providing advice on how to engage with crucial socio-cultural and political dimensions of the Ebola outbreak and build locally-appropriate interventions. This site closed to new material at the end of the West African Ebola epidemic but much of the material it carries is of general relevance to new Ebola epidemics including the current outbreak in DRC.

Ask a Rapid Response question ?

Search Search

Identifying and Diagnosing Cases ▾

Management of the Dead ▾

Caring for the Sick ▾

Clinical Trials/Research ▾

Preparedness ▾

Communication and Engagement ▾

Rapid Response

The Rapid Response service answers queries on the Ebola outbreak with the aim to enhance current efforts to contain the epidemic by providing clear, practical, real-time advice about how to engage with crucial socio-cultural and political dimensions of the outbreak and build locally-appropriate interventions. This service aims to follow up on queries within 72 hours of the initial request. Please email us at ebola@ids.ac.uk

RELATED LINKS

- [Cultural Anthropology: Ebola in Perspective](#)
- [Somatosphere: Ebola Fieldnotes](#)
- [Ebola Deeply](#)

TAGS

“Must one spend a year in the field collecting ethnographic data in order to make useful recommendations for a health program?”

(Scrimshaw and Hurtado 1988)

Why does some research need to be rapid?

“The timeliness of information is no less critical than its accuracy” (McNall et al. 2004)

Timeliness influences the utility of research

Only findings shared at particular moments can inform decision-making

Mismatch between policy and evaluation (Nunns 2009)

Some research topics are time-sensitive



What are rapid methods?

Rapid Research and Evaluation Methods (REAM)

Table 2
Core Elements of Rapid Research and Evaluation Methods

Methods

Mixed methods:

Quantitative approaches typically include:

Quantitative surveys

Review of existing data sets

Qualitative approaches usually include:

Key informant interviews

Focus groups

Naturalistic observations

Record reviews

Mapping of areas affected by problem

Process

Rapid: Evaluation, assessment, or appraisal lasts from a few weeks to a few months

Participatory: Representatives of local populations and institutions are involved in the planning and implementation of the research

Team based: Members of the research team work collaboratively on all aspects of the research process, from planning and data collection to the interpretation of findings and presentation of results.

Iterative: Data are analyzed while they are being collected, and preliminary findings are used to guide decisions about additional data collection. This process continues until theoretical saturation is achieved.

McNall and Foster-Fishman (2007)

How rapid are rapid approaches?

4 to 6 weeks (Beebe 1995, 2014)

6 weeks (Scrimshaw, et al. 1991;
Watts et al. 1989)

3 months (Handwerker 2001)

4 to 8 weeks (ERAP 1988)

7 weeks (Wilson and Kimane 1990)

3 weeks (Pearson, et al. 1989)

2-3 months (Bentley, et al. 1988)

How is rapid research used?

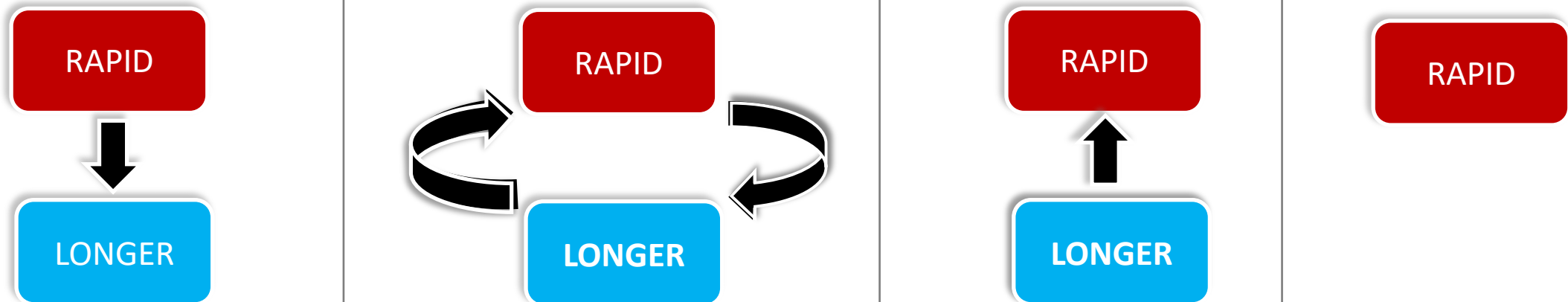
Quick overview of a situation (exploratory, not in-depth, diagnostic purposes)

Inform longer research project (preliminary study)

Run in parallel with a longer study (strand of mixed-methods study)

Explore the findings of a longer study more in-depth

Study on its own



Different rapid research approaches

Research	Evaluations
Participatory rural appraisal (PRA)	Real-time evaluations (RTEs)
Rapid ethnographic assessment (REA)	Rapid feedback evaluations (RFEs)
Rapid appraisal	Rapid evaluation methods (REM)
Rapid assessment procedures (RAP)	Rapid cycle evaluations (RCEs)
RARE model	
Rapid rural appraisal (RRA)	
Short-term ethnographies	
Quick ethnographies	
Focused ethnographies	

Rapid ethnographic assessment (REA)

REA field guide

RAPID ETHNOGRAPHIC ASSESSMENT: APPLICATIONS IN A DIARRHEA MANAGEMENT PROGRAM

MARGARET E. BENTLEY,^{1*} GRETEL H. PELTO,² WALTER L. STRAUS,³
DEBRA A. SCHUMANN,⁴ CATHERINE ADEGBOLA,⁵ EMANUELA DE LA PENNA,⁶
GBOLAHAN A. ONI,⁷ KENNETH H. BROWN¹ and SANDRA L. HUFFMAN¹

Originally developed to provide quick assessments on local conditions to inform the design and implementation of interventions

Originally associated with the work of Bentley et al. (1988)

More limited amount of research methods when compared to other research approaches

Aim is to obtain in-depth knowledge on local beliefs and attitudes (normally used in health-related research)

More recent book on REA: Thurka Sangaramoorthy, Karen A Kroeger (2020)

I. Introduction
a. purpose of the project
b. purpose of the use of ethnographic guide
c. field ethics and interview methods
II. Background site information
a. collection of secondary data
b. description of ecological, socio-cultural, political site
c. food production, availability, preparation
d. Women's work roles and time allocation
III. Selection of field sites and informants
a. rough demographic mapping
b. identification of key informants
c. identification of non-key informants
IV. Illness taxonomies
a. illnesses commonly experienced: names, symptoms, causes, consequences
b. child illnesses: names, symptoms, causes, consequences
c. diarrhoea: how does it fit into larger illness taxonomy
V. Diarrhoea-building a 'folk taxonomy' of diarrhoea
a. general beliefs about diarrhoea
b. names of each diarrhoea type
c. definitions, symptoms, causes, consequences and treatments of each diarrhoea type
d. developmental sequence of episode by diarrhoea 'type'
VI. Child feeding
a. normal feeding patterns
1. beliefs about child feeding
2. weaning foods
a. age of introduction
b. preparation
b. feeding during/after diarrhoea
1. general beliefs about feeding during diarrhoea
2. foods to be avoided (list, reasons)
3. 'special' foods to be given (list, reasons)
4. variation by diarrhoea 'type'
5. variations in feeding during stages of illness, convalescence
VII. 'The last diarrhoea episode'
a. description of episode: when, who, why (perceived cause), symptoms, treatments given, feeding during diarrhoea, outcome of episode
VIII. Analysis of data and report writing

Participatory rural appraisal (PRA)

Associated with the work of Robert Chambers

Defined as *“a family of approaches and methods to enable rural people to share, enhance and analyse their knowledge of life and conditions, to plan and to act”* (Chambers 1994: 953).

Focuses on the empowerment of local participants

Involves data collection from a variety of sources:

- Secondary sources
- Key informants
- Local residents
- Observations

Chambers (1994) lists over 29 methods of data collection

PRA Characteristics ¹

Community involvement in the gathering and analysis of data

A holistic and systematic approach

Multidisciplinary and interactive methods

Flexible responses

Emphasis on communication and listening skills

Visual display of information

1. Rifkin 1992

Rapid appraisals

More recent model proposed by Beebe (2014) for RQI

Draws from ethnographic and case study research

In between early RAs and PRA in terms of participation

Underlying concepts:

- The focus is on getting the insider's perspective
- Intensive teamwork is critical for data collection
- Intensive teamwork is critical for data analysis and additional data collection

Not defined by specific research methods, but by the search for insight into the perspectives of participants

Rapid appraisal features (see also RQI) ¹

Data collection and analysis using triangulation

Iterative process (several cycles of collection and analysis)

Use of a team of researchers

At least 4 to 5 days long

1. Beebe (2014)

Rapid assessment procedures (RAP)

Scrimshaw and Hurtado (1987)-make RAP accessible to non-anthropologists

Beebe (2004)-introduce methodological rigour missing in other rapid approaches

Involvement of decision makers at different levels: produce change and ensure credibility

More than one researcher is involved in data collection

More than one researcher is involved in data analysis

Relies on the use of proformas and standardised methods for collection and analysis across team members (i.e. RAP sheet)

Results can be produced in 1 to 6 weeks

RAP Features ¹	
Rapid	Shortened time dimension
Assessment	Limited or focused scope of information to assist in problem solving
Procedures	Formalised means of data collection

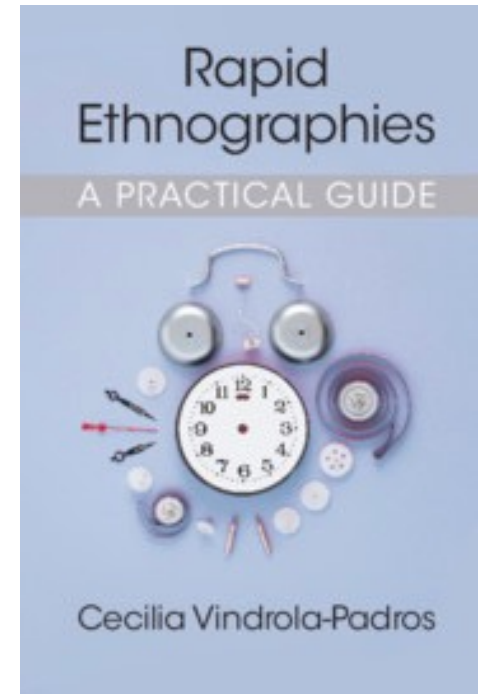
1. Utarini et al. (2001)

Rapid ethnographies

Quick and dirty? A systematic review of the use of rapid ethnographies in healthcare organisation and delivery

Cecilia Vindrola-Padros,¹ Bruno Vindrola-Padros²


1. The research is carried out over a short, compressed or intensive period of time.
2. The research captures relevant social, cultural and behavioural information and focuses on human experiences and practices.
3. The research engages with anthropological and other social science theories and promotes reflexivity.
4. Data are collected from multiple sources and triangulated during analysis.
5. More than one field researcher is used to save time and cross-check data.
6. Research designs and the steps involved in the implementation of the study are reported clearly in publications and other forms of dissemination.



Rapid evaluations

- Real-time evaluation (RTE)
- Rapid evaluation methods (REM)
- Rapid assessment methods (RAM)
- Rapid feedback evaluation (RFE)
- Rapid cycle evaluation (RCE)

Rapid, Responsive, and Relevant? A Systematic Review of Rapid Evaluations in Health Care






**Cecilia Vindrola-Padros^{1,2}, Eugenia Brage³,
and Ginger A. Johnson^{4,2} **

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1-14
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RREAL RAPID QUALITATIVE RESEARCH DECISION TOOL

This tool is a flexible guide based on the frequent application of these approaches. Some of these approaches can be used across all of the categories identified in the tool.

Questions to guide study design	Types of rapid qualitative research approaches		
 AIM	Diagnostic purposes: rapid appraisal, RRA	Exploration or to seek understanding: rapid ethnography, RQI	Evaluation: rapid evaluations, RAP
 How participatory?	High degree of participation: PRA, RARE	Medium degree of participation: Rapid appraisal, RQI	Low degree of participation: rapid ethnography, rapid evaluations
 How structured?	Structured: RAP, REA	Somewhat structured: rapid evaluations, rapid appraisals, RQI, RRA, PRA	Unstructured: rapid ethnographies
 Team or lone researcher?	Team-based: rapid appraisals, RQI, RARE, RAP, team-based rapid ethnographies		Lone researcher: rapid ethnographies and some types of rapid evaluations
 When are findings needed? (one time-point or regular feedback?)	Regular feedback: rapid feedback or rapid cycle evaluations, rapid appraisals, RAP, RARE, rapid ethnographies		One-time feedback: REM, rapid ethnographies

The selection of the rapid qualitative research approach will depend on:

- research questions
- study aim
- level of participation
- structure of data collection/analysis
- size of the team
- sharing of findings

RAP: Rapid Assessment Procedure

REA: Rapid Ethnographic Assessment

RARE: Rapid Assessment Response and Evaluation

RRA: Rapid Rural Appraisal

RQI: Rapid Qualitative Inquiry

PRA: Participatory Rural Appraisal

CECILIA
VINDROLA-PADROS

DOING RAPID QUALITATIVE RESEARCH



Features of rapid qualitative research

PREPARATORY OR SCOPING STAGE

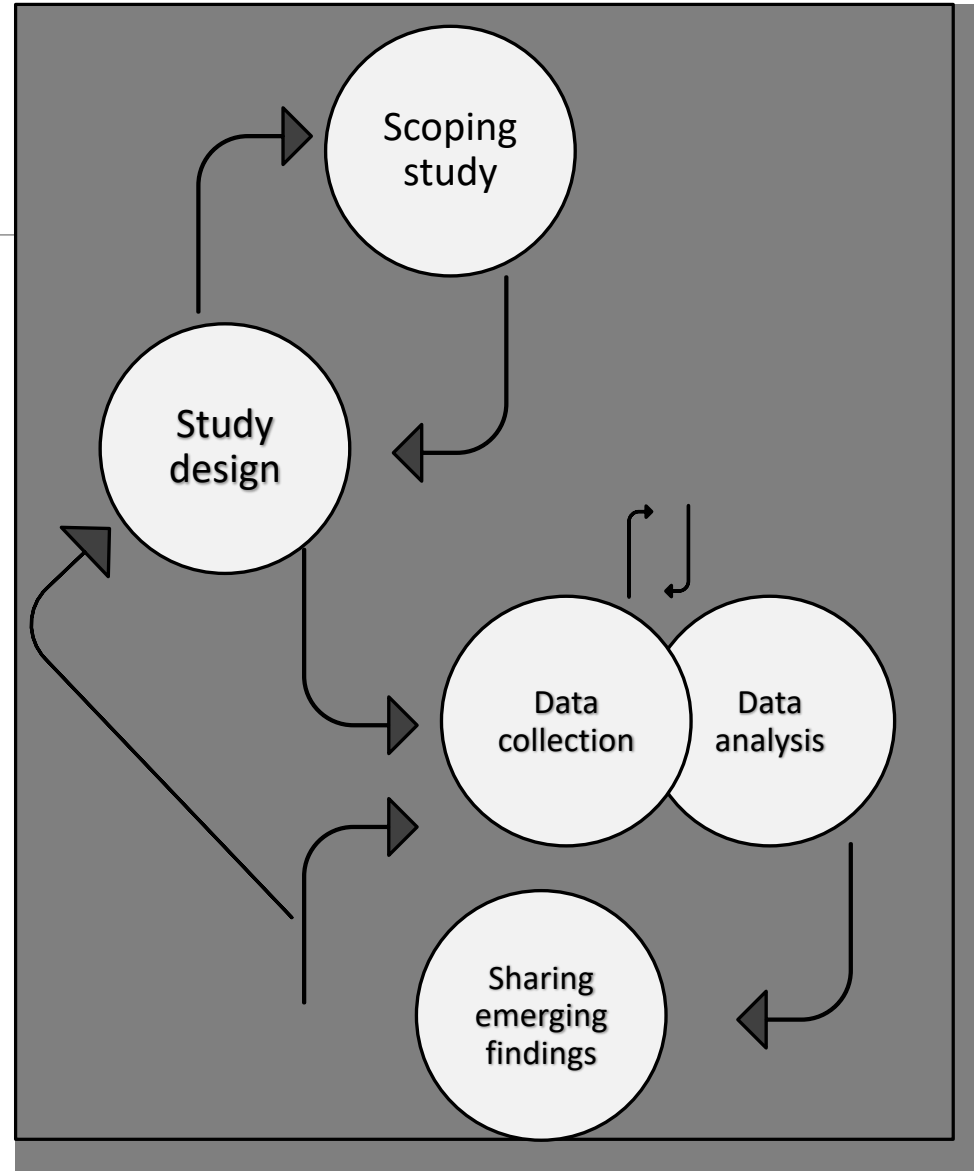
DATA COLLECTION AND ANALYSIS IN PARALLEL

CONSIDERING DIFFERENT TYPES OF ANALYSES FOR
DIFFERENT PURPOSES

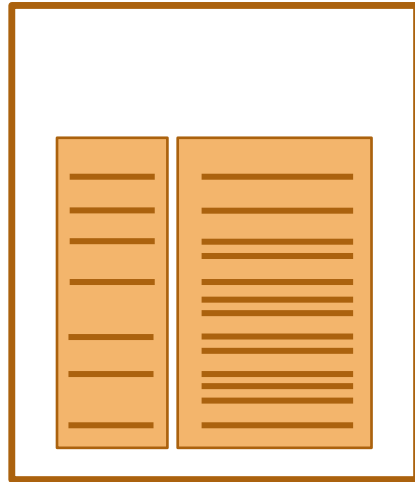
DEVELOPMENT OF FEEDBACK LOOPS TO SHARE EMERGING
FINDINGS

RELIANCE ON TEAM-BASED RESEARCH

Layers of iteration in rapid qualitative research



The RREAL RAP sheet



- Adaptation of traditional RAP sheets
- **Aim:** working document used to facilitate data collection and analysis in parallel
- Can help to maintain consistency across researchers
- Can be used to summarize emerging findings
- Allows the identification of gaps



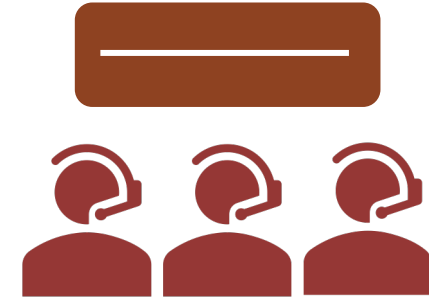
Telephone interviews (audio-recorded) and detailed notes

After each interview



Living document providing daily summary

Every week



Data analysis (based on RREAL sheets and selective transcription) & team meetings



Modify RREAL sheet as needed



As needed



Detailed notes from observations (face to face or remotely)



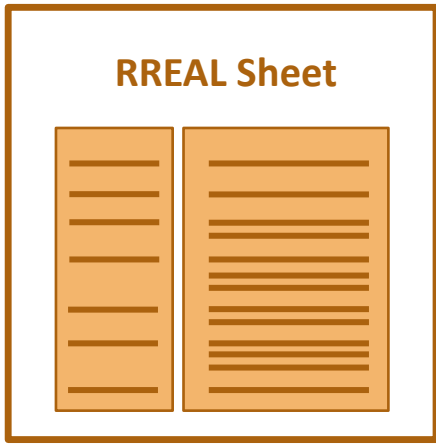
1-page summary table of findings to date aimed at main stakeholders



At different stages of analysis



Write up of academic publications



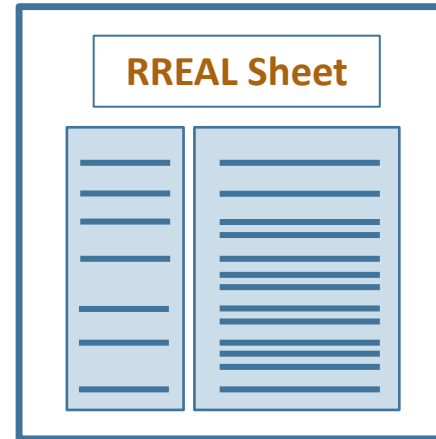
1 per **researcher**



1 per **study stage**



1 per **study site**

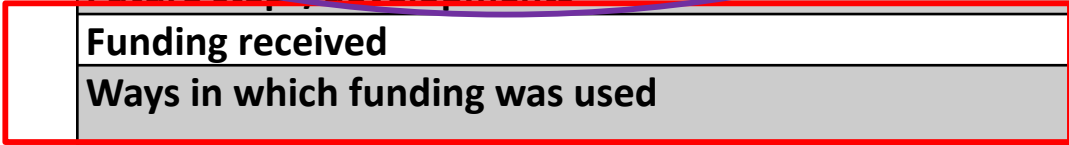
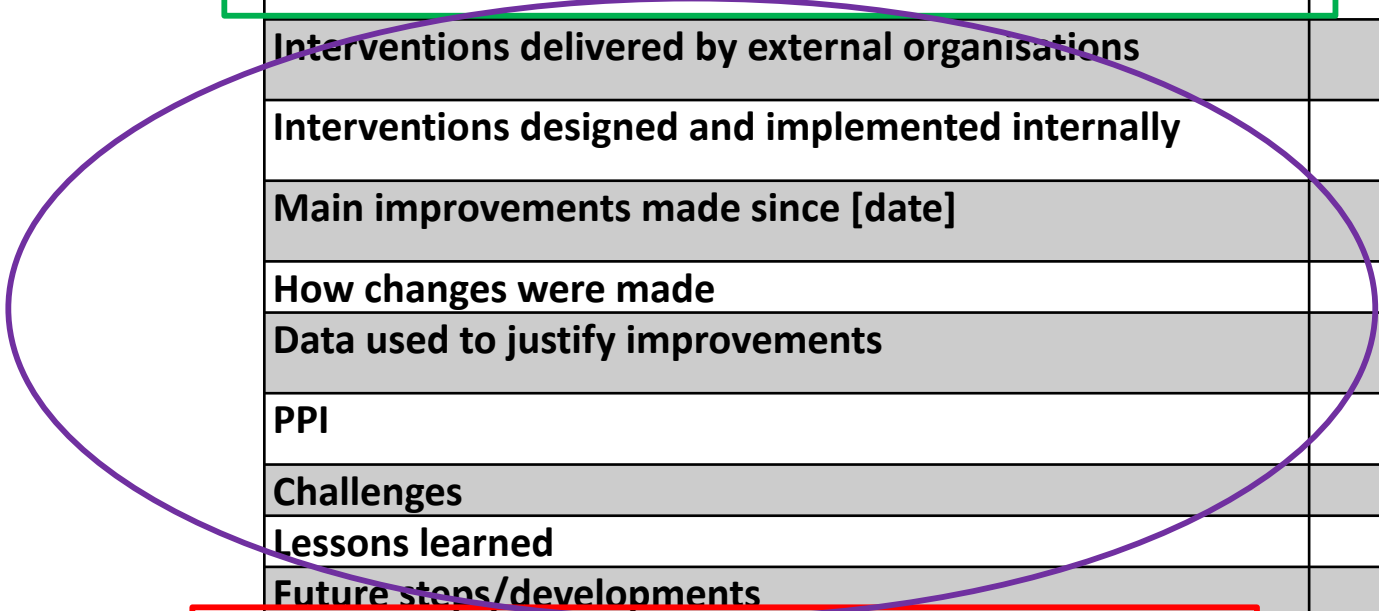
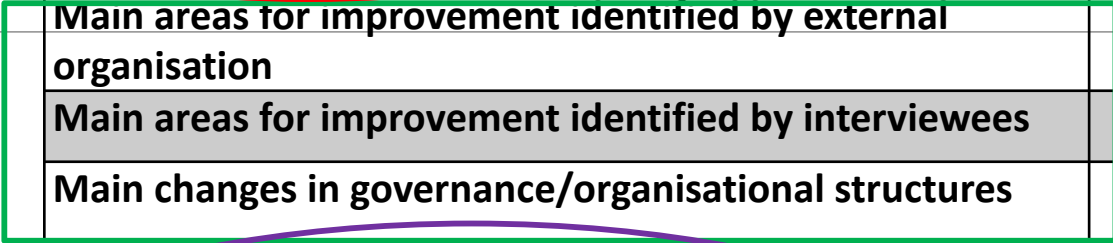
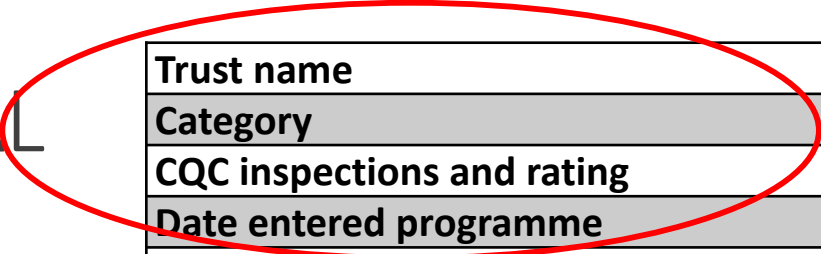


1 per **sample group**

Use RREAL sheets as a triangulation tool

The RREAL sheet

Trust name	
Category	
CQC inspections and rating	
Date entered programme	
Main areas for improvement identified by external organisation	
Main areas for improvement identified by interviewees	
Main changes in governance/organisational structures	
Interventions delivered by external organisations	
Interventions designed and implemented internally	
Main improvements made since [date]	
How changes were made	
Data used to justify improvements	
PPI	
Challenges	
Lessons learned	
Future steps/developments	
Funding received	
Ways in which funding was used	





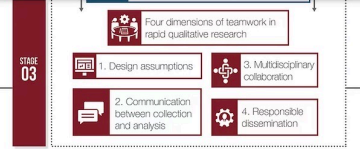
Findings from the RREAL sheet can be summarised even further at any time in the study so these can be shared with stakeholders.

DIFFERENT TYPES OF RREAL SHEETS CAN BE DEVELOPED

- ✓ ONE FOR EACH RESEARCHER
- ✓ ONE FOR EACH STUDY SITE
- ✓ ONE FOR EACH POPULATION
- ✓ ONE FOR EACH STAGE IN THE STUDY TO CAPTURE CHANGES OVER TIME



For more information on the use of RREAL sheets visit:
www.exploresearchandevaluation.com
 @RREALwork



Visual abstract design: Franco Marquez

RREAL Sheet database

- Examples of RREAL sheets (also known as RAP sheets) developed by RREAL and other teams

Rationale of design and implementation - management/organisational	
Rationale of design and implementation - barriers and enablers	
Rationale of design and implementation - facilitators	
Rationale of design and implementation - current status	
Impact	

RREAL sheet rapid ev...

Rationale of design and implementation - management/organisational	
Rationale of design and implementation - barriers and enablers	
Rationale of design and implementation - facilitators	
Rationale of design and implementation - current status	
Impact	

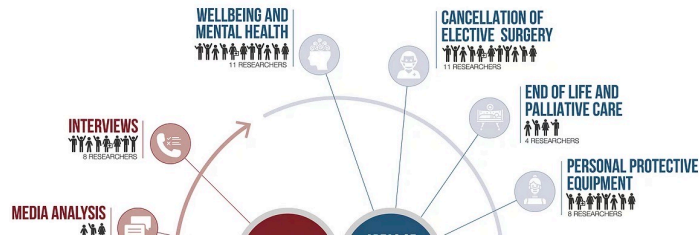
RREAL sheet per rese...

Rationale of design and implementation - management/organisational	
Rationale of design and implementation - barriers and enablers	
Rationale of design and implementation - facilitators	
Rationale of design and implementation - current status	
Impact	

RREAL sheet per site

Rationale of design and implementation - management/organisational	
Rationale of design and implementation - barriers and enablers	
Rationale of design and implementation - facilitators	
Rationale of design and implementation - current status	
Impact	

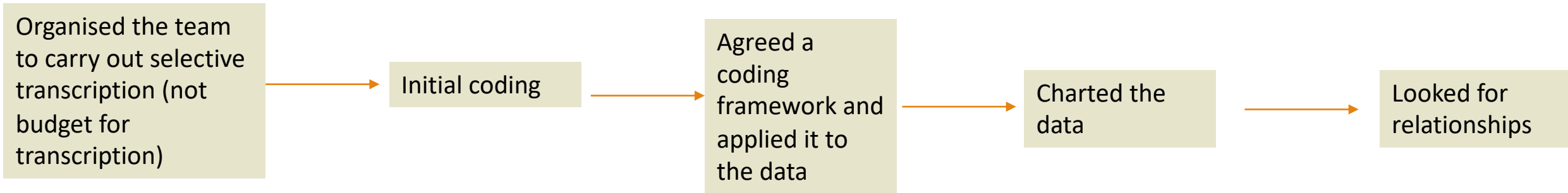
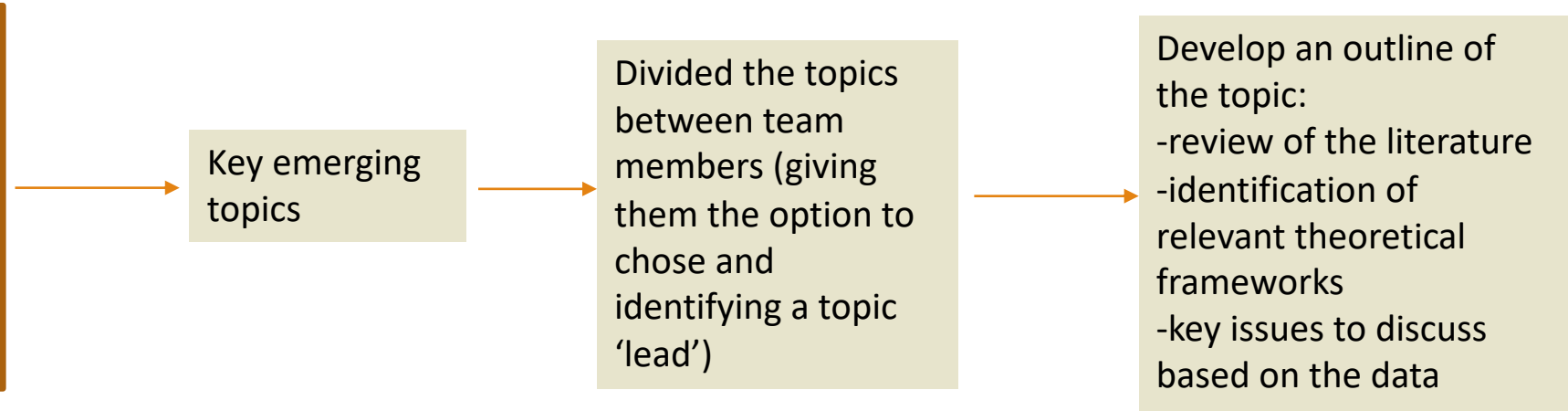
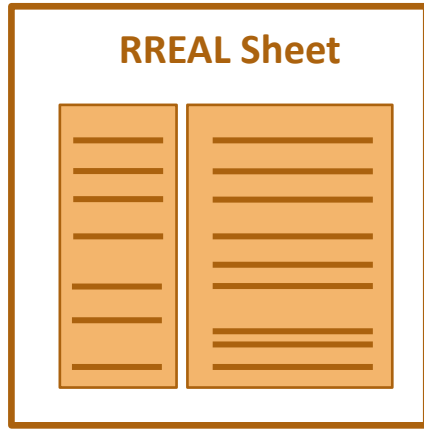
RREAL sheet clinical t...



Internal team organisation across data collection and data analysis workstreams

Download PDF





Drafted manuscripts for publication

Accessible summaries

Slides for presentations

Infographic

Data analysis-framework analysis

Transcription

Familiarisation

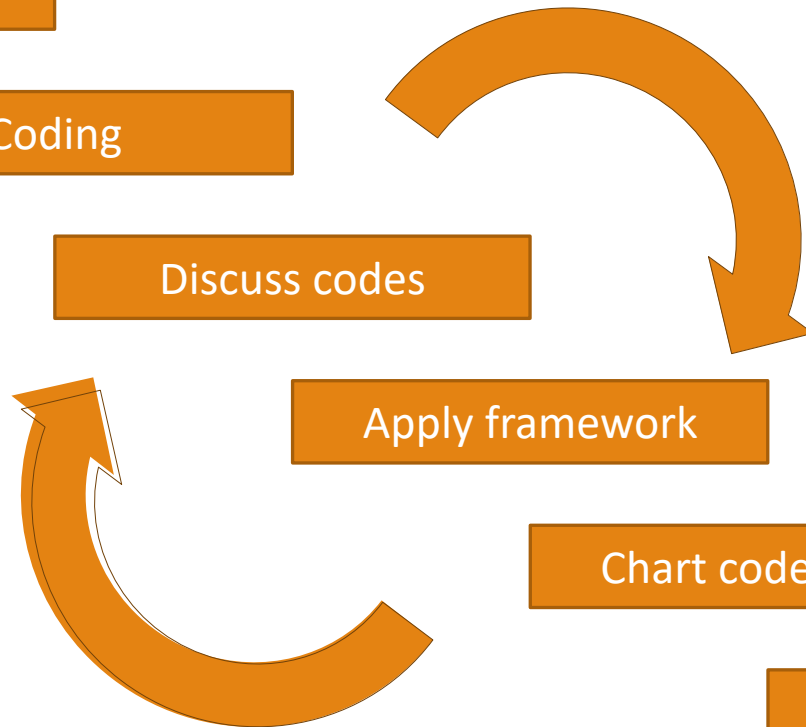
Coding

Discuss codes

Apply framework

Chart coded data

Explore data

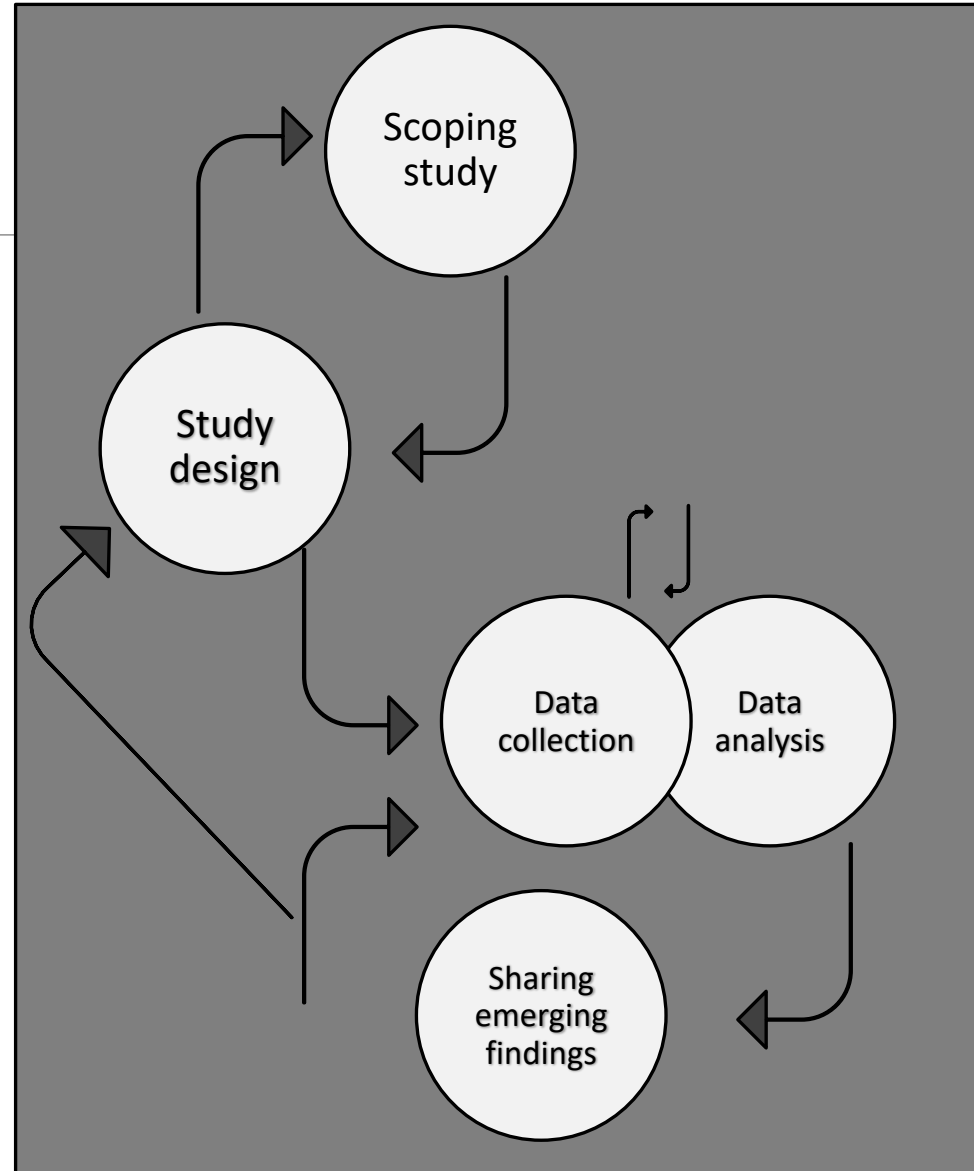


Data analysis

Framework analysis: case and theme based approach

	Topic 1	Topic 2	Topic 3	...		Notes
Case 1	"raw data"		"raw data"			
Case 2		"raw data"	"raw data"			
Case 3			"raw data"			

Layers of iteration in rapid qualitative research



Dissemination

Dissemination goals

Are we only attempting to share knowledge/information?

Do we want to use dissemination to cross-check data, gain insight, and/or generate engagement?

How frequently do we need to share findings and in what format?

Are there key deadlines for the sharing of findings?

Who will use the findings?

How will they use them?

What are their preferences for the format?

Dissemination mechanisms

- Frequent (weekly or every two weeks) sharing of findings in an accessible format (tables or lists of bullet points)
- Monthly presentations at meetings with stakeholders
- Sharing of emerging findings half-way through a study in the form of an infographic or short report
- Sharing of findings at the end of a study in the form of a short report
- Sharing of findings at the end of a study in the form of an animation

Example of a dissemination plan

Study stage	Time into study	Type of dissemination	Purpose	Format	Type of stakeholder
Scoping/ familiarisation	Week 1	Sharing RQs and study outline	Agree purpose of the study	Face to face meeting	Intervention designers, implementers and users
Scoping/ familiarisation	Week 2 or 3	Sharing final study scope	Final agreement on study design and dissemination plan	Email or face to face meeting	Intervention designers, implementers and users
Fieldwork and analysis	Month 2	Short memos (monthly or weekly)	Highlight emerging findings	Email	Implementers
Fieldwork and analysis	Month 3-4	Short memos (monthly or weekly)	Highlight emerging findings	Face to face	Intervention designers, implementers and users
Final analysis	Month 5	Report draft	Cross-check early interpretations	Email or face to face	Implementers
Writing	Month 6	Final report and presentation	Final sharing of findings and development of recommendations	Face to face	Intervention designers, implementers and users

Challenges of rapid research

Table 1 Thematic framework on potential challenges in rapid ethnographies used to inform the research questions

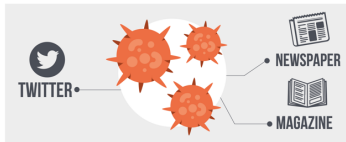
Key literature	Potential challenges/issues that require more research	Description of the challenges	Research questions guiding this review
3 4 10 12	'Breadth' versus 'depth' in data collection	Inability to capture changes over time, understand all relevant social and cultural factors at stake, or conflict and contradictions	What were the main research designs?
3 4 10 12 14	Representativeness and sample size and selection	Dependency on most accessible informants and loss of multiplicity of voices	What were the sample sizes used in the study and selection of groups/ participants? How were these justified?
3 4 10 14	Use and training of local research assistants (research assistants from the observed field)	Local research assistants are not always available, have the required skills or willingness to take part. Training takes time. Research undertaken by researchers without an anthropological background might limit the quality of the study.	Who were the data collectors? Why were they recruited? Was training provided? Were interpreters used? Were data collectors fluent in the local language?
3 10	Lone researcher versus multimembered team	Multimembered teams can maximise resources and cover a wider range of expertise. Recruitment might be an issue and clear roles in the field need to be outlined.	Who are the article authors and what are their affiliations? How were research teams defined? How many field researchers were used and what was the justification?
3 4 12 14	'In and out' researcher versus long-term engagement	New researchers might get more attention, but lack familiarity with the study area. Prolonged engagement often increases credibility and internal validity. Prolonged engagement might also lead to stronger relationships between research participants and the field researchers.	Did the research team have prior research experience in the study area? Does the research team report the establishment of relationships with potential research participants prior to the study?
13 14	Time for reflexivity	The rapid study time frames might not allow researchers to critically analyse the position they play in the field site and their role in the collection and analysis of data.	Does the article include reflections on the authors' positionality or factors that might have influenced data collection and analysis?
12 14	Research governance, and ethical principles	Time pressures should not deter researchers from undergoing the required governance and informed consent processes.	What were the research governance processes? Was the study approved by an ethics committee? Did the researchers follow an informed consent process?

COVID-19

RAPID MEDIA ANALYSIS:

DECEMBER 2019-PRESENT

Rapid review of newspaper and magazine articles and social media published from December 2019-present.



RAPID APPRAISAL

BASED ON TELEPHONE INTERVIEWS



Purposive sample of staff including primary care, emergency departments and intensive care units (ICUs).

RAPID POLICY REVIEW

Review of policies and government guidelines in relation to COVID-19 and comparison of policies across countries.



'MIRROR STUDIES'



Data across all countries will be synthesized to inform global response efforts.



The studies are coordinated by the Rapid Research Appraisal and Evaluation Lab (RREAL): Sandra Anita, Elyse Bautista Gonzalez, Caroline Buck, Jose Roberto Cabral Duran, Georgia Chisnall, Silvie Cooper, Nehla Djellouli, Dena Javadi, Ginger Johnson, Louisa Manby, Franco Marquez, Lucy Mitchinson, Sofia Mulcahy Symmons, Georgina Singleton, Kiral Sumray, Aron Syversen, Cecilia Vindrola-Padros. For more information, please contact Dr Cecilia Vindrola: c.vindrola@ucl.ac.uk

Carrying Out Rapid Qualitative Research During a Pandemic: Emerging Lessons From COVID-19

Cecilia Vindrola-Padros^{1,2}, Georgia Chisnall¹, Silvie Cooper¹, Anna Dowrick³, Nehla Djellouli¹, Sophie Mulcahy Symmons¹, Sam Martin⁴, Georgina Singleton^{1,2}, Samantha Vanderslott⁴, Norha Vera⁵, and Ginger A. Johnson⁶

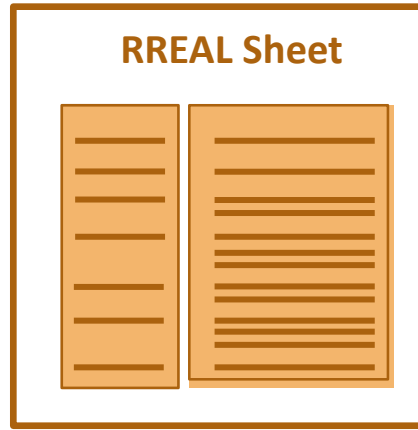
Research questions

1. What are **healthcare workers' (HCWs)** perceptions of COVID-19, infected patients and potentially infected patients?
2. What are their **experiences delivering care** in the context of this epidemic?
3. Do they feel like they have the **proper training and supplies** to work with patients potentially affected by COVID-19? If not, what additional resources would help them – both mentally and physically – do their work more effectively?
4. Do HCWs experience any **concerns** delivering care in this context? What are the underlying causes of these concerns with regards to the new virus and how can we address those concerns?



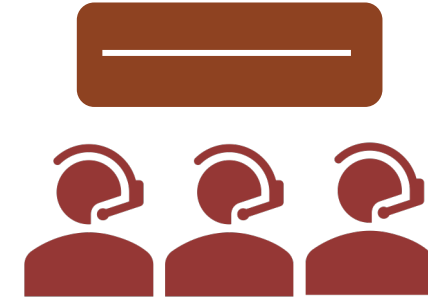
Telephone interviews with HCWs (audio-recorded) and detailed notes

After each interview



Living document for each researcher
Provides daily summary

Every week



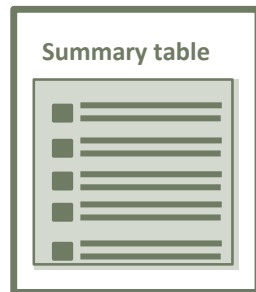
Data analysis (based on RREAL sheets and selective transcription) & team meetings



Modify RREAL sheet as needed



As needed



1-page summary table of findings to date aimed at main stakeholders



At different stages of the pandemic



Write up of academic publications

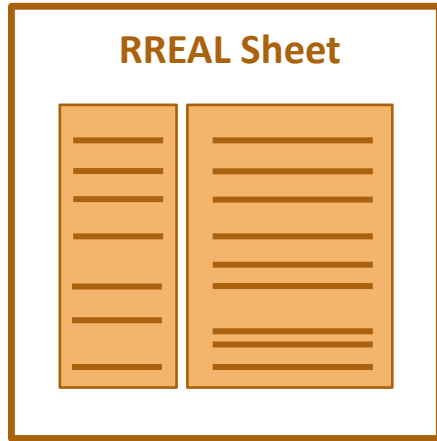
Researcher	
Ways in which COVID-19 has affected the organisation of healthcare delivery	GP practices: did not feel advice was given directly at GP practices, GPs with links in secondary care brought information that could be used in the practice. They moved to telephone consultations, but this was not mandated, they decided to do this individually.
Impact of COVID-19 on outcomes (patient, process, cost)	
Preparedness strategies	-Trusts are delivering PPE training, but this was not offered to all members of staff at the beginning (even those exposed to C19+ patients) -Trust stopped elective surgeries at the end of last week (week 9 th March) -only operating on C19- patients, emergency operations still being done (under review) -plans to repurpose cardiac ICU for C19 patients -mask fitting -discussions about staff redeployment, all of anaesthesia redeployed to ICU -creation of an ICU floor
Perceptions of preparedness strategies at a system level	-there has been a lot of making things up as we go along -advice given to GP practices has changed as the situation evolved -the pandemic was not taken seriously until it affected Northern Italy
Concerns or fears	<ul style="list-style-type: none"> • Things have escalated about a week ago (week 9th March), no real sense of urgency before. Now (week 16th March) it seems like the 'phony war' in the sense that war has been declared and we are getting ready for it, but we haven't really seen the impact • There were rumours appearing on Whatsapp groups used by doctors that said that a lot of intensivists were becoming infected and were being intubated or an ENT consultant who had died but this had been covered up • Concerns about the call to bring back doctors or other clinicians who have retired as many of these are at-risk groups

8 RREAL sheets (one per field researcher)

Issue	Examples mentioned by staff (to date)
Staff feel they cannot keep up with new information to inform practice	<ul style="list-style-type: none"> • Staff feel overwhelmed by the daily sharing of new guidelines. They feel they do not have enough time to digest the information. • Better collation and sharing of data on how patients' specific conditions may impact prognosis. This can be shared with patients when making hard decisions about care. • New protocols are only effective if you have the resources to deliver them. They need to be written as adaptive pieces of information, so each site can adapt them according to their context.
Concerns about lack of PPE or PPE that do not fit adequately	<ul style="list-style-type: none"> • Masks do not fit smaller people "even the small sized masks are designed for small men rather than women" – have to keep a few that fit • Fewer scrubs to go around • Concerns that PPE will run out or examples of having to reuse PPE • Family want to spend time with patients during EoL, so they are using huge amounts of PPE going in and out • PPE masks previously being fit tested, but so many failed that they stopped testing
Concerns about older members of staff and staff who are new to ICU	<ul style="list-style-type: none"> • Concerns for consultants as many older in age (this is a risk factor). • As cases increase you will have more staff from different areas who are out of their comfort zone and lack the required skills. Many are from different areas, retired, or returned to that department after 10-years working elsewhere. Those who are used to emergency/intensive care need to be supportive and help the others.

Summary of key concerns raised by staff (across all 8 RREAL sheets)
Developed twice a week

→ Short email communication to hospitals



Key emerging topics

Divided the topics between team members (giving them the option to chose and identifying a topic 'lead')

Develop an outline of the topic:
-review of the literature
-identification of relevant theoretical frameworks
-key issues to discuss based on the data

Organised the team to carry out selective transcription (not budget for transcription)

Initial coding

Agreed a coding framework and applied it to the data

Charted the data

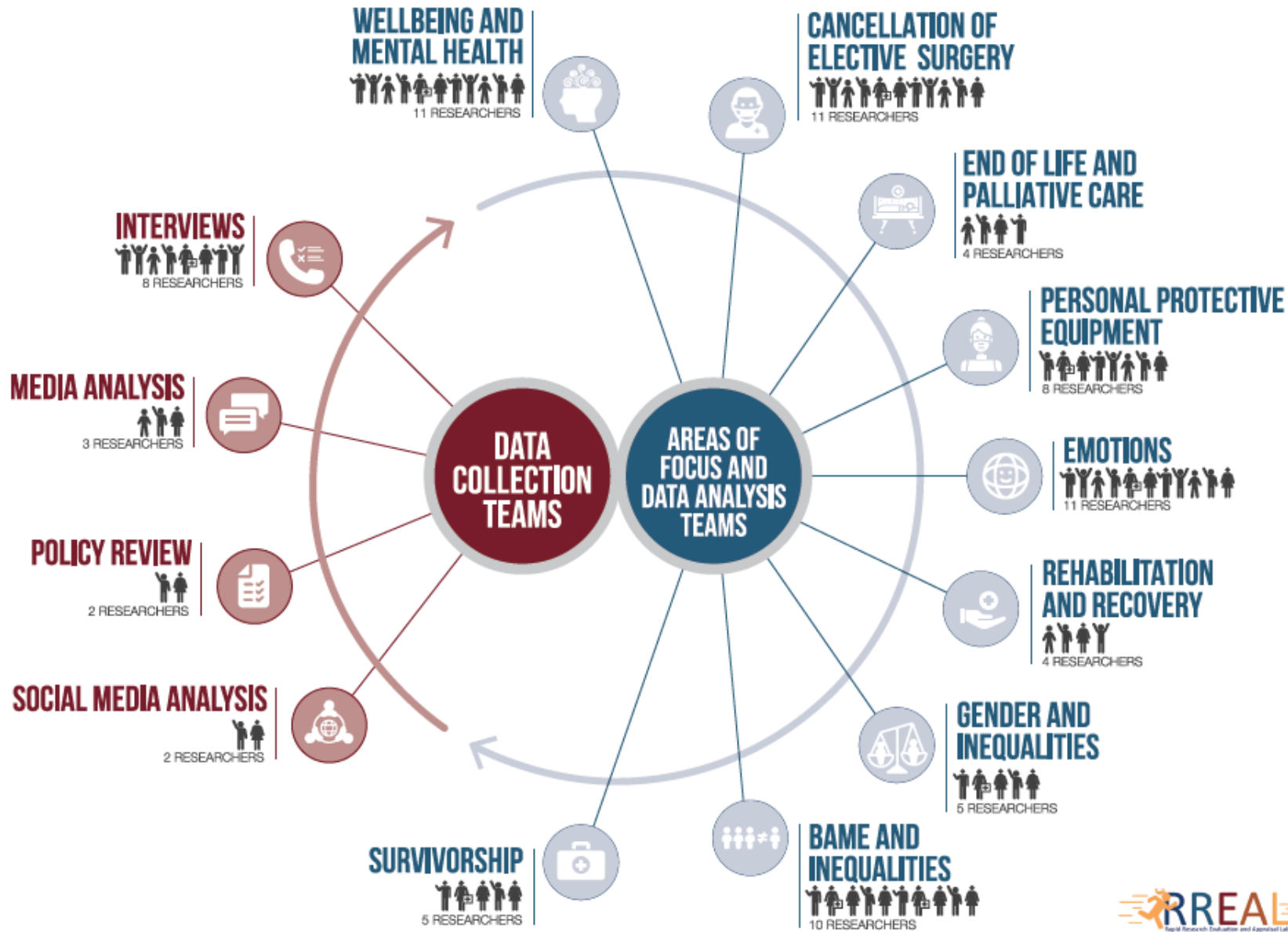
Looked for relationships

Drafted manuscripts for publication

Accessible summaries

Slides for presentations

Infographic



Data collection and analysis in practice

Analysis with multiple aims:

- inform immediate response efforts (local, regional, national, international)
- inform other streams of work
- develop papers for quick publication
- develop papers that require more in-depth analyses
- inform future studies

Local hospitals' wellbeing support guidelines

Paper 1 based on rapid analysis of wellbeing support to British Journal of Psychology Open

Paper 2 based on analysis of the long-term effects on mental health under development

Applying for funding for a future study on survivorship

Developing a systematic review

Collaboration with MSF to use these findings to inform a global survivorship project

Sharing of findings with the Royal College of Anaesthetists

Use of findings to inform another study on delivery of elective care in private hospitals

Paper submitted for publication to IJHPM

Sharing of findings with the Royal College of Anaesthetists and local hospitals

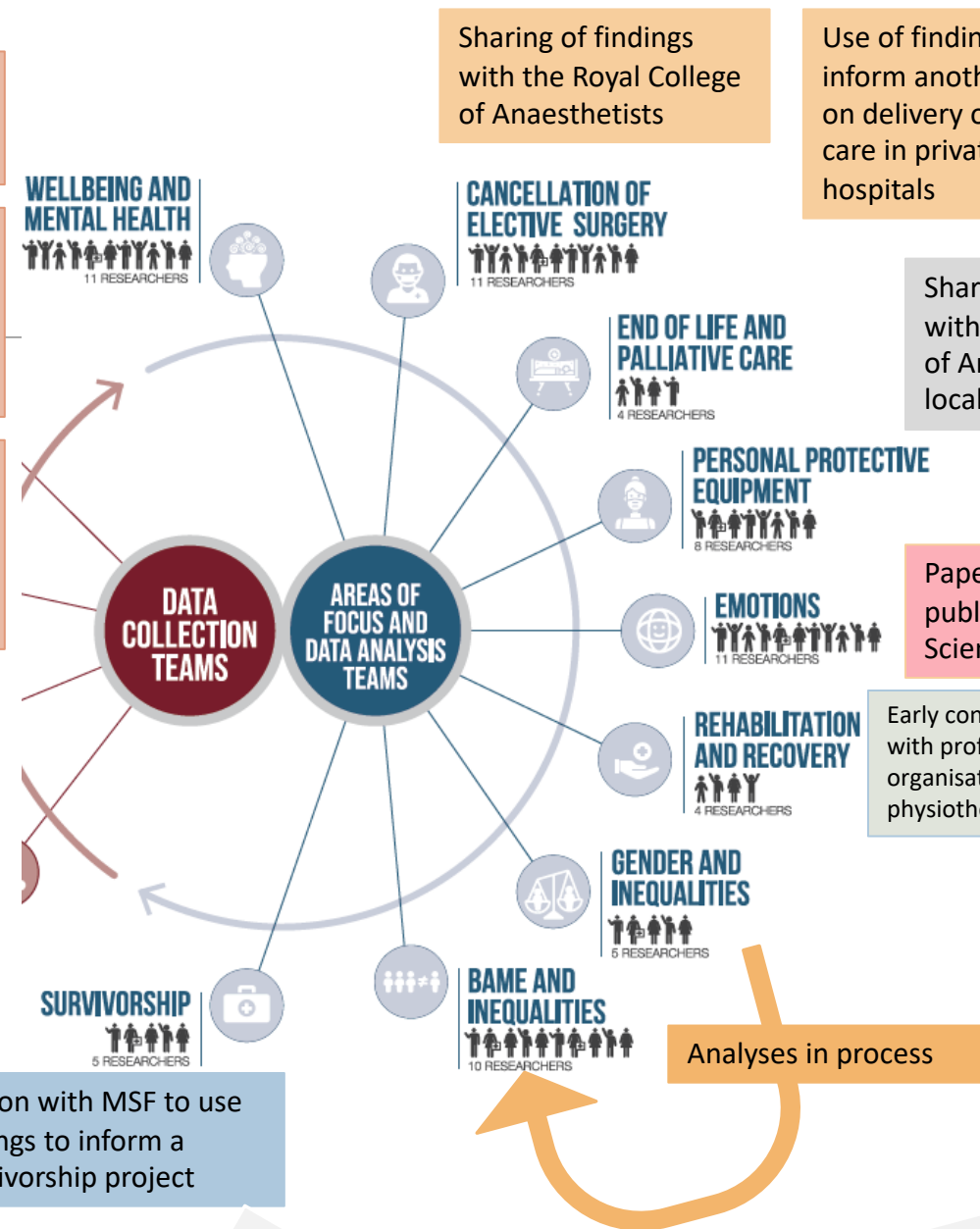
Paper submitted for publication to Palliative Medicine

Paper submitted for publication to BMJ


Paper submitted for publication to Social Science and Medicine

Early conversations with professional organisations of physiotherapy









Collaboration with MSF to use these findings to inform a global survivorship project



BMJ Open Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK

Cecilia Vindrola-Padros ¹, Lily Andrews,² Anna Dowrick,³ Nehla Djellouli,⁴ Harrison Fillmore,⁵ Elysse Bautista Gonzalez,² Dena Javadi,⁶ Sasha Lewis-Jackson,⁵ Louisa Manby,² Lucy Mitchinson,⁷ Sophie Mulcahy Symmons,² Sam Martin,⁸ Nina Regenold,⁵ Hannah Robinson,⁹ Kirsi Sumray,² Georgina Singleton,¹ Aron Syversen,² Samantha Vanderslott,⁸ Ginger Johnson¹

BMJ Open Frontline healthcare workers' experiences with personal protective equipment during the COVID-19 pandemic in the UK: a rapid qualitative appraisal

Katarina Hoernke ¹, Nehla Djellouli ¹, Lily Andrews ², Sasha Lewis-Jackson ³, Louisa Manby ², Sam Martin ⁴, Samantha Vanderslott ⁴, Cecilia Vindrola-Padros ⁵



BJPsych Open (2021)
7, e15, 1-9. doi: 10.1192/bjo.2020.148



Review

Mental health and well-being of healthcare workers during the COVID-19 pandemic in the UK: contrasting guidelines with experiences in practice

Norha Vera San Juan, David Aceituno, Nehla Djellouli, Kirsi Sumray, Nina Regenold, Aron Syversen, Sophie Mulcahy Symmons, Anna Dowrick, Lucy Mitchinson, Georgina Singleton and Cecilia Vindrola-Padros



social sciences



Article

Gender Matters: A Gender Analysis of Healthcare Workers' Experiences during the First COVID-19 Pandemic Peak in England

Nina Regenold¹ and Cecilia Vindrola-Padros^{2*}

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² Department of Targeted Intervention, University College London, Charles Bell House 43-45 Foley Street, London W1W 7TY

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COVID-19

RAPID MEDIA ANALYSIS:
Rapid review of 150 newspaper articles and 148,000 social media posts from September 2019 to June 2020.

TELEPHONE INTERVIEWS WITH FRONTLINE WORKERS
Purposeful sample of 150 workers (drawing on all of the frontline) to capture their experiences during the pandemic.

RAPID POLICY REVIEW
REVIEW OF 70 UK POLICIES AND GOVERNMENT GUIDELINES IN RELATION TO COVID-19.

COVID-19 EMERGING FINDINGS

- GUIDANCE**
One source of concern included lack of guidance on rapidly changing guidance, particularly in relation to PPE.
- WORKERS AND FAMILIES**
Ethical approval for the study gave rise to concerns about the impact of the lack of adequate PPE and potential for infection among family members.
- PPE**
PPE was being hot and uncomfortable and complicated communication with colleagues and patients.
- INEQUALITIES**
The burden of working on the frontline was unevenly distributed, with lower ranking staff often being required to be in contact with patients, sometimes without sufficient training & adequate preparation.
- NEW ROLES IN RELATION TO DEATH**
HCWs were forced to take on new roles including supporting patients at end of life due to existing staff members also not being able to ensure patients did not die alone.
- MENTAL HEALTH SUPPORT**
HCWs reported a reduced availability of formal mental health support, however, understanding the impact of the pandemic on staff from participating in these activities.
- REDEPLOYMENT**
Lack of training for redeployed staff and the failure to consider the skills of redeployed staff for new areas were identified as problems, with redeployed staff not being able to ensure patients did not die alone.
- RECOVERING PATIENTS**
COVID-19 is presenting long term implications and difficulties in recovering patients, and HCWs are concerned that patients may be discharged too early or not have access to rehabilitation services.

POSITIVE ASPECTS OF DAILY WORK REPORTED BY HCWS INCLUDED SOLIDARITY BETWEEN COLLEAGUES, FEELING VALUED BY SOCIETY AND THE ABILITY TO PRODUCE RAPID CHANGES IN SERVICE DELIVERY (SUPPORTED BY HOSPITAL MANAGEMENT).

The studies are controlled by the Rapid Research Evaluation and Appraisal Lab (RREAL), which is a joint venture between the Centre for Evidence-Based Practice, University of Lincoln, UK, and the Centre for Evidence-Based Practice, University of Lincoln, UK. The RREAL is a joint venture between the Centre for Evidence-Based Practice, University of Lincoln, UK, and the Centre for Evidence-Based Practice, University of Lincoln, UK. For more information, please contact Dr Cecilia Vindrola-Padros, c.vindrola@lincoln.ac.uk

CARRYING OUT RAPID QUALITATIVE RESEARCH DURING A PANDEMIC: EMERGING LESSONS FROM COVID-19

RAPID RESEARCH
Carrying out rapid qualitative research during a pandemic is difficult, but, when carried out well, it can help generate valuable data to inform business recovery efforts.

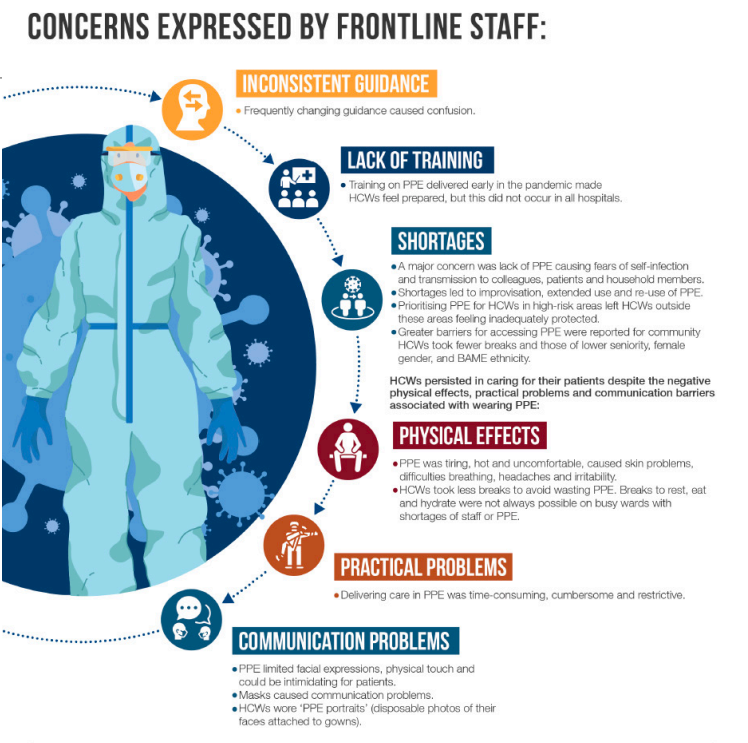
ETHICAL REVIEW
Some fast-track processes for ethical review have been established but there is a need to ensure that the safety of participants is not compromised by the speed of rapid studies.

COMMUNICATION
The establishment of small groups of researchers and "buddies" to guide the process and take ownership of the project helps with the coordination of large teams.

STANDARDS
There are a number of ways to ensure the quality of rapid qualitative research, including the use of standardised protocols and the involvement of experienced researchers.

RREAL
Rapid Research Evaluation and Appraisal Lab (RREAL) is a joint venture between the Centre for Evidence-Based Practice, University of Lincoln, UK, and the Centre for Evidence-Based Practice, University of Lincoln, UK. For more information, please contact Dr Cecilia Vindrola-Padros, c.vindrola@lincoln.ac.uk

FRONTLINE HEALTHCARE WORKERS' EXPERIENCES WITH PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING THE COVID-19 PANDEMIC IN THE UK: A RAPID QUALITATIVE APPRAISAL



LESSONS LEARNED:

The findings of this study highlight the importance of protecting HCWs' health and well-being through:

- Adequate provision of PPE across all areas of the hospital.
- Training on its use (delivered early in the pandemic).
- Clear and consistent guidance.

Healthcare organisations should provide regular breaks for staff working in full PPE, even in contexts of understaffing and PPE shortages.

The study was carried out by Katarina Hoernke, Louisa Manby, Sam Martin, Samantha Vanderslott, Sasha Lewis-Jackson, Nehla Djellouli, and Cecilia Vindrola-Padros as part of the Rapid Research Evaluation and Appraisal Lab (RREAL).
Visual abstract design: Franco Marquez.
To read the full article, please visit: <https://www.rapidresearchandevaluation.com/handouts>



Carrying Out Rapid Qualitative Research During a Pandemic: Emerging Lessons From COVID-19

Cecilia Vindrola-Padros^{1,2}, Georgia Chisnall¹, Silvie Cooper¹, Anna Dowrick³, Nehla Djellouli¹, Sophie Mulcahy Symmons¹, Sam Martin⁴, Georgina Singleton^{1,2}, Samantha Vanderslott¹, Norha Vera⁵, and Ginger A. Johnson⁶

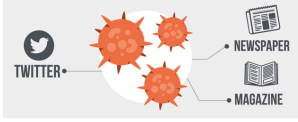
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1-13
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SAGE

COVID-19

RAPID MEDIA ANALYSIS:

DECEMBER 2019-PRESENT

Rapid review of newspaper and magazine articles and social media published from December 2019-present.



RAPID APPRAISAL

BASED ON TELEPHONE INTERVIEWS



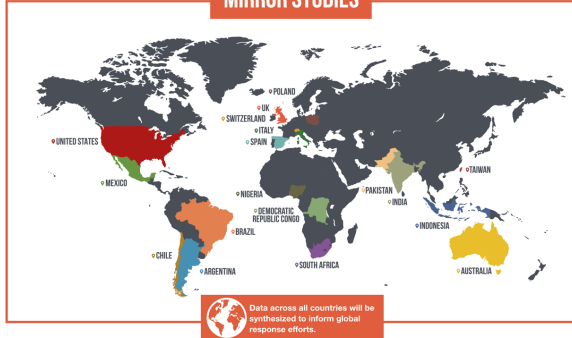
Purposive sample of staff including primary care, emergency departments and intensive care units (ICUs).

RAPID POLICY REVIEW

Review of policies and government guidelines in relation to COVID-19 and comparison of policies across countries.



'MIRROR STUDIES'



The studies are coordinated by the Rapid Research Appraisal and Evaluation Lab (RREAL): Sandra Artale, Elyse Baudais-Gonzalez, Caroline Buck, Jose Roberto Cabral Duran, Georgia Chitrali, Steve Cooper, Neha Djelbou, Daria Javadi, Gregor Johnson, Louise Marley, Franco Marquez, Lucy Mitchinson, Sofia Mulcahy-Symons, Georgina Singleton, Kiri Sumray, Aron Syversen, Cecilia Vindrola-Padros. For more information, please contact Dr Cecilia Vindrola: c.vindrola@ucl.ac.uk

Mirror studies

Policy review

UK
France
Italy
Spain
Germany
Poland
USA
Mexico
Ecuador
Chile
Argentina
Brazil
Nigeria
Pakistan
South Africa
India
China
Australia
Switzerland

Telephone interviews

UK
Spain
USA
Mexico
Ecuador
Chile
Argentina
Brazil
Nigeria
Zimbabwe
Pakistan
South Africa
India
Australia
Switzerland
DRC

Media analysis

Mexico (Spanish media)
India, Pakistan, Indonesia
(Religion analysis)
All media in English (led by
UK team)



Upcoming training

Spring 2023

Dates	Courses
20 January	Introduction to <i>rapid qualitative research</i>
3 February	Introduction to <i>rapid evaluation</i>
24 February	Introduction to <i>rapid ethnography</i>
24 March	<i>Team dynamics</i> in rapid research and evaluation
17 March	<i>Scoping</i> studies in rapid qualitative research
10 March	Advanced rapid qualitative <i>data analysis</i>
31 March	Process/pathway <i>mapping</i> in rapid qualitative research
21 April	Introduction to <i>RREAL Sheets</i>

To hear about future training options, join our mailing list by emailing:

RAPIDQUALITATIVERESEARCH@jiscmail.ac.uk

Visit our website for more information on the training and RREAL research:

<https://www.rapidresearchandevaluation.com/>



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