

## Biennial report

### Study Groups

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#### **Title of the study group: Nurses' study group for Research and Strategy (REST)**

Study Group Leader's name: Yvonne van Eijk-Hustings

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#### **Summary of last year's activities**

REST aims to provide a platform for collaboration and international research. Our network is dynamic and comprises people from many European countries, the USA, and Asian countries, such as Japan and Hong Kong.

In REST several project groups participate and the number and kind of groups fluctuate. The role of nurses in cardiovascular risk, readability of informed consent materials and agreement with- and feasibility of the EULAR recommendations for the role of the nurse have been studied [1,2,3]. Current working groups are

- the rheumatology nursing sensitive outcomes task force (RNOT) that aims to develop a core set of nursing sensitive outcomes [4].
- The European Qualitative research collaboration on Patient-preferred outcomes in Early RA (EQPERA) that currently performs a longitudinal study on preferred health and treatment outcomes. The study protocol, that is the first on a longitudinal, qualitative study, will be submitted soon.

Besides, people can connect to benefit from expertise from others in designing and performing studies in their countries. For example, a German nurse designing a study on nurse-led care in Germany was linked to a nurse in Denmark (Dr. Jette Primdahl) and a nurse in the UK (dr. Mwidimi Ndosi), both experienced in evaluating nurse-led care.

Moreover we intend to start a joint project: exploring changes in development of extended roles in Europe by repeating (a part of) the survey on HP roles, presented in London 2011. However, the context of nursing care still differs widely across Europe. We will need detailed descriptions of this to fully understand data from the survey. Currently the EULAR recommendations for the nurse are being updated and we expect that the review performed for this update will provide input for the role descriptions. We will continue working on this project as soon as the updated recommendations are published.

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2. Hamnes B, van Eijk-Hustings Y, Primdahl J. Readability of patient information and consent documents in rheumatological studies. *BMC Med Ethics*. 2016;17(1)42. doi:10.1186/s12910-016-0126-0
3. Fusama M, Nakahara H, van Eijk-Hustings Y, Oliver S, Takeuchi T. Survey on attitudes regarding EULAR recommendations for the role of nurses involved in medical care of patients with chronic inflammatory arthritis in Japan. *Mod Rheumatol* 2016;27(5): 886-893  
<http://dx.doi.org/10.1080/14397595.2016.1260199>
4. Minnock P, McGee G, Kelly A, Carter S, Menzies V, O'Sullivan D, Richards P, Ndosi M, van Eijk-Hustings Y. Nursing Sensitive Outcomes in Patients with Rheumatoid Arthritis: A Systematic Literature Review. *Int J Nurs Stud*. 2018;77:115-29. <http://dx.doi.org/10.1016/j.ijnurstu.2017.09.005>