



## Working through menopause with e-help

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### The Double Whammy: Doing nursing research during a global pandemic

Pre-COVID, in January 2019, nursing researchers Rhonda Wilson and Camille Cronin decided to investigate how digital health interventions could support women going through menopause.

Rhonda, an Australian at the University of Southern Denmark, and Camille, from the University of Essex in the UK, had first met at a

Screenshot from Zoom meeting 1<sup>st</sup>/2<sup>nd</sup> March 2021. From top left: Gemma, Camille, Jette, Marja, Kerri-Ann, Rhonda, Janene, Sara.

conference in 2015 and found they had similar interests in qualitative health research. But it wasn't until Camille came across to Denmark for a few work-focused days that they picked a topic for their collaboration, chose the nursing workforce as their initial target group, and began writing a literature review paper.

Back then, it seemed natural to assume that face-to-face meetings would play an essential role in pushing the collaborative project along, even if much of the communication would be done via email. They expected to meet several times in the UK and next in Barcelona at a

nursing education conference. Then COVID appeared, dismantling many taken-for-granted things including face-to-face meetings, conferences and travel.

“Face-to-face meetings provide the vehicle for intense, focused work, and in this case it would have been more writing,” Camille said. “We’d also attempted to get funding for Rhonda to travel on an International Visiting Fellowship but were unsuccessful.”

The project is not grant-supported and has been mostly running on the goodwill of interested parties. In the UK, Camille gained funding from the Burdett Nursing Trust to bring research assistant Gemma Bidwell to the team. In Australia, Janene Carey was employed two days/week as a research associate for Rhonda at the University of Newcastle. The goal is to have a programme of research supported by funding for PhD students.

Other researchers joined the project, personally invited by Rhonda. Marja Kaunonen from Tampere University, Finland is Chair of the European Network on Training, Education and Research in Mental Health, and for the last few years Rhonda has been a keynote speaker at their annual conference. In February 2020, while working at Massey University in New Zealand, Rhonda was introduced to Kerri-Ann Hughes, and they discovered shared interests in women’s health and menopause.

Rhonda returned to Australia towards the end of 2019 and took up her current position as Professor of Nursing at the University of Newcastle in March 2020, just as the global pandemic got underway.

## **Impact on the research itself**

### **United Kingdom**

In the UK, Camille and Gemma began recruiting participants in February 2020 and completed one focus group before the first UK lockdown.

“We had to revise our research and seek ethics approval to run the focus groups via Zoom instead of face-to-face,” Camille said.

“This did really change the group dynamics; the whole experience was different. But there were advantages for participants in that there was no travel involved, no costs, we could be more flexible with timings and recruitment could reach out to those further away.”

Camille and Gemma also found they had to schedule multiple focus groups because getting ten participants at once proved too difficult. There was no organisational support for nurses to be released from their workplace for a focus group, particularly in the acute hospital settings. They were too busy preparing for COVID admissions and being upskilled to cope with a surge in demand.

“It was impossible to recruit acute care nurses during a pandemic in a country as severely impacted as the UK,” Camille said. “The sample of nurses for the study came from education and primary care.”

### **New Zealand**

When New Zealand was put into level 4 lockdown in late March 2020, the university advised researchers to put their research on hold till further notice. It was not until they reached level

2 lockdown that they were able to recommence. The New Zealand focus groups were held face-to-face in September and October 2020.

“Even with the ability to conduct face-to-face focus groups, recruitment of registered nurses has been challenging as they are still heavily involved in continuing COVID-19 planning due to the uncertainty of the virus and its strains,” Kerri-Ann said.

“Other issues that have been challenges for researchers during the lockdown have been the lack of University Ethics committee meetings, as committees were also put on hold while in lockdown, which has impacted on research receiving ethical approvals.

“There continues to be stress and anxiety when working on research projects due to the ongoing concern about outbreaks and clusters and whether further lockdowns will occur. Zoom and online meetings have become important to ensure the dialogue and research continues, although this mode of operation has its challenges when researchers are living in multiple time zones.”

### **Finland**

Marja said the pandemic situation in Finland has been quite easy compared to many countries, with relatively few people hospitalised.

“That is very true in our Tampere area, but still we are distance working when it has been possible and avoiding gatherings. But still we were able to have the data collection with face-to-face focus groups.”

### **USA**

Sara Donevant from the University of South Carolina joined the project team in November after seeing the group’s project on ResearchGate. She and Rhonda ‘met’ via a Zoom call. Sara, a digital health researcher, was interested because she has recently been using digital technologies and artificial intelligence to provide personalised management of weight gain in post-menopausal women.

Sara began recruiting early this year, while the USA was experiencing 3000+ COVID-19 deaths per day during January. Fortunately, these numbers are finally starting to decline. Nurses in her country are stretched to the max, either at bedsides or on vaccination duties. The state and local health departments have been enlisting volunteers to assist with vaccinations. As of February, the Centers for Disease Control and Prevention are reporting that more than 50 million vaccine doses have been administered.

“Research involving nurses during the current COVID-19 situation has been complicated,” Sara said. “One area of complication is the focus groups, which must now be via virtual rather than face-to-face. However, the current decline in COVID-19 cases with an increase in vaccines will offer some return to normalcy in research.”

### **Australia**

In Australia, we’ve had relatively few cases, but we’ve seen a high level of precautionary restrictions, snap closures of state borders and lockdowns nationally (at first) then in specific places to deal with outbreaks. Regional areas, such as the Central Coast and Mid North Coast of NSW, where Rhonda and Janene are based, have seen very low incidence of COVID-19.

Rhonda said the proximity of the Central Coast to Sydney has placed her campus on COVID restrictions from time to time, which has been challenging in terms of prioritising nursing research activities. A great deal of time has been spent on responding to specific research calls on COVID-related matters which have taken priority.

Over the last 12 months, Australia has also battled other natural disasters beyond COVID, recovering from the 2019 bushfires and dealing with extreme weather conditions that have caused flooding and wind damage, with huge impacts across large geographical areas, to the detriment of the lives of many people.

“One thing we have learnt from our international research collaboration together is that despite challenging times in all of our settings, we have been able to use digital technologies and communications to the full extent to ensure that we have been able to grow our research project, even in the most difficult circumstances,” Rhonda said.

“We have developed leadership in this important field at a time when the work of nurses has been under the spotlight, and we have demonstrated a resilience and tenacity in our approach to researching a topic of importance to women throughout the world.

“We have been able to advocate for women in menopause and for more inclusive support and recognition of their needs. When we think about the average age of women nurses around the world, many are in mid to older age brackets, and many are busy securing COVID recovery whether through active care of those impacted, health promotion education about public hygiene, or large-scale vaccination programs.

“The need for experienced and expert nurses in our health workforces is significant. Nurses have our COVID backs ... and our research team has their backs. We have learnt not to give up, but to find another way to succeed to conduct investigations that are important and meaningful to humanity.”

### **Impact on researchers**

We've been meeting regularly online using Zoom since July 2020. Our Zoom meetings provide an accountability check, information about where we are all up to, action items of things to do next, and a certain amount of socialising. However, we've had some bizarre meeting times given our five disparate time zones. Most of us have to get up early or stay up late. For example, one meeting was held at 9am in Finland and 4pm in Australia, but in New Zealand it was 6pm, in the UK it was 7am and for poor Sara in the US, who had just joined the team, it was taking place at 2am. The next meeting switched things around so that in the UK it was 8pm, Finland 10pm, USA 3pm, Australia 7am and New Zealand 9am.

However, it could be argued that normalising Zoom interactions has removed one of the main impediments to international research collaborations – the idea that costly, face-to-face meetings were indispensable.

“It certainly has allowed for the continuation of this project,” Camille said. “We all share the same passion for research, and this allows us to continue despite the interruptions of COVID.”

The impact of COVID restrictions and outbreaks on us as individual researchers has been variable across countries, there's been quite a continuum of effects. Both Camille and Sara have added volunteer vaccination duties to their task lists.

“As a practice nurse I see patients in clinic one session a week, and it allows me insight into the world of COVID and the impact on a community, and how services are challenged and changing,” Camille said.

“Being part of the immunisation programme was a no-brainer. I see how scared people are of COVID, also the loneliness COVID brings, the disconnection of families in terms of the physical ‘hugs’ and ‘kisses’. In the vaccinations clinics I meet many grandparents who want to see the new babies born into their families and their grandchildren growing up. Some use digital platforms but for many there still remains a vast divide in digital inequalities.”

For Sara, assisting with vaccinations in the U.S. was a wonderful opportunity to step back into the clinical setting. As a former ICU nurse now working in academia, she discovered how much she truly missed interacting with patients and their families.

“This opportunity was such a rewarding time especially knowing the vaccine was one step closer to returning to some type of normal,” she said.

Many of the patients she vaccinated stated how they have been socially isolated for almost a year with some reporting they did not even venture out for groceries.

Safe to say in all, the pandemic has been unsettling and a challenge to everyone's resilience. But overall, we've managed to make time for the project and continued to progress and grow it. Rhonda is particularly looking forward to the day when she can unite us all in person.

“I've found when we can get together and do some writing, it's a powerful time,” she said.

“Zoom is a good stop-gap, but we know that meeting together in person reaps a great deal more value towards the work we do in collaboration, as discussed in Wilson and Armstrong (2016).

“I am really proud of our research team and the way we have shared the challenges and motivated each other to persist despite the challenges. When we are all vaccinated, and world travel opens up again we will look forward to the joys and rigour of face-to-face meetings again. In the meantime – we are getting on with the job at hand!”

Wilson, R.L. & Armstrong, M. (2016) International networks: The usefulness of conference meetings and site visits for progressing nursing practice of youth in mental health care. *Mental Health Practice RCNi* 19(9) 34-37. DOI: 10.7748/mhp.19.9.34.s22

## Introducing Dr Jette Marcussen



We are now operating in six countries, as Dr Jette Marcussen has joined us from the University of Southern Denmark.

Jette is employed as a postdoctoral researcher at “OPEN - Open Patient data Explorative Network”, the Department of Clinical Research, University of Southern Denmark. She is also in a shared position as researcher at Health Sciences Research Centre and Senior Lecturer at the Professional Bachelor degree programme of Nursing,

University College Lillebaelt, Odense.

In cooperation with OPEN, SDU and UCL and national and international researchers, her research area is Loss and Bereavement, with a particular focus on promoting mental health, well-being and equality in health in different kinds of family structures experiencing critical illness and/or death. In her PhD, she particularly investigated double bereavement of parental divorce and parental death including how mental health promoting interventions support children including young adults and their families, when a divorced parent dies of cancer. She is working to support nurses to provide advanced care towards children, young adults and families experiencing loss and bereavement. Jette has published several papers and is a member of the Danish National Board of Family Nursing, and an Advisory Board in the Danish Cancer Society.

## Where are we up to?

**UK** – Data collection completed. Camille and Gemma met with Marja (virtually) on February 10 to present and compare UK and Finish data sets. An intense 90 minutes of discussion revealed a great deal of similarity and showed the UK-developed framework and themes also fits the data from Finland. They scheduled a second meeting to continue the analysis, and this was held on February 23.

**Finland** – Between the two meetings with Camille and Gemma, Marja translated relevant extracts to English so they could be coded and added to a Word doc table. One difference between the two country’s focus groups was that UK participants spent more time talking about symptoms whereas the Finnish participants talked more about potential interventions and app development. Marja has written a document about the translation analysis process.

**New Zealand** – Kerri-Ann has transcribed data for the first focus group (n=4) and is working on the second (n=5). NZ data shows similar trends in terms of discussion focus, with most talk about symptoms. It was suggested that perhaps they know how they feel but don’t know what help could look like. COVID restrictions have been hampering workload.

**America** – Sara is actively recruiting, with 2-3 participants so far for a focus group to be held in a fortnight or so, either using Teams or Zoom. Camille and Gemma discussed how using Zoom can provide automatic captioning and labelling of speakers, which speeds up the process of transcription, at least with English speakers.



**Australia** – Recruiting now, with focus group planned for April 19 via Zoom.

**Denmark** – Jette Marcussen from the University of Southern Denmark attended her first meeting and has received proposal information to adapt and seek ethical approval.

## Project Publications

Cronin, C., Hungerford, C., & Wilson, R. L. (2020). Using Digital Health Technologies to Manage the Psychosocial Symptoms of Menopause in the Workplace: A Narrative Literature Review. *Issues in Mental Health Nursing* 1-8. doi:10.1080/01612840.2020.1827101

Many women experience vasomotor, psychosocial, physical and sexual symptoms during their menopausal life-stage. Specifically, the psychosocial symptoms of menopause can include loss of confidence, issues with self-identity and body image, inattention and loss of memory, increased levels of stress, and a higher risk of developing anxiety and depression. In the workplace, such symptoms can impact the woman's capacity to perform to her optimal levels. Even so, many women do not seek help to manage their symptoms due to feelings of embarrassment, the possibility of experiencing adverse reactions from others, or the cultural taboos that are attached to the condition. Digital health technologies, including virtual consultations, therapeutic interventions, and participation in online communities of support, provide an important means by which women can obtain information about menopause. In the field of mental health, digital technologies have an increasing evidence base. This paper considers how mental health practitioners can adapt, utilise or recommend digital health strategies to support older women in occupational settings to manage their psychosocial symptoms of menopause.

## Contact Us

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