**Stefanie Harding Specialist Respiratory Physiotherapy, AHP Clinical Doctoral Research Fellow.**

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Hi, my name is Steph. I've been asked to record a little bit about my research project

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and why I'm doing a PhD.

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So yeah, let's just talk a bit about myself. I qualified as a physiotherapist about 18 years ago and I came to the UK about 12 years ago

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and my interest is respiratory and my specialty is people with chronic respiratory failure

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who require to innovative ventilation and it was never really on my cards to do PhD at all. I've done a masters module with non invasive ventilation, but I never intended to do a PhD.

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But my consultant is very ambitious and it's great to work with

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and he said I think you should apply for this. And so I did, and I was lucky enough to get it. And it's a funded PhD part time, so it's funded between the University of Brighton and Worthing Hospital

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over five years. So I'm continuing to work part time and study part time, which I think is a great balance, and it keeps it interesting. I have a very curious mind and the topic I show that I'm really passionate about

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which is sedentary behaviour and people with with PPD chronic obstructive pulmonary disease, mostly caused by smoking and it's a chronic

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and obstructive disease that is progressive and non reversible.

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So these people have been seen inactive and sedentary. So two different areas physical activity is different to

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to sedentary behaviour. So it can be, for example, inactive and not meeting the physical activity guidelines, which is about 150 minutes per week of moderate intensity of physical activity or 75 minutes of vigorous intensity.

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But you could potentially meet these activities, which is about 30 minutes a day, but you remain sedentary for the rest of the day and vice versa. You could potentially, um, not be sedentary

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and spend most of your day standing but not meeting physical activity. So there's a difference and because these people don't meet physical activity guidelines,

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I was thinking of maybe exploring if we can reduce that entry time.

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So sedentary behaviour in this population has been seen with increased health risks like cardiovascular disease and obesity and diabetes and those with cancer and also reduced life expectancy.

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At the moment the focus is pulmonary rehab for these people. So they if they are very breathless, they would be recommended to go to pulmonary rehab, which is a six weeks course,

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twice a week with a bit of physical activity, education, self management plan. But a lot of people don't want to attend or can't attend potentially because of transport issues and so there's some problems around us.

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So these people spend over 63% sedentary a day compared to healthy individuals which spend 45 to 60% certain entry, so quite different. So my plan is to find out

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what you know, what is the relationship between sedentary behaviour and people with chronic obstructive pulmonary disease and what are the barriers and facilitators and the the problems with that the Evans and engagement and if it's related to hospital readmissions, because we know people will see pretty get readmitted to hospital quite frequently. 30% of the people get readmitted within 30 days and 45% get readmitted to hospital within 90 days.

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So that's why my project UH, starts with a literature review. So I've done lots of background reading and the importance and what's been done in that field,

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and I'm just about to write up my systematic review which looked into influencing factors. So the reasons why people spend their time with their entry and I'm hoping to publish that so. And the rest is also mixed methods. So my PhD project consists a bit of qualitative and quantitative research.

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The first one is a qualitative interview study

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interviewing people following in hospital admission to find out their barriers and facilitators of reducing sedentary time and also what's the perception of sedentary behaviour and these people.

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And then finally, I'm trying to do a quantitative study, which is a longitudinal study and giving people an activity tracker

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during hospital admission and measuring that time in sedentary or sedentary time during hospital admission. And then we followed them up at home as well to see how much time they spent sedentary and to see if

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if this is also linked with hospital readmission.

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Um, ideally we would like to to involve maybe an AN intervention as well

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and see if if we can mix in an intervention that we found out within the the interviews potentially. So it's a bit early days. We don't, we're not sure. I've just approached my second year as well.

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So yeah, very sort of exciting. A lot of things to come. People say the first year is the hardest because you plan out a lot and you're writing lots of protocols. It's hard going, but I think the next year is gonna be more exciting because I've just applied for ethics and I've passed my first stage of the panel. A few more to go, but then hopefully I can by February, March time I can actually interview people, which is a little bit more fun.

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Umm, what's the best bids? I think the best bids,

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it's just for me the, the combination of clinical work as well as research. I've been, um, yeah, really curious with regards to respiratory in the past anyway, but I've never really come across research as much. So having that opportunity now to learn about the different type of studies there are and the research that exists and the gaps there are, I think that's really exciting. Also I think it opened a lot of other opportunities. So I've been asked to be a principal investigator and a sense of study at the hospital already.

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Again, it's just the networking opportunities and meeting lots of great people and the the the interaction with people is amazing. We just need really lovely people just keen to try and

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um do research, improve healthcare, you know improve patient care, that's it's all really want and I think that's amazing and people that are enthusiastic as well

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and there are lots of learning opportunities. I've just attended the module on interview studies which was funded by the hospital as well. So very, very fortunate. Um, my top tips I think if you curious

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and if you have a a field you're really interested in it, then definitely do something about it. Go and do more research

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and umm, yeah, I think if you consider doing a PhD,

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make sure you have got a a good team of supervisors because you're gonna work with them for a long time and work on your networking opportunities. We've got a great group of pH. D students, we're gonna have a WhatsApp group and we all have a giggle and a cry and we just there for each other. It's nice to hear other people are facing similar things and

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mostly just keep going, never give up. Um, it is. Um, it is lovely opportunity and I think in general there are good days, some tough days, but mostly good days. So if you're considering it, then definitely, definitely do it. And I wish you all the best.

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Thank you.

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