Plan Overview

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Title: Exploring what it means to be Catholic as a Mental Health Nurse in the National Health Service (NHS): An Applied Phenomenological Study

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Project abstract:

The study's purpose is to explore what it means to have a Catholic identity as a mental health nurse in the contemporary NHS. The question the study will answer is *"What does it mean to be Catholic as a mental health nurse in the National Health Service (NHS)?"* This research question emerges against a background of media articles (e.g.Sterling, 2023), employment tribunals records (e.g. Jennifer Melle v Epsom and St. Helier University Hospitals NHS Trust [2025]), non-statutory inquiries into perceived discrimination against Christians (Commission of Inquiry into Discrimination Against Christians, 2025), and a variety of scholarly and professional literature (e.g.Swinton, 2024; Dein, 2022) involving the relationship between Christian belief and (often mental) healthcare practice. The study takes as its starting point that these are indicative of a more deeply meaning-laden and textured encounter between Christian belief and NHS mental health nursing practice worthy of scholarly investigation from a Catholic perspective.

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Exploring what it means to be Catholic as a Mental Health Nurse in the National Health Service (NHS): An Applied Phenomenological Study

Data Collection

What data will you collect or create?

12-20 semi-structured interviews will aim to capture participants' descriptions of workplace experiences in which their Catholic identity was perceived to have been expressed, recognised, or influential in their role and practice as mental health nurses within their NHS organisations.

Specific demographic information will be gathered. This will be restricted to age range, gender, country of birth, ethnicity, job role, area of professional specialism, and length of professional experience. This information will be collected to provide contextual background and to support the interpretation of participants' accounts.

For administrative purposes, minimal personal data - namely participants' names, email addresses, and confirmation of eligibility - will be collected prior to obtaining informed consent. This data will be used solely to facilitate initial contact, arrange interview dates and times, and distribute online meeting links.

How will the data be collected or created?

Data will be collected through individual semi-structured interviews using Microsoft Teams.
A short demographic questionnaire will be administered using Jisc Online Surveys.

Documentation and Metadata

What documentation and metadata will accompany the data?

The study will use *Phenomenology of Practice* (van Manen, 2016) as the overarching methodology, including for data collection. This interpretative method focusses on understanding meaning in lived experience. As such, there is a process of data aggregation and interpretation in order to present the phenomenon as it given in the experience of the participants. The raw research data will comprise audio-visual recordings of online interviews, interview transcripts, and short demographic questionnaires.

Ethics and Legal Compliance

How will you manage any ethical issues?

Data will be stored and handled in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. All administrative and research data will be stored securely on St. Mary's University servers, with access restricted to the researcher and the principal supervisor through password protected files.

Limited administrative data collected prior to obtaining informed consent will be used solely for the purposes of initial contact and arranging interviews. This data will be stored securely and kept separate from research data and will be deleted if the individual is not recruited into the study.

Research data will comprise Microsoft Teams audio and video recordings, interview transcripts, and short demographic questionnaires. Participant confidentiality will be protected through pseudonymisation. All directly identifying information relating to participants, third parties, and organisations will be removed during transcription and analysis and replaced with pseudonyms or generic descriptors (for example, referring to an NHS provider as "Hospital A"). This approach is particularly important given the small size of the professional subgroup, which may increase the risk of deductive identification through contextual or circumstantial detail. Every effort will therefore be made to minimise the inclusion of information that could reasonably lead to identification.

The sensitive nature of the topic also presents potential risks related to disclosures concerning individual or organisational practice. The researcher is a registered mental health nurse and is therefore subject to the professional standards of the Nursing and

Midwifery Council (NMC, 2018). In this context, professional responsibilities to safeguard others and uphold appropriate standards of practice apply to all parties involved. This shared professional accountability provides an additional ethical safeguard within the research process.

It is possible that during the interviews one or more participants may disclose illegal or unprofessional conduct, whether historic or ongoing. In such circumstances, a professional judgement would need to be made regarding whether escalation or onward referral is appropriate. Given the nature and purpose of the interviews it is unlikely that full details of such conduct would be disclosed. Rather than acting unilaterally, the researcher would seek timely advice from the study's Principal Supervisor and/or the Chair of the Ethics Sub-Committee before taking any further action. It is not anticipated that the research topic is sufficiently sensitive to give rise to a significant risk of a mental health emergency. However, in the very unlikely event that this were to occur, the response would be to remain with the participant, maintain communication, and gather sufficient information to enable contact with emergency services if required, rather than pre-emptively collecting detailed personal information such as address or emergency contact details.

A secure, separate record linking participants' real names to their assigned pseudonyms will be maintained. This will enable participants' data to be traced and withdrawn from the study should they request this. Personal data will be collected solely for the purposes of this research and only to the extent necessary to meet the study's aims. Data will not be reused or repurposed. Where possible, indirect identifiers will be used to further reduce the risk of identification, for example by collecting age ranges rather than exact ages or dates of birth.

The Participant Information Sheet and Consent Form will clearly state that confidentiality will be maintained except in circumstances where information is disclosed that indicates a risk of harm to the participant or to others. The limits of confidentiality will be made explicit to ensure informed consent. Should such disclosures arise, a record will be made and concerns escalated appropriately, including consultation with the named principal supervisor.

As the data may be used for several publishable papers participant transcripts and associated demographic data which are integral to the interpretation of findings, will be retained for 10 years. Once the study has been completed, the data will be transferred to the principal supervisor's St. Mary's University OneDrive. If any publications are produced from the final thesis, participants will be informed by email once the papers are accepted for publication. *Audiovisual recordings of the interviews will be permanently deleted once the viva result is confirmed in case major revision or resubmission is needed.*

How will you manage copyright and Intellectual Property Rights (IPR) issues?

The researcher will retain ownership of the Intellectual Property (IP) created during the research. Data obtained for the doctoral research will not be repurposed.

Participants can withdraw from the study at any time in the year following the interview by emailing the researcher using the email address given on the Participant Information Sheet and the Consent Form. Due to aggregation of data as part of the research process it will not be possible to identify or remove individual data once data analysis commences. The cut-off date for withdrawal will be end of July 2027.

Storage and Backup

How will the data be stored and backed up during the research?

Data will be stored and handled in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. All administrative and research data will be stored securely on St. Mary's University servers, with access restricted to the researcher and the principal supervisor through password-protected files.

Once the study has been completed, the data will be transferred to the principal supervisor's St. Mary's University OneDrive.

How will you manage access and security?

Access will be restricted to the researcher and the principal supervisor through password-protected files.

Selection and Preservation

Which data are of long-term value and should be retained, shared, and/or preserved?

As the data may be used for several publishable papers, participant transcripts and the demographic dataset which supports the interpretative method, will be retained for 10 years.

What is the long-term preservation plan for the dataset?

Once the study has been completed, the data will be transferred to the principal supervisor’s St. Mary’s University OneDrive.

Data Sharing

How will you share the data?

The raw data will not be shared beyond researcher and the principal supervisor.
A summary of findings will be emailed to participants, written in plain English to promote transparency and to help ensure the trustworthiness of the study. Participants who wish to discuss the findings further will be able to contact the researcher with any questions relating to the findings.
Findings will also be shared through academic and professional meetings, for example, those of The Association of Catholic Nurses (ACN) England and Wales.
The intention at the outset is to look to publish one or more papers from the final thesis in peer-reviewed journals.

Are any restrictions on data sharing required?

N/A

Responsibilities and Resources

Who will be responsible for data management?

This research is being undertaken by a sole researcher (with a doctoral supervisory team) who will be responsible for data management.

What resources will you require to deliver your plan?

1. Jisc training / orientation
2. St. Mary's OneDrive
3. Microsoft Teams
4. Microsoft Excel