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**Nurse and Midwife
Consultants**

**An audit of research capacity
and capability**

Context of audit

- Research was intended to be integral part of the nurse/midwife consultant role but has this aspect has been neglected?
- Increasing importance of research to underpin practice and education and contribute to quality and productivity
- Launch of clinical academic career framework by CNO in Nov 2008

Process

- Pilot questionnaire
- Comments from 8 DON Network members
- Sent out via DONS
- Follow up e mails to specific organisations
- Concurrent questionnaire by SHA AHP Lead

Results

- 70% return rate (n=38)
- Most described themselves as “research active as part of a team”
- 7 stated they were leading research as PI or equivalent
- 26% (n=10) currently not research active
- 11 had published papers (not all research) and 5 had authored chapters
- 7 have presented at national /international conferences

Honorary positions

23 have honorary positions with an HEI

Uptake of honorary positions across the HEIs is variable

Honorary role is not well defined and most teach or contribute to curriculum planning/module leadership

Only 2 respondents undertake research as part of the honorary role and one of these is with a university abroad

Support needs

Similar needs identified by those who are active and those who are not:

Priority needs are:

- Dedicated time to do research
- Supervision by an experienced researcher

Research active respondents were also incentivised by the potential to improve /advance practice. This group had a greater need for research methodology knowledge than the non active group

Other needs

- Admin support
- Backfill to cover clinical workload
- Timetabled sessions for research
- Ability to link with other active researchers
- Priority of research endorsed by line manager
- Long term planning needed to protect doctoral study when organisations are undergoing change

Comments- a selection

“Taking on research should be based on choice and framed around local and national agendas, not a compulsory part of the NC role”

“There is no incentive for Trusts for NCs to get published”

“Sadly research is the area that tends to fall by the wayside somewhat. For me this is due to lack of time; a heavy clinical workload, and lack of support academically and financially”

A consultant Nurse who Researches & Publishes



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Back ground - History

- Currently have over 60 peer-reviewed publications (not all original research)
- 18 'original research papers' plus 4 posters from 6 research streams
 - Medical Emergency Teams (6 papers)
 - Nursing resuscitation skills (2 paper)
 - Post Resuscitation cooling (2 conference posters)
 - DNAR (1 paper)
 - Thrombolysis/service delivery (research papers = 6 reviews = 5)
 - Emergency Air skills (2 research papers, 2 posters at conferences and 2 review papers)
 - Chemical, Biological, Radiation & Nuclear (1 research paper but a series of studies completed/plan not submitted for publication)
- Case studies (weak research)

Getting started

- MET project (Team member)
 - Complex study/labour intensive
- Nursing CPR (lead researcher)
 - Simple design
- DNAR (lead researcher)
 - Simple design (basically audit/re-audit with stats)
- Thrombolysis (lead researcher)
 - Simple design, based on the audit concept but started to engage with University based Statisticians
- Airway skills
 - Complex design (randomisation ect) 1st human based study
- CBRN
 - Very complex designs, large recruitment of human volunteers

Hindrances to research

- The UK ethnics process
 - Puts you off as is overly complicated for most research questions/projects
 - Nobody to help (got help from friend completing PhD)
- Time to data collect can be challenging
 - Balancing conflicting roles
- Nursing doesn't have a strong research/publication history at 'grass roots' level
 - Has variable interest within an organisation (outside of University)

Time pressures are an issue but also an excuse – if you chose the right project your data collection can be part of your role

Ethnics, its an issue

I have found that using students via a University ethnics process is faster, more sensible and easier to navigate taking about half a day – NHS ethnics is a nightmare

Resulting in:

- MSc students looking to do audit instead of research
- BSc student delayed by 1-year because of ethnics involving observing competency of nurses performing CPR during allocated mandatory training

I accept ethnics is a vital part of research but not all research in the NHS puts people at risk – a process for simpler research process for low risk projects is a priority

Key to success

- Supportive Director of Nursing (vital)
 - Time within role to research
 - I get 2 weeks study leave for annual research projects
 - Ensuring clinical/managerial roles don't engulf research time (but research time should be a small part of role)
 - Organisation/DoN who values research/publication
 - Advertising success by distributing publications

Chose areas of interest

- My research has been around issues that affect my organisation or the wider NHS
- Areas that interest me and where I can see an 'operational benefit'

Starting small, building up



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- Starting as a team member is important
- Start to publish in 'copy hungry' nursing journals
- Consider case studies (low level research)
- Get use to being 'rejected' by editors/reviewers
- Look at audit 'cycle' it can result in 'publishable results'

- Then graduate to leading research and more complicated research designs

Choosing the right University



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- I currently work with 3 universities
 - Durban University of Technology (data collection and recruitment of volunteers)
 - Just data collected on 3 research projects (190 volunteers over 3 days) & Case study. Interview study being completed now
 - More data collection planned for 2010
 - University of Manchester (stats and help with Research design)
 - Completed 3 studies
 - University of Hertfordshire (stats, help with Research design, data collection and recruitment of volunteers)
 - Completed 1 study (81 participants) and a 1-year longitudinal study planned for 2010 with an interview arm

Choosing a colleague

- I have tended to research with a small number of people with similar interests
- Now starting to work as the supervisor for other clinicians research – very slow process requiring a different skill set

What would I do different... *South East Coast*

Very little, but I do feel I need more 'research methodology training' and maybe training in performing basic stats. Nurse consultants have 'clinical' MSc and at the time don't value research methods/statistical design

Options

- MRes
- Postgraduate certificate in research methods
- Taught PhD

Recommendations

- Job descriptions and job planning
- Clear expectations
- Research vs. audit
- Potential of honorary positions with HEIs
- Enabling networking and access to experienced researchers
- Research training resulting in a qualification

Does ethnics have to be so complicated at first glance

Enablers

- Practical support from DoN such as study leave
- Ethical clearance signposting and support, inform researchers of University based ethnics if appropriate
- Easier access to statisticians via a formal arrangement
- Help to publish i.e. credible data