

Development of a Research Strategy for Nursing and Midwifery in Ireland

Draft Report (3)

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Executive Summary

The Report of the Commission on Nursing (Para 6.77) recommended that the Nursing and Midwifery Policy Unit in the Department of Health and Children, in consultation with the appropriate bodies, should draw up a national strategy for nursing and midwifery research. In response to the above the Chief Nurse at the Department of Health and Children convened a consultative committee, representative of those with a core interest in research to draft a research strategy for nursing and midwifery in Ireland.

This draft report details the deliberations of the consultative committee to date and commences by outlining the terms of reference for the committee, purpose of the strategy and method of work. Chapter two illustrates the global context of nursing and midwifery research. Reference is made to the pre-requisites for such research and the historical development of nursing and midwifery research in Ireland is briefly documented.

The next section articulates a definition of and vision for nursing and midwifery research in Ireland. Chapter four outlines the objectives of the strategy together with action points designed to address each of the objectives.

In essence this draft document is designed to act as a vehicle for consultation with a wider audience who may wish to contribute to the development of the strategy. Comments are invited on all aspects presented and an indication of omissions from the document will be welcomed.

Actions

It is the considered opinion of the committee that the following actions be accepted.

1. To identify existing nursing and midwifery research activity in Ireland, collate and publish the results and repeat the exercise on a 5 yearly basis.
2. To identify existing nursing and midwifery research activity in Ireland, collate and publish the results and repeat the exercise on a 5 yearly basis.
3. To establish systems to ensure that research and development activities in health service agencies have reciprocal links with third level institutions in a spirit of partnership.
4. To develop nursing and midwifery research units/programmes of work within third level institutions.
5. To identify structures and resources required to support doctoral and post-graduate research.
6. To identify and develop systems to support research education and training
7. To identify and develop supports required for the development of flexible career pathways which incorporate research activity.
8. To identify research priorities for nursing and midwifery in Ireland for the short medium and long term.
9. To promote an integrated system of funding research, which creates opportunities for joint action between individuals, disciplines, institutions/organisations and countries.
10. To promote a financial/tax environment conducive to both tangible and intangible investment in research.
11. To review and evaluate the existing architecture of international co-operation in health and nursing and midwifery research.
12. To ensure that nursing and midwifery are fully taken into account when designing structures, networks and information systems related to the national research agenda. As a matter of priority representation is requested on the following bodies:

the Irish Council for Science Technology and Innovation (Forfas); and
the Health Research Board.
13. To endorse the recommendation contained within the HRB's consultative document to establish a Health Research Forum and ensure a nursing and midwifery presence on that Forum.

14. To engage with National agencies who have a vested interest in nursing and midwifery research to set up a mechanism of governance for nursing and midwifery research.
15. To strengthen the advisory function in the Health Research Board through the establishment of a joint appointment between the Health Research Board and the National Council for the Professional Development of Nursing and Midwifery.
16. To develop a database of Nursing and Midwifery Research conducted in Ireland
17. To ensure that the approval processes of educational programmes for nurses and midwives will support the appreciation, application, integration and evaluation of research evidence as one benchmark for quality practice.
18. To ensure that access to sound evidence is readily available and easily accessible to all nurses and midwives involved in the practice, education, research and management of nursing and midwifery services.
19. To ensure appropriate resources are made available to support managers, educators, researchers and clinicians in implementing evidence based practice.
20. To develop structures to ensure that nurses and midwives participate fully in decision-making in grant approval for the conduct of research and access to research populations and sites. This includes being represented at the stages of gaining access and ethical approval.
21. To enable nurses and midwives engage as full members of multidisciplinary research teams involved in competitive and collaborative research.
22. To develop systems which enable nurses and midwives with, appropriate research expertise investigate and lead nursing and midwifery research studies ensuring equal status as researchers within the multidisciplinary team.
23. To enable nurses and midwives develop and articulate a position statement in relation to ethical protocols for nursing and midwifery research.
24. Establishment of a nursing and midwifery research committee representative of key stakeholders and chaired by the Chief Nurse at the Department of Health and Children in an ex-officio capacity.

Background

The Report of the Commission on Nursing published in 1998 made the following recommendations in relation to nursing and midwifery research.

That nurses and midwives wishing to develop careers in research be encouraged and supported to do so through the clinical, education or management pathway (Para 6.69).

The creation of joint clinical/academic appointments to establish stronger research links between theory and practice and enhances the credibility of nursing and midwifery research (Para 6.70).

The title “Nurse Researcher” should be reserved for those only engaged in researching nursing issues (Para 6.71).

The Minister for Health and Children provide for and make funding available to the Health Research Board (HRB) specifically for nursing and midwifery research (Para 6.72).

The HRB should establish a nursing and midwifery research advisory division which could assist and advise nurses and midwives on the presentation of projects for financial grants (Para 6.73) and appoint a registered nurse or midwife, with experience in research, to the HRB (Para 6.75).

The HRB in conjunction with An Bord Altranais could in the future operate a scheme to support the development to Ph.D. level thus supporting the development of a cohort of high calibre of researchers (Para 6.76).

The Commission recommends that a comprehensive database of Irish nursing and midwifery research, funded by the State, be established (Para 6.74).

In essence the Report of the Commission on Nursing (Para 6.77) recommended that the Nursing and Midwifery Policy Unit in the Department of Health and Children, in consultation with the appropriate bodies, should draw up a national strategy for nursing and midwifery research. In response to the above the Chief Nurse at the Department of Health and Children convened a consultative committee, representative of those with a core interest in research to draft a research strategy for nursing and midwifery in Ireland. Membership of the committee is included in appendix one.

Terms of reference

To prepare a strategy for the development of nursing and midwifery research in Ireland for the short, medium and long-term.

Purpose of the Strategy

The purpose of the strategy is three fold.

1. To create a framework for the development, support and promotion of nursing and midwifery research.
2. To strengthen the commitment to systematic enquiry, and knowledge driven nursing and midwifery practice throughout the health service.
3. To maximise the potential of the nursing and midwifery resource within the context of the health service.

Method of work

At the first meeting of the Committee convened on the 22nd June 2000 a SWOT exercise entitled “The Current Position of Nursing and Midwifery Research” was conducted. The purpose of the SWOT analysis was to provide a baseline for discussion within the committee. Results of the analysis are included in appendix 3. Emerging from an analysis of the exercise three sub-committees were established as follows.

1. Sub-committee (1)-Definition, Vision and Objectives
To review and develop a mission/vision and objectives for the strategy
To consider and develop if appropriate a definition of research
2. Sub-committee (2)-Database
To consider the development of a database of nursing and midwifery research
3. Sub-committee-Research priorities (3)
To consider whether or not research priorities should be established as part of the strategy.

If research priorities are to be established consideration should be given to the mechanism for determining the process.

A synopsis of the work of each sub-committee was presented at the three subsequent meetings. The work of the sub committees formed the basis for debate and the substance of this draft report.

Introduction

There is a global reality within which nursing and midwifery in Ireland must function. Practicing evidence based care is of growing importance, especially in light of healthcare restructuring and emphasis on cost effectiveness. Increasing nursing/midwifery research and applying results to improve practice are critical to an effective infrastructure for nursing/midwifery and health. In 1990 the 4th conference of European Health Ministers endorsed this view by recognising that research based practice can improve the quality of nursing care and also improve the status of the profession (Council of Europe Publishing 1996).

Global Context of Nursing Research

Knowledge and its acquisition through research are parts of a dynamic process important for the growth of nursing and midwifery as professions. As a practice discipline research in nursing/midwifery strives to strengthen the knowledge base used in practice, education and management to effect positive outcomes for clients/individuals in an efficient and effective manner. Nursing/midwifery research addresses issues that examine the core of patients'/clients and families' personal encounters with illness, disability, treatment and health promotion.

The contribution and relationship of research to greater health and the creation of a knowledge based economy and society in the Irish context is acknowledged (HRB, 2000). Nursing and midwifery research in Ireland therefore needs to develop within this context to enhance health, improve health care and quality of life. In developing a strategy for nursing/midwifery research a balance is required between the need to gain new knowledge and the need to improve quality, effectiveness, efficiency and equity within the health services.

Research in nursing and midwifery is required to provide the evidence to inform practice. Given the proportion of health care work that is performed by nurses/midwives, and assuming that it should be research-based, it is of considerable importance that nursing and midwifery research has a chance to flourish. The demand for practices underpinned by evidence increases as science and technologies develop, and the awareness and needs of consumers for a responsive health service.

The health needs of the population and individuals are significantly influenced by the social (e.g. housing), technological (e.g. biotechnology), economic (individuals and wealthier nations), political (% of GDP spent on health related matters) and environmental factors (e.g. pollution) of the nation. Therefore nursing and midwifery research needs to take account of social, technological, economic, political and environmental trends at the international, national and local level. The nursing/midwifery research agenda therefore needs to occur within the context of global, regional and national health, research, and nursing and midwifery policy initiatives. Examples of such policies which have informed the development of this strategy include:

Global Health Policy;
European Nursing Research Policy;
National Development Plan;
National Health Strategy ¹ and the key sub-strategies;
National Research Policy;
National Health Research Policy;
Nursing Policy; and
Nursing Research Policy

In the US, the National Institute of Nursing Research was established in 1993 having emerged from a Centre of the National Institute of Health in the 1980's. This initiative is reported to have offered much-needed attention, credibility and prestige to nursing research (Burt, 1999) through support and research training/career development opportunities made available to the nursing community. The challenges for nursing research have been identified as 1) the development of depth in nursing science; 2) the enhancement for cutting-edge scientific capabilities, and 3) the dissemination of the evolving body of research findings for timely use (Hinshaw, 1988, 1990 in NINR 1993).

Research infrastructure was seen as essential at a national level in the U.S. (NINR 2000). This includes journals providing peer review of manuscripts and regional and national conferences in which peer-reviewed research presentations are included to provide opportunities for nurse/midwife researchers to present their work for scrutiny and consideration by colleagues. A national funding structure for nursing/midwifery research as well as support for research training for pre- and post-doctoral students, new investigators, and mid-career researchers was identified in the U.S. during the 1980's and this has been substantiated by professional, public and private organisations offering competitive research funding and training support.

The development and maturation of nursing research in any country occurs on an evolutionary basis. For example in the United States research development has occurred in four phases: the stimulated phase, the individualistic phase, the unified phase, and the balanced phase ([Marchette, 1987](#)). The stimulated phase was characterized by the generation of enthusiasm about the importance of nursing research. Individual nurses conducted nursing research of personal interest with some technical assistance from statisticians or directors of nursing research during the individualistic phase. Individual studies did not significantly contribute to nursing science. In the unified phase, nurse researchers contributed to the development of nursing science with numerous research studies related to the same phenomena such as pain and stress. A characteristic of this phase was the development of an infrastructure (organized support networks) for nursing research.

The last phase, the balanced phase is exemplified by collaborative scholarly programs of research that are adequately supported through a well-developed infrastructure. The development of nursing and midwifery research in Ireland can be viewed in a similar manner and this explanation may well serve to signpost initiatives required in the short, medium and long-term.

¹ **The Department of Health and Children is engaged in the development of a new health strategy**

Pre-requisites for Nursing Research

Prerequisites for the development and growth of nursing research are the same worldwide. They can be categorized into individual, professional, institutional and national commitments ([Hinshaw, 1992](#)). Individual commitments relate to sufficient numbers of master's and Ph.D. nurses, commitment to the conduct of research, and the time to do research. Nurses educated to Master's and Ph.D. level are needed not only to do nursing research, but to act as mentors and teachers so that a cadre of nurse researchers are developed in Ireland.

An attitude of enquiry as well as an introduction to the research process should be initiated during undergraduate education. A climate should be fostered throughout the educational process in which research findings are sought criticised, and utilised in the provision of care.

While an active Nursing Policy Division has been established in the DOHC, research is also needed to demonstrate the potential contribution (local, national and international) of nurses and midwives to health care and other related policies. This will provide the voice, and express the concerns and values, of nursing and midwifery.

All nurses are therefore required to share a commitment to the advancement of nursing science. Nurses affirm that scientific knowledge for the profession and the discipline of nursing is developed through scholarly dialogue and the actual conduct of research aimed at building the capacity of nurses and midwives to be skilled and competent researchers.

History of Nursing and Midwifery Research in Ireland

Historically much of the development of nursing and midwifery research in Ireland has been pioneered by enterprising individuals or organisations. Few policy statements or structured approaches are evident in relation to research development. As far back as 1980 the Working Party on General Nursing considered that there was an urgent need to develop research as an integral part of the nursing service. Nursing was described as becoming increasingly complex and as such changes and developments needed to be based on proper study and evaluation. During the 1990s a heightened awareness of the importance of research for nursing and midwifery began to emerge.

The Irish Nurses Research Interest Group (INRIG) was set up in the mid-seventies with aims of promoting research among Irish nurses and of facilitating dissemination and discussion of research findings. This was a voluntary organisation and achieved its aims through conferences, newsletters, debates and offering research advice.

The Irish Nurses Organisation (INO) have historically had a tradition of providing financial support to nurses and midwives engaged in research through the process of educational bursaries and interest free loans. The Organisation has also been involved in the delivery of research seminars through its Professional Development Centre. Members of the INO are on the Working Group of European Nurse Researchers (WENR) who are currently engaged in an analysis of the position of nursing and midwifery research across Europe. The Journal of Nursing research was launched by the Organisation in May 2001.

Condell (1998) following review of the literature demonstrated that the vast bulk of nursing research in Ireland consisted of small scale, pilot studies undertaken by individual nurses as a requirement for courses. Treacy and Hyde (1999) edited the first book that deals specifically with nursing research carried out in the Republic of Ireland, the text catalogues studies undertaken, by Irish nurses and midwives. Other nurses and midwives have published and completed valuable research studies, however, both strategic development and funding and for nursing and midwifery research has remained ad hoc over the years.

An Bord Altranais commenced awarding scholarships in 1992 to assist with the conduct of research projects. A significant milestone in this respect has been the introduction of Clinical Nursing and Midwifery Fellowships by the Health Research Board, funded by the Department of Health and Children . Educational preparation for research has grown slowly over the years with some institutions notably the Royal College of Surgeons providing research courses. In the 1990's research became integral to nursing and midwifery education courses (both at pre-registration and post-registration level). It is important to note that Masters in Nursing (both taught and by research) and PhD programmes are now offered which will help copper fasten research into the nursing and midwifery agenda.

Career opportunities in research were rare with many nurses and midwives acting as data collectors for medical colleagues. In 1997 An Bord Altranais recommended "Nurse Researcher" as a possible professional pathway outlining the necessary qualifications and experience. It was however the Report of the Commission on Nursing (1998) that provided the main impetus in relation to the development of nursing and midwifery research. The Commission was of the view that nursing and midwifery practice should be evidence based and that research is integral to the development of the profession. The specific recommendations are detailed on page six.

An Assessment of Nursing Research in Ireland

Irish nursing and midwifery is experiencing unprecedented change with very little information to understand or inform practice. The Commission on Nursing sought a review of the changes in the professional role of nurses in Ireland in the period 1980-1997. As part requirement of this review Condell (1998) examined the position of Irish nursing and midwifery research and literature. The author concluded that the research examined was limited by methodological concerns such as non-representative sampling or non-saturation of qualitative data. As many of the studies reviewed were unpublished, quality assurance by peer review was not a feature .

Even though there is a proliferation of nursing research, there is evidence that there is only sporadic use of research in clinical practice. A study of research utilisation commissioned by the NBNI, and undertaken by Parahoo (1998), found that only one third of respondents reported utilising research either 'frequently' or 'all of the time', and less than half utilised new research findings during the two years prior to the study. Parahoo (1998) concluded by saying that dedicated research education, maximisation of information technology, and more access to research material was required by nurses who participated in the study. Fealy (1998) argued that all nurses involved in the delivery of clinical care have roles and responsibility in relation to research utilisation. Treacy and Hyde, (1999) report on the progress of nursing research in Ireland, and say that the provision of research education was up until the late 1980's mainly undertaken

in third- level institutions, notably the Faculty of Nursing in the Royal College of Surgeons, and the Department of Nursing Studies (now The School of Nursing and Midwifery) at University College Dublin. Short research appreciation courses were provided by An Bord Altranais, and by The Irish Nursing Research Interest Group. Since then considerable progress has been made through the development of post-graduate research studies. Treacy and Hyde (1999) suggested that to aid the development of nursing and midwifery research further research needs to be undertaken under supervision at Bachelors, Masters and PhD levels, and also that research activity be developed and funded.

The measurement of quality in research is the subject of debate in nursing and midwifery literature (Robinson, 1993; Smith 1994; Kitson 1997; Traynor & Rafferty, 1999). The development of research activity in nursing and midwifery worldwide has reflected the educational development of nursing/midwifery as an academic concern. Formal structures to promote, develop and finance the initiative toward a research agenda for nursing has also accompanied the value placed upon evidence-based practice and clinical effectiveness. This is in part due to the entry of nursing and midwifery education to the higher education sector thus exposing these professions to the four yearly Higher Education Research Assessment Exercise. This exercise is undertaken as a basis for the distribution of research funding. Departments are rated by expert panels according to three main criteria; research grant income, volume of activity e.g. numbers of research students and staff and dissemination e.g. volume and quality of publication.

The current position of Irish nursing and midwifery research and the changing educational landscape means that a similar type of assessment exercise would require adaptation for short to medium-term use within the Irish context. Hence, during the development of research capacity novel criteria may need to be developed. For example, a lack of national peer-reviewed publishing opportunities might hamper potential ratings under an assessment scheme. Therefore, it is suggested that short-term dissemination criteria might include conference presentation and not solely publication. In addition, current professional journals might be encouraged to develop a peer-reviewed section.

Actions

1. To identify existing nursing and midwifery research activity in Ireland, collate and publish the results and repeat this exercise on a 5 yearly basis. The assessment criteria could be drawn from evidence of best practice but also recognise the current level of nursing and midwifery research capacity in Ireland.

Chapter 3 Research Definition & Vision

Definition of research

For the purpose of this strategy research can be understood as follows:

The process of answering questions and/or exploring phenomena using scientific methods; these methods may draw on the whole spectrum of systematic inquiry.

Vision

The research strategy is grounded in the belief that the recipient of nursing and midwifery care is deserving of research based practice. The strategy will foster the development and maintenance of a culture of excellence in nursing and midwifery practice, management, research and education. The strategy will focus attention on the primacy of research to the contribution of nursing and midwifery in the achievement of health and social gain for individuals and the population. The strategy embraces an orientation towards primary health care and health promotion with a focus on the development of preventative health commensurate with national and international healthcare initiatives.

An inclusive approach to inquiry is endorsed. This will enable inquiry, which acknowledges, the value of all scientific evidence, the inevitability and worth of both objectivity and subjectivity together with the integration of all patterns of knowledge.

The strategy supports a holistic view of the person in the context of promoting and maintaining the highest standards of quality in the health services. The vision statement is designed to guide the strategy until 2005 (short term).

Chapter 4 Objectives of the Strategy

Introduction

This section of the Report outlines the objectives of the nursing and midwifery research strategy. Each objective is contextualised and framed by actions considered appropriate to the achievement of the objective.

Objective 1

To develop a research initiative which as a whole delivers an outcome that can make an effective contribution to:

- health and social gain of the population;
- policy development and formulation;
- analysis of health, nursing/midwifery issues; and
- nursing and midwifery knowledge development.

This objective sums up the entire purpose of the Strategy, the outcome of which is to focus on research findings, which will provide sound data for practice. In order to deliver these objectives it is essential that a cohesive framework be developed to support substantive nursing and midwifery research. Because research in nursing and midwifery is relatively underdeveloped even in the developed world and particularly in Ireland, there is a need at this point for positive discrimination.

From a research perspective there is a need to identify and explore the unique contribution of nursing and midwifery to the health and social gain of individuals and populations. Analysis of this nature must underpin nursing and midwifery's contribution to policy formulation.

Since 1980 the member states of the World Health Organisation's European Region have embraced a broad common policy for health development. The current policy articulated in Health 21: gives effect to global health for all values but also reflects the Region's ongoing health problems, as well as its political, economic and social changes together with the opportunities they provide. Hence the policy recognises that health and social gain are founded on two complementary approaches which advocate changes in social structures that promote healthy environments, such as relief of poverty, proper housing and reducing pollution, and the education and empowerment of individuals to make healthy choices for themselves.

It follows that these factors ultimately drive the nursing and midwifery needs of individuals and populations. For nursing and midwifery research to be of relevance to both short and long term health and social gain, such research must be rooted in an understanding and analysis of contemporary relevant factors and how they impact on the needs of the population and the individual.

Findings from such analyses have the potential to assist in the identification of the contribution of nurses and midwives to the health agenda of the nation. Broad based disciplinary knowledge development in both basic and applied fields are required. Thus

philosophical, conceptual, empirical and ethical issues all need to be considered and explored. There is a need to develop and validate nursing and midwifery practice through research. Nursing and midwifery are practice disciplines informed by different types of knowledge.

Actions

2. To develop systems to ensure that nursing and midwifery research informs policy development and formulation at international, national and local level.
3. To establish systems to ensure that research and development activities in health service agencies have reciprocal links with third level institutions in a spirit of partnership.

Objective 2

To contribute to the development of expert nurse and midwife researchers by ensuring that:

- clinical, educational and management career pathways are flexible enough to support nurse and midwife researchers in the conduct of research on a fulltime, part-time or joint appointment basis;
- structures are created and resources made available to support doctoral and post doctoral research; and
- clinically based nursing and midwifery research units are developed in the context of conjoint relationships between health service providers and third level institutions.

The purpose of focusing on expertise is to promote the development of educated and experienced nurse/midwife researchers capable of contributing to nursing, midwifery and health research. To date nurses and midwives have had limited opportunities to integrate research into a continuing career pathway. It is preferable that research appreciation, application and dissemination develop as a function of the professions themselves rather than be superimposed on them. To achieve this a culture of excellence informed by evidence based practice leaders in research are required. The Report of the Commission on Nursing (1998) recommends that nurses and midwives wishing to develop careers in research should be encouraged and supported to do so through clinical, education or management pathways (para.6.69) The Commission also recommended the creation of joint clinical/academic appointments to establish stronger research links between theory and practice and enhance the credibility of nursing and midwifery research (Para 6.70).

The United Nations Development Programme (1999) described research capacity as the process whereby individuals, organisations and societies develop abilities to perform functions effectively, efficiently and in a sustainable manner, to define problems, set objectives and priorities, build sustainable institutions and bring solutions to key national problems. The explanation seems to focus on three aspects critical to research capacity development.

1. The individual researcher
2. The institution within which the researcher will operate
3. Central administration

The first point reflects the need to develop a cadre of expert researchers. Research requires specific skills and these are acquired through a combination of education and experience. In order to develop competence the researcher needs to acquire these knowledge and skills. Secondly an enabling environment for research activity with the appropriate infrastructure as well as equipment is needed. In this respect the development of nursing and midwifery research units, which have firm clinical links, are critical to ensuring a strong relationship between evidence and the practice of nursing and midwifery. The third element pertains to the need for a nursing/midwifery research presence at policy making level where decisions are taken and policies formulated on the importance, conduct and use of research.

Actions

4. To develop nursing and midwifery research units/programmes of work within third level institutions.
5. To identify structures and resources required to support doctoral and post-doctoral research.
6. To identify and develop systems to support research education and training.
7. To identify and develop supports required for the development of flexible career pathways which incorporate research activity.

Objective 3.

To identify nursing and midwifery research priorities.

The Department of Health and Children recognises that it is not possible to be prescriptive about what nursing and midwifery research is needed and it relies, upon the wider health agenda together with the academic community and practitioners to come forward with relevant and challenging areas for study. It is however recognised that developing a plan for identifying research priorities for the short, medium and long term ensures that the prioritised themes receive the support required while contributing to systematic study, theory and knowledge development.

The need for research that is concerned with all aspects of nurses and nursing is recognised by The American Nurses Association, (1981:2). Similarly it has been acknowledged by An Bord Altranais that nurses and midwives work in a dynamic healthcare environment, and therefore their role and function must evolve and change to meet patient's/clients needs (p. 11).

The nature of research utilisation was explored by Fealy (1999) who argued that the evidence points to the fact that much clinical practice remains uninfluenced by relevant research, and that all those who are engaged in clinical care have a role to play in research utilisation. It is acknowledged that nursing research can differ from research in other disciplines (Treacy and Hyde, 1999).

The process of developing research priorities for nursing and midwifery research is a crucial element of the overall development of a national nursing and midwifery strategy

in Ireland. It is necessary to examine frameworks developed by nurses and midwives in other countries and organisations for identifying and developing research strategies.

From an international perspective literature from the following sources was considered pertinent to the present debate.

- World Health Organisation
- International Council for Nurses
- Royal College of Nursing,
- New Zealand
- Scandinavia Nurses Association,

World Health Organisation

In June 2000 the WHO Nursing and Midwifery Munich Declaration was endorsed outlining a number of initiatives designed to ensure that nurses and midwives contribute to decision making at all levels of policy developments. The Declaration also endorsed the view that research and dissemination of information designed to develop the evidence base for practice in nursing and midwifery should be supported and encouraged. However no specific process for determining, identifying and developing research priorities for nursing and midwifery by the WHO have been established.

International Council for Nurses

The ICN identified two main priority areas in nursing research (1) health and illness and (2) delivery of care services. Individual items in each of these categories have been identified. The ICN encouraged the utilisation of these themes to enable the dissemination and integration of research findings, facilitate the lobbying of nurse researchers on appropriate boards and health authorities and promote and support research related to the International Classification for Nursing Practice (ICNP).

The ICN has no specific framework for identifying and developing research priorities in nursing. However they promote the utilisation of the world wide web by nurse researchers, collect, critique and disseminate research based clinical practice models of care to improve quality of nursing care and promote opportunities for nurses to publish in international journals.

Royal College of Nursing

The RCN in partnership with the Centre for Policy in Nursing and Midwifery Research at the London School of Hygiene and Tropical Medicine set up an initiative to establish a Nursing Research and Development Strategy in 1997. The methods used to establish research priorities included the Delphi technique and a consensus approach. Research priorities in the UK were identified which incorporated the following themes; care and caring practices; health environment; organisation and management of services; and healthcare workforce.

New Zealand

The Research Strategy in New Zealand encourages and fosters interdisciplinary collaboration to ensure a comprehensive approach to research on health promotion, illness and disabling conditions.

Unique clinical research facilities in New Zealand are also offered for professional exchange and collaboration on questions relating to patient care and quality of life. Opportunities are also provided to acquaint nurses with research issues and clinical strategies employed by investigators in nursing research.

Scandinavia

The report entitled Building a European Nursing Research Strategy (1999) described how nurses and midwives in the Scandinavian countries identified priorities in nursing research. They focused on examining:

1. Effective care and opportunities across different settings (hospital and communities) for elderly people with health problems;
2. Effective strategies to promote health lifestyles in childhood and adolescence;
3. The impact of variations in nursing skill-mix on quality, cost of care and patient outcomes;
4. Effectiveness of nursing interventions for symptom management; and
5. Evaluation of innovative community based partnership models for nursing and healthcare of vulnerable populations.

The sub-committee acknowledged that from an International perspective a substantial amount of work has been done in relation to the identification of research priorities.

Actions

8. To identify research priorities for nursing and midwifery in Ireland for the short, medium and long-term. The study should be commissioned through the Health Research Board.

Objective 4

To outline the financial supports, opportunities and mechanisms necessary for the pursuance of appropriate nursing and midwifery research. A user friendly framework will be provided as part of the strategy.

In an attempt to add coherence to the strategy the principle of collaboration for funding will be adopted. The principle recognises the centrality of academic freedom.

Actions

9. To promote an integrated system of funding research, which creates opportunities for joint action between individuals, disciplines, institutions/organisations and countries.
10. To promote a financial/tax environment conducive to both tangible and intangible investment in research.

Objective 5

To identify appropriate international and national agencies and develop strategic alliances with these agencies in order to strengthen the nursing and midwifery research agenda.

This objective is designed to explore structural issues at both national and international levels, which need to be addressed to ensure maximum value for investment in research. Central to this challenge is the development of a co-ordinated approach to the management of nursing and midwifery research while at the same time embracing diversity and pluralism. The concept of governance, if understood as the means by which society steers itself to a common goal, could serve to direct the development of alliances.

The purpose of developing strategic alliances is to establish a strong and authoritative national and international network for the development and support of nursing and midwifery research and its contribution to the healthcare agenda. In forging alliances emphasis will be placed on the examination of existing mechanisms of national and international co-operation before consideration is given to new modalities.

International Co-operation

The work of nurses and midwives makes a significant contribution to healthcare research throughout the world. The goal of building the capacity to conduct and integrate research into health and development objectives has been endorsed internationally (Stephenson and Mc Creeny 1994). Success in attaining these goals, and achieving health and social care objectives requires intra and interprofessional collaboration and consultation which means a willingness on the part of researchers, policymakers and health and social care providers to work together as necessary. Research co-operation can result not only in enhancing research capacity in collaborating countries but also in developing a co-operation culture so that countries support each other on a long-term basis.

European Co-operation

Building partnerships between institutions in the “North” and “South” has been applied extensively by the European Commission in research co-operation. Capacity and capability development for all researchers involved has been the essence of the process. The term 'capacity building' stands for the ability of a country to maximise nationwide efforts to promote health, education, political, economic and social policies for the benefit of all people. While the government is attempting to bring about these changes, different professions within the healthcare system have an obligation to respond positively, and the nursing and midwifery profession is no exception. Current debate

stresses the importance of capacity building as a contribution to knowledge development, a means of developing leadership, and a mechanism for the generation of local solutions. This strategy therefore recognises two aspects of research i.e. research as a tool for development and the development of nursing and midwifery research capacity. International and European bodies which focus on health related research include the UN (UNESCO), WHO, Forum for Health Research, Council on Health Research for Development and (COHRED) and NIH (see figure one p. 22).

National Co-operation

The Irish Council for Science, Technology and Innovation advises the Minister for Science and Technology on science policy and following the Technology Foresight exercise, on priorities for investment in research. Given the importance of nursing and midwifery research to the health of the nation appropriate representation on this body would contribute to the national research agenda.

The Health Research Board is the principal research agency in the health services. The responsibilities of the board include: to support, commission, conduct and assist research in the health related sciences, in epidemiology at national level, in health services and health research. The Report of the Commission on Nursing, a blueprint for the future recommended that a registered nurse or midwife, with experience in research, be appointed to the board of the HRB (Para 6.75).

In January 2000 the HRB published a consultative document entitled Making Knowledge Work for Health; towards a strategy for research and innovation for health. The document points out that research for health would benefit from formal co-ordination at national level within the health services. It is argued that the task of gaining the agreement of the key statutory, professional and voluntary bodies, patient groups, the research community and industry to an agenda for health research could be carried out by a Health Research Forum.

The Health Boards are charged with statutory responsibility for the organisation and delivery of health services. The Boards have a vital role to play in the development of a research culture within the context of the health services. The HRB (2000) identified the need to assign responsibility for the development and promotion of research to a senior staff member- research co-ordinator. In parallel there is a need to establish a nursing and midwifery research co-ordinator who is responsible for assessing the strengths and weaknesses of the region.

Noting the various roles and contributions of national agencies active in the field of nursing and midwifery research, and the growing need for the rational use of available resources, it is recommended that the optimal roles of the agencies involved be clearly defined. It is also suggested that, from a nursing and midwifery perspective, consideration be given to the possible merging of certain mandates and functions as appropriate. These include the HRB, ABA, INRIG, the National Council for the Professional Development of Nursing and Midwifery, the third level sector, health care agencies, non-governmental organisations (NGO's) and charitable organisations.

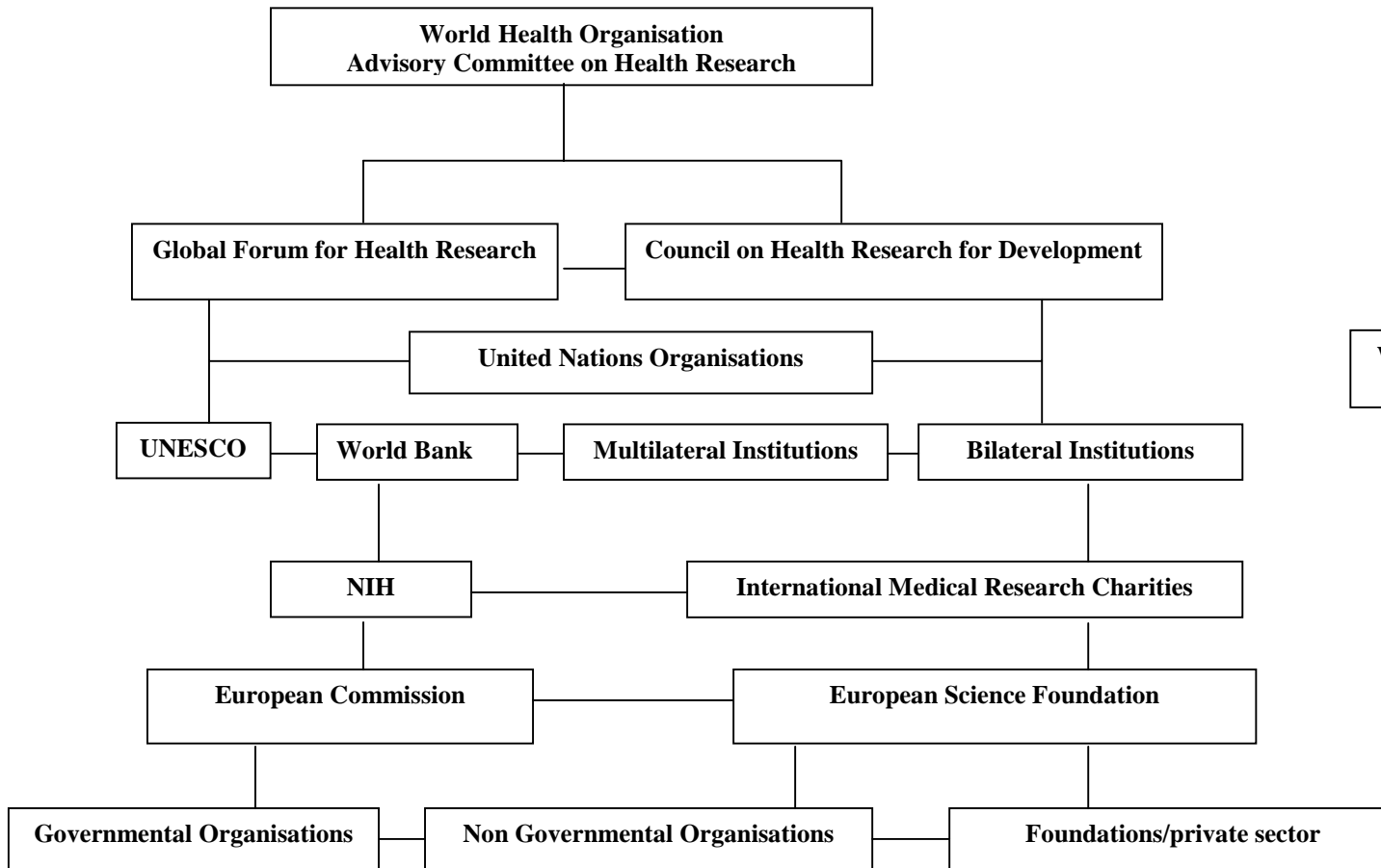
Actions

11. To review and evaluate the existing architecture of international co-operation in health and nursing and midwifery research.
12. To ensure that nursing and midwifery are fully taken into account when designing structures, networks and information systems related to the national research agenda. As a matter of priority representation is requested on the following bodies:

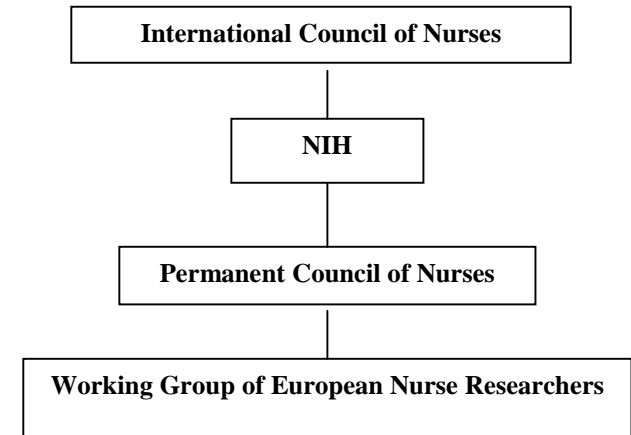
The Irish Council for Science Technology and Innovation (Forfas); and
The Health Research Board
13. To endorse the recommendation contained in the HRB's consultative document to establish a Health Research Forum and ensure a nursing and midwifery presence on that Forum.
14. To engage with national agencies who have a vested interest in nursing and midwifery research to consider setting up a mechanism of governance for nursing and midwifery research.
15. To strengthen the advisory function in the Health Research Board through the establishment of a joint appointment between the Health Research Board and the National Council for the Professional Development of Nursing and Midwifery.

Architecture of International Research Co-operation

Health Research Co-operation



Nursing Research Co-operation



Objective 6

To establish a comprehensive database of nursing and midwifery research in Ireland.

The database will serve to identify the strengths and weaknesses of Irish nursing/midwifery research in a national context and thereby enable direction for future policy and funding. It will aspire to provide an electronic knowledge database capable of supporting the current movement towards evidence based practice which requires quick and sustained access to verified knowledge. Ultimately it is intended that the database source will be relational within the context of international sources.

Action

16. To develop a database of Nursing and Midwifery Research conducted in Ireland which embraces an accessible system of disseminating research outcomes, with priority given to trustworthy findings, which can inform practice.

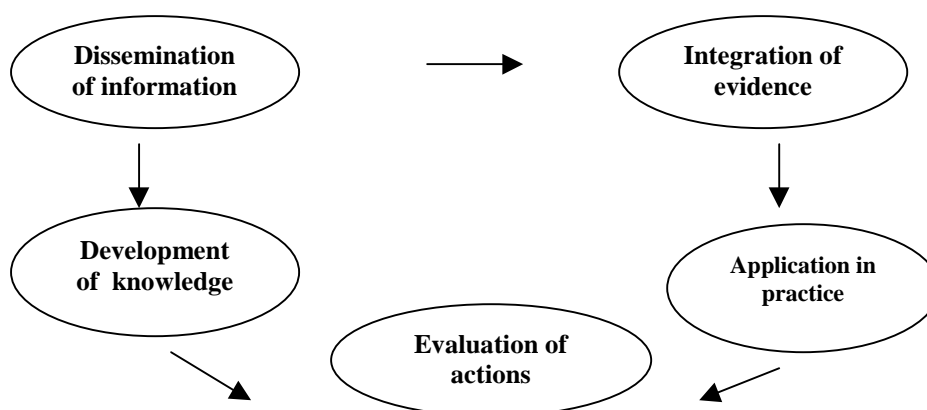
Objective 7

To contribute to the development and maintenance of a culture of excellence in the practice, education, research and management of nursing and midwifery through the promotion of environments which support evidence-based practice.

This objective acknowledges the relationship between the development and utilisation of current evidence and quality practice. To contribute effectively to nursing, midwifery and health research a culture of evidence-based practice is necessary. Both the Health Research Board (2000) and the World Health Organisation (1999) make reference to the increasing emphasis on evidence-based care for improving quality in the health services.

A clear conceptualisation of what constitutes evidence for practice is important. Evidence-based practice requires the development of a knowledge through rigorous and systematic enquiry, dissemination of information, integration of research evidence with evidence from tacit/experiential knowledge, the application of this in practice, and subsequently the /interventions. To this end the development of an evidence-based culture can be considered a cyclical process as illustrated in figure 1.

Figure 1 Development of a Research Based Culture



Culture itself has been defined as shared values and beliefs that interact with organisations or group structure(s) and control system(s) to produce behavioural norms

(Reason 1997). Nurses and midwives therefore require structures and environments to support a culture of inquiry and thereby a search for excellence that includes provision for the identification of problems, for asking questions, for access to the literature and a framework for decision-making and implementation of change if required.

In Ireland nurses at registration are required by An Bord Altranais, to “ demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence based research, where available” (An Bord Altranais, 2000, Para2.1). Evidence based care incorporates findings from qualitative and quantitative research, audit results, activity data and feedback from service users and other members of the multidisciplinary team (Fischer 2000). The delivery of evidence-based care necessitates the integration of clinical expertise with research findings. Grounding safe practice in sound evidence requires environments and support structures conducive to easy access and understanding of evidence.

Actions

17. To ensure that the approval processes of educational programmes for nurses and midwives will support the appreciation, application, integration and evaluation of research evidence as one benchmark for quality practice.
18. To ensure that access to sound evidence is readily available and easily accessible to all nurses and midwives involved in the practice, education, research and management of nursing and midwifery services.
19. To ensure appropriate resources are made available to support managers, educators, researchers and clinicians in implementing evidence based practice.

Objective 8

To promote and endorse collegial multidisciplinary relationships that provide for the freedom of inquiry of nurses and midwives.

Nurses and midwives respect that all research must comply with and adhere to the principles associated with the conduct of ethically sound research whereby the rights of subjects are protected at all times. In order to support the development of nursing and midwifery knowledge access to populations and sites of interest, nurses and midwives require ethical approval and access to conduct research. A truly collaborative relationship drawing on the principle of collegiality would acknowledge the unique nursing/midwifery perspective in health research and articulate this voice, while adhering to the rigours associated with ethically sound research. Collegiality through multidisciplinary relationships is understood as a respect for and defence of the freedom of inquiry of associates through collaboration and co-operative inquiry; and working to ensure that nursing and midwifery expertise is used on appropriate consultative groups.

Actions

20. To develop structures to ensure that nurses and midwives participate fully in decision-making in grant approval for the conduct of research and access to research populations and sites. This includes being represented at the stages of gaining access and ethical approval.
21. To enable nurses and midwives engage as full members of all multidisciplinary research teams involved in competitive and collaborative research.
22. To develop systems which enable nurses and midwives with appropriate research expertise investigate and lead nursing and midwifery research studies ensuring equal status as researchers within the multidisciplinary team.
23. To enable nurses and midwives develop and articulate a position statement in relation to ethical protocols for nursing and midwifery research.

Objective 9

To determine methods for the implementation, monitoring and evaluation of the strategy,

24. Establishment of a nursing and midwifery research committee representative of key stakeholders and chaired by the Chief Nurse at the Department of Health and Children in an ex-officio capacity.

References

- American Nurses Association (1981) *Research Priorities for the 1980's: Generating a scientific basis for nursing practice*. Commission on Nursing Research. Kansas MO, American Nurses Association.
- An Bord Altranais (1997) *Continuing Professional Education for Nurses in Ireland: A Framework*. Dublin, An Bord Altranais (The Nursing Board).
- Burns, N., and Grove, S.K. (1997) *The Practice of Nursing Research: Conduct, Critique, and Utilisation* (3rd ed.). Philadelphia, W.B. Saunders.
- Carroll Report (1998) *Report of the Commission on Nursing: A Blueprint for the Future*. Dublin, Stationary Office.
- Department of Health (1997) *Research and Development: Towards an evidence-based health care*. DOH., London.
- Fealy, G. (1999) In M.P.Treacy, and A. Hyde. (1999) *Nursing Research: Design and Practice*. University College Dublin Press.
- Hunt, J.M. (1997), Foreword, in: P. Smith, *Research Mindedness for Practice*. New York, Churchill Livingstone.
- Kitson, A. (1997) Using evidence to demonstrate the value of nursing, *Nursing Standard*, 11(28), 34-9.
- Management in the Health Services-The role of the nurse (1998) *Commission on Nursing Report*, Dublin, Government Publications.
- Meehan, T. (1999) In M.P.Treacy, and A. Hyde. (1999) *Nursing Research: Design and Practice*. University College Dublin Press.
- Parahoo, K. (1997) *Nursing Research: Principles, process and issues*. London, Macmillan.
- Parahoo, K. (1998) Research utilisation and research-related activities of nurses in Northern Ireland, *International Journal of Nursing Studies*, 35, 283-91.
- Titler, M.G., Kleiber, C., Steelman, V., Goode, C., Rakel, B., Barry-Walker, J., Small, S., and Buckwalter, K. (1994) Infusing research into practice to promote quality care, *Nursing Research*, 43 (5), 307-13.
- Treacy, M.P., and Hyde, A. (1999) *Nursing Research: Design and Practice*. University College Dublin Press.
- Working Party on General Nursing (1980), *Working Party on General Nursing Report*, Dublin, Department of Health.

Condell S (1998) Changes in the Professional Role of Nurses in Ireland: 1980-1997
Dublin: Government Publications.

Kitson A (1997) Lessons from the 1996 Research Assessment Exercise. Nurse
Researcher 4(3), 81-93.

Lorentzon (1998) Where do ideas come from? Setting research agendas. In Smith P (ed)
Nursing Research: Setting new agendas. London: Arnold. Pp 58-80.

Normand C (1998) Closing the gap between evidence and practice in nursing: results
from a workshop session. NTRResearch 3(1), 19-24.

Robinson J (1993) Nursing and the research assessment exercise: what counts? Nurse
Researcher 1(1), 84-93.

Smith L (1994) An analysis and reflection on the quality of nursing research in 1992.
Journal of Advanced Nursing 19, 385-393.

Traynor M & Rafferty AM (1999) Nursing and the Research Assessment Exercise: past,
present and future. Journal of Advanced Nursing 30(1), 186-192.

Watson R. (1997) United Kingdom Universities' Research Assessment Exercise 1996:
critique, comment and concern. Journal of Advanced Nursing 26(4), 641-642.

Appendices

Appendix 1

Membership of the Consultative Committee

Purpose of the Committee

The primary function of the Committee was to collaborate with, and advise on the development of the strategy. Nominations were sought from the following groups/agencies whom it was considered had an interest/expertise in the core business of the strategy.

Membership

Chair Ms. Peta Taaffe

Members	Name	Nominating Body
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Third level sector

Non NUI Colleges (DCU, TCD, UL)

NUI Colleges (UCD, UCG, UCC)

NCEA

Specific Nursing Groups

ALI (Association of Nurse Lecturers in Ireland)

AINM

INRIG

Psychiatric Nurse Managers Association

Nurse Teachers Group in Mental handicap

Association of Nurse Practice Development Co-ordinators

Midwifery (representative group)

Public health (representative group)

Paediatrics (representative group)

Statutory Bodies

An Board Altranais

National Council for Professional Development of Nursing and Midwifery

Department of Health and Children

Health Research Board

Higher Education Authority

Trade Unions

Irish Nurses Organisation

Psychiatric Nurses Association

SIPTU

IMPACT

Health Service Agencies

Health Service Employers Agency

Health Boards

