TOWARDS A STRATEGY FOR NURSING RESEARCH AND DEVELOPMENT

PROPOSALS FOR ACTION
INTRODUCTION

1. *Making a Difference*, the new national strategy for nursing, midwifery and health visiting, signals a commitment to ‘develop a strategy to influence the research and development agenda, to strengthen the capacity to undertake nursing, midwifery and health visiting research’, and to use research to support nursing, midwifery and health visiting practice’ (para 7.12).

2. This paper draws on the outcomes of a workshop that took place in York in March designed to explore how best to give effect to the *Making a Difference* commitment. The paper provides a brief discussion of the background and context and goes on to identify a number of areas where strategic action is needed. It makes firm recommendations for a coherent strategy to strengthen the nursing contribution to research and development.

CONTEXT AND BACKGROUND

3. Despite considerable progress in recent years current arrangements fail to maximise the nursing contribution to research and development. Some constraints are self-imposed and reflect a lack of professional confidence and co-ordination, but nurses have also encountered institutionalised barriers that have constrained development of both capacity and capability.

4. In simplistic terms, a vicious circle militates against a full and active nursing contribution. In comparison to more established health (and other) professions - but particularly medicine - nursing has a more limited body of research-based knowledge upon which to draw and a relatively immature research tradition. Such research endeavor as there has been has tended towards one-off projects rather than programmes, limiting the potential to synthesise a comprehensive theoretical base. Nursing has a comparatively small cadre of research-active members and a large body of non-research-aware practitioners. This is by no means unique to nursing and many of the potential remedies are applicable to other health professions too.

5. Maximising the nursing contribution to research and development and enhancing the use of evidence to support practice is not about professional aggrandisement. Nurses constitute the largest section of the NHS workforce. They use or command significant NHS resources in order to deliver or directly supervise the bulk of direct care. What they do and how they do it influences quality, costs and the ‘patient experience’. Clinical effectiveness and cost efficiency are attributable in no small part to the way in which nurses are organised, deployed and practice. It is important that nursing is both the subject of research and development and also a contributor at every stage of the health services research and development cycle. This is not special pleading, although it has been argued that systematic disadvantage in the past is sufficient justification for positive discrimination in the future.

1 Workshop participants highlighted the limitations of this formulation favouring the more inclusive ‘health-related research’.

2 For brevity the term nursing is used to denote nursing, midwifery and health visiting.

3 In her presentation to the York workshop, Rafferty made the point that because nurses constitute the largest part of the NHS workforce - accounting for 70% of the NHS wage bill and 40% of the NHS budget - it might be argued that 40% of the R&D budget should be invested in research that impacts upon their work.
6. The research and development agenda needs to reflect the multidisciplinary nature of health services provision and to accommodate, value and benefit from the diversity of health services expertise and interests. Nursing needs support to enable it to play a more active role in the research and development arena as part of a wider strategy to promote inclusiveness and inter-disciplinarity to secure research outputs that better reflect the realities, needs and priorities of the health service.

7. It is essential that the value nursing and other health professions can add to the research and development agenda is fully realised. Failure to invest to release this potential is to squander an important resource by depriving the health services research and development arena of a key perspective and potentially significant insights of relevance to service provision, quality improvement and cost containment. This is not to imply that standards of research practice can or should be compromised or research focus diluted; it is about ensuring that all the health professions are equipped to contribute to the research agenda commensurate with their contribution to, and impact on, health provision.

8. The two main barriers that prevent the nursing profession from contributing fully to the research and development agenda are capacity and capability. There are too few nurse researchers and too few nurses in practice who are sufficiently research-aware; and the capacity and capability that does exist is not properly harnessed. This is not solely a matter for the Department of Health but its locus is significant, not least because the NHS employs nearly nearly 250,000 qualified nurses and because the Department of Health and the NHS are substantial investors in health services research and support for science.

9. Previous attempts to boost the nursing contribution to research and development4 have failed to deliver fully because they have not been adequately funded, properly managed or sustained for long enough to break out of the vicious circle of disadvantage. The Department of Health needs to agree with its partners a concerted and sustained programme of remedial action. This means pooling effort and directing resources towards common goals, using what levers and opportunities there are to promote synergistic rather than disparate investment, and ensuring that the programme is regularly evaluated against agreed targets and outcomes.

TOWARDS A STRATEGY

10. A coherent and sustained strategy is needed to ensure that the nursing contribution to key health priorities is properly researched, evaluated and supported by robust evidence, and that the research and development agenda is properly informed by nursing expertise. The Making a Difference commitment comprises three elements that can be construed as strategic objectives:

• to enable the nursing profession to better influence the research and development agenda;

• to strengthen the capacity of the nursing profession to contribute to and to undertake health services research; and

• to help the nursing profession to better use research-informed and research-evaluated evidence to support professional practice.

Influencing the research and development agenda

11. There are two principal dimensions to influencing the research and development agenda: ensuring that important areas of research about nursing receive appropriate priority; and ensuring that general priority setting benefits from a nursing perspective. The key to the former rests in establishing and asserting credible priorities in the appropriate arena. The key to the latter rests in ensuring that there is a well-informed nursing contribution to priority setting exercises and appropriate representation on programme boards, panels and other influential research groups.

12. An exercise to map nursing research activity funded by the Department of Health has been conducted. It noted difficulties in defining nursing research but identified significant gaps in some areas including elderly care, rehabilitation, primary care and economic evaluations of nursing interventions. The findings concur with a nursing research priority setting exercise conducted by the Strategic Alliance for Research in Nursing. If these gaps are to be addressed research priorities need to be channeled appropriately, but it is of paramount importance that the nursing research agenda is in line with national research priorities, which may themselves generate topics for nursing research.

13. Nursing leaders must begin to engage more actively with the appropriate funding bodies and programme boards, and contribute more effectively to consultations about priorities. It is essential that appropriate nursing representation is secured on the standing and commissioning groups of the Health Technology Assessment, Service Delivery and Organisation, and New and Emerging Applications of Technology programmes, and on other influential committees such as Health Technology Assessment panels, the Methodology Programme and the Research and Development Workforce Capacity Implementation Group.

14. The Department of Health’s nursing research and development adviser has played an important role in identifying and nominating appropriate individuals but there is no single authoritative group to whom the Department of Health has been able to turn to inform this process. Indeed it was clear from the York workshop that research leaders, senior nurse managers and representatives of the professional organisations have few opportunities to meet to discuss research issues or to formulate a collective view about priorities, policy or strategy. A strong message from those who participated in the workshop was the need to establish a forum for leaders in the field of nursing research to develop and debate research ideas to help inform the Department of Health’s research agenda.

15. Ad hoc workshops of the type offered at York are helpful in a number of respects but do not provide the sustained contribution required. The Department of Health lacks an advisory infrastructure beyond the part-time contribution of its nursing research and development adviser. Investing in a single adviser may not be the most effective way of securing the contribution now required to develop, steer and evaluate the proposals for strategic action set out in this paper.

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5 Thompson (2000).
16. Notwithstanding the potential for inertia often associated with additional bureaucracy, establishing an advisory group in place of a single adviser would satisfy a number of objectives. It would increase the range of expertise available to the Department; enhance the capacity to liaise with the profession and its representatives; promote partnership working by engaging key individuals or representatives of authoritative groups; signal to the profession a more inclusive approach and encourage greater ownership of policy and strategy; and provide a clearer focus to steer the strategic developments set out in this paper. The proposal to establish such a group is not intended to preclude regular workshops or seminars with the wider nursing research community.

- It is recommended that the Department of Health establish a nursing research advisory group to replace the current part-time nursing research and development adviser post, not least but not only to help develop, steer and evaluate the strategic actions proposed in this paper.

**Strengthening nursing research workforce capacity**

17. There is a paucity of information about nursing research and development capacity. There is no clear picture of the numbers of nurses with research skills and qualifications and no reliable estimates of what the level should be. Little information is available about nurses who have undertaken research and development training, their career aspirations, patterns and destinations. Establishing a better understanding of the current status of nursing research capacity should be a priority.

- It is recommended that the Research and Development Workforce Capacity Implementation Group should be asked to undertake or commission work to establish current capacity to address nursing issues in the priority areas for Department of Health/NHS research, and how best to address deficiencies.

18. Opportunities for experienced nurses to undertake research training are poor and workload pressures, lack of protected time and resources discourage potential researcher development. Undergraduate education necessarily focuses on the acquisition of professional competence. Those with a research career in mind need additional training. Intercalated degrees and masters modules are an essential prequisite for many nurse graduates who lack sufficient understanding of the sciences or research methodologies to join the bottom of the research career ladder. Better training and improved career paths to nurture future nurse researchers are vital. Targeted investment and protection of nursing research and development capacity is needed. This investment is essential to deliver other outputs. There is a need to review the barriers to, and incentives for, participation in research, and to consider the development of innovative and flexible research training schemes. There is a need for more flexible and creative career pathways that enable exchange between practice, research, education and management with greater equity in terms of career opportunities, development, salary and support.

19. There is confusion amongst the nursing research community about the use of the non-medical education and training levy, which can be used to support research capacity development through support for education and training, especially up to and at Masters level. Guidance about its use may need to be clarified and made more explicit. In addition, the Higher Education Funding Council’s Task Group 3 is considering how best to support the development of nursing research capacity. The establishment of the new nurse, midwife and health visitor consultant posts in the NHS, the proposals for NHS pay reform set out in *Agenda for Change*, and the potential to review the education and training levies (NMET, SIFT and MADEL) as described in *A Health Service of all the Talents*, combine to provide a significant opportunity to think afresh about these issues.
It is recommended that the Research and Development Workforce Capacity Implementation Group be asked to develop proposals to pilot new and innovative career paths and to explore and publicise how best to maximise investment funded by NHS education and training levies, and other funding sources, to build research capacity.

20. Pre and post-doctoral support for nurses is woefully inadequate. In the absence of a time-limited targeted initiative to provide full-time research training fellowships and career scientist level awards specifically for nursing, it is difficult to see how the profession will ever achieve the critical mass needed to make an effective contribution to high quality health related research. Opportunities of this sort would provide the time, space, resources and intellectual support required for individual development but should be targeted at nursing and health services research priorities. They would need to be located in supportive environments with strong mentorship and access to a broad research experience. This relates to a proposal below about centres of expertise.

It is recommended that the Department of Health should establish a time-limited initiative of pre and post-doctoral research training fellowships and career scientist awards.

21. Research capacity building is not just within the gift of the NHS. The Department of Health has a key role in promoting effective partnerships to support collaborative working between the NHS, the Higher Education Funding Council, universities, research councils, research charities and other interested parties. For example, discussions have been held with the Private Patients Plan (PPP) Healthcare Medical Trust, which has expressed an interest in supporting research training programmes for nurses. A variety of organisations, such as Smith & Nephew Healthcare and the Florence Nightingale Foundation, offer scholarships and bursaries. Consideration needs to be given to a mechanism to pool these resources to avoid duplication and repetition of effort and to give a more coherent steer and better focused support for priority areas.

It is recommended that the Department of Health should explore with the Higher Education Funding Council for England and with other funding bodies the potential for greater co-operation and coherence of investment.

22. There is a strong case for additional investment to seed and develop a handful of designated centres of expertise. These centres should have well established research capacity and infrastructure. Each would be required to focus on an NHS priority and to work (through a hub and spoke system) with less developed units to engage, advise and support and link to programmes and projects, and to build research training circuits with pre and post-doctoral opportunities. A good model is the MRC Health Service Research collaboration. A relatively small additional investment could yield a substantial return on investment because of the way in which established centres are able to pool income streams to make in-house expertise available across programmes and projects.

23. Majoring on one of the NHS priorities such as cancer, mental health or CHD, each designated centre would focus on a thematic programme of R&D activity. The hub or centre (which could be virtual) would include expertise in, for example, economics, statistics and psychology in addition to nursing. This hub would link with less developed units (spokes), each linked with service providers in primary, secondary and tertiary care. The centres would serve as a locus for high quality research and development, training and supervision, and hence for generating capacity. There would be clear career plans with opportunities for joint clinical and research careers. The centres could be pump primed by the NHS Research and Development programme, possibly in conjunction with the Higher Education Funding Council, research councils and charities, and then be expected to generate, within 5-10 years, their own external grant income to sustain the programme of capacity building.
These centres would be linked with other important initiatives such as the National Service Frameworks, the MRC, industry and the voluntary sector. This would provide breadth and scope for nursing to engage with the wider community, and a formal mechanism for linking researchers with users. The emphasis would be on collaborative partnerships and creative linkages.

- It is recommended that the Department of Health explore options for pump-priming a handful of designated centres with thematic research and development programmes to help build capacity through partnerships and collaboration, focusing on links with the NHS and service delivery.

**Implementing R & D findings**

24. Greater emphasis is needed on the dissemination and application of research findings to practice. There is a need to maximise the impact of research and development to ensure that this knowledge is transferred to practice and education. Barriers to the use of research findings to support practice and strategies used successfully to promote uptake have been investigated and reported.  

25. Improving access to current best knowledge (especially in community and primary care settings) including journals that scan and distill research information into structured abstracts and commentaries by clinicians about implications for practice (for example MIDIRS), and access to the NHS Electronic Library for Health, especially to NSF standards, NICE guidelines and other protocols, are crucial. The time needed to access research literature and for continuing education and professional development to develop and refine research appreciation and critical appraisal skills, is equally important. The Evaluation of Methods to Promote the Implementation of Research Findings (EMPIRF) research and development programme and the Cochrane Effective Practices and Organisation of Care Review Group will be generating research relevant to nursing. Mechanisms need to be put in place to ensure that this information is made available and adopted.

26. Specific strategies need to be adopted to encourage implementation of research findings. The strategy chosen will depend on the characteristics of the message, the recognition of external barriers and the preparedness of clinicians to change. Access and uptake has much to do with organisational culture and local commitment. The introduction of clinical governance provides a new focus for a critical, evidence-based approach to practice and service provision. This is not only a matter for NHS-employed clinicians. Relationships between researchers, educators and practitioners need to be improved as the basis for strategic alliances between individuals and groups from the health service and higher education sectors. It is only through collaborative effort that the research to practice gap can be closed.

- It is recommended that work is undertaken to map and to ensure that policies and measures being developed to implement clinical governance, establish the NeLH, and to improve the dissemination of research findings, takes proper account of the needs of nurses, midwives and health visitors.
CONCLUSION

27. The York workshop took place to explore how best to give effect to the *Making a Difference* commitment to strengthen the nursing contribution to research and development. It culminated in a new determination to tackle long-standing problems. This paper reports the main issues of concern and makes recommendations for action. A strategic plan encompassing these recommendations is required to help expand the nursing research-active community in order to improve its performance in research and enhance its contribution to health and health care.
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