

# Priorities for Nursing and Midwifery Research in Australia



National Nursing and Nursing Education Taskforce N<sup>3</sup>ET

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*The N<sup>3</sup>ET is committed to building an enhanced and sustainable healthcare system through the promotion of professional visibility and pride, quality education and regulation to nationally consistent standards and capacity in practice, education and research for all nurses and midwives across Australia.*

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## INTRODUCTION

Practice-based disciplines like nursing and midwifery have a responsibility to generate sound research, which demonstrates the efficacy of contemporary practice and supports changes in policy and practice, to ensure that the Australian public receives the best possible health care. Resources for such research are limited and each discipline needs to understand the national context of research and establish its own priorities, to ensure a strong and viable, longer-term research capacity.

The work undertaken by N<sup>3</sup>ET into priorities for nursing and midwifery research in Australia represents the views of nurses, midwives and other key stakeholders from across Australia, who have contributed to a national dialogue on research priorities for the future and identified the priorities for nursing and midwifery research in Australia. These priorities will provide many opportunities for nurses and midwives to build and contribute to the collective research expertise, and therefore influence future directions in health care and service delivery.

## BACKGROUND

In 2005, the National Nursing and Nursing Education Taskforce embarked on a process to establish national research priorities for nursing and midwifery in Australia, as requested by Health Ministers. This was part of broader work by the Taskforce to implement Recommendation 8 of the National Review of Nursing Education (2002), *Our Duty of Care report*. In approaching this undertaking, the Taskforce has been mindful of a number of changes and developments in the health, education and research landscape since the *Our Duty of Care* report, in particular, the increased focus on accountability for the quality and outcomes of publicly-funded research in Australia.

This work initially sought to set national priorities for nursing and midwifery research, to provide a cohesive and agreed focus for developing nursing and midwifery research capacity and as a guide to future investment in nursing and midwifery research activity.

Through a process of national consultation and given the changes to the landscape identified, a different outcome was achieved.

It became clear that nurses and midwives recognized that national research priorities within nursing and midwifery should be consistent with the national priorities for the health and well being of the Australian community. It has been ten years since the National Health Priority Areas initiative was agreed by Health Ministers, providing a significant focus for public attention and health policy. That nursing and midwifery recognise and endorse the importance of such policy, suggests a maturation of the disciplines that is noteworthy.

Four priorities for enhancing and building research capacity within nursing and midwifery were articulated and endorsed. Based on the experience of established disciplines and evidence from the national consultation, there are two factors essential to the development of longer-term research capacity. Firstly, critical mass needs to be established and secondly, there needs to be integration of research findings into practice in all practice-based disciplines. These two factors are interdependent and therefore must both be achieved to ensure successful research in the priority areas.

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## RESEARCH METHODS

A number of different methodologies were undertaken to explore research priorities for nurses and midwives, and issues related to the longer-term capacity of nursing and midwifery research. Stakeholders included nurses and midwives, nursing and midwifery researchers and academics, representatives from industrial and professional organisations and consumer representatives.

- A literature search focused on topics relating to research priorities, culture of research, research utilization, building research capacity and other related areas.
- A series of forums was conducted nationally to gather input on national nursing and midwifery research priorities, building longer-term research capacity and the dissemination and utilization of research findings.
- The forums were augmented by a focus group conducted with research leaders from eight universities, which focused on clarifying and developing a more-detailed understanding of issues raised in the consultation forums and the literature.
- The websites of all public universities that have a nursing and midwifery presence were accessed to build a comprehensive picture of current nursing and midwifery research. Various government sites were accessed for information about directions of research, research funding and other relevant information about priorities. In addition, professional nursing organizations were accessed for information, such as priorities established, scholarships and funding offered for nursing and midwifery research.
- Further work was undertaken concurrently by N<sup>3</sup>ET to profile the nursing and midwifery research training capacity of Australian universities.

# PRIORITIES FOR NURSING AND

Four priorities were identified for nursing and midwifery research in Australia and were endorsed through a process of national consultation and debate with stakeholders during 2005.

### Priority 1: Contributing to research on National Health Priority Areas

### Priority 2: Developing a research critical mass

### Priority 3: Growing generations of researchers

### Priority 4: Translating research into practice

These nationally-agreed research priorities provide high-level strategic direction to the disciplines, focusing research interest, effort and investment in areas that will have significant impact and positive outcomes for the Australian community.

## Priority 1: Contributing to research in National Health Priority Areas

For the past decade, the National Health Priority Areas (NHPA) initiative has provided a significant focus for national efforts to reduce the burden of illness in the community. The initiative engages the collective efforts of the Commonwealth, State and Territory Governments. At present, the NHPA focus on health issues, such as cancer control, injury prevention and control, cardiovascular health, diabetes mellitus, mental health, asthma, arthritis and musculoskeletal conditions.

The NHPA approach is further strengthened by the National Research Priorities (NRP), announced by the Prime Minister in 2003. One of the four NRPs, Promoting and Maintaining Good Health, encompasses four goals for research – **A healthy start to life; Ageing well, ageing productively; Preventive healthcare;** and **Strengthening Australia's social and economic fabric**, that overlap and interweave with the NHPA. The aims of the NRP include promoting health and preventing disease through a more-focused, collaborative effort and drawing on multidisciplinary approaches that include research contributions from the social sciences and humanities.

Research activity does not occur in a vacuum and there was clear agreement from the stakeholders in this project that the national priorities for nursing and midwifery research need to align with the current national directions of research in health, and more broadly.

Available resources for publicly-funded research in Australia are limited and the allocation of, and accountability for, such funding has been a matter of recent consideration. There is a growing community expectation that publicly-funded research activity benefits the Australian public and that there is value from the funds provided. Government research and health priorities provide clear direction about the interests of the Australian community, which applies across the board to all health disciplines.

Nursing and midwifery research targeting at these national priorities can have an important impact on the health and wellbeing of the broader Australian population. This does not mean that research cannot or should not continue across the spectrum of health care where nurses and midwives practice, or that they should not pursue many and varied research interests and priorities. It is appropriate that research continues in all these dimensions, so that the body of knowledge about health issues and how best to manage them, is continually expanding and remains contemporary and relevant.

# MIDWIFERY RESEARCH IN AUSTRALIA

## Priority 2: Developing a research critical mass

### Building Critical Mass

Building critical mass is crucial to the development of longer-term research capacity in nursing and midwifery. Critical mass is more likely to emerge from a positive research culture, not only in the clinical area, but also in academia. A critical mass is achieved where there are a number of researchers – experts, newer researchers and trainees, whose attention is focused on a particular area of research. Expert researchers are gathered together and newer and trainee researchers can be “grown” for the future.

Critical mass enhances continuity, coherence and methodological development in particular areas of research. The research undertaken is more likely to be substantive, relevant, of high quality and have impact on practice and policy. This will contribute to a health system that meets the needs of all Australians, in terms of health and well-being, and is at the cutting edge internationally.

Research is further enhanced when researchers with established track records, within nursing and midwifery and from different disciplines, work together through networks, partnerships and collaborations, locally, nationally and internationally. This enables researchers to incrementally build a body of knowledge by looking at issues at different sites, with different methods and different foci.

Critical mass and research productivity are more likely to be built up when the research is consistent with government directions (as governments are key sources of funding), when it is within a positive culture in the clinical area and academia, where expertise is built up and recognized, and where there are strong programs or clusters of research activity.

### Getting Smart with Research Funding

Funding for research is a critical link in building research activity. In Australia, unlike the USA, Canada and the UK, dedicated funding from government to build critical mass, and therefore longer-term research capacity, has not been allocated to nursing and midwifery. Instead, nurses and midwives seek funding through competitive funding sources.

From the funding data collected for this report, it is clear that nursing and midwifery researchers have successfully accessed many and varied funding sources, but that the amount of funding, although substantial, is confined to a minority of nursing and midwifery researchers and is still relatively small compared to other disciplines.

Not only do individual researchers need to access funding, but the nursing and midwifery disciplines also need to become more attractive to the key funding bodies. More funding to the disciplines depends on well-established researchers, nursing and midwifery leaders and professional organisations working together on a national research agenda. In a competitive research-funding environment, success with funding is more likely when the researcher has a successful track record, not only in the technical aspects of research, but in communicating the results and impacting on policy and practice.

There are a number of strategies for building funding success for both the novice and the expert researcher:

- Have current knowledge of the various funding sources open for nursing and midwifery researchers;
- Match research to the priorities of the funding source. Either choose an area or issue for research that matches the funding source, or choose a funding source that matches the area or issue chosen;
- Become familiar with the purpose and processes of funding for each source, so grants may be written that are relevant to that source of funding;
- Develop skills in writing successful grant applications;
- Sell the value of the research to the funding source and convince the funding source of the importance of nursing and midwifery research. Too often, nursing and midwifery research misses out on funding, because others are not made aware of the importance and significance of the research;
- Partner with researchers or join research teams with an established track record. When linked with an expert researcher, or as part of a strong research team, trainee or early-career researchers have more success in attracting funding by association;
- Build partnerships and links with the clinical area, or other industry bodies or governments, as this enhances the scope of funding options that are available.

### Programmed Research

Developing a research critical mass is dependent on strong research programs headed by those who are experts or leaders in their field. Critical mass can more easily be established from within a clear-cut program or cluster of research. Successful research programs take years to become established and to be sustainable. There are promising indications that nursing and midwifery research units are developing such programs, but compared to more established disciplines, they would seem to be at a stage of evolution, rather than full development.

Factors which contribute to the success of programs of research:

- Research activities centre on a major theme that is broad enough to attract sufficient funding and research students, but specific enough to allow researchers to develop track records and provide evidence of research productivity and impact.
- The research team includes experienced researchers, early-career researchers and students. This provides many benefits for members of the research team, such as a pooling of knowledge, skills and resources, mentoring, especially in the skills of publication and grant writing, and an enhanced working environment. As a result, research trainees and newer researchers are able to develop their skills in a supporting and guiding environment.
- Many programs commence with partnerships with industry or other research centres. Successful programs are those that establish networks, partnerships and undertake collaborative ventures, not only within the profession, but with other disciplines as well.



- Collaborative agreements are made in relation to funding distribution, to ensure equity of research quantum as far as possible. Agreements between researchers are in place as to the order of authorship for published work, to ensure that newer researchers can successfully establish a track record.
- Funding from a range of sources, including small and large grants, and student scholarships, contributes directly to the success of programs of research.
- Programs are developed to support and foster skills in funding applications, research reports and publications.

### Priority 3: Growing generations of researchers

Research, practice and teaching are inextricably intertwined, as much in the academic setting as they are in the clinical area, not only at undergraduate, but also at postgraduate and postdoctoral levels. Critical mass depends on having expert researchers to attract others to the area and to grow the next generation of researchers.

Research expertise does not occur without considerable effort and resources and needs to be grown within the disciplines. There are many factors that facilitate the development of expertise. Within a strongly-positive research culture in nursing and midwifery, expertise can be grown in three phases – research training, establishing a track record and being recognised as an expert in the field. Being recognised as an expert by colleagues, other disciplines, government and other organizations is essential if nursing and midwifery researchers are to build a longer-term capacity through the development of critical mass. Experts ensure that nursing and midwifery research will make a significant impact on the future health of Australian citizens.

#### Research training

Where there is a strong research culture in academic and associated clinical areas, those involved in research at all levels make a positive contribution to the teaching of research. This not only enhances the building of track records, but also shows that value is placed on nursing and midwifery research in practice and policy through the application of evidence. This influences the culture in both clinical and academic areas.

There are risks involved for practice-based disciplines, such as nursing and midwifery, in pursuing a path of teaching without research. There is no doubt about the importance of nursing and midwifery services to the health and well-being of the Australian community. However, practice needs to be based on the best available evidence, and such evidence can neither be acquired nor applied, unless there is a strong focus on the triad of teaching, research and practice.

From the national consultation, four tension points have been identified in improving research training for nursing and midwifery. These points explore the level of clinical experience, financial support, supervision and mentoring required in this area.

#### Clinical experience

Following initial registration, limited opportunities appear to be offered by health service providers to new graduate nurses and midwives for flexible or part-time employment to complete an honours program. The honours student may need to consider other options, such as seeking employment in an area outside the clinical field, not completing a graduate transition program, or deferring their research career and undertaking full-time employment in the clinical area. If the latter path is chosen, the decision to return to a research career path tends to be made only if there is some guarantee of financial security. One solution is for governments and employers to extend support to honours programs that are combined with graduate transition programs.

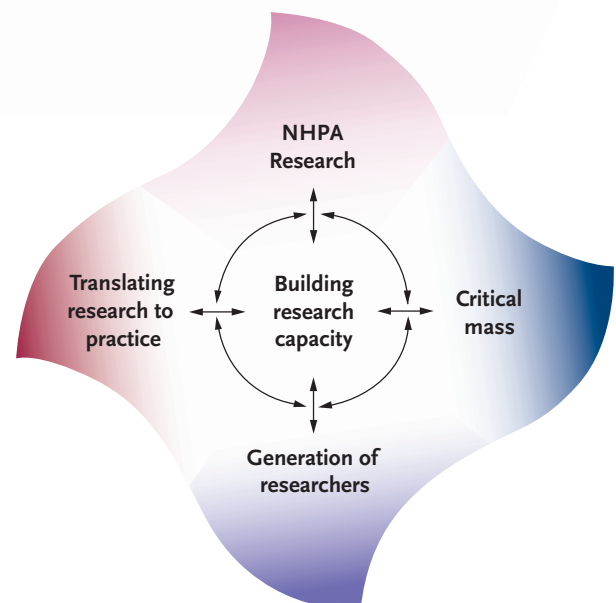
#### Financial support

Funding for nursing and midwifery research may come from a variety of sources, both public and private. Two groups, universities and professional colleges or organisations, figure prominently.

Where the actual or potential for quality nursing and midwifery research is strong, universities may make a commitment to grow researchers by:

- providing funds for scholarships;
- furnishing the necessary infrastructure for research trainees;
- facilitating successful access to prestigious scholarships; or
- facilitating employment either in the academic area or in partnership with industry.

Currently, a number of scholarships are offered through professional colleges and organisations. Some of these are substantial, but may not provide the prestige necessary to build track record in a broader-competitive market place. There is a case for professional organisations to strategically examine their scholarships and study grants, and to award nationally-competitive prestigious scholarships to talented researchers. Such awards would not only facilitate financial security, but would also enhance the growth towards expert status and contribution to the research capacity of the university. Whilst this approach needs to be balanced against the desire to support novice researchers, it is worthy of further attention.



## Supervision

Access to research training places is dependent, in part, on the university's capacity to provide supervision and support to higher-degree research students. Ideally, there should be expert researchers available as supervisors for nursing and midwifery research trainees in their area of choice. If this is not the case, then such expertise must be either bought or sought.

There are difficulties in establishing the conditions of co-supervision, especially where each university is competing for the funding associated with doctoral candidates. However, such arrangements can be and have been made for the benefit of both the candidate and the university.

Universities produce significant numbers of their own high-quality supervisors through viable research-training programs and quality management processes. Nursing and midwifery leaders in academia have to present strong cases for being included as an integral part of training and development solutions.

## Mentoring

In addition to supervision, the research trainee benefits from mentoring. This tends to be available when the research trainee is part of a strong team, involved in programmatic research. Such mentoring is of importance, both during the doctoral and postdoctoral phases of research training.

Currently, there are few opportunities for true postdoctoral work within nursing and midwifery, unless it is as part of a research centre or a very strong research program or cluster. The amount of expertise and therefore available mentors is limited. Trainees have been required to work in areas that are not necessarily related to their area of interest and at times in another discipline. This is an area that nursing and midwifery need to address at a national level.

## Establishing a track record

Research training marks the beginning of the long road to establishing a track record, whereby the researcher successfully undertakes funded research projects and publishes the results effectively. With a good track record, the researcher is closer to expert status and can attract and nurture both trainee and new researchers. The researcher can also then acquire funding from a wide variety of sources and engender interest in partnerships with other nursing and midwifery researchers, as well as researchers from other disciplines, locally, nationally and internationally.

Although many of the current research experts have had a long, hard battle to achieve a track record, there is no doubt that being part of a critical mass hastens this process. There are a number of factors which influence the building of a track record, such as a commitment by the researcher to become an expert in a chosen area and the selection of research topics which have the potential to attract funding, in particular, those in line with current government directions for research priorities.

## Recognition as an expert

Moving from the establishment of a good track record to being recognized as an expert also takes considerable effort, personal investment and commitment.

There are nurses and midwives in Australia who have reached expert status as researchers. For all of them, it has taken

significant time, energy and the ability to seize opportunities, especially when unsuccessful with a particular funding source. It has required a focus on a particular area and team building, including the growing of new and beginning researchers, within and outside the discipline. It has also meant reaching out to others, nationally and internationally, to further develop research interest areas with different groups and cultures and, where necessary, it has involved moving to other settings where the research can best be developed.

## Priority 4: Translating research into practice

To optimise the efficacy of health services, it is imperative that there is integration of research findings into practice in all practice-based disciplines. To enhance practice and policy and to be consistent with government directions, translation of research findings into practice is a matter of priority for nursing and midwifery research.

Research has its most profound impact when it informs changes to policy and practice, which in turn impacts on health outcomes for individuals and communities. Within nursing and midwifery, the importance of translation of research findings into practice has been the focus of ongoing national and international debate and it is widely recognised within nursing and midwifery as an area that requires strengthening.

This report draws on both the literature and the national consultations to map out a number of factors and strategies that have been successful in increasing research translation into practice.

## The research user

Research findings are utilized at all levels of health service: by practitioners (not only nurses and midwives) at the clinical interface; by managers and executives involved in managing clinical risk and developing organisation policies and procedures; by academics in professional education and training; and in developing and informing local or national government health policy and strategies.

A major group of users of nursing and midwifery research are located in clinical services and include nurses and midwives.

At this level, positive attitudes and skills as research users are essential for successful translation of research findings into practice.

A number of factors influencing the development and cultivation of attitudes and skills of nursing and midwifery research users are:

- Individual and organisational commitment to evidence-based practice (EBP), by informed research users who use research to evaluate and inform practice change.
- A positive research culture, both at the service delivery and organisational levels, where research is represented as an integral part of the role of nurses and midwives;
- An on-going commitment to and support by individuals and organisations to the translation of research findings, through such measures as clinical supervision, resources and access to research and EBP databases;
- Pre and post-registration programs for nurses and midwives that reflect and harness the value of research.

## The research culture

The research culture of the organisation is central to the effective translation of research findings into practice. The value of research and research activity needs to be embraced both by health service providers and universities. Where research is valued and seen as an integral part of the role of the research user, and where the necessary skills and attitudes are developed in the undergraduate phase of learning, research findings are more likely to be applied to practice.

Health services have a responsibility for focusing the direction of research activity and providing the necessary resources for its implementation. A positive research culture should filter through all levels of the organisation, from management, where executive sponsorship and commitment are the building blocks of the culture, right through to the grassroots of the organisation.

Links between researchers and research users are crucial. Researchers with academic links, such as students, clinical chairs, research centres and teams, and academics, undertake a large proportion, but not all, of the research by nurses and midwives. Therefore, the research culture within universities is critical to fostering research activity and translation of research into practice, requiring dedication of resources and organisational support for researchers and research programs.

Environment, organisational structure, management and research leadership all enable individuals to grow and develop, to support each other and to reach out to other areas and the wider community as they translate research findings into practice to provide the best available service to the Australian community.

## Credibility of the research

In order to apply evidence to practice, the research itself must be credible and accessible to research users. For the results of research to be translated to practice, there needs to be confidence in the research findings. Nursing and midwifery have challenges to meet in relation to the evidence used to change practice. In particular, the type of research methods used to address research concerns and access to systematic reviews of research literature need attention.

## CONSULTATION FORUMS

Location	Date
ACT	8 August 2005
NSW	15 August 2005
NT	23 August 2005
Qld	19 October 2005
SA	11 October 2005
Tas	18 August 2005
Vic	27 October 2005
WA	7 September 2005

## THE WAY FORWARD

Nurses and midwives comprise the bulk of the health care service and their potential contribution to the health of the Australian community is great. The current success in nursing and midwifery research has been achieved in the absence of separate government funding, which nursing and midwives in other developed countries have enjoyed. The absence of a national agenda for the longer-term capacity of quality nursing and midwifery research has similarly affected the development of nursing and midwifery research.

For nursing and midwifery research to respond to government direction and ensure that it receives the necessary support from competitive funding bodies, immediate areas of priority for the disciplines are those of building longer-term research capacity through developing a critical mass, smarter access to funding, and the effective and timely translation of research findings into practice and policy.

Strong and focused leadership is needed to drive this national agenda for nursing and midwifery research forward. The Council of Deans of Nursing and Midwifery (Australia & New Zealand) has recently established its Research Advisory Group (RAG). RAG membership consists of leading nursing and midwifery researchers from across Australia and New Zealand, who will assume responsibility for research leadership in response to the Australian Government's Research Quality Framework (RQF) and New Zealand's Performance-Based Research Fund. RAG is arguably best positioned to take carriage of the national agenda for nursing and midwifery research, to consult with the research community and to speak on behalf of the disciplines, on matters related to research priorities, research training and measures to support research capacity building in the future.

The priorities identified in this document have been based on wide and inclusive consultation of the nursing and midwifery community. The report will provide a foundation for RAG or other groups to respond to the current imperative to improve the health of Australians by aligning with a national research effort and through building of a stronger research capability within the nursing and midwifery disciplines.

*Priorities for Nursing and Midwifery Research in Australia was prepared by the National Nursing and Nursing Education Taskforce, assisted by Emeritus Professor Margaret Bennett and Bridget Willett Freelance Writer and Editor, design by Ideal Formats © N<sup>3</sup>ET 2006*

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