

IMPROVING OUTCOMES THROUGH

R&D

REPORT FROM THE CENTRAL NURSING ADVISORY COMMITTEE RESEARCH & DEVELOPMENT GROUP 2012



IMPROVING PRACTICE, PATIENT EXPERIENCE & OUTCOMES



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INTRODUCTION

The Research and Development Subgroup of the Central Nursing Advisory Committee (CNAC R&D) has been progressing a portfolio of work over the last 2 years which focuses on the strategic development of nursing and midwifery R&D within Northern Ireland, building on the recommendations presented in Using and Doing Research: Guiding the Future (NIPEC 2005). The programme of work reflects the advisory function of CNAC R&D, with the emphasis on influencing strategy and policy.

PURPOSE OF CNAC R&D

To improve practice, patient experience and outcomes by providing leadership and strategic direction for nursing and midwifery research and development.

This purpose can be achieved by:

- advising CNAC on the basis of robust evidence
- influencing at all levels
- having an agreed workplan
- working in partnership with key stakeholders
- effective communication
- profiling and valuing the contribution of the broad range of R&D activities
- harnessing the expertise of group members and maximizing their opportunity to act as a catalyst for change

The work strands progressed through four Task and Finish Groups, focused on:

1. articulating what is understood by 'development' in the context of R&D, emphasising the importance of recognising the spectrum of activity that can contribute to innovation and knowledge generation
2. a scoping exercise to provide insights into building capacity and developing a supportive infrastructure for nursing & midwifery R&D within the HSC Trusts
3. exploring models of mentorship, drawing from the literature and from discussions with recognised research leaders
4. exploring the role of the clinical research nurse within Northern Ireland

The strategic review of HSC services and implementation of the recommendations of Transforming Your Care (TYC) provide a strong impetus to source, utilise and imbed research and development activity across all sectors of care delivery with the aim of improving safety, quality and the patient experience.

Summary

It is recognised that nursing and midwifery R&D has progressed significantly within Northern Ireland over the last 10 years. This progress has been influenced and shaped both by developments at national level, and by the ongoing review of health and social care structures within Northern Ireland.

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development

Understanding ‘development’ in the context of research and development

Lead: Professor Tanya McCance

Background

The R&D landscape in nursing and midwifery has undergone significant developments in the last decade. For example, there has been an increasing focus on developing research capacity within nursing and midwifery, with a major emphasis on articulating a clinical academic career pathway for nurses and midwives. Furthermore, there continues to be an ongoing debate in relation to how nurses and midwives are enabled to use evidence in practice that contributes to improvements in quality of patient care. Developments in this area span a range of activities that reflect on the one hand, a traditional notion of research, whilst on the other embraces development activity as that which encompasses approaches to improving practice through knowledge transfer and research utilization. There is an argument, however, that whilst the terms ‘research’ and ‘development’ are frequently used as a single phrase, the explicit focus strategically and politically is generally on ‘research’, with little attention given to the development agenda. There are, however, potential benefits in defining the term ‘development’ and clarifying where these activities sit on the R&D continuum, in order to garner support for future nursing and midwifery R&D.

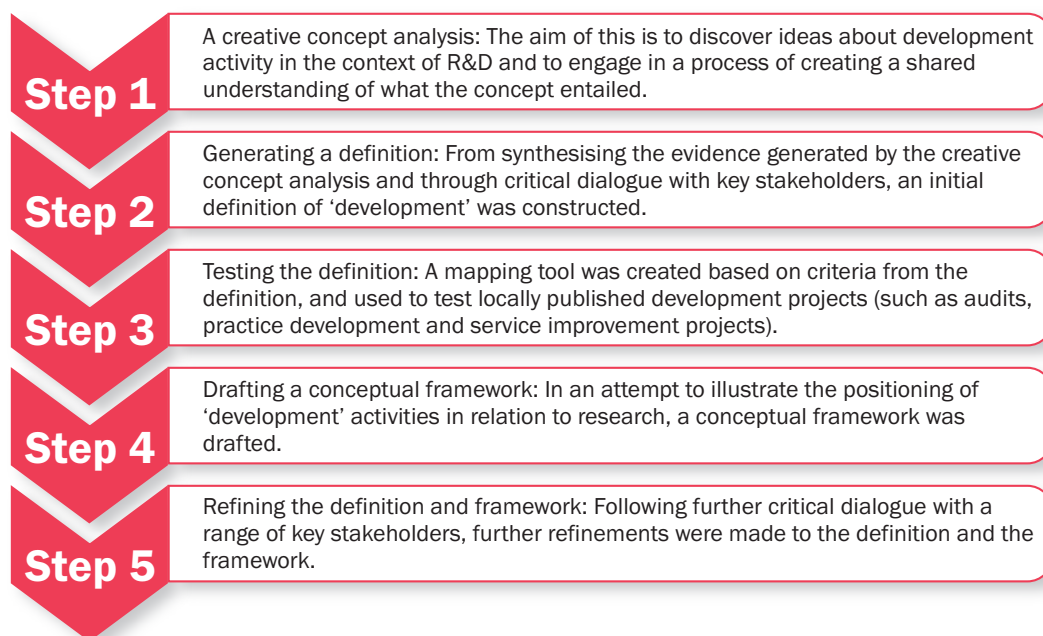
Purpose

To clarify the meaning of ‘development’ in the context of R&D.



Approach

A participatory, critical and creative approach to clarifying the concept of 'development' was undertaken, which involved engaging with a range of stakeholders. A five-step process was used, which is described below.



Key Outcomes

The key outcomes from this work is a framework that illustrates the spectrum of activity that constitute research and development and their interconnectedness. The framework is presented in Figure 1 and illustrates activities that:

- represent research, defined as “the search for new knowledge using scientific methodologies and approaches” (R&D Office 1999, pp. 27)
- represent 'development' defined as those activities that “focus on creating the conditions for evidence utilisation to systematically innovate or improve practice; include integrated evaluation that demonstrates effective processes and outcomes and has the potential to generate new knowledge” (CNAC R&D)
- could be described as precursors to development, in that they have the potential to inform developments in practice, but had not yet impacted on practice, such as service evaluation
- meet the criteria for both research and development.

Use of the framework can illuminate the value of programmes of research AND development that can contribute to the quality of patient care in the short term and in the long term. Practice development is one such activity that on the one hand can be focused purely on bringing about changes in practice, but on the other also has the potential to generate new knowledge when a robust methodological evaluation framework is integral to the activity. This is differentiated in the framework by use of a capital D to denote the latter type. To illustrate this point,

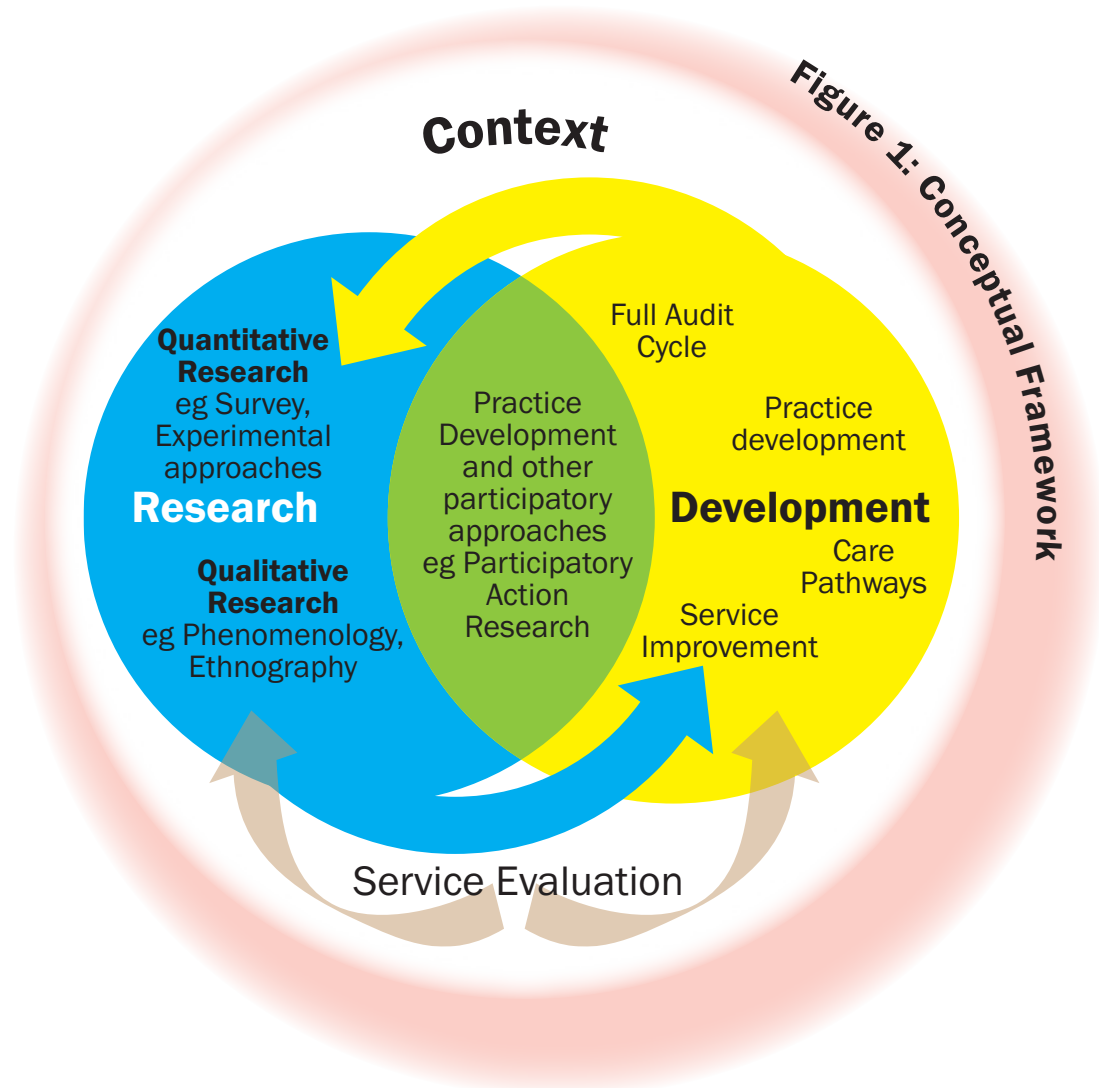
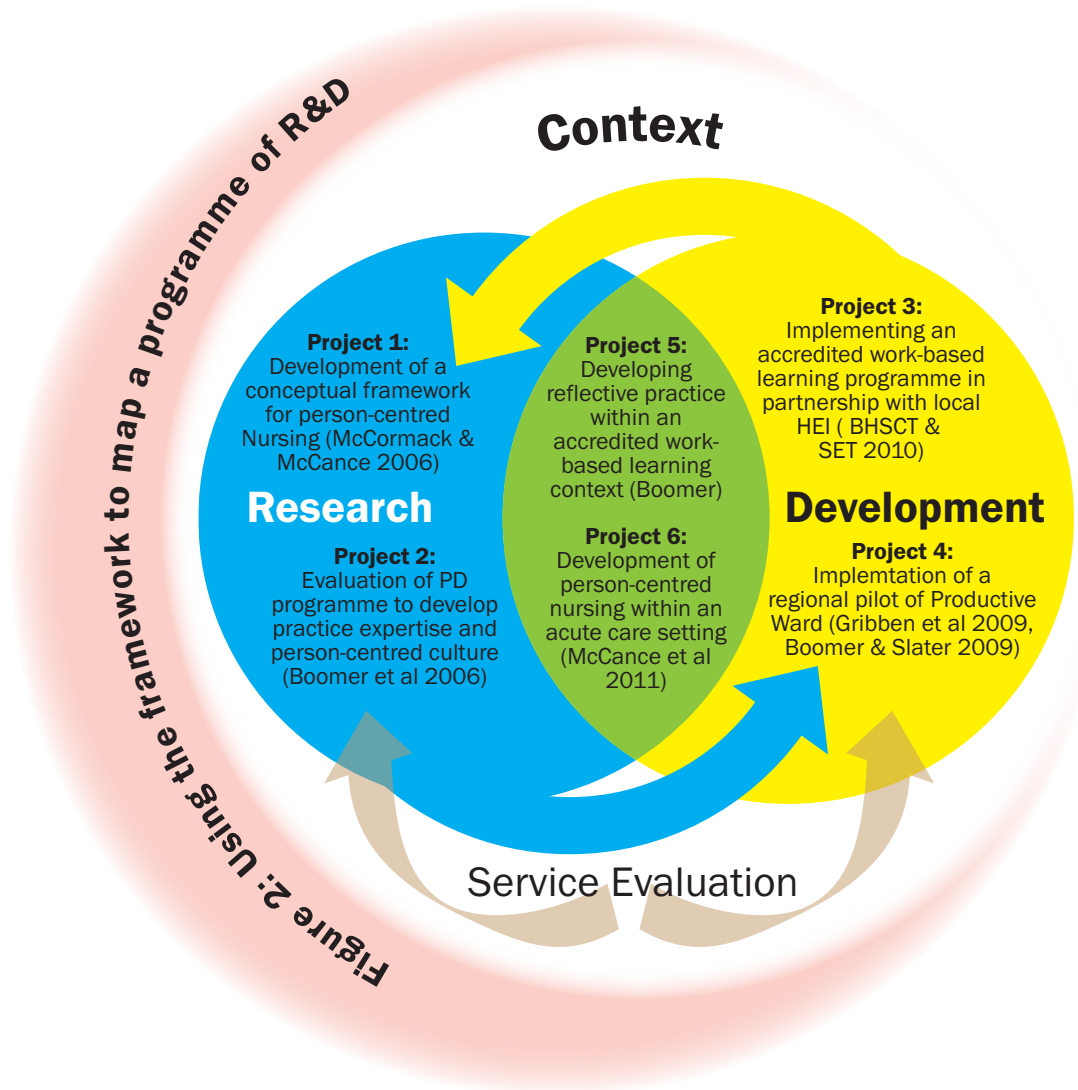


Figure 2 uses the framework to present the outcomes from a programme of research and practice development being undertaken within the *Person-centred Practice Research Centre* at the University of Ulster (<http://www.science.ulster.ac.uk/inr/pcp.php>). Each of the six projects highlighted in Figure 2 has made a contribution to the overall goal of understanding the development of effective person-centred practice. This illustrates the value of programmes of work that embrace the full range of R&D activities, and the potential to bridge the gap between research and practice.

Recommendations

1. That the framework will be used to undertake a scoping exercise within the HSC to map activity within nursing and midwifery across the spectrum of R&D.
2. That the framework will be used to influence funding streams within relevant funding bodies to increase support for 'development' activity.



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scoping

Making R&D a reality through organisational support

Lead: Dr Sonja McIlpatrick

Background

Nurses and midwives have the opportunity and responsibility to make a difference to the quality of patient care by raising the profile of their R&D activity. It is important to continue to progress this agenda in a planned, cohesive and systematic manner. Various reports have been developed focusing on the need to develop nursing research capacity as well as considering aspects of organisational support. There is a clear responsibility on organisations to take forward this important agenda.

Purpose

To assess the organisational infrastructure to support R&D in nursing and midwifery and to scope the research capacity and development capability of the nursing workforce across the five Health and Social Care Trusts in Northern Ireland.

The Approach

An exploratory approach was undertaken to gather data in relation to the current situation on nursing and midwifery research capacity, organisational infrastructure for nursing R&D and information on the numbers of nurses and midwives with a PhD working in Health and Social Care Trusts. This involved two key stages:

Stage 1: The development of a mapping tool

The tool was developed and mapped against existing reports such as the Finch and Using and Doing Reports.

The tool comprised two overall priority areas and various indicator sections.

Area 1: Strategic developments for N+M R&D.

Indicator areas: Corporate R&D Strategy; Nursing and Midwifery R&D Strategy; Leadership for Nursing R&D and Mechanisms to integrate clinical and social governance; Nursing representation on R&D Committee.



Area 2: Infrastructure and support for R&D.

Indicator Areas: Infrastructure for R&D; Trust investment in Nursing and Midwifery R&D; IT infrastructure to support R&D; Collaborative working; Mechanisms for capturing R&D training; Systematic ways of offering support for N&M R&D.

Stage 2: Collecting data

Each of the nursing research leads in the Trusts responded in terms of whether the indicators were fully achieved, partially achieved, in development or not achieved for their respective Trusts. They also provided information about the numbers of nurses and midwives working within the Trusts who had completed PhD and were currently undertaking a PhD.

Key Outcomes

The key outcomes from this work included a sense of the existing nursing and midwifery research capacity and organisational infrastructure to support nursing and midwifery R&D. Some positive aspects were that there was clear representation for nursing and midwifery on all key Trust R&D Committees; there was also clear evidence of leadership for nursing and midwifery R&D though the presence of key leadership posts as well as the development and support of different Trust strategic initiatives to take forward this agenda. It was also noted that there was clear evidence of integration with clinical and social care governance agenda and activities.

There were however, some elements in need of further development. Most significantly was the need for more investment in nursing R&D at all levels coupled with the development of more systematic ways of offering support for R&D. Another area of development was the requirement to develop mechanisms for capturing R&D training within the nursing and midwifery workforce and the need for an overall investment in IT infrastructure to support R&D. It was also interesting to note the number of nurses and midwives working in health care Trusts who were either undertaking or had completed research training at PhD level (April 2010).

Table 1: Nurses who have either completed or are studying towards a PhD (April 2010)

Trust	Completed	Ongoing
Belfast	9	2
Northern	2	2
Western	3	1
South Eastern	3	5
Southern	1	2
Total	18	12

Recommendations

- That consideration be given to the areas of improvement needed for organisational support for R&D
- That consideration be given to reviewing the current strategic vision for nursing R&D in order to maximise the supportive infrastructure for nursing R&D in Health and Social Care Trusts.



mentorship

Developing champions of nursing research and development

Lead: Dr Donna Fitzsimons

Background: In order to deliver effective, efficient and evidence based health care nurses and midwives must integrate research and development (R&D) activity into their professional roles at all levels within organisations. The landscape of nursing and midwifery R&D has undergone significant change in recent years and while there has been growth in many areas such as the number of practitioners with advanced training (MSc and PhD), many challenges are evident. While it is clear that investment in R&D is important for nurses and midwives at all levels, there is an imperative that the enhanced skills of nurses who undertake advanced research training are not lost to clinical practice, but capitalised on. It is evident from the literature that innovative role development is required to enable these talented individuals to integrate their skills in the practice environment and to enhance evidence based practice as a result.



“ You need to be prepared to work really hard. Build links with a strong team, stay focused and keep going even if you don't have immediate success. That commitment pays off. ”
Professor of Epidemiology

Purpose

There were three main aims in this workstrand, each related to a separate phase of the project.

1. To explore how we develop champions of nursing R&D at different levels throughout HSC organisations?
2. To identify central features of any successful models of mentorship that professors (n=12) from a range of disciplines had been exposed to, with the ultimate goal of informing the development of a post doctoral mentorship model for nurses in NI.
3. To learn more about the Clinical Academic Training initiative launched in the UK and to discuss the potential application of its mentorship programme in Northern Ireland

Approach

Over the last number of years CNAC R&D have undertaken an incremental package of work focused on developing future R&D leaders in Northern Ireland. There have been three critical steps in this journey which will be outlined in the course of this short paper. In each of these every opportunity has been taken to engage as widely as possible, and in particular to take account of the perspectives of key stakeholders in the nursing R&D agenda in the province, as we seek to develop this critical resource.

Phase 1: Where do we start to develop champions of nursing R&D?

The first phase of this package was a Workshop that brought together a group of nurses with an interest in the broad spectrum of R&D activity. The main focus was to address the question:

How do we develop champions of R&D at different levels throughout HSC organisations?



There was a facilitated round table discussion that generated feedback on how R&D should be facilitated at various levels within the organisation. The feedback was as follows:

Key Outcomes Phase 1:

With clinical nurses	With Nurse Managers	At Service Group Level with Career Researchers (MSc or PhD)
<ul style="list-style-type: none"> • Integration of R&D into job descriptions • Mentorship and performance appraisal • Access to evidence through internet etc • Exposure to R&D expertise to inspire and support 	<ul style="list-style-type: none"> • Commitment to integrate R&D into clinical practice • Provision of an infrastructure that supports R&D in practice • Provide tangible support for conduct of R&D 	<ul style="list-style-type: none"> • Availability of R&D expertise within the organisation • Strong links with universities or educational establishments • Investment in career development opportunities • Support eg. R&D Office Fellowship Schemes , Learning Sets & CRSC • Development of formalised mentorship programme for potential researchers of the future e.g. UKCRC, FUTURES Programme Canada

At this point the group considered how to most effectively target their resources over the wide spectrum of R&D activity. After due consideration it was decided that the most pressing need was to consider the support mechanisms for post doctoral researchers as there was much concern that this valuable resource was not being effectively utilised within the Health and Social Care Trusts in Northern Ireland.

In view of current developments within Clinical Academic Training for all the professions throughout the UK at this time, it was agreed to focus on the issue of post doctoral mentorship, as this was considered a strategy that offered some potential to meet the needs of this group.

Phase 2: What does successful post doctoral mentorship look like?

The second phase of this work package took the form of semi structured interviews with twelve professors from NI, UK, Australia and Canada in disciplines such as nursing, epidemiology, biomedical science and pharmacy. The purpose of these discussions was to use the experience of these successful career researchers to identify central features of any successful models of mentorship they had been exposed to, with the ultimate goal of informing the development of a post doctoral mentorship model for nurses in NI.

There were several common themes in these interviews. These are outlined in the table below:-

Key Outcomes Phase 2:

What works	Priorities for nursing	Overcoming Barriers
Be part of a team	Build stronger interdisciplinary teams	Bring international experts into research applications
Stay committed & focused	Develop skills in priority areas e.g. statistics	Prioritise research that impacts on quality of patient care
Plan ahead	Realistic career progression planning with effective supervision & mentorship	Use influence to create research opportunities
Build external collaborations	Create international reputation for excellence	Join clinical research networks

Phase 3: Would a Mentorship Programme Offer Benefit to Nurse Researchers in NI?

Given the strong message in the Phase 2 interviews that research mentors were central to building effective research teams, discussions in the group naturally focused on the programme of Clinical Academic Training that was being implemented throughout the rest of the UK. It was decided that while its implementation in NI had been temporarily suspended by the R&D Office due to funding constraints, it would be important to learn more about the initiative and particularly the Mentorship Programme (See www.researchacademy.co.uk/mentors).

To this end a Research Seminar was held in June 2011 at which Prof Annie Topping Professor of Nursing and Director of the Centre for Health and Social Care Research, University of Huddersfield gave an overview of her experience as a member of the Academy and as a mentor. In addition several local post doctoral nurses at various

stages on their career presented their experience of navigating the career ladder in NI. Following this a facilitated discussion using a Claims, Concerns and Issues format was undertaken with the group. While various interesting perspectives were tabled, there was strong consensus that joining the Academy of Nursing UK mentorship scheme was potentially of benefit to nurse researchers in NI and that CNAC R&D should take steps to enable this to happen.

“ Mentoring is a gift given freely from the mentor to the mentee. It cannot work if there is a power differential behind the relationship, or if the mentor hopes to get something out of it. I see it as my chance to give something back. ”

Prof Annie Topping

Key Outcomes Phase 3

The various activities of this sub group of CNAC R&D have demonstrated a willingness to engage in challenging discussions regarding building capacity in R&D at all levels within nursing. The group have consulted widely and on that basis make several recommendations:

1. It is important to prioritise activity and therefore we should focus on developing mechanisms to better support post doctoral researchers in NI.
2. The Mentorship Programme currently offered by the Academy of Nursing offers a valuable resource and infrastructure to provide such support and should be explored further.
3. CNAC R&D should actively engage with the Academy to facilitate the inclusion of NI post doctoral researchers in its Mentorship Scheme.

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clinical trials

Valuing the role of the Clinical Research Nurse

Lead: Gillian McCorkell

“ Working in Clinical Research enables nurses to be at the cutting edge of the development of new therapies and treatments that can enhance the quality of life for patients and their families. ”

Background

Clinical Research Nurses (CRNs) function as an essential element within Clinical Research teams and their numbers are growing. Throughout NI, traditionally, CRNs have been appointed, by Principal Investigators, usually medical consultants who lead a specific clinical area within the individual HSC Trust. The roles and responsibilities of these post holders have often been perceived as being unclear, their positions insecure and subject to the uncertainty of research grants, short-term contracts and finance.

The introduction of a research governance framework in 2004 and formation of the Northern Ireland Clinical Research Network (NICRN) in 2008 has seen a rapid and significant increase in the number of CRN appointments across all Health and Social Care Trusts (HSCT) in Northern Ireland (NI).

CRN's are highly skilled, competent and autonomous practitioners who work best within a governance framework that includes appropriate training, line management, career progression and professional supervision. This professional support framework works to militate against poor clinical and research practice.



Purpose

Recognising the challenge and opportunity of the CRN role, CNAC R&D undertook to identify the support and development framework required by nurses working in clinical research in NI. All nurses working in clinical trials in each of this five HSC trusts, Cancer network nurses, nurses working with the NICRN, and Trust independent clinical trials nursing staff were invited to participate.

Approach

Stage 1.

Focus Group Interviews Using A Schedule Of Interview To Explore :

- **Main challenges to role**
- **Rewarding aspects of role**
- **Areas for Development**
- **Additional comments**



Stage 2.

Workshop to:

- **discuss issues that had emerged in the focus group interviews.**
- **provide CNAC R&D with the information to help standardise governance issues for CRNs.**



Some Clinical Research Nurses from WHSCT who participate in the Project

Findings

Issues	Barriers	Enablers
Role	<p>Lack of role clarity and understanding “Profile of CRNS not always understood by nursing colleagues and ward based staff might be busy and it seems that to them you are not really doing anything and yet you are.”</p> <p>Isolation associated with lone working “being left alone to do a lot of the work”</p> <p>Peer support is limited “Difficulty in knowing who other research nurses are within the Trust and where they are working”</p>	<p>“Opportunity to encourage and facilitate patients to be participate in research, offering new treatment with potential for improved outcomes”</p> <p>“Advocacy role- can voice concerns, for example patients understanding of informed consent”</p> <p>“Research Nurse Forum within Trust, very beneficial – makes role less isolated”</p>
Responsibility	<p>Workload Management “Lead Nurses and General Managers do not understand or know about the job “</p> <p>“Principal Investigators don’t realise workload & responsibility”</p>	<p>“Ability to work independently and having a sense of autonomy”</p> <p>“Having techniques to quantify & express subtle changes in patients condition”</p> <p>“NICRN assists with capacity and recruitment problems”</p>

Issues	Barriers	Enablers
Remit	<p>Workload Pressures “ Nobody does your work for you, if you’re off its still waiting for you”</p> <p>“You are not always readily available to recruit patients to the trails; frustration at other staff in clinical area not always encouraged to able to assist and who would like to be involved and skilled to do this.”</p>	<p>“Individual patient contact over time- getting to know and care for them as individuals”</p> <p>“Integral part of the Multi Disciplinary Team”</p>
Regulation	<p>Professional leadership “Line managers who provide supervision do not always fully understand the role and therefore cannot provide appropriate support.”</p> <p>Practical Problems “Completing IRAS forms is a tedious task”</p> <p>“being monitored, by the study sponsors on a monthly basis”</p>	<p>“Good documentation ensures observations are noticed and taken on board”</p> <p>“problems not unique- other CRNs have similar issues”</p>
Rewards	<p>“meeting recruitment targets”</p>	<p>“Job satisfaction”</p> <p>“being able to see how practice can develop from research and studies that you have been involved in”</p> <p>“still having patient contact”</p>

Outcomes

The report from the exercise demonstrated variations within individual Trusts as well as variation between Trusts. The main recommendations derived from the consensus exercise included the need to address the following Areas for Action

- CRNs should have a defined Job Outline to ensure clarity of roles and shared responsibilities to include agreed KSF
- The use of Learning needs analysis tool should be adopted to identify training needs specific to the role.
- CRNs will have an specific identified nurse lead within their HSCT who will take responsibility for professional nursing related activities. This nurse lead should be experienced in clinical research.
- Individual CRNs's should have access to supervision within their HSC trusts in line with the CNO's & HSC trust "nursing supervision policy"
- A Community of Practice for CRN's should be developed to maximise opportunities for networking

Recommendation

Health and Social Care Trusts should consider 'areas for action' and how they may be implemented within their own organisation.

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December 2012