

# A Research Strategy for Nursing and Midwifery in Ireland

## Final Report

January 2003

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# Foreword

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The profession of nursing and midwifery is central to effective health service delivery. The fundamental aim of nursing and midwifery practice is to promote people's health and provide excellent and sensitive care to individuals and families. As science, technology and the demands of the public for sophisticated healthcare become increasingly complex it is essential that the empirical underpinnings of nursing and midwifery practice be continually built upon and strengthened.

*The Report of the Commission on Nursing* recommended that the Nursing Policy Division in the Department of Health and Children, in consultation with the appropriate bodies, draw up a national strategy for nursing and midwifery research. The Department in keeping with its commitment to implement the recommendations of the Commission convened a consultative committee, representative of those with a core interest in nursing and midwifery research, which culminated in the development of this strategy.

Nurses and midwives have always had a passion for delivering better care in an ever-changing world. Research-based practice is now the new reality, with nursing knowledge at the core of professionalisation. I warmly welcome the development of this timely strategy and would like to thank all those who have taken time to contribute. In particular, I would like to commend the consultative committee for their vision and hard work which has culminated in the publication of this report. I have no doubt that the recommendations made here have the capacity to revolutionise the world of nursing and midwifery research in Ireland and to steer the research agenda safely through the next five years.

A handwritten signature in black ink that reads "Micheál Martin". The signature is written in a cursive, slightly slanted style.

**Micheál Martin, T.D.,**  
Minister for Health and Children.



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# Preface

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As the new millennium progresses, nursing and midwifery struggle with increasing urgency to create and maintain a culture of research-based practice. It is recognised that good health is intrinsically important in its own right. However, as nurses and midwives, we cannot ignore the fact that governments will give credence to robust evidence showing the true contribution of nursing and midwifery care to the health of the nation. With this in mind there is a need to build a body of evidence illustrating the effectiveness of nursing and midwifery practice.

While recognising that the development and maturation of nursing and midwifery research is evolutionary, this strategy acknowledges the need to embrace national, institutional and professional commitment. This commitment gives rise to a series of recommendations, which are designed to act as a firm foundation upon which nursing and midwifery research can thrive. Throughout the document, reference is made to the importance of developing a cadre of expert nurse and midwife researchers. However, nursing and midwifery practice does not occur in isolation, hence the importance of strengthening the nursing and midwifery agenda at national and international levels. Crucial to the success of the strategy is the need to develop collaborative partnerships and strategic alliances between institutions and disciplines.

I wish to record my appreciation of the significant work undertaken by the consultative committee. In particular, I wish to thank Siobhán O'Halloran for leading the project and Judith Chavasse and Agnes Higgins for their help with the preparation of the final document.

It gives me great pleasure to support this strategy and I look forward to chairing the committee charged with overseeing its implementation over the coming years.

A handwritten signature in black ink that reads "Mary McCarthy". The signature is written in a cursive, flowing style.

**Mary McCarthy**  
Chief Nursing Officer



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# Executive Summary

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*The Report of the Commission on Nursing* (1998, para. 6.77) recommended that the Nursing Policy Division in the Department of Health and Children, in consultation with the appropriate bodies, draw up a national strategy for nursing and midwifery research. In response to the above, the Chief Nursing Officer at the Department of Health and Children convened a consultative committee to prepare a research strategy for nursing and midwifery in Ireland. This committee was representative of those with a core interest in nursing and midwifery research.

This report details the deliberations of the consultative committee. It commences by outlining the terms of reference for the committee and a definition of, and vision for, nursing and midwifery research in Ireland. The aim, purpose of the strategy and method of work are also outlined. Section two describes the global context of nursing and midwifery research and documents its historical development in Ireland.

Section three outlines the national, institutional and professional commitments required to develop a sustainable and responsive research agenda. Each of these commitments gives rise to a series of recommendations, which are designed to act as a firm foundation upon which nursing and midwifery research can thrive.

Taken together, the proposed recommendations are a powerful mechanism to develop the core knowledge necessary to drive and support nursing and midwifery practice into the future. The strategy has the potential to contribute to the development and maintenance of a culture of excellence in nursing and midwifery practice, management, research and education. However, it is important to acknowledge that nursing and midwifery research is not just an academic exercise, the ultimate success of the strategy will be determined by its contribution to patient care and the health of Irish society.



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# Summary of Recommendations

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The recommendations are presented around three distinct but inter-related levels of organisation required for the development and growth of nursing and midwifery research.

## I. National Commitment

1. A study to identify research priorities for nursing and midwifery in Ireland for the short, medium and long term will be carried out under the auspices of the National Council for the Professional Development of Nursing and Midwifery.
2. A project to collate and publish a report of completed nursing and midwifery research in Ireland (published and unpublished) will be undertaken.
3. A database of completed research studies of nursing and midwifery in Ireland, which incorporates an accessible system of dissemination, will be developed and maintained by the National Council for the Professional Development of Nursing and Midwifery.
4. A joint appointment, with responsibility for nursing and midwifery research, will be established between the National Council for the Professional Development of Nursing and Midwifery and the Health Research Board.
5. Nursing and/or midwifery representation on Science Foundation Ireland and the Health Research Board will be sought with a view to influencing the nursing and midwifery research agenda.
6. Nursing and/or midwifery representation will be sought on the Forum for Health and Social Care Research when it is established.
7. The person appointed to the National Council for the Professional Development of Nursing and Midwifery and the Health Research Board will take responsibility for identifying and developing strategic alliances with appropriate international agencies.
8. **(a)** A user-friendly framework that outlines the financial supports and mechanisms available for the pursuance of nursing and midwifery research be developed, maintained and published.  
**(b)** Joint research action between individuals, disciplines and institutions/organisations will be identified and promoted at local, national and international level.

9. Additional funding should be provided to finance a variety of nursing and midwifery research activities through the Health Research Board. This funding should be made available for research activities on the basis of competitive peer reviewed proposals from individuals, health services agencies and third level institutions where the proposals are consistent with evidence required for best practice in nursing and midwifery.
10. Finance for post-graduate, doctoral and postdoctoral research should be enhanced by increasing the current funding available for Clinical Fellowships and other forms of support.

## **II. Institutional Commitment**

11. The development and establishment of nursing and midwifery research units/programmes within higher education institutes will be encouraged through the continued inclusion of funding for a dedicated research programme in nursing and midwifery research through the Health Research Board's existing scheme of Programme grants.
12. The promotion of research links between health service agencies and higher education institutes will be supported through dedicated funding for collaborative nursing and midwifery research initiatives.
13. The Directors of the Nursing and Midwifery Planning and Development Units, in partnership with Directors of Nursing and Directors of Midwifery, will make resources available to ensure that all nurses and midwives engaged in the public health service in the region have access to relevant research to inform practice.
14. The Directors of the Nursing and Midwifery Planning and Development Units, in partnership with Directors of Nursing and Directors of Midwifery, will ensure that the educational supports necessary to utilise the resources provided are made available to all nurses and midwives in their regions.
15. The Directors of the Nursing and Midwifery Planning and Development Units, in partnership with Directors of Nursing and Directors of Midwifery, will make resources available to develop local protocols to support research-based nursing and midwifery practice.
16. An Bord Altranais, in collaboration with nurses and midwives, will develop and articulate a position statement in relation to the ethical conduct of nursing and midwifery research.
17. The Directors of the Nursing and Midwifery Planning and Development Units, in conjunction with Directors of Nursing and Directors of Midwifery, will ensure representation on research ethics committees at local level to enable nursing and midwifery involvement at the stages of gaining access to research populations, sites and ethical approval.
18. Supports required for the development of flexible career pathways, which incorporate research activity on a fulltime, part-time or joint appointment basis will be identified and developed.

### **III. Professional Commitment**

19. An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery will include research as a criterion for programme approval.
20. The Chief Nursing Officer at the Department of Health and Children will establish a nursing and midwifery research committee, determine the composition and chair the committee in an ex-officio capacity. The function of the committee will be to progress, monitor and evaluate the implementation of the strategy.
21. The nursing and midwifery research committee will prepare a plan and timeframe for the implementation, monitoring and evaluation of the strategy. As a matter of priority the committee will determine the body responsible for the implementation of each of these recommendations where not already predetermined.



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## SECTION ONE

# Introduction

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### 1.1 Background

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* (World Health Organisation, 1999) gives effect to global health for all values. It 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 will 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 influence the needs of individuals and the population.

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 is required. Thus philosophical, conceptual, empirical and ethical issues all need to be considered and explored. There is also a need to develop and verify nursing and midwifery practice through research, as both are practice-related disciplines informed by their own distinctive but complementary bodies of knowledge.

*The Report of the Commission on Nursing* (1998, para. 6.77) (the Commission) recommended that the Nursing Policy Division 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 Nursing Officer at the Department of Health and Children convened a consultative committee, representative of those with a core interest in research, to draft a strategy for nursing and midwifery research in Ireland. Membership of the committee is included in Appendix One.

The development of a strategy for nursing and midwifery research is taking place at an opportune time. Investment in research has been identified as central to economic and social development. In the National Development Plan the Government committed more than €635 million (£500m) in the period 2000–2006 under the heading of Technology Foresight for research related to biotechnology and information and communication technologies (ICT) (Department of Health and Children, 2001). A new organisation, Science Foundation Ireland, has been established to manage this programme. The Department of Health and Children published *Making Knowledge Work for Health: a strategy for health*

research in June 2001. It is timely that a research initiative for nursing and midwifery be considered in the midst of these national developments.

## **1.2 Term of Reference**

The term of reference for the committee was to prepare a strategy for the development of nursing and midwifery research in Ireland for the short, medium and long-term.

## **1.3 Definition of Research**

Following extensive debate the consultative committee agreed a definition of research which, for the purpose of this strategy, is as follows:

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

## **1.4 Vision**

The research strategy is grounded in the belief that the recipient of nursing and midwifery care deserves 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 in developing nursing and midwifery knowledge, that will contribute to the achievement of health and social gain for individuals and the population. The strategy embraces an orientation towards primary health care and the promotion of health, with a focus on the development of preventative health commensurate with national and international healthcare initiatives.

An inclusive approach which acknowledges the value of all scientific evidence to inquiry is endorsed; that is, an approach employing both quantitative and qualitative roots to knowledge development and encompassing all types of scientific research and logical analysis. 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 for the short term (until 2006).

## **1.5 Aim**

The overarching aim of the strategy is to develop a research initiative which as a whole delivers an outcome that can make an effective contribution to:

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

In order to achieve this aim 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. Hence the purpose of the strategy is threefold:

to create a framework for the development, support and promotion of nursing and midwifery research;

to strengthen the commitment to systematic enquiry and knowledge driven practice throughout the health service; and

to maximise the potential of the nursing and midwifery resource within the context of the health service.

## **1.6 Method of Work**

At the first meeting of the Committee convened on the 22<sup>nd</sup> June 2000 a strengths, weaknesses, opportunities and threats (SWOT) exercise entitled “The Current Position of Nursing and Midwifery Research in Ireland” 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 Two. Emerging from an analysis of the exercise three sub-committees were established. Each committee was given a specific brief as detailed below.

### *Title of Sub-committee — Definition, Vision and Objectives*

Aim: To review and develop a mission/vision and objectives for the strategy.

To consider and develop, if appropriate, a definition of research.

### *Title of Sub-committee — Development of a Database*

Aim: To consider the development of a database of nursing and midwifery research.

### *Title of Sub-committee — Research Priorities*

Aim: 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.

## **1.7 Consultative Process**

A synopsis of the work of each sub-committee was presented at three subsequent meetings. The work of the sub committees formed the basis for a consultative document, which was widely distributed. The document was designed to act as a vehicle for further debate with a wider audience who wished to contribute to the development of the strategy. Correspondence inviting submissions is included in Appendix Three. The final date for submission of comments was 31<sup>st</sup> August 2001. The date was however, extended to 30<sup>th</sup> September 2001 to facilitate further submissions. In addition the consultative document was made available on the websites maintained by the Department of Health and Children and the National Council for the Professional Development of Nursing and Midwifery.

In total forty-four submissions were received (Appendix Four). These were analysed and the strategy document adjusted accordingly. In an attempt to ensure an inclusive strategy, specific consultation took place with the National Midwifery Advisory Forum. Further consultation took place with relevant bodies during the process of developing and agreeing the recommendations. These bodies included representatives of the Directors of the Nursing and Midwifery Planning and Development Units, An Bord Altranais (ABA), the National Council for the Professional Development of Nursing and Midwifery (the Council) and the Health Research Board (HRB).

## **1.8 Development of Recommendations**

Following consultation a series of recommendations were developed. The consultative committee subsequently reviewed and agreed these recommendations in accordance with a template included in Appendix Five. The proposed changes are reflected in the final recommendations agreed. This accounts for the discrepancy between the recommendations presented in this appendix and the recommendations finally agreed.

## **1.9 Summary**

This section explains the genesis and intention of this report. In providing a brief description of the approach taken by the consultative committee, it demonstrates the extent and collaborative nature of the process. Appendix Four, the list of submissions received, is evidence of the interest shown by a large number of nurses and midwives; these criticisms and corrections, comments and suggestions have all influenced the outcome and recommendations.

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## SECTION TWO

# Background and Context of Research

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### 2.1 Global Context of Research

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

Knowledge and its acquisition through scientific inquiry and logical analysis constitute a dynamic process which is important for the growth of any profession. Research in nursing and midwifery strives to strengthen the knowledge base used in the practice, education and management of the profession in a manner capable of effecting positive outcomes for the recipients of healthcare. Nursing and midwifery research addresses issues at the core of patients'/clients' and families' personal encounters with illness, disability, treatment and health promotion.

The health needs of a population and of individuals are significantly influenced by the following: social (e.g. housing); technological (e.g. biotechnology); economic (e.g. national wealth); political (e.g. percentage of gross domestic product 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 a local, national and international level.

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 (Department of Health and Children, 2001). Consequently nursing and midwifery research in Ireland requires development within this context to enhance health, improve health care and quality of life. In developing a strategy for nursing and midwifery research, a balance is necessary between the need to gain new knowledge and the need to improve quality, effectiveness, efficiency and equity within the health services.

Given the high proportion of health care work that is performed by nurses and midwives, and assuming that it should be research-based, it is of considerable importance that such research has a chance to flourish. Furthermore the demand for practices underpinned by evidence is increasing as science and technology develops.

More specifically nursing and midwifery research is required to underpin professional development, provide guidelines for decision-making in practice and enable nurses and midwives contribute to research activities aimed at combating disease and promoting health. It is important that these three elements are held in balance as scientific enquiry in nursing and midwifery develops.

The International Council of Nurses (ICN) has an International Agenda for Nursing Research which calls for increased visibility of nurse researchers, increased access to information and networking, increased access to education and training, enhanced dissemination and utilisation of nursing research findings and greater opportunities for nurses to publish in international journals. The ICN is also concerned with the extent of nurse training in ethics and participation of nurse researchers in committees that review studies involving human subjects. In 1999 the ICN participated at the Global Forum on Bioethics in Research representing international organisations, universities and research centres.

The ICN has had a Position Statement on Nursing Research since the 1980s. This was updated in 1999 and the same year a Research Network was launched, aiming to enhance networking, exchange information and advance nursing knowledge and practice.

In Europe, the Workgroup of European Nurse Researchers (WENR) was established in 1978, following the ICN Congress in Tokyo in 1977 and a conference in Utrecht the following year. The theme of the conference was 'Collaborative Research and its Implementation in Nursing'. Twenty-six nurses from eighteen countries, including Ireland, took part in the conference which laid the foundations for nursing research to become a collaborative enterprise across Europe. For example, many of the conference participants have been involved in the first multi-disciplinary study, 'Peoples' Need for Nursing Care', which was initiated by the nursing unit of the World Health Organisation (WHO) in Europe. WHO (Europe), the ICN and WENR collaborate closely to promote nursing research in Europe.

WENR comprises representatives from national nurses' associations. Ireland is represented through the Irish Nurses Organisation (INO). An annual workgroup meeting is convened by WENR which, in conjunction with the publication of a Directory of Journals, aids nursing research dissemination in Europe.

The purpose of WENR is to strengthen collaboration between nurse researchers, to promote growth and development of research and thus contribute to high standards of nursing. Priority is given to:

- exchange of country information about nursing research throughout Europe;
- promoting research education;
- stimulating the dissemination and discussion of research;
- promoting research-based practice;
- increasingly trying to influence other organisations; and
- concern with ethical standards in nursing research.

WENR, in its Position Statement on Nursing Research, endorsed the Council of Europe's recommendations that its member states "establish a strategy for the development of nursing research" (WENR, 2001). A model strategy was developed by the Council of Europe based on five key principles:

- that the structure and organisation for nursing research be developed;
- that nursing research and practice be integrated;
- that education for nursing research be established through wider educational opportunities;
- that funding for nursing research and education be established; and
- that national and international co-operation through collaboration between countries be promoted and supported.

WENR further recommended in its statement that Member States strive to have the Council of Europe's Report on Nursing Research formally adopted.

WENR aims to build upon the Council of Europe's Nursing Research Report in order to:

- influence European health policy;
- embed nursing research in Europe;
- promote the value of nursing research for the people of Europe; and
- work with the Permanent Standing Committee on Nursing of the European Union (PCN) in establishing the value of nursing research

WENR also suggests that nursing research takes account of the following:

- clinical outcomes which reflect the burden of disease;
- multi-disciplinary working between all health and social professionals; and
- evidence-based nursing practice.

## **2.2 Development of Nursing and Midwifery Research**

The development and maturation of nursing and midwifery 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. During the individualistic phase individual nurses and midwives conducted nursing research of personal interest with some technical assistance from statisticians or directors of nursing and/or midwifery research. Individual studies however did not significantly contribute to nursing and midwifery science. The unified phase was characterized by nurse/midwife researchers contributing to the development of nursing science with numerous research studies related to the same phenomena such as pain and stress. A facet of this phase was the development of an infrastructure (organized support networks) for nursing and midwifery research. Collaborative scholarly programs of research that are adequately supported through a well-developed infrastructure exemplify the final or balanced phase. The development of research in Ireland can be viewed in a similar manner, with Marchette's (1987) phases serving to signpost the research developments required.

The development and growth of nursing and midwifery research capacity are the same worldwide. 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 focuses on three levels of development critical to building research capacity: the individual researcher; the institution within which the researcher will operate; and central administration. The framework developed by Hinshaw (1992) includes professional development as a fourth level requiring attention.

Individual commitments relate to sufficient numbers of Masters' and Ph.D. nurses and midwives, committed and enabled to conduct research. Nurses and midwives educated to Masters and Ph.D. level are needed not only to conduct nursing research, but to act as mentors and teachers so that a credible cadre of researchers is developed in Ireland.

Glazer and DeKeyser (2000) argue that an institutional commitment to nursing research is as important as a personal and professional commitment. The institution needs to create an environment for research. This can take many forms from rather minor support such as encouragement, consultation, a peer review process, and library resources to more major commitments including release time, money for research and travel and a research centre with a director, statisticians and computers.

The last major commitment to research infrastructure — needed to conduct high quality nursing and midwifery research — is a national commitment. 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 and 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 1980s and this has been substantiated by professional, public and private organisations offering competitive research funding and training support.

In the US, the National Institute of Nursing Research (NINR) was established in 1993 having emerged from a Centre of the National Institute of Health in the 1980s. This initiative offered much-needed attention, credibility and prestige to nursing research, through support and research training and career development opportunities made available to the nursing community. While an active Nursing Policy Division has been established in the Department of Health and Children, there is also a need to develop a structure with responsibility for co-ordinating the research agenda at a central level.

## **2.3 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 (1980) considered that there was an urgent need to develop research as an integral part of nursing. Nursing was described as becoming increasingly complex and, as such, changes and developments needed to be based on proper study and evaluation.

### *2.3.1 Education*

Educational preparation for nursing and midwifery research has grown slowly over the years. Treacy and Hyde, (1999) state that the provision of research education was, up until the late 1970s, mainly undertaken in third-level institutions, notably the Faculty of Nursing in the Royal College of Surgeons, and the Department (now the School) of Nursing and Midwifery Studies at University College Dublin.

Research is slowly becoming integral to education courses, both at pre-registration and post-registration level. It is important to note that Masters' in Nursing and Midwifery (both taught, and by research) and Ph. D. programmes are now offered by a number of higher education institutes, which development will help to secure the advancement of nursing and midwifery research.

The Irish Nurses Research Interest Group (INRIG) was founded in the mid-seventies when both research activity and research utilisation were at a very early stage of development. Recognition must be given to the founder members of INRIG, who pioneered research appreciation, research thinking, and research utilisation and ensured research was included on the nursing and midwifery agenda in Ireland. INRIG has a national profile with a regional branch in Limerick and hosted two international conferences with its colleagues in Northern Ireland.

INRIG aimed to promote research among Irish nurses and midwives and to facilitate dissemination and discussion of research findings. INRIG, as a voluntary organisation, achieved its aims through national conferences, short research courses, newsletters, debates and offering research advice. INRIG has increasingly focused on policy development in nursing research.

The INO has taken an active role in promoting research in Ireland, initially by providing opportunities for publication in its journals. The organisation has represented Ireland on the Executive Body of the WENR since 1987 and is currently responsible for the establishment of the WENR website.

The INO has also been involved in the delivery of research seminars through its Professional Development Centre since 1997 and currently provides a Research Module through e-learning in association with the University of Ulster.

### 2.3.2 Quality

The measurement of quality in research is the subject of much debate in the literature (Robinson, 1993; Smith, 1994; Kitson, 1997; Traynor & Rafferty, 1999). Condell (1998) examined the position of Irish nursing and midwifery research and literature. She concluded that the vast bulk of nursing research in Ireland consisted of small scale, pilot studies undertaken by individual nurses as a requirement for courses. It was also suggested 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.

Treacy and Hyde (1999) edited the first book that deals specifically with nursing research carried out in the Republic of Ireland; the text documents some studies undertaken by Irish nurses and midwives. Other nurses and midwives have completed valuable research studies, but these remain unrecorded in the absence of publication or a database capable of capturing this evidence.

### 2.3.3 Dissemination of Research

Traditionally the Faculty of Nursing and Midwifery of the Royal College of Surgeons in Ireland (RCSI) has hosted an Annual Nursing and Midwifery Research Conference, which is now in its twenty-first year. The conference has been held in February of each year and attracted a selection of national and international speakers. In recent years a number of other higher education institutes have also commenced hosting research-based conferences related to nursing and midwifery.

From 1982 to 2001 the Faculty of Nursing and Midwifery of RCSI published *Nursing Review*, the Journal of the Faculty of Nursing. This was a quarterly publication. The journal had an editorial board and is cited on CINAHL (Cumulative Index to Nursing & Allied Health Literature). The journal was replaced in March 2001 by the *All Ireland Journal of Nursing and Midwifery*. This is a joint publication between the Faculty of Nursing and Midwifery of the RCSI and the University of Ulster and is peer reviewed. The aim of the journal is to promote research and knowledge awareness of clinical issues and to highlight the importance of responding to continuous change in diverse and rapidly evolving health services.

An Bord Altranais has since 1992 been actively supportive of nurses and midwives pursuing research activity through providing research scholarships. The publication by An Bord Altranais entitled *An Bord Altranais News* has contained research abstracts since the start of the initiative to support research. Conference proceedings from 1983 onwards are now available on An Bord Altranais' website (<http://www.nursingboard.ie>).

The *Irish Nursing Forum*, which subsequently became the *Irish Nursing and Health Services Forum*, was published from 1982 to 1990. This was an independent journal which included research-based articles.

The *Irish Nurses Union Gazette* was first published in 1925. This subsequently became *The Irish Nurses Journal* in 1936. The journal is now *The World of Irish Nursing* and includes an increasing number of research-based papers. *The Journal of Nursing Research* was launched by the INO in May 2001. This journal aims to provide a platform where members can present their research activities.

#### 2.3.4 Career Opportunities

Until recently career opportunities in nursing and midwifery research were rare, with many nurses and midwives acting as data collectors for medical colleagues. In 1997 An Bord Altranais recommended the role nurse/midwife researcher as a possible professional pathway, outlining the necessary qualifications and experience required (An Bord Altranais, 1997, para. 6.3.2). It was however the Commission (1998) that provided the main impetus in relation to the development of nursing and midwifery research as a career. 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 Commission specifically recommended the following:

- 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 enhance the credibility of nursing and midwifery research (para. 6.70); and
- the title “Nurse Researcher” should be reserved for nurses involved in researching nursing issues (para. 6.71).

There are intrinsic challenges to these recommendations, as it may be unrealistic to expect nurses employed in practice to teach and to also conduct substantial research. In the future it is anticipated that these nurses and midwives will be educated to Doctoral level prior to appointment to research posts.

The Commission (1998) recommended the establishment of a multi-stage pathway for clinical nursing and midwifery. This clinical career pathway supports the integration and initiation of research at practice level. The pathway includes generalist nurses and midwives, clinical nurse/midwife specialists and advanced nurse/midwife practitioners.

In Spring 2001 the National Council for the Professional Development of Nursing and Midwifery agreed a definition for the role of a Clinical Nurse Specialist/Clinical Midwife Specialist. The National Council stated that the specialist nurse or midwife will participate in nursing research and audit and act as a consultant in education and clinical practice to nursing/midwifery colleagues and the wider multidisciplinary team.

In Autumn 2001, the Council agreed a definition and core concepts in relation to the role of Advanced Nurse Practitioner/Advanced Midwife Practitioner. The National Council stated that ANPs/AMPs are required to initiate and co-ordinate nursing/midwifery audit and research. They identify and integrate nursing/midwifery research in areas of the healthcare environment that can incorporate best, research-based practice to meet patient/client and service need. They are required to carry out nursing/midwifery research which contributes to quality patient/client care and which advances nursing/midwifery and health policy development, implementation and evaluation. They demonstrate accountability by initiating and participating in audit of their practice. The application of research-based practice, audit

and research will inform and evaluate practice and thus contribute to the professional body of nursing/midwifery knowledge, both nationally and internationally.

### **2.3.5 Midwifery Research**

The principal aim of the International Confederation of Midwives (ICM) is to improve standards of maternity care for childbearing women worldwide. The ICM believes that women deserve high quality, culturally relevant, research-based health care services and that midwives have a responsibility to advance midwifery knowledge to achieve an improvement in the health of women and childbearing families.

Since 2001 the ICM has had a Research Standing Committee to identify midwifery research in progress, and to provide a network for researchers in the field of reproductive health. Guidelines with regard to the ethical conduct of research are available. In keeping with its aims the ICM has defined provisional Essential Competencies for Basic Midwifery Practice which have been tested by ICM member organisations.

Midwives Information and Resource Service (MIDIRS) is an organisation established in 1985 which reviews information from journals which are of interest to midwives. Relevant articles or abstracts are selected from over five hundred and fifty international journals for inclusion in their quarterly Digest; abstracts and commentary are provided along with some original work. The MIDIRS information service provides, on request, literature searches for midwives.

The Evidence Based Midwifery Network (EBMN), which was established in 1998, provides a forum for midwives in the United Kingdom to share ideas about evidence-based practice. The aim of EBMN is to encourage collaboration, dissemination and implementation of evidence based midwifery practice. Recent initiatives include the development of guidelines for midwifery led care in labour.

The National Institute for Clinical Excellence (NICE) was set up in 1999 to provide the NHS in England and Wales with reliable guidance on current 'best practice'. They have developed guidelines on Induction of Labour and are currently developing guidelines on Antenatal Care.

## **2.4 Summary**

Section two discusses the global context and development of nursing and midwifery research and focuses on the history of nursing and midwifery based in Ireland. Emphasis is given to the dissemination of research and career opportunities for researchers with a special sub-section dedicated to midwifery research. It thus sets the context for the recommendations of this report as presented in Section Three.



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## SECTION THREE

# Discussion and Recommendations

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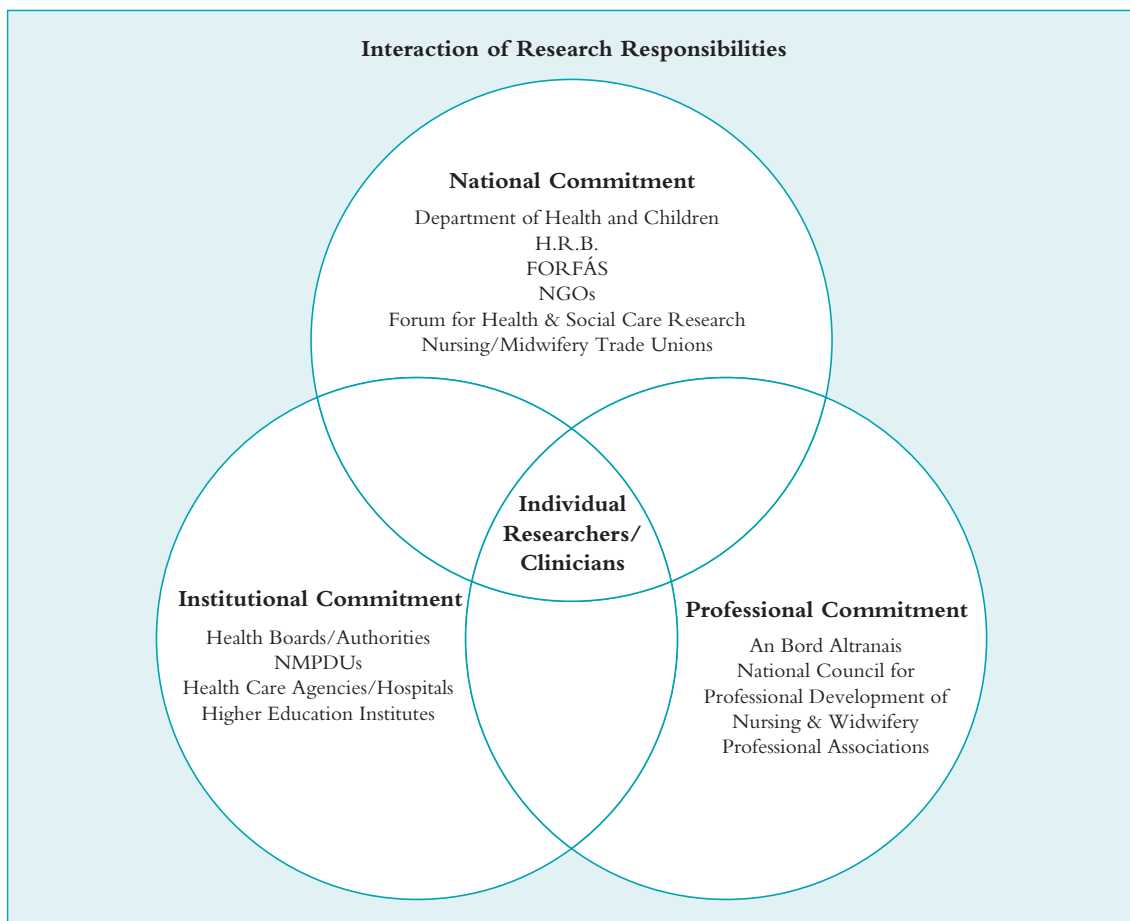
### 3.1 Introduction

This section of the report outlines the recommendations of the nursing and midwifery research strategy. The recommendations are presented identifying the levels of commitment required for the development of research capacity: central administration (national); institutional; and professional. These levels were derived from the work of Hinshaw (1992).

#### 3.1.1 Research Responsibilities

As work progressed it became apparent that many agencies influence and are influenced by research. Figure One presents in diagrammatic form those stakeholders and their relationships, classified according to the levels listed above.

Figure One: Interaction of Research Responsibilities



## 3.2 National Commitment

### 3.2.1 Development of 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 of study. It also recognises that developing a plan for identifying research priorities for the short, medium and long term is needed to ensure 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 has been recognised by the American Nurses Association since 1981 and, by extension, the same requirement also applies to midwifery. Similarly, it has been acknowledged by An Bord Altranais (2000) that nurses and midwives work in a dynamic healthcare environment, and therefore their role and function must evolve and change to meet patients/clients needs.

In June 2000 the WHO 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 development. The Declaration also confirmed 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 has been established by the WHO.

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 is active in relation to the dissemination of research. The council encourages the utilisation of the World Wide Web by nurse researchers, and collects critiques and disseminates research-based clinical practice models of care to improve the quality of nursing practice. The organisation also promotes opportunities for nurses to publish in international journals.

The ICM also has a framework to support research by midwives and to identify priorities for midwifery research. In 1999, the Confederation asserted that midwives have a role and responsibility to advance the knowledge and efficacy of midwifery, essential for the improvement in the health of all women and childbearing families. A Research Standing Committee was set up in 2001 to identify midwifery research in progress, and to provide a network for researchers in the field of reproductive health. Guidelines with regard to the conduct of research are available.

Building a European Nursing Research Strategy (Instituto de Salud Carlos III, 1999) identified research priorities across nineteen European countries. Nurse researchers, educators and clinicians contributed to the development of these priorities. These countries are at very different points in the development of nursing research and in their access to resources for funding such research. Five nursing research priorities have been identified as detailed below:

- effective care and continuity among different settings (hospital and community) for elderly people with health problems;

- effective strategies to promote health lifestyles in childhood and adolescence;
- effective variations in nursing skill-mix on quality and costs of care and patient outcomes;
- effectiveness of nursing interventions for symptom management (e.g. pain, dyspnea, fatigue, anxiety and stress); and
- evaluation of innovative, community-based partnership models for nursing and health care of vulnerable populations (women, immigrants, people without homes, and so on).

The Royal College of Nursing (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. Research priorities for nursing in the United Kingdom were identified which incorporated the following themes; care and caring practices; health environment; organisation and management of services; and healthcare workforce.

The consultative committee acknowledged that, from an international perspective, a substantial amount of work has been done in relation to the identification of research priorities. The committee noted the absence of research priorities for nursing and midwifery in Ireland. It is considered appropriate at this time to develop priorities, thus ensuring nursing and midwifery research is capable of developing in a manner responsive to the health needs of society and the emerging knowledge needs of the profession.

It is recommended that a study to identify research priorities for nursing and midwifery in Ireland for the short, medium and long term will be carried out under the auspices of the National Council for the Professional Development of Nursing and Midwifery.

### **3.2.2 Development of a Database**

With the emergence of the greater power of communication technology, it is possible to create comprehensive databases which have the potential of being accessed by the entire nursing and midwifery community. In this respect there have been two recent significant developments in Ireland.

Cochrane Collaboration is an international organisation founded in 1993 that aims to assist health care workers to make clinical decisions by preparing, maintaining and promoting systematic reviews of the effects of healthcare interventions. The Cochrane Library is produced through the work of the Cochrane Collaboration, and is the world's most authoritative source of information on the effectiveness of interventions for the prevention, treatment and rehabilitation of all health conditions. In February 2002 agreement was reached between the Cochrane Collaboration, which prepares the information in the library; Update Software, which is responsible for publishing it; the Health Research Board in Dublin and the Research and Development Office in Belfast both of which will allow anyone in Ireland with an Internet connection to access the Cochrane Library from their own computer. This is the first time that access to the Cochrane Library has been made widely available in this way.

In January 2002 the INO launched a comprehensive online research and information service at <http://www.nurse2nurse.ie> (N2N) which is partially funded by the Department of Health and Children. It is an online one-stop-shop of educational resources created for Irish nurses and midwives as a source of nursing information and content that is comprehensive, credible, convenient, and current. N2N allows nurses and midwives to search for information using a variety of nursing and medical sources.

Before developing N2N, the INO conducted a survey which aimed to determine the extent of internet use amongst nurses and midwives in Ireland. The sample consisted of one hundred nurses and midwives

from various divisions and specialties. The survey concluded that ninety per cent of the sample had internet access. Sixty-eight per cent indicated the need to develop a database of nursing and midwifery research carried out in Ireland. Specific information on nursing specialties and nursing news were also rated highly by respondents.

The development of a specific database will serve to identify the strengths and weaknesses of Irish nursing and midwifery research in a national context and thereby enable direction for future policy and funding. It will also aspire to provide an electronic knowledge database capable of supporting the current movement towards research-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.

**It is recommended that a project to collate and publish a report of completed nursing and midwifery research in Ireland (published and unpublished) will be undertaken.**

**It is recommended that a database of completed research studies of nursing and midwifery in Ireland, which incorporates an accessible system of dissemination will be developed and maintained by the National Council for the Professional Development of Nursing and Midwifery.**

### *3.2.3 Strengthening the Nursing and Midwifery Research Agenda at National and International Levels*

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.

#### *National Co-operation*

At a national level, Forfás is the National Policy and Advisory Board for Enterprise, Trade, Science, Technology & Innovation in Ireland. It is the body in which the State's legal powers for industrial promotion and technology development have been vested. Forfás encourages and promotes the development of enterprise, science and technology in Ireland through its own actions, by empowering and supporting the industrial development agencies, Enterprise Ireland and IDA Ireland, and by working with the Minister for, and Department of, Enterprise, Trade & Employment in the formulation of policies for the development of enterprise, and science and technology.

Science Foundation Ireland, the National Foundation for Excellence in Scientific Research, was launched by the Government to establish Ireland as a centre of research excellence in strategic areas relevant to economic development, particularly Biotechnology and Information and Communications Technologies (ICT). The Technology Foresight Reports, published in 1999 by the Irish Council for Science, Technology and Innovation (ICSTI) and Forfás, had recommended that the Government establish a major fund to develop Ireland as a centre for world class research excellence in strategic niches of Biotechnology and ICT. As part of its response the Government has approved a Technology Foresight Fund of over €635 million for investment in research in the years 2000-2006.

This Fund is part of a €2.5 billion initiative on research and development that the Irish Government has earmarked for Research, Technology and Innovation (RTI) activities in the National Development Plan 2000-2006. Science Foundation Ireland is responsible for the management, allocation, disbursement and

evaluation of expenditure of the Technology Foresight Fund. The Foundation has been set up initially as a sub-board of Forfás.

The Health Research Board (HRB) will have a nominee from the health research community on the board of Science Foundation Ireland, which was established to manage the fund. Given the contribution of nursing and midwifery to healthcare it is argued that similar representation is required on this board.

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 Commission (1998, para. 6.75), recommended that a registered nurse or midwife, with experience in research, be appointed to the board of the HRB.

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 for an agenda of health research could be carried out by a Health Research Forum.

The health boards/health authority are charged with statutory responsibility for the organisation and delivery of health services. The boards/authority 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 research co-ordinator who is responsible for assessing the strengths and weaknesses of each area.

Noting the various roles and contributions of national agencies active in the field of 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. These include the Health Research Board, An Bord Altranais, the Irish Nurses Research Interest Group, the National Council for the Professional Development of Nursing and Midwifery, the third level sector, health care agencies, non-governmental organisations (NGOs) and charitable organisations. It is also suggested that, from a nursing and midwifery research perspective, consideration be given to the possibility of merging certain mandates and functions as appropriate. It is important that nurses and midwives participate in the design of structures, networks and information systems related to the national research agenda.

**It is recommended that a joint appointment, with responsibility for nursing and midwifery research, be established between the National Council for the Professional Development of Nursing and Midwifery and the Health Research Board.**

**It is recommended that nursing and/or midwifery representation on Science Foundation Ireland and the Health Research Board be sought with a view to influencing the nursing and midwifery research agenda.**

**It is recommended that nursing and/or midwifery representation be sought on the Forum for Health and Social Care Research when it is established.**

### *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 McCeery 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-operative culture so that countries support each other on a long-term basis. Nurses and midwives in numerous countries are generating and conducting research, thus providing opportunities for cross-cultural and cross-national studies of common interest. The challenges are many, for example establishing international networks, understanding different cultural perspectives while adapting the research accordingly and obtaining funding for international projects.

Building partnerships between institutions in the North and South of Europe have been developed extensively by the European Commission in relation to research co-operation. Capacity and capability development for all researchers involved has been the essence of the process. The term 'capacity building' denotes 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 Irish 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 thinking emphasises the importance of capacity building as a contribution to knowledge expansion, a means of developing leadership, and a mechanism for the generation of local solutions. This strategy therefore recognises two aspects of research; that is research as a tool for development and the growth 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 and the Council on Health Research for Development (COHRED). It is imperative that the Irish nursing and midwifery research agenda be strengthened at an international level.

### *European Union Research Initiatives*

A report on expenditure on health research in Ireland in 1998 prepared for the HRB by the CIRCA consultancy group, showed that the EU was the single most important source of funding in that year for health related research. The Department of Health and Children comment that, while this is an unusual situation, Irish researchers have shown commendable skill. The work of the WENR is discussed in Section Two, page sixteen. It is essential that there is sufficient funding available to support high quality research, as well as education and training in research for nurses and midwives.

It is recommended that the person appointed to the National Council for the Professional Development of Nursing and Midwifery and the Health Research Board will take responsibility for identifying and developing strategic alliances with appropriate international agencies.

#### **3.2.4 Funding to Enhance Research Capacity**

Nursing and Midwifery research is essential to the design and implementation of health interventions, health policies and health service delivery. Financing nursing and midwifery research and development is critical to its success.

The information available on nursing and midwifery research financing is somewhat fragmented. An analysis of funding provided to date is as follows:

## An Bord Altranais

An Bord Altranais, in advancing research, has provided support to Nurses and Midwives since 1992. During this time £514,607 has been awarded to one hundred and seventy-five nurses and midwives. Table One details the awards made to date.

Table One: Details of Research Awards made by An Bord Altranais

Date	Title	Amount	No. of Recipients
1992	Research scholarships	€97,270.82 IR£76,607	135
1998	Doctoral Scholarships	€167,605.43 IR£132,000	9
1999	All-Ireland Research Fellowships in collaboration with the Nursing Board Northern Ireland (NBNI)	€380,921.42 (€190,460.71 for each Board) IR£300,000 (IR£150,000 from each Board)	27
2001	Cross-Border Project	£6,000 Sterling	4

## Health Research Board

A number of research awards are available from the Health Research Board. The following three research fellowships are of particular relevance to nursing and midwifery: Clinical Research Fellowships in Nursing and Midwifery; International Cancer Nursing Fellowships; and the Health Services Research Fellowships in Palliative Care.

A significant milestone in funding research was the introduction in 1999 of Clinical Nursing and Midwifery Fellowships by the Health Research Board, funded by the Department of Health and Children. The purpose of the Fellowships is to provide experienced nurses and midwives with an opportunity to carry out research in clinical nursing or midwifery, leading to a postgraduate degree at Masters or Doctoral level. These Fellowships are provided to nurses and midwives with the research experience necessary to develop their expertise as specialists in their chosen field of practice. The Fellowships are tenable for one to three years, depending on the project and the postgraduate qualification sought.

As part of these Fellowships a definition of clinical nursing and midwifery research was developed. This definition was recently subject to review and is referred to here as an explanatory note rather than a definition:

*Research in clinical nursing or midwifery has as its objective the uncovering and/or identifying of findings which can impact on nursing or midwifery practice. Practice includes nursing or midwifery assessment of patients/clients, nursing or midwifery decision making and planning, nursing or midwifery interventions and evaluation of this process. Data are generated in close proximity to patients/clients or their families. Findings have the realistic potential to be used and/or be applied in nursing or midwifery practice and have relevance to health and social gain. They do not merely have a possible application to practice but are directly applicable. Immediate utilisation of findings may not be possible (for structural, educational, resource or other reasons) but if the research will provide evidence for practice it is acceptable.*

There are opportunities specific to research in cancer nursing. In October 1999, the Minister for Health and Social Services of Northern Ireland, the Minister for the Department of Health and Children, and the Director of the National Cancer Institute (NCI) of the United States signed a Memorandum of

Understanding establishing the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium. The memorandum aims to promote the most effective preventive and therapeutic strategies in the management of cancer on the island of Ireland.

The Health Research Board and the Northern Ireland HPSS Research and Development Office, in conjunction with their respective Government Departments offer International Cancer Nursing Fellowships. These have been developed as part of the work of the Consortium. The International Cancer Nursing Fellowships provide support for nurses working in cancer care so that they may undertake research training leading to a higher research degree (DPhil/PhD). Those eligible to apply must be registered nurses currently working in the area of cancer, and employed within the health services. This Fellowship commenced in 2002. It is envisaged that the Fellow(s) will spend one of the funded years at the NCI in Washington.

Following a visit by a nursing delegation from Ireland and Northern Ireland to the NCI in January 2001, an All Ireland-NCI-Nurses Implementation Group was established to facilitate and assist in implementing collaborative educational opportunities for nurses identified under the consortium. Subsequently an All Ireland Cancer Nurses Working Group was established. To date this group has facilitated a scholar exchange programme that provides fellowships and further training for personnel involved in cancer patient care and research in Ireland, working with both the HRB in Dublin and the Research and Development Office in Belfast. The purpose of the scholar exchange programme is to provide opportunities for scholars in the these jurisdictions to immerse themselves in the cancer programmes of partner institutions and to accelerate the number of skilled medical oncologists, research nurses, scientists, and other cancer professionals on the island of Ireland. The Nurses Working Group has to date sent three nurses to the NCI in Washington to undertake a Fundamentals in Clinical Trials course for three months.

The Health Services Research Fellowships in Palliative Care focus on the palliative care population of patients and seeks research proposals aimed at improving patient care and/or organisation of services. In this instance palliative care refers to hospice, hospice home care, hospital based palliative care and out-patient services and may focus on adult or child populations.

The Fellowship is designed to enable graduates with appropriate relevant experience to develop a career in health services research at an advanced level and to provide the Irish palliative care community with a specific research resource. The fellowship is being funded jointly by the HRB and the Irish Hospice Foundation (IHF) and is assessed as part of the HRB's main Health Services Research Fellowship scheme.

The HRB also supports a number of research programmes. Most of these research programme grants are for the period of October 2001 to October 2006. The aim of this substantial, long-term support for high quality health research is to contribute, through research, to health and social gain. Programme grants will enable researchers to establish and support teams working full time on extensive or long term research projects. A programme grant may address a single theme or a series of related themes, but the research must be relevant to health and social gain.

The Minister for Health and Children in 2001 made funding available for a dedicated research programme in nursing and midwifery research. Research in this area will address the clinical practice of nursing; the programme will run from 2002-2007.

### *Irish Hospice Foundation Research Support*

The IHF is committed to fostering research practice and application in palliative care in Ireland. The aim of the IHF research function is:

to promote quality research and programme evaluation on hospital and palliative care, death, dying and bereavement and to support the dissemination and application of research.

Over the last number of years the IHF has initiated a number of financial supports to aid research development. These include investment in both research itself and research training relevant to palliative care. Competition for these supports is open to all health care professionals. IHF plans to expand the range of research funding available to the palliative care community and to seek collaboration from relevant bodies similar to that cited above.

### *Irish Nurses Organisation and Irish Cancer Society*

The Irish Nurses Organisation (INO) has 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. Monies have been made available for specialist nursing research from voluntary organisations such as the Irish Cancer Society.

While a variety of bodies have provided finance for nursing and midwifery research, this has evolved in an ad hoc manner. It is considered important that an overarching financial framework be developed in an attempt to strengthen the financial provision for nursing and midwifery.

**It is recommended that a user-friendly framework that outlines the financial supports and mechanisms available for the pursuance of nursing and midwifery research be developed, maintained and published.**

**It is recommended that joint research action between individuals, disciplines and institutions/organisations be identified and promoted at local, national and international level.**

**It is recommended that additional funding should be provided to finance a variety of nursing and midwifery research activities through the Health Research Board. This funding should be made available for research activities on the basis of competitive peer reviewed proposals from individuals, health services agencies and third level institutions where the proposals are consistent with evidence required for best practice in nursing and midwifery.**

**It is recommended that finance for post-graduate, doctoral and post doctoral research should be enhanced by increasing the current funding available for Clinical Fellowships and other forms of support.**

## **3.3 Institutional Commitment**

### *3.3.1. Development of a Research-based Culture*

To contribute effectively to nursing, midwifery and health research, a culture of research-based practice is necessary. Both the Health Research Board (2000) and the World Health Organisation (1999) make reference to the increasing emphasis on research-based care for the purpose of improving quality in the

health services. Much literature current in 2002 uses the term 'evidence-based'; the problem with this epithet is that it can become a reason or excuse not to concentrate on the specific use of research.

A clear understanding of what constitutes scientific evidence for practice is important. Research-based practice requires the development of 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 evaluation of the interventions. To this end the development of a research-based culture can be quite a complex process.

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 1998). Nurses and midwives require structures and environments to support a culture of inquiry and, thereby, a search for excellence. Development of a culture of this nature needs to include provision for the identification of problems, for access to literature and research, 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 research, where available" (An Bord Altranais 2000, para. 2.1). Research-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. The delivery of research-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 from research.

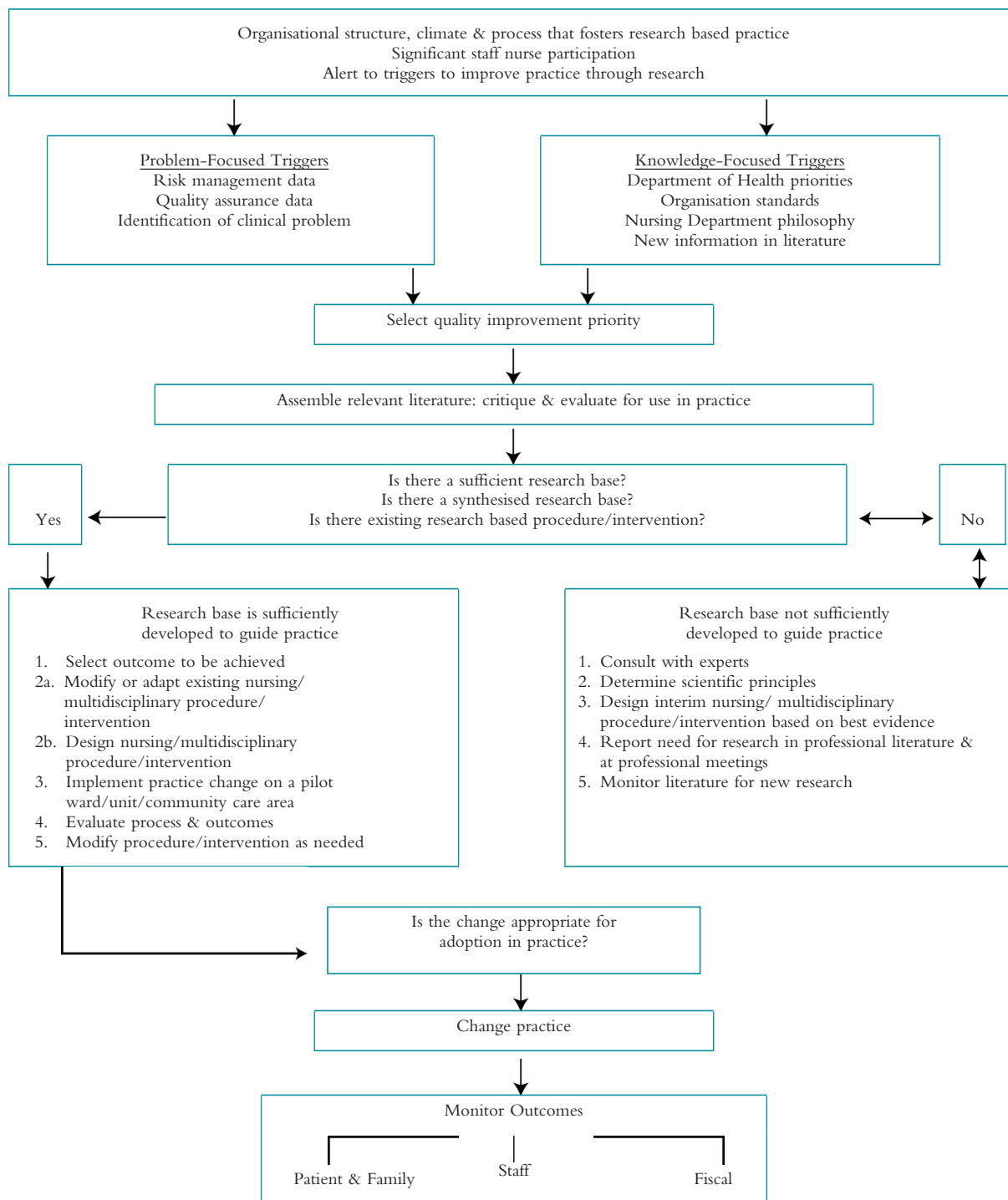
Even though there is a proliferation of nursing research, there is only sporadic evidence to illustrate the use of research findings in clinical practice. A study of research utilisation commissioned by the National Board of Nursing in Northern Ireland, and undertaken by Parahoo (1998), found that only 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 were required by nurses who participated in the study.

The nature of research utilisation was also explored by Fealy (1999) who argued that the evidence points to the fact that much clinical practice remains uninfluenced by relevant research, even though all those who are engaged in clinical care have a role to play in research utilisation. The skills and knowledge required for nursing research are the same as those required for research in other disciplines, but what makes nursing research unique apart from its scope, is its incorporation of nursing values, theories and established knowledge' (Treacy and Hyde 1999). It is paramount that a research-based culture in the practice, education and management of nursing and midwifery be developed and maintained.

A number of research utilisation models primarily designed to promote instrumental use of research findings have been developed across the USA and Canada. As nursing continues to develop in Ireland it will be important to develop a model which will work well here. One way to develop a model for use in Ireland is to adapt a model which has worked well elsewhere. In 1994 Titler, et al., published a model for "infusing research into practice to promote quality care". This model is called the Iowa model because it was first developed at the University of Iowa Hospitals and Clinics in the United States. The Iowa model is, in turn, an outgrowth of an earlier model called the *Quality Assurance Model Using Research* developed in the 1980s. Both models are similar to, and have drawn upon, an earlier model, the Conduct

and Utilisation of Research in Nursing model, known as the CURN model, which was developed during the 1970s. The literature attests to the wide success of the use of the CURN model in small and large hospitals in the US and Canada. Meehan (1997) presented a framework for promoting research-based practice to improve quality of nursing care in Ireland based on an adaptation of the Iowa model as depicted in Figure Two.

**Figure Two: Implementing Research-based Practice to Improve Quality of Nursing Care: Adaptation of the Iowa Model for Ireland**



Adapted with permission from: Titler M.G., Kleiber C., Steelman V., Goode C., Rakel B., Barry-Walker J., Small S., Buckwalter K. (1994). Infusing research into practice to promote quality care. *Nursing Research* 43(5), 307-313, for the Quality Assurance in Nursing 9th Annual Conference, *Evidence Based Practice*, "Guidelines for Implementing Evidence Based Practice" Meehan TC, Dublin, 13th November, 1997.

In considering the adaptation of this model Meehan (1997) draws attention to the fact that implementing research-based practice in organisations is the overall responsibility of the department of nursing or midwifery. She suggests that an important initial step is the formation of a group or committee who will assume overall responsibility for guiding and implementing research utilisation activities. The adaptation of the Iowa model as depicted represents a useful starting point in the search for a model or process capable of driving forward the development of a research-based culture in Ireland.

**It is recommended that the development and establishment of nursing and midwifery research units/programmes within higher education institutes be encouraged through the continued inclusion of funding for a dedicated research programme in nursing and midwifery research through the HRB's existing scheme of programme grants.**

**It is recommended that the promotion of research links between health service agencies and higher education institutes be supported through dedicated funding for collaborative nursing and midwifery research initiatives.**

**It is recommended that the Directors of the Nursing and Midwifery Planning and Development Units in partnership with Directors of Nursing and Directors of Midwifery make resources available to ensure that all nurses and midwives engaged in the public health service in the region have access to relevant research to inform practice.**

**It is recommended that the Directors of the Nursing and Midwifery Planning and Development Units in partnership with Directors of Nursing and Directors of Midwifery ensure that the educational supports necessary to utilise the resources provided are made available to all nurses and midwives in the region.**

**It is recommended that the Directors of the Nursing and Midwifery Planning and Development Units in partnership with Directors of Nursing and Directors of Midwifery make resources available to develop local protocols to support research-based nursing and midwifery practice**

### ***3.3.2 Promotion of Multidisciplinary and Collaborative Research***

A truly collaborative relationship drawing on the principle of collegiality would acknowledge the unique nursing and 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. It is also understood as collaborative and co-operative inquiry which works to ensure that the expertise of nursing and midwifery is used within appropriate consultative groups. It is considered timely that collegial multidisciplinary relationships be developed that enable nurses and midwives to engage as full and equal members of research teams and participate in multidisciplinary and collaborative studies.

Nurses and midwives acknowledge that all research must comply with and adhere to the principles associated with the conduct of ethically sound research, whereby the rights of subjects and participants are protected at all times. To support the development of nursing and midwifery knowledge, nurses and midwives require access to populations and sites of interest, and ethical approval in order to conduct research.

**It is recommended that An Bord Altranais, in collaboration with nurses and midwives, develop and articulate a position statement in relation to the ethical conduct of nursing and midwifery research.**

**It is recommended that the Directors of Nursing and Midwifery Planning and Development Units, in conjunction with Directors of Nursing and Directors of Midwifery, ensure representation on research ethics committees at local level to enable nursing and midwifery involvement at the stages of gaining access to research populations, sites and ethical approval.**

### **3.3.3 Development of Expert Nurse and Midwife Researchers**

The purpose of focusing on expertise within a career structure is to promote the development of educated and experienced nurse/midwife researchers capable of contributing to nursing, midwifery and health research. As mentioned above, nurses and midwives have had limited opportunity to integrate research into a continuing career pathway. The pathway of the future should include dedicated posts for nurse or midwife researchers. It is desirable that research appreciation, application, evaluation and dissemination emerge and develop as a function of the profession itself. The Commission (1998) recommended 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). It is critical that adequate numbers of expert Irish nurse and midwife researchers be prepared to both lead research and support the development of future generations of nurse and midwife researchers.

It is recommended that the supports required for the development of flexible career pathways, which incorporate research activity on a fulltime, part-time or joint appointment basis will be identified and developed.

## **3.4 Professional Commitment**

The drive towards professional autonomy has been central to the development of the nursing and midwifery in Ireland. It is essential that nurses and midwives possess professional characteristics. Also required is the existence of a defined body of knowledge to support practice. Professional competence is dependent upon the possession and application of knowledge unique to the discipline of nursing and midwifery. As nursing and midwifery mature, it is imperative that the profession takes responsibility for and drives forward its own research agenda.

### **3.4.1 Programme Approval/Educational Support**

The development and approval of educational programmes for nurses and midwives which support the appreciation, application, integration and evaluation of research evidence, as one benchmark for quality practice, are critical to the development of a research-based culture. Reference is made to nurses' and midwives' participation in research in *The Code of Professional Conduct for each Nurse and Midwife* (An Bord Altranais, 1985). Table Two details the date of inclusion of research components in programmes of preparation for nurses and midwives across the register.

**Table Two: Inclusion of Research in Nursing Programmes Approved by An Bord Altranais**

Document	Year
The Syllabus of Training for Sick Children’s Nursing (Basic & Post-registration)	October 1985
A Training Programme for Psychiatric Nurses	April 1986
Rules, Syllabus and Criteria for the Education and Training of Student Midwives (Post-registration)	June 1992
Syllabus for the Training of Student Nurses–Mental Handicap Nurses	October 1992
Syllabus for the Education and Training of Post Registration Student Nurses–Mental Handicap	October 1994
Requirements and Standards for Nurse Registration Education Programmes	July 1999
Requirements and Standards for the Midwife Registration Education Programme, 2 <sup>nd</sup> Edition	February 2000

The Nurses Rules 1988 (Amendment) Rules 1998 and 1999, in accordance with the Nurses Act (1985), make provision for third-level institutions and healthcare institutions to develop curricula based on An Bord Altranais’ *Requirements and Standards for Nurse Registration Education Programmes* (1999), and *Midwives Registration Education Programmes* (1999). *These documents aspire to provide — to third-level and health care institutions involved in the education and training of nurses and midwives — guidance for the development of flexible, innovative, practice-oriented registration programmes.*

*The current Requirements and Standards for Nurse Registration Education Programmes* (An Bord Altranais, November 2000) refers to research within the domains of competence required for registration. A reference to research is also made within the sections on syllabus/indicative content outlined for general, psychiatric, mental handicap and sick children’s nurse registration programmes. The importance of research in influencing and informing practice is acknowledged in the *Requirements and Standards for Midwife Registration Education Programme* (An Bord Altranais, February 2000). Research is also included in the Standards for the Approval of Third Level Health Care Institutions and Educational Programmes Leading to Registration.

The National Council for the Professional Development of Nursing and Midwifery will be taking responsibility for the determination of the appropriate level of qualification and experience for entry into specialist nursing and midwifery practice; the accreditation of specialist nursing and midwifery courses for the purpose of Clinical Nurse Specialist/Clinical Midwife Special (CNS/CMS) and Advanced Nurse Practitioner/Advanced Midwife Practitioner (ANP/AMP) appointments; and the accreditation of post-registration courses as identified by the Commission (para. 6.14). Currently these functions remain vested in An Bord Altranais under the Nurses Act (1985) and will transfer to the National Council following the enactment of new legislation.

To this end the National Council will publish guidelines on the development of post-registration courses in the near future.

**It is recommended that An Bord Altranais and the National Council for Professional Development of Nursing and Midwifery include research as a criterion for programme approval.**

### ***3.4.2 Implementation of strategy***

There can be no action without a plan. The ultimate success of this strategy is dependent upon it being implemented, monitored and evaluated in a coherent and strategic manner. The collaborative process has been at the core of work to date. It is now imperative that this partnership with key stakeholders continues in a collegial and mutually respectful manner. Nursing and midwifery is a dynamic profession, which must always be capable of responding to changing health needs and work practices. Therefore the knowledge required to underpin the disciplines will always need development. With this in mind the recommendations made throughout are simply the first step in providing direction for the future of nursing and midwifery research in Ireland.

**It is recommended that the Chief Nursing Officer at the Department of Health and Children establish a nursing and midwifery research committee, determine the composition and chair the committee in an ex-officio capacity. The function of the committee will be to progress, monitor and evaluate the implementation of the strategy.**

**It is recommended that the nursing and midwifery research committee prepare a plan and timeframe for the implementation, monitoring and evaluation of the strategy. As a matter of priority the committee will determine the body responsible for the implementation of each of these recommendations where not already predetermined.**



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## SECTION FOUR

# Conclusion

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Rapid and unpredictable change throughout society has been the hallmark of the twenty first century. Much of the change has been made possible by scientific and technological advances supported by a growing culture of quality and accountability. Nursing and midwifery research is an integral part of the scientific enterprise of improving the nation's health. As nursing and midwifery move through the twenty-first century, the need to continue to develop a culture of excellence and to generate knowledge to guide practice is paramount.

While recognising that the development and maturation of nursing and midwifery research is evolutionary, this strategy acknowledges the need to embrace national, institutional and professional commitments. Throughout the document, reference is made to the importance of developing a cadre of expert nurse and midwife researchers. However, nursing and midwifery practice does not occur in isolation, hence the importance of strengthening the nursing and midwifery agenda at national and international levels. Crucial to the success of the strategy is the need to develop collaborative partnerships and strategic alliances between institutions and disciplines.

Research is the only way to produce scientific knowledge. The challenge to develop models and strategies to generate nursing and midwifery knowledge and enhance research capacity is exciting. However, no challenge is greater or more exciting than translating that knowledge into practice and using it to shape health policy.



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# Appendices

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## APPENDIX ONE

# Membership of the Consultative Committee

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### 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 which it was considered had an interest/expertise in the core business of the strategy.

### Membership

#### Chair

Peta Taaffe Chief Nursing Officer, Department of Health & Children.  
*Resigned 24 September 2001*

Mary McCarthy Chief Nursing Officer, Department of Health & Children.  
*Commenced 19 November 2001*

#### Project Officer

Siobhan O'Halloran Department of Health and Children *until April 2001*.  
*April 2001: National Implementation Committee*

### Members'

Name	Nominating Body
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#### Third Level Sector

Anne Scott	Dublin City University
Anne Marie Ryan	Trinity College Dublin. <i>Resigned 1 March 2001</i>
Agnes Higgins	Trinity College Dublin. <i>Commenced 15 May 2001</i>
Pearl Treacy	University College Dublin
Kathy Murphy	University College Galway
Geraldine McCarthy	University College Cork
Jarlath McKenna	National Council for Educational Awards (NCEA)

#### Specific Nursing Groups

Marie Carney	ALI (Association of Nurse Lecturers in Ireland)
Anne Carrigy	Dublin Academic Teaching Hospitals (DATHS)
Kathleen MacLellan	Irish Nurses Research Interest Group (INRIG)
Eilish Hardiman	Irish Nurses Research Interest Group (INRIG)
Rosaleen Molloy	Association of Psychiatric Nurse Managers

Anne Brennan *represented by Mary  
McCarthy (from September 2001 – January  
2002)*

Association of Nurse Practice Irish Nursing Practice  
Development Co-ordinators Association (INPDCA)

### ***Statutory Bodies***

Anne-Marie Ryan  
Maria Neary  
Yvonne O'Shea

An Bord Altranais. *Commenced 15 May 2001*  
An Bord Altranais  
National Council for Professional Development of  
Nursing & Midwifery  
Department of Health and Children  
Department of Health and Children  
Department of Health and Children  
Department of Health and Children  
Department of Health and Children  
Department of Health and Children  
Health Research Board  
Higher Education Authority

Maeve O'Connor  
Anna Lloyd  
Mary Brosnan  
Anna Plunkett  
Jenny Hogan  
Michael Shannon  
Judith Chavasse  
Professor John Carroll

### ***Trade Unions***

Annette Kennedy  
Patsy Doyle  
Denis Ryan  
Kevin Callinan

Irish Nurses Organisation  
Psychiatric Nurses Association  
SIPTU — Nursing  
IMPACT

### ***Health Service Agencies***

Gina Magliocco  
  
Jim Maguire  
Mary Courtney  
Joan Phelan

Federation of Voluntary Bodies in Mental Handicap  
*Resigned 24 July 2001*  
Area 6 Mental Health Services  
Association of Irish Nurse Managers (ANIM)  
Health Service Agencies

## APPENDIX TWO

# Result of SWOT Analysis

## Development of a Research Strategy for Nursing and Midwifery

### The Current Position of Nursing and Midwifery Research in Ireland

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Profile in Commission on Nursing</li> <li>• Availability of funds</li> <li>• HRB involvement</li> <li>• International information and Links</li> <li>• Information technology</li> <li>• Inclusion in educational programmes</li> <li>• Critical to practice</li> <li>• Consumer demand</li> <li>• Knowledge base in clinical area</li> <li>• Enthusiasm</li> <li>• Networking</li> <li>• Range and scope of existing research</li> <li>• Public consciousness</li> <li>• Nurses' access to health care</li> <li>• Large proportion of workforce</li> <li>• Range of research</li> <li>• Supervisors</li> <li>• Support from DOHC</li> </ul>	<ul style="list-style-type: none"> <li>• Perceptions of research</li> <li>• Associated with academia</li> <li>• Knowledge re availability of funds</li> <li>• Duplication of research</li> <li>• Post doctoral opportunities</li> <li>• Lack of publication</li> <li>• Proportion of funding</li> <li>• Fear of process</li> <li>• Proportion of funding</li> <li>• Absence of representation on Health Research Board</li> <li>• Definition of research</li> <li>• Lack of social life</li> <li>• Degree—requires research proposal but not research study itself</li> <li>• Non teaching hospitals may not have same level of expertise</li> <li>• Theory practice gap</li> <li>• Practitioners not always involved in development of research topic</li> <li>• Lack of co-ordination</li> <li>• No directory of research</li> <li>• Lack of awareness information//focus/absence of plan</li> <li>• Not politically astute</li> <li>• Qualitative nature of care</li> <li>• Hospital ethics committee</li> <li>• Ownership of research</li> <li>• Lack of educational opportunities</li> <li>• Too much reliance on external consultancy</li> <li>• Lack of involvement in national policy</li> <li>• Lack of political thinking</li> <li>• Education driven interests</li> <li>• Lack of awareness</li> <li>• Lack of research supervisors</li> <li>• Narrowness — hospital based</li> <li>• Research activity centered in Dublin</li> <li>• Theory practice gap/reciprocal relationship</li> <li>• Professional bureaucracy: who gets what?</li> </ul>

Opportunities	Threats
<ul style="list-style-type: none"> <li>• All weaknesses could be translated into opportunities</li> <li>• Collaboration with other professions</li> <li>• Nurse education centre's</li> <li>• International networks</li> <li>• Graduate profession</li> <li>• Current awareness</li> <li>• Professional/political goodwill</li> <li>• Collegial/collaborative initiatives (All Ireland Journal of Nursing and Midwifery)</li> <li>• Access to technology</li> <li>• National/North/South initiative</li> <li>• Existing strategies in other countries</li> <li>• Value of nursing contribution</li> <li>• Database and dissemination of information</li> <li>• Ability to influence policy</li> <li>• Commission and Forum have created a new synergy/depth of understanding</li> <li>• Commitment</li> <li>• International comparisons</li> <li>• Change in acceptance of qualitative research</li> <li>• Acceptance of clients' views</li> <li>• Development of new structures</li> <li>• Third level departments expanding/impact of research</li> <li>• Development of Nursing Development Units</li> <li>• Designated research person</li> <li>• Change of nurse education to third level/research opportunities</li> <li>• Irish leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Competition for funds</li> <li>• Human resource issue</li> <li>• Low morale</li> <li>• Competing issues in clinical environment</li> <li>• Changing mobile workforce</li> <li>• Ownership of subjects (research topics)</li> <li>• Order of priority on political agenda</li> <li>• Economic focus on outcomes of research</li> <li>• No culture of intellectual freedom</li> <li>• Led by wrong people (non nurse)</li> <li>• Research driven by finance</li> <li>• Tension between pure research and applied research / establish balance</li> <li>• Complex funding out of reach of practice</li> <li>• Don't understand importance of research</li> <li>• Leads to apathy</li> <li>• Lack of implementation</li> <li>• Fear of criticism</li> <li>• Competition within HRB</li> <li>• Focus on education as opposed to clinical or management issues</li> </ul>

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## APPENDIX THREE

# Letter inviting submissions

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9<sup>th</sup> July 2001

Dear Colleague

The Report of the Commission on Nursing (para. 6.77) recommended that the Nursing and Midwifery Policy Unit at Department of Health and Children, in consultation with the appropriate bodies, draw up a national strategy for nursing and midwifery research in Ireland.

A consultative committee representative of interested parties was established accordingly.

Please find enclosed draft report which details the deliberations of this consultative committee to date.

You are invited to comment on the content of the draft document as you consider appropriate. Please forward comments to the address below at your earliest convenience. The closing date for comments is Friday the 31st August 2001.

Yours sincerely

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Peta Taaffe  
Chief Nurse

Encl.

01/07/0024/PT/LMcN



## APPENDIX FOUR

# List of submissions received

### Development of a National Nursing and Midwifery Research Strategy

#### *Consultative Process*

The following agencies/people commented on Draft (3) of the Research Strategy. The final date for submission of comments was 31.8.2001. Attached find a summary of the comments made.

	Agency	Contact Person	Date Received
1	University College Dublin	Mary Kemple	26/06/2001
2	University College Dublin	Mary Casey	20/07/2001
3	Irish Nurses Organisation	Annette Kennedy	23/07/2001
4	National Paediatric Nursing Advisory Forum	Anna Lloyd	23/07/2001
5	Irish Nurses Research Interest Group (INRIG)	Kathleen Mac Lelland	23/07/2001
6	St. Columba's Hospital	Sheila O' Byrne	23/07/2001
7	National Council for the Professional Development of Nursing and Midwifery	Kathleen Mac Lelland	23/07/2001
8	Association of Nurse Practice Irish Nursing Practice Development Co-ordinators Association (INPDCA)	Catherine Timoney	12/07/2001
9	Regional Maternity Hospital — St. Munchin's School of Midwifery, Limerick	Margaret Crowley-Murphy	26/07/2001
10	Department of Health and Children	Mary Brosnan	26/07/2001
11	Southern Health Board	Denis Fenton	24/07/2001
12	Brothers of Charity Services	Jodie Healy	30/07/2001
13	St. Patrick's Hospital	Sheelagh M. Clarke/Tony Cullen	31/07/2001
14	North Eastern Health Board — Our Lady of Lourdes Hospital	Kathleen Rooney	01/08/2001
15	Mercy Hospital Cork	Noreen O'Sullivan	01/08/2001
16	Northern Area Health Board	Mary Kelly	08/08/2001
17	University College Cork	Rhona O'Connell	02/08/2001

	Agency	Contact Person	Date Received
18	St. Luke's Hospital	Eileen Maher	15/08/2001
19	St. Vincent's University Hospital	Geraldine McSweeney	15/08/2001
20	Midland Health Board Central Office	Larry Bane	20/08/2001
21	Midland Health Board Midland Regional School of Nursing	Catherine Kenny	21/08/2001
22	Dublin City University	Anne Scott	24/08/2001
23	St. Vincent's Hospital	Anne Brennan	27/07/2001
24	Midland Health Board, Health Centre	Catherine Leavey	31/08/2001
25	Waterford Regional Hospital	Hazel Daniels & Patricia Sullivan	27/08/2001
26	North Eastern Health Board (St. Brigid's Hospital, Ardee)	Colum Bracken	28/08/2001
27	Temple Street Hospital	Liz Dunbar	August 2001
28	Cappagh National Orthopaedic Hospital	Rosemary Masterson	29/08/2001
29	Mid-Western Health Board	Dympna Kavanagh	30/08/2001
30	Southern Health Board	Margaret Daly	30/08/2001
31	Eastern Regional Health Authority	Sheila O'Malley	30/08/2001
32	Our Lady of Lourdes Hospital, Drogheda	Mary Duff	31/08/2001
33	Mid-Western Health Board (Regional General Hospital, Dooradoyle)	Nora Fitzpatrick	31/08/2001
34	South Eastern Health Board	Joan Phelan	31/08/2001
35	Coombe Women's Hospital	Sheila Sugrue	04/09/2001
36	Bon Secours Hospital	Catherine M. Flanagan	07/09/2001
37	The Health Research Board	Ruth Barrington	19/09/2001
38	Public Health Nursing Department, Southern Health Board	Brigid O'Brien	20/09/2001
39	An Bord Altranais	Eugene Donoghue	21/09/2001
40	University College Cork	Geraldine McCarthy	21/09/2001
41	Public Health Nursing, Western Health Board	Louise Sloan, Margaret McLoughlin & Marie Kelly	24/09/2001
42	Sisters of La Sagesse Services, Cregg House, Sligo	Carmel Jennings	24/09/2001
43	Mid-Western Health Board (St. Munchin's Regional Maternity Hospital, Limerick)	Claire Fleming, Margaret Quigley & Maria Gibbons	05/10/2001
44	Department of Public Health and Planning, Midland Health Board	Richard Doorley	05/10/2001

## APPENDIX FIVE

# Analysis of recommendations

The recommendations are presented around three distinct but inter-related levels of organisation required for the development and growth of nursing and midwifery research.

### 1. Central Administration

No	Recommendation	Relevant	Achievable	Measurable	Agreed
1	That a study to identify research priorities for nursing and midwifery in Ireland for the short medium and long term will be funded by the Department of Health and Children and conducted by the National Council for the Professional Development of Nursing and Midwifery.				
2	A project to collate and publish completed research studies of nursing and midwifery in Ireland will be funded by the Department of Health and Children.				
3	A database of completed research studies of nursing and midwifery in Ireland, which incorporates an accessible system of dissemination will be developed and maintained by the National Council for Professional Development of Nursing and Midwifery. The database will be funded by the Department of Health and Children.				
4	A joint appointment, with responsibility for research, will be established between the National Council for the Professional Development of Nursing and Midwifery and the Health Research Board.				
5	Nursing and/or Midwifery representation on Science Foundation Ireland and the Health Research Board will be sought with a view to influencing the nursing and midwifery research agenda				
6	Nursing and/or midwifery representation on that Health Research Forum will be sought when established.				
7	The person appointed to the National Council for the Professional Development of Nursing and Midwifery and the Health Research Board will take responsibility for identifying and developing strategic alliances with appropriate international agencies				
8	An annual budget will be sought from the Department of Health and Children to finance a variety of nursing and midwifery research activities. This funding will be made available for research activities on the basis of competitive peer reviewed proposals from individuals, health services agencies and third level institutions where the proposals are consistent with deficits in evidence required for best practice in nursing and midwifery.				
9	A co-ordinated system of funding nursing and midwifery research, which creates opportunities for joint action between individuals, disciplines and institutions/organisations, will be established				
10	A user-friendly framework that outlines the financial supports and mechanisms available for the pursuance of nursing and midwifery research will be developed and published				

## 2. Institutional Commitment

No.	Recommendation	Relevant	Achievable	Measurable	Agreed
11	The development and establishment of nursing and midwifery research units/ programmes within third level institutions will be encouraged through the continued inclusion of funding for a dedicated research programme in nursing and midwifery research through the HRB's existing scheme of Programme grants.				
12	Structures that promote reciprocal research links between health service agencies and third level institutions will be established. To be further reviewed				
13	The Directors of the Nursing and Midwifery Planning and Development Units in partnership with Directors of Nursing will make resources available to ensure that all nurses and midwives engaged in the public health service in the region have access to relevant evidence to inform practice.				
14	The Directors of the Nursing and Midwifery Planning and Development Units in partnership with Directors of Nursing will ensure that the educational supports necessary to utilise the resources provided are made available to all nurses and midwives in the region.				
15	The Directors of the Nursing and Midwifery Planning and Development Units in partnership with Directors of Nursing will make resources available to develop local protocols to support research-based nursing and midwifery practice.				
16	An educational environment and funding arrangement that enable nurses and midwives to participate in multidisciplinary and collaborative studies will be promoted. How?				
17	Directors of Nursing and Midwifery Planning and Development Units in conjunction with Directors of Nursing will ensure representation on research ethics committees at local level to ensure involvement at the stages of gaining access to research populations, sites and ethical approval.				
18	An Bord Altranais, in collaboration with nurses and midwives, will develop and articulate a position statement in relation to ethical protocols for nursing and midwifery research.				
19	Finance for post-graduate, doctoral and post doctoral research will be enhanced by increasing the current funding available for Clinical Fellowships and other forms of support.				
20	Supports required for the development of flexible career pathways, which incorporate research activity on a fulltime, part-time or joint appointment basis will be identified and developed. How?				

### 3. Professional Commitment

No.	Recommendation	Relevant	Achievable	Measurable	Agreed
21	An Bord Altranais and the National Council for Professional Development of Nursing and Midwifery will include research as one criterion for programme approval.				
22	The Chief Nurse at the Department of Health and Children will establish a nursing and midwifery research committee, determine the composition and chair the committee in an ex-officio capacity. The function of the committee is to progress, monitor and evaluate the implementation of the strategy.				
23	The nursing and midwifery research committee will prepare a plan and timeframe for the implementation, monitoring and evaluation of the strategy. As a matter of priority the committee will determine the body responsible for the implementation of each of these recommendations where not already pre-determined.				

### 4. Individual Researcher

No.	Recommendation	Relevant	Achievable	Measurable	Agreed
24	Is there a need for any recommendations here?				

