
The Nursing and Midwifery Research Group North East
Foreword

Research and evidence based practice is central to the nursing and midwifery professions (NMBI, 2014). “Research informs standards of care and ensures that both professions provide the highest quality and most cost-effective services to society” (Nursing and Midwifery Board of Ireland 2014, p.20). It is acknowledged that developing research capacity guides and enhances patient and service user quality of care and safety. In 2014 the HSE North East Nursing and Midwifery Planning and Development Unit (NMPD) established the Nursing and Midwifery Research Group (NMRG). The aim of the NMRG is to develop research capacity for nurses and midwives.

To inform and guide the work of the NMRG it was necessary to establish existing interest, capacity and expertise in research, and to identify gaps in research knowledge and competence of nurses and midwives. Although a small number of studies in the Republic of Ireland have examined the challenges facing nurses and midwives in undertaking research and applying it to practice the NMRG sought the views of nurses and midwives in the northeast area so that their specific needs and requirements could be addressed.

A research survey was designed and conducted in June 2015 and 531 nurses and midwives voluntarily completed the questionnaire. The high response rate would not have been possible without the participation of all members of the NMRG in widely distributing information about the survey. The cooperation and support of the Directors of Nursing, Assistant Directors of Nursing and Midwifery, Clinical Nurse/Midwife Managers and Practice Development Coordinators in encouraging participation in the survey is recognised and greatly appreciated. I would sincerely like to thank Myles Hackett for undertaking the quantitative analysis of the data. Qualitative data analysis was undertaken by five members of the NMRG: Vanessa Clarke; Madeline Colwell, Martin Duignan, Anne Jones and Eileen McGuigan. Their careful, comprehensive and thorough approach to the analysis has ensured that the integrity of the data was maintained and the richness of the survey responses accurately reflected. Their contribution to this initiative is highly valued. I would like to sincerely thank the 531 nurses and midwives who completed the survey. I am grateful to each and every one of those nurses and midwives for taking time to share their views and opinions. I am delighted to present those views in the form of this report.

I would like to pay tribute to Jean Harrison, Regional Librarian for her support and expertise in undertaking the review of the literature for this survey and I acknowledge the effort and commitment of Vanessa Clarke and Myles Hackett in compiling this report.

The ‘Report of the Nursing and Midwifery Research Capacity Survey 2016’ supports the enhancement of research and evidence based practice of nurses and midwives within the north east region. The findings will add to the growing body of evidence available nationally and internationally in this area. The recommendations will inform the work of the NMRG in developing nursing and midwifery research.

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Director HSE North East Nursing and Midwifery Planning and Development Unit
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Introduction

Research capacity is an essential component in the advancement of nursing and midwifery research and development (McCance et al., 2007) and can be described as enhancing the ability of individuals within a discipline or professional group to undertake high-quality research and enabling such activities (Segrott et al., 2006). Developing research capacity in nursing promotes a high level of nursing knowledge (McCormack, 2003), enhances evidence based practice (Retsas, 2000) and supports the provision of patient focused care (Akerjordet et al., 2012).

There are numerous studies in the international literature which explore the challenges faced by nurses and midwives in developing research capacity. A small number of studies have been conducted in the Republic of Ireland which explore these issues. Other Irish studies examine research priorities of nurses and midwives. While being cognisant of existing research findings, the Nursing and Midwifery Research Group were keen to ascertain the views of nurses and midwives practising in the North East to ensure that their specific needs and requirements were met. The research survey was thus devised and conducted.

This report describes findings in both the national and international literature in relation to the barriers and facilitators for nurses and midwives in undertaking research and implementing findings. Research priorities as identified within the Irish context are outlined. The specific aims of the survey are stated and the methodology is then described. The quantitative and qualitative analyses are presented and emerging themes from the responses are categorised. Findings are then discussed and recommendations made.

Background

In 2014 the Nursing and Midwifery Planning and Development Unit (NMPD), Health Service Executive (HSE) North East established the Nursing and Midwifery Research Group, hereafter referred to as the NMRG. Membership comprises a range of stakeholders; nursing and midwifery management, practice development, advanced practice, higher education institutions and library expertise (Appendix A).

The aim of the Group is to develop research capacity for nurses and midwives in the North East region of Ireland. To inform and guide this objective, the NMRG conducted a survey of nurses and midwives employed in the HSE North East and Saint John of God North East Services to establish existing research interest, capacity and expertise and identify research education gaps.

Review of the Literature

A review of the international literature was undertaken to identify studies which examined the barriers to and facilitators of research participation and utilisation by nurses and midwives. Studies which explored effective strategies for developing research capacity were then reviewed. Particular attention was paid to studies in the Republic of Ireland which explored issues in relation to research utilisation by nurses and midwives. Finally a review of studies which examined the research priorities of nurses and midwives in the Republic of Ireland was conducted.
Barriers to and Facilitators of Research Participation and Utilisation.

There are numerous studies in the literature which have examined the barriers to and facilitators of research participation by nurses and midwives. A major barrier identified is a lack of time to review research studies and to conduct and apply research (Kajermo et al., 2000; Parahoo, 2000; Retsas, 2000; Tsai, 2000). A lack of knowledge and skills to conduct research is identified in other studies (Kajermo et al., 2000). Nurses report that they have limited knowledge and skills of the research process, with understanding statistical analyses being problematic for some (Parahoo, 2000; Roxburgh, 2006). Many nurses report a lack of support from colleagues and peers in conducting research and in implementing research findings (Hutchinson and Johnston, 2004; Parahoo, 2000; Retsas, 2000; Roxburgh, 2006; Tsai, 2000). Limited access to financial support has also been identified as a barrier for some (Marsh and Brown Bsn, 1992).

Reported facilitators to research utilisation were education to increase nurses' knowledge of research (Corchon et al., 2011; Kajermo et al., 2000); presentation of research findings in a user friendly way (Kajermo et al., 2000) access to a colleague or mentor to consult for research support (Czerwinski et al., 2004; Hutchinson and Johnston, 2004; Tsai, 2000); organisational supports particularly in relation to providing time to conduct research (Retsas 2000). The importance of collaboration and partnership between practitioners and academics is recognised in encouraging nursing research among nursing and midwifery practitioners (Clifford and Murray, 2001; Meyer et al., 2003).

A number of studies have identified factors that are important in developing research capacity. McCance et al (2007) identified three key priorities; strong and visible leadership, building research expertise, and increasing organisational and individual capacity to engage in research development activities. O’Byrne and Smith (2011) in a narrative review of local initiatives to build research capacity in clinical nurses found that effective professional leadership was essential to successfully develop research capacity along with an organisation that prioritised nursing research initiatives with accompanying resources and infrastructure.

To date only a small number of studies in the Republic of Ireland have examined the attitudes and views of nurses to undertaking research and applying research to practice. (Glacken and Chaney, 2004) surveyed registered nurse participants (n=169) enrolled on an academic programme in a Dublin university in 2001/2002 to explore perceived barriers and facilitators to implementing research findings in the Irish practice setting. They found that many of the factors perceived as barriers to implementing research findings were organisation centred with the top barrier being a perceived lack of authority to implement changes of practice. The key facilitators to implementing research findings included protected time for retrieval and evaluation of research findings; management support; availability of onsite personnel with expertise in research and in instigating practice change and opportunities for developing critical reading skills.

In a more recent study in an Irish setting, a random sample of 234 nurses, registered with An Bord Altranais in 2005, explored research awareness and managerial challenges for nurses (Timmins et al., 2012). In keeping with findings from other countries, results highlighted that nurses had a positive attitude towards research and believed it can improve patient care. Obstacles faced by nurses in conducting or applying research evidence to practice included lack of time, lack of knowledge and experience and lack of support.

Identification of Research Priorities for Nurses and Midwives in the Republic of Ireland

Other studies have been conducted in the Republic of Ireland to ascertain the research priorities for nursing and midwifery (Brenner et al., 2014; McCarthy et al., 2006; Parlour and Slater, 2014). Wide variations in research priorities were reported in these studies. While nurses working in specific areas have specific requirements (Department of Health and Children, 2010) some research priorities were of a more general focus. McCarthy et al., (2006) reporting on research priorities for nurses and midwives in the South of Ireland identified the following top priorities for clinical practice; assessment and management of pain, ethics in healthcare, health promotion, coordination between hospital and primary care, medications and quality of services. They also identified recruitment and retention; skill mix and support services as the top ranking management topics.
Brenner et al., (2014) in investigating research priorities for children’s nursing in Ireland found the three top priorities were recognition and care of the deteriorating child, safe transfer of a critically ill child and child and family perceptions of end of life care. Parlour and Slater (2014) explored research priorities for nurses and midwives in the North West of Ireland. Priority areas for research in this region included evaluating the impact of post graduate nursing and midwifery education programmes; development and evaluation of a culture of nurse/midwife led audit, efficacy of approaches to clinical supervision; evaluation of the impact of the advance nurse practitioner role in managing long term conditions and supporting and developing an ethical framework for nursing and midwifery research in Ireland.

**Study Objectives**

The overall objective of this survey was to explore the research interest, capacity and expertise of nurses and midwives in the North East region of Ireland and provide opportunity for nurses and midwives to identify their research education needs.

The survey examined the following areas:

- Demographics
- Levels of research activity within the North East
- Areas where further education in relation to the research process is needed
- Barriers and Enablers to engaging in research
- Priority areas for research

It is planned that priorities identified will inform an action plan specifically targeted to address the requirements of nurses and midwives in the North East which will ultimately facilitate innovative practice and improve the quality of patient care.

**Methodology**

A survey approach to gathering information was applied in order to provide as many nurses and midwives as possible across the HSE North East region and St. John of God North East Services opportunity to give their views and experiences pertaining to a range of aspects of the research process, including identifying their education and professional development needs in this area. This survey was conducted between June 8th and June 29th 2015.

**Survey Design**

Discussions at NMRG meetings informed the development and content of the survey. The survey consisted of five sections with a total of eleven questions. Opportunity to provide comments was given and the survey included one open ended question at the end, enabling respondents to provide further general comments regarding the topic.

Section one related to demographical information:

- information pertaining to area of nursing/midwifery practice
- nursing/midwifery grade
- professional and academic qualifications
- previous participation in research education.

Section two focused on the respondents level of research activity.
Section three provided opportunity for respondents to provide information on the areas of research that they were interested in developing or enhancing their knowledge in.

Section four referred to perceived barriers for respondents to engage in research.

Section five provided an opportunity for respondents to make general comments and suggestions.

Closed and open ended questions were used in the construct of the Survey Tool:
- Closed ended questions with multiple answer selections were used to elicit quantitative responses. A number of questions provided the option for respondents to supply additional qualitative data in a free text field.
- Open ended questions were used to gather information on priority areas of research and any further comments or suggestions the respondent wished to supply. These responses provided a rich source of qualitative data.

The survey was created using the online software “Survey Monkey”. A hard copy of the questionnaire was also available for completion by nurses and midwives who did not have on-line computer access in order to increase the scope and range of responses.

A number of strategies were employed in an effort to enhance the response rate. Emails were circulated to all HSE North East Directors of Nursing and Practice Development Teams and the Director of Nursing in Saint John of God North East Services. The emails provided information about the survey and requested that questionnaires be completed online via a link to the Survey Monkey site or in hard copy circulated to all nurses and midwives. The email recipient was asked to circulate the email to all staff and colleagues in their clinical area. Members of the NMRG circulated details of the survey to nurse and midwife colleagues and participants attending leadership programmes within the North East Regional Education Centre. The NMRG designed an information poster that was widely circulated throughout the region, in libraries, staff restaurants and notice boards in clinical areas. In addition, hard copies of the survey were placed in libraries and nursing administration offices throughout the region. Completed hard copy questionnaires were returned by post to a designated member of the NMRG or could be placed in a central collection point in nursing administration offices and libraries in the region.

Sample

All nurses and midwives working within the Health Service Executive in counties Louth, Meath, Cavan and Monaghan and St John of Gods North East Services were invited to participate in the survey. There are approximately 3058 nurses and midwives employed in these services. Over a three week period from June 8th to June 29th, 2015, 531 nurses and midwives completed the survey. This represents a response rate of 22%.

Data Analysis

Data from hard copies of the questionnaire were inputted into Survey Monkey. The quantitative data from the closed questions was analysed using the descriptive statistical package in Survey Monkey ¹.

¹ This package summarises responses, which in turn helps identify the basic features of the returns and provides summaries about the sample and the measures.
The qualitative data from the open ended questions and free text data were analysed using content analysis. Content analysis is defined as ‘a research method that uses a set of procedures to make valid inferences from a text’ (Weber, 2008 p9) One of the criticisms of qualitative data research is that the processes and procedures of data analysis are often not made explicit (Bryman and Burgess, 1994). However, qualitative research is considered as a multi-complex process, involving an interpretive, naturalistic approach that can provide rich and meaningful data pertaining to the area under examination. Subsequently, the multistage approach to coding of data from open ended questions suggested by (Hickey and Kipping, 1996) was adapted and used. This structured approach to content analysis is supported in the literature (Elo and Kyngäs, 2008; Hsieh and Shannon, 2005; Kipping, 2000). Quantifying the data allows comments to be made about percentages of respondents who raised a certain issue and it is then possible to make inferences about the extent to which an issue is important (Hickey and Kipping, 1996).

Using a qualitative approach similar responses are grouped into categories based on emerging themes. Categories are assigned codes. Sub categories may then be identified and detail codes allocated. Once coded, data can be quantified by counting the frequency of the codes. This was done in recognition of the value of utilising both qualitative and quantitative methods in the conduct and analysis of research, and in recognition that both methods are not without their criticisms. The eight stages of the approach were adapted to a five stage approach as indicated in the diagram below.

**Diagram 1: Adapted Five Stage Approach to content analysis**

**Hickey and Kipping 8 Stage Approach**

1. Immersion and identification of preliminary categories
2. Reaching consensus on categories
3. Category check by third researcher
4. Allocating category and detail codes
5. Dealing with “rogue” responses
6. Coding checking by third researcher
7. Merging and reallocating category and detail codes
8. Merging re-allocating check by third researcher

Hickey & Kipping (1996)

**Adapted 5 Stage Approach**

1. Immersion and identification of preliminary categories
2. Reaching consensus on categories
3. Allocated category and detail codes
4. Identified “rogue” responses
5. Merging and reallocating category and detail codes
A group of five nurse researchers, who were members of the NMRG and had experience of qualitative data analysis, worked as a team to analyse the qualitative data. Category codes and detail codes were identified initially by individual researchers; discrepancies were then discussed until a set of categories and detail codes that all parties could agree on was reached. Checks by a third researcher as used in the eight stage approach were therefore not required. Thus an adapted five stage approach, as noted in Diagram 1 was used.

Responses to the survey questions and invitation to comment were analysed using the adapted five stage approach
• Can you identify any barriers which may prevent you from engaging in research?
• What are the priority areas for research in relation to you discipline/area of practice?
• We would welcome any further comments or suggestions you may have”

Results

The results for each question are presented in the section below.

Section 1: Demographics:

Question 1: What service do you work in?
The majority of respondents were from acute hospital services (42.61%). The remaining respondents were from older person services (17.7%), community services (17.7%), mental health services (8.56%), midwifery services (8.37%) and intellectual disability services (6.42%).

Question 2: What best describes your title?
The majority of respondents described themselves as staff nurse/midwife (50.4%). The remaining respondents described themselves as Clinical Nurse/Midwife Managers (19.96%), Clinical Nurse/Midwife Specialist (12.25%), Public Health Nurse (10.67%), Assistant Director of Nursing/Director of Nursing (6.32%) and Registered Advanced Nurse/Midwife Practitioner (1.19%).

Question 3: Within your nursing/midwifery career what is your highest level of qualification?
There appears to have been some confusion in relation to the language used in the answer options for this question. 29.1% of respondents identified diploma as their highest level of qualification while 23.09% identified certificate as their highest level of qualification. These responses would suggest that over 50% of respondents were not educated to degree level. It may be the case that respondents misunderstood the academic level of the diploma option. Of the remaining responses 27.79% stated that they held a postgraduate degree, 13.11% a Master’s degree, 8.81% an undergraduate degree and 4.31% chose the ‘other’ option.

Question 4: Are you currently undertaking or involved in any research projects? If your answer is Yes please provide further details in the box below.
5.32% of the respondents stated that they are currently undertaking or are involved in research projects. 94.87% had no involvement in research projects at the time of the survey.

Respondents were given a free text option to provide details of the range of research projects they were involved in. Some respondents stated they were undertaking research as part of post graduate programmes of study.

Other projects referred to included satisfaction surveys, audits and a systematic review.
Question 5: Have you previously taken any seminars, short courses or academic programmes which included research content/modules?

Just over 50% (n=277) of respondents have taken seminars, short courses or academic programmes which included research content/modules, while just under half 46.42% (n=240) have not taken seminars, short courses or academic programmes which included research content/modules.

Some respondents provided further details relating to the courses they had undertaken using a free text option. Most of the respondents had accessed this education as part of an academic programme. Many had undertaken a research module as part of their undergraduate studies, while studying for their nursing degree. A research module was also part of many higher diploma courses including some management diplomas and an integral part of Masters programmes. The development of a research proposal and undertaking a piece of research was an essential component of a wide number of programmes of study identified in the responses. Some programmes included a module on critical appraisal and research appreciation skills.

Question 6: Would you be interested in learning more about research?

The majority of respondents (67.44%) identified an interest in learning more about research, while approximately one third 32.56% stated that they would not like to learn more about research.

A free text option allowed respondents to elaborate on areas they would like to learn more about. Where this option was utilised, respondents identified a number of particular areas:

- cancer treatments
- breastfeeding rates
- ‘geriatric nursing’

In addition, other respondents emphasised the need for research to be relevant to clinical practice and be used to improve outcomes.

Question 7: Would you be interested in attending seminars/masterclasses relating to research?

The majority of respondents (69.73%) identified an interest in attending seminars/masterclasses relating to research, while just under a third 30.27% identified having no interest in attending seminars/masterclasses relating to research.

Question 8: Which of the following areas would you be most interested in learning more about (you can tick more than one option)?

Respondents had the choice of ten options. Evidence-based practice was the preferred option (77.85%) followed by evidence-based policy development (34.9%). A number of areas including creating a clinical database for clinical audit/research (26.85%), participating in research (24.38%), poster development and presentation (23.94%) and the research process (23.27%) had similar levels of interest. Of the remaining options writing for publication (16.33%), presenting research studies at conferences (11.41%) and research funding (8.72%) were identified as areas of interest. Examination of the following diagram provides a graphic representation of these findings:
Areas Interested in Learning More About

A free text option allowed for respondents to identify other areas they would be interested in learning more about. Responses included: critical appraisal skills; grounded theory and statistical analysis.

**Question 9: What are the priority areas for research in relation to your discipline/area of practice?**

Responses to this question were provided in a free text format. Two hundred and eighty nurses/midwives (56%) provided a response. Responses were categorised and assigned category codes and detail codes. Appendix B provides more detailed information in relation to this. Some responses were assigned more than one category and detail code. Four responses were categorised as “rogue” responses and not included in any further analysis.

Responses were allocated into five categories: Clinical Settings/Care Areas; Nursing and Midwifery Clinical Practice; Quality; Nursing and Midwifery Roles and Impact on Care Delivery. The following table identifies the percentage of respondents for each category.

<table>
<thead>
<tr>
<th>Category</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Settings/Care Areas</td>
<td>49%</td>
</tr>
<tr>
<td>2. Nursing and Midwifery Clinical Practice</td>
<td>48%</td>
</tr>
<tr>
<td>3. Quality</td>
<td>44%</td>
</tr>
<tr>
<td>4. Nursing and Midwifery Roles</td>
<td>6%</td>
</tr>
<tr>
<td>5. Impact of Care Delivery</td>
<td>4%</td>
</tr>
</tbody>
</table>
1. Clinical Settings/Care Areas

138 respondents cited a particular clinical setting or care area as a priority area of research interest. Examination of the following table will identify the most frequently cited areas:

<table>
<thead>
<tr>
<th>Priority Clinical Settings/Care Areas</th>
<th>% of this category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>17%</td>
</tr>
<tr>
<td>Older person services</td>
<td>14%</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>12%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7%</td>
</tr>
<tr>
<td>Child Health</td>
<td>7%</td>
</tr>
<tr>
<td>Critical Care Areas (ICU, CCU, Emergency Care)</td>
<td>5%</td>
</tr>
<tr>
<td>Community Care</td>
<td>5%</td>
</tr>
</tbody>
</table>

2. Nursing and Midwifery Clinical Practice

Of the 280 respondents to this question, 134 noted a particular area of clinical practice as a research priority. The areas of nursing and midwifery clinical practice of research interest are shown in order of priority in the table below:

<table>
<thead>
<tr>
<th>Priority Areas Nursing and Midwifery Clinical Practice</th>
<th>% of this category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications Management</td>
<td>21%</td>
</tr>
<tr>
<td>Wound Care</td>
<td>15%</td>
</tr>
<tr>
<td>Infection Control</td>
<td>10%</td>
</tr>
<tr>
<td>Peri-operative Care (pre, intra and post-operative)</td>
<td>9%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>5%</td>
</tr>
<tr>
<td>Behaviour Management</td>
<td>5%</td>
</tr>
</tbody>
</table>

3. Quality of Care

122 respondents stated that the research into quality of care was a priority. The quality dimensions noted by respondents are shown in the table below:

<table>
<thead>
<tr>
<th>Quality (122 respondents)</th>
<th>% of this category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence Based Practice</td>
<td>43%</td>
</tr>
<tr>
<td>Outcomes Measurement</td>
<td>33%</td>
</tr>
<tr>
<td>Resource Management</td>
<td>11%</td>
</tr>
<tr>
<td>Service User Involvement</td>
<td>6%</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>4%</td>
</tr>
</tbody>
</table>
4. Impact of Care

12 respondents stated that their priority area for research related to the impact of care on patients, their families, staff and carers as outlined in the following table.

<table>
<thead>
<tr>
<th>Impact on Care Delivery (12 respondents)</th>
<th>% of this category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on Family</td>
<td>42%</td>
</tr>
<tr>
<td>Impact on Staff</td>
<td>25%</td>
</tr>
<tr>
<td>Impact on Patient</td>
<td>25%</td>
</tr>
<tr>
<td>Impact on Carer</td>
<td>8%</td>
</tr>
</tbody>
</table>

Question 10: Can you identify any barriers which may prevent you from engaging in research?

Respondents were provided with the option to answer this question either by using a predetermined answer or by using the ‘other’ category for a free text response.

Results from the predetermined fields demonstrate that 82.78% of respondents identified lack of time as a barrier to engaging in research. This was followed by lack of knowledge (32.99%), lack of support from employer (19.92%), access to IT facilities at work (19.5%), limited/no access to further education (17.22%) and access to IT facilities at home (9.13%). These findings are represented graphically below:
Forty respondents provided a free text response to this question. Free text responses were categorised and assigned category codes and detail codes (Appendix C). Of the 40 respondents who utilised the free text option, some cited more than one barrier to engaging in research. Three responses were categorised as “rogue” responses and were not included in any further analysis.

Responses were categorised as follows:

### Barriers Preventing you Engaging in Research

<table>
<thead>
<tr>
<th>Category</th>
<th>Detail Code</th>
<th>% respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support</strong></td>
<td>Lack of organisational support</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Support of research mentor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statistical analysis support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Technology support</td>
<td></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Protected time</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Human resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educational resources</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Barriers</strong></td>
<td>Encroaching on personal time</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Unappealing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td></td>
</tr>
</tbody>
</table>

### Support

Of those who cited a lack of support as a barrier to engaging in research, almost half (45%) referred to a lack of organisational support. Some respondents felt research was not an organisational priority as illustrated by the following comments

‘focus on clinical work’

and a

‘lack of research as a priority in strategic plans’

Another respondent believed there were problems with

‘fitting it [research] into the organisation at large and ensuring follow up and use’

35% made reference to the need for support from a research mentor. One respondent cited

‘lack of support from a mentor with experience in research’

while another suggested

‘having colleagues to work with who have knowledge of research’

Lack of statistical support (15%) and a lack of technological support (5%) presented difficulties for others.
Resources
Of those who stated that lack of resources was as a barrier to engaging in research, the need for protected time was cited as a factor by most (41%). One respondent advocates

Protected time needed for nurses to engage with any aspects of research

35% cited a lack of financial resources

‘lack of funding’

and

‘no budget’

as a barrier to conducting research while 18% referred to human resources issues as reflected in the following:

‘We are continually short staffed with no replacement for maternity leave and this makes it impossible to work and carry out research due to time constraints.’

6% referred to educational resources as barriers to engaging in the research process. Online learning was recommended as an option for further education.

Personal Barriers
40% of those who referred to personal barriers stated that the encroachment on their personal time was problematic. This is reflected in the following:

‘As a mother of four, I value my time off and certainly feel that any work like this to benefit the HSE should be carried out in employer’s time’

30% of respondents found research unappealing. A lack of knowledge was cited as a barrier by 20% as illustrated by the following:

‘don’t know where to start’

Question 11: We would welcome any further comments or suggestions you may have.
Fifty one nurses/midwives utilised the free text field in relation to this. Responses were categorised and assigned category codes and detail codes (Appendix D).

Some of the respondents provided lengthy statements and so their responses were assigned to more than one category and detail code. Four responses were categorised as rogue responses and not included in any further analysis.

Comments and suggestions were categorised into four areas:

- organisational barriers (64%);
- research enablers (44%);
- interest in research (29%);
- personal barriers (7%).
Categories and Detail Codes – Further Comments and Suggestions

<table>
<thead>
<tr>
<th>Category</th>
<th>Detail Code</th>
<th>%</th>
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<tbody>
<tr>
<td>Organisational Barriers</td>
<td>Organisational Culture</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>Time</td>
<td></td>
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<td></td>
<td>Funding</td>
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<td></td>
<td>Staffing</td>
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<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Research Enablers</td>
<td>Additional Supports</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Interest in Research</td>
<td>Personal Interest</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Care/Practice Benefit</td>
<td></td>
</tr>
<tr>
<td>Personal Barriers</td>
<td>Stress</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Lack of Confidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of Knowledge/Skills</td>
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</tr>
</tbody>
</table>

**Organisational Barriers**

The organisational barriers cited included references to the culture of the organisation (31%), a lack of time to engage in research (29%), a lack of funding for research (20%), staffing problems (11%) and limited access to educational resources (9%).

The following comments indicate that some respondents believe that research is not supported by all areas in the organisation:

‘Research is not valued or seen as work by our line managers’

‘I asked for help and received none’

‘In my place there is no emphasis on research’

Just under a third, (29%) refer to a lack of time to engage in research itself and also the need to have time to engage in professional development related to research. The following comments reflect these concerns:

‘If I was involved in research relative to my work I would need dedicated time at work to devote to it but with shortage of staff it is very difficult to envisage such a luxury’

‘Time constraints as a result of inadequate study leave needs to be addressed. If a person is interested in research modules it is time consuming and study leave to attend should be the minimum amount of time granted. We all know the workplace is so busy now it is not possible to even get the opportunity to read a research article’

A further 20% of respondents identified funding as a barrier. Some referred to the need for funding for research activities while others referred to the need for funding for education in the area of research. The following comments refer to these areas:

‘Limited access for further education due to budget restraints in service’

‘Not much access/funding for further education’
11% of respondents referred to staffing issues and how shortage of staff can impede research activities. One respondent noted:

‘We are continually short staffed with no replacement for maternity leave and this makes it impossible to work and carry out research due to time constraints’

A further 9% of this category commented on issues relating to research education. One respondent noted

‘Education is fundamental to progressing research awareness’

The concept of holding Research Seminars and Masterclasses was welcomed and some respondents highlighted the need for classes to be geographically accessible.

**Research Enablers**

Respondents provided a range of suggestions to enable and support the nursing and midwifery research process. Suggestions were categorised as additional supports (58%) and additional education (42%). The range of supports cited included access to a research mentor as illustrated in the comment below,

‘Having a “go to Nurse” or practice development coordinator to advise on research in relation to practice would also be very useful as nurses generally don’t have the time to give to same’

The establishment of research support networks, the creation of a research culture to support evidence based practice, access to SPSS\(^2\) and some financial gain for undertaking further education were advocated as measures to facilitate research activity.

Increased access to education was suggested through the provision of teaching sessions on research topics, links with academic institutions and full funding for courses.

**Interest in Research**

Over half of the respondents, (56%) identified being enthusiastic for getting involved in the research process while, 44% referred to improvements in practice and patient care as an outcome of the research process. This is shown in the following responses.

‘Really welcome this initiative and would love team to be involved’

‘do not know a lot about research but would be interested in finding out’

‘would love to get involved in research programmes and show scientific evidence for best practice’

‘I feel research is of the upmost importance in all clinical areas and the importance of evidence based practice cannot be underestimated’

‘The older persons services would benefit greatly from research in many areas, particularly those which directly relate to the care provided and quality improvement’

**Personal Barriers**

Respondents noted personal barriers to engaging in research. Stress, a lack of confidence about undertaking research and a lack of the requisite knowledge and skills were cited as personal obstacles.

\(^2\) This package summarises responses, which in turn helps identify the basic features of the returns and provides summaries about the sample and the measures.
Discussion

The NMRG conducted a survey to explore the research interest, capacity and expertise of nurses and midwives in the North East region of Ireland and identify their research education needs and priorities.

Sample

This survey of 531 midwives and nurses from a range of disciplines and grades in the HSE North East region and Saint John of God North East Services provides contemporary insight into the research interest, capacity and expertise of nurses and midwives in these services.

Approximately 3,058 nurses and midwives practice in the counties of Louth, Meath, Cavan and Monaghan in HSE services and St John of God North East services. During the study period, June 8th – 29th 2015, an estimated 20% of staff were on leave. The response rate was thus calculated at 22%. Although typically a greater proportion of staff are on leave during the summer months, it was decided to proceed with the survey in the order that findings would be available to inform the work of the NMRG.

A strength of this study is that the views of midwives and nurses from a wide range of nursing disciplines and grades were reflected. The majority of respondents were from acute hospital services (42.61%) while the remaining respondents were from older person services (17.7%), community services (17.7%), mental health services (8.56%), midwifery services (8.37%) and intellectual disability services (6.42%). In addition all grades of staff were represented in the study with staff nurse/midwife representing half of the respondents. The remaining respondents described themselves as Clinical Nurse/Midwife Managers (19.96%), Clinical Nurse/Midwife Specialist (12.25%), Public Health Nurse (10.67%), Assistant Director of Nursing/Director of Nursing (6.32%) and Advanced Nurse/Midwife Practitioner (1.19%).

Research Participation

Only a small number of nurses (5%) were undertaking research at the time of completing the survey. This is consistent with the findings from many studies which report low levels of participation of nurses and midwives as a result of numerous barriers posed to undertaking research (Roxburgh, 2006; Segrott et al., 2006).

Research Knowledge and Skills

Just over half of the respondents have undertaken short courses or academic programmes which included a research component. This education for the most part appears to have been accessed as part of an academic programme offered by a college or university. These findings are echoed in the study by Timmins et al. (2012) where participants reported that no in-service courses on research were available but that research education was accessed through colleges and universities.

The majority of respondents identified an interest in developing their research skills by attending seminars or master classes relating to research. When asked which areas they wanted to know more about, the majority of nurses cited evidence based practice and evidence based policy development. This is an indication that nurses and midwives are interested not only in undertaking and appraising research but in applying research evidence to practice. A range of other topics including creating a clinical database, poster development and presentation and writing for publication were also identified by respondents.

Research priorities

In keeping with the findings from other studies in the Republic of Ireland which identified the research priorities of nurses and midwives, (Brenner et al., 2014; McCarthy et al., 2006; Parlour and Slater, 2014) a wide variety of research topics were identified as priorities. The priorities cited are somewhat reflective of the nursing and midwifery disciplines and the areas of practice of the respondents, with nurses and midwives working in specific areas having specific requirements. This concurs with the findings of McCarthy et al. (2006). It is of note that dementia which as a condition crosses many disciplines (older persons services, intellectual disability, public health nursing, mental health and acute services) is most...
frequently cited as a care area for research. The clinical practice topics most highly ranked as areas of research interest included medications management, wound care and infection control. These topics are also common to many nursing disciplines and midwifery. There is some commonality with the research topics most highly ranked in this survey and the study by McCarthy et al. (2006), namely medications and quality of services.

Significantly, evidence based practice was cited by many as a priority area of research interest. Evidence based practice and evidence based policy development were the topics that respondents were most interested in learning more about. This is indicative of the interest that nurses and midwives in the region have for not only being producers of research but for being consumers of research and using research findings to inform policy development and practice.

In addition, respondents also expressed an interest in outcome measurement and service user involvement which relates to the quality of care agenda within health services.

**Barriers and Facilitators to Research Participation**

A range of factors were identified as barriers to research participation. In keeping with the findings from other national and international studies (Gething et al., 2001; Glacken and Chaney, 2004), lack of time, difficulties obtaining funding for research and the absence of a supportive research organisational culture were reported by some as obstacles to research activities. A lack of confidence about research skills and limited or no access to further education was also identified. The findings of this survey support literature findings, (Akerjordet et al., 2012; Roxburgh, 2006; Timmins et al., 2012) that nurses are receptive to participating in research but lack the requisite knowledge and skills to do so.

Access to ongoing professional development on research topics was seen by many as a factor in facilitating nursing research. The literature supports the view that research educational programmes are essential in developing research capacity in clinical settings (Corchon et al., 2011). Of note respondents to this survey highlighted the need to provide education in a local setting.

The availability of a research mentor to facilitate research activities was advocated by some participants as a method of encouraging research. This view is shared by Czerwinski et al., (2004) who advocated access to research mentors as the most effective way to educate nurses in research skills (Czerwinski et al., 2004).

Links with academic institutions were also seen by respondents as a method of promoting research. The importance of collaboration and partnership between practitioners and academics is recognised in encouraging nursing research among nursing and midwifery practitioners(Clifford and Murray, 2001; Meyer et al., 2003).

Additional measures to encourage research included the establishment of research networks, protected time to undertake research and improved access to I.T. facilities, access to the statistical software SPSS and to statistical advice and expertise.
Recommendations

The findings from this survey will inform the NMRG to plan and develop a range of bespoke measures to increase and sustain research capacity. In devising an action plan the barriers to engaging in research as identified by the survey participants should be prioritised, along with the requirements for additional supports. In particular measures should be developed to address the reported lack of research knowledge and skills and the lack of educational resources available. The specific requirements and priorities of this group should be noted in developing a series of research masterclasses and the request that these classes should be provided locally should be incorporated into future plans. An action plan to address more fully the research knowledge and skills gap should be developed by the NMRG.

The role of the NMRG in providing additional supports to increase research capacity should be considered. In particular the support of a research mentor, access to statistical analysis support, access to research funding and linkages with academic institutions are measures which can be addressed through the NMRG.

Evidence based practice was identified as an area participants were most interested in learning about and it was highly ranked in terms of an area of research interest. This topic should be prioritised by the NMRG for further development.

The research priorities which were identified in the survey can be used by the NMRG to developing a nursing research action plan for the North East and may guide individual researchers on their choice of topic.

Strong and effective leadership is identified as an important factor in developing research capacity and fostering a research culture. The NMPD with the support of the Directors of Nursing in the North East provides leadership and development programmes for all grades of clinical nurse and midwifery managers, clinical nurse specialists, public health nurses and community registered general nurses. It is recommended that the NMPD continue to support leadership development programmes for nurse and midwife managers.

Concerns regarding the lack of organisational supports and perceptions that research is not regarded as an organisational priority needs to to be addressed. Issues such as the lack of protected time for research and lack of I.T. facilities need to be explored further.

It is recommended that the findings of this survey be brought to the attention of the Directors of Nursing in the North East for further consideration. In addition, findings should be widely disseminated as they will be of value in informing thinking and planning strategies to foster a research culture which will impact positively on patient care.
Initiatives in place to address survey recommendations

Based on the survey findings, the NMRG, working in association with Nursing and Midwifery Planning and Development have already put in place a range of measures to sustain and support research capacity building.

In response to the high level of interest in evidence based practice, a nursing and midwifery research conference, ‘Evidence Based Practice – Making it Real’, has been organised for April 2016. Nationally recognised expert speakers will present the most recent evidence on topics which survey participants identified as being of research interest. Local nurses and midwives will report on evidence based initiatives in their practice area. Over 60 poster presentations will showcase research studies and evidence based practice initiatives in the North East.

To coincide with the call for abstracts for poster presentation for the conference ‘Evidence Based Practice – Making it Real’, three masterclasses on the ‘preparation of an abstract and poster presentation at conference’ were held in Counties, Louth, Meath and Monaghan. Classes were well attended by nurses and midwives from a range of grades and disciplines and the evaluation of the classes has been excellent. A master class ‘Transforming your poster into a published piece’ is planned for May 2016.

Further masterclasses on research topics as identified as priorities in the survey are planned for the remainder of 2016.

The Regional Librarian is a member of the NMRG and a range of library supports are in place to facilitate research. This includes help and support in searching online databases and conducting a literature review and the provision of masterclasses on these topics.

Links with the Department of Nursing, Midwifery and Health Studies in Dundalk Institute of Technology have been established and the Head of this department is a member of the NMRG.

The NMPD continue to support the development of research capacity through the appointment of a project officer with specific responsibility for research.

Members of the NMRG are available to support and mentor nurses and midwives who wish to engage in the research process.

Options for providing access to the statistical package SPSS are currently being explored.

In association with the NMPD, the NMRG is examining measures to increase awareness amongst nurses and midwives of funding available from the NMPD and other bodies for research initiatives.

A regular NMRG newsletter is published with updates of the activities of the Group and reports of research initiatives in the North East.

To support effective nursing leadership, the NMPD has in recent years provided a range of management development programmes for all grades of nurse and midwife managers, clinical nurse specialists, public health nurses and community registered general nurses.

The NMRG meet regularly and will continue to do so to further address the recommendations arising from the survey.
Conclusion

Within the current healthcare context there is continued interest in developing research capacity. The aim of this survey was to explore the research interest, capacity and expertise of nurses and midwives in the HSE North East and St John of God North East Services and to identify their research education needs and priorities.

Although current levels of research participation are low there is a high level of interest in undertaking research and applying research to practice. While over half of the respondents have had some education in the research process, largely as part of a wider academic programme, there is a keen interest on the part of the majority of respondents in developing their research knowledge and skills.

Consistent with other studies in the Republic of Ireland the research priorities identified show wide variation and are reflective of the disciplines within which nurses and midwives practice (Brenner et al., 2014; McCarthy et al., 2006; Parlour and Slater, 2014). There is a high level of interest in evidence based practice with other key priority research areas being dementia, medications management, wound care, infection control and outcomes measurement.

Barriers preventing nurses and midwives engaging in research were identified with the key issues being a lack of organisational support, a lack of protected time and funding for research. A lack of knowledge and expertise also presented difficulties. Key factors identified to encourage and facilitate research included education in the research process, the support of a research mentor, links with academic institutions and statistical analysis support.

Limitations

A limitation of this survey is that respondents were self-selected. Therefore there may be an element of volunteer bias with nurses and midwives who are more interested and positively disposed towards research being more likely to volunteer to complete the survey.
## Appendix A - Members of Nursing and Midwifery Research Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Representing</th>
<th>Role / Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Deirdre Mulligan</td>
<td>Nursing and Midwifery Planning and Development</td>
<td>Chairperson, Director NMPD</td>
</tr>
<tr>
<td>Ms. Vanessa Clarke</td>
<td>Nursing and Midwifery Planning and Development</td>
<td>Vice Chairperson, Project Officer NMPD</td>
</tr>
<tr>
<td>Ms. Rose Lorenz</td>
<td>Nursing and Midwifery Planning and Development</td>
<td>Assistant Director of Nursing/Midwifery</td>
</tr>
<tr>
<td>Ms. Madeline Colwell</td>
<td>Centre for Nursing and Midwifery Education</td>
<td>Specialist Co-ordinator</td>
</tr>
<tr>
<td>Mr. Adrian Cleary</td>
<td>Acute Hospitals</td>
<td>Assistant Director of Nursing (ADON), Our Lady of Lourdes Hospital, Drogheda.</td>
</tr>
<tr>
<td>Ms. Marina O’Connor</td>
<td>Acute Hospitals Louth</td>
<td>Nurse Practice Development Co-ordinator (NPDC), Our Lady of Lourdes Hospital, Drogheda.</td>
</tr>
<tr>
<td>Ms. Anne Jones</td>
<td>Acute Hospitals Meath</td>
<td>ADON / NPDC</td>
</tr>
<tr>
<td>Ms. Kathleen McMahon</td>
<td>Cavan Monaghan Hospitals</td>
<td>ADON/ NPDC</td>
</tr>
<tr>
<td>Ms. Siobhan Stafford</td>
<td>Public Health Nursing</td>
<td>Assistant Director of Public Health Nursing, Meath</td>
</tr>
<tr>
<td>Dr. Malachy Feely</td>
<td>Mental Health – Louth Meath and Cavan Monaghan</td>
<td>NPDC</td>
</tr>
<tr>
<td>Ms. Eileen McGuigan</td>
<td>HSE Specialist Palliative Care Service Louth/Meath and Cavan/Monaghan</td>
<td>Practice Development Co-ordinator</td>
</tr>
<tr>
<td>Ms. Anne Marie O’Connor</td>
<td>Midwifery</td>
<td>Midwife Practice Development Co-ordinator</td>
</tr>
<tr>
<td>Dr. Myles Hackett</td>
<td>Dundalk Institute of Technology</td>
<td>Head of Department of Nursing, Midwifery and Health Sciences</td>
</tr>
<tr>
<td>Ms. Sonya Carr</td>
<td>Older Persons Services, Louth</td>
<td>NPDC</td>
</tr>
<tr>
<td>Mr. Martin Duignan</td>
<td>Emergency Care</td>
<td>Registered Advanced Nurse Practitioner</td>
</tr>
<tr>
<td>Ms. Jean Harrison</td>
<td>Regional Library Services</td>
<td>Regional Librarian</td>
</tr>
<tr>
<td>Ms. Mairead Lyons</td>
<td>Project Manager</td>
<td>RCSLI Hospital Group</td>
</tr>
</tbody>
</table>
Appendix B - Categories Priority Areas for Research

1 Nursing and Midwifery Roles

1.1 Role Expansion
   1.1.1 Leadership

1.2 Maintaining Competence
   1.2.1 Education

1.3 Practice Development
   1.3.1 Barriers to Practice Development
   1.3.2. Enablers to Practice Development

1.4 Management (Nursing and Midwifery)

2 Clinical Settings/Care Areas

2.1 Critical Care Areas (ICU, CCU, Emergency Care)
2.2 Older Persons Services
2.3 Mental Health
2.4 Intellectual Disability
2.5 Maternity Services
2.6 Child Health
2.7 Specialist Areas
   2.7.1 Rheumatology
   2.7.2 Diabetes
   2.7.3 Gastroenterology
   2.7.4 Haematology
   2.7.5 Genetics
   2.7.6 Transitional Care
   2.7.7 Orthopaedics
   2.7.8 Oncology
   2.7.9 Palliative Care
   2.7.10 Theatre (including Anaesthetics)
   2.7.11 Day Surgery
   2.7.12 Dementia
   2.7.13 Cardiology
   2.7.14 Stroke
2.8 Community Care
2.9 Acute setting

3. Nursing and Midwifery Clinical Practice

3.1 Medications management
3.2 Wound Care
3.3 Documentation
3.4 Peri-operative (Pre, Intra and Post)
3.5 Infection Control
3.6 Nutrition
3.7 Behavioural Management
3.8 Care planning
3.9 End of Life Care
3.10 Other *
4. Quality

4.1 Evidence Based Practice

4.2 Outcome Measurement
  4.2.1 Patient satisfaction
  4.2.3 Effectiveness of care
  4.2.3 Incidence and Rates
  4.2.4 Audit

4.3 Resource Management
  4.3.1 Workforce Planning
  4.3.2 Funding
  4.3.3 Facilities

4.4 Health and Safety

4.5 Service User Involvement

5. Impact of Care Delivery

5.1 Impact on Carer
5.2 Impact on Family
5.3 Impact on Staff
5.4 Impact on Patient
Appendix C - Categories and Detail Codes for Responses to the question

Can you identify any barriers which may prevent you from engaging in research?

**Category 1 Support**

1.1. Research Mentor  
1.2. Technology Support  
1.3. Organisational Support  
   1.3.1. Not an organisational priority  
   1.3.2. Competing Service Demands  
   1.3.3. Lack of opportunity  
1.4. Statistical Analysis

**Category 2 Resources**

2.1 Protected Time  
2.2 Educational resources  
2.3 Financial  
2.4 Human resources

**Category 3 Personal Barriers**

3.1 Enforcing on Personal Time  
3.2 Lack of Knowledge  
3.3 Unappealing  
3.4 Age
Appendix D - Categories for Suggestions and Comments

Category 1 Research Enablers

1.1. Supports
   1.1.1 Support Networks
   1.1.2 “Go to Person”
   1.1.3 Practice development co-ordinator
   1.1.4 Organisational Encouragement
   1.1.5 Access to SPSS
   1.1.6 Financial gain for undertaking further education
   1.1.7 Create a research culture

1.2 Education
   1.2.1 Links with academic institutions
   1.2.2 Teaching sessions/courses
   1.2.3 Full funding for courses

Category 2 Organisational Barriers

2.1 Funding
   2.1.1 Process for approval of funding

2.2 Staffing

2.3 Time
   2.3.1 Non nursing duties
   2.3.2 Study leave
   2.3.3 Protected Time

2.4 Education
   2.4.1 Access to education
   2.4.2 Local education

2.5 Organisational Culture
   2.5.1 Lack of support from management
   2.5.2 Nursing research not valued
References


Nursing and Midwifery Board of Ireland., 2014. Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin


Notes
Notes