



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# "REALISING THE POTENTIAL"

**A Strategic Framework for Nursing,  
Midwifery and Health Visiting  
in Wales into the 21st Century**

**Briefing Paper 6**

## "ACHIEVING THE POTENTIAL THROUGH RESEARCH AND DEVELOPMENT"

**A framework for Realising the Potential  
through Research and Development in  
Wales**

*"Improving the quality and quantity of  
Research and Development carried out by  
Nurses, midwives and health visitors in Wales"*

*February 2004*

## PREFACE



Health professionals, including nurses, midwives and health visitors in Wales are committed to the delivery of health care based on sound evidence. All have an obligation, as part of this, to support the larger Research and Development agenda in Wales, which is focussed on the generation and implementation of high quality research. This needs health professionals trained at an appropriate level to carry out this work, both in producing knowledge in line with Welsh Assembly Government priorities, and in ensuring that suitable changes in practice are embraced.

This 6th Briefing Paper clarifies the contribution of nurses, midwives and health visitors to this crucial activity, and provides a clear strategy to help them achieve this as part of Realising the Potential. It covers a wide scope of activity and it is the result of careful debate and discussion between education, practice and researchers in an attempt to set key goals that might increase the amount and quality of research produced and applied within health care in Wales.

Achieving these goals will not be easy. It will take a great deal of initiative and creative thinking within the context of our current health care delivery systems. However, the willingness of education, service commissioners and providers, and the private health sector to come together and find ways of making the goals included in this paper a reality, will play a large part in moving this agenda forwards.

A successful outcome to achieving the goals outlined in this paper will ensure that nurses, midwives and health visitors at all levels, and in all locations, play their part in the development of R&D in the future for the benefit of those in contact with health services in Wales.

I commend this document to you and encourage you to make it a reality for the delivery of evidence-based health care in Wales over the next decade.

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

Jane Hutt  
Minister for Health and Social Services



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# FOREWORD

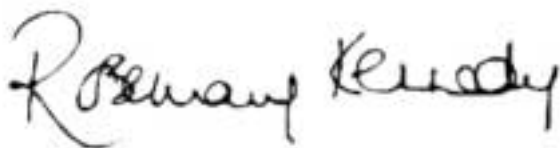
I am delighted to endorse the sixth briefing paper in the series 'Realising the Potential'. The subject of this paper, 'Research and Development in Nursing, Midwifery and Health Visiting' is somewhat different from many of its predecessors, in that it unites many individuals across diverse clinical and service settings and across geographical and professional boundaries.

The production of this briefing paper is timely. Research and development within nursing, midwifery and health visiting is acknowledged as a fundamental aspect of supporting the clinical effectiveness initiative, and an integral part of clinical governance. It is important, therefore, that we seize this opportunity to increase our participation in its development in Wales

These pages put forward a clear vision that will allow us to demonstrate that all the professions included do make a difference in the delivery of health care, and can produce and apply appropriate knowledge for the benefit of those in contact with services.

The strategy and goals outlined here have been developed by a working group representative of the diversity of the professions, who have worked determinedly to produce a clear strategy that will appeal to those in all areas of the professions. I am very grateful for all the work they have contributed to this Briefing Paper.

I look forward to seeing the proposals put forward here being developed and supported by all concerned.

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

Rosemary Kennedy  
Chief Nursing Officer



## **Membership of the Nursing, Midwifery and Health Visiting Strategy Group**

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# SECTION 1

## INTRODUCTION

### **Achieving the Potential Through Research and Development**

This briefing paper builds on the agenda put forward in *Realising the Potential* (Welsh Assembly Government 1999). That paper advocated an increase in the research capacity of the nursing, midwifery and health visiting professions in Wales. The aim was to produce a critical mass of career researchers, and research-competent clinicians who would make a major contribution to health and social care in Wales. This present paper sets out a strategy to accomplish that goal and in so doing supports the main principles of *A Health and Social Care Research and Development Strategic Framework for Wales* (Welsh Assembly Government 2002).

Nurses, midwives and health visitors are the largest occupational group in the delivery of health care. They are vital players in the promotion of clinical governance and the delivery of evidence-based healthcare in the NHS and independent sector. They have close and continuing contact with service users and their families, gaining an unparalleled understanding of the needs and experiences of those for whom they care. As a result, these professions are uniquely equipped to identify important questions that need to be answered through research, and to use research evidence to support service developments and so improve care.

Work has been in progress for some time to ensure that the potential of nurses, midwives and health visitors to contribute to health and social care Research and Development (R&D) is realised in Wales. Some excellent research has been conducted and the findings used to benefit patients and clients. Examples of just a small number of these are provided in Appendix 1. A strategy to support this activity has been progressively developed. However, the number of nurses, midwives and health visitors actively engaged in R&D in Wales remains small, and the total output of high quality research is modest. There is a need to increase research capacity. At the same time, practitioners need to be enabled to evaluate research findings, so that knowledge derived from research informs service developments and the delivery of care.

For the purposes of this strategy, the scope of nursing, midwifery and health visiting research and development is defined as:

*Research into, and the development of, the education, management and practice of the nursing, midwifery and health visiting professions, and issues relating to those to whom they provide care and support. This may be conducted by researchers from within these professions, or those individuals whose skills and interests are applicable to these fields of study.*

This definition is based on the understanding that such research is conducted in collaboration with other health professionals where appropriate, and should be closely linked to the wider health and social care research agenda. It is emphasised that nursing, midwifery and health visiting research is not just about the actions and activities of individuals within these groups, but includes the impact of their involvement on individuals, particularly those coming into contact with health services. In other words, it is not focussed solely on nurses, midwives or health visitors, but includes health needs, interventions and care, as well as the patient/individual experience of health and illness. In this way it leads directly, or indirectly, to service and policy development.

Examples of current research priorities within nursing, midwifery and health visiting include:

- Recruitment and retention of the nursing, midwifery and health visiting workforce
- Evaluation and development of new nurse and midwifery-led services
- Development and use of evidence based practice guidelines and integrated care pathways in all clinical areas
- Effective delivery of nursing, midwifery and health visiting services within the multi-professional context in all areas, including those identified as national priorities in Wales, for example, cancer care, mental health and children and young people
- Instrumentation; the development, testing and refinement of screening, assessment and outcome measurement tools for use in practice
- Improving inter-professional and inter-agency care across the hospital/community interface
- Developing quality care interventions for vulnerable groups, such as those with mental health problems, children and young people, those with chronic conditions, the socially excluded, and those with special needs, particularly within primary care settings
- Determining the need for services for clinical conditions in which nurses, midwives, and health visitors make a major contribution, and where good quality outcome data are lacking
- Getting evidence into practice; the factors that help and hinder the use of research findings in service delivery
- Developing and evaluating new approaches to education in areas where improved competence is required (e.g. mathematics, research preparation)
- Impact of different staffing patterns on patient outcome
- Individual/patient experiences of health and illness, and their journey through health care services

At present there is no formal mechanism for determining research priorities on a national basis in Wales. However, these examples demonstrate that R&D carried out by these professions supports the strategic framework set out in *A Health and Social Care Research and Development Strategy for Wales* (Welsh Assembly Government 2002) in that they contribute to:

**The Context** of health care research by, for example, determining health care needs.

**The Content** of such research, by evaluating service delivery and practice to determine effectiveness.

**The Capacity** of the professions to conduct high quality research in multi-professional arenas.

**The Communication** of R&D results by seeking to improve the translation of research findings so that they become embedded in nursing midwifery and health visiting practice.

The aims of such R&D activity are to:

- Improve the quality of care and support given to all service users
- Support the objectives of clinical governance
- Make new discoveries that will increase the knowledge base for education, practice and the delivery of services
- Explore and evaluate professional developments

- Improve equity of access to health care services through optimal use of scarce resources
- Enhance the health opportunities of those who are disadvantaged in any way
- Make an effective contribution to health and social care R&D that will support the development of evidence-based policy.

This is a diverse agenda, however, R&D activity involved in addressing these items will contain some common features, for example they will:

- Involve inter-professional and inter-agency collaboration that includes service users, their carers and families
- Contribute to programmes that address issues of diversity and social exclusion
- Use and develop a range of approaches and methods
- Actively promote the use of research based evidence to improve practice
- Address the issues around the application of new knowledge to professional practice
- Contribute to evidence-based practice and policy.

This document has been prepared by a Working Group set up by the Chief Nursing Officer. Its membership reflects the communities of nursing, midwifery and health visiting throughout Wales. The deliberations of the Group were informed by earlier work in Wales, and reviews of relevant research, policy documents and strategies from other parts of the UK. Members consulted widely with their reference groups and promoted discussion of the developing strategy to ensure the widest possible ownership of this report. They also sought to maintain awareness of, and contribute to, other R&D strategy developments in Wales at local and national levels. The next section presents the vision and beliefs of the Working Group, and the rationale for the production of the strategy.



# SECTION 2

## Vision, Beliefs and the Rationale for the Strategy

### 2.1 Vision

The vision underpinning this briefing paper is that nursing, midwifery and health visiting will:

- Make a demonstrable difference to health and social care in Wales through the production and application of high quality research, and developments in practice and education
- Be recognised as essential partners in research and policy formulation across Wales
- Contribute to UK and international levels of health care scholarship, and produce international research leaders
- Operate in a dynamic culture, where R&D is seen as professionally and clinically essential, and where every member of these professions is supported to engage with research at an appropriate, clearly defined level.

### 2.2 Beliefs

The vision outlined above is based on the following beliefs:

#### ***2.2.1 R&D IN NURSING, MIDWIFERY AND HEALTH VISITING IS ESSENTIAL FOR BEST PRACTICE AND OPTIMAL CARE***

The development of a sound theoretical basis for any discipline is fundamental to progress. Both theoretical and applied studies are required, therefore, to secure and improve the evidence base for nursing, midwifery and health visiting practice. Without a strong evidence base it is impossible to make informed judgements about the impact of service provision on clients and other stakeholders, and thus to understand what constitutes optimal care. The integration of this knowledge into service provision must take place if the potential benefits to service users are to be realised.

#### ***2.2.2 R&D IN NURSING, MIDWIFERY AND HEALTH VISITING CAN BE IDENTIFIED AS A DISTINCT FIELD OF STUDY WITHIN HEALTH AND SOCIAL CARE***

Although R&D in Wales requires an integrated multi-professional approach, certain issues need to be addressed within a nursing, midwifery and health visiting context, for example, the educational preparation of the workforce, the organisation of services, and the delivery of care. These are ultimately directed towards providing best care and support for service users, their family, and the health and well being of society as a whole, in accord with the professional ethos of these three groups.

#### ***2.2.3 THERE ARE DIFFERENT WAYS OF ENGAGING WITH R&D***

Practitioners engage with research and development in a variety of ways. Some work with evidence based protocols, some are full time career researchers, or R&D co-ordinators responsible for the production and/or implementation of the evidence, and some use the outputs of research, along with other resources, to develop and improve services. A continuum of engagement exists and the individual will work at different points upon it as their career develops. It is important that there is flexibility in the provision of career pathways to allow varying ways of engaging with R&D.

#### **2.2.4 THERE ARE A VARIETY OF RESEARCH APPROACHES APPLICABLE TO, AND VALUED IN, NURSING, MIDWIFERY AND HEALTH VISITING**

Research questions and service developments addressed by nurses, midwives and health visitors are diverse in character. Some of these questions and developments will be addressed through experimental work and trials drawing on laboratory sciences, or the quantitative social and behavioural sciences. Others require an approach based on the more qualitative disciplines and on modern developments in service evaluation. Action research is also an appropriate approach in developing innovations in service provision, as it involves those in the setting as part of the change initiative. It follows that there is no bias in favour of any single approach, what matters is the relationship between the method and the purpose of the study or development initiative.

#### **2.2.5 HIGH QUALITY IN NURSING, MIDWIFERY AND HEALTH VISITING RESEARCH CAN BE RECOGNISED AND DEMONSTRATED**

The question of research quality is fundamental to ensure that findings can be used with confidence. Research governance defines standards for the conduct of research in health and social care settings. (NafW 2001), and there are several mechanisms for assessing research quality, such as the research assessment exercise (RAE) in Higher Education. These judge the extent to which published research achieves certain defined standards of national or international excellence. However, it is acknowledged that, with the exception of research based on experimental work, some of the criteria for assessing quality are the subject of debate. It is essential that the assessment of nursing, midwifery and health visiting research is based on currently accepted best practice, appropriate to the research approach employed.

### **2.3 The rationale for a strategy**

Nurses, midwives and health visitors are a major resource with the potential to make a significant contribution to health and social care R&D in Wales. However, the following challenges limit progress, and demand a strategic approach, to ensure that the potential of the professions is realised:

- The relatively small number of staff who are trained to carry out, supervise and direct research to a high standard, and the difficulty of recruiting and retaining experienced researchers
- Limited knowledge of, and access to, research funding opportunities, and restricted ability to compete for available funds
- The absence of a co-ordinated approach to R&D in nursing, midwifery and health visiting
- The variable distribution of Information and Communication Technology (ICT) facilities and access to databases throughout Wales
- A limited career structure to support R&D in clinical practice
- Variation in the numbers of staff with critical appraisal skills across clinical areas
- The uneven representation of nurses, midwives and health visitors on bodies responsible for the R&D agenda in Wales, and for the commissioning and funding of R&D
- The absence of dedicated research monies or a research council to support the work of these professions
- The demands of the curriculum in HEIs, which limit the extent to which lecturers can engage with research

- The difficulty experienced by clinical staff in balancing clinical and R&D workloads, which can reduce motivation to participate in R&D in addition to other aspects of their role.

Despite these challenges, excellent research and development activities have been undertaken in Wales, and are ongoing. Many nurses and midwives are also playing key roles in clinical medical trials in Wales, as well as undertaking nursing, midwifery and health visiting research, and practice development initiatives. However, much remains to be done. There is a pressing need to increase the amount of high quality work undertaken by members of these professions, as part of the forward movement of health and social care R&D in Wales.

This requires a joint approach to the creation of an attractive climate that will motivate members of these professions to engage with research, and encourage the inward migration of experienced researchers, and maintenance of those currently involved in these activities. Closer links are necessary between service and education in increasing the co-ordination of existing work. This requires the establishment of national research priorities, and the improved use of local activities in support of them. It also requires more equitable access to resources, such as research support, ICT and training across Wales as a whole.

The issue of funding and resources lies at the heart of realising the potential of nursing, midwifery and health visiting research. Currently, no clear funding stream is available for this group within Wales. Sources of dedicated funding for these professions exist in the UK, but are difficult to access in the absence of a strategic and coordinated approach. This is a crucial problem that needs to be resolved. Similarly, more creative ways of determining R&D priorities and carrying out R&D need to be explored. These could include, for example, more joint projects between higher education and Trusts/LHBs/private sector.

The changes occurring in the health and social care sectors are accompanied by the emergence of new health professional roles and new methods of service delivery in which nursing, midwifery and health visiting play an important part. Evaluation should be an integral part of such new initiatives from the start, to ensure that their direction is continuously sustained by timely evidence. The skills required to conduct, participate in, and respond to, R&D of this kind need to be developed within these professions. This again requires a co-ordinated approach from service and academia.

In summary, a strategy for R&D in nursing, midwifery and health visiting is essential to produce the coordination that will enable these professions to identify research priorities; access designated funding streams; conduct high quality research; evaluate available evidence and thus improve the delivery of health care to the people of Wales. Such a strategy cannot exist in isolation from those of other professions, or the broader health and social care strategies in Wales and the UK. It will be complementary to them, and form an essential component of these strategies as they emerge from their own processes of development and consultation. The goals that shape the proposed strategy are introduced in the next section.



# SECTION 3

## The Strategy for R&D in Nursing, Midwifery and Health Visiting

### 3.1 Goals

This section presents a strategy designed to improve the quantity and quality of both research and development, and increase their implementation in nursing, midwifery and health visiting in Wales. Responsibility for achieving the strategy should be shared by educational providers, practice, management and professional representatives, along with Welsh Assembly Government, which also has a key role in supporting the development and implementation of the strategy.

The major goals of a strategy for R&D in nursing, midwifery and health visiting are presented in the following box, and are then discussed in more detail.

Goals
1. A robust infrastructure at national level to support R&D in nursing, midwifery and health visiting in Wales, and a strategic level body to steer developments
2. A research workforce capable of delivering high quality research, together with a range of innovative educational programmes that develop and heighten research skills in the area of application, assessment, implementation and evaluation
3. Flexible career pathways that enable nurses, midwives and health visitors to integrate research into practice and/or pursue a role in R&D
4. A supportive culture and a clearly defined infrastructure at HEI/Trust/LHB/independent sector level in which evidence-based practice can thrive
5. Full participation of nursing, midwifery and health visiting in strategic decision making concerning all aspects of Health and Social Care R&D that are of relevance to these professions
6. Equity of access across Wales for nurses, midwives and health visitors to resources and the skills needed to support and sustain R&D.

#### **Goal 1. A robust infrastructure at national level to support R&D in nursing, midwifery and health visiting in Wales, and a strategic level body to steer developments**

Effective structures to support R&D are often found at local level, and many organisations and individuals give of their own time and resources to support research and development initiatives. However, at present these can be vulnerable to the loss of key individuals, altered priorities and variations across Wales. One way of ensuring a robust structure would be the establishment of an All-Wales Research Body (AWRB) to promote and maintain an R&D infrastructure for nursing, midwifery and health visiting. It would also seek to capitalise on existing opportunities to secure a dedicated funding stream to support such R&D across all NHS Trusts, LHBs, the independent sector and higher education institutions in Wales. A number of potential sources exist and access to them requires a co-ordinated, countrywide approach. Such a source of funding is essential to the future development of nursing, midwifery and health visiting research in Wales.

Membership of such a group would be drawn from those individuals involved in R&D activity from the nursing, midwifery and health visiting professions, as well as professional, education and service bodies, including the private health sector. The group would encourage, co-ordinate and monitor, developments, and promote equity of funding, skills, knowledge and resources, for example library facilities and Information and Communication Technology across Wales. It could also be responsible for developing an All Wales nursing, midwifery, and health visiting R&D agenda linked to the Welsh Assembly Government priorities, and draw on service user involvement. This body should also promote and support an All Wales database of completed research, and research in progress.

Acting as a link between this body and the Welsh Assembly Government would be a Research Officer, employed by the Welsh Assembly Government, who would ensure that the strategy was implemented and action points executed. There are several different models for a post of this kind and the precise nature of this advisory role would be determined at an early date by the All Wales Research Body, and the Office of the Chief Nurse. Consideration of the seniority and scope of this role is required in order to ensure the effective operation of this potentially wide-ranging function.

**Goal 2. A research workforce capable of delivering high quality research, together with a range of innovative educational programmes that develop and heighten research skills in the area of application, assessment, implementation and evaluation**

There is a marked shortage of experienced research leaders in the nursing, midwifery and health visiting professions throughout the UK. It is difficult to recruit and retain high calibre researchers in Wales. Therefore, there is an absence of the critical mass that is so important in the creation of a strong research community. This needs to be addressed with some urgency. It may be necessary to manage the risk that senior researchers who are in such short supply will not be attracted into Wales in sufficient numbers. This could be achieved by proactively developing people at the intermediate career stage, and seeking to improve the multi-professional research climate that will support and sustain them as they grow into leadership positions. The All Wales Research Body should collaborate with WORD and others who similarly aspire to promote such a climate.

In turn, there is a shortage of people with the skills and experience to supervise research and mentor less experienced researchers. A planned increase in supervisory capacity is needed in Trusts, LHBs, education providers, and the independent sector. Traditionally, the route to becoming a research supervisor is through the attainment of a higher degree and subsequent research experience. In practice based professions, this is often very difficult to attain. Whilst flexible career pathways that include the opportunity for postgraduate study are highly desirable as a route to developing research supervision skills, there may be alternative means of developing the necessary expertise. The All Wales Research Body should explore these and investigate methods of securing funding for them.

The needs of the existing workforce are diverse because of the demands of individual roles, varied clinical/educational experience, differences in familiarity with information and communication technology, and ability to access educational opportunities. A standardised approach to research preparation and skills development is, therefore, not always the most effective option. Education providers should be encouraged to expand and further develop a range of innovative methods to increase practitioners' knowledge and skills, taking account of this diversity and drawing upon the resources and expertise of Library and Information Services.

As part of this process, it is important to clarify the R&D competencies required within any organisation and to determine who should supply these competencies, and in what way.

In addition, it is necessary to secure greater clarity concerning the relationship between nursing, midwifery and health visiting roles and research activity. In other words, there is a need to define the extent of individual engagement with research. Such clarity will assist in the identification of educational needs and, by specifying the nature of the relationship, motivate individuals to achieve a known, agreed degree of engagement. The current Knowledge and Skills Framework introduced in Agenda for Change (DoH 1999), and outlined by the Department of Health (2003) as part of the Job Evaluation Framework, may be useful in the debate.

No matter how well prepared the workforce may be, its potential to contribute to the overall R&D endeavour will not be realised unless individuals have the time for appropriate engagement with these activities. R&D skills need to be much higher on the agenda, and to be seen as an integral and essential component of the practice of the nursing and midwifery professions, not an optional extra.

Taken together, the above measures will assist in the creation of a vibrant research culture and strong research community for nursing, midwifery and health visiting in Wales. This will interact with other research and professional communities, but retain a focus on the questions of central relevance to the professions.

### **Goal 3. Flexible career pathways that enable nurses, midwives and health visitors to integrate research into practice and/or pursue a role in R&D**

In order to achieve the improvements described under Goal 2, creative thinking is required concerning the part played by R&D in professional roles throughout the career path of all nurses, midwives and health visitors. The nature of research engagement required for any post, and the essential educational support for this level, must be clearly defined. Developments such as Agenda for Change (DoH 1999) and the Knowledge and Skills Framework (DoH 2003) has already been mentioned as creating an appropriate climate in which health organisations and educational providers can work in partnership to achieve this clarity.

Attention should be given to the organisational context in which this development will take place. Service and education providers often have differing and possibly conflicting research agenda, since the drivers are different in each case. Although complete harmonisation is unlikely to be achieved, there could be closer alignment of research priorities and strategies between health organisations and their education partners. This would lead to the emergence of new career options for nurses, midwives and health visitors with the flexibility needed to advance R&D skills without sacrificing the development of clinical expertise. These could range from short-term shadowing and secondment opportunities (in both directions) to the creation of permanent joint clinical/academic or clinical/R&D management roles at a senior level.

### **Goal 4. A supportive culture and a clearly defined infrastructure at HEI/Trust/LHB/independent sector level in which evidence-based practice can thrive**

Each HEI/Trust/LHB/independent sector setting should demonstrate that it values nursing, midwifery and health visiting involvement in research by:

- Encouraging and supporting participation in R&D activities. Successful participation can be showcased through local awards and conferences. Support should be given for taking these further through participation in national conferences and publications
- Promoting clearly identifiable role models in the production and application of R&D
- Commitment to funding R&D literacy as part of continuing professional development (CPD)
- Developing ways of protecting staff time to contribute to R&D activities
- Promoting awareness of and providing easy and flexible access to library resources including databases and search facilities, together with the necessary training in their use
- Where necessary, providing information services to support the organisation's R&D programme
- Providing access to ICT literacy programmes in line with Informing Healthcare (Welsh Assembly Government 2002)
- Supporting access to research methods courses designed to increase R&D skills
- Acting as a focal point in the co-ordination of all research projects/developments within their locality

**Goal 5. Full participation of nursing, midwifery and health visiting in strategic decision making concerning all aspects of Health and Social Care R&D that are of relevance to these professions**

The representation of nurses, midwives and health visitors on strategic decision making bodies, in both service and education, which shape R&D in Wales is limited. Such bodies frequently contain a single person with expertise in this area, and a much larger number of people without. In some cases, particularly at the local level, the representative of these professions has limited access to opportunities for training and updating in the quality assessment of research and research proposals. The result is that the priorities and quality criteria appropriate to nursing, midwifery and health visiting research are not fully debated and the research community within these professions is not influenced by or interactive with these important bodies.

Each body/group that exists, or is established should consider their overall strategy development in health related R&D, and should increase the representation from nursing, midwifery or health visiting R&D, as defined in this strategy. Training, or appropriate support and mentorship, should be provided where necessary in order to increase the effectiveness of this aspect of the individual's professional role.

The development of integrated, multidisciplinary R&D would be enhanced as a result of an increase in the numbers of nurses, midwives and health visitors with appropriate expertise involved in setting the R&D agenda and participating in the commissioning of research. In turn, feedback to the professions would impact positively upon the quality of research proposals, particularly those led by principal investigators from these professions. Trusts/LHBs working together with education and the independent sector should ensure that they identify and promote the opportunity for nursing, midwifery and health visiting staff's involvement in strategic decision making at the local and All Wales levels.

## **Goal 6. Equity of access across Wales for nurses, midwives and health visitors to resources (especially ICT) and skills needed to support and sustain research**

Across Wales, the distribution of resources to sustain research is variable, with nurses, midwives and health visitors in some locations having, for example, limited access to educational opportunities or library and ICT resources. This limitation on their capability to engage in R&D is significant, not just in terms of inequity, but also in a lack of attention to the topics or developments that would naturally arise in these clinical or geographical areas. For example, access to sources of research support may be much easier for those working in acute hospitals in large population centres than for those who work in nursing homes, in the community, and in more rural locations. This may result in a limited understanding of the research priorities that are most pressing in these situations. Since some very vulnerable clients receive care in these settings, the inequity of access to research support is a source of disadvantage, as it is likely to affect the production of the evidence base on which their services are developed. The All Wales Research Body should identify where such deficits exist, and work with others to resolve them.

In recent years, both service and educational organisations have operated in a climate of fierce competition for funds to support R&D. Coupled with the restrictions in research funding in Wales as a whole, this has created inequalities in the distribution of funding for nursing, midwifery and health visiting. This has reduced collaboration, except where this increases the likelihood of success, in a selective arena. The requirement to bid for such scarce funds consumes an enormous amount of researcher time and energy, and overall is not an efficient process.

Consideration should be given to ways in which the distribution of funding can promote collaboration and growth in capacity. New mechanisms for allocating funding for R&D need to be developed, as well as the removal of some of the inefficiencies caused by competitive tendering for funds. The proposed All Wales Research Body should play an important monitoring role in relation to equity of access to developments in R&D across Wales. The promotion of this strategy is seen as an essential part of increasing research production and its use in Wales. When implemented, it will ensure that nursing, midwifery and health visiting R&D is carried forward in a clear, rational and co-ordinated way.

### **3.2. Achieving the goals**

Appendix 2 outlines the objective for each goal presented above, along with action plans for achieving each objectives. In order to take this initiative forward, appendices 3-6 contain a toolkit for self-assessing R&D potential. These relate to the different contexts in which R&D takes place. Each table in the toolkit uses a continuum ranging from *threshold*, which is a baseline or starting position, moving through to an *intermediate*, or desirable level of application, and ending with *advanced*, or a high level of achievement.

Once a threshold is achieved, it should be seen as signifying the need to move further. For example, in the case of an individual nurse, midwife or health visitor, these three points on the continuum roughly equate to levels of professional experience from newly registered practitioner, to experienced consultant practitioner/academic researcher. A newly qualified practitioner can be expected to have achieved, or be aiming to achieve, most of the threshold expectations in *research awareness*, *research use* and *research activity*, but may need support to achieve the expectations within *research dissemination*.

An experienced practitioner would be working towards the achievement of most of the intermediate expectations. Specialist Practitioners and Clinical Nurse Specialists would be expected to have achieved most of the intermediate criteria, but might need support in dissemination. Advanced Practitioners, Higher Level Practitioners, Consultant Practitioners and academic researchers would be expected to meet many of the advanced expectations. The levels of achievement have also been applied to clinical/management areas, Trusts/LHBs/independent sector, and educational areas.

The items in the self-assessment tables have been developed in consultation with practitioners and education representatives and are meant to be dynamic in nature, that is, they will develop and be adjusted in the light of debate, experience and application over time. For example, an alternative framework for providing individual profiles is currently being developed in Cardiff by a collaborative group from higher education and two large NHS Trusts. The tables in the appendices do not form a strict measuring tool, rather, they are an indicator or starting point for discussion, and provide logical suggestions for advancement. Caution should therefore be exercised in their use.

### **3.3 Conclusion**

Nursing, midwifery and health visiting face an exciting and demanding future. Part of influencing that future is the continued development and use of a dynamic body of professional knowledge. This can be achieved through a co-ordinated, collective responsibility to take forward the current developments and expertise in R&D. An essential feature of this is the development of a clear R&D strategy. Embracing such a strategy will demonstrate a commitment to evidence-based practice and support the broader Health and Social Care R&D initiative. At present, no such nursing, midwifery and health visiting R&D strategy exists in Wales.

The aim of this briefing paper has been to articulate a clear and enabling strategy for R&D that will support the three professional groups in developing a dynamic future. The aspirations it contains are high, but achievable. They demand the use of clearly identified resources, planning and, just as importantly, vision and commitment from all concerned.

The opportunity exists to achieve the goals set out in this document. The toolkit presented in Appendices 3-6 forms a real attempt to provide guidance and stimulation for those who accept the challenge of developing and sustaining an R&D culture. Taken as a whole, the contents of this briefing paper will allow nursing, midwifery and health visiting to not only demonstrate that they do make a difference, but will also contribute to an increase in the health chances of the people of Wales.

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## Examples of Good Practice in R&D in Wales

### **Example 1: Cardiac rehabilitation for elderly people: A comparison of cardiac rehabilitation versus standard care in elderly patients with heart failure**

At a South Wales valley's hospital, the way in which heart failure patients are cared for has changed as a result of a collaborative research study carried out between the School of Care Sciences University of Glamorgan and a Cardiology Department. Heart failure in the elderly is a significant and disabling condition affecting vigour and quality of life. Research suggests that counselling, education, lifestyle modification, and exercise may improve patient outcomes and reduce hospitalisation, but no large-scale studies have evaluated these interventions on a range of outcomes.

The aim of the study was to compare standard care with multidisciplinary rehabilitation on outcomes including health related quality of life, hospital admission rates, mortality, functional status (symptoms, walking distance), health care utilisation, and clinical status (fluid and electrolyte balance, anaemia, atrial fibrillation, pharmacotherapy). Heart failure patients normally see the cardiologist in the outpatient department every 8 weeks where they have their medication monitored. In this randomised controlled trial, patients received either the standard care (n=100) or attended cardiac rehabilitation clinics twice weekly for 8 weeks followed by weekly community based exercise sessions for 16 weeks (n=100). These patients received exercise prescription (physiotherapist), education and support (clinical nurse specialist), dietary advice (dietician), occupational therapy input, and psychosexual counselling. All patients completed measures relating to study outcomes, over six months. This is the first study of its kind in the U.K.

Patients receiving multidisciplinary rehabilitation showed statistically significant improvements, compared with patients receiving standard care, in health-related quality of life, functional status, distance walked and patient cost utility. A reduction in hospital admissions attributable to heart disease was evident. There was no statistical difference between patient groups in mortality, contact with health professionals in primary care, compliance with medication, or clinical status. Following these positive results, all suitable heart failure patients attending the hospital are offered multidisciplinary cardiac rehabilitation.

### **Example 2: Epilepsy Nurses Forum**

The Epilepsy Nurses Forum was formed in 1999, and was created because Learning Disability nurses felt the need to review, develop and share practice skills across North Wales and the Northwest of England. Most importantly, they also wanted to carry out research, where necessary, and offer guidance on best practice to improve the quality of care for this client group. The interest of two members of the group in research has led the Forum to develop good practice guidelines for implementation across Wales and England. As part of these guidelines they are developing a nursing epilepsy assessment tool. On behalf of the Forum, the two nurses worked with a Researcher at the North East Wales Institute and were successful in bidding for research funding to further develop and test the assessment tool.

### **Example 3: An Integrated Approach to the Reduction of Fragility Fractures in Ceredigion**

The unique Ceredigion Integrated Osteoporosis Service is specifically targeted at reducing osteoporotic fractures in three high-risk groups: the elderly; steroid-users and fragility fracture patients.

Clear objectives include:

- Raising public / professional awareness of Osteoporosis
- Identifying high risk groups and offering appropriate interventions
- Improving compliance with therapy.

Method

National evidence-based guidelines are implemented; using an integrated approach across Primary and Secondary Care, and Social Services. This is an innovative, needs-led service aimed at changing clinical practice, and providing a high quality of care equitably across Ceredigion. Patients are seen within a variety of settings, including GP Surgeries, Residential / Nursing Homes, inpatient wards and clinics in Bronglais Hospital.

The local approach to joint working incorporates key elements of the *Osteoporosis and Fracture Strategy for Wales*, a national strategy launched by the National Osteoporosis Society and the Welsh Osteoporosis Advisory Group.

Results

Improving bone health is a long-term outcome. Rigorous data collection and audit monitor performance and assess health impact. Outcomes for 2003 included:

- Identification, assessment, required interventions and lifestyle advice for:  
Older people in Care Homes  
Fragility fracture patients in hospital  
Steroid-users in Primary Care
- Compliance clinics in Primary Care
- Establishment of Local NOS Support Group
- Educational sessions for the Public; Social Services and Health personnel.

Conclusions

- Equity of access for diagnosis / treatment of Osteoporosis across Ceredigion
- Better understanding of local pattern of risk.

The initiative is acting as a catalyst to other Trusts, which are interested in establishing a similar service, based on the same model of service delivery.

#### **Example 4: Research Training Fellowships. Health Professions Wales (HPW)**

The Research Training Fellowships provide opportunities for nurse and midwife lecturers to increase their research skills. This is achieved through active involvement in research through undertaking a small research project under the supervision of an experienced researcher. In improving their own knowledge, skills and confidence in research, teachers are then able to improve the teaching and application of research in pre and post registration courses and hence promote evidence based care.

The Fellowships are a partnership between HPW and Higher Education Institutions (HEIs), and are one year in length. HPW provides some funding towards each award, hosts a seminar for presentation of research project results and facilitates each Fellow to achieve a publication. HEIs also subsidises the Fellow's release and provide the research training programme and project supervision.

Since inception, 37 nurse lecturers and 8 midwife lecturers have completed Fellowships. An evaluation of the Research Training Fellowship programme confirmed that all stakeholders felt it made a significant contribution to developing a nursing research culture in Wales. Past Fellows have progressed to completion of higher degrees and doctorates, published articles in refereed journals, presented papers at national and international conferences, influenced changes in practice in light of their project findings, and developed careers in research. The Fellowships have been seen by those who have undertaken them as the 'starting block' for becoming research active, and the research capacity among lectures in Wales has been enhanced by the initiative.

#### **Example 5: Developing evidence based psychosocial routine practice for people with early psychosis**

The aim of this study is to develop sustainable evidence based psychosocial routine practice for people with early psychosis. The model on which it is based is responsive to both the contemporary literature on psychosocial interventions for this client group, and empirical evidence concerning the widespread problems of transferring training in such interventions into changes to routine practice.

The study is built on an innovative approach to changing clinical practice in a sustainable way for this client group that is highly supportive of actual changes to clinical practice, and also attentive to the need for managerial support for such change. The methodology is informed by an action research approach. Early outcome data will be available at the end of 2004.

### **Example 6: The effects of clinical supervision on nurses' psychological well being**

A recent Audit Commission report highlighted "work stress" as the principal reason offered by those leaving the National Health Service for their departure. Despite a wealth of evidence highlighting the popularity of clinical supervision with nursing staff, there remains a relative paucity of empirical studies considering the efficacy of clinical supervision in terms of such wide ranging indicators as stress reduction or health gain. Many consider high-quality data on its effectiveness to be essential for the continued funding of clinical supervision for nurses.

This study analysed a convenience sample of 400 nursing staff, of varying degrees of experience from a number of different backgrounds. In a logistic analysis, there was found to be no evidence whatsoever of changes in psychological well-being (as indicated by measures of insomnia, anxiety, depression, and somatisation) due to participation in clinical supervision. However, the common trend for psychological well being to diminish with years of NHS employment was noted. Half of those sampled assessed themselves to be either physically unwell, or emotionally traumatised within a two-week period prior to participation in the study. Consistent with other studies of this nature, 45% of the sample provided scores suggestive of psychiatric symptomatology, compared with a figure of less than 20% in the general employed population.

Methodological and conceptual issues hamper attempts to determine the effects of clinical supervision on practitioner's well being. While narrative accounts often demonstrate the popularity and perceived effectiveness of clinical supervision, this study failed to find any evidence to support the provision of clinical supervision as an intervention producing quantifiable improvements in psychological well-being.

Given the significant and enduring nature of workplace stress in the NHS, it may be unrealistic to expect that, on average, one hour's clinical supervision per month would significantly alter basal stress levels. On an epistemological note, this study raises the question of the nature of the evidence required to support the provision of clinical supervision, given the widespread popularity, and minimal empirical support for its deployment. In a cost-benefit culture, clinical supervision remains easy to cost, while its benefits remain problematic to quantify.

## Appendix 2

### Strategy Goals, Objectives and Action Plans

The following tables detail each of the strategy goals presented in Section 3 of this document, and state the objectives of each, along with suggested action plans that will lead to the attainment of the objectives.

<b>Goal 1</b>			
<b>A robust infrastructure at national level to support R&amp;D in nursing, midwifery and health visiting in Wales, and a strategic level body to steer developments</b>			
Objective	Action	Lead	Time
To establish an All-Wales Research Body (AWRB) to promote and maintain an R&D infrastructure for nursing, midwifery and health visiting	Establish a group of representatives from existing bodies/institutions to form a new body. Its role would be to ensure implementation, monitoring and evaluation of the strategy contained in this paper	WAG/OCNO	Oct 2004
	Secure funding to maintain the body	WAG/OCNO	Oct 2004
To provide a link between AWRB and OCNO	Appoint research officer (RO) within OCNO to take the strategy forward and steer the establishment of the strategic body	WAG/OCNO	Dec 2004
To encourage the development and maintenance of an All Wales database of completed research and research in progress	Establish feasibility of using existing resources or setting up new database	AWRB	April 2006

## Goal 2

### A research workforce capable of delivering high quality research, together with a range of innovative educational programmes that develop and heighten research skills in the area of application, assessment, implementation and evaluation

Objective	Action	Lead	Time
Clear definition of levels of research engagement appropriate to all roles	Collaborative working to achieve definitions and incorporate into Knowledge and Skills Framework, and IPR	Service/ education providers	Dec 2004
Specification of educational needs to support these roles	Collaborative working as above together with co-ordination on All Wales basis to determine need.	Service/ education providers & AWRB	Mar 2005
Availability of a wide range of educational opportunities to meet the diverse needs of the existing and future workforce	Use staff IPRs to identify appropriate level of R&D involvement together with required preparation	Service/ education	Sept 2005
Opportunity for appropriate R&D engagement by all staff	Curriculum development in partnership to meet identified needs	Education/ service	Ongoing
Increased capability in research leadership throughout Wales	Ensure protected time for staff to attain and operate at the required level of R&D involvement	Service/ education	Ongoing
Demonstrable improvement in the quality and relevance of research output	Seek funding for establishment of research leadership or developmental posts	AWRB/RO	Sept 2005
	Use information arising from setting up of All Wales database to create baseline for quality improvement	AWRB/RO	June 2006
	In collaboration with WORD and others establish system for evaluation of research outputs and assessment of their relevance to health care and the professions	AWRB/RO	Oct 2006
	In collaboration with WORD establish system for monitoring progress from baseline	AWRB/RO	Dec 2006

### Goal 3

#### **Flexible career pathways that enable nurses, midwives and health visitors to integrate research into practice and/or pursue a role in R&D**

Objective	Action	Lead	Time
Closer alignment of health organisation/HEI research strategies, within All Wales context	Joint working by R&D committees to identify common interests and work towards shared strategies	Service/ education & WORD/AWRB	Dec 2004
Extend/establish opportunities for secondment to research settings, and scholarships. Create opportunities for jointly funded researcher/practitioner and research leadership posts	HEIs and practice areas to create opportunities to develop and maintain R&D skills in a variety of posts, schemes, and secondment options	HEIs/Clinical Areas	April 2005 and then ongoing

#### Goal 4

#### A supportive culture and a clearly defined infrastructure at HEI/Trust/LHB/independent sector level in which evidence-based practice can thrive

Objective	Action	Lead	Time
HEIs/Trusts/LHBs/independent sector to encourage and support nursing, midwifery and health visitor participation in R&D activities	Access to identifiable budgets to be available for nursing, midwifery and health visiting research	HEIs/Trusts/LHBs/independent sector	Ongoing
	Review of R&D activities annually	" "	Ongoing
Develop/support systems that record/register nursing, midwifery, health visiting R&D activity on an All Wales and Trust/LHBs basis that allows for the sharing of information about such activity across and through such organisations	Infrastructure needs to be clearly defined at all levels with mechanisms in place to take forward R&D issues raised at all levels	WAG/HEIs Trusts/LHBs/independent sector	Ongoing
	Public acknowledgement and promotion of role models in the production and application of research	HEIs/Trusts LHBs/independent sector	Ongoing
Commit to funding R&D literacy as part of continuing professional development (CPD)	Support should be given for taking these further through participation in national conferences.	" "	Ongoing
	Support development locally of R&D 'lead nurses' as part of IPR/PDP	" "	Ongoing
	Support access to research methods courses designed to increase R&D skills	HEIs/Trusts LHBs/independent sector	Ongoing
Establish supportive links with partners in education and library services to secure high quality information services	Perform needs analysis on nursing, midwifery and health visitor ICT skills and literacy, and availability of local resources necessary to strengthen any deficits	HEIs/Trusts/LHBs/independent sector	Oct 2005
	Perform needs analysis on Trust/LHB ICT facilities available to develop nursing, midwifery and health visiting research at a local level, and to strengthen deficits	HEIs/Trusts LHBs/independent sector	Oct 2005

**Goal 4 (cont.)**

Objective	Action	Lead	Time
Facilitate easy access for nurses, midwives and health visitors to library resources including databases and search facilities within all Trusts/LHBs/independent sector and HEIs	Provide access to ICT literacy programmes in line with <i>Informing Healthcare</i> (Welsh Assembly Government 2002) and secure the training necessary to benefit from such access	HEIs/Trusts LHBs/ independent sector	Oct 2005
Establish central process to review and share collection of information on All-Wales basis	Develop links from WAG to Trusts/LHBs/independent sector through All-Wales Research Body	HEIs/Trusts/ LHBs independent sector/ AWRB	Ongoing

### Goal 5

#### **Full participation of nursing, midwifery and health visiting in strategic decision making concerning all aspects of Health and Social Care R&D that are of relevance to these professions**

Objective	Action	Lead	Time
Research Officer (RO) appointed by WAG should liaise between the All-Wales Research Body and HEIs, Trusts/LHBs/ Independent sector. The Research Advisor should seek nominations for decision-making bodies from each of these organisations	The All-Wales Research Body should act as a conduit between decision-making bodies and nursing, midwifery and health visiting professions in Wales and should strive to ensure that adequate representation is achieved on all decision-making bodies	AWRB/ RO/HEIs/ Trusts/ LHBs/ Independent Sector	Ongoing

## Goal 6

### Equity of access across Wales for nurses, midwives and health visitors to resources and skills needed to support and sustain research

Objective	Action	Lead	Time
Collaboration between organisations to share expertise, experience and research outputs	Use data base to identify availability of research expertise across all organisations and make connections where appropriate	Research Officer (RO)	Ongoing
	Facilitate networks between organisations to strengthen capacity throughout Wales	RO/ Commissioners	Ongoing
Removal of inequalities in access to research training, ICT and library resources	Encourage collaboration in the preparation and submission of research proposals where appropriate	AWRB/RO/ HEIs/Trusts/ LHBs	Ongoing
Emphasis on competition for research funds replaced by productive collaboration	Establish mechanism to identify where deficits exist and rectify them	AWRB	Ongoing
	Maintain awareness of new developments in funding policy and seek to promote activity on All Wales basis that draws on diverse strengths	AWRB	Ongoing



## Appendices 3-6

# The toolkit for self-assessment of R&D potential

This section presents a range of suggestions for assessing current R&D involvement, whether on an individual, clinical area or larger setting basis. The toolkit has not been developed as a precise measuring instrument, or finely developed scale. It is meant to provide considerations for minimum level skills and activities, these are listed in the column *'threshold'*. Activities in the middle column in the tables marked *'intermediate'* are suggested desirable situations, and finally the column marked *'advanced'*, contains suggestions for more highly developed possibilities in relation to R&D engagement.

The continuum is included in this briefing paper for illustration and debate. The content is likely to change in the future, following experience and further refinement. Nevertheless, some people have already found the suggestions useful in considering their current activities and resources, and how they may develop in the future. Some of these tables may be useful if used to support, rather than in place of, other forms of assessment, such as IPRs, job descriptions, and knowledge and skills frameworks. Similarly, clinical areas and organisations may find them useful in focussing attention on future developments. At the moment, they have not been carefully evaluated and so should be used with caution.



## Appendix 3: The Individual Level

The four boxes below suggest ways in which practitioners may consider their knowledge, skills, and actions in relation to R&D engagement.

### Assessment Box 1. Research Aware

Research awareness is the extent to which the individual recognises the potential role of research findings as part of their own evidence-based practice. Individuals must understand basic research terms, principles, and processes if they are to make informed use of research and understand research reports. This knowledge also increases an individual's confidence in their ability to critically analyse research reports, and apply these to practice where appropriate. It also helps them when taking part in multidisciplinary debates concerning practice development.

<i>Assessment Box 1. Research Aware</i>			
<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Clinical Practice</b>	Ensures practice is research based	Regularly updates research-based knowledge to support professional activity	Encourages others to seek out and apply research knowledge that supports professional activity
<b>Knowledge of research terminology and principles</b>	Has successfully obtained a diploma level qualification in research (or equivalent)	Has successfully obtained a degree level qualification that includes a component of research awareness and training	Has successfully completed a post graduate qualification that involves applied research methods

## Assessment Box 2. Research Use

Research use is the extent to which R&D is a part of professional activities undertaken by practitioners. Assessment Box 2 considers the extent to which the knowledge demonstrated in Assessment Box 1 is applied to professional activity through critiquing research articles and locating, or if necessary undertaking, critical reviews of the literature.

<i>Assessment Box 2. Research Use</i>			
<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Reads research articles</b>	Reads research articles on a regular (e.g. monthly) basis	Reads research articles on a regular basis and actively shares information with others informally, or formally (e.g. journal club) with a view to implementation of research findings in order to develop services	Is involved in reviewing research material for publication in the form of journal articles (peer reviewing) books, (book reviews) and research proposals (peer review/funding and/or commissioning bodies)
<b>Critiques</b>	Can critique some articles that use limited research methodologies	Can critique most research articles	Can critique all but the most advanced research articles within a wide scope of methodologies
<b>Reviews of the literature</b>	Can critically analyse reviews of the literature	Can critically analyse reviews of the literature and carries out a review of the literature on an occasional basis	Is experienced in critically analysing reviews of the literature and can undertake a review of the literature to a high standard
<b>Accesses Databases</b>	Knows how to access relevant data bases and retrieve relevant material, including clinical protocols, NSFs, and Green/White Papers	Can instruct others in accessing databases, and sees access as an important part of clinical and professional practice	Frequently accesses data bases and shares findings with others in work area

### Assessment Box 3. Research Active

Research active refers to the extent to which practitioners are involved in producing knowledge that will contribute to practice.

<i>Assessment Box 3. Research Active</i>			
<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Research Proposal</b>	Is familiar with the structure and purpose of a research proposal and can describe the role and nature of ethics committees and funding bodies in research	Has participated in drawing up a research proposal and/or gained ethical approval and funding	Has drawn up own research proposal and gained ethical approval and funding
<b>Project Experience</b>	Has participated in aspects of the research process e.g. data gathering	Has carried out a research project at degree or Masters level	Has carried out a research project at doctorate level or above
<b>Team Work</b>	Has been a member of a small research team and understands and applies the principles of project management.	Has been a member of a large research team and has participated in drawing up project applications	Has been the principal investigator and responsible for a team of others carrying out commissioned research
<b>Supervision of research</b>	Has successfully co-supervised research activity of others at an undergraduate level	Has successfully supervised research activity of others at a graduate level	Has successfully supervised research active others at Masters level or above

## Assessment Box 4. Dissemination

Dissemination refers to the sharing of research findings by practitioners who have been research active. Assessment Box 4 demonstrates the various levels of involvement in the dissemination process.

<i>Assessment Box 4. Research Dissemination</i>			
<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Education Research Report</b>	Has written a small scale research report at undergraduate degree level	Has written a research report at higher degree level	Has written a research report at post graduate research degree level
<b>Research Report (Practice area or commissioned research)</b>	Has participated in writing a research report	Has written a research report alone	Has led the writing of research report by a team
<b>Poster Presentation</b>	Has presented a poster presentation at a local conference	Has presented a poster presentation at a national conference	Has presented a poster presentation at an international conference
<b>Research Paper Presentation</b>	Has presented a paper/session at a local conference	Has presented a paper/session at a national conference	Has presented a paper at an international conference
<b>Publication</b>	Has published research reports as part of a team	Has published own research report in a non-peer reviewed journal	Has several peer-reviewed publications both with others and as sole author

## Appendix 4: Self Assessments for Clinical/Management Areas

The purpose of the following table is to provide guidance for managers in care settings on the levels of activity and resources that will promote research and development.

<i>Assessment Box 5. Clinical/Management Areas</i>			
<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Encouragement of research and development activity</b>	Has clearly written statements encouraging staff to underpin practice with research as one form of evidence	Has a regularly updated local R&D strategy incorporated into strategic documents/reports	Encourages staff to access databases, NSFs, clinical guidelines and protocols, and requires evidence of the use of these as part of regular professional activity
<b>Availability of ICT support</b>	Has ICT available for staff in most areas to access easily (e.g. staff have ID and password access where required)	Operationalises a strategy for the ongoing development of staff in computer skills and using databases	Staff actively use ICT as part of daily practice and can demonstrate its efficacy in relation to their practice
<b>Clinical Standards</b>	Has some clinical standards based on research, clinical guidelines (e.g. NICE) or NSFs, in line with clinical governance policy	Has a large number of clinical standards based on research and has a strategy for increasing this number	Regularly audits and/or updates clinical standards based on research/evidence
<b>Research courses</b>	Encourages staff to attend research courses	Maintains list of staff who have been identified as requiring to attend a research course/module	Maintains register of staff who have attended research courses and their location on the research skills continuum
<b>Identification of research projects</b>	Maintains list of completed research projects carried out in clinical area, or by clinical staff from the area	Maintains list of proposed nursing, midwifery and health visiting research projects awaiting scientific scrutiny/ethical approval	Facilitates access to list of research projects for those wishing to further existing research

*Assessment Box 5. Clinical/Management Areas*

<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Funding</b>	Has list of funding opportunities to support nursing, midwifery, and health visitor research	Demonstrates ability to gain Trusts/LHBs/independent sector support for ring fenced monies to support nursing, midwifery, and health visitor research when required	Actively seeks out funding opportunities to facilitate research activity through Trusts/LHBs/independent sector support mechanisms
<b>Links with education</b>	Has clear formal partnerships with appropriate educational institution, or research unit, to identify and implement a strategy for research training and support	Helps to develop a common clinical/ educational research curriculum and research agenda with the education provider	Collaborates with education provider to achieve the R&D agenda
<b>Promotion of multidisciplinary research and development</b>	Actively encourages staff from different disciplines to work together on R&D	Has a written policy for R&D activity, which supports multi-disciplinary research	Multi-disciplinary R&D projects have been completed within the department.
<b>Promoting local research(ers)</b>	Has a procedure for disseminating good practice within the clinical area	Holds a nursing midwifery and health visiting research conference on an annual/ bi-annual basis showcasing locally completed research	Uses the research skills continuum to identify leaders in research to act as role models

*Assessment Box 5. Clinical/Management Areas*

<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Dissemination of research</b>	Implements the Trust/LHB wide policy encouraging and facilitating staff to communicate research through, for example, publications, study days, and conferences	Implements the Trust/LHB wide policy encouraging and facilitating staff to present research and other appropriate papers/posters at national and international conferences and study days	Implements the Trust/LHB wide policy encouraging and facilitating staff to publish research and other appropriate articles in health care publications. Regularly hosts local, national and international R&D events in collaboration with partner institutions
<b>Promoting research engagement</b>	Has a clear policy of encouraging research able staff to become involved in research	Has a clear, flexible and progression career structure for staff who want to be involved in research	Provides opportunities for staff to experience the role of researcher through secondments to appropriate positions/units
<b>Contributing to research and development agenda</b>	Ensures all staff are informed and have the opportunity to comment on matters affecting R&D in their department/area	Has a procedure by which staff comments are sought by representatives in order to inform the R&D agenda	Ensures appropriate staff are involved in contributing to the R&D agenda at operational and strategic level

## Appendix 5: Trusts/LHBs/independent sector

This guidance is to support Trusts, Local Health Boards (LHBs), and the independent sector in discharging their responsibilities under Clinical Governance to actively promote R&D.

<i>Assessment Box 6. Trusts/LHBs/independent sector</i>			
<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Policies and Protocols</b>	Reviews policies and protocols to ensure that they are evidence-based, where this is available, and linked to NSFs, NICE guidelines, etc.	Updates policies and protocols regularly in line with new evidence and national guidelines	Ensures policies and protocols are available on existing and new services and that systems are in place to monitor implementation and review
<b>Audit cycle</b>	Ensures the results of audits are reviewed and appropriate evidence-based action plans are developed and implemented	Develops and organises local audit projects to support local practice	Establishes programmes of audit to support patient care liaising with colleagues across the primary and secondary care interface
<b>Research Governance</b>	Ensures that policies and procedures for research governance in the Trusts/LHBs/independent sector are in place and are used effectively	Ensures that policies and procedures for research governance are up to date, relevant to, and understood by, nursing, midwifery and health visiting	Ensures that systems to support the implementation and monitoring of research governance comply with WAG framework for Research Governance
<b>Active support for research and development</b>	Supports the development of research understanding in nursing, midwifery and health visiting through the Trust's/LHB IPR system	Actively contributes to development of research understanding and research application in nursing, midwifery and health visiting	Works closely with universities to ensure that curriculum developments in research methods support the needs of nurses, midwives and health visitors in practice

*Assessment Box 6. Trusts/LHBs/independent sector*

<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Service/Practice Developments</b>	Ensures service/practice developments are implemented within a framework of clinical governance and that adequate evaluation processes are in place to identify the outcomes of these developments	Ensures service/practice development issues meet the needs and developments of nursing, midwifery and health visiting staff and that evaluation of outcomes are fed back into the service	Ensures systems are in place to identify service/practice development issues raised at local and national levels and that nurses, midwives and health visitors are actively involved and supported in developments

## Appendix 6: Educational Areas

Education areas relates to University departments and areas where individuals are pursuing higher-level degree training, or research units responsible for carrying out nursing, midwifery and health visiting research. In both situations, the standard of research will be at a national or international level as defined by the Research Assessment Exercise (RAE). The assessments in this section refer to the individual rather than the educational department. Staff employed in academic settings may also find the boxes in appendices 3, 4 and 5 useful in assessing their level of R&D involvement.

<i>Assessment Box 7. Individual within Educational Areas</i>			
<i>Item</i>	<i>Threshold</i>	<i>Intermediate</i>	<i>Advanced</i>
<b>Research Proposal</b>	Is aware of research proposals produced within their department for funding purposes	Has participated in drawing up a research proposal and/or gained ethical approval and funding	Has drawn up own research proposal and gained ethical approval and funding for small scale research projects
<b>Project Experience</b>	Has participated in aspects of research process e.g. data gathering as a research assistant	Has carried out research project alone or as a substantive member of a research team	Has carried out or participated in research at a recognised national or international level
<b>Heads team and secures funding</b>	Has been responsible for a team of others carrying out research	Has actively sought research funding for research activity as principal applicant	Has been responsible for securing funding for major research at a national or international level
<b>Supervision of research</b>	Has co-supervised research activity of others	Has supervised research activity of others	Has supervised research activity of a team of others

