

Case Report

Developing a Research Culture with Clinical Nurses: Personal Reflections from the Field

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Imperative to producing research outcomes is developing a research. While this term is used extensively, little research has been conducted to determine its key characteristics. In a survey study with researchers at Australian universities, the key features of an enabling research culture were found to be: an environment characterised by research productivity, positive collegial relationships, inclusivity, non-competitiveness and effective research processes and training [1]. Building on personal experience and reflection, the question explored in this narrative paper is how these characteristics can be promoted in the clinical arena to establish an enabling environment for conducting research and translating research findings. Narrative inquiry gives meaning to the storyteller and people who read the story [2,3].

Nurses, and in particular, those in advanced practice/expert roles, are expected to utilise and conduct research with a clinical focus [4]. Research activity is often included in regulating authority position descriptions and in Australia, UK and USA, is considered essential for nurse specialists [4]. However, it is often argued that these expert nurses do not have the research capacity, research capability, motivation or positive attitude for research activity [5,6,4]. As suggested by a number of authors, the two terms, research capacity and research capability, are often used synonymously without clear definition to indicate what skills and environment nurses need to produce necessary research outcomes, including translation of research into practice, research publications, successful grant applications and completion of research projects [7,8,5].

In order to establish an enabling environment for research – a research culture, the health context in which nurses work must value knowledge and context that brings people together. The organisation must value creative work and provide opportunities for researchers to interact and grow. The organisation context in which nurses work and conduct research is central to the development of research and translation to nursing practice and the broader community [9,6]. In 1996, when I commenced my employment as a Professor of Nursing to head a nursing research unit in an outer Sydney health region in Australia, the region had just introduced a sub-faculty of Medicine which activated the then small acute care hospital to develop and value research and this expanded as the hospital grew to a large tertiary acute care

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and community facility.

During my tenure, there have been successes and failures in trying to encourage nurses, particularly nurse specialists, to conduct research. Research productivity is a focus for the organisation, which encourages the nurses to be involved in grant applications, data collection, data analysis and article writing. To achieve this, it has been necessary to build positive collegial relationships, provide training with the nurses and find ways to facilitate their involvement in research. A narrative review of the literature by Wilkes et al. 2015 [7] found three models dominant in building research capacity and capability, including evidence based practice, experiential learning model and the facilitative model. I don't believe any model is better than the other with each having its part to play in developing a research culture in the clinical arena.

I have encouraged evidence based practice by assisting nurses to do systematic and integrative literature reviews to inform their practice and policy development. This did not work well at the beginning. However, by forming a positive collegial relationship with, rather than alongside, the manager of the patient centred care practice development program which has been funded centrally in our State Health Service through the Nursing and Midwifery Directorate [10], and by encouraging team approaches to solving clinical problems, we've got better response from the nurses and are now seeing more of these practice development projects going through ethical approval using a research process and being published. Some of these projects are now being funded through grants, which did not happen previously. This process has also encouraged inclusivity of nurses with differing knowledge of research process. For example, a team of nurses including a nurse specialist and registered nurses developed a project to determine the best time to wash hair after a craniotomy. They have presented the results at two conferences and are now writing a paper to be submitted to a referred journal.

The experiential learning model uses secondment and collaborative projects to help nurses conduct research through direct participation in all or some of the stages of a research project. This again encouraged positive collegial relationships, increased research productivity and inclusivity if conducted in a non-competitive environment. In the first instances, we used

mentoring to help nurses develop their own research and become part of larger projects. For example, early on in my tenure, I worked with small groups of nurses on a project examining stress of palliative care nurses working in the community. Again this increased research productivity through inclusivity with me having research knowledge and the nurse having expert clinical knowledge. A small internal grant was obtained, a paper was published from the initial research [11] and another paper was published from a project that extended the research to another health service [12].

We then ventured into a new approach where nurse specialists were seconded into the unit on a one-day-a-month basis to develop projects in their clinical area. This did not work well as the nurses were distracted by pagers and did not have consolidated time to concentrate on the research process. While positive collegial relationships were formed, no research productivity was evident. At that time, the health service went through organisational changes and became part of a macro-system health service. It was apparent that nursing research was not greatly valued and this had an effect on the research culture with little financial support forthcoming. This shift in support was evident in that prior to the introduction of the macro-system the health service supported partnerships with my university to gain major national grants to improve clinical practice. These included research related to models of care [13], workplace issues such as bullying [14], building resilience in nurses faced with work place adversity [15], and community health issues such as child to mother violence [16]. These partnerships were not as well supported in the macro-system. The organisational research support is now coming to the fore again with the restructured health service which has been in play for four years.

During my tenure, the facilitative model with a research unit as its core, which supports individual nurses, overlaps with the evidence based model. In this model a key researcher/facilitator and educational systems are in play and this helped establish a research culture. An essential aspect of the research unit is the employment of a research officer and administrative assistant who can assist the nurses with literature searches, ethics applications and other research activities. In this way, effective research processes and training are provided to the nurses. Inclusivity and positive collegial relationships are further developed in the unit with academics from my university working there on a casual basis to do research with clinicians and my research students coming at regular intervals. All these help establish an ongoing research culture. Undergraduate nursing students also work on projects in the unit during summer breaks and this gives the clinical nurses a place to share ideas and build prospective future clinical and research relationships. The interplay of university academics, clinicians with undergraduate and postgraduate research students are essential to the success of the facilitation model in the research unit.

Initially we conducted a postgraduate university program for the nurses on research; but this was only conducted once as it was out of hours on weekends and was an expensive exercise as the class size was small. However, of the six nurses in the program, one went on to do a master's degree by research and two others completed PhD in their clinical specialities of diabetes

and family health, so it was research productive and long term positive collegial relationships were formed at the same time.

We now have an established network of specialist nurses who meet once a month to discuss their research. These meetings include seminars by visiting nurse scholars and advice on various aspects of research is given, such as writing skills, structure work for publication and research application preparation. A new program of secondment has been established in the last three years with nurse specialists working in the research unit from three to nine months. This has been very successful and unlike the former program is producing key research outputs such as publications and grants. As well, it has established a much stronger collegial relationship with the nurse specialists and nurse managers in the health service as there is a visible research presence in the health service and the seconded nurses encourage those who want to do research to apply for future secondment to the unit. Another initiative that has emerged from the secondments and the active support of nurse management in the health service is the establishment of an annual nurse research and practice development conference.

This journey has been great, and although at times arduous, it cannot be said it isn't fun. Reflecting on the experience shows that many of the postulations in the literature are true at this time and place in this case study. No one model can do it all. A strong positive collegial relationship between the research facilitator and the organisational nursing management is essential to provide the strong leadership needed to develop a research culture which enables research in the clinical milieu. Without positive relationships between clinical nurses, management and research facilitator, research will not be developed, training is essential and nurses need consolidated time to carry out and reflect on their research. When doing clinical research in nursing practice development, his research activity should be synonymous with inclusivity which is a critical component. As stated in previous work [1], positive collegial relationships and organisation support are the cornerstones to develop and enhance an enabling research culture for nurses in the clinical arena.

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