

## Children's nurses' research involvement: making practice-focused research happen

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**Aims of the paper.** In this paper I hope to, at least partially, succeed in demystifying the research process, especially as it may be perceived by clinicians, encourage their involvement and participation in clinical research and propose practical and rewarding strategies that all children's nurses can adopt to begin to create a vibrant research culture in any clinical area.

**Background.** The professional and organisational expectation that all nurses will, in some way, be involved in research is growing and will not go away. Despite the historic, toxic dualism that has seen research as essentially the prerogative of 'The Academy', clinicians are beginning to take more of an interest and role in research, despite the many obstacles that they face. In today's health care system, children's nurses cannot afford to abdicate responsibility for research or to postpone their involvement until the ideal conditions for their engagement come along. This paper suggests approaches and strategies that clinicians, educators, managers and researchers can use as a basis for productive and mutually beneficial collaborative research initiatives.

**Design.** Position paper.

**Conclusions.** Developing clinical-focused, collaborative, interdisciplinary research is now a worldwide policy and practice imperative. There is no reason why children's nurses cannot take a leading role in this movement. Previous models of research where research has been undertaken by academics and then 'disseminated' to clinicians who are expected to 'implement' it (and who are then subsequently blamed for failure) has been less than successful and small wonder.

**Relevance to clinical practice.** Where clinicians are directly involved as genuine research partners in both the research process and the project from day 1, there is a real prospect that both the benefits of the inquiry process and any research findings will be more readily adopted by the clinical areas concerned.

**Key words:** clinical research, practice development, practice projects, practice-focused research

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### Introduction: Getting practice-focused clinical research out of the 'too hard basket'

Children's nursing research may be an endangered species. As a comparatively small professional group within nursing, children's nurses have been systematically under-resourced in respect of research funding, research staffing and research training (Franck 2003). Although Franck's review focused on UK paediatric nursing, few children's nurses in other countries would dispute her analysis. Niederhauser and Kohr (2005) for

example, found that among North American paediatric nurse practitioners surveyed, only 21% were involved in a research project. The problems associated with developing practice-focused research are not, however, exclusive to children's nurses or even to nursing. From the perspective of dieticians for example, Chapman *et al.* (2007) noted that:

Unfortunately, despite repeated calls for health practitioners to conduct practice-based research, few have become active researchers. (p. 902)

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At the risk of depriving future generations of higher degree students of a research topic, let me suggest that there is at least one area of research where 'further research' may not be needed. Do we really need yet another study of 'barriers to research' or 'nurses' attitudes towards research' to tell us exactly what we have known for the last few decades? Such studies have been a long-standing staple of our journals and the barriers have been identified in numerous countries (Kajermo *et al.* 1998, Retsas & Nolan 1999, Oranta *et al.* 2002, Pallen & Timmins 2002, Adamsen *et al.* 2003, McMahon 2003, Hommelstad & Ruland 2004, Patiraki *et al.* 2004, Kuuppelomaki & Tuomi 2005, Thompson *et al.* 2006) and across differing clinical areas (Bishop 1989, Kajermo *et al.* 1998, Parahoo & McCaughan 2001, McCaughan *et al.* 2002, Carrion *et al.* 2004, Niederhauser & Kohr 2005, Baernholdt & Lang 2007).

### The unholy trinity of research barriers

Among a plethora of 'barriers', three stand out, clinical practice research's unholy trinity of: *no time*, *no money* and *no clue*. Let me elaborate, for these constraints are absolutely real. They cannot be trotted out by clinicians as perennial 'excuses' for lack of research engagement, nor can they be contemptuously dismissed with the wave of an imperious hand by academics who imagine that clinicians are simply not 'committed' enough. Even those who exhort clinicians to become 'more research-minded' would surely appreciate that they also need to be research supported, research timed and research educated.

#### *No time*

The world of clinical practice is busy and nurses are not sitting twiddling their thumbs waiting for something to happen. The demands of clinical practice are often relentless. Patient acuity has risen, technology has become more pervasive and complex, new ethical problems emerge regularly, public and professional expectations only rise and the constant demands of managerialism for greater and greater throughput, efficiencies and quality are ideologically and practically incapable of subsiding. Nurses do not enjoy the luxury of swathes of 'free time' that they can devote to clinical research. Clinicians will not be flown to some island 'retreat' for a week or two to 'brainstorm' their unit's clinical research strategy. Add to this mix, the staffing and funding pressures that many nurse managers face as their nursing budget is straitjacketed into what health departments often called, without a hint of embarrassment, 'productive nursing hours', i.e. that the nurse is paid only to be umbilically attached to a 'bedside' somewhere performing clinical work. There are thus no prizes for

guessing how activities such as research, practice development projects or research training and education activities are, by definition, classified.

#### *No money*

Clinicians occupy an unfortunate perceptual space when viewed in financial and resource terms by the hospital or organisation. Put bluntly, nurses are usually seen as a cost centre, a financial silo. We are often reminded that nurses are the organisation's biggest budget item or that when nurses receive a small percentage pay rise, that this will cost the organisation millions of dollars. Nurses are assuredly not seen as a group who attract funding into the organisation. Nor do clinicians have research budgets and staff at their disposal and even the 'simplest' of clinical practice research project will have associated costs.

#### *No clue*

Research education and training for nurses has been a feature of the professional landscape for many years and there can be little doubt that great progress has been made in the 20 years since, for example, many UK students attended their sole allocated two hours of 'Nursing Research' in their final third year module. However, I suggest that the perceptual divide between the worlds of Theory/The Academy/Research and Practice/Clinical/'Real nursing' may be as pervasive as ever. For many clinicians, research is simply not a major part of the existential world they inhabit nor is it part of their everyday 'fingertips' knowledge.

Asking an average clinical nurse to complete a research grant proposal or to begin undertaking a Heideggerian hermeneutic phenomenological investigation of the lived experience of (x, y or z) or to design and undertake a double-blind randomised-controlled trial of the effectiveness of (x, y or z) would usually elicit the same look of ashen-faced horror that could well be present on the face of the researcher who was asked to take over the care of his/her ICU patients for a day.

### Unhelpful research traditions

Practice-focused clinical research seems also to have suffered from some unhelpful if not explicitly counterproductive research traditions. Many nurses' experiences of 'taking part in research' will be limited to acting as semi-official and largely unacknowledged data collectors for other people's studies or by being research subjects themselves. It would be comforting to think that this kind of research exploitation was a throwback to a darker age, but it continues to be reported today. For example in a 2007 study of nurses' research attitudes and involvement, Smirnoff *et al.* found that

'Collecting data for others' study' was the highest response item (Smirnoff *et al.* 2007, p.28).

It is perhaps unsurprising that where nurses are looked upon as little more than the soldier ants of clinical research, they should be less than enthusiastic about clinical research as a process and practice.

Nurses' perceptions of research may also be jaundiced if they have been the victims of what can only be described as 'drive-by' research studies (Williams 2004, Seifer 2006). In this toxic model of research, the researchers (invariably from 'the university' or from a much more powerful and research-active professional group) descend into the clinical area to investigate the phenomena at hand, enlist the help of the staff in recruiting and collecting data and then literally or metaphorically disappear back to the academy, rarely to be seen or heard of again until the next sortie. Studies of research 'barriers' often highlight this aspect of 'hit and run' research.

As if to add insult to injury, the clinicians may subsequently find themselves the objects of the researchers' daringly critical stance, held up in 'the literature' as exemplars of whatever may be deemed wrong or wanting about the aspect of nursing or health care under study, or as proof positive that clinicians are indeed 'resistant to change'. The possibility of redemption is at hand though, if only the clinicians would 'take ownership' of this research, see the error of their ways and 'use' the findings, thus completing the researchers' vindication.

### **An alternative approach to clinical practice research**

The previous models of clinical research that practitioners have laboured under seem so utterly doomed to failure that it can scarcely be considered a challenge at all to propose a better alternative, but this is the good news of clinical research. It does not have to be this way. Nurses, working collaboratively with their various colleagues, can adopt ways of conceptualising and undertaking clinical-focused research that are rewarding, participatory, practical, credible and enjoyable. Let me suggest some strategies here that could turn around clinicians' experiences of taking part in clinical research.

#### *'Play nice together'*

The impetus towards interdisciplinary, collaborative and inclusive research is growing worldwide and it may well be that the days of the research-lone rangers and empire builders may be shrinking. The general public, I would argue, could not care less who undertakes health research or whether it is called 'medical research, 'nursing research' or any other brand name. What they do care about is that the various professionals responsible for their and their families' overall health and well-being, can work together, share their differ-

ing and complementary skills and expertise and together, identify and address some of the pressing health issues and problems that face them. The concern has been expressed that while valuable, research 'multi-disciplinarity may hide nursing's unique contribution to a study' (Smith *et al.* 2004, p. 221). I suspect, however, that this is far less of an issue than nursing making no contribution at all to the practice research agenda.

No one and no single discipline has exclusive knowledge of or understanding about children's health and illness and for this reason alone, nurses and other health professionals need to collaborate in clinical research. There is also a more pragmatic concern here and that is that a small team working on a project shares the work and creates all of the 'synergies' associated with good discussion, differing viewpoints and the availability of complementary abilities. A small research or project team also avoids the situation of research becoming just another plate that someone has to spin.

#### *'Get a project happening'*

It is easy to be 'in favour of' or 'committed to' research in the abstract or theoretical sense. Who could possibly not be pro research? However, from the perspective of the development of clinical practice research, a solely ideological or philosophical allegiance to research is insufficient. It may not be an overstatement to say that from the perspective of clinical practice research, if you do not have a study or a project, you have nothing.

While there is no doubt a place for introspection, reflection, 'values clarification' and more, these are no substitutes for actually conceptualising and beginning a research project or study. I suspect that nurses may have had more than enough of the universal banality of mission and vision statements and would rather do something more productive than write yet another 'ward philosophy'.

Clinical research and practice development is 'the velveteen rabbit' of nursing (see: <http://digital.library.upenn.edu/women/williams/rabbit/rabbit.html>). Just as the velveteen rabbit was never real until he was loved, practice research and practice development will remain little more than buzzwords unless and until clinicians, working with their colleagues in education, research and management, make them real by initiating and sustaining actual projects and studies.

Starting work on a research project gives clinicians and other team members something tangible to 'gather around' and provides a focus for the otherwise detached and 'theoretical' concerns of research. A genuine project is where all of the issues of clinical significance, a good research question, study methods and approaches, research ethics, funding, practice politics, the nature of evidence, teamwork,

collegiality, institutional support for research and research translation and dissemination find a home and are made 'real'.

### Steps in the process

#### *Think always of outcomes*

Altruism remains a powerful foundational force in nursing. Thankfully, yet in developing clinical research, nurses need to ask themselves the absolutely legitimate, if slightly selfish-sounding question, 'What's in it for me?' No one should take part in a clinical research or practice development project and find themselves at the end of the process with nothing to show for their efforts. These outcomes may be different for each of the project team members but all are equally important. Clinicians on the team may want to create a better 'research climate' in their area, gather evidence to support a practice change or to present the project at a conference. Researchers or educators may be focused on publications and research 'track record', all may be keen to improve their professional profiles or portfolios (Owen and Maslin-Protohero 2001). The principle is the same, that people will see a meaningful reward or recognition for their efforts.

#### *Who will do the work? Getting a team together*

The nightmare scenario of research and practice development is that one unfortunate person is singled out and lumped with this responsibility. The 'Mary, you're the research nurse', syndrome. If we are to create a more collaborative and participatory research culture, it is then imperative to take more of a team approach to practice research. Form a small project team or approximately four to six people who can work harmoniously and productively together. This is both common sense and good project pragmatics. Many hands do make lighter work and a carefully formed team will have complementary skills and abilities that will contribute to the overall success of the project. Clinicians on the team bring current clinical expertise and knowledge. They are not simply there as 'tokens' or to make up the numbers. Clinicians on the team do not need to have detailed research knowledge but they do need to make sure that someone on the team does.

Finding a colleague who has research knowledge and skills and who would be willing to join the team should not be an onerous task. Some hospitals and organisations have research nurses, practice development departments or R&D departments that can be invaluable sources of information and support. Many clinicians have contacts with colleagues in education or research and now is the time to use them. If you have no research contacts, contact your local school or faculty of nursing to find out which staff has the research skills that you need. This may be specifically methodological,

i.e. if you want qualitative or quantitative expertise, or it may be more specialty specific, i.e. if you want a research colleague who has a special interest in neonatology or paediatric oncology.

Clinicians may be apprehensive about contacting potential research collaborators in this way, thinking that academic staff may not be interested in working with 'mere clinicians'. Big mistake. Many academics across the world now live or die according to research activity and publications and many spend considerable time trying to find and establish research connections with clinical areas that will lead to research projects and funded studies. Many university staff could scarcely believe their luck if they were contacted by nurses in a clinical area who were setting up a clinical practice research project, who were looking for someone with research experience and skills to join them and who asked whether they would be interested in being part of the project.

Other colleagues may also be able to join the project team, depending on the nature of the question. If the question relates to cross infection, then asking an infection control nurse or microbiologist to join the team makes sense. If the question relates to how best to reintegrate children back into school following chemotherapy treatment, then working with education department staff or teachers would be invaluable. It is also absolutely appropriate to invite other colleagues to help if they have interest, skills or knowledge of the particular area of the project. Thinking of such practice projects as exclusively 'nursing research' can blinker us to the valuable contribution that can be made by other colleagues who have specialist skills or interest in the area. Clinicians may also be reluctant to approach colleagues from other disciplines for fear that they may not be interested in working with 'mere nurses' or because they imagine that such practice-focused projects may not be important or grand enough. Such concerns are rarely justified. In my own setting, in 11 years of undertaking collaborative, interdisciplinary studies, I have never encountered the above attitudes. On the contrary, colleagues from other disciplines have been delighted to be asked to join a new project or study.

#### *Finding a good research question*

This is often the easiest part of the process as nurses have rarely had any difficulty in identifying problems and issues. Where we have had real problems is in taking these problems and issues from the point of identification through to the point of actually doing something about them in a systematic and inquiring way. A good start is to adopt the 'talk, tea and biscuits' approach to generating a good research question. Someone in the clinical area has to show leadership here, take the initiative and gather staff together to discuss what is

happening in the ward or unit, what is causing problems, what do people feel 'needs to be looked at', what do staff feel could be done better or what has been the focus of parents', children's or families' complaints recently. Such leadership and initiative is not a function of a nurses' rank or station. It is not the prerogative or sole responsibility of the 'charge nurse'. It is a professional responsibility of every nurse.

Research or project questions will not emerge in a state of crystalline beauty, fully formed and polished but the 'germ' of a good project will absolutely be there. Look also to other sources of important questions. Examine parent complaints records as a fertile source of potential clinical improvement projects. Ask staff to write down their issues and concerns in a staff comments book and there will soon be more than enough important clinical issues raised to form the basis of several projects.

The next stage in the process is for the project team to shape and refine the question topic into a project or study that is manageable and 'doable' in, e.g. about a year to 18 months. This is admittedly a rather arbitrary time frame but it is often difficult to sustain a practice development team or clinical project that may extend into three or four years. For clinicians becoming involved in clinical research, it is more important to select a small-scale project that can reasonably be completed in under two years. It is also important that staff can reasonably quickly see some 'runs on the board' for their research efforts. This is not to suggest that all research can be conceptualised and completed in less than two years, but many worthwhile, small-scale clinical and practice development projects can be.

If the topic chosen as being important is 'pain in children', then there is more refining and focusing work to be done. Nurses often worry that their proposed project is 'too small' or not 'important' enough, when the more likely problem is that a project is too large and in need of refining. 'Children's pain' is too broad for anyone to research, let alone in a reasonably circumscribed clinical focused research study. Ask good refining and defining questions as these are the chisels that will shape and craft the final question. What children do we mean? Boys or girls? Adolescents or neonates? What kind of pain? Procedure-related or postoperative? Are we interested in prevention of pain or managing existing pain? Do we mean pain during hospitalisation or pain after the child has returned home? Are we interested in nurses', parents' or children's assessments of pain? By questioning and refining in this way a much clearer, more specific and more readily researchable question will be formed.

#### *Finding and making time for the project*

When can we do this? This is the \$64,000 question, given that no one has any time. Or do they? When I have asked

clinicians if they could find approximately one hour, once a week, where approximately two clinicians from the unit could meet with the rest of the team to work on this project, the answer is invariably, 'yes' – if the project is worthwhile and valuable to the unit. This is how nurses often achieve 'non-clinical' tasks, in small chunks and sections of time and a practice research project can be accomplished in the same way.

A particularly thorny issue also has to be dealt with here and that is the question of will/should nurses involved in such practice research do some of this work in their own time? The quick and honest answer is 'yes'. People will do some of this work on their computer at home and they will read things on the bus or train into work. Welcome to today's world of work where the 'working week' as a non-negotiable fixed number of hours is almost unheard of. Nurses can and do make 'personal sacrifices' and give up some of their own time to work on projects that are important to them (Woodward *et al.*, 2007). However, this is an issue of perspective. No one is suggesting that the staff who work on such a project should put their children into care, divorce their partners and move their beds into the ward office, but if your view of work is that you are paid for 'x' number of hours and 'x' number of hours is all that you are prepared to do, then you may not be best suited to this kind of project work.

#### *Thinking the project through. Write a research grant proposal and submission for ethics approval*

The world's most experienced researchers would find it a serious challenge to conceptualise and detail a research or practice project using only a blank sheet of paper. Fortunately however, for clinical project teams there is an activity that helps with the all-important task of thinking out loud on paper, of being able to describe and plan how the project will take place. Find an appropriate research grant funding proposal application form and instructions and use these to plan the practice project. These application forms can be obtained online from various funding bodies, such as government departments, health services and charities. A hospital's or university's 'Research Office' will also be happy to locate and send out such forms.

Such a form will ask you to spell out all of the important details about the project such as the title, aims of the project, the significance of the topic, the sample size and details, the research approach and methods to be used and the estimated budget for how much the project would cost to undertake.

A second extremely helpful exercise is to complete at the same time an application for ethics approval for your hospital or organisation. This form will ask for many of the same details about the study as a grant form but with a special

emphasis on ethical issues such as confidentiality, protection and prevention of harm. Completing an ethics application should be considered an essential step, not only to protect yourselves as a project team and to safeguard the children and families who may be the study participants. The added advantage of completing an ethics and a grant proposal form is that in the process of completing these documents, your team will become absolutely conversant and knowledgeable about the nature of the study being undertaken and all of its details and will be able to clearly articulate and explain the project and its importance. Countries are moving towards a standardised, national ethics application form, e.g. 'NEAF' in Australia, <https://www.neaf.gov.au> and 'NRes' in the UK, <http://www.nres.npsa.nhs.uk/applicants/nres-application-form/>. These websites also contain helpful information on how best to complete such applications.

#### *Finding support for the project?*

In addition to the members of the project team, a practice-focused clinical project should enjoy support from all staff in the ward or unit. Not everyone can or should be part of the project team, but everyone should support the team's efforts, for when this succeeds, there will be a second and a third project requiring to be done. Subsequent projects afford other members of staff their opportunity to be part of future project teams.

Consult with and inform management about the new practice project initiative as early as possible, for management can become key supporters of the project. Note that this is not about 'asking for permission' to become involved in research and practice development. Clinical nurses have a clear professional mandate to develop improvements in clinical practice, to foster questioning and enquiry, to determine and promote best practice and to generate the knowledge that can support an evidence-based approach to care. This does not require 'permission' but it does need encouragement and support from management colleagues. Where you will certainly require formal permission is from clinical areas where you intend to conduct any research. This is absolutely appropriate as ward managers must have a clear picture of research being undertaken in their area.

Keep your managers posted and informed about such project initiatives regularly from day 1 and seek their advice and support. Managers will not be able to hand over a cheque for \$50,000 to demonstrate their 'support' but they may be able to help, for example, by organising occasional administrative support, by helping 'juggle' staffing to enable the project team to meet or by finding helpful resources within the organisation that may help the project. Help managers to help you by asking for useful things that will support the

project and that are relatively easy to say 'yes' to. Asking management for agency staff to backfill three nurses' positions for a month to enable them to work on the project is unlikely to result in a 'yes'. However, asking whether there is a secretary in administration who could format and proof read the final proposal document, or asking to use a photocopier somewhere during the project to print all of the various drafts and version, or asking whether duty rosters could be organised in order that the project team could meet for a full day in four months' time to check, finalise and send out the completed grant application document – these are the kinds of help and support that managers can and often will agree to. Remember also that the question 'what's in it for me?' is as important for managers as it is for anyone else connected with the project. Managers should be keen to support these projects because they are aligned with the organisation's strategic plans and goals, because they demonstrate the organisation's commitment to staff development, to developing a research and enquiry culture and to using research to examine and improve clinical practice and service delivery.

### **Concluding discussion**

Children's nurses, and indeed all nurses, face a world of health care and clinical practice where practice-focused research can no longer be seen as some kind of optional extra, as icing on the cake, as something clinicians may get around to at some point before the end of time itself, if resources allow. Thompson spells this out clearly when he observes that:

It is about facilitating the development of a knowledge-based health service and encouraging an evaluative culture within it and ensuring that the benefits of research are systematically and effectively translated into practice. (Thompson 2000, p. 39)

Initiating and developing practice-focused research is also a crucial recruitment and retention priority for children's nurses. Clinicians are demanding more from their working lives than simply walking the clinical 'hamster-wheel' day in day out, year in, year out until promotion or retirement. Clinical practice is replete with challenges in providing humane, sensitive, responsive and effective health care for children, their parents and families and our communities that is informed by research and careful inquiry. Nurses need to engage with this research agenda as readily and enthusiastically as they would any other clinical agenda. As Franck has warned:

Failure to make a concerted effort to develop and sustain research capacity within paediatric nursing has serious implications for the

maintenance of the paediatric nursing workforce. Without improved capacity for intellectual development of paediatric nursing as a professional discipline, the current staffing crisis will only worsen... (Franck 2003, p. 423)

Butterworth *et al.* (2007) are optimistic that in UK at least, changes in funding and support for research offer an opportunity for nurses to engage in practice-focused research while retaining their clinical roles. This is all to the good, but waiting for change to happen is no substitute for making change happen. In Wellington, New Zealand there is a statue of Mahatma Gandhi bearing his inscription:

We need to become the change we want to see.

Someone in clinical practice has to stand up, take the initiative and make the running, someone has to suggest that we can do this better Someone has to organise the tea and biscuits meeting, someone has to talk with staff about starting a practice research project. Why should that someone not be you?

## Contribution

Study design, data collection and analysis and manuscript preparation: PD.

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