Identifying Research Priorities for Nursing and Midwifery Service Delivery and Organisation

A study undertaken for the Nursing and Midwifery Subgroup of the National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO)

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Executive Summary

This summary describes a systematic consultation exercise that was commissioned by the National Co-ordinating Centre for Service Delivery and Organisation (NCCSDO) Research and Development (R & D) Nursing and Midwifery Subgroup. The work has been carried out by members of the Faculty of Health and Social Care Sciences, Kingston University and St George’s Hospital Medical School, in partnership with external consultants in health services research.

The remit of the work was to identify priorities for research funding in the fields of ‘nursing and midwifery’. In brief, the professional groups that this work relates to are midwives, nurses (NHS, social care and independent sectors), health visitors, district nurses, school nurses, practice nurses, mental health nurses, nurses for people with learning disabilities, occupational health nurses, specialist/consultant nurses/midwives and health care assistants.

The exercise consisted of three strands:

1. focus groups with service user representatives
2. semi-structured telephone interviews with a wide range of stakeholders, including nurses and midwives in the state and independent sectors, medical, social care and allied health professionals, research commissioners, policy makers, educators, managers, researchers and representatives of national service user groups
3. literature analysis of policy documents, selected papers in peer-reviewed journals and published reports.

Altogether, 102 individuals gave interviews or participated in the focus groups. In addition, several people chose to contribute through written submissions or e-mail. Consequently, a wealth of qualitative data has been collected over a four-month period. The information has been studied and analysed by a team of researchers who have looked for key themes within each of the three sources of data. A summary of the areas of commonality and misalignment is shown in Table 1.

Five notable priority areas were identified across all three data sets. We have attempted to illustrate how each of these priority areas are relevant and pertinent to nursing and midwifery research by providing exemplars of issues and concerns that strategic commissioning could seek to address.
**Priority Area 1**  
**Appropriate, timely and effective interventions**

Research is needed to establish what is ‘appropriate care’ for individuals, their carers and families, including work to evaluate public health interventions and the role of nursing and midwifery professionals in reducing inequalities in health. Research is also needed to improve understanding of the nature of clinical interventions and to evaluate care-giving practices.

Exemplars:
- Evaluate psychosocial nursing and midwifery health interventions in relation to patient/family and community-centred outcomes.
- Evaluate comprehensive assessment tools of physical, psychological and social need linked to interventions and user/professional and organisational outcomes.

**Priority Area 2**  
**Individualised services**

The evidence base for information giving, therapeutic interactions and decision making should be strengthened to develop effective communication systems and professional information-giving skills. Communication between nurses/midwives and patients/clients and carers during interventions or the ‘clinical encounter’ is a specific priority.
<table>
<thead>
<tr>
<th>Service user expectations</th>
<th>Stakeholder priorities</th>
<th>Literature priorities</th>
<th>PRIORITY AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate and timely use of health interventions, treatments and essential care according to the physical and mental health needs of individual people, their carers and their families</td>
<td>Nursing/midwifery interventions</td>
<td>Outcomes of specific clinical interventions</td>
<td>Appropriate, timely and effective interventions</td>
</tr>
<tr>
<td>Customer-friendly services that involve patients in personal care decisions and provide support and information in appropriate ways for individual people, irrespective of their gender, age, social background, ethnicity, or level of disability</td>
<td>Organising health services around the needs of the patient</td>
<td>Approaches to care, evaluation and effectiveness of individual, group interventions or new approaches to care</td>
<td>Individualised services</td>
</tr>
<tr>
<td>Services that make use of information, communication and technology to make sure that parts of the system are informed, patients receive care faster, and patients do not have to repeat the information they give to staff</td>
<td>Co-ordination/integration across organisations</td>
<td>Organisational factors that affect: (a) service delivery</td>
<td>Continuity of care</td>
</tr>
<tr>
<td>Services that are fully staffed and are able to retain staff to make sure that the right people are delivering care efficiently and safely in clean environments</td>
<td>Workforce issues/characteristics/roles, preparation (education)</td>
<td>(b) workforce</td>
<td>Staff capacity and quality</td>
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<tr>
<td>Services that involve users meaningfully in the delivery of care, training and education of staff, standard setting and quality monitoring</td>
<td>User involvement</td>
<td>User and carer involvement in health care</td>
<td>User involvement and participation</td>
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<td>Services that provide independent, confidential systems for complaint and comment for patients and staff</td>
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<td>Services that work with communities and as close to patients’ homes as possible without compromising quality, to minimise travel distances for patients</td>
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<td>Services that are funded in ways that lead to the best outcomes for patients</td>
<td>The use of resources, e.g. de-investing in services and managing demand</td>
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Exemplars:

- Develop models of service users’ and carers’ participation in clinical decision making and the clinical encounter, and evaluate in relation to organisational culture, professional approaches and service user outcomes.
- Evaluate nurse-led user-centred models of care delivery in a variety of clinical and public health settings.

**Priority Area 3
Continuity of care**

Communication of patient-centred information was highlighted in relation to enhancing continuity of care. This requires the development and use of information technology (IT) and communication strategies for the transfer of information between service areas, supporting integrated pathways of care.

Exemplars:

- Examine continuity of care models for vulnerable groups, especially older people and those less likely to access services, such as adolescents, in relation to patient/user, staff and organisational outcomes.
- Identify efficient practices and methods of transferring confidential information (including patient information) between professionals, service areas/units and agencies.

**Priority Area 4
Staff capacity and quality**

Priorities for research relating to staff capacity and quality include; recruitment and retention; defining professional roles and clarifying optimal skill mix; quality concerns, such as establishing who are the ‘right’ people (professionals/volunteers/carers) to deliver aspects of care (health interventions/essential care); and uncovering the reasons for variations in nursing and midwifery practice, with specific client groups or in areas of care perceived to be outside a person’s professional remit.

Exemplars:

- Systematically review evidence on skill mix, role diversification, career pathways and working lives.
- Evaluate workforce retention strategies and employment practice.
- Generate success criteria for new service design, changing role boundaries, team working and reconfigured services within organisational uncertainty.
- Evaluate health interventions with vulnerable/hard-to-reach groups.
Priority Area 5
User involvement and participation

Research is required that supports the strategic commissioning of conceptual, methodological and evaluative work into active user participation in delivery of care, training and education of staff, standard setting and quality monitoring.

Exemplars:
- Methodological development of user-centred-outcome studies that take account of the context, content and process of the intervention.
- Evaluate nursing and midwifery interventions in relation to identified outcomes across psychosocial and health domains.
- Develop capacity and skills to strengthen user participation in nursing and midwifery research and evaluate the impact in terms of changes in practice at individual, family or community levels.

Achieving priorities

Research commissioning

Stakeholders expressed views about the status of research activity in nursing and midwifery and the process of setting priorities. There was some concern as to the value of a dedicated funding stream for nursing and midwifery research, especially as this could be perceived as discordant with policy initiatives to enhance multiprofessional working. Similarly, the mode of commissioning and the need to maximise impact through joined-up initiatives were issues brought to our attention by many professional stakeholders.

Stakeholders and service users questioned whether the focus of commissioning should be on generation of evidence or implementation. Balancing generation of evidence for a practice discipline with the challenge of service development through the implementation of research findings within complex and changing health and social care organisations was also discussed. Stakeholders expressed scepticism of the existing SDO priorities in relation to nursing and midwifery research, which were seen by some as ‘rhetorical’, ‘narrow’ and perhaps likely to ‘go out of fashion’. On the whole stakeholders emphasised the need for capacity building in nursing and midwifery research. Where generation of primary evidence was advocated there were concerns about separating researchable questions from managerial and policy issues.
**Capacity building**

Capacity in nursing and midwifery research was shown to be an important issue for stakeholders; this is reflected in the literature, as shown in Appendix 6a. Issues and concerns specifically highlighted were:

- continuity and coherence in building knowledge
- methodological development for intervention studies
- encouraging innovation and creativity through investigator-led research as well as policy-driven research
- ensuring the balance between scientific rigour and policy relevance.

Strengthening academic and service partnerships was also identified by stakeholders as important, and could be achieved through the further development of nurse consultant roles and encouraging research ‘out of the ghetto of higher education’. User representatives perceived research to be carried out by academic researchers rather than nurses or midwives themselves and they therefore viewed research as being distinctly separate or remote from clinical practice.

**Dissemination and implementation**

Service users in all of the focus groups discussed the value of dedicated funding for the dissemination and implementation of research evidence. There is an expectation that services should enable staff to make use of research evidence in practice. Concerns were expressed that nurses and midwives might not have the power and influence within organisations to effectively implement research findings and change practice and, secondly, that systems were not in place that enabled sharing and dissemination of good practice across care settings and sectors. This was again highlighted by stakeholders who discussed the importance of using research to create ‘a momentum for change’ through action research approaches, leadership development and prioritising the use of research evidence in practice.

In summary, the consultation exercise revealed that, in addition to building the knowledge base in the five priority areas identified, the Nursing and Midwifery Subgroup should seek to commission a programme of research which:

- leads to the development of evidence-based, cost-efficient nursing and midwifery interventions and care-giving practices in line with service users’ expectations identified in this consultation
- supports theoretical development and generalisable knowledge through coherent programmes
• produces nationally or internationally significant evidence for nursing and midwifery interventions and care-giving practice in relation to patient/carer, community, professional, organisational and economic outcomes

• informs policy and builds cost-effective models of nurse-led, user-centred services and pathways of care

• is of high scientific merit and uses appropriate methodology, or supports methodological development where necessary, including the development of outcome measures for nursing and midwifery intervention studies

• values and utilises collaborative approaches in terms of research skills, academic disciplines and with service partners, to build research capacity and capabilities in nursing and midwifery research

• involves users, where appropriate, and provides feedback to participants about their involvement

• evaluates the strategic dissemination of research findings/best practice within health and social care settings in relation to user, professional and organisational outcomes

• is cost-efficient, feasible and shows realistic objectives and deadlines

• complements research being carried out by the SDO programme as a whole.
Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health.

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene and Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk