A network to link and inspire nurses interested or active in research

Key points

1. Although nurses are expected to always ensure their practice is evidence based, not all have sufficient research knowledge and skills to do this.

2. Nurses conducting research in the NHS or universities often work in isolation.

3. A network for nurses and allied health professionals who are interested in research, or actively engaged in it, can help to build a research culture, enabling networking and information sharing.

4. Supporting clinically active nurses and AHPs to pursue research training and apply for research funding can help to change practice.

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Abstract
Nurses are expected to use research evidence in their daily practice, yet not all have the skills and confidence to do so. While many contribute to research, few have opportunities to develop their own research ideas. Nurses are often employed as researchers in universities and find themselves isolated from their peers. This article describes the formation of a group that brings together, across a geographical area, nurses and allied health professionals from clinical practice and academic institutions who have a common interest in research. It details how the group has evolved and highlights the impact it has had on helping its members to advance their own research proposals. It provides top tips for others who are interested in establishing similar groups.

Citation
to the establishment, in 2013, of the Florence Nightingale Foundation Chair in Clinical Nursing Practice Research. This has led to the development of a Clinical Nursing Research Group (CNRG) headed by Professor Christi Deaton. However, despite all this activity, research nurses in Cambridge remained a largely hidden professional group.

Research skills among nurses
Although research is now embedded in the undergraduate nursing curriculum and, in general, is positively perceived (Ryan, 2016), this has not always been the case. As a result, many nurses are practising today with little research knowledge, yet are expected to be able to appraise and use research.

One of the cornerstones of creating a workforce comprising individuals who are able to assess research evidence – or even conduct research themselves – is thought to be creating and sustaining a culture and environment that are conducive to learning and the application of new knowledge (Melnyk and Fineout-Overholt, 2015; Greenhalgh, 2014). Sadly, some nurses still encounter cultural resistance towards research, mainly from management, which ultimately affects their ability to make sure their practice is fully evidence based or to initiate their own research (Ryan, 2016).

Cambridge Nurses in Research
The need for a forum to bring together nurses and AHPs involved in research was initially recognised in 2013 by nursing lecturer-turned-researcher Aileen Walsh and nurse and researcher Sue Boase, both of whom were based at the University of Cambridge. They observed that many nurses working in research do so in isolation, often cut off from their nursing peers. There was also an awareness that many clinically based nurses who are not research active cite lack of knowledge and confidence as being among the reasons why – despite the fact that evidence-based practice is fundamental to their role (Nursing and Midwifery Council, 2015) – they do not engage in research or access research evidence to support their practice.

Our small group is made up of a handful of clinical nurses and nurse university researchers from local NHS organisations and universities. We thought the isolation of research nurses and AHPs, and lack of confidence among other nurses and AHPs, might be alleviated by linking up those working in disparate research settings. This would allow them to build connections with clinical nurses interested in research who might be unsure where to begin (Breimaier et al, 2011; Gerrish et al, 2008; Roxburgh, 2006).

With the above issues in mind, we set out to establish a group to provide a resource for nurses and AHPs, in and around Cambridge, who were involved, or considering becoming involved, in research. In 2013, Cambridge Nurses in Research (CNIr) was born. We hoped this would ultimately raise the capacity of the nursing body to use and undertake research.

Developing the group
We initially held a couple of meetings to assess interest and establish the needs of the group, sending invitations as widely as possible to include:

- Nurses and AHPs in primary and secondary care, community services, mental health trusts, acute trusts;
- Academics from both local universities.

These meetings, which would usually attract about 40 attendants, highlighted the scale of the task, as we listened to nurses with strong desires to carry out research but weak knowledge of research theories and processes.

Other nurses wanted to be part of a wider group, as the isolation they felt was sometimes demoralising, whether they were research nurses cut off from their nurse peers or clinically based nurses whose interest in research was not shared by their colleagues. We also became aware that status and parity for some nurses and AHPs was sometimes lacking – there is still a lack of parity in medically led research.

We drew up a ‘wish list’ for CNIr, developed terms of reference to guide us, and set about working out how to achieve our aspirations. The terms of reference (Bit.ly/CNIRTermsReference) proved extremely helpful as a source to revisit whenever we felt the group’s development was drifting.

Over 2014, CNIr met approximately every two months, using meetings largely to disseminate information. We also tried to focus on issues the group had said they needed to know more about, such as mentorship in research. Group discussions during these meetings led to the development of a clinical evaluation of the electronic patient record system that had been recently introduced at Addenbrooke’s Hospital; this evaluation has been carried out by the CNRG at the University of Cambridge.

Towards the end of the year, attendance to meetings was dwindling and we realised we had to act to resurrect the enthusiasm that had been so evident earlier on. Feedback from group members suggested more structure was needed.

Enhanced structure
In 2015 we made some significant changes to CNIr. We established a regular day, time and venue for a monthly lunchtime
Benefits of the group
The feeling of collegiality in CNiR has created a positive environment for discussion and debate about research locally that simply did not exist before in our professions. Feedback from group members is largely positive and some have credited the group with providing the support and encouraging them to pursue their own research. This is illustrated in feedback from one group member:

“CNiR has been an important lifeline for me. Working as a single research nurse with medical colleagues, it provides inspiration from the nurses already balancing working clinically and academically, and inspiration from the guest speakers. It provided me with the confidence to apply for, and win, a fellowship in order to conduct my own research study. It gave me skills by providing a safe environment to prepare an application and practise my presentation. In addition, the CNiR provides peer support, as some aspects of research in my job can be isolating. But mainly it provides the belief [...] that after many years of trying to have a clinical academic career and move from research nurse to nurse researcher, it may still be possible!”

Allison Bentley, research nurse and 2016 NIHR CLAHRC fellow

Box 2. Top tips for setting up a research network
- Be open and inclusive: cast the net wide – do not see barriers to joining, only opportunities
- Stick with the same time and venue each month so meetings become a habit; this also reduces administration time, as it is often easier to arrange all meetings in one booking
- Think big but start small: be realistic about what the group can achieve if this is in addition to regular work
- Be flexible and interactive in terms of programming and scheduling events, and seek regular feedback – if things are not working out, make changes
- Do not give up: people will dip in and out according to workload, interests and career aspirations

The group’s achievements align well with the aims of the nursing profession in general, as reflected in the recently launched framework for nursing, midwifery and care staff Leading Change, Adding Value: A Framework for Nursing, Midwifery and Care Staff. Bit.ly/Strategy2016CNO

References
Breimair HE et al (2011) Nurses’ wishes, knowledge, attitudes and perceived barriers in implementing research findings into practice among graduate nurses in Austria. Journal of Advanced Nursing; 20: 11/12, 1744-1756.


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