

National Council for the Professional
Development of Nursing and Midwifery

Report on the
Baseline Survey of Research Activity
in Irish Nursing and Midwifery

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*National Council for the
Professional Development
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnámhseachais*

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Glossary of Terms and Acronyms

ABA	An Bord Altranais
BSc	Bachelor of Science
CINAHL	Clinical Information for Nursing and Allied Health Literature
CNMF	Clinical Nursing and Midwifery Fellow (HRB)
CRM	Clinical Research Midwife
CRN	Clinical Research Nurse
ERHA	Eastern Regional Health Authority
FoNS	Foundation of Nursing Studies
HEFCE	Higher Education Funding Council for England
HEI	Higher Education Institutions
HRB	Health Research Board
HSRF	Health Services Research Foundation (Canada)
IACT	Irish Association for Counseling and Therapy
ICN	International Council of Nurses
INO	Irish Nurses Organisation
IT	Institute of Technology
JCMH	James Connolly Memorial Hospital
MHB	Midland Health Board
MPhil	Master of Philosophy
MSc	Master of Science Degree
MWHB	Mid-Western Health Board
NCNM	National Council for the Professional Development of Nursing and Midwifery
NEHB	North Eastern Health Board
NHS	National Health Service
NWHB	North Western Health Board
PhD	Doctor of Philosophy
RCSI	Royal College of Surgeons Ireland
RGN	Registered General Nurse
RM	Registered Midwife
RMHN	Registered Mental Handicap Nurse
RNT	Registered Nurse Tutor
RRPHN	Registered Public Health Nurse
RPN	Registered Psychiatric Nurse
RCN	Royal College of Nursing
RSCN	Registered Sick Children's Nurse
SEHB	South Eastern Health Board
SHB	Southern Health Board
StLaR	Strategic Learning and Research
UK	United Kingdom
USA	United States of America
WHB	Western Health Board
WTE	Whole-Time Equivalent
'n'	Number in sample

*Please note that the terms and acronyms in this list are used throughout the report as these were current when the data was collected.

Foreword

The National Council for the Professional Development of Nursing and Midwifery is delighted to publish this Report on the Baseline Survey of Research Activity in Irish Nursing and Midwifery. The National Council recognises the importance of capturing this activity at a key moment in the development of Irish nursing and midwifery and to use the information gained to inform future actions or measure future progress. Whilst some of the data was regionalised and therefore allows for a local approach to future initiatives, the National Council hopes this report will act as a resource to all nurses and midwives in Ireland who have a personal and professional interest in the generation or utilisation of research.

The National Council would like to thank all the nurses and midwives who completed the questionnaires from the four strands of the survey. In addition, thanks goes to the staff in the Nursing and Midwifery Planning and Development Units for their support and facilitation in gathering some of the data. Particular thanks is paid to Ms. Sarah Condell (Research Development Officer) for undertaking the research and compiling the report with the assistance of Dr. Sharon O'Donnell (Project Officer, strand four).

Yvonne O'Shea

Chief Executive Officer

Report Summary

In January 2003, the Department of Health and Children published the Research Strategy for Nursing and Midwifery in Ireland. This five-year framework consisted of twenty-one recommendations at national, institutional and professional commitment levels. The Baseline Survey of Research Activity in Irish Nursing and Midwifery was commenced at the outset of the launch of the Research Strategy in what was a time of dynamic change for both nursing and midwifery and the Irish health service itself. The aim was to provide a baseline picture of research activity in Irish nursing and midwifery which could assist in evaluating the implementation of the Strategy's recommendations. The strands of the survey were conducted over a two-year time frame (December 2002-October 2004) to gain 4 different perspectives on activity and information needs stemming from the recommendations of the Strategy. The survey shows that nursing and midwifery activity has occurred, as can be seen in the list of research project titles published as an appendix to this report and which part fulfills recommendation two of the Strategy. The findings, however, show that such activity has been un-coordinated and under-reported. From the findings, the following **recommended actions** have emerged to support the recommendations of the Strategy.

Recommended Actions

- Future data gathering to evaluate progress of the Research Strategy against the baseline data offered should focus on subsections of research activity and not the total continuum.
- On-going biannual surveys of HEIs to measure the growth of nurses and midwives undertaking education to Master's level and beyond with the report of same to be made available on the NCNM website.
- The database of Irish nursing and midwifery research should encourage the submission of retrospective research activity in order to capture the breadth of activity as indicated by the titles (Appendix 2) submitted to Strand One and Four of the baseline survey.
- The database of Irish nursing and midwifery research should include information on published papers from the works submitted.
- The database of Irish nursing and midwifery research will require on-going promotion and maintenance to ensure its relevance to Irish nursing and midwifery and the health sector in general.
- The NCNM website should continued to be used as a source of information on funding opportunities for Irish nursing and midwifery.
- An exploration of the potential for other sources of funding such as Charitable Foundations to provide money for nursing and midwifery research should be undertaken.
- Directors of services and HEIs should actively explore the local scope for joint appointments in order to foster collaborative working to enhance research.
- Consideration by service level stakeholders of strategies to enhance the visibility of nursing and midwifery research should include the maintenance and accessibility of a local record of such activity.
- Steps are taken by stakeholders to engage with clinical research nurses so that they can be enabled to become a research resource to nursing and midwifery.
- The Health Service Executive as part of its corporate strategy should ensure the infrastructure that supports nurses' and midwives' access to library services.
- All stakeholders including the Directors of NMPDUs and director of services should investigate how to ensure greater local access to research information for nurses and midwives who are currently disadvantaged.
- Courses to find and appraise evidence should be made available through current infrastructure for all practising nurses and midwives.
- Continued facilitation for the development of multi-disciplinary and uni-disciplinary information based guidelines should continue at regional and local level.
- Those charged with recommendation 17 of the Research Strategy should use the baseline findings and the ICB guidance to ensure nursing and midwifery representation in the establishment of future and maintenance of current ethics committees.

Introduction to the Report

At a time of dynamic changes within the health services and within the nursing and midwifery profession, a national strategy for Irish nursing and midwifery research was launched (Department of Health and Children, 2003a). The strategy's 21 recommendations had been developed by consensus of key stakeholders and reflected both aspirational and tangible outcomes to be implemented over a five year period. To evaluate the impact of both the development and implementation of the research strategy recommendations, to inform decision making and strategic development, the collection and collation of baseline information on nursing and midwifery research activity at a point in time was required. This report reflects the work undertaken during the project period to capture such a baseline, with much of the information that was sought being directly related to the recommendations themselves. In addition it goes some way to addressing recommendation two of the strategy whereby a report of completed nursing and midwifery research would be undertaken. Whilst in the context of major structural change, there are inherent difficulties in trying to capture such a national picture the information gathered will act as a useful resource on which future initiatives can be built both nationally, regionally and locally.

The data was gathered within a changing professional context and broad strategic reform. The former includes the transfer of pre-registration nurse education to the HEI sector as an undergraduate degree, the establishment of a clinical career ladder with adherent educational awards at postgraduate level, and the enhancement of professional development opportunities inclusive of research for all nurses and midwives through the activities of the National Council for the Professional Development of Nursing and Midwifery and the regional Nursing and Midwifery Planning and Development Units. Strategic reform for the health services came from *Quality and Fairness, a Health System for You* (Department of Health and Children, 2001a) and the Prospectus Report (Department of Health and Children, 2003b). Specific research developments occurred from recommendations in *Making Knowledge Work for Health* (Department of Health and Children, 2001b) with further initiatives contained within *Health Information, a National Strategy* (Department of Health and Children, 2004). As such the National Research Strategy will be rolled out against a continuing climate of change for the health service and health professionals such as nurses and midwives.

"Absence of evidence is not evidence of absence" (Parkes et al, 2001:p6) reflects the recent contemporary situation of nursing and midwifery research activity in Ireland. This baseline survey positively enhances the visibility of nursing and midwifery research activity and will act as a benchmark for the measurement of future progress.

Literature Review

Introduction

The information required to establish a baseline for the National Research Strategy was from diverse areas of the research field – from generation to utilisation. The literature review was undertaken to identify the best approach to establishing a baseline of information for the report based on the national and international evidence. To this end keyword searches on databases such as CINAHL generated copious amounts of literature, much of which was of limited value. Instead both unpublished and published reports and policy documents were found to be most helpful in generating concepts to inform the development of the survey instruments. The literature reviewed reflects the information required for the recommendations of the Strategy. In all cases, Irish and international literature was sought where possible. This short review of pertinent literature includes an overview of mapping exercises, measuring research active nurses and midwives, other measures of research activity, using research in practice and research ethics.

Research Mapping Exercises

There is currently no Irish systematic appraisal of research in general. In common with the UK (Rafferty and Traynor, 1997; HEFCE, 2001) very little data exists in Ireland on nursing and midwifery research activity (Condell, 2004). Where information is available there are questions over accuracy, comprehensiveness, and definitions. From an international perspective, mapping or scoping exercises have occurred elsewhere and with differing purposes, professional foci and methodologies (Fyffe and Hanley, 2002; Dowding and Fyffe, 2004; HEFCE, 2001; McCance and Fitzsimons, 2005; Rafferty and Traynor, 1997; StLaR, 2004; Tanner and Hale, 2002). Those published prior to the commencement of this project assisted in both informing this survey from a methodological and content perspective and where possible allow some comparisons of findings to be made. For example, Fyffe and Hanley's (2002) respondents reported that research activity whilst present was limited by scale and there was a lack of nursing research leaders. Heretofore opinion and figures for the Irish context were not available. In summary, the mapping exercises conducted elsewhere noted the inherent design difficulties such as limited mapping based on existing mechanisms of human resource information (StLaR, 2004), the need to mix approaches for collecting data (Fyffe and Hanley, 2002; HEFCE, 2001; McCance and Fitzsimons, 2005; Tanner and Hale, 2002) or collate existing sources (Rafferty and Traynor, 1997); and wide variations in the definition of research activity such as to include generation and utilisation (HEFCE, 2001; McCance and Fitzsimons, 2005) or conducting research independent of an educational course and having a publication (Tanner and Hale, 2002). The former was particularly important considering the purpose of this exercise as a benchmark for progress of the National Research Strategy.

In Ireland, nursing and midwifery were included in local and regional multi-professional mapping exercises in one Irish health board region (North Western Health Board, 2000; North Western Health Board, 2003) with the findings informing strategy development (North Western Health Board, 2004). Specific response rates from nurses of 51.4% (n = 76) and 31.4% (n = 458) occurred respectively. The earlier of these two surveys showed one publication in a specific nursing journal with varying levels of experience of research between sites and levels of practice for nurses and midwives (NWHB, 2000). The latter survey showed that whilst there was research activity (n=8 projects) nurses and midwives continue to lag behind other health care professionals with regard to research experience (NWHB, 2003). In addition, there were no publications in specific nursing journals (NWHB, 2003) in the latter study timeframe.

Internationally, a research mapping or scoping exercise has demonstrated an ability to provide a broad overview of nursing and midwifery research activity. In the absence of national coordinated data on which progress can be assessed it is timely, therefore that a baseline map of Irish nursing and midwifery research is developed.

Research of Active Nurses and Midwives

The Academic Sector

The international literature recognises the key role for universities and other higher education institutes as the main source of research activity in nursing and midwifery. Internationally, variation occurs depending on the stage of development of nursing and midwifery within this sector and national funding sources for research and the reviewed literature gives a sense of such disparity.

The literature revealed that the indices used include numbers of postgraduate students with the PhD as the main marker. (Rafferty and Traynor, 1997; Tierney 1997). An estimation of six nurses and midwives with PhDs in Ireland by 1997 was made by Treacy and Hyde (1999) with a growth to less than ten some six years later (Treacy and Hyde, 2003). Condell (2004) highlights the initial figure as a conservative number due to its anecdotal nature and indeed McKenna and Cutliffe (2001) estimate the number at that same earlier time to be closer to ten.

At a similar period and using data collected by postal survey, Scotland showed 10% (n=74) of doctoral prepared nurses and midwives in universities supervising 146 PhD mainly part-time students with a wide variation of the number of such students per supervisor (Dowding and Fyffe, 2004). This reflected a rise in numbers registered for PhD from 117 in 2002 (Fyffe and Hanley, 2002). This higher number reflects the longer time that Scottish nurse education has spent in the HEI sector. Similarly, Australian research shows growth in the numbers of nurses with doctorates: Roberts (1996) found 7%, Sellers and Deans (1999) found 10% and Roberts and Turnbull (2002) report an approximate 20%.

A key element in enhancing capacity is the investment in senior research appointments (Dowding and Fyffe, 2004). The appointment of two additional professors was recognised by Gething and Lelearthaepin (2000) as a potential influence on the increase in research activity in one Australian University.

In Ireland, Treacy (2005) notes that six chairs in nursing were established by 2004; a further two were established in 2005. This compares with 22 at professorial level in Scotland, which itself was perceived to be inadequate (Dowding and Fyffe, 2004).

The literature shows that numbers of research active staff as a percentage of total staff numbers is also used as a measure in the UK. Whilst this was found to be 3.9% for nursing and allied health professionals (HEFCE, 2001), the appropriateness of such a measure to the Irish context is limited due to the different systems (Mead and Moseley, 2000) for funding nurse education and research between the two countries. One measure that could produce comparisons is the numbers of staff in HEIs with PhDs, which in the UK was 16% of the total (HEFCE, 2001). Numbers of postgraduate students in nursing and midwifery can also give an indication of future doctoral and post-doctoral work research activity and mapping exercises gathered this information (Dowding and Fyffe, 2004; HEFCE, 2001).

Clinical Research

Research activity, however, is not confined to the HEI sector and may occur elsewhere, such as at clinical or policy levels. Indeed, whilst information on the academic awards of nurses and midwives employed in the health services is captured rarely or not at all, for example in Scotland (Fyffe and Hanley, 2002) or Northern Ireland (McCance and Fitzsimons, 2005) it might in any case be only suggestive of research activity beyond that of the award itself. This was certainly an issue that Tanner and Hale (2002) tried to address in their mapping exercise of a large health organisation, whereby the definition of research activity used was out-with of an academic award and where they found 2.1% of nurses to be research active. Bartlett (2002; p222), in response to the Tanner and Hale (2002) paper states that "there is still a long way to go in terms of basic co-ordination, monitoring and recognition of nursing research at the hospital level". Other studies have tried to capture research activity within practice (Bartlett et al, 1997; Hicks, 1995, Hundley et al, 2000; Parahoo, 1998; Retsas, 2000; Tsai, 2000) but there is difficulty in generalising from the results of these studies because of differing sample sizes, sampling and time frames and foci.

In the clinical arena there is a role of the Clinical Research Nurse or Midwife (CRN or CRM) which has developed both nationally and internationally. It is distinct from the role of Nurse or Midwife Researcher as recognised by the Commission on Nursing (Government of Ireland, 1998) and in this survey the title of CRN or CRM was given to mean nurses or midwives involved in research for purposes other than nursing or midwifery. Whilst it is known that this particular resource exists in the UK (Tanner and Hale, 2002) and anecdotally in the Irish context, elsewhere it can not be calculated (Fyffe and Hanley, 2002) and in Ireland, it is not necessarily reflected in the literature nor in official figures. An example of the former is one publication (Kent et al, 2004) that whilst in an Irish nursing magazine, describes the UK context. An example of the latter is whereby there is no such grade title for employers to use when maintaining records of the nursing and midwifery resource (Department of Health and Children, 2002). Whilst the figure of 124 CRNs has been identified by the Irish Research Nurses Association (www.ncnm.ie/irna) this included members from the two jurisdictions of the island of Ireland. As such the numbers of this resource are unknown. Whilst Pearson (2000) suggests that the role does little to enhance nursing research for the profession or for the individual involved, Stephens-Lloyd (2004) argues by illustration that the role has evolved beyond mere data collection for medical research to encompass clinical, educational, managerial, research and professional activities as outlined by Kenkre and Foxcroft (2001). Mueller's (2001) research analysis from a sociological perspective shows that in this area, nursing has developed two separate spheres – part nursing and part medical work. However, a lack of visibility of the nursing contribution in clinical research is seen as both inter- and intra-professionally challenging but McCormack (2004) acknowledges the potential of this resource to building nursing knowledge if strategically harnessed.

Joint Appointments

Internationally, the joint appointee is viewed as one mechanism of enhancing research capacity within the health service through linking the role to academe. The Irish literature on joint appointments in general reflects a review of international literature (Leahy-Warren and Tyrell, 1998), and has been updated to the current timeframe (NCNM, 2005). The number of joint appointees with research remits within the Irish context is currently unknown whilst there is an estimated 995 nursing or midwifery joint appointees between the UK NHS and HEI in 2002 (StLaR, 2004) and six similar joint appointees in Northern Ireland (McCance and Fitzsimons, 2005). No empirical literature on research joint appointments within the Irish context was found.

Other measures of Research Activity

Research Income

A reported indicator of activity is the level and type of funding that research attracts. In recognition of its low base and the need to build capacity the Commission on Nursing recommended that funding be made available for nursing and midwifery through the statutory funding agency the Health Research Board. Since 1999, Clinical Nursing and Midwifery Fellowships with dedicated funding have been offered by means of a peer-reviewed competitive process. By 2005, 24 awards have been made, 17 of which have been to PhD level. This funding is dispersed to the universities where the individual Fellows are registered. In addition, a five-year research programme of approximately €1 million has been funded since 2002. There is the potential to generate other research income from statutory funding agencies, professional bodies and charitable foundations. However, the amount of funding thus available or awarded to nursing and midwifery is unknown.

Publications

The quantity and quality of publications in peer-reviewed journals is also used as a measure of research activity. International analyses of nursing research publications have been conducted featuring Australia, the UK and the USA (Abraham et al, 1995; Borbasi et al, 2002; Jackson et al, 1996; Long and Johnson, 2002; Newell, 2002; Smith, 1994; Webb, 2004) but differing methodologies, foci and time-spans in these analyses makes cross-national comparisons of research activity difficult to assess from these studies. Ireland featured in one analysis with 5 papers being noted as published in the *Journal of Advanced Nursing* in 2002. A common theme from the studies was discussion on the professional versus clinical focus of the published research studies (Borbasi et al, 2002; Jackson et al, 1996; Newell, 2002; Smith, 1994) and concerns on sampling and other design issues such as validity and rigour (Smith, 1994; Long and Johnson, 2002; Webb, 2004).

Bibliometric analysis has been suggested as an appropriate measure to "map the intellectual growth of a discipline" (Traynor and Rafferty, 2001; p168). It is a mathematical method of describing and analysing research publications by a number of measurements which range from topic areas to citations and references. Studies have been conducted from a UK (Traynor and Rafferty, 2001; Traynor et al, 2001) and Spanish perspective (Pardo et al, 2001) as well as focusing on specific fields such as research utilisation (Estabrookes et al, 2004) as an assessment of the development of nursing and nursing research. These studies used different measures within bibliometric analysis. Such an analysis of Irish nursing is problematic. The sustainability of peer reviewed Irish nursing journals has not been demonstrated and databases of Irish research outputs have yet to be developed. Also, across country comparison of bibliometric studies of nursing research may be hampered by language differences and the comprehensiveness of databases.

Other measurements have included calculating publication rates from surveys of particular nurse populations such as nurse graduates or academics. Most of this literature stems from North America (Whitely et al, 1998) and Australia. In the latter publication rates have been found to be less than 1 publication annually (Roberts, 1996a; 1997). Other study designs have included utilising database searches revealing 7% of Australian nurse academics with a publication in a nursing journal in the year studied (Roberts, 1996b). Half (50%) of the 75 articles thus discovered were categorised as research with 66% having multiple authorship.

Since the commencement of this baseline survey two studies have examined Irish nursing and midwifery research publications. One study by Higgins and Farrelly (2005) reviewed the publications by psychiatric nurses in the Republic of Ireland using a web-base and database search. Of the seventy-seven papers that met the inclusion criteria, thirty-five reported on primary or secondary research with a further forty-two based on other elements of scholarship. The majority of publications were small scale, uni-disciplinary, non-funded studies conducted by nurses working in education. McCarthy, Hegarty and O'Sullivan (forthcoming, 2006) undertook an analysis of published Irish nursing research during the period 1990-2005. Overall, 213 published studies were identified in journals (n=60), books (n=4) and research reports (n=8). From this 152 were included for analysis with inclusion criteria as quality of research design, sampling including sample size, data analysis, scientific merit and authorship. The findings showed that 6 journals accounted for 52% of journal articles. Areas of research were clinical practice (96%); nursing management and professional issues (19%) and nursing education (25%). The studies used quantitative (50%), qualitative (25%) or mixed approach (11%) designs. The predominant method of sampling was convenience and both descriptive (38%)

and inferential statistics (62%) were used. However, an underpinning theoretical framework was absent in most of the research reviewed. Less than one quarter of research was co-authored or conducted with another professional. McCarthy, Hegarty and O'Sullivan (2006) reached the conclusion that while significant progress has occurred, Irish research endeavours have been disparate.

In conclusion, the question over using publication rates as a measurement of research activity remains challenging with variation in definitions, measures and the unknown impact of editorial control and peer review on what reaches the public domain. Nevertheless, analysis of publications can give a sense of activity undertaken.

Using Research in Practice

Accessing information technology and libraries

A systematic review of the international nursing literature on predictors of research used by nurses was conducted by Estabrooks et al (2003a). Information-seeking was one of six determinants examined, the other five being beliefs and attitudes, involvement in research activities, education, professional characteristics and socio-economic factors. Whilst one major weakness of all studies deemed eligible to be included in the review was the self-reporting nature of research usage, the results were equivocal with support only for a link between beliefs and attitudes and the use of research.

There have been several individual studies identifying the barriers to research utilisation for general nurses (Hutchinson and Johnston, 2004; Parahoo, 2000; Restas and Nolan, 1999), mental health nurses (Veeramah, 1995), paediatric nurses (McCleary and Brown, 2003) and midwives (Meah et al, 1996). Similar studies have also been undertaken based on geographical region (Bryar et al, 2003) or degree status of the professional (Veeramah, 2004). Many of these used Funk's Barriers scale. Problematic issues of sampling and response rates are reported in this field of research endeavour leading to limited generalisability (Thompson et al, 2001b; Estabrooks et al 2003a). In addition, where cross-country comparisons are made, differences are identified (Dunn et al, 1998).

One Republic of Ireland based study using the Funk's Barriers scale (Glacken and Chaney, 2004) had a non-probability sample of registered nurses and midwives and a 39.6% response rate. Some of the items on the scale include the type of infrastructure and support required for facilitating the use of research in practice and recommended in the national Research Strategy for Nursing and Midwifery in Ireland. For example in the work setting, 94% of Glacken and Chaney's (2004) respondents had access to journals and 85% had access to computers. Of concern, however, is the somewhat lower rate of reported utilisation of these resources with 38% accessing literature more than twice a month and 21.7% accessing the Internet more than once a month (Glacken and Chaney, 2004). In addition, the majority of respondents reported a lack of confidence in critically appraising research (Glacken and Chaney, 2004).

The international literature showed increasing interest in nurses' use of technology to access information via the Internet with studies conducted in the UK. (Morris-Docker et al, 2004) and Canada (Estabrooks et al, 2003b). The Canadian study (Estabrooks et al, 2003b) depended on self-reporting of usage of the staff nurse grade across a province whereas the UK study (Morris-Docker et al, 2004) used mixed data including a software surveillance package over a one year-time frame in one hospital. Findings from both studies showed that nurses reported and utilised the Internet in the work setting for short periods of time only and there was an increased usage on night shift when nursing activity was low. In the UK study the time spent searching online library databases was reported as limited and the search engine pattern usage showed unsophisticated skills of searching. This raises the issue of the provision of skills training on literature searching for nurses which is often also linked to critical appraisal skills training. The UK Foundation of Nursing Studies (FoNS) conducted both a short and long-term evaluation of research utilisation workshops providing such skills training for nurses which were conducted in nine UK centres ten years ago (FoNS, 2001; Mulhall and le May, 2004). At a 30 month follow-up, half the respondents to a postal survey reported loss of skills through lack of use (FoNS, 2001). Further analysis by Mulhall and le May (2004) noted that the sustained use of critical appraisal skills is affected by the complexity of both organisational and professional cultures of practice. A Cochrane review (Parkes et al, 2001) found limited empirical data from which generalisations could be drawn especially in relation to critical appraisal skill training for health professionals other than medics and also on the impact of such training on patient outcomes. In addition, whilst a skill required for critical appraisal, studies found nurses' limited capability of reading and interpreting quantitative data restricted the use of research in their clinical practice (McCaughan et al, 2002; Parahoo 2000; Restas 2000; Thompson 2001b). There was no Irish literature reporting on the provision of such training or its evaluation.

Thompson et al (2001a) in their mixed method case study of three UK hospitals which included observation found that proximity to the library was not a pre-requisite for library use. Instead, formal professional development activity or development of standards and guidelines acted as stimuli for usage of library facilities. They also found a perception amongst the participants of their study that the nature of nursing work did not encourage use of the library. Thompson et al (2001b; p385) described participant's library skills as "at a fairly rudimentary level".

Research-based guidelines

Whilst the literature shows continued debate regarding the use of research-based guidelines and their influence on professional judgment, Thomas et al (1999) note the increasing nursing and midwifery interest in developing practice guidelines to ensure quality care based on evidence although much of the research they reviewed for their systematic review was multi-disciplinary in nature. In addition, Turrill (2000) outlines the resources required to develop such guidelines. In 2000, An Bord Altranais published guidance for Irish nurses and midwives in relation to the development of policies, guidelines and protocols and which recommended reviewing and appraising relevant literature on the topic area. The extent to which such guidance has been developed in Ireland is not documented in the literature. However, one Irish study (Flynn and Sinclair, 2005) explored the experiences of 19 intensive care nurses in using such guidance. Using focus groups, the nurses reported that they in some cases they did not adhere fully to the protocol with justification being based on their experience and knowledge of the patient. In the UK, Thompson et al (2001a) in their mixed method case study of 3 hospitals observed only 4 actions of consultation with research-based protocols during 180 hours of observation; 3 of these occasions were in specialised units. These studies, regardless of their limitations, indicate that there is some way to go before such guidelines are fully utilised and integrated into practice.

Research Ethics

Whilst changes in research governance infrastructure has dictated a mushrooming of nursing literature in the UK on the topic, there was little in the way of information on research ethical governance within the Irish context. Kelleher (2004) found 50 ethics committees in Ireland with 33 of these being attached to hospitals and/or health boards and the majority (n=30) in the Dublin region. There was also variation in membership, processes, and procedures (Kelleher, 2004), with the latter being problematic for multi-centre research as illustrated by Smith et al (2004). A publication on guidance was issued and disseminated by the Irish Council of Bioethics in 2004 (ICB, 2004). This gives direction, based on international best practice for current and future committees charged with the role of the ethical governance of research. From a uni-professional perspective, guidelines for the ethical conduction of research are available for nurses and midwives from the International Council of Nurses (ICN, 2003).

Conclusion

In common with elsewhere there is no central co-ordination of data regarding research activity in nursing and midwifery. The literature showed previous international attempts to gather such information on a national or organisation basis used multiple sources of data. Even so, a totally comprehensive picture is unlikely to be achieved, especially in the context of a dynamic field. Whilst the international literature showed pockets of empirical work on some of the issues raised in the National Research Strategy, published Irish research was very limited. There were also significant gaps in literature on some elements. This signified a need to capture as much data as possible through a variety of existing sources and through the creation of others.

Methods

Aims and Objectives:

The aim of the project was to provide a baseline picture of research activity in Irish nursing and midwifery.

The objectives of the study were

- 1) To estimate the current research capacity and capability of Irish nursing and midwifery
- 2) To describe the research and publication activities of Irish nurses and midwives
- 3) To describe the availability and use of research for practice
- 4) To describe the involvement of Irish nurses and midwives in research governance.

This national picture was viewed from four different perspectives including (1) the individual practitioner (2) the head of HEI nursing education (3) the director of service provision and (4) the registered nurse tutor. It is acknowledged that this gives a snapshot in time of what is an evolving field of activity.

Data Collection Tools:

Four separate postal surveys (See Appendix 1) were undertaken over a two-year timeframe and a snapshot of each perspective obtained from questionnaire data retrieval. Questionnaires were custom-designed from available literature, to take into account the research activity and/or responsibilities of the four distinct perspectives. Experts from clinical practice, research, practice development, education and management further informed the content and face validity of questionnaires and tests of stability and equivalence were performed on each. The three questionnaires targeted to the individual practitioner, the director of nursing services and the registered nurse tutor, were piloted and amendments made accordingly. As the proposed survey to the heads of HEI nursing education would include a small population only, it was deemed inappropriate to pilot the questionnaire to this group, as duplication of effort was likely to occur.

Data Analysis:

All returning data from the four individual surveys were coded, subjected to double-key data entry and then cleaned. Additional quality checks of data entry were then performed on 10% of coded entries. The majority of data from closed-items received numerical coding; however, where qualitative data were provided, data were coded into commonly recurring categories. Statistical analysis of quantitative data was carried out using SPSS or Datadesk statistical packages. The majority of data were categorical in nature and as such, results were summarised as percentage (n) or where appropriate median (range). Proportions were compared using a chi-square test and an alpha level of 0.05 was set. Where surveys produced a non-representative response rate (i.e. <50% of surveyed population) only descriptive statistics were deemed appropriate. In two of the surveys (the practitioner and the registered nurses tutor stands) respondents were asked to supply titles of research projects. This data were managed by 5 senior nurses blind coding the titles into 3 categories; these being clinical, educational and management with the latter including policy and workforce issues. Where a title had 3 or more of one category applied, it was deemed to be in that category, the remainder was deemed as uncategorised.

Findings

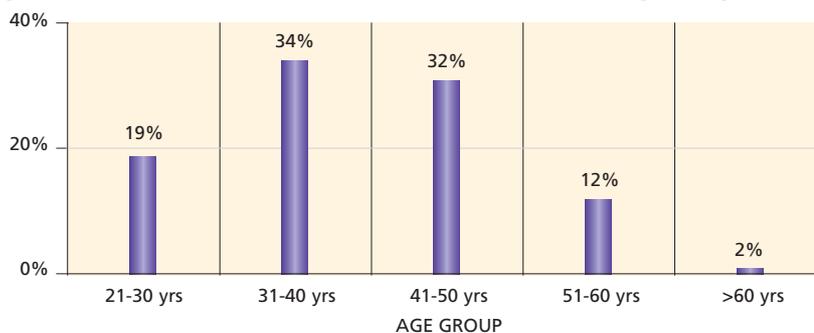
Strand One –The Individual Practitioner Survey:

The questionnaire employed in the individual practitioner survey was printed as a detachable section of the NCNM's Winter Newsletter 2002. The questionnaire consisted of four sections which yielded information pertaining to (1) biographical details (2) professional/academic qualifications and practice (3) conducting research and (4) other research activity. A freepost addressed envelope, a reminder note in the subsequent Spring Newsletter and personal contact with the Research Development Officer through Regional Meetings and other fora acted to enhance the response rate. The Newsletter was distributed to all nurses and midwives within the Republic of Ireland whose names were contained on the An Bord Altranais "Live Register" (n= 58,520) at November 2002. However, maintenance as a registrant is dependant on payment of an annual retention fee only and as such the 'Live Register' may not reflect the number of nurses and midwives who are actually in practice. Employment statistics for 2000 show that 32,863 nurses and midwives were employed in the public health services and an estimated 10,000 nurses and midwives in the private health sector, (Department of Health and Children, 2002). The period of questionnaire response was from 1/12/02 – 25/7/03 with reminder notices being published in the Spring Newsletter (10/3/03) and also distributed in the Regional Meetings of the National Council (2/4/03-22/5/03). In total, 188 newsletters were returned as undeliverable, however 1401 usable questionnaires were returned, giving a response rate of 2.4% if the "Live Register" is used as denominator. As such, the findings for the individual practitioner strand should be read with caution in light of this response rate although it is broadly comparable to other surveys using a similar approach such as An Bord Altranais Scope of Nursing Project (An Bord Altranais, 1999).

Section 1: Biographical Details

In total, 1312 respondents identified their sex, of which 95% (n=1246) were female and 5% (n=66) were male. Of the 1400 respondents who indicated their age, the greatest proportion 34% (n=476) lay in the 31-40 age-group (figure 1).

Figure 1: Response Rate of Respondents According to Age Group



Section 2: Professional/Academic Qualifications and Practice

Question 2.1 asked respondents to indicate in which division(s) of the live register their name was held. Table 1 illustrates the 7 divisions of the register occupied by respondents and suggests that a large percentage 86% (n=1208) are registered in the general division.

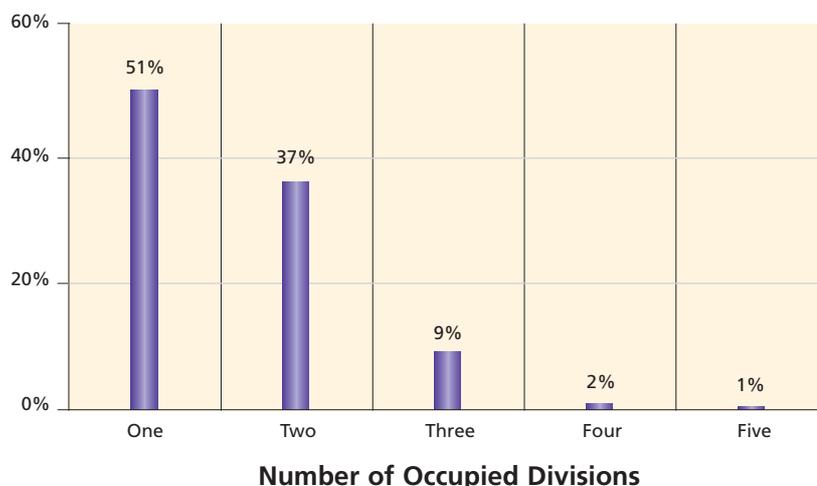
**Table 1:
Number (%) of
respondents registered in
each Division of the
Register**

*NB: More than one division indicated by some respondents

Division of the Register	n=	%
RGN	1208	86
RM	453	32
RSCN	140	10
RPN	191	14
RMHN	89	6
RPHN	107	8
RNT	87	6

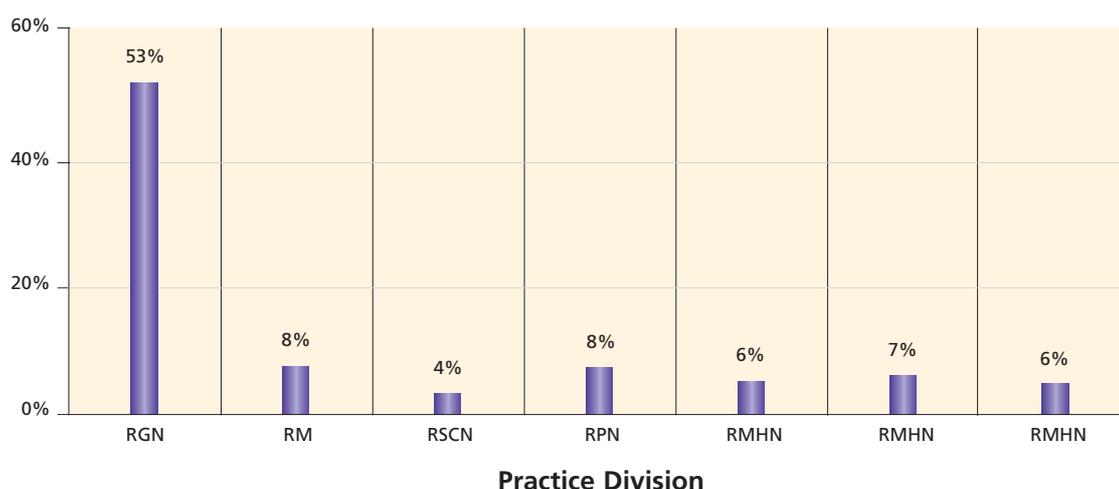
The majority of respondents were registered in one division only 51% (n=718), although, figure 2 illustrates how some were registered in as many as 4 divisions 2% (n=23), whilst 1 respondent was registered in 5 of the 7 divisions.

Figure 2: Percentage of Respondents Occupying One or More Registered Divisions



Respondents were also asked to identify the division of the register in which they currently practised, and 90% (n=1256) were assigned codes pertaining to their practice division. It should be noted that nurses or midwives who identified themselves as lecturers were coded as practising in the RNT division and practice nurses were coded as practising in the RGN division (figure 3). Anomalies noted by the researcher during coding included respondents practising in a division in which they were not registered, especially RMHN and RPHN. Of the 89 respondents who stated that they currently practised in an intellectual disability setting, 22% (n=20) were not registered in this division. Similarly, 6% (n=6) of respondents practising in the RPHN setting were not registered in this division. Some nurses also said they were practising in two divisions – RGN and RM or RGN and RSCN.

Figure 3: Percentage Division Presently Occupied by Respondents

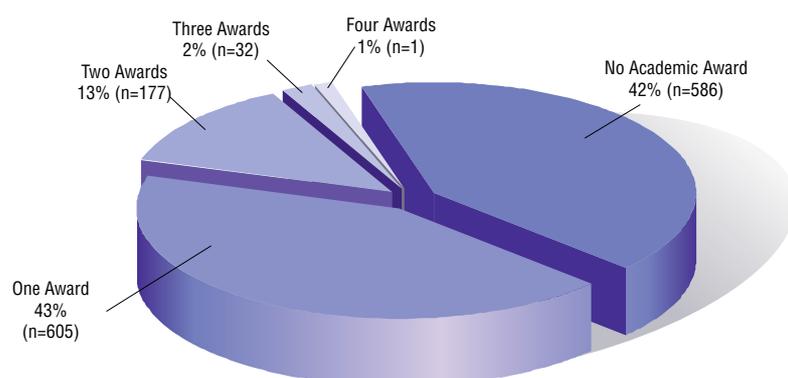


Approximately 10% (n=124) of respondents were not coded in registered divisions for a variety of reasons. Of these, 0.4% (n=5) of respondents were ‘missing’, 2% (n=25) stated that they were presently practising as a ‘student’ in another division, whilst respondents that identified themselves as on career break, on sick leave or retired 3% (n=42) were coded as ‘not practising’. Academics and those working outside the divisions of registration 4% (n=52) were coded as ‘other’. Table 2 illustrates the various titles cited under the category ‘other’.

Table 2: Titles given by respondents under 'other' category of practice Job Title

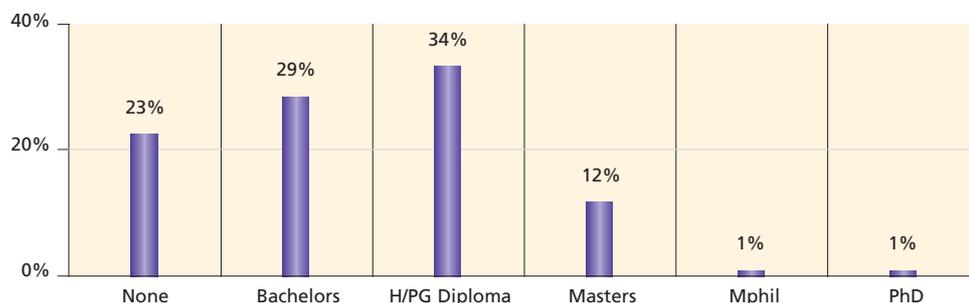
Job Title	n=
Regional Policy	7
Academic/Researcher	5
Occupational Health	5
National Policy	4
Studying (occupational health, psychology, arts)	4
Therapist (family, psycho, IACT)	3
General Management and Audit	3
Special Needs Assistant or Assistant House Parent	3
Training	3
School Nurse	2
Community Work	2
Allocations	2
Infection Control Nurse	1
Physio Geriatric	1
Sales Representative, Wound Care	1
Risk Management Consultant	1
Health Promotion Co-ordinator	1
Project IT Manager	1
Phlebotomy	1
Caring for Older Religious Sisters	1
Chiropracist	1
Total	52

In question 2.3 respondents were asked to indicate their academic qualifications with results indicating that 42% (n=586) held no academic award. The majority of respondents held one award 43% (n=605), however with one respondent reported holding 4 academic awards (figure 4).

Figure 4: Percentage (n) of Respondents Citing Academic Awards

The higher/post-graduate diploma was the most frequently cited qualification 34% (n=474), whilst 29% (n=408) held a Bachelor's degree, 12% (n=166) held a Master's degree, 0.7% (n=10) had a PhD and 0.1% (n=1) held an MPhil (Figure 5). Additional unsought information included the following: two respondents held two master's, 8 held two Bachelor Degrees, 5 held two higher/postGraduate diplomas and 1 held three higher/postGraduate diplomas, one respondent identified his/her Bachelor degree as a BSc in Economic and Social Studies, one respondent identified his/her master's as an MSc in European Studies and one respondent identified his/her current doctoral studies in the field of Environmental Epidemiology.

Figure 5: Percentage of Respondents Citing Attained Academic Qualifications



*NB: More than one qualification indicated by some respondents

Respondents also recorded the year in which they achieved their qualifications. Where respondents indicated the holding of more than one nursing-related academic qualification at the same level, the earliest attained qualification was recorded. Figures 6-9 show the years of attainment for higher/post-graduate Diploma, Bachelor Degree, Master’s and PhD.

Figure 6: Year of Attainment of Degree Awards

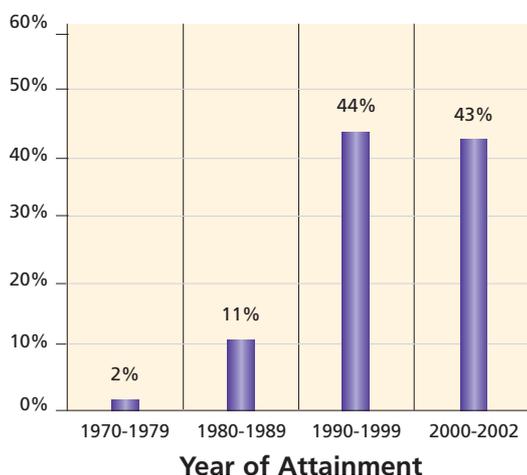


Figure 7: Year of Attainment of PG Diploma

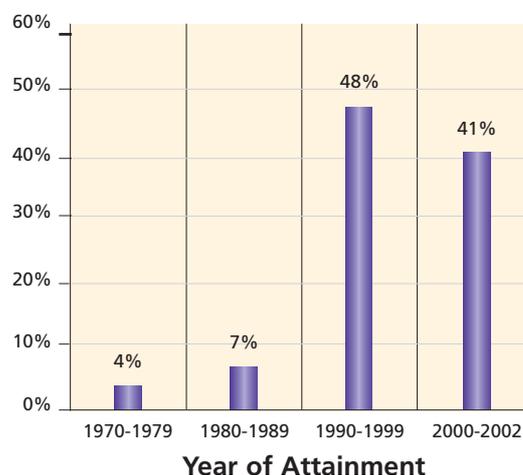


Figure 8: Year of Attainment of Master Degree Awards

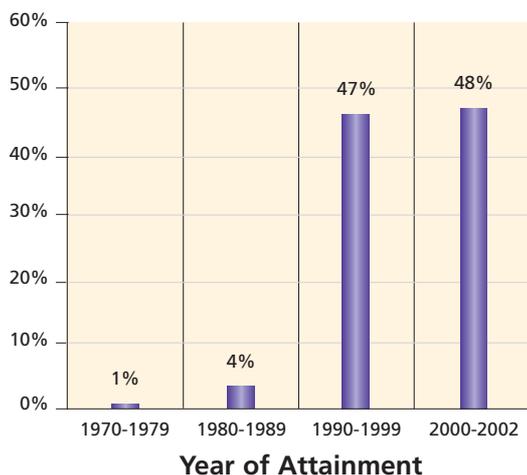
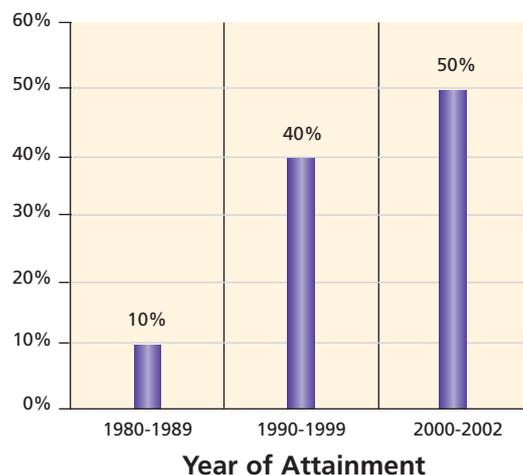


Figure 9: Year of Attainment of PhD Awards



As higher degrees were deemed more likely than others to involve a data collecting research component, the research activity of respondents with these academic awards was examined in greater detail. Table 3 illustrates the division of practice of respondents with higher academic qualifications.

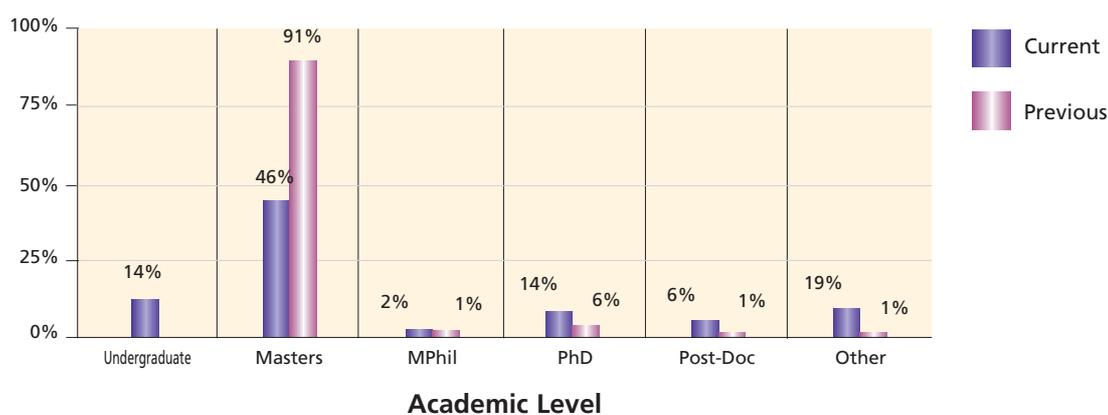
Table 3: The Division of Practice of Respondents with Master's and PhD

Division of the Register	MSc	PHD
RGN	50	2
RM	12	0
RSCN	2	0
RPN	8	0
RMHN	5	1
RPHN	8	0
RNT	58	4
Other	16	3
Not Practising	7	0
Total	n=166	n=10

Section 3: Conducting Research

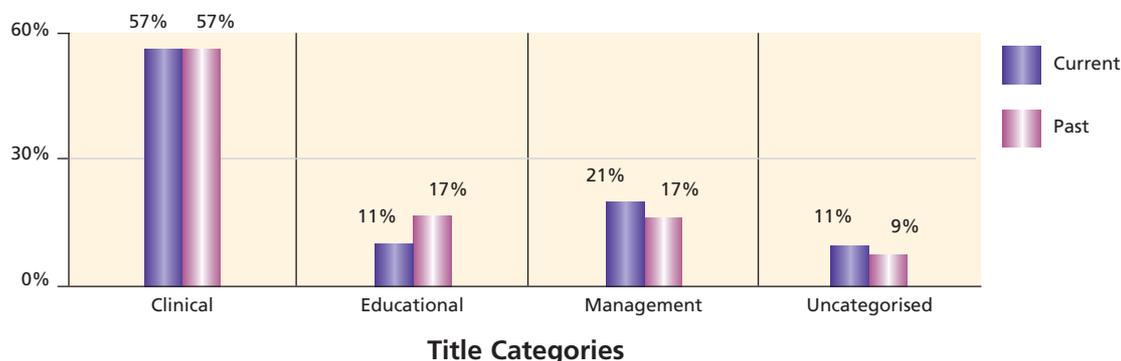
In this section, 93% (n=1247) of respondents answered questions related to the conduction of nursing/midwifery research. Of these, 10% (n=127) reported that they were currently conducting nursing/midwifery research that involved data collection and 12% (n=154) reported previously doing so. In combination, the total number who had experience in the conduction of research that involved data collection was 22% (n=281). Of these, 14% (n=40) indicated that they had both previous and current experience conducting research.

In addition, a further sixteen respondents stated that they were registered on a Master's programme but not yet collecting data. Hence, although 281 respondents reported research experience involving data collection, only 63% (n=177) had attained a higher academic award. This discrepancy may be due in part to those currently undertaking higher degree programmes who have yet to complete or those undertaking taught Master's programmes where the thesis does not require data collection. Similarly, some data collecting research projects may not form part of an academic/research programme. Figure 10 shows the academic level of current and previous research.

Figure 10: Academic Level of Current and Previous Research Projects

Respondents were asked to provide working titles for the research they conducted. One hundred and fifty four past working titles and 121 current working titles were detailed (see Appendix 2 for a list of same). The titles were categorised into four groups (see method) and the results are shown in figure 11. Please note that some respondents gave the titles of a number of research studies, whilst some with 'no title' or a title considered abstract were termed 'uncategorised'.

Figure 11: Categories of Current and Past Titles where Data Collection has Occurred



Respondents were also asked to describe the methodology and methods used; however, 10% (n=28) of respondents reported methodology alone, 84% (n=247) provided only the method used, whilst 17 (6%) omitted this information completely. As such, figure 12 illustrates the methods used. Within the ‘other’ category, research methods were described as historical, feminist, case study or action research. The majority of those who were presently conducting research 73% (n=88) and/or who had conducted research 79% (n=120) did so as individuals on a part-time basis (Figure 13).

Figure 12: The Methods Reported by Respondents in Current and Past Research involving Data Collection

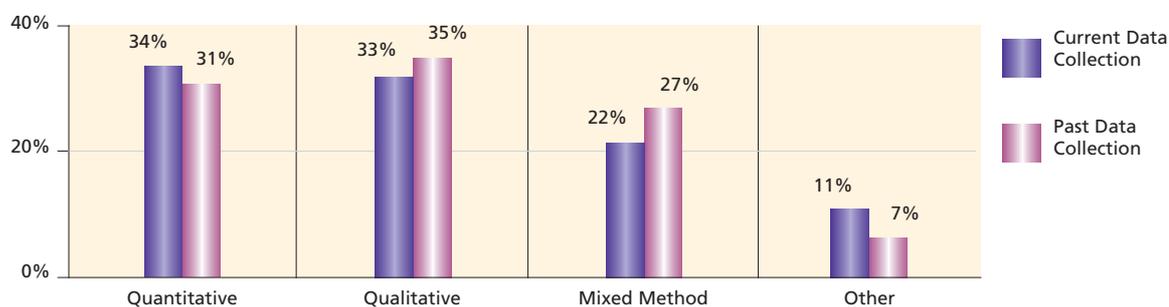
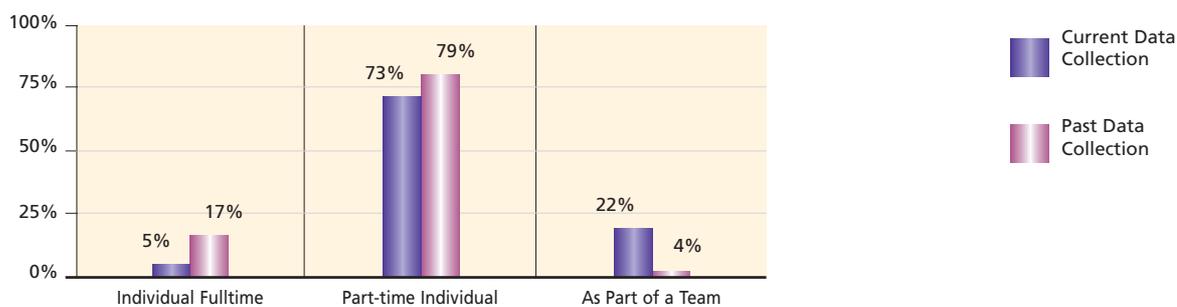


Figure 13: Structure of Current and Past Research involving Data Collection



In question 3.1 (d), respondents were asked to identify any sources of funding which they had successfully accessed. In total, 51% (n=144) of respondents applied for external research funding of which 28% (n=36) of practitioners currently conducting research and 36% (n=55) of those who had previously conducted research had received funding. Of these, 77% (n=70) gave details of the funding source (Table 4).

Table 4: The Funding of Current and Past Data Collection

Source	Specific Funding Type or Source	n=
NATIONAL		
Health Research Board	CNMF	5
	HSR	1
An Bord Altranais	Research Scholarship	14
	All-Ireland Scholarship	3
Department of Health and Children		2
Health Services Employers Agency		2
Professional or Voluntary Associations	Mental Health Association	1
INTERNATIONAL		
European Union	Unspecified	3
	Social Fund	1
Professional Association	European Wound Management Association	1
UK	RCN Cancer Nursing Society, NHS Culyer Funds	3
USA	NIH	1
REGIONAL		
	Health Board	5
	Planning and Development Unit	4
INSTITUTIONAL		
Hospital Foundations + Charities	Irish Hospice Foundation; Eileen Mansfield Scholarship; Adelaide Hospital Society; Meath Foundation; Mercers Trust Fund; Baggot Street Hospital Trust; St. Luke's Institute of Cancer Research, Sligo General Hospital Research Foundation; RCSI bursary for JCMH; RCSI Research Grants	11
Employer		6
OTHER		
	Commercial Sponsorship	2
	Non-specified	5
Total		70

In question 3.1 (d), respondents were asked which sources of funding they were unsuccessful in accessing. Eleven respondents said that they were unsuccessful in accessing funding from the following sources; the Health Research Board (n=6), An Bord Altranais (n=2), the North Eastern Health Board (n=1), the Department of Health and Children (n=1) and the Irish College of General Practitioners (n=1). Table 5 compares research methods with funding received.

Table 5: Research Methods and Funding Received

Method (current and past)	Funded (n=)	Not Funded (n=)
Quantitative	39% (n=32)	61% (n=51)
Qualitative	25% (n=22)	75% (n=65)
Mixed method	48% (n=30)	52% (n=32)
Other method	29% (n=7)	71% (n=17)

Section 4: Other Research Activity

Fifty-six percent (n=758) of respondents reported that they had conducted a literature review at higher/postgraduate level or above. Just over 9% (n= 127) reported currently supervising nurses or midwives undertaking research involving data collection and 17% (n=234) had previously done so (table 6).

Table 6: Academic Qualification and the Supervision of Others

Qualification	Current Supervision	Past Supervision
Master’s (n= 166)	60 (36%)	81 (49%)
MPhil (n=1)	0 (0%)	0(0%)
PhD (n=10)	9 (90%)	9 (90%)

Just over 11% (n=153) reported that they were currently collecting data for non-nursing/midwifery research and 26% (n=358) reported previously doing so. Table 7 illustrates how non-nursing data collection currently occurs throughout all divisions of nursing.

Table 7: Division of Practice and Non-Nursing/Midwifery Data Collection

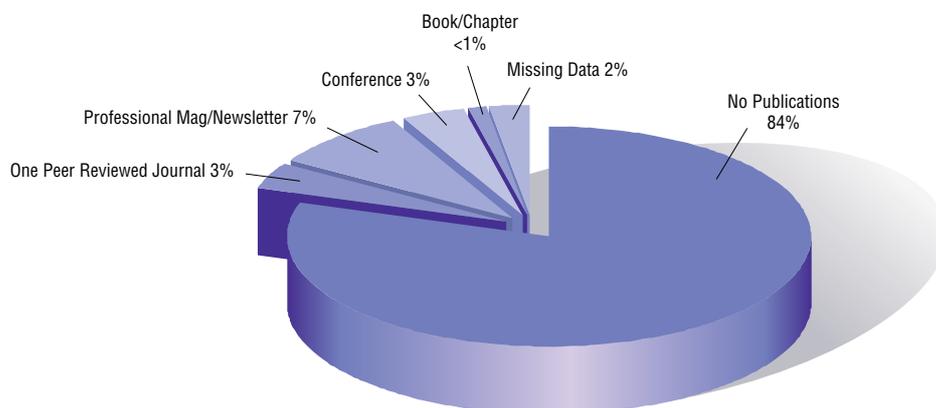
	Division									
	RGN	RM	RSCN	RPN	RMHN	RPHN	RNT	Student	Not Practicing	Other
Current	74 (6%)	15 (3%)	9 (6%)	8 (4%)	7 (8%)	15 (14%)	6 (7%)	0 (0%)	5 (20%)	13 (25%)

In question 4.4, respondents were asked whether they had any piece of research published. Of those responding to this question (n=1353), 13% (n=172) reported a publication. Of these, 2 respondents reported a publication in 5 different categories and 95 reporting publication in one category only. Table 8 shows the numbers (%) of respondents who reported publications in the identified categories, whilst figure 14 shows the publication activity favoured by respondents with a Master’s degree.

Table 8: Numbers (%) of Reported Publications in Identified Categories

Category	No. (%) of Respondents
Conference proceedings	98 (57%)
Professional magazine/newsletter	96 (56%)
Peer-reviewed journal	71 (41%)
Book chapter	18 (10%)
Book	10 (6%)

Figure 14: Types of Publications for those holding Masters



Strand 2 - Higher Education Institute Survey

The questionnaire employed for the HEI survey consisted of 4 sections which yielded data related to (1) programmes and students (2) staff research activity (3) research income and (4) research collaboration. The questionnaire was sent to the head of nurse education in HEI's in the Republic of Ireland during January 2003 (n=13) from which, a response rate of 100% was received. In total, eight universities and five Institutes of Technology provided information pertaining to research capacity and activity at third level. In addition, one location which facilitated distance learning for higher degree attainment with a UK based university also provided pertinent information. However, it should be noted that individuals undertaking research study outside the discipline of nursing or the State (other than by the identified distance learning programme), are not included.

Whilst the response rate of 100% of surveyed institutions was excellent it should be noted that the survey represents one snapshot of research activity in the HEI, taken during a dynamic time of change in nurse education². As such, institutions varied in their stage of evolution, with some indicating a more advanced stage of development than others. It was recognised that a further survey of HEI research activity, was warranted and the survey was repeated after an interval of two years (February 2005). This second survey yielded nine respondents (seven universities and two Institutes of Technology) giving a smaller response rate (69%). The findings described below represent both surveys. Some caution in comparing the data from 2003 and 2005 should be exercised due to the variation in response rates.

Section 1: Programmes and Students

In order to assess research activity, section 1 sought information from respondents on the availability of programmes at Master's level and above. In 2003, only eight institutions (seven universities and one institute of technology) offered such programmes. It should be also noted that the facility offering a distance learning programme, did so at taught Master's level only. Figure 15 outlines the total number of higher degree nursing courses offered by HEI in the Republic of Ireland and shows that three additional courses have been established between 2003 and 2005, including two taught Master's programmes (one IT and one university) and one PhD programme (university). Figure 16 gives an indication of the years in which higher degree courses were established.

Figure 15: Total Number of Higher Degree Courses offered in 2003 and 2005

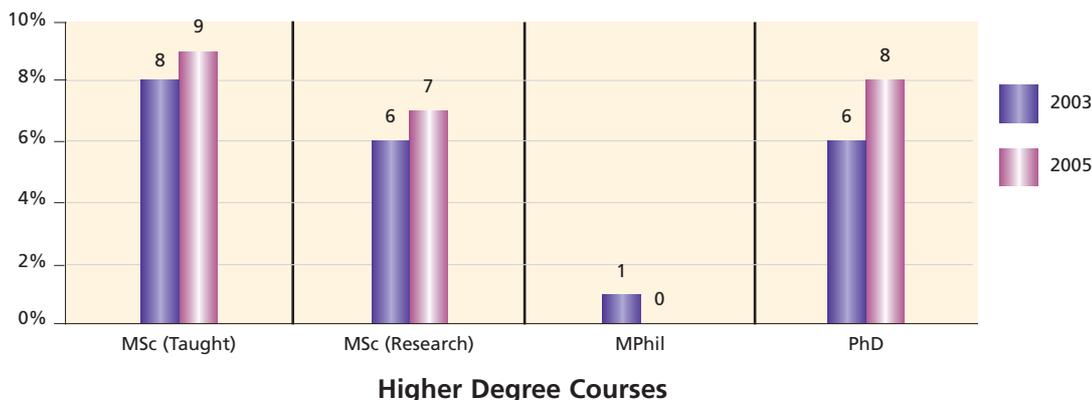
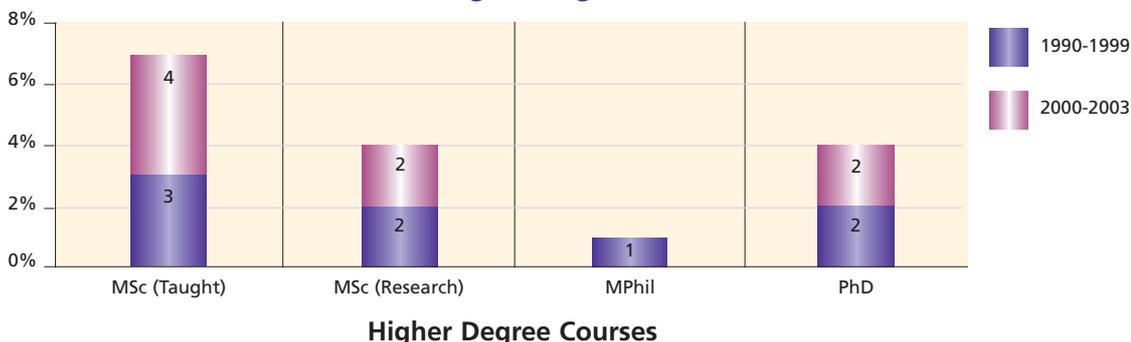


Figure 16: Years of Establishment of Higher Degree Courses



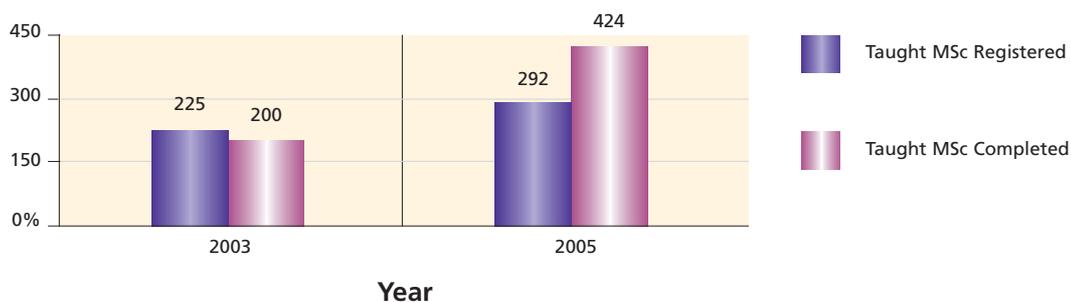
*NB: Information missing on 5 courses.

¹ One newly established Institute of Technology offering an under-graduate programme only, was omitted from the surveyed population.

² The data was gathered 4 months after the commencement of pre-registration education undergraduate education

The HEIs were also asked for the numbers of students who had both registered and successfully completed the identified programmes. In 2003, a total of 318 students were currently registered on programmes, the majority of which were located in the university sector with 64 registered on distance learning. There were no students registered for a higher degree at the one Institute of Technology which offered such a course, due partly to the newly established nature of this programme. In 2003, 208 students had successfully completed higher degree programmes. Of these, 176 were students who had attended university (168 Taught Master’s, 8 Master’s by Research), whilst the remaining 32 students had completed a taught Master’s programme through distance learning. No student attending an Institute of Technology had completed a higher degree course at this time. Figure 17 shows the growth in registration and completion rates for taught Master’s programmes as measured in 2003 and 2005. In addition, those registered on MSc (Research) show 15 in 2003 and 28 in 2005. Similarly, those registered on PhD programmes show 13 in 2003 and 28 in 2005.

Figure 17: Registration and Completion of Taught MSc (2003-2005)



Section 2: Staff Research Activity

In section 2, respondents were asked to identify the number of nurses and midwives employed in their department. In addition, each respondent was requested to provide details about the number of staff who occupied part-time and full-time research posts (Table 9). Please note that these numbers omitted academic non-professional personnel working in Schools or Departments of Nursing/Midwifery who may have contributed to building nursing and midwifery research capacity. Furthermore, the numbers reported with a part-time research function may not accurately reflect the actual level of research activity within the third level sector, as some university respondents reported an expectation of research activity from all academic staff. Rather than a static phenomenon, the dynamic of an evolving nurse and midwifery education within the academy, insists that these figures be viewed as a ‘snapshot’ of research activity at the two times of data collection.

Table 9: Staff Demographics in Third Level Sector

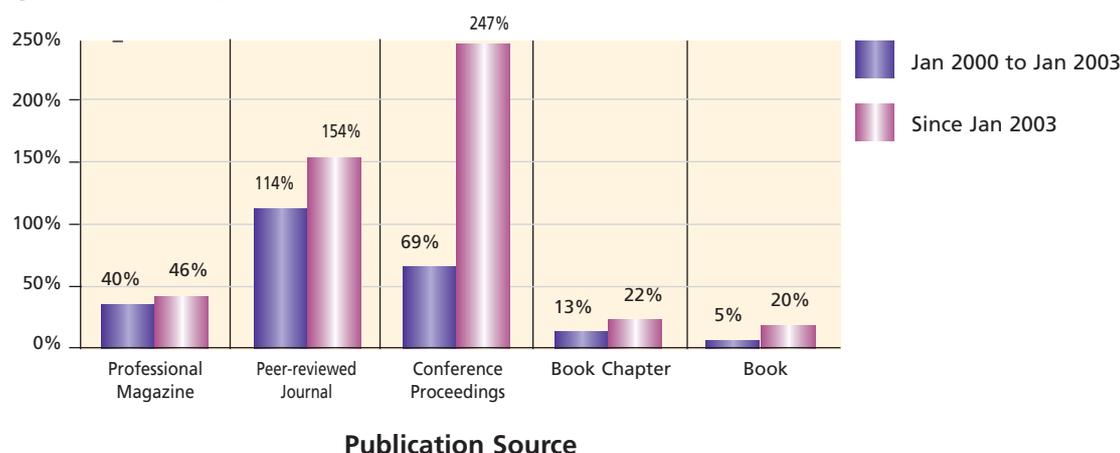
	University 2003 n (range)	University 2005 n (range)	IT 2003 n (range)	IT 2005* n (range)
Total professional staff number	220 (8-50)	258(8-60)	47 (6-17)	34 (17)
Total part-time research function	99 (0-34)	63 (0-41)	0	0
Total full-time research function	10.5 (0-6)	20 (0-8)	0	0
Total professional staff with PhD	17(0-7)	30 (1-9)	1	3(1-2)
Total professional staff registered for PhD	32(0-7)	62(1-20)	4 (0-4)	3(1-2)
Total staff on leave for research purposes	8 (0-4)	9(1-4)	0	0

***Data obtained from only two Institutes of Technology**

Six respondents gave the titles of those working full-time in research. These included research assistants (n=5), research fellows/employed students (n=3), and project team members (n=1). Two titles in research management were also specified, that of Programme Director for Research and Development (n=1) and Director of Research (n=2) with the latter being qualified by both respondents as part-time.

Section two also retrieved information pertaining to the publishing activities of HEI staff. The limited publishing opportunities available in Ireland means that many Irish nurses and midwives publish in international journals. As such, bibliometric analysis is made difficult. Self-reporting of publication was therefore sought in this strand and figure 18 illustrates the total numbers of nursing and midwifery staff-publications cited by the eight universities (n=243) and five Institutes of Technology (n=20). Please note that research reports are not included here.

Figure 18: Self-reported Publication Sources of University Staff



Section 3: Research Income

In section 3, respondents provided information pertaining to research income. In 2003, a total of eight third level institutions had applied for and received external research funding, totaling €3,214,000 since January 2000. This included one Institute of Technology who received external research income of €177,585. However, the universities were the main recipients (n=7) receiving a total of €3,136,500 (range €31,697 to €1,573,800). Only one university had not received funding. In 2005, a total of seven third level institutions had applied for and received external research funding totaling €2,402,96 since January 2003. This included one Institute of Technology who received external research income of €190,000, although part of this sum was 'housed' with a collaborative partner outside of nursing. Again, the universities was the main recipients (n=6) receiving a total of €2,212,961 (range €223,120 to €312,177).

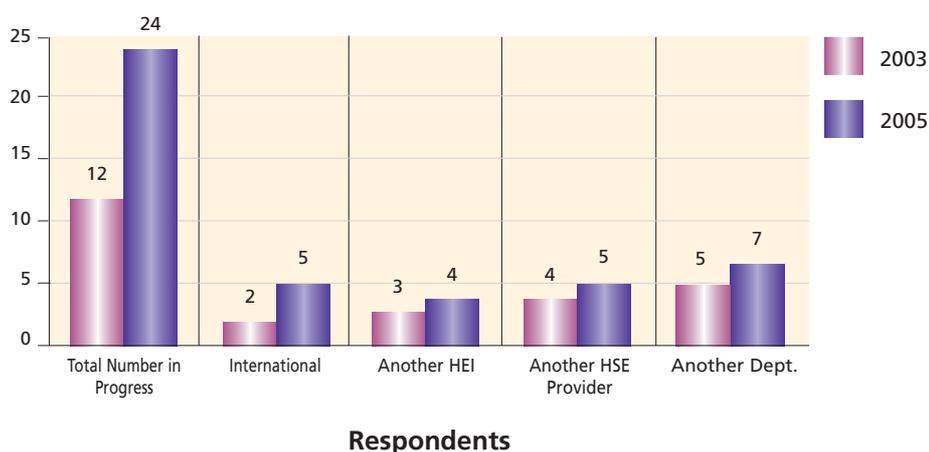
A range of sources of funding was identified. In 2003 these included research funding bodies such as the Health Research Board and Science Foundation Ireland, the Department of Health and Children, Health Boards including Planning and Development Units, statutory organisations such as the National Council for the Professional Development of Nursing and Midwifery and An Bord Altranais, charitable foundations such as St. Luke's Institute for Cancer Research. Some international funding sources were also identified such as the European Union and UK based sources. In 2005, additional funding sources were identified including the National Council of Aging and Older People, the National Advisory Committee on Drugs, the Irish Patients Association, the Irish Cancer Society, the Crisis Pregnancy Agency and the Irish Hospice Foundation amongst others. Of those who did not apply for funding (n=6) in 2003, five respondents described the developmental stage of their department/school and the perceived need to focus on education rather than research as the main reason for non-application. One respondent stated that 'topics were not considered interesting or relevant to particular skills or need'. Where multiple applications had been made with limited success, respondents (n=5) reported a perception that some funding bodies lacked understanding of nursing and midwifery research, and cited the need for a track record in the field and greater guidance for novice researchers. In 2005, additional comments were received from 4 respondents. One described the failure of one particular application which had responded to previous peer review feedback with reflective reasoning on why it may have failed. The other three took the opportunity to make more generalised comments. In the main, these reflected the competitive nature of the funding process.

Internal research funding was available to six universities and two Institutes of Technology. This funding varied from start-up costs for individual staff members to full research Fellowships, many of which involved a competitive process.

Section 4: Research Collaboration

Nine respondents (seven universities and two Institutes of Technology) reported involvement in collaborative research with a range of 1-4 such projects in progress, in 2003. In 2005, seven respondents indicated collaborative working, with four indicating a range of 1 to 11 collaborative projects. Figure 19 shows the nature of the collaborative relationships. Unfortunately, a majority of respondents in 2005 did not indicate the number of projects with each of the type of collaborators given and so direct comparisons with 2003 data on this unit of analysis is imprecise. Nevertheless, a trend towards increasing collaborative working is suggested. In 2003, respondents were invited to make any further comments they wished and four took the opportunity to do so. Comments were positive and encompassed the stage of development and focus of activity to date. Suggestions included funding for research programmes and other measures to develop research function and culture within academic centres. In 2005, one respondent gave additional comments which included the increasing research activity within the School reflecting positively at the university level, as well as suggestions for inclusion in future surveys.

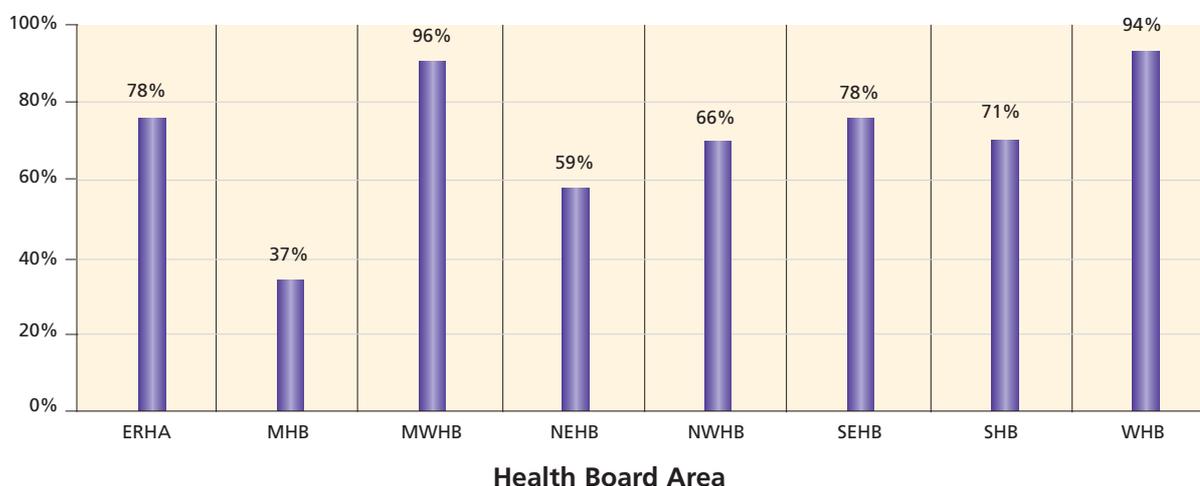
Figure 19: Nature of Collaborative Research Projects (2003 and 2005)



Strand 3 - Service Providers Survey

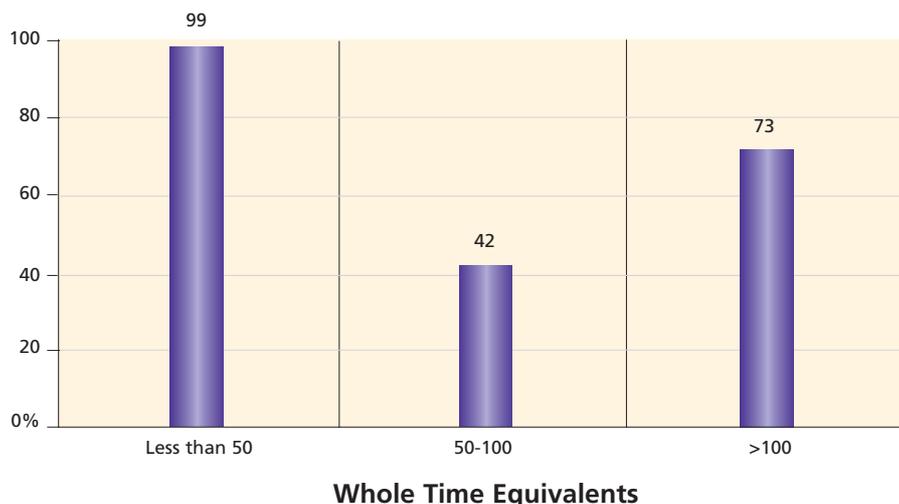
The questionnaire sent to the Directors of Service consisted of 17 items which yielded data related to staff demographics, research activity of staff, research resources available to staff and research-generated funding. Nine items encouraged the responder to include additional comments and examples of these qualitative data are punctuated throughout this report. Questionnaires were sent to 310 organisations/agencies/service providers (hereinafter referred to as services) throughout the Republic of Ireland over a three month period in the spring of 2004. In total, 239 completed forms were returned, thus providing a 75% response rate. As such, this response was considered to yield a representative sample and findings should be read as representative of the targeted population. However, the reader is reminded that the findings show the knowledge, perceptions and opinions of this group of nurses and midwives (Director of Service) only. Figure 20 displays the number of respondents in each of the Health Board areas.

Figure 20: Percentage Response Rate (per Health Board Area)



In question 1, respondents were asked to define their role with results indicating that the majority of respondents (72%) held the post of Director of Nursing, 6% held the post of Director of Public Health Nursing, 1% the post of Director of Midwifery and 21% 'Other'. As a measure of size of service, respondents were asked to provide information about the numbers of Whole Time Equivalents (WTEs) employed. In total, 27,396 (WTE) were represented in 214 responses with a median of 56 WTE per service (Inter-quartile range IR: 20-145). Three groups of WTE levels were created to represent these ranges and included 1. 'less than 50 WTE', 2. '50-100 WTE' and 3. '>100 WTE'. Figure 21 illustrates the number of services within these 3 WTE groups.

Figure 21: Number of Services per WTE Band



Question 3 yielded information about the number of nurses/midwives from each service undertaking higher degrees in 2003. In total 374 nurses/midwives were undertaking Master's Degrees whilst 14 nurses/midwives were undertaking PhDs. Question 4 yielded information about the number of nurses/midwives who had completed higher degrees before 2003. In total, 349 had completed Master's Degrees whilst 32 had completed PhDs. Question 5 asked 'Do you keep a record of the nursing/midwifery research conducted by nursing/midwifery staff in your organisation/agency/service?' In total, 32% (n=77) of respondents stated that such a record was maintained however regardless of these high numbers 68% (n=162) of respondents did not keep a record (figure 22).

Figure 22: Numbers (%) of Services Maintaining a Record of Nursing Research Activity

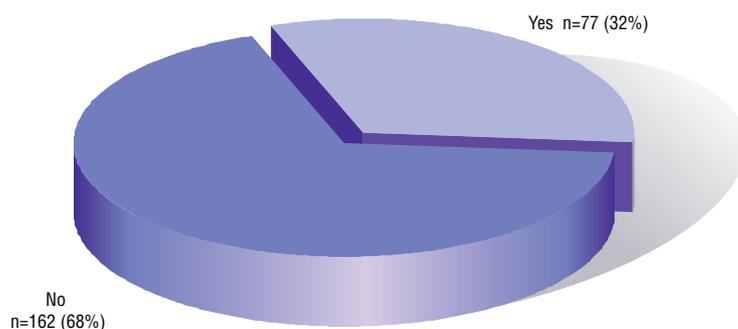
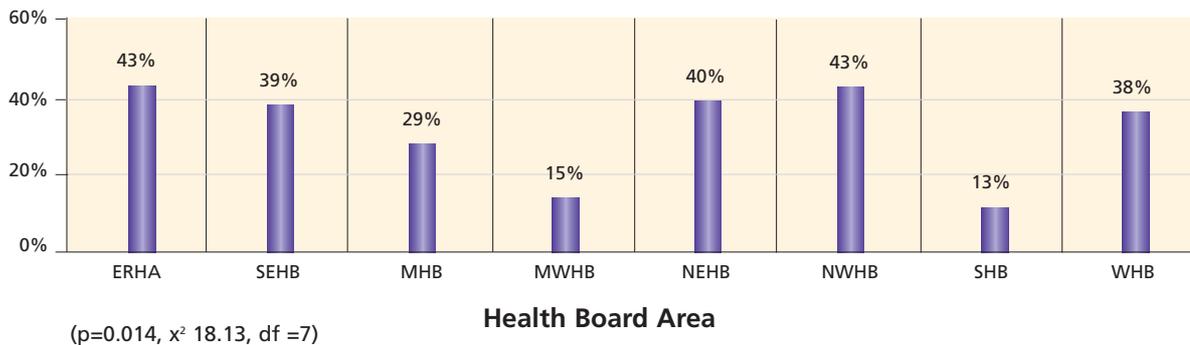


Figure 23 illustrates the wide and statistically significant variation of record keeping between services across the eight Health Board areas; however, there was no significant difference in record keeping across the WTE bands

Figure 23: Percentage of Services (per Health Board Area) Maintaining a Record of Nursing/Midwifery Research Activity



Question 5.1 asked respondents to comment on how these records were maintained, with results yielding a variety of practices. Responses suggest that records were maintained either by the library, the ethics committee, nursing administration, practice development co-ordinators, or at departmental level. The majority of these records were kept in hard copy; however, some electronic storage of records was also evident. In question 5.2 respondents were asked to elaborate on how nursing research records were utilised within the service. Most responses fell into one of three categories which suggested that records were used to (1) inform staff (2) improve practice and/or (3) identify practice areas in need of development.

Question 6 yielded information about the numbers of service providers employing clinical research nurses/midwives. Ninety percent (n=212) of respondents stated that they did not employ nurses/midwives in such as position (figure 24).

Figure 24: Numbers (%) of Services Employing Clinical Research Nurses/Midwives

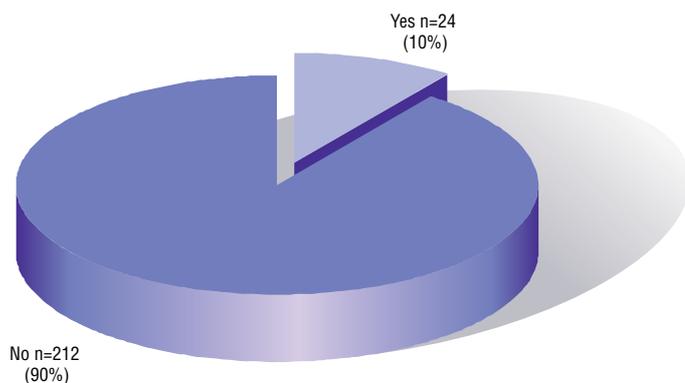


Figure 25 illustrates the wide yet non-significant variation of affirmative responses amongst Health Board areas. Figure 26 illustrates a significant variation across WTE bands, suggesting that services possessing >100 WTE were more likely than others to employ Clinical Research Nurses/Midwives.

Figure 25: Percentage of Services (per Health Board Area) Employing Clinical Research Nurses/Midwives

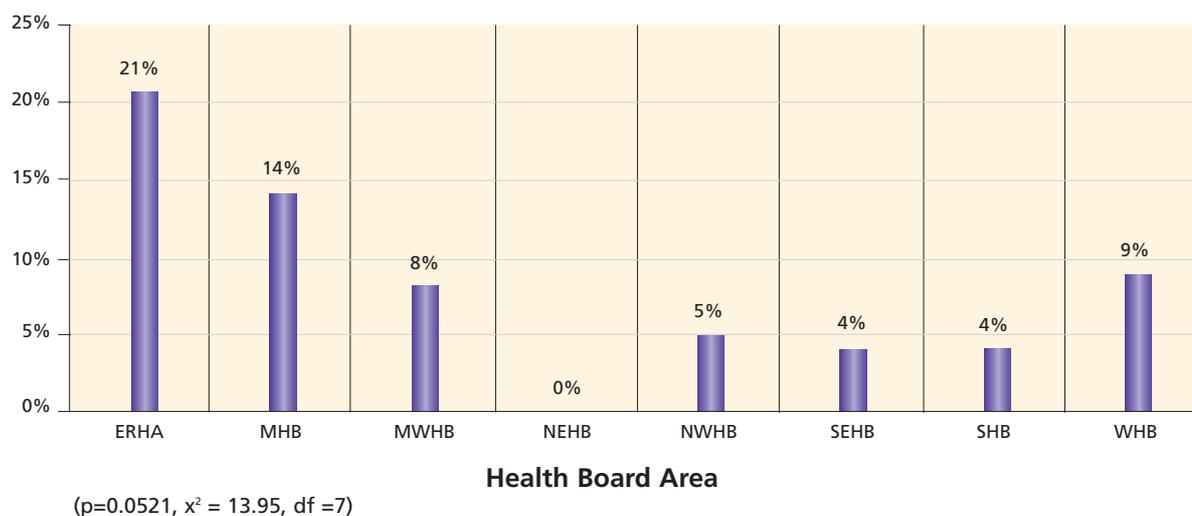
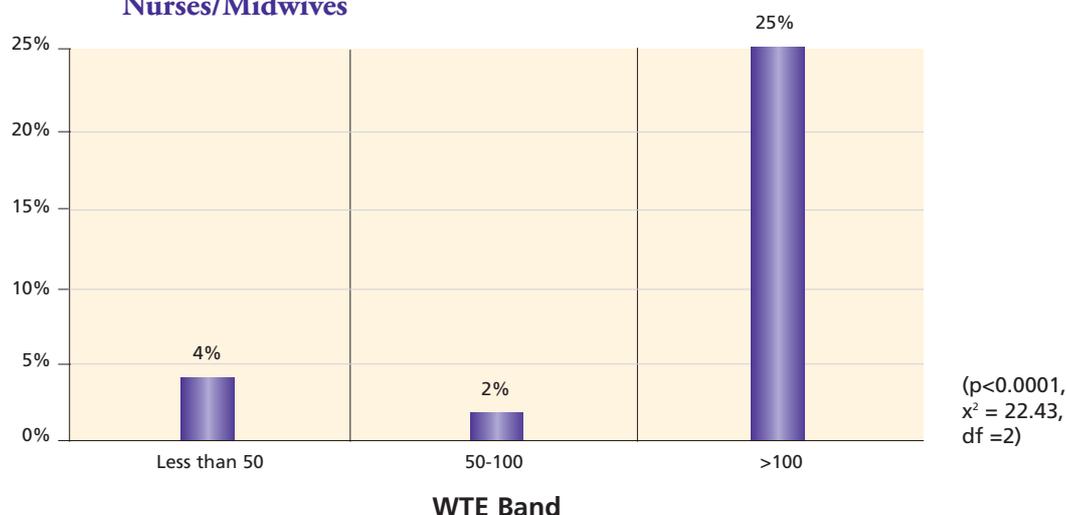


Figure 26: Percentage of Services (per WTE Band) Employing Clinical Research Nurses/Midwives



Respondents were asked in question 7.0 whether they employed nurses/midwives specifically to undertake nursing/midwifery research. In total, 5% (n=11) of respondents stated that nurses/midwives were employed specifically to undertake research. Of those employing nurses/midwives in such a capacity, 55% (n=6) stated that they were employed on a full-time basis, 27% (n=3) stated that they were part-time whilst 18% (n=2) stated that they were employed as a joint-appointee

Question 7.3 asked ‘Is there a mechanism for appropriate supervision of the research undertaken by these nurses/midwifery researchers? All responses indicated (n=11) that such a mechanism was in place. Question 8 yielded information about the number of services with a group specifically designed to deal with the Implementation of the Research Strategy for Nursing and Midwifery in Ireland. In total, 10% (n= 23) of respondents stated that such a group existed (figure 27).

Figure 27: Numbers (%) of Services with a Group Assigned to deal with the Implementation of the Nursing/Midwifery Research Strategy

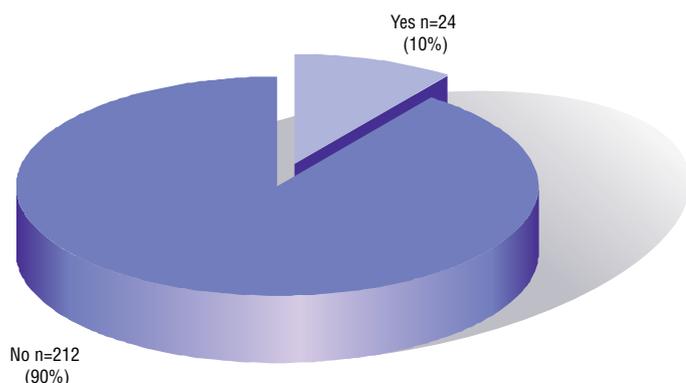
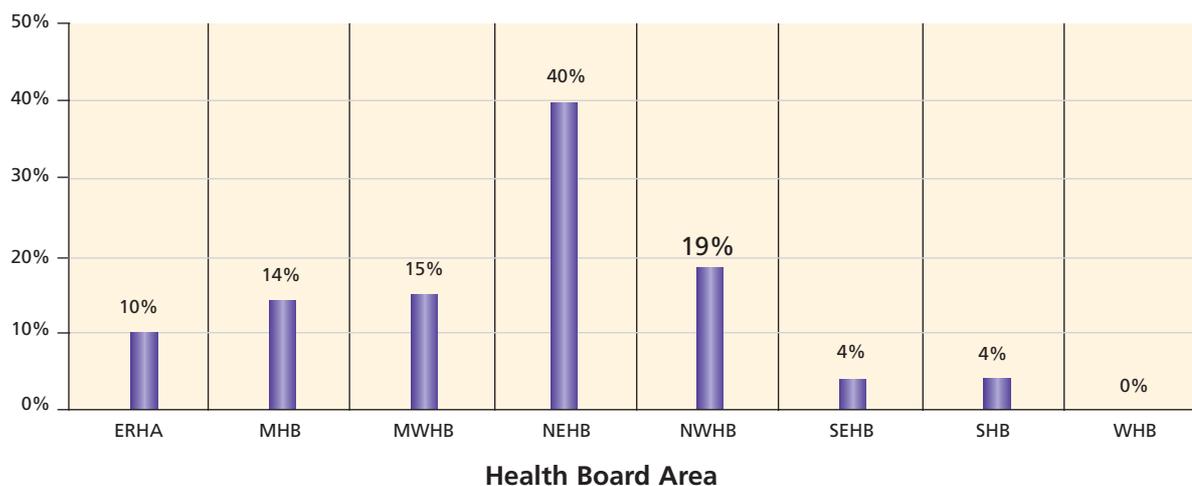


Figure 28 illustrates the wide and significant variation of affirmative responses across Health Board areas, suggesting that respondents from the NEHB were most likely to have such a group. There was no significant difference in affirmative responses across WTE bands.

Figure 28: Percentage of Services (per Health Board Area) with a Group Assigned to deal with the Implementation of the Nursing/Midwifery Research Strategy

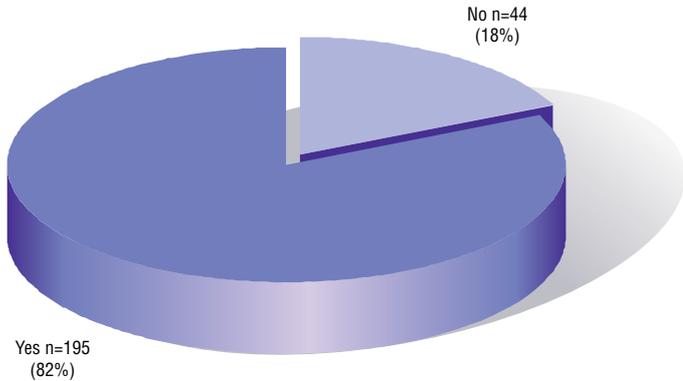


($p=0.0051$, $\chi^2 = 20.2$, $df = 7$)

In question 8.1 respondents were asked to elaborate on the structure, membership and function of this group. Most respondents limited their answers to a description of the membership, with many indicating that members had a pre-existing research commitment. Membership descriptors included statements such as ‘member of research ethics committee’, ‘appointed research posts in nursing’, ‘involved in national research strategy group’, ‘members of Nursing and Midwifery Planning and Development Units.’ Three respondents suggested that all grades of staffs were included in the group, with membership consisting of representatives from each clinical practice area. From the few descriptors of function received, most responses suggested that ‘increasing research awareness amongst nurses’ was the main function of the group. This was achieved through ‘education’, ‘approving and part-funding research’ and ‘implementing and co-ordinating research.’

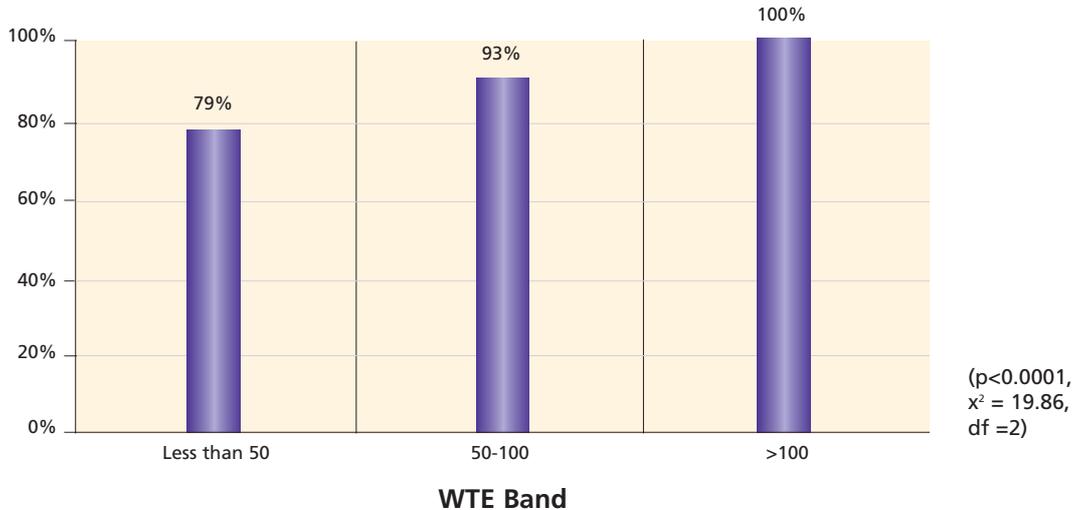
Question 9 asked ‘Do nurses/midwives in your organisation/agency/service provider have access to library? In total, 87% (n=209) of respondents stated that this access was available (figure 29).

Figure 29: Number (%) of Services with Access to Libraries



There was no significant difference in access to libraries across Health Board areas, however, figure 30 illustrates the significant variation across WTE bands suggesting that those services with >100 WTE were most likely to have access to library facilities.

Figure 30: Percentage of Services (per WTE Band) with Access to Library Facilities



Question 9.1. ascertained the location of library facilities within services with results indicating that 56% (n=133) of respondents had on-site facilities. Figures 31 and 32 illustrate the wide and significant variation in on-site facilities across Health Board areas and WTE Bands respectively.

Figure 31: Percentage of Services (per Health Board Area) On-site Library Location

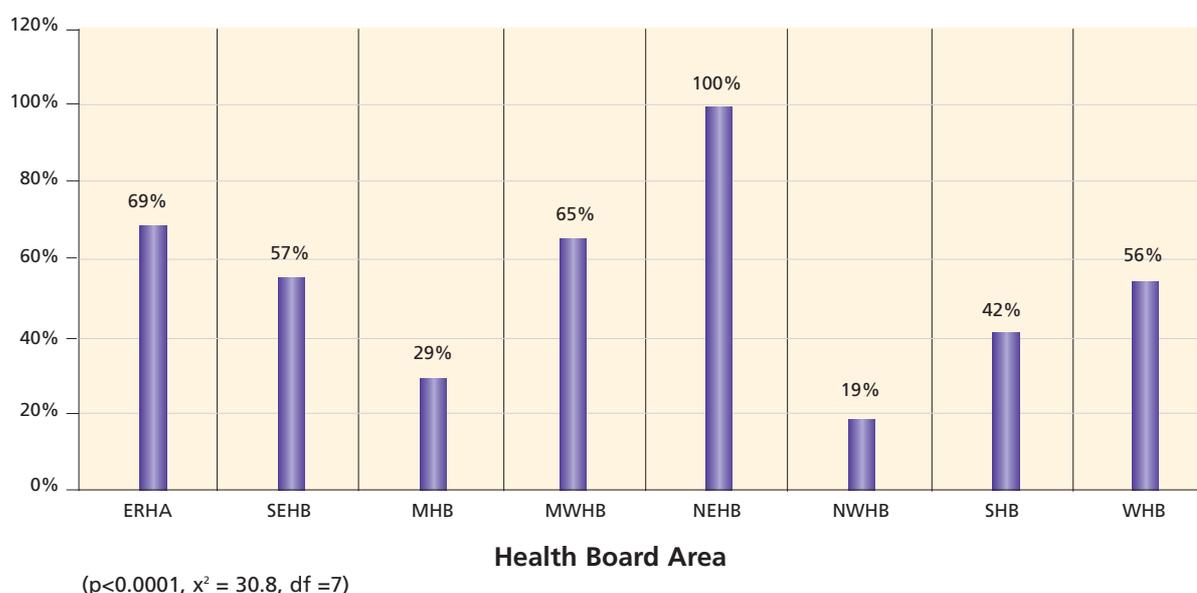
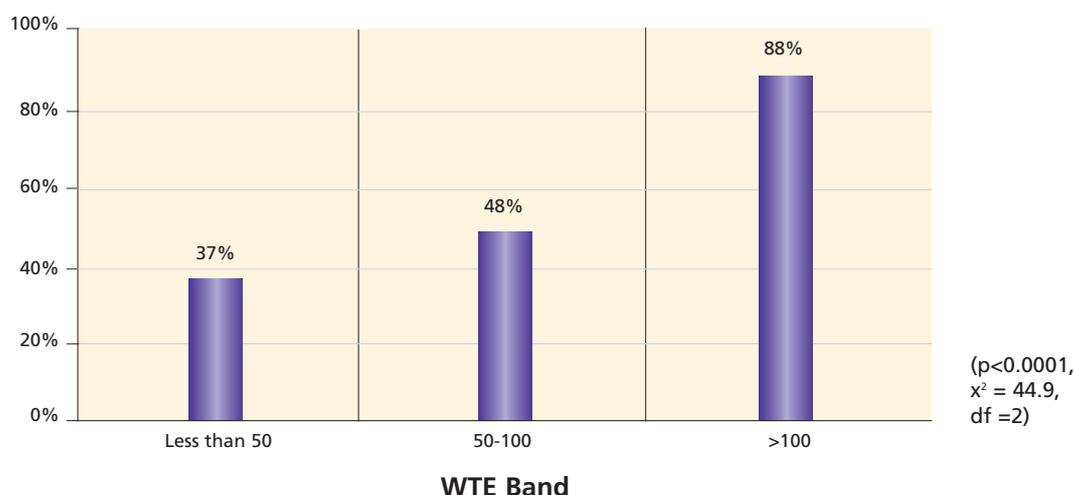


Figure 32: Percentage of Services (per Health Board Area) On-site Library Access



In question 9.2 respondents were asked to rate the ease of access to library facilities. Of the 192 responses to this question, 152 (72%) stated that library access was easy or very easy. In question 9.3 the 40 (28%) respondents who considered access to library facilities ‘difficult’ or ‘very difficult’ were asked to elaborate on the reasons why this was so. Comments included ‘no librarian employed - no one to organise the good supply of journals’, ‘mainly off-site – limited range of facilities on site’ ‘off site location’, ‘no IT services for nurses at floor level’, ‘Internet at one point only’, ‘limited library facilities’ ‘due to budgetary constraints we do not have a room specifically for use as a library. Therefore, majority of data are kept in Matron’s office and are only accessible 09.00 hours to 17.00 hours, Monday to Friday’.

Question 9.4 asked ‘If nurses/midwives in your service have no access to library facilities, please outline how they access evidence based literature.’ Most responses fell into one of four categories which suggested that staff (1) accessed libraries associated with other services or institutions (2) travelled long distances to access library facilities (3) accessed on-line catalogues from their home computers and/or (4) depended on other staff members to disseminate literature. Others suggested that they relied on newsletters from the National Council for the Professional Development of Nursing and Midwifery in Ireland, An Bord Altranais and the Irish Nurses Organisation. One respondent stated that nurses had ‘no access to evidence based literature’ whilst another stated that ‘the director of nursing has sole access to the internet, and she down-loads any information requested.’

Question 10 ascertained whether nurses/midwives employed in each of the services had access to computers for the purpose of performing literature searches. Figure 33 illustrates the large proportion of respondents indicating the existence of such computer access.

Figure 33: Number (%) of Services with Computer Access for Nurses/Midwives to carry out Literature Searches

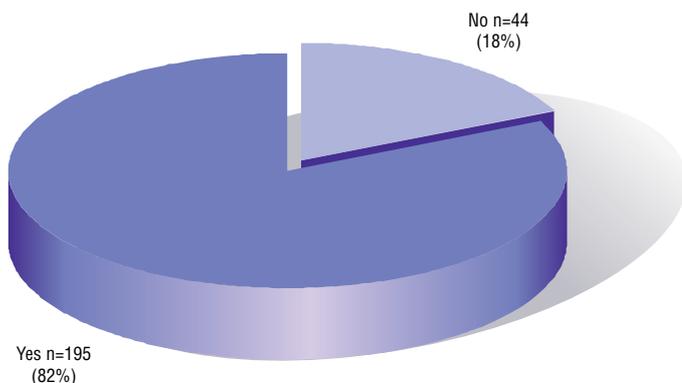


Figure 34 illustrates the wide yet non-significant variation in the percentage of institutions with computer access amongst Health Board areas. Figure 35 illustrates the significant variation across WTE Bands suggesting that those services with >100 WTE were most likely to have access to computers for the purpose of literature search.

Figure 34: Percentage of Services (per Health Board Area) with Computer Access for Literature Searches

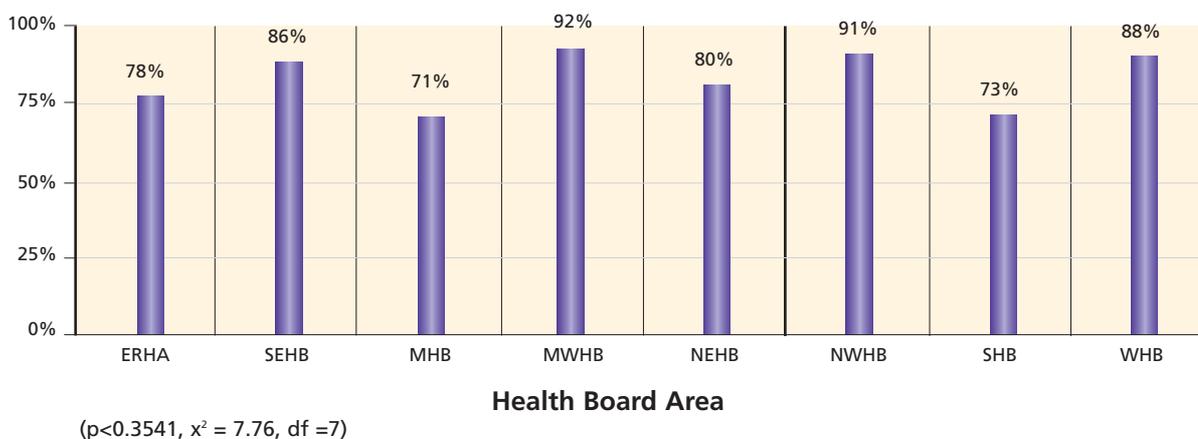
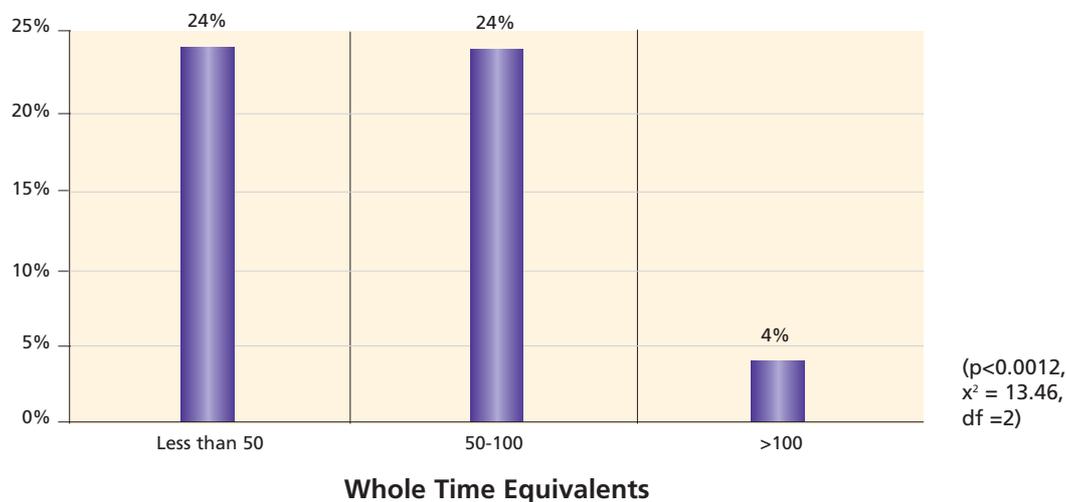


Figure 35: Percentage of Institutions with NO Computer Access according to WTE



In question 10.1 respondents were asked to state the location of these computers. The majority of respondents (64%) stated that computers were accessed from one location only (figure 36). However, 15% (n=35) of respondents indicated that computer access was available at two locations whilst 3% (n=7) of respondents stated that computers were accessed at three locations. Question 10.2 yielded information about the number of databases available to individual organisations. Responses ranged from no database access (22%) to those with access to seven or more databases (5%) (figure 37).

Figure 36: Location of Computers

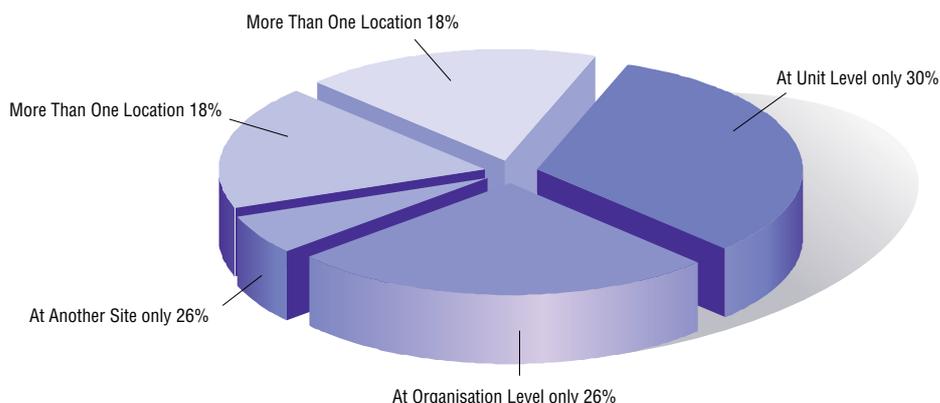
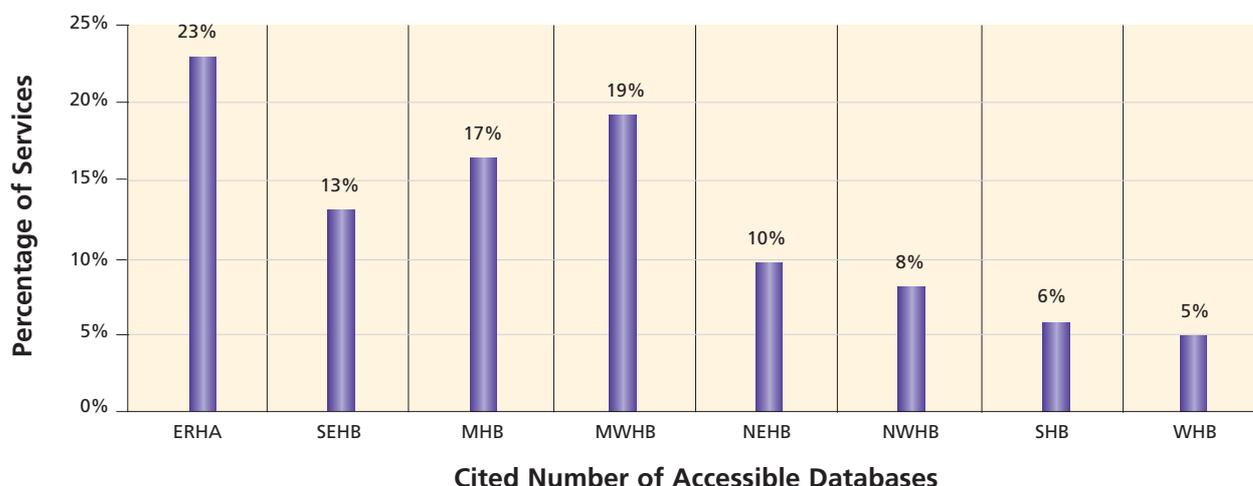
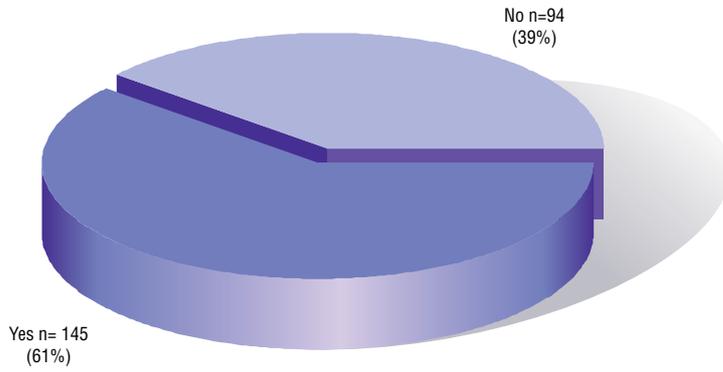


Figure 37: Percentage of Services Citing Number of Accessible Databases



In Question 10.3 respondents were asked to rate the ease of access to databases. Of the 196 responses to this question, 71% (n=141) stated that database access was easy or very easy. In question 10.4 the 55 (29%) respondents who indicated that access to databases was ‘difficult’ or ‘very difficult’ were asked to elaborate on why they perceived this to be so. The majority of responses fell into one of three categories which suggested that difficulties arose due to (1) poor computer resources and access (2) time constraints and/or (3) lack of computer skills. Questions 10.5 ascertained the availability of inter-library loan services within each service with results indicating that 61% (n=145) had this facility (figure 38).

Figure 38: Number (%) of Services with Inter-Library Loan Facilities



Figures 39 and 40 illustrate the wide and significant variation of services with Inter-library loan facility across Health Board areas and within WTE Bands.

Figure 39: Percentage of Services (per Health Board Area) with Inter-library Loan Facility

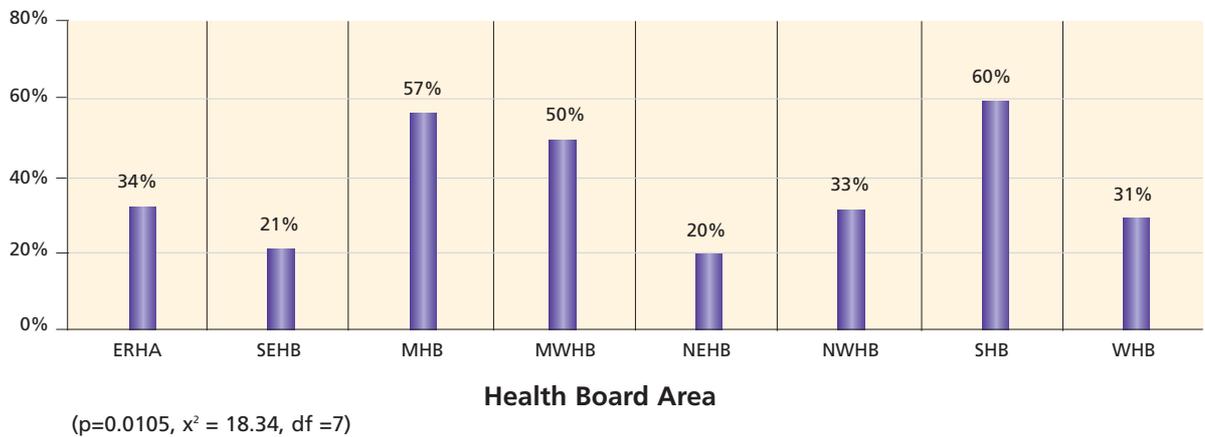
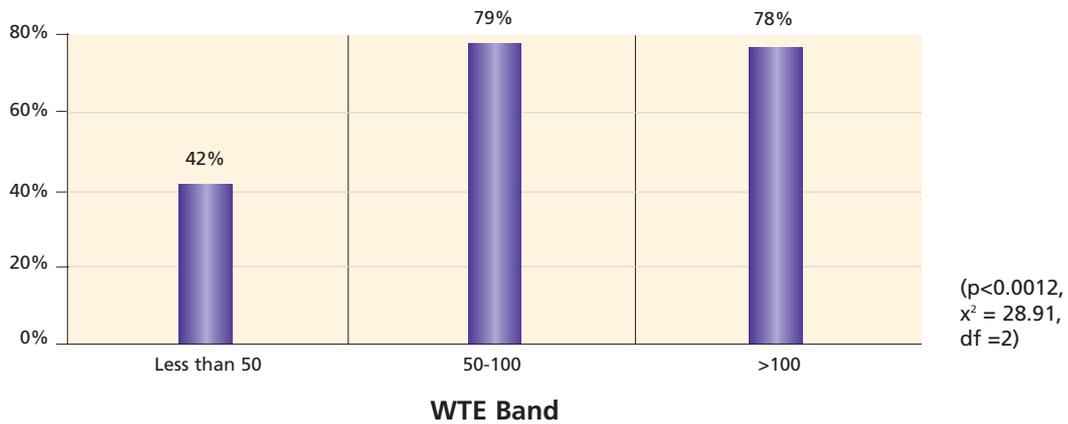


Figure 40: Percentage of Services (per WTE Band) with Inter-library Loan Facilities



Question 11.0 asked ‘How is nursing/midwifery related research information disseminated to your staff? Respondents were asked to select the sources of dissemination used. The most frequently cited source was ‘In-service’ sessions (figure 41); however, figure 42 illustrates the many different dissemination sources utilised by services.

Figure 41: Percentage of Services Utilising Dissemination Sources

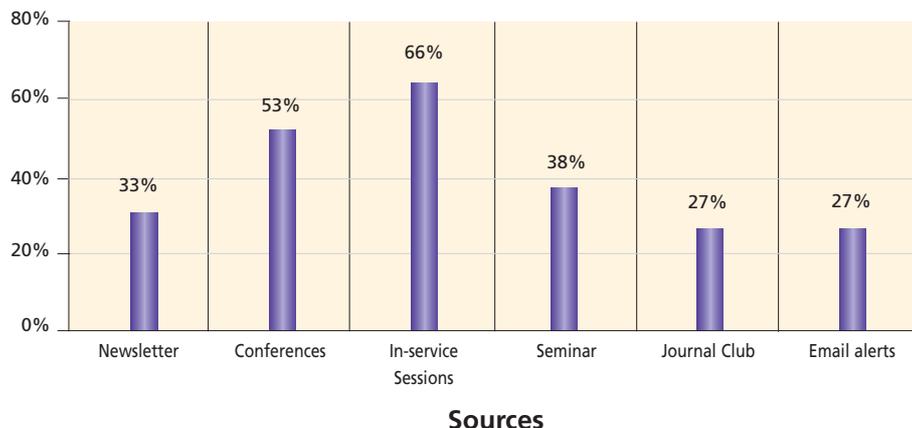
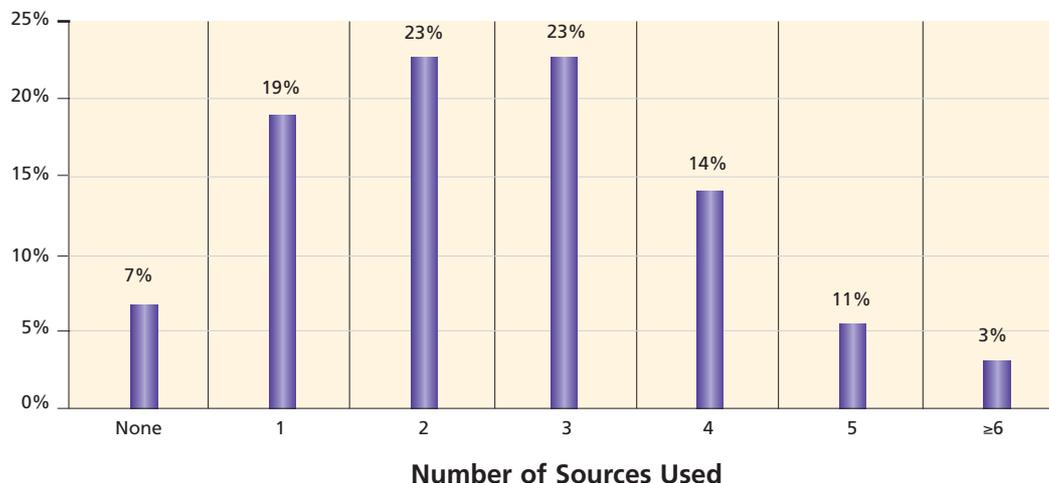


Figure 42: Percentage of Services Citing the Number of Information-Dissemination Sources used



Many respondents offered specific information related to the method of research dissemination and included such comments as ‘librarian highlights weekly search results’, ‘monthly nurses/midwives meetings’, ‘staff meetings’, ‘via policy/guideline development committee,’ ‘via regional meetings.’ ‘information circulated to all Clinical Nurse Managers for dissemination,’ ‘via An Bord Altranais library service, INO library service.’ Respondents were then asked whether nurses/midwives employed in each of the organisations/agencies or service providers had access to training/short courses on accessing and appraising nursing/midwifery research information (Figures 43 and 44).

Figure 43: Number (%) of Services with Access to Short Courses on Accessing Nursing/Midwifery Research Information

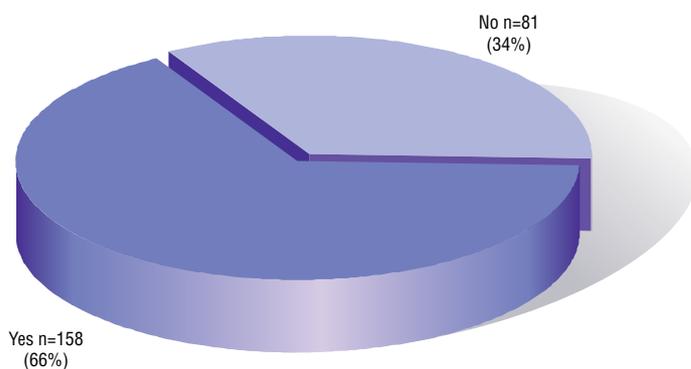


Figure 44: Number (%) of Services with Access to Short Courses on Appraising Nursing/Midwifery Information

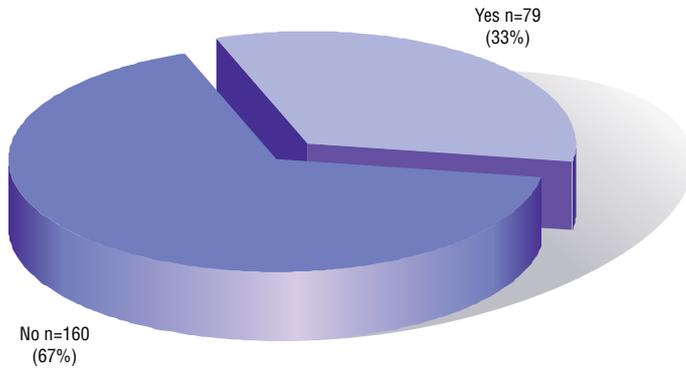


Figure 45 illustrates the wide yet non-significant variation of services (per Health Board area) with short courses on accessing ($p=0.1298$, $\chi^2 = 11.21$, $df=7$) and appraising nursing and midwifery research information ($p=0.3655$, $\chi^2 = 7.639$, $df=7$).

Figure 45: Percentage of Services (per Health Board Area) with Courses on Accessing & Appraising Research

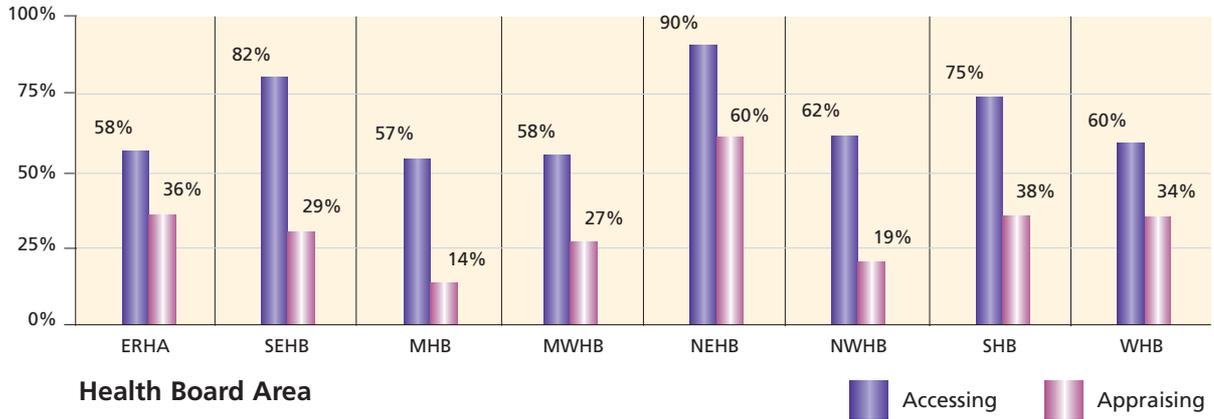


Figure 46 illustrates the wide variation of access to these courses according to WTE bands. Although there was no significant variability in available courses for accessing research information ($p=0.4024$, $\chi^2 = 1.821$, $df=2$), there was significant variation in the availability of courses on appraising nursing and midwifery research information ($p=0.0113$, $\chi^2 = 8.971$, $df=2$).

Figure 46: Percentage of Services (per WTE Band) with Short Courses on Accessing & Appraising Research

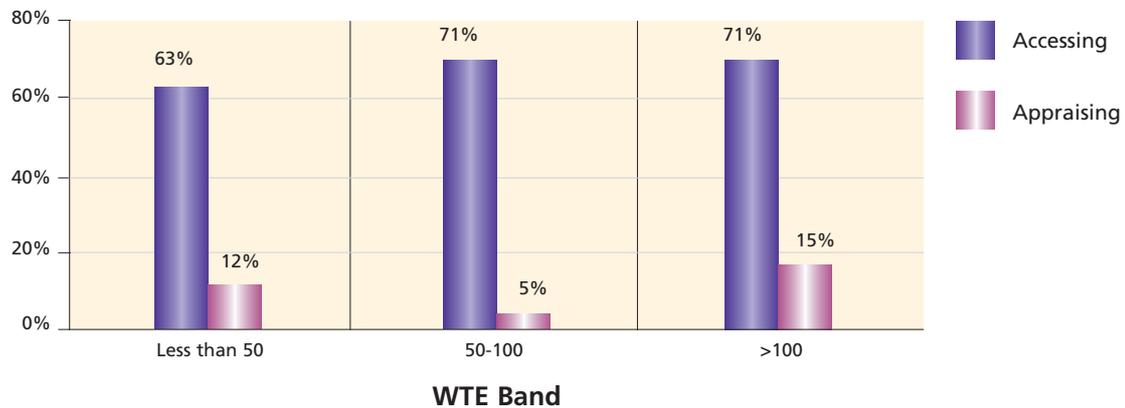
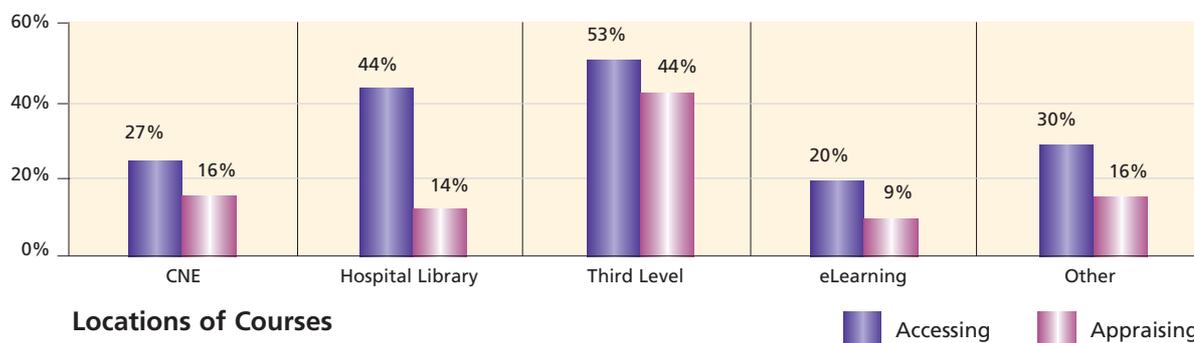


Figure 47 illustrates the locations of these courses, the majority of which were reported to occur in third level institutions.

Figure 47: Percentage of Services Indicating the Location of Short Courses



Question 14.0 asked ‘Do you have a plan to increase research awareness and activity amongst your staff? In total, 103 (44%) respondents suggested that a plan existed. In describing these plans, the majority of responses fell into one of four categories. Plans to increase research awareness included (1) providing and encouraging staff to attend seminars and workshops (2) providing additional computer access and encouraging computer training (3) creating innovative ways to disseminate nursing research and (4) identification of specific personnel as ‘research’ role models and academic resources for others, such as practice development nurses, nurse tutors, academic graduates and appointed research nurses.

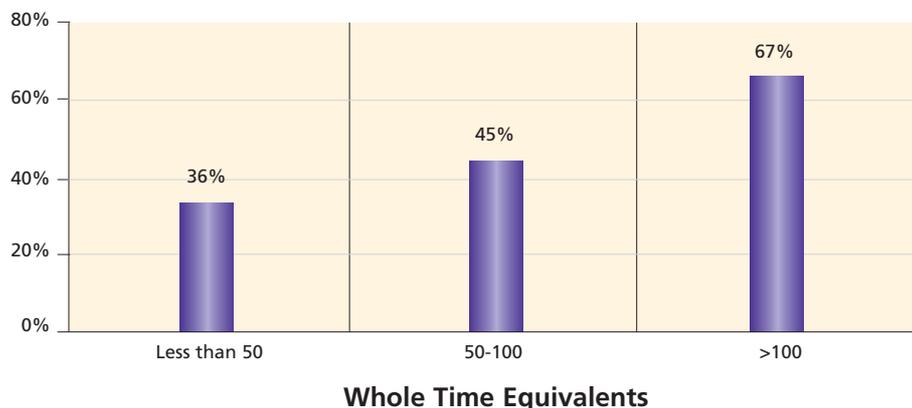
Question 15 asked ‘Have you developed research-based nursing/midwifery practice guidelines in your organisation/agency/service?’ A total of 48% (n=115) of respondents stated that these guidelines were developed. Figure 48 illustrates the wide yet non-significant variation in nursing/midwifery practice guideline development across Health Board areas. Figures 49 illustrates the wide and significant variation in nursing/midwifery practice guideline development across WTE bands, suggesting that those services possessing >100 WTE were more likely to have such guidelines developed.

Figure 48: Percentage of Services (per Health Board Area) with Nursing/Midwifery Practice Guidelines



($p < 0.0971$, $\chi^2 = 12.11$, $df = 7$)

Figure 49: Percentage of Services (according to WTE) with Research-based Nursing Practice Development Guidelines



($p = 0.0003$, $\chi^2 = 16.15$, $df = 7$)

Question 15.1 invited respondents to comment on the resources required to develop these guidelines. Most responses fell into one of five categories and included the following identified resources (1) protected time (2) dedicated personnel (3) I.T and library support (4) secretarial support and (5) education and training. Question 16 asked ‘Have you developed research-based multi-disciplinary practice guidelines in your organisation/agency/service?’ In total, 38% (n=91) of respondents stated that these guidelines were developed. Figure 50 illustrates the wide yet non-significant variation in multi-disciplinary practice guideline development across Health Board areas. Figures 51 illustrates the wide and significant variation in multi-disciplinary practice guideline development across WTE bands, suggesting that those services possessing less than 50 WTE were least likely to have such guidelines developed.

Figure 50: Percentage of Services (per Health Board Area) with Research-based Multidisciplinary Practice Guidelines

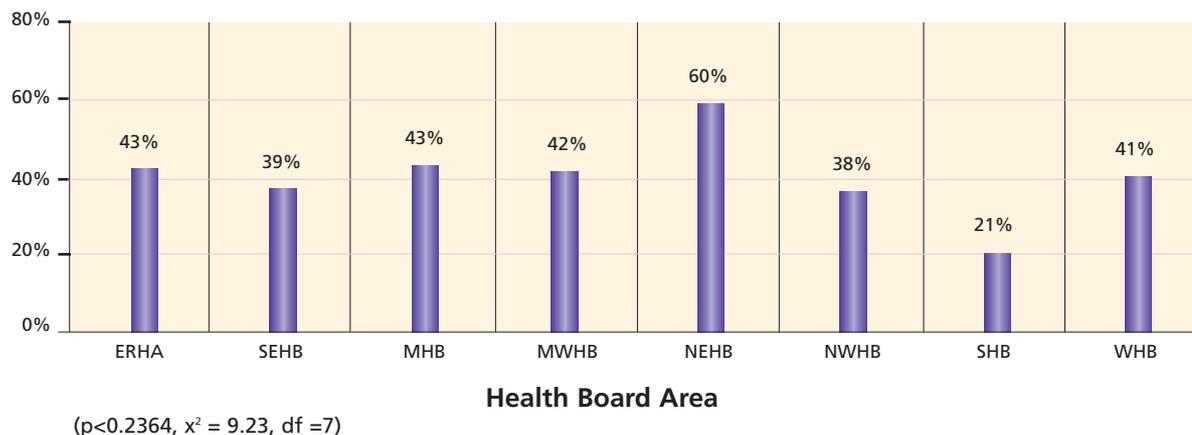
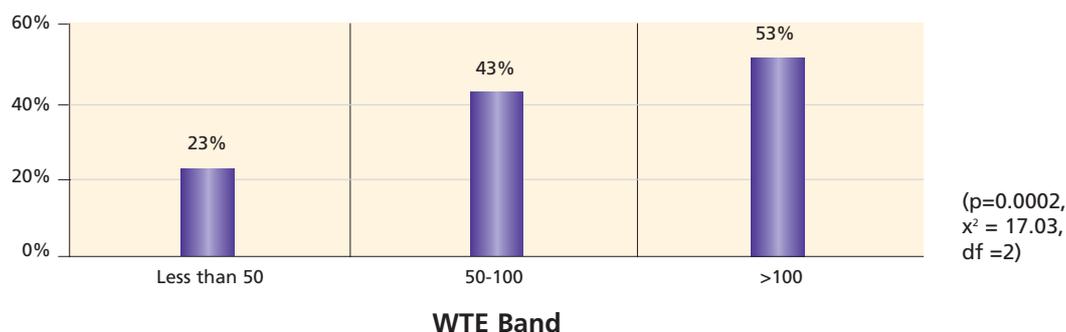


Figure 51: Percentage of Services (per WTE Band) with Research-based Multidisciplinary Practice Guidelines



In question 16.1 respondents were invited to elaborate on the contribution of nursing to the process. Many of the received responses suggested that nurses contributed by; ‘organising meetings, contributing work, sourcing literature, organising education,’ ‘researching and looking at best practice in the literature and informing the process’, and by ‘identifying and eliminating policy deficits.’

Question 16.2 ascertained whether each service employed an identified Practice Development Officer. In total, 47% (n=112) of respondents stated that such a post existed. Figure 52 illustrates the wide yet non-significant variation in the employment of Nursing/Midwifery Practice Development Officers across Health Board areas. Figure 53 illustrates the wide and significant variation in the employment of Nursing/Midwifery Practice Development Officers across WTE bands, suggesting that those services with >100 WTE are most likely to employ such a position.

Figure 52: Percentage of Services (per Health Board Area) with a Practice Development Officer

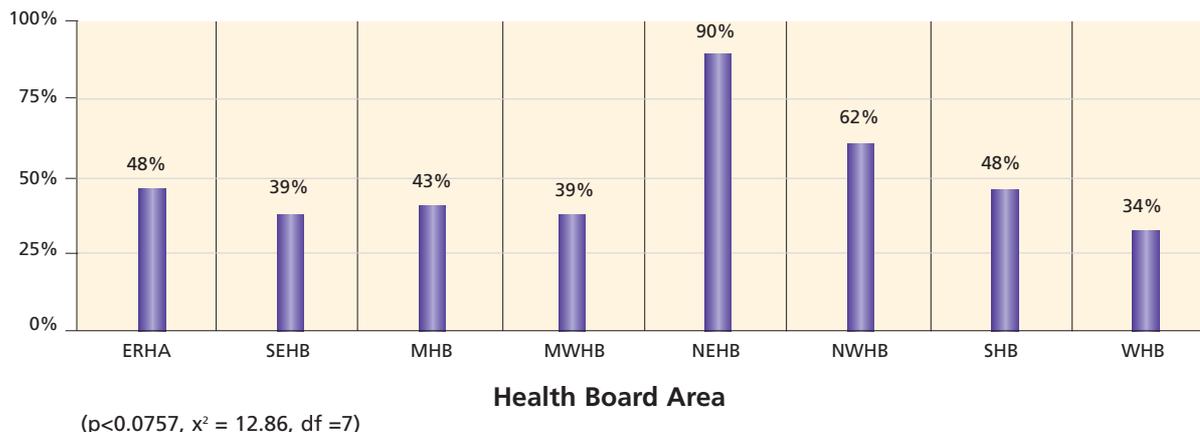
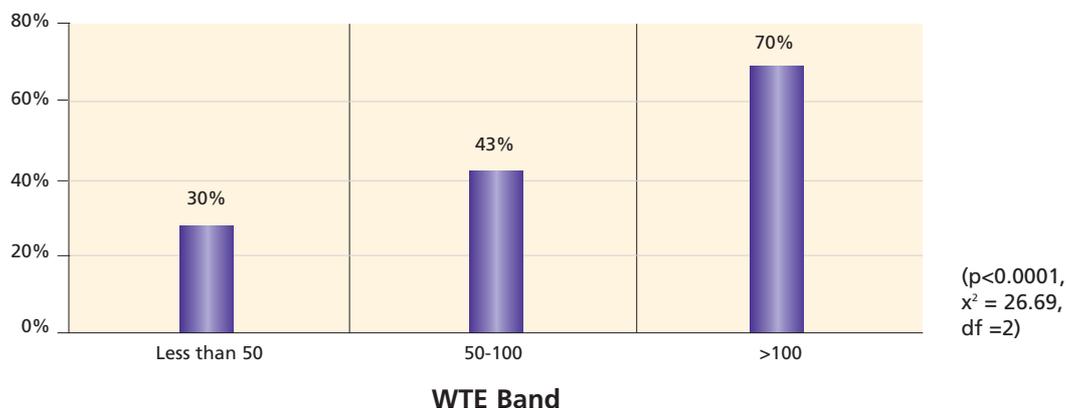
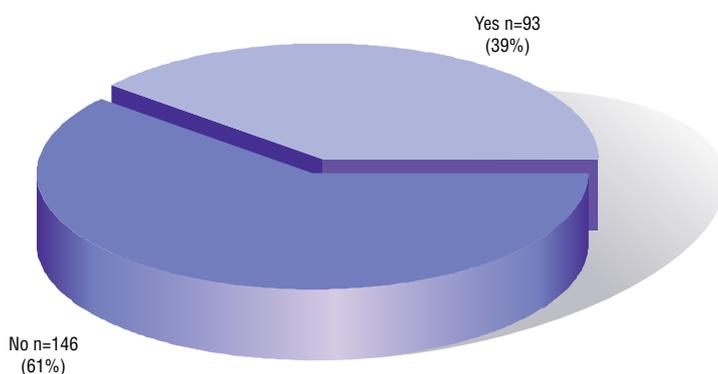


Figure 53: Percentage of Institutions (per according to WTE) with a Practice Development Officer



Question 17 asked ‘Is there a local ethics committee in your organisation/agency/service? In total, 39% (n=93) of respondents stated that such a committee existed (figure 54).

Figure 54: Number (%) of Services with Research Ethics Committees



Figures 55 and 56 illustrate the wide and significant variation of services with ethics committees across Health Board areas and WTE bands respectively.

Figure 55: Percentage of Institutions (per Health Board Area) with NO Research Ethics Committee

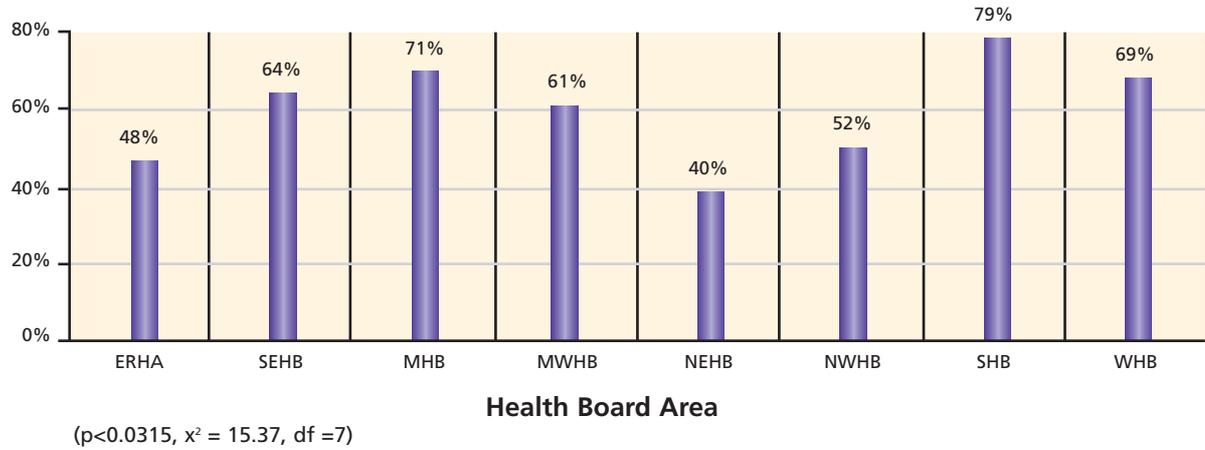
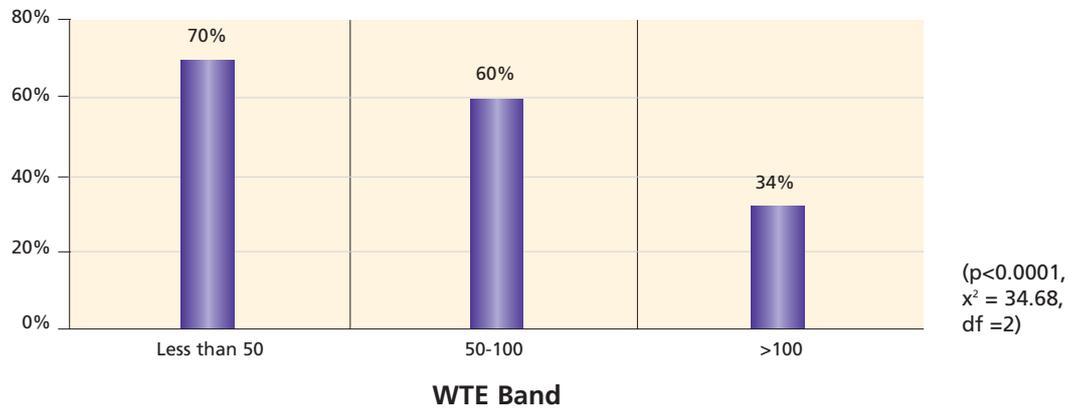
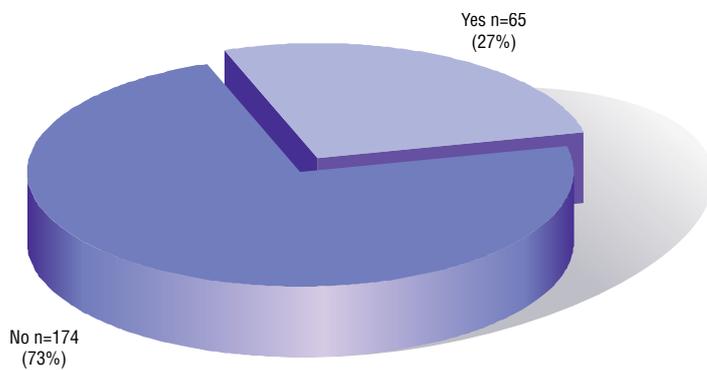


Figure 56: Percentage of Services (per WTE Band) with NO Research Ethics Committee



Question 17.1 ascertained whether a nurse/midwife representative was on this committee. In total, 27% (n=65) of respondents stated that a nurse/midwife representative was a member of this committee (figure 57).

Figure 57: Number (5) of Services with Nurse/Midwife Rep on Ethics Committee



Figures 58 and 59 illustrate the wide and significant variation of services with a nurse/midwife ethics committee representative, across Health Board areas and WTE bands respectively.

Figure 58: Percentage of Services (per Health Board Area) with NO Nurse/Midwife Representative on Research Ethics Committee

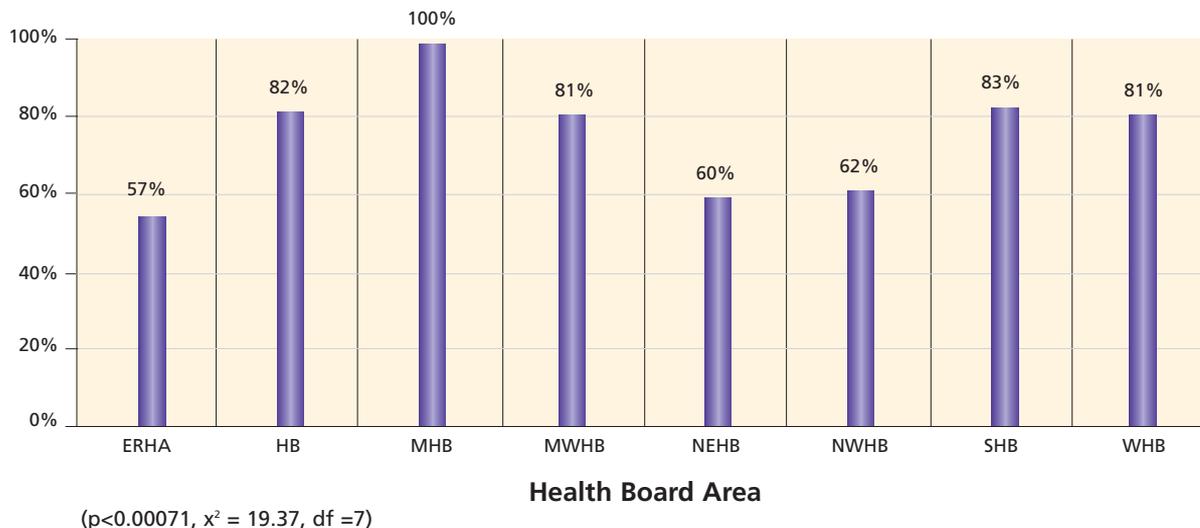
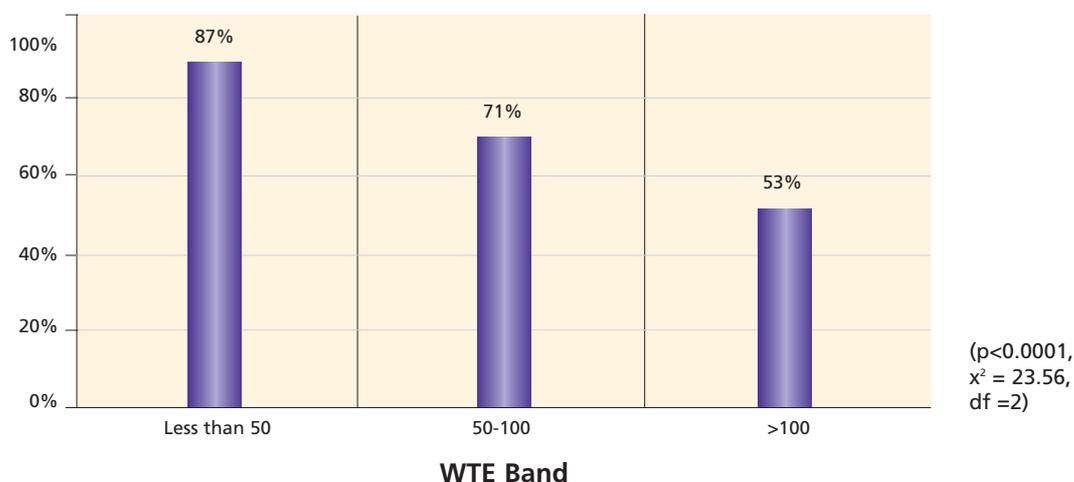


Figure 59: Percentage of Services (per WTE Band) with NO Nurse/Midwife Representative on Research Ethics Committee



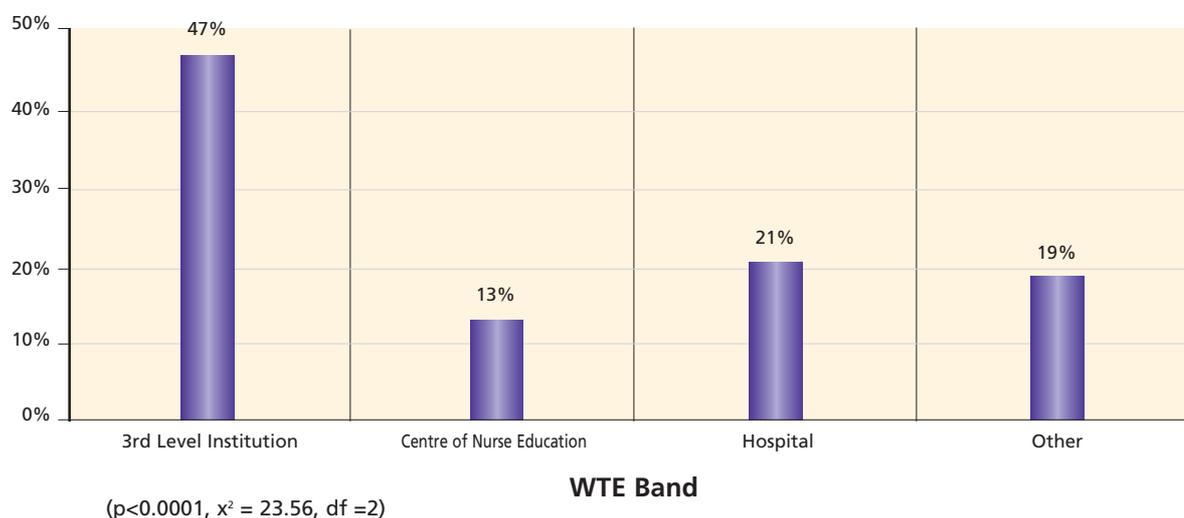
Question 17.2. asked respondents to elaborate on the frequency of the local ethics committee meetings. Responses to this question varied, with the majority indicating monthly meetings. However, other local ethics committees held meetings quarterly, bi-monthly or as the need required.

Strand 4: The Registered Nurse Tutor (RNT) Survey

The questionnaire employed for the RNT survey consisted of 5 sections which yield data related to (1) employment/practice setting (2) current research activity (3) previous research activity (4) research funding and (5) other research activity. The RNT research questionnaire was mailed to all nurses on the RNT register (N=636) which included both active (n=517) and inactive (n=119) members, in October 2004. The overall response rate was 42% (n=267) which included 39% (n=211) from active members and 47% (n=56) from inactive members. However, returned forms from 22 inactive members indicated that were retired for many years and did not complete the survey. Therefore, the usable response rate from returned forms was 39% (n=245), and as such the findings of the RNT survey should be read in light of the unrepresented sample this reflects.

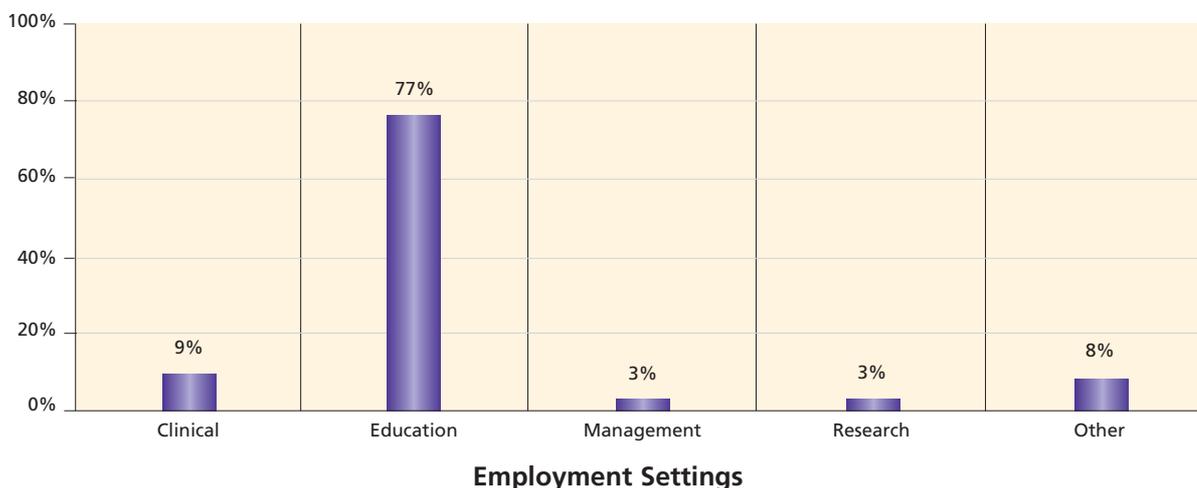
Section one yielded information pertaining to the employment and academic qualification of respondents. In question 1.1 respondents were asked to identify their current employment setting. As expected, the majority of respondents 46% (n=112) stated that they were currently employed in the 3rd level sector. Figure 60 illustrates the distribution of employment settings currently occupied by respondents.

Figure 60: Employment Setting of Respondents



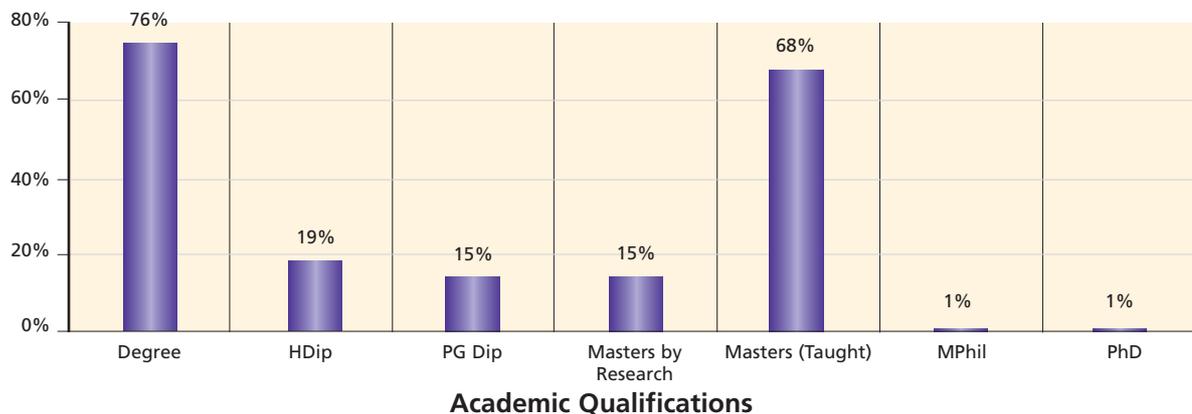
In question 1.2 respondents were asked to identify the main focus of their role, and as expected once again, the majority of respondents 77% (n=188) cited education. Figure 61 illustrates the breakdown of employment settings currently occupied by respondents.

Figure 61: Focus of Respondents' Roles



Question 1.3 yielded information pertaining to the academic qualifications attained by respondents. Figure 62 illustrates the distribution of academic qualifications cited by respondents whilst figures 65-71 outline the years of attainment of each qualification level.

Figure 62: Percentage of Respondents with Attained Academic Qualifications



($p < 0.0757$, $\chi^2 = 12.86$, $df = 7$)

NB: More than one qualification cited by many.

Figure 63: Year of Degree Completion

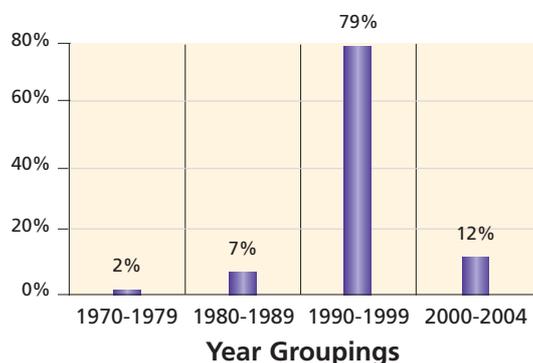


Figure 64: Year of Higher Diploma Completion

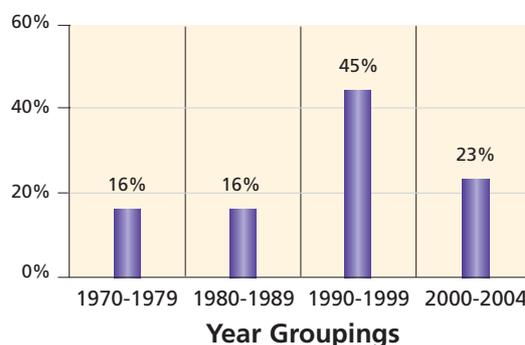


Figure 65: Year of Post Graduate Diploma

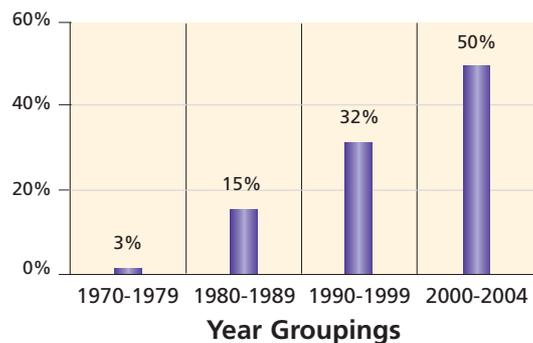


Figure 66: Year of Masters (by Research) Completion

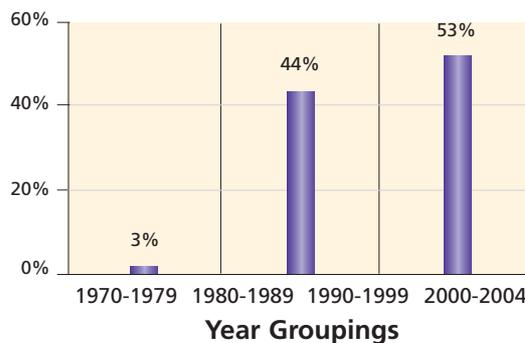


Figure 67: Year of Masters (Taught) Completion

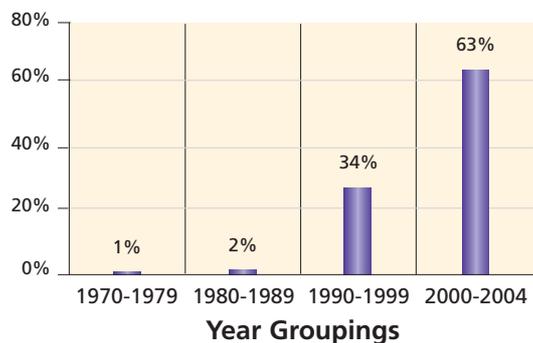
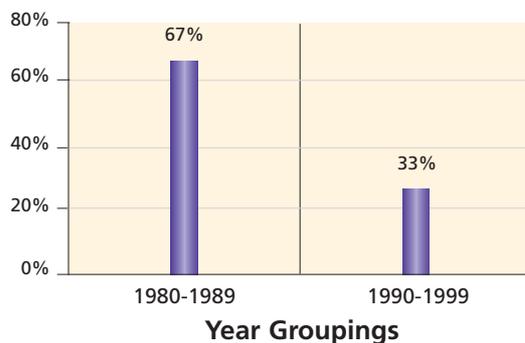
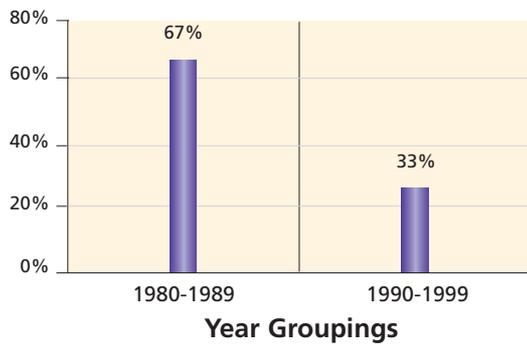


Figure 68: Year of M.Phil Completion

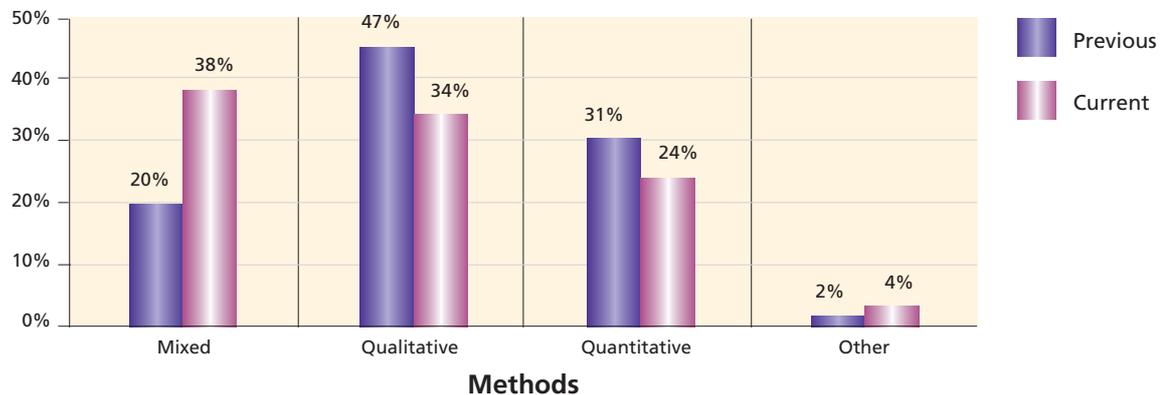


**Figure 69:
Year of PhD Completion**



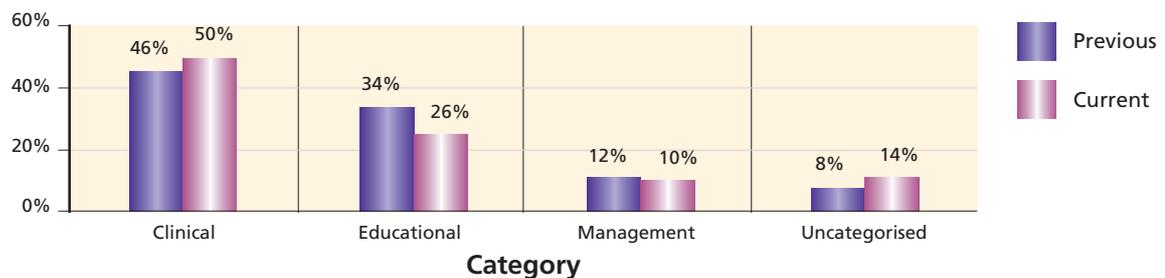
Sections 2 and 3 sought information pertaining to the previous and current research activity of respondents. In total, 33% (n=81) of respondents stated that they were currently conducting research, whilst 81% (n=198) reported previously doing so. Figure 70 illustrates the current and previously employed research methods as cited by respondents.

Figure 70: Cited Previous and Current Research Methods



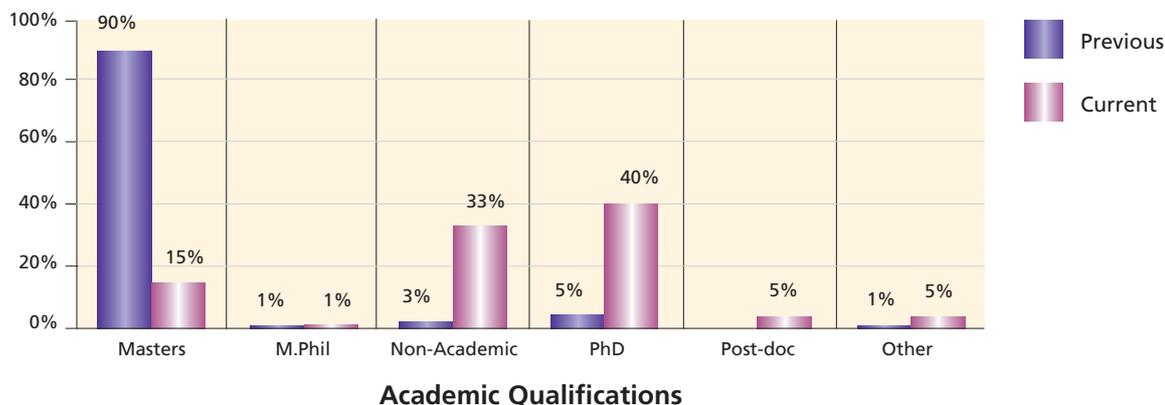
Respondents were asked to provide a working title for the research they were presently conducting or had previously conducted. Eighty four past and 74 current working titles were provided (see Appendix 2 for a list). The titles were categorized into four main groups and results are shown in figure 71. Please note that some respondents gave the titles of a number of research studies, whilst some with 'no title' or a title considered obscure were termed 'uncategorised'.

Figure 71: Categorisation of Current and Previous Research Methods



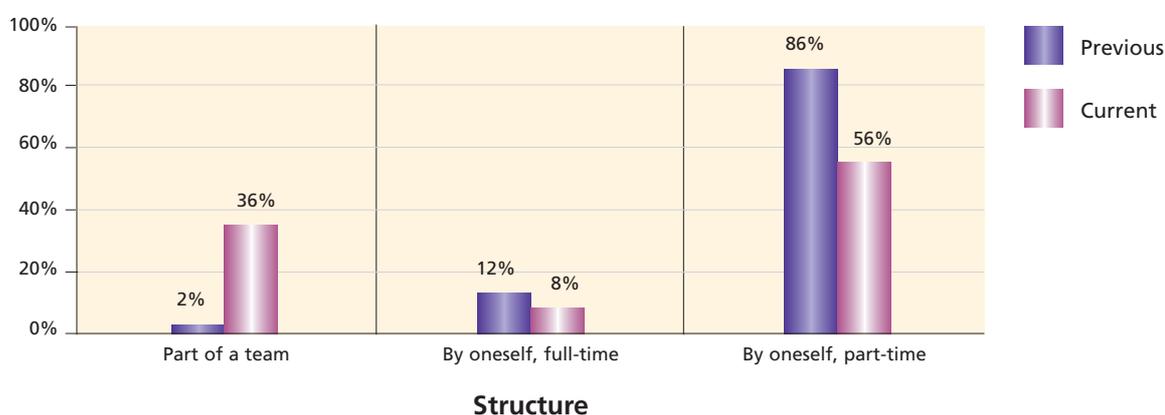
Respondents were also asked to state the academic level of their previous and current research studies. Figure 72 illustrates the large percentage of respondents indicating previous study at Master's level whilst for the majority of current studies, 40% (n=32) report a PhD academic level. Also highlighted is a large group of respondents 33% (n=27) who are currently conducting non-academic-awarded research.

Figure 72: Cited Academic Level of Previous and Current Research Studies



Sections 2 and 3 also yielded information pertaining to the number of persons involved in current and previous research projects, and figure 73 illustrates how the majority of current 56% (n=45) and previous studies 86% (n=170) were conducted by one person on a part-time basis.

Figure 73: Cited Number and Structure of Previous and Current Research ‘Team’



Current research studies were more likely to be conducted as part of a team, in comparison to previously conducted studies (36% versus 2%). Furthermore, respondents currently conducting research, who cited ‘as part of a team’, were significantly more likely than others to be conducting non-academic-awarding research ($\chi^2 45.44$, $df=10$, $p<0.0001$). The median research team was composed of 4 members, range 2-10. Previous studies were more likely than current studies to be conducted by a sole researcher on a part-time basis (86% versus 56%).

Section 4 focused on research funding where respondents were asked to cite the sources of previous or current research funding. Table 10 outlines the percentage of respondents who reported specific funding sources.

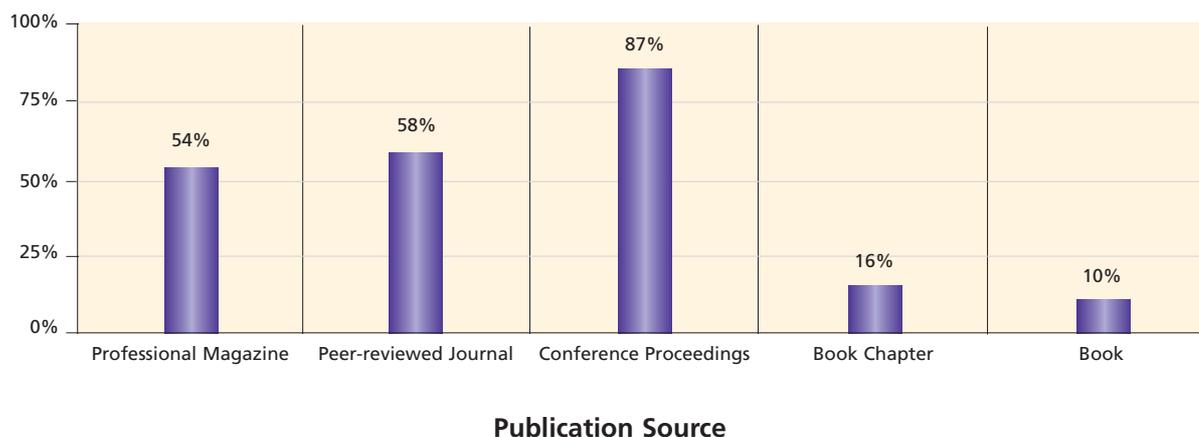
Table 10: Sources of Funding Received

Source	%	n=
Tutors support package	27%	66
Professional organisation	19%	47
Employer funded	16%	39
Health Board	12%	29
Health Agency	8%	20
Other	6%	15
Department of Health and Children	5%	12
Research charity	5%	12
Nursing and Midwifery Planning and Development Unit	2%	5

NB: More than one support reported by some.

Section 5 sought information pertaining to additional research activity such as research supervision and research publications. In total, 39% (n=95) of respondents stated that they currently supervised research projects, whilst 46% (n=112) reported having previously done so. Forty one percent (n=100) of respondents stated that they had research publications, however, those working in a 3rd level institution were more likely than others to have done so ($\chi^2 = 13.17$, $df=3$, $p = 0.0043$). Figure 74 illustrates the sources of total publications.

Figure 74: Sources of Research Publications



Finally, respondents were asked if they would be willing to submit information about their research projects to a nursing research database. In total, 92% (n=225) of respondents indicated that they would be willing to submit information ranging from abstract to full-thesis submissions (table 11).

Table 11: Percentage of Respondents and Submission of Study Details

Study Details	%
Abstract (including location of main study/thesis)	32%
Abstract (including location of main study/thesis and references)	12%
Abstract (including location of main study/thesis and references/publications)	13%
Literature Review (including location of main study/thesis)	4%
Literature Review (including location of main study/thesis and references/publications)	4%
Full Thesis	35%

Discussion

This baseline survey captures a national picture of Irish nursing and midwifery research activity. This is the first such survey conducted and as such acts as a landmark for future development. The aim of the report is to describe the state of Irish nursing and midwifery research activity at a particular point in time, the data being collected between December 2002 and December 2004. Conclusions are provided and actions recommended.

Key findings show that Irish nursing and midwifery research activity is occurring and the project titles supplied by both individual nurses and midwives and research funding bodies (Appendix 2 and 3) show the breadth of such work. As similar exercises elsewhere have found, this data can not be deemed to be fully comprehensive. This is due to a dynamic situation as much as issues of design such as sampling frames, sizes and response rates. Mixing differing perspectives goes some way to trying to address this and the data gained provides an overall sense of where Irish nursing and midwifery is at with regard to research. This can act as a benchmark for future progress. Contemporaneous to this baseline survey, the studies by Higgins and Farrelly (2005) and McCarthy, Hegarty and O'Sullivan (2006) have shown that research activity includes dissemination of findings by publication, verifying the findings from the individual practitioner and RNT strands (Table 8, Figures 14 and 74) that publications have emerged from some individuals work.

The scope of the baseline survey was broad and ranged from research generation through to research utilisation. As such, this merited the approach taken to gather the data as such scope encompasses numerous stakeholders. Future such surveys might consider perspectives from other key stakeholders such as librarians or comparative groups such as other health professionals. In order to enhance the data gained from this survey approach future data gathering should involve focused subsections of research activity. This could be achieved utilising an organisational or regional rather than national focus. One example whereby a national picture would be of use is in the area of the numbers of nurses and midwives achieving academic education at Master's level and beyond. Table/Figures 66-69 shows the exponential growth of such nurses and midwives with capability and capacity to engage with the research endeavour at a level beyond simple appreciation and this is reflected in the findings of the individual practitioner strand. Considering that such growth occurred against the backdrop of the move of pre-registration education into the HEI continued growth of such numbers can be expected. In the absence of capturing such data within current health systems, it is recommended that a survey of HEIs be conducted on alternate years to monitor progress and that the report of same be made available.

RECOMMENDED ACTION

Future data gathering to evaluate progress of the Research Strategy against the baseline data offered should focus on subsections of research activity and not the total continuum.

RECOMMENDED ACTION

On-going biannual surveys of HEIs to measure the growth of nurses and midwives undertaking education to Master's level and beyond with the report of same to be made available on the NCNM website.

As previously stated Irish nurses and midwives are publishing their work and growth of such activity can be seen within the HEI sector (Figure 18). This is occurring even in the absence of an Irish peer-reviewed publication. Such development is difficult to capture comprehensively considering the issues around publication as addressed in the literature review and the level of access to very diverse journals which may not all be listed on the international databases. The Research Strategy recommends the establishment of a database of Irish nursing and midwifery research which will go some way to improve this scenario. However, such a database should include fields that will enable users to see relevant publications from the work. The positive response by respondents to the RNT survey indicates the enthusiasm which such a database will receive. However once the database has been established, there should be ongoing promotion of its use as a tool for Irish nurses and midwives and others interested in the field of nursing and midwifery research. Linkage to other similar databases is suggested to avoid submitted replication.

Research Strategy for Nursing and Midwifery in Ireland

Recommendation 3

A database of completed research studies of nursing and midwifery in Ireland, which incorporates an accessible system of dissemination, will be developed and maintained by the National Council for the Professional Development of Ireland.

RECOMMENDED ACTION

The database of Irish nursing and midwifery research should encourage the submission of retrospective research activity in order to capture the breadth of activity as indicated by the titles (Appendix 1) submitted to Strand One and Four of the baseline survey.

RECOMMENDED ACTION

The database of Irish nursing and midwifery research should include information on published papers from the work submitted.

RECOMMENDED ACTION

The database of Irish nursing and midwifery research will require on-going promotion and maintenance to ensure its relevance to Irish nursing and midwifery and the health sector in general.

From the individual practitioner and HEI strands research income has been shown to have diverse sources and differing capabilities of individuals and institutions to access same. Some of the issues on success of gaining funding relate to obtaining funding track records. Under the Research Strategy, funding opportunities are published on the NCM website and by targeted email to stakeholders. In addition, guidance has been issued in relation to writing good grant applications and in using the HRB's online application system.

Research Strategy for Nursing and Midwifery in Ireland

Recommendation 8a

A user-friendly framework that outlines the financial supports and mechanisms available for the pursuance of nursing and midwifery research be developed, maintained and published.

RECOMMENDED ACTION

The NCM website should continue to be used as a source of information on funding opportunities for Irish nursing and midwifery.

RECOMMENDED ACTION

An exploration of the potential for other sources such as Charitable Foundations to provide money for nursing and midwifery research should be undertaken.

The HEI survey showed that some collaboration was occurring, with the focus of such collaboration being mainly interdepartmental (n=5), followed by interagency (n=4 with health service providers and n=3 with other higher education institutes) in 2003 and an overall increase in collaboration in 2005. Every effort should be made to continue to foster such working. Considering the potential for grounding nursing and midwifery research in practice, the level of collaboration with health services agencies was somewhat disappointing, even in acknowledging such an early stage in nursing and midwifery research. If nursing and midwifery are to truly become research active professions, expertise at service level is also required. Some directors of services (n=11) did employ nurses and midwives to undertake nursing or midwifery research either on a full-time, part-time or joint appointment basis. Increasing numbers of ANP/AMP with a specific research remit will also provide some development in this area. Whilst acknowledging that research expertise lies mainly in the HEIs, the international context suggests that a collaborative approach may be more efficient and effective for all parties. The scope for the further development of joint appointment roles to enhance collaboration between the HEIs and service providers should be actively encouraged. The presence of interdepartmental collaboration is a positive finding from this baseline survey and such working should continue to be fostered.

Research Strategy for Nursing and Midwifery in Ireland

Recommendation 18

Support required for the development of flexible career pathways, which incorporate research activity on a fulltime, part-time or joint appointment basis will be identified and developed.

RECOMMENDED ACTION

Directors of services and HEIs should actively explore the local scope for joint appointments in order to foster collaborative working to enhance research.

There are some steps that the service providers might take to enhance the visibility of research at service level. The lack of a group in the majority of services (90%) to deal with the implementation of the Research Strategy was worrying considering the joint responsibility of 4 recommendations (Numbers 13,14,15,17) by these key stakeholders. This might suggest some difficulty at the time of data collection with establishing research on the professional agenda at service level. In addition and in common with findings in the international literature, the lack of a record (68%) of nursing and midwifery research within services means that such work remains invisible. In the context whereby nurses and midwives from service had completed (n=349) or were undertaking (n=374) Master's or completed (n=32) or were undertaking (n=14) PhDs, the data was not analysed to see if these services held records, although of the 32% of services that did hold a record, the majority were in the form of a hard copy held in a variety of settings such as library, the ethics committee or nursing administration, with presumably varying levels of access.

RECOMMENDED ACTION

Consideration by service level stakeholders of strategies to enhance the visibility of nursing and midwifery research should include the maintenance and accessibility of a local record of such activity.

The baseline survey indicated that clinical research nurses are employed within the services with a regional spread reflecting the national picture of clinical trial activity. Such nurses and midwives may not be part of the WTE that directors of services employ. Regardless of their employer, as nurses and midwives, there should be a professional reporting relationship to directors of services.

RECOMMENDED ACTION

Steps are taken by stakeholders to engage with clinical research nurses so that they can be enabled to become a research resource to nursing and midwifery.

The baseline survey indicated widespread access to library services with smaller services more likely to have no access (21% < 50 wte; 7% 50-100 WTE) or access off-site (63% < 50 wte; 52% 50-100 WTE). In addition, there were relevant findings in relation to specific services that existed with variation occurring between size of organisation and geographic spread. These infrastructural issues are not unique to nursing and midwifery but affect all healthcare staff providing service. As such any response should be part of a multi-disciplinary approach to the issue to which nursing and midwifery can contribute or lead. The baseline survey revealed that where available, a gap existed in the provision of education on how to find evidence and how to appraise it for relevance to practice. The findings also revealed the level of development of both uni- and multi-disciplinary guidelines at data collection time.

Research Strategy for Nursing and Midwifery in Ireland Recommendation 13, 14, 15

The Directors of the Nursing and Midwifery Planning and Development Units, in conjunction with Directors of Nursing and Directors of Midwifery will...

...make resources available to ensure that all nurses and midwives engaged in the public health service in the region have access to relevant research to inform practice.

...ensure that the educational supports necessary to utilise the resources provided are made available to all nurses and midwives in their regions.

...make resources available to develop local protocols to support research-based nursing and midwifery practice.

RECOMMENDED ACTION

The Health Service Executive as part of its corporate strategy should ensure the infrastructure that supports nurses' and midwives' access to library services.

RECOMMENDED ACTION

All stakeholders including the Directors of NMPDUs and director of services should investigate how to ensure greater local access to research information for nurses and midwives who are currently disadvantaged.

RECOMMENDED ACTION

Courses to find and appraise evidence should be made available through current infrastructure for all practising nurses and midwives.

RECOMMENDED ACTION

Continued facilitation for the development of multi-disciplinary and uni-disciplinary information based guidelines should continue at regional and local level.

On the issue of ethics committees, and recognising that the findings capture the director of services' knowledge of the existence of such committees, the findings show variation across regions, significant variation depending on the size of service and differences in frequency of meetings. The findings are broadly in keeping with other national figures (Kelleher, 2004) and offer a baseline with regard to nurse or midwife representation on ethics committees at the time that the data was gathered. As noted in the literature review, national guidance has been issued since which advises a membership inclusive of professionals with knowledge of care, counselling or treatment of people such as nurses and midwives.

Research Strategy for Nursing and Midwifery in Ireland Recommendation 13, 14, 15

The Directors of the Nursing and Midwifery Planning and Development Units, in conjunction with Directors of Nursing and Directors of Midwifery, will ensure representation on research ethics committees at local level to enable nursing and midwifery involvement at the stages of gaining access to research populations, sites and ethical approval.

RECOMMENDED ACTION

Those charged with recommendation 17 of the Research Strategy should use the baseline findings and the ICB guidance to ensure nursing and midwifery representation in the establishment of future and maintenance of current ethics committees.

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Appendix 1: Survey Instruments

Strand 1: Individual Practitioner Questionnaire

QUESTIONNAIRE

Dear Colleague,

In order to gain a snapshot of the current research activity of nurses and midwives in the **Republic of Ireland**, I would ask you to take 5-10 minutes to complete the following short questionnaire and return it in the envelope supplied. The information you give is strictly confidential and you do not need to supply your name.

The information will be used as a baseline to inform future developments in Irish nursing and midwifery research.

Thank you for taking the time to complete this questionnaire. Please detach from the Newsletter and return in the FREEPOST envelope provided to

Sarah Condell, Research Development Officer
National Council for the Professional Development of
Nursing and Midwifery
6/7 Manor St Business Park
Manor Street
FREEPOST
Dublin 7.

QUESTIONNAIRE

Section 1. Biographical Details

1.1 What age are you?

- | | |
|---|---|
| From 21 up to 25 <input type="checkbox"/> | From 26 up to 30 <input type="checkbox"/> |
| From 31 up to 35 <input type="checkbox"/> | From 36 up to 40 <input type="checkbox"/> |
| From 41 up to 45 <input type="checkbox"/> | From 46 up to 50 <input type="checkbox"/> |
| From 51 up to 55 <input type="checkbox"/> | From 56 up to 60 <input type="checkbox"/> |
| From 61 up to 65 <input type="checkbox"/> | |

1.2 What sex are you?

- Male Female

Section 2. Professional/Academic Qualifications and Practice

2.1 In what division(s) of the live register is your name held?

- RGN RM RSCN RPN
 RMHN PHN RNT

2.2 In what division of the live register do you currently practice?

- RGN RM RSCN RPN
 RMHN PHN RNT

practising as a student in another division
 not practising/working

other (please specify) _____

2.3 Please indicate the academic qualifications you hold and the year of completion.

- | | | |
|------------------------------|--------------------------|------------|
| Bachelor's degree | <input type="checkbox"/> | Year |
| Higher/Post-graduate diploma | <input type="checkbox"/> | Year |
| Master's | <input type="checkbox"/> | Year |
| MPhil | <input type="checkbox"/> | Year |
| PhD | <input type="checkbox"/> | Year |

Section 3. Conducting Research

NB. The term research used in this questionnaire does not include audit or product evaluation.

3.1 Are you currently conducting nursing/midwifery research that involves data collection?

- Yes No

If No, go to question 3.2.

If Yes, please answer the following...

3.1 (a) What is the working title of the study?

3.1 (b) How would you describe the methodology and methods that you are using?

3.1 (c) At what academic level is the research being conducted?

- | | | | |
|---------------|--------------------------|---------------|--------------------------|
| Undergraduate | <input type="checkbox"/> | PhD | <input type="checkbox"/> |
| Master's | <input type="checkbox"/> | Post-doctoral | <input type="checkbox"/> |
| MPhil | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | |
- (please specify)

3.1 (d) What sources of funding have you successfully accessed for this research?

3.1 (e) What sources of funding have you been unsuccessful in accessing for this research?

- 3.1 (f) Are you conducting this research...
 By yourself on a fulltime basis
 By yourself on a part-time basis
 As part of a team

- 3.2 Have you previously conducted nursing/midwifery research that involved data collection at master's level or above?
 Yes No

If No, go to Section 4. If Yes, please answer the following with reference to the study with the highest academic award.

- 3.2 (a) What was the title of your research study?

- 3.2 (b) What methodology and methods did you use?

- 3.2 (c) At what academic level was the research conducted?
 Master's PhD
 MPhil Post-doctoral

- 3.2 (d) What sources of funding were successfully accessed for this research?

- 3.2 (e) What sources of funding were unsuccessfully accessed for this research?

- 3.2 (f) Did you conduct this research...
 By yourself on a fulltime basis
 By yourself on a part-time basis
 As part of a team

Section 4. Other Research Activity

- 4.1 Do you currently supervise registered nurses or midwives undertaking research involving data collection?
 Yes No
- 4.2 In the past have you supervised registered nurses or midwives undertaking research involving data collection?
 Yes No
- 4.3 Have you ever conducted a literature review at Postgraduate or Higher Diploma level or above?
 Yes No
- 4.4 Have you had any piece of research work published?
 No
 Yes, in a professional magazine or newsletter
 Yes, in a peer-reviewed journal
 Yes, in conference proceedings
 Yes, as a book chapter
 Yes, as a book
- 4.5 Do you currently collect data for non-nursing/midwifery research?
 Yes No
- 4.6 In the past have you collected data for non-nursing/midwifery research?
 Yes No

Strand 2: Heads of Higher Educational Institute Questionnaire



National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chndimhseachais

Third Level Survey, March 2005

Dear Colleague,

Baseline information has been collected to provide a benchmark and inform future developments stemming from the *Research Strategy for Nursing and Midwifery in Ireland*. Four strands of data have been collected and a report will be published in 2005; meanwhile findings have been shared through presentations both at national and regional level. You kindly supplied data for this work in February 2003. However, in recognition of the dynamic state of the nursing and midwifery academy at that time, we are repeating this particular strand at this time, so that a more comprehensive 'snapshot' will be available in the final report.

I would be grateful if you complete the following questions and return by email or by post. The information you give is strictly confidential and you need not supply your name or that of the institution in which you are working.

Many thanks for your assistance.

Yours sincerely

Sarah Condell
Research Development Officer

Section 1 Programmes and students

1.1 Is the third level institution in which you work a
 University Institute of Technology.

1.2 Does your School/Department offer.....?

	Yes	Year commenced
Taught Masters programme	<input type="checkbox"/>
Masters by research programme	<input type="checkbox"/>
MPhil programme	<input type="checkbox"/>
PhD programme	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	

1.3 In your School/Department what numbers of students are currently registered for the following programmes?

	Number registered
Masters by research
Taught Masters with dissertation
M Phil.
PhD
None	<input type="checkbox"/>

1.4 In your School/Department what is the total number of students that have successfully completed the following programmes since they commenced?

	Number completed
Masters by research
Taught Masters with dissertation
M.Phil.
PhD
None	<input type="checkbox"/>

Section 2 Staff research activity

2.1 What is the total number of nursing and midwifery staff (excluding seconded staff and those on leave) in your Department/School?

.....

2.2 What is the total number of staff from 2.1 working part-time¹ in research?

.....

2.3(a) What is the total number of staff from 2.1 working full-time² in research?

.....

2.3(b) Please specify type of grade (e.g. Director of Research, Research Assistant, employed research student)

.....

2.4 What is the total number of nursing or midwifery staff currently on full-time leave in order to undertake research?

.....

2.5 What is the total number of nursing or midwifery staff with PhD?

.....

2.6 What is the total number of nursing or midwifery staff currently registered on a PhD programme?

.....

2.6 (a) How many of these are due to complete in 2005.....
 2006.....
 2007.....

2.7 What is the number of nursing and midwifery staff publications (since January 2003) in the following categories?

- Professional Magazine/Newsletter
- Peer-reviewed journal
- Conference proceedings
- Book Chapter
- Book

¹ Here part-time refers to dedicated research time of more than 1 but less than 5 days per week.
² Here full-time refers to dedicated research time of 5 days per week

Section 3 Research Income

3.1 In the past, what sources of research income from outside your own institution have you or your staff successfully accessed? (Please tick one or more options)

- HRB Programme Grants
- HRB Clinical Nursing & Midwifery Fellowships
- HRB Project Grants (e.g. HSR, Epidemiology etc.)
- Once-off project grants commissioned by HRB
- Department of Health & Children
- Health Boards
- Nursing & Midwifery Planning & Development Units
- Professional Organisations
- (please specify).....
-
- Other Health agencies
- (please specify).....
-
- Research charities
- (please specify).....
-
- Other external source
- (please specify).....
-
-
- None

3.2 If you/your department have been successful in attracting research funds from above sources, please give an estimate of the total amount since January 2003.

.....

3.3 If you/your department have not applied for specific research funding opportunities from above sources, please give reasons as to why?

3.4 If you/your department has applied for but been unsuccessful in attracting research funds from above sources, please specify your perception(s) as to the reason why?

3.5 Does your institution provide research funding for your department/school?
Yes No

3.5.1 If yes, what is the level of such funding on an annual basis?

3.5.2 If yes, please give details of how this funding is accessed and structured.

Section 4 Research Collaboration

4.1 Do you participate in collaborative research?

Yes No

If yes, please answer the following....

4.1.2 If yes, what is the total number of collaborative projects that are currently in progress?

.....

4.1.3 Is/are your collaborator(s).....

- (a) From the international field?
- (b) From another third level institution(s)?
- (c) From another health service agency/provider(s)?
- (d) From another Department(s) within your own institution?

If there are any further comments you would like to make, please do so in this text box or by attaching a separate page.

Thank you for taking the time to complete this questionnaire. Please return to

Sarah Condell
 FREEPOST
 Research Development Officer
 National Council for Professional Development of Nursing and Midwifery.

Or by email to scondell@ncnm.ie

Strand 3: Director of Service Provision Questionnaire



In collaboration with your local Nursing and Midwifery Planning and Development Unit.

Baseline Survey – Third Strand

Definitions

For the purpose of this questionnaire, the term research is defined as

‘the purpose of answering questions and/or exploring phenomena using scientific methods: these methods may draw on the whole spectrum of systematic and critical inquiry’ (*Research Strategy for Nursing and Midwifery in Ireland*).

Further, for the purposes of this questionnaire, the term research does not include audit or product evaluation.

Directions

The questionnaire takes approximately 20 minutes to complete.

When you have completed the questionnaire, please return in the envelope provided. The following table shows to whom this should be addressed to if not already so.

NMPDU	Return to
SHB	Ms. Sarah Condell, NCNM, 6/7 Manor Street Business Park, Manor St., Dublin 7.
SEHB	Ms. Sarah Condell, NCNM, 6/7 Manor Street Business Park, Manor St., Dublin 7.
ERHA	Dr. Ann Sheridan, NMPDU, ERHA, Stewart’s Hospital, Palmerstown, Dublin, 20
NEHB	Ms. Bridget Clarke, NMPDU, NRHB, St. Bridget’s Hospital, Ardee, Co. Louth
NWHB	Ms. Mary Cooke, NMPDU, NWHB, Iona House, Ballyshannon, Co. Donegal
WHB	Ms. Anne McCarthy, NMPDU, Nursing Policy Unit, Merlin Park Hospital, Galway.
MWHB	Ms. Marie Casey, NMPDU, MWHB, Head Office, Catherine Street, Limerick
MHB	Mr. Patrick Glackin, NMPDU, Unit 4 Central Business Park, Portlaoise Road, Tullamore, Co. Offaly.

Please return by 5pm 1st June 2004.

Thank you for completing this survey.

Code Number: _____ (To be completed by NMPDU)

1. Please tick which title best reflects your role

- Director of Nursing
- Director of Midwifery
- Directors of Public Health Nursing
- Other

Please Specify.....

2. How many nurses/midwives (w.t.e.s) are employed in your organisation/ agency/service?

3. **In 2003**, how many nurses/midwives from your organization/agency/service were undertaking degrees at the following levels...

Masters _____ PHD _____

4. How many nurses/midwives **currently** in your organization/agency/service had successfully completed degrees at the following levels **before 2003**?

Masters _____ PHD _____

5. Do you keep a record of the nursing/midwifery research conducted by nursing/midwifery staff in your organization/agency/service?

Yes No

If yes provide a brief outline of

5.1 How this record is maintained?

5.2 How this record is utilized within your organization/agency/service?

6. Are clinical research nurses/midwives¹ employed in your organization/ agency/service?

Yes No
 If Yes,

6.1 How many clinical research nurses/midwives are employed in your organisation? _____

6.2 How many are employed as part of the nursing establishment/ compliment? _____

7. Do you employ nurses/midwives SPECIFICALLY to undertake nursing/midwifery research?

Yes No

If yes,

7.1 Are these nurses/midwives employed as:

Full-time Part-time or Joint appointment

7.2 If joint appointment, please outline the nature of the contract and partner employer?

7.3 Is there a mechanism for appropriate supervision of the research undertaken by these nurse/midwifery researchers?

Yes No

8 Is there a group in your organization/area dealing with the implementation of the Research Strategy for Nursing and Midwifery in Ireland?

Yes No

If yes,

8.1 Please give a brief outline of the structure, membership and function of this group.

¹ Clinical Research Nurses/Midwives are nurses/midwives involved in research for purposes other than nursing or midwifery e.g. co-ordinating clinical drug trials.

Recommendation 13 of the *Research Strategy* states that *The Directors of the Nursing and Midwifery Planning Development Units, in partnership with Directors of Nursing and Directors of Midwifery will make resources available to ensure that all nurses engaged in the public health service in the region have access to relevant research to inform practice.*

9 Do nurses/midwives in your organization/agency/service have access to library facilities?

Yes No

If no, please go to 9.4

If yes,

9.1 Where are such facilities based?

On-site Off-site

9.2 Please rate ease of access to library facilities, in your opinion?

Very Easy Easy Difficult Very Difficult

9.3 If difficult or very difficult, briefly outline why, in your opinion?

9.4 If nurses/midwives in your organization/agency/service have NO access to library facilities, please outline how they access evidence based literature.

10 Do nurses/midwives in your employment have access to computers to carry out literature searches on appropriate databases?

Yes No

If yes,

10.1 Where are these computers available?

at unit level at organization level at another site

10.2 What databases are available? (you may tick more than one box)

- | | | | |
|-----------------------|--------------------------|-------------------------|--------------------------|
| CINAHL | <input type="checkbox"/> | Medline | <input type="checkbox"/> |
| Cochrane | <input type="checkbox"/> | PsychLit | <input type="checkbox"/> |
| British Nursing Index | <input type="checkbox"/> | Evidence-based Medicine | <input type="checkbox"/> |
| HMIC | <input type="checkbox"/> | | |

Others, please specify.....

10.3 Please rate ease of access to appropriate databases, in your opinion?

- Very Easy Easy Difficult Very Difficult

10.4 If difficult or very difficult, briefly outline why, in your opinion?

10.5 Is there an inter-library loan service for journal articles that are not available locally?

- Yes No

11. How is nursing/midwifery related research information disseminated to your staff?

- | | | | |
|---------------------|--------------------------|--------------|--------------------------|
| Newsletter | <input type="checkbox"/> | Seminar | <input type="checkbox"/> |
| Conferences | <input type="checkbox"/> | Journal Club | <input type="checkbox"/> |
| In-service sessions | <input type="checkbox"/> | Email alerts | <input type="checkbox"/> |

Other please specify.....

Recommendation 14 of the *Research Strategy* states that *The Directors of the Nursing and Midwifery Planning Development Units, in partnership with Directors of Nursing and Directors of Midwifery will ensure that the educational supports necessary to utilize the resources provided are made available to all nurses and midwives in their regions.*

12. Do nurses/midwives in your employment have access to training/short courses on accessing nursing/midwifery research information?

- Yes No

If yes,

- 12.1 Where is this provided? (You may tick more than one box)
- | | | | |
|------------------|--------------------------|-------------|--------------------------|
| CNE | <input type="checkbox"/> | Third Level | <input type="checkbox"/> |
| Hospital library | <input type="checkbox"/> | eLearning | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |
- Please specify

13. Do nurses/midwives in your employment have access to training/short courses on critically appraising nursing/midwifery research information?

Yes No

If yes,

- 13.1 Where is this provided? (You may tick more than one box)
- | | | | |
|------------------|--------------------------|-------------|--------------------------|
| CNE | <input type="checkbox"/> | Third Level | <input type="checkbox"/> |
| Hospital library | <input type="checkbox"/> | eLearning | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |
- Please specify

14. Do you have a plan to increase research awareness and activity amongst your staff?

14.1 If Yes, please give highlights

Recommendation 15 of the *Research Strategy* states that *The Directors of the Nursing and Midwifery Planning Development Units, in partnership with Directors of Nursing and Directors of Midwifery will make resources available to develop local protocols to support research-based nursing and midwifery practice.*

15. Have you developed research-based nursing/midwifery practice guidelines in your organization/agency/service?

Yes No

If yes,

- 15.1 What resources were required:
-
-

16. Have you developed research-based multidisciplinary practice guidelines in your organization/agency/service?

Yes No

If yes,

16.1 How did nursing/midwifery contribute to the process?

16.2 Is there an identified Practice Development Officer in your organization/agency/service?

Yes No

Recommendation 17 of the *Research Strategy* states that *The Directors of the Nursing and Midwifery Planning Development Units, in conjunction with Directors of Nursing and Directors of Midwifery will ensure representation on research ethics committees at local level to enable nursing and midwifery involvement at the stages of gaining access to research populations, sites and ethical approval.*

17. Is there a local research ethics committee in your organization/agency/service?

Yes No Do not know

If yes,

17.1 Is there a nurse or midwifery representative on your local ethics committee?

Yes No Do not know

17.2 How often do they meet?

Additional comments and information

Strand 4: The Registered Nurse Tutor Questionnaire

National Council for the Professional Development of Nursing and Midwifery

Registered Nurse Tutors RESEARCH SURVEY

Mrs M Wynne
4 Milltown Drive,
Churchtown,
Dublin 14.

Respondent's Details No: RNT636

Prefix Initial Surname

Mrs M Wynne

Address

4 Milltown Drive,
Churchtown,
Dublin 14.

Dear Mrs Wynne

As you are aware, the National Council for the Professional Development of Nursing & Midwifery is charged with developing a database of Irish nursing and midwifery research studies. To this end, we wish to gather background information on nursing and midwifery research activity to date, so as to inform the development of such a database. As a member of the Nurse Tutors register, we would be very grateful if you could spend 5-10 minutes completing this form, and return it to us in the FREEPOST envelope provided.

Thank you for responding so positively to our initial survey published in our December 2002 newsletter. Whilst some of the 2002 questions are repeated in this survey, this questionnaire has been refined to capture more detailed information and any new research you may have undertaken since 2002.

All information in this form will be treated confidentially. If you have any questions concerning the content, please do not hesitate to contact us

Please return the questionnaire in the FREEPOST envelope provided.

Yours sincerely



Sharon O'Donnell
Project Officer



Sarah Condell
Research Development Officer

All information in this questionnaire will be treated confidentially.
Many thanks for taking the time to fill out this questionnaire.

6/7 Manor Street Business Park, Manor Street, Dublin 7.
Telephone: 01 882 5300. Fax: 01 868 0366.
Email: sodonnell@ncnm.ie Website: www.ncnm.ie



National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

NOVEMBER 2004

Registered Nurse Tutors RESEARCH SURVEY

SECTION 1. EMPLOYMENT/PRACTICE SETTING

1.1: What area(s) of nursing & midwifery are you currently employed?

Local Community Hospital Centre of Nurse Education 3rd Level Educational Institution

Regional Planning and Development Unit

National Government Agency Professional Organisation/Body

Other (please specify)

1.2: Which of the following best describes the main focus of your role?

Clinical Education Management Research Practice Development

Policy Implementation

Other (please specify)

1.3: Please indicate (tick) the academic qualification(s) you hold, the awarding discipline (e.g. nursing & midwifery, sociology, business) and the year of completion

		AWARDING DISCIPLINE	YEAR OF COMPLETION
Bachelor Degree(s)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Higher Diploma(s)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Post-graduate Diploma(s)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Masters (by research)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Masters (taught)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MPhil	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
PhD	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

SECTION 2. CURRENT RESEARCH ACTIVITY

2.1: Are you currently conducting research that involves data collection?

Yes No

If No, go to Section 3. If Yes, please answer the following:

2.1A: What is the working title of the study?

2.1B: How would you best describe the research design that you are currently using?

Quantitative Qualitative Mixed Method

Other (please specify)

2.1C: At what academic level is the research being conducted?

Masters PhD MPhil Post-doctoral Non-academic Award¹

Other (please specify)

2.1D: If academically awarded, within which discipline is the award granted e.g. Nursing & Midwifery, sociology, business, etc.

Please specify

2.1E: Are you conducting this research....

By yourself on a fulltime basis By yourself on a part-time basis As part of a team

If part of a team, then number of team members, including yourself

SECTION 3. PREVIOUS RESEARCH ACTIVITY

3.1: Have you previously conducted research that involved data collection at Masters level or above?

Yes No

If No, go to Section 4. If Yes, please answer the following with reference to the study with the **highest** academic award.

3.1A: What was the title of your research study?

3.1B: How would you best describe the research design that you used?

Quantitative Qualitative Mixed Method

Other (please specify)

3.1C: At what academic level was the research conducted?

Masters PhD MPhil Post-doctoral Non-academic Award¹

Other (please specify)

3.1D: If academically awarded, within which discipline was the award granted. e.g. Nursing & Midwifery, sociology, business.

Please specify

3.1E: Did you conduct this research....

By yourself on a fulltime basis By yourself on a part-time basis As part of a team

If part of a team, then number of team members, including yourself

¹e.g. Funded research conducted by an individual or group of researchers on behalf of an institution

Registered Nurse Tutors RESEARCH SURVEY

SECTION 4. RESEARCH FUNDING

4.1: In relation to current or previous research activity, what sources of funding have you successfully accessed? (More than one source may be ticked)

Tutors Support Package Department of Health & Children (excluding the tutors support package) Employer Funded
 Health Board Nursing & Midwifery Planning & Development Unit
 Professional Organisation (please specify)
 Other Health Agency (please specify)
 Research charity (please specify)
 Other external source (please specify)

SECTION 5. OTHER RESEARCH ACTIVITY

5.1: Do you currently supervise registered nurses or midwives undertaking research involving data collection?

Yes No

5.2: In the past have you supervised registered nurses or midwives undertaking research involving data collection?

Yes No

5.3: Have you had any piece of research work published?

Yes No

If yes, then please state source and associated number of publications e.g. Book chapter 2 publications

PUBLICATION SOURCE:		NUMBERS OF PUBLICATIONS:
Professional magazine	<input type="checkbox"/>	<input type="text"/>
Peer-reviewed journal	<input type="checkbox"/>	<input type="text"/>
Conference proceedings	<input type="checkbox"/>	<input type="text"/>
Book chapter	<input type="checkbox"/>	<input type="text"/>
Book	<input type="checkbox"/>	<input type="text"/>

5.4: Recommendation 1.3 of the Research Strategy of Nursing & Midwifery in Ireland (2003) proposes the development of a research database, which would have the potential of being accessed by the entire nursing and midwifery community. At a later date, would you be willing to submit information about your research study(s) to this database?

Yes No If yes, please select the level of information you would be willing to submit.

Abstract (including location of main study/thesis e.g. library) Abstract (including location of main study/thesis & accompanying references)

Abstract (including location of main study/thesis, accompanying references, and list of publications emerging from the study)

Literature Review (including location of main study/thesis access e.g. library)

Literature Review (including location of main study/thesis, accompanying references, and list of publications emerging from the study)

Full thesis

If you would like to be contacted when we are seeking submissions, please provide your email address:

Many thanks for taking the time to complete this form.

Appendix 2: Research Titles

This Appendix contains the lists of titles provided by respondents to the individual practitioner survey and the RNT survey. Caution should be exercised in the following areas: totals are given but it should be noted that repetition occurred between these two surveys; some respondents did not supply titles although indicated they had conducted research involving data collection; some respondents supplied a number of titles; and finally within each survey a number of respondents supplied a title on which they were working as part of a team.

Individual Practitioner Survey 2002

Past working titles – 154 total

Experiences of breastfeeding and support in the first 6 weeks.
Assessment of nursing support in labour and behaviour responses of women in labour.
An evaluation of the level of knowledge awareness and skill of nursing staff in relation to cultural issues.
An evaluation of patient dependency and nursing staff skill mix in acute inpatient wards.
Mentorship – an educational and supportive strategy for student psychiatric nurses.
Raising muted voices: traveller women's experience of maternity care.
Pain management after surgery.
Making a change.
What is caring?" an exploration of the meaning of caring from the perspective of newly qualified nurses.
Nurses' experiences of caring for ethnic minority clients.
Cloaked in silence. Bullying in Nursing: how widespread is it?
Perceptions of Depression.
A review of feeding practices for infants less than or equal to 1500g birth weight.
An exploration of Nursing Diploma student's use of reflective diaries as a strategy to promote learning from experience.
Nurses Tutors perceptions of their clinical role.
Quality of Life as a foundation for person-centred planning in social and vocational rehabilitation services for adults with learning disabilities.
Older patients and their satisfaction with nursing care.
Nurses medication errors.
Registered General Nurses' attitude and knowledge of post-operative pain assessment and management.
Exploring affect or emotions and ideas evoked within individual supportive psychotherapy relationships.
Psychiatric nurses perceptions of research utilization in nursing practice.
The nurse's role in discharge planning.
Does the implementation of a continence promotion course improve nurses' knowledge regarding continence promotion?
The comparison of stress levels in last traditional group with the first diploma general nursing group.
The attitude of nurses to the introduction of performance appraisal.
The UK Alcohol Treatment Trial.
Do consumers receive enough information?
A study of carers needs – "the silence of care".
A pre-implementation study of nurses' attitude to computerized nursing record system.
Can the voluntary sector continue to provide supported housing for people with mental health problems within current legislative/policy framework.
Evaluation of a home from hospital service from the clients and carers perspective.
Stressors amongst teachers in a school of nursing.
An exploration of the assessment of nurses from overseas in a Dublin teaching hospital.
The regulation of midwives with special reference to aspects of the regulation of midwives in Ireland 1918-1950.

A study to explore the facility of debriefing for oncology nurses following traumatic incidents in the oncology setting.
Developing a framework for supernumerary learning in a Diploma in Nursing programme.
Pregnant women and domestic violence – an exploration of the role of midwives.
Nurses attitudes, behaviours and perceived barriers towards pressure sore prevention.
Psychiatric nurses and continuing professional education – views, experiences and needs.
An analysis of the educational needs of PHNs responsible for facilitating student learning in the community.
The psychological effects of CPR training on cardiac rehabilitation patients and their partners.
Palliative care: the meaning for PHNs and GPs in the community.
Monitor: a tool to measure quality care.
A survey of smoking amongst 300 urban residents in Castlebar, Co. Mayo.
Patients' experiences of nursing communication in health crises.
Women's experience of childbirth.
Theory Practice gap in Nursing.
The role of the CNM2 in the facilitation of student nurse learning.
The disadvantaged status of lone parents in income, housing and health.
The lived experiences of Irish palliative care nurses.
A prevalence study of factors associated with nocturnal enuresis in a school-going population.
Nurses and users perceptions of acute inpatient mental health needs nursing care and required nursing care.
Attitudes and perceptions of nurses and doctors to nurse led/initiated thrombolysis.
A study of compliance of adolescent diabetics to their health care regime.
The learner-centredness of adult and psychiatric nursing courses as perceived by third level nursing students.
The advanced practitioner of psychiatric nursing in the Irish Healthcare service.
Student nurses habits, attitudes and knowledge in relation to nursing.
Student nurses experiences of caring for infectious patients in source isolation.
Feasibility study for day nuturing center in the Philippines.
A mini-ethnography of student nurses older person communication.
The experience of being hospitalized for cardiac surgery – a description.
An exploration of the experience and praxis of a group of nurses and some of their female clients in the area of family planning in Ireland in the aftermath of the Contraception Debate.
Self efficacy in childbirth.
Practice nurses knowledge and attitude of the menopause and HRT.
Qualified nurses use of research in relation to oral care.
Infant feeding practice in Ireland – is there a cultural dimension?
Careers of nurses over a 10 year period.
Decision-making.
Are clinical guidelines available to assist evidence-based decision making?
The role and future of care attendants.
Factors that influence the perception of first year students in the clinical learning environment.
The perceived benefits of classroom experiential learning and classroom lecture learning as reported by final year mental health student nurses: a pilot study.
Infant feeding practices among asylum seekers in Ireland.
Cultural change in forensic psychiatry.
An evaluation of patient satisfaction in a mental health day hospital.
Nurse bullying – a preliminary analysis.
A grounded theory exploration of the lived experiences of asthmatics allergic to house dust mite allergies.
Environmental sanitation among the pupils in the elementary schools.
A participatory approach to primary health care for travellers in Ireland.
A phenomenological investigation of the lived experiences of registered nurses facilitating nursing students.
Patients' response to pain.
Nurses perceptions of the CNS role.
Staff morale.

An exploration of the perceived benefits of the Fountain House Clubhouse.
Cultural competencies of nurses in caring for people of ethnic minority in Irish hospitals.
The nurse/client relationship: participation as perceived by PHN's and mothers of vulnerable families.
Autonomy/Advocacy at the end of life.
An exploration of the career guidance and career planning needs of a sample of student nurses in Ireland.
Impact evaluation of the A+E liaison nurse service at one Dublin teaching hospital.
An investigation of student nurses absenteeism.
Impact evaluation of stop smoking courses for nurses.
Clinical placements: a heideggerian hermenutical analysis of the lived experience of nursing students in the Diploma in Nursing Programme.
Workforce planning and grade mix in nursing.
Decision-making – an examination of the influence of experience as a variable.
Ethical decision-making in end of life care, an exploration of nurses' experiences.
Midwives in the making.
An exploration of the readiness of post-graduate student nurses for the teaching strategy of problem-based learning.
Knowledge and barriers of pain management principles in the emergency department: an evaluation of emergency nurses' perceptions.
Does engaging in continuous professional education change the practice of nurses?
The 'missing' carers: a study of a hospital's absenteeism, causes and control.
Recruitment to Irish psychiatric nursing.
Policy towards integration in primary care: an applied case study exploring the experiences of integrated community nursing practice.
Perceptions, knowledge and attitudes of psychiatric nurses towards childhood sexual abuse as a health promotion issue.
The clinical role of the nurse teacher in general nursing.
An exploratory study into the incidence and effects of bullying in nursing.
Development and validation of a constipation risk assessment scale for use in clinical practice.
Empowering visitors to participate in nursing care.
Attitudes of nurses to psychological care: implications for nurse education.
Sex role stereotyping of nursing as an occupation.
A lifetime of caring – a joy or a sentence.
Nurses' knowledge and attitude towards evidence based practice.
Concerns of Filipino nurses working in selected government hospitals in Dublin, Ireland.
A phenomenological investigation of the lived experiences of registered nurses facilitating supernumerary nursing students.
The effect of different settings on the interactions of people with profound intellectual disabilities.
An examination of fatigue in patients with end stage renal failure who require haemodialysis.
Basic life support knowledge of registered paediatric nurses.
Attitudes of general student nurses to people with mental health problems.
Place of perceptorship in Irish nurse education.
The social and economic impact of caring for persons with the dual disability of Down's Syndrome and Alzheimer's disease.
Women's views of maternity (postnatal) in Dublin.
Health promotion in the 10 community care areas of the EHB.
Competencies that increase the effectiveness in the nurse managers role.
An exploration of the concept of empowerment amongst mothers of children with a chronic illness.
To assess the knowledge of adolescent girls regarding menstrual hygiene and to prepare a teaching module (in India).
The role and preparation of anaesthetic nurses in Ireland.
An exploration of health services organizational and professional nursing practice environments as perceived by staff nurses and Directors of Nursing.
Study of nursing and midwifery resource.
Elder abuse.
Psychiatric nurses perceptions of mental health promotion: an exploratory study.
Change and development in the community pharmaceutical sector.
Public health nursing and skill mix.
Breastfeeding in Ireland: the experience of Irish women.

Midwives in the making.
Mothers perceptions of the needs and resource of the An Lar community.
Oppression and caring: a feminist ethnography of working to improve patient care in Ethiopia.
Student midwives experiences of the clinical learning environment.
Women's experience of caesarian birth.
Retention and loss of trained critical care nurses – influencing factors.
Cognitive appraisal, coping responses, social support and psychosocial adjustment in women with breast cancer.
Midwives perceptions of their role in the Irish maternity services.
An exploration of primigravid women's experiences of unpleasant symptoms of pregnancy in particular heartburn and constipation.
Third year student nurses perceptions of patient handling theory in practice.
Co-involvement of patients, carers and nurses in discharge planning decision making: the case of an inpatient rheumatology unit.
Re-inventing the wheel: creating a midwifery led development unit model.
Integrated services for the elderly – the way forward.
Application of theoretical approach to care delivery.
Student perceptions of the most and least effective characteristics of clinical nurses as teachers.
Appraisal of adaptation of overseas nurses to nursing practice in Ireland
Nurses experiences of caring for patients with infectious disease: a phenomenological study.
A retrospective comparative study in the value of screening low risk primigravida for asymptomatic bacteruria.
Patients' perceptions of their care at Our Lady's Hospice Dublin.
Implementation of the Health (Nursing Homes) Act 1990 and its implications.
The development of a predictive model of stress in public service occupations in Ireland.
Discovering student psychiatric nurses' perceptions of reflection as a learning strategy during clinical placement.

Individual Practitioner Survey 2002

Current Working Titles -121 total

Evaluation of Nursing Development Units.
Health literacy experience of patients attending OPD.
"Pre-operative education" – how do a group of nurses do it?
Urinary diagnosis of food sensitivities and autism.
How do psychiatric nurses incorporate sexuality into care.
Evidence based practice: nurse's knowledge of the management of dysphagia.
The meaning of change: an exploration of the meaning and effects of education change from the perspective of teachers and managers.
Nurses perceptions of quality as the factors which facilitate or hinder quality in long term care in older patients.
A retrospective study of inhibitor development in children with haemophilia.
Attitudes of health care workers to older people with dementia.
Emergency nurses' knowledge of the activation and implementation of a hospital major emergency plan.
A descriptive study to investigate the knowledge levels of female orthopaedic patients aged 55 and over about the effects, risk factors and prevention of osteoporosis.
Communication and cancer patients – education of cancer patients.
The readiness of clinicians/managers involvement in service planning in an acute hospital.
Establishing post-natal depression intervention.
A+E nurses' perceptions of patients who present with primary care needs.
Evidence-based practice.
Project needs analysis.
Operating department nurses' knowledge of latex allergy and the management of patients with same.
Carers clinic evaluation.
Is group cognitive behaviour therapy feasible in the NW region?
Decision making in clinical practice.
Maternal experience of living with a life limited child in the home setting.
Evidence-based health care for tobacco dependence in an OPD.

Identification of registered nurses knowledge of pressure sore risk in elderly hospitalized adults.
Undergraduate student nurses approached to learning.
Exploring how PHNs work in cases of child neglect.
Individual rights versus common good – HIV/AIDS.
Neonatal transport team: are we meeting the needs of patients?
Myocardial infection care pathways – are delays gender specific?
Why do patients self-refer to an urban A+E department rather than consult their own GP?
Developing a nurse management degree programme – an action research study.
Staff nurse perceptions of the psychological care provided to a woman who has had a miscarriage.
A survey of wound management practices in the Republic of Ireland.
Does the completion of a course by registered nurses on continence promotion impact positively on care of the older person.
Coping strategies employed by nurses working in oncology.
A survey of foreign nurses working in Ireland as ethnic migrant workers.
An exploration of the acceptability and effectiveness of contract tracing in the context of an outbreak of syphilis.
ISC and women in Ireland.
An evaluation of the concept of transition and its meaning for cancer patients.
Quality in the PHN service: a case study.
Nursing assessment in acute mental health admission unit.
PICU nurses perceptions of family centred care.
A review of current diabetes services north and south.
Near miss pilot project (blood transfusion errors).
Nurse practitioners in a paediatric emergency department.
Needs, current practice and possibilities for intervention Phase 2 cardiac rehabilitation.
The development of mental handicap nursing education in the Republic of Ireland.
Paediatric nurses experiences of caring for chronically ill children.
Psychological care of palliative oncology patients.
The partners experience of breast cancer.
What are the education needs of parents of children with asthma.
Introduction of IV cannulation for registered nurses.
Impact of liaison psychiatry on the reduction in deliberate self-harm in A+E departments.
The experience of Irish palliative home care nurses in caring for people of the non-national population.
Decision-making.
A phenomenological study of maternal adaptation and the medically fragile infant.
Work force planning.
The research capacity of Irish nursing.
Education.
An exploration of the benefits of clinical supervision for mental health nurses working in the community.
Clinical facilitator and post-registration student nurses' perceptions of the role of clinical facilitator.
Assertive behaviour of nurses and midwives.
Action research to enable A+E nurses to implement evidence based practice when delivering conscious sedation.
Theatre throughput – what is really happening?
Implementing a palliative care teaching programme for registered nurses, an action research project.
Evaluation of PHN role and workload analysis.
An evaluation of a health promotion programme.
Are practice nurses an unexplored resource in relation to patients on a methadone maintenance protocol?
The understanding and experiences of empowerment of nurses and midwives in Ireland.
A qualitative descriptive study of women's thoughts post mastectomy.
Implementation of a personal tutor system in midwifery in the Irish context.
The actual and perceived barriers to teamwork in primary care.
Quality of life of mental health patients.
CMHT Practice in the UK.

Training of people with disability.
Wound care and tissue viability.
A study of the characteristics of mature nursing students undertaking the first year of the undergraduate BSc in Nursing in Ireland.
Organ donation services in Ireland: a survey of ICU staff views.
Attitudes of RGN to caring for relatives of terminally ill patients.
Description and exploration of the perception of the CNS role held by general nurses within Letterkenny General Hospital.
The role of the CNM in light of ANP/AMP roles.
A comparison of critical thinking skills of first and fourth year baccalaureate nursing students.
An analysis of activity patterns of Irish psychiatric nurses 1950-2000.
The effectiveness of tubigrip in the treatment of grade 2 ankle strain.
An exploration of the role of Band 1 Directors of Nursing in the Republic of Ireland.
Compliance with medications.
A descriptive study of the tracheostomy care as practiced by nurses on ENT wards in Ireland.
A study of community nursing practice in the Galway community care area.
Women's experience of breast biopsy: a phenomenological study.
Needs of families who have children or a child with an intellectual disability.
Women's experience of care during labour.
Evaluation of childbirth education classes.
The efficacy of epidurals in post-operative pain relief in HDUs.
Quality and cost of service provision for person with intellectual disability and dementia.
An evaluation of a pilot programme of direct entry to midwifery in Ireland
Administration of depot intramuscular injections: a review of current practice and recommendations for best practice for CMHNS.
A comparison of 2 different types of operation for incontinence.
Assessment of nursing/competencies/skill mix.
The lived experience of patients who have survived an MI undergoing a cardiac rehabilitation programme.
Can manUKa honey be used effectively as a desloughing agent in wound management.
Practice in the community pharmaceutical sector.
Introducing the consultation model to a family therapy service.
Aspects of cardiovascular disease.
An evaluation of community health nursing.
An evaluation of midwifery-led units.
A comparison of creams in prevention of radiation induced burns.
Needs analysis of palliative care services for children with life-limiting illness in Ireland.
Information seeking and adherence to drug taking in the chronically ill.
Reflective practice in nurse education.
Constructing the experience of a nurses strike: the perceptions of RGNs in a general hospital setting.
Motivation of nurses/midwives.
Integration programme for Filipino nurses working in a general hospital.
CNM experience of performance development and review process.
Overcoming depression.
Association between student learning outcomes from their clinical placement and their perceptions of the social climate of the clinical learning environment.
Parent experiences of being present at the induction of anaesthesia.
A continuing education needs analysis of registered nurses.
Role of CNM2 in mental health services.
Wellness recovery action plan – a programme for change in a community mental health service.
European survey of staffing of acute psychiatric admission units – Analysis.

RNT Survey 2004*Current Titles – 74 total*

The RMHN
How nurses in Palliative Care Experience the Delivery of Spiritual Care.
A Survey of Consumers and Providers of maternity services WHB.
An evaluation of the effectiveness of midwifery led care.
Exploring multiple intelligence in the context of teaching and learning in undergraduate nurse education in Ireland.
An exploration of sexuality in a psychiatric context.
Five points of entry onto the nursing register.
Contextual indicators impacting on effective pro-active continence management.
Implementing national qualification framework for nursing and midwifery.
Guiding students through reflective practice - the preceptors' experience. A qualitative descriptive study.
Research protocols for nursing and midwifery in Ireland.
Suicide in modern Ireland: Young men's perspective on life and living.
Evaluation research.
Mothers experience of caring for life limited children.
Midwives and women's perception of birth.
Data for national ipsp initiative.
Continuing education needs of cardiovascular nurses.
Five Points of entry to the nursing/midwifery register.
A study of the public health nurses workload in the Western Health Board.
Being an Advocate.
Evaluation of solution focused approaches in nursing practice.
Five points of entry to registration.
Employees views on SEMP and Disability mainstreaming.
Myocardial infarction care pathways - are delays gender-specific?
Discourse analytic study of nurses in academia.
Exploration of 5 points of access to An Bord Registration.
An exploration of the impact of nurses' unconscious mental processes on the relationships with patients.
Defining and assessing professional competence.
An historical study of the development of mental handicap nursing in the republic of Ireland: 1919-1969.
Visited by God: Spirituality and the Irish Immigrant Community.
An examination of self-staffing in mental health.
Perceptions of the role of the advanced practitioner in neonatal care.
The quality of life of patients waiting for a hip replacement.
An evaluation of midwifery-led services in the NEHB.
Evaluating a peer support service for people with diabetes.
Nurses experiences of caring for culturally diverse clientele: Does the curriculum need to be changed.
Healthcare and the poor in Dublin 1830-1860.
A framework for portfolio development on postgraduate nursing.
The lived experience of the preceptor in evaluating student nurses clinical practice.
Future role development of mental health nurses.
The role of the nurse in the rehabilitation of older adults following hip surgery.
Parental experiences of interdisciplinary teamwork with children with cerebral palsy.
A learning needs analysis of nursing staff employed in a residential care setting.
Gerontological nurses perceptions of spiritual issues in old age.
Analysis of fatigue in women cancer survivors.
Evaluation of the diploma in midwifery.
A critical consideration of the changing social processes of construction categorisation and treatment of lunacy, madness and mental illness in Ireland 1750-2000.

Measuring the workload of PHNs.
Transition towards palliative care: An exploration of its meaning for patients in Europe.
An exploration of intimate nurse-patient relationships in the oncology care setting.
Building individual research capacity in an emerging discipline in Ireland.
The significance of hope and the effectiveness of hope enhancement in community mental health care.
A longitudinal study of women's experiences of carrying a baby with a fetal abnormality up to and beyond the birth: A grounded theory study.
An evaluation of the open window project.
Skills in ID nursing.
The value of technology in the acquisition of clinical skills.
Women's expectations, experiences and preferences for childbirth.
Registered nurses experiences of facilitating student nurses to learn in the clinical area.
Stress sources in RGN's.
An examination of the strategic challenges facing nursing and midwifery in a changed health service.
Nurses knowledge and understanding of urinary catheterisation and its management.
Nurses perceptions of research utilisation in practice.
Evaluation of integrated hospital community and midwifery services.
Nursing and midwifery research priorities for Ireland.
Early development of modern nursing in Ireland.
Work of the Bermondey Nurses at the Crimean War during the cholera epidemic.
How I improved my teaching practice to enhance the learning of registered sick children student nurses.
Children's and parents perceptions/interpretation of the term 'participation' during a child's hospital admission.
Evaluation of evidence based practice portfolio.
Study of student nurses learning in clinical practice.
Management of work related violence.
Quality of life issues: Juvenile idiopathic arthritis and young people in Ireland.
Developing a case load/workload measurement tool for PHN's.
Documentation in preparation for the EPR.

RNT Survey 2004

Past titles – 184 total

A Conceptual Description of the Role of Nursing Practice Development Co-coordinators in Irish General Hospitals.
Non white ethnicity and the provision of specialist palliative care services: Factors affecting doctors referral patterns.
The Essence of Expertise in Palliative Care Practice: A hermeneutic Analysis.
Nurses perceptions and experiences of providing education on sexuality to women receiving chemotherapy for breast cancer.
A prospective descriptive study of hospital births in Ireland.
The skills and attributes that expert paediatric nurses perceive to be essential for the effective training of paediatric nurses.
Evaluation of the effectiveness of a fetal monitoring education programme on midwives fetal monitoring knowledge and CTG interpretation skills.
Study of Incidence experiences and support of mothers with post natal depression.
Attendance related issues.
Becoming a mother following in-vitro fertilisation.
Attitude to people with intellectual disability living in the community of Waterford.
The Lived experience of fathers of chronically ill children. A phenomenological study.
Stressors amongst nurse teachers.
The lived experience of student nurses: A phenomenological investigation.
The place of preceptorship in Irish Nurse Education.
Mentorship: A supportive and educative strategy for student psychiatric nurses.
Nurse tutors perception of sexuality.

Stress sources of distress and ways of coping among psychiatric nursing students.
A heideggerian hermeneutical exploration of sick children's students nurses lived experiences of clinical assessment.
The perceived Implications of training for care attendants in care of the elderly.
The educational preparation and practices of Irish Antenatal teachers.
The pre-operative quality of life of male patients prior to CABG surgery.
The educational needs of women with breast cancer.
The meaning of educational change: An exploration of the meaning and effects of the recent changes in nurse education from the perspective of nurse teachers and managers.
Role transition from clinical nurse to nurse lecturer.
Lifestyle changes following myocardial infarction : Patients' perspectives.
Role related educational needs: A heideggerian hermeneutical analysis of the lived experience of general nurses in practice.
Over-crowding in A and E depts. The lived experience of the staff nurse.
The basics: an analysis of nursing descriptions.
Psychiatric nurses perceptions of research utilisation.
Evaluation CPC.
An exploration of palliative care nurses educational needs in the practice of spiritual care.
The extent to which planned health promotion interventions affect health beliefs, attitudes and behaviours of pre-registration nursing students.
An investigation of absenteeism amongst 3rd year nursing students.
Staff nurses perceptions of their role in facilitating learning for student nurses in the clinical area.
A study of the role and workload of the PHN in the Galway Community Care Area.
Factors that influence patient handling practices of registered nurses.
An evaluation of the diploma in Public Health Nursing in the Rep of Ireland.
An evaluation of the psychological preparation of children for hospitalisation and surgery using the preparatory medica of verbal communication and play.
An exploration of preceptors perceptions of benefits rewards and commitment to the role.
A strategic consensus model for not-for-profit organisation.
Community Mental health policy in the 1990's: A case study in corporate and street level implementation.
Bullying in nursing: A phenomenological approach.
Phenomenological inquiry into CPC role.
Designing a computer aided learning package for student nurses.
Mental health nurses expectations of effective professional communication in the handover report.
A qualitative study examining nurse educators perceptions of critical thinking.
The impact of BNS on clinical practice.
Stress in student nurses.
Pregnant women and domestic violence - an exploration of the role of midwives.
The students' perceptions of the registration - diploma programme. A descriptive study.
The leadership skills used by nurse leaders in the clinical setting.
Coronary care nurses perceptions and practices of heart health education and health promotion.
The learner - centeredness of two registered general and two registered mental nursing courses as perceived by third year nursing students.
An exploration of the nature of friendships for a person with intellectual disability: A case study approach.
Quality of life of clients with a mental health problem living in the community.
General students satisfaction with their learning environment in the mental health services.
Assessment of Clinical Nursing Skills.
An appraisal of the adaptation of overseas nurses to Irish practice Environment.
An exploration of exit site care in peritoneal dialysis patients.
Student nurses reports of ward teaching and learning.
Psychiatric nurses experiences using electronic records.

Nurse teachers perceptions of their clinical role within the diploma programme.
The clinical role of the nurse teacher in general nursing.
Diploma student nurses experience of their first clinical placement.
Women's experience of breast biopsy.
An exploration of registered nurses knowledge of pressure sore risk in hospitalised patients: A descriptive study.
Midwives in the making.
An investigation into the compliance of diabetic adolescents to their health care regime.
Designing a performance appraisal system for nursing: A collaborative approach.
Managing continuing nurse education.
Nurses knowledge and attitudes towards evidence based practice.
The hidden curriculum.
Evidence based brief interventions for tobacco dependence in OPD.
Midwives needs in relation to the provision of bereavement support to parents affected by perinatal death.
An appraisal of a nurse-led day care unit for older people from a primary health care perspective.
Maternal morbidity following perineal trauma amongst Irish primagravidas women at three months postpartum.
Developing a framework for supernumerary learning in the nursing programme.
Student midwives experiences of the clinical learning environment.
Making the link: an impact evaluation of the AandE liaison nurse service in Dublin Teaching Training Hospital.
The importance of practical nursing skills: The perspective of senior student nurses.
First time mothers experience of caring for their new born baby.
Intravenous therapy: A review of current nursing practices in Ireland.
Factors influencing sex-role stereotyping of nursing.
Analysis of activities of Psychiatric nurses 1950-2000.
Factors that influence a patients decision to attend an &E department.
An investigation of mature students understanding: A general nursing registration/diploma programme.
An investigation of the learning profile or undergraduate student nurses.
Student nurse-old person communication: A mini ethnographic study.
A comparison of umbilical cord treatments.
The lived experience of power and powerlessness.
The attitudes of student nurses to health promotion and the nursing role therein.
Induction needs and educational background of immigrant Philippine nurses: A case study.
An exploration of nature of CPN practice and role of CPN's in Ireland.
Midwives experiences of facilitating normal physiological birth in a medicalised environment - a feminist approach.
Changes in practice following a higher diploma in perioperative nursing: Perceptions of course participants.
An analysis of the extent to which the self perceived needs of palliative care patients are shared by the nurses who care for them.
An exploration of preceptors preparation, knowledge and attitudes in assessing the competence of student nurses.
A descriptive study on the continuing professional education of RSCN's in the Republic of Ireland.
The predictive validity of the Childbirth Self Efficacy Inventory.
Women's views of maternity services in Ireland.
Job Attitudes among general staff nurses.
Nurses perceptions of patient advocacy.
Preparing Irish student nurses to work with minority ethnic communities: an exploration of BSc pre-registration nursing programmes as reported by nurse educators.
A consideration of the mental health promotion policies and programs in the eastern health board region, in the context of a developed theory of mental health promotion.
Competing equalities in the development/and process: a case study of Rwanda 1994.
Status ambiguity: An evaluation of the facilities for adolescents in A&E departments.
Exploring the role of PHN and designing a workload measurement.

The lived experience of Irish palliative care nurses.
The phenomenon of caring as perceived by registered nurses.
Absenteeism in one regional healthcare setting.
Nurses perceptions of the clinical nurse specialist role.
Cultural competence of midwives to care for women from the black African refugee community.
A shadow in the nursery MBPS (munchausen by proxy syndrome).
Organisation renewal.
Nurse bullying - a preliminary analysis.
An examination of the professional and managerial aspects of ward sisters' roles.
Students perceptions of tutorials.
Assessment of acute pain: A study of student nurses attitudes.
The effects of a part-time work on Academic Performance Amongst Student Nurses.
The role of the personal tutor in mental health nursing in reducing stress amongst students.
Nurse lecturers role in the clinical area.
A descriptive survey to investigate the knowledge levels of female orthopaedic patients aged 55 and over about the effects risk factors and prevention of osteoporosis.
An analysis of the teaching methodologies employed and favoured within nurse education in the republic of Ireland.
The purpose of community psychiatric nursing: A focus group study.
National study of nursing and midwifery.
The role and education of anaesthetic nurses in Ireland.
Professional practice environments as perceived by staff nurses and Directors of Nursing.
Privileging the voice of Filipino nurses.
The effect of specific prenatal information on the duration of breastfeeding.
Attitudes of student nurses to psychological care: implications for education.
Routine antenatal ultrasound: Reassuring or anxiety provoking?
Patients perspectives on nurse/patient communication.
Self advocacy and people with intellectual disability.
The nurses role in discharge planning.
Student nurses habits attitudes and knowledge in relation to smoking.
Learning styles: A phenomenological study.
A study of change in a mental health care institution: Nurses attitudes and perceptions.
Grieving for myself: Women's lived experiences of post-natal depression.
Experience of SN in caring for patient from ethnic minority groups in psychiatric nursing.
Education and nurses library usage.
Can nurses apply graduatent compression on venous insufficient limbs.
Role of CNM II as a facilitator of student nurse teaching.
Supporting the teaching and learning needs of mature students in nursing.
An exploration of the career guidance and career planning needs of a sample of student nurses in Ireland.
An exploration of RMHN's perception of their role in and contribution to multi-disciplinary working.
An exploration of medical and surgical ward nurses perceived competence level in critical care skills.
The needs of new nurses to the intensive care setting.
Women's views of videotaping the antenatal ultrasound scan of their babies.
The experiences of mature students in nurse education.
Implementation of a personal tutor system in midwifery education.
Students perceptions of learning in a large class environment.
Resource management and the clinical directorate model - implications for St. James's Hospital.
Nurses experiences of caring for patients with chronic renal impairment.
Barriers to and facilitators of research utilisation among RGN's and RSCN's.

Staff nurses perceptions of supernumerary status.
A hermeneutic exploration of staff nurses perceptions of the experiences of caring for chronically confused older persons in an acute hospital setting.
Women carrying their own case notes.
Multi-disciplinary collaboration.
Exploring the lived experience of student nurses caring for the dying.
Culture as a public policy variable: Irish culture and a national breast feeding policy for Ireland.
Nursing the breathless COPD patient in the acute hospital context.
The lived experience of experienced critical care nurses caring in a technological environment.
Women's experience of care in a pregnancy loss unit: an interpretative phenomenological study.
An investigation of the lived experiences of registered nurses facilitating supernumerary nursing students.
An assessment of Irish paediatric nurses level of knowledge in relation to paediatric pain and pain management.
The perceptions of mental health nurses and their role of client advocate.

Appendix 3:

Research Titles supplied by some Funding Organisations

This Appendix contains the lists of nursing and/or midwifery research project titles that have been awarded funding by the following organizations – An Bord Altranais’ Research Scholarship, Irish Hospice Foundation, the Irish Cancer Society and the Health Research Board’s Clinical Nursing and Midwifery Fellowship.

An Bord Altranais – supplied January 2006 – 156 titles

Becoming a mother following in vitro fertilization: a phenomenological study.
Midwives in the making: a longitudinal study of the experiences of student midwives during their two-year training in Ireland.
Nursing the breathless patient with COPD, a phenomenological study (shortened title).
Culture and health: the cultural competence of nurses in caring for people of ethnic minority in Irish hospitals.
Liaison nurse service for older people: a study of the client’s perspective.
Barriers to, and facilitators of research utilization among RSCNs and RGNs in the Republic of Ireland.
A lifetime of caring ‘a joy or a sentence’.
Student nurses’ habits, attitudes and knowledge in relation to smoking.
A call for witness: an exploration of relatives’ perceptions of their experience of ‘family witnessed resuscitation’ in the A&E setting.
An analysis of stress and anxiety levels in parents with infants in an NICU – the effectiveness of a stress reduction intervention.
Psychiatric nurses and continuing professional education: views, experiences and needs.
Pregnant women and domestic violence – an exploration of the role of midwives.
On the scent of a good night’s sleep: a study into the effectiveness of aromatherapy in alleviating sleep disturbances in the elderly.
Factors that influence the retention and loss of trained critical care nurses in intensive care.
An evaluation of the facilities in AandE departments for adolescents and the attitudes of adolescents who attend them.
An exploration of the clinical learning environment in two Dublin teaching hospitals for the post-registration emergency nurse student.
Implementation of monitor: determining an index of the quality of nursing care.
Student nurses experiences of caring for infectious patients in source isolation: a hermeneutic phenomenological study.
Oppression and caring: a feminist ethnography of working to improve patient care in Ethiopia.
Infant feeding practices in Ireland – is there a cultural dimension?
Nurse bullying – a preliminary analysis.
A descriptive comparative study identifying the need for formalized support for neophytes and the needs of nurses who support neophytes during the transition from student to professional nurse.
Developing advanced cardiac life support through action research.
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