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## Developing research priorities for nurses working in the gynaecology setting in Western Australia

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### ABSTRACT

**Background:** Nurses working in clinical settings are instrumental to translating research into practice. The Delphi approach has been used by clinicians worldwide to set research agendas relevant to their clinical work.

**Aim:** To identify nursing research priorities at the tertiary women's hospital in Western Australia and to develop an agenda for gynaecological nursing research.

**Methods:** A three-round Delphi study was used. Round one incorporated an open-ended questionnaire to generate ideas or issues important to gynaecology nurses. During round two, the 32 topics generated from the first round were prioritised into 12 topics with a final ranking performed in round three.

**Findings:** Fifty-four nurses who work in gynaecology clinical areas at the study hospital were invited to participate with 18 (33.3%) participating in round one, 41 (75.9%) in round two and 40 nurses (74.1%) in the final round. The highest ranked research priorities were: managing trial of void; providing compassionate care to women who experience pregnancy loss – the role of the gynaecological nurse; and understanding a woman's journey of treatment following a diagnosis of gynaecological cancer.

**Discussion:** We explore potential factors from the literature around the identified gynaecology research topics plus challenges around the generation and translation of evidence into clinical practice.

**Conclusion:** Establishing a partnership between researchers and gynaecology nurses has contributed to the development of a nursing research agenda. We anticipate that using the Delphi approach may facilitate future collaboration in implementing this research agenda and translating the findings into clinical practice.

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### Summary of Relevance

**Problem or issue:** Prior to this study, a research agenda for nurse-led gynaecology research in Western Australia had not been formalised. As nurses are required to participate in research, their contribution benefits the nurse, the patient and the healthcare setting.

**What is already known:** Other nursing specialities in Australia have established research agendas and prioritises. There was a need for gynaecology nurses to develop an agenda.

**What this paper adds:** This paper outlines the research priorities for nurses working in gynaecology at the tertiary women's hospital in Western Australia.

### 1. Introduction

Nursing researchers are committed to informing gynaecological clinical care of women and recognise the importance of identifying priorities for nursing research. However, in order to facilitate the translation of research knowledge to the clinical setting, a collaborative relationship between researchers and clinicians is recommended (Baumbusch et al., 2008). This collaboration must occur prior to the development of research agendas as it is impor-

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tant for this involvement to ensure topics within research agendas are meaningful for clinical nurses and their patients (Connelly, 2009). The priorities of nursing research hasn't always met the interests of "front-line nurses and nurse leaders" (Dols, Bullard, & Gembol, 2010, p. 201) and the opportunity for clinicians to partner with researchers can assist with setting an agenda with a shared direction to address knowledge gaps, strengthen clinical practice and ultimately improve patient outcomes.

### 1.1. Literature review

Contemporary literature suggests nurses recognise that evidence based guidelines are important and they want to contribute to the clinical research agenda in their speciality setting (Harvey & Kitson, 2015). Current national and international nursing research agendas must be aligned with nursing practice for knowledge translation that is relevant and meaningful for the clinical setting (Baumbusch et al., 2008; Dols et al., 2010). In fact, Walsh et al. (2012) advocate the need to facilitate dialogue between researchers in academia and clinicians in the health service for not only knowledge translation but for practice development to advance the generation and use of evidence in practice. In order to facilitate the translation of knowledge to clinical practice, there must be collaboration and partnership with all stakeholders during the conceptualisation of a research study, which includes researchers and clinicians (Barwick et al., 2005). Studies have highlighted how models can facilitate transitional relationships and that development of research capacity through the presence of on-site champions is beneficial as nurses generate a research agenda (Cooke, 2005; Forchuk et al., 2013; Syme & Stiles, 2012).

The setting for the study site encompasses care and support for women requiring inpatient and outpatient care related to benign gynaecology, gynaec-oncology and uro-gynaecological clinical issues. At this local level, nurses in the gynaecology unit shared their interest in contributing to a nursing research agenda in order to support consistent and contemporary approaches to clinical care. In addition, it was recognised that nurses have a professional responsibility to comply with the *Nursing and Midwifery Board of Australia's (2016) Registered Nurse Standards for Practice* which states nurses will contribute to quality improvement and relevant research.

Internationally, nurse researchers have been actively involved in research related to gynaecological care. A variety of studies from the United Kingdom, Australia and Denmark have investigated the application of gynaecology nursing models of care (Dartey, Borase, Organ, Evans, & Fox, 2010; Dawes et al., 2007; Georgiou, Domoney, Marsh, & Stafford, 2011; Hylton, Mackay, & Brown, 2011; Seibaek & Petersen, 2009) including one recent Australian example which looked at the implementation of a fast-track clinical nurse consultant for women undergoing gynaecological cancer surgery (Philp et al., 2015). Other nurse-led gynaecological research examples include: Vargens and Bertero (2010) who investigated how Brazilian nurses care for women and how being female themselves influences their care; British nurses, Gibson and Stephens (2013) who evaluated the use of a new wound care dressing for patients undergoing elective gynaecological surgery and a range of studies from the United States, Sweden and China which explored the impact of attitudes and beliefs of nurses in providing sexuality information following gynaecological or gynaecological surgeries (Magnan & Reynolds, 2006; Saunamaki & Engstrom, 2014; Zeng, Liu, & Loke, 2012).

Nurse-led research is important for engagement and ownership in clinical practice, more so if it is informed and prioritised by the clinical nurses involved in the research. The Delphi approach provides the opportunity for nurses to identify areas of interest and to advocate for a stronger involvement and participation in the

development of a research agenda. This approach has been previously applied in Australia with midwives (Fenwick, Butt, Downie, Monterosso, & Wood, 2006), maternal/child health nurses (Hauck, Kelly, & Fenwick, 2007), neonatal nurses (Aydon, Hauck, Murdoch, & Foster, 2014), mental health nurses (Wynaden et al., 2014), nurse practitioners (Schadewaldt, McInnes, Hiller, & Gardner, 2016) and paediatric nurses (Wilson, Ramelet, & Zuiderduyn, 2010). Internationally, this approach has also been used to determine nursing and multidisciplinary research priorities in Uganda (Spies, Gray, Opollo, & Mbalinda, 2015), Europe (Dibley et al., 2016), the United States (Blejlevens, Wagner, Capezuti, Hamers, & the International Physical Restraint Workgroup, 2016; Scott, Murphy, & Warshawsky, 2016) and the United Kingdom (Laloo et al., 2016; Rodgers, Booth, Norman, & Sowden, 2016; Williams et al., 2016). The partnering of researchers and clinicians to illuminate the priorities of Australian gynaecological nurse-led research has not been explored and highlights a gap in knowledge being addressed by this study.

## 2. Method

### 2.1. Design, participants and ethics

The Delphi approach is used to collect and synthesise opinion on a particular topic and can be used to develop relevant research priorities within nursing (Schneider, Whitehead, LoBiondo-Wood, & Haber, 2016). This approach incorporates three rounds of questions on particular topics with the aim of achieving consensus by round three (Nieswiadomy, 2012). By anonymously incorporating individual viewpoints, participants are encouraged to openly disclose opinion free from personal bias. Our aim in this study was to identify nursing research priorities at the tertiary women's hospital in Western Australia (WA) and to develop an agenda for gynaecological nursing research. Ethics approval was sought and granted from the study hospital and affiliated university and was conducted in accordance with the *National Statement on Ethical Conduct in Human Research (The Australian Research Council, & Australian Vice-Chancellors' Committee, 2007)*.

The eligible participants for the study were enrolled or registered nurses employed in WA's tertiary women's hospital in the gynaecology/oncology ward, out-patient services and day surgery units. The same pool of nurses were invited to participate in each round of the study. The project was conducted between January and July 2015.

### 2.2. Recruitment and data collection

Initial consultation was conducted between the research team and senior nursing managers from each of the clinical areas to promote engagement and collaboration throughout the study. Following ethics approval, information flyers were displayed to promote the study on notice boards in each clinical area. Information sessions were presented by the research team in each clinical area and a note was inserted into the nurses' communication book alerting staff to the study.

Questionnaires for each of the three rounds inviting nurses to participate were distributed at intervals in the staff areas of the gynaecology ward, day surgery, and gynaecology out-patient clinics. The research team reminded participants of the study at regular intervals during handover and attendance at key clinical team meetings. Questionnaires remained anonymous as name or identification was not requested. The completion and submission of the questionnaire implied consent and therefore consent forms were not required. A sealed labelled collection box was located in

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