



## Successful research capacity building in academic nursing and midwifery in Ireland: An exemplar



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### SUMMARY

**Background:** Nursing and midwifery education have comparatively recently moved into academia in Ireland. In 2002, nurse tutors who were qualified to Master's degree level assimilated into the third-level sector. Only 11 of the 35 staff (31%) in one university School held, or were undertaking, a PhD. In 2006, children's nursing and midwifery tutors also moved into third-level institutions. The culture of all assimilating tutors was focussed on teaching, rather than research.

**Objectives:** The School set ambitious plans to develop the research abilities of all academics, setting the goal that 75% of academic staff would either hold, or be undertaking, a PhD by 2010. Objectives were also set to increase external research funding, peer-reviewed publications and conference presentations.

**Methods:** A combination of sabbatical leaves, student stipends and periods of reduced teaching load was introduced to provide staff with protected time for doctoral studies. Funding for conference and research expenses was provided, based on the previous year's research output of publications, conference presentations and external funding submissions.

**Results:** By October 2010, 79% of the 66 School staff either had ( $n = 23$ ), or were conducting ( $n = 29$ ), PhDs, surpassing goals set. Peer-reviewed publications and conference presentations had increased by >20% per year and external research funding totalled €6,351,101 for the previous 5 years.

**Conclusions:** Strong research leadership, generous support and liberal encouragement can change a predominantly teaching-focussed culture to one of academic research excellence. This increase in research expertise will lead to better patient/client care and improved education of nursing and midwifery students.

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### Introduction

#### *Nursing and Midwifery's Move Into the Irish Academy*

Research capacity building (RCB) is of international concern to professions such as teaching (Murray et al., 2009) and allied health professionals (White, 2003; Lazzarini et al., 2013), especially in circumstances of recent moves to university education (Boyd et al., 2009). Given that the World Health Organisation (2009) has recommended the graduate nurse, research capacity building will also remain a focus for the nursing and midwifery professions globally.

In Ireland nursing and midwifery education are comparative academic newcomers. Until 1994, all nursing and midwifery education were run on the apprenticeship model, where students undertook a certificate course of three years' duration and were employed, and paid, by the health service. From 1994/95 to 1997/8, new Schools of Nursing (or Nursing and Midwifery) were opened in third-level

institutes in Ireland to run the 3-year Diploma in Nursing in partnership with health-service providers. As the nursing curriculum was still taught by nurse teachers in hospital nursing schools, only a few staff were employed in third-level to teach science/social science subjects, and research, ethics, law and management. As a result of the Report of the Commission on Nursing (Government of Ireland, 1998), nursing education moved to degree level in 2002. With national union agreement, a concomitant assimilation into the third-level institutions of all nurse teachers educated to Master's level was to occur.

In a 2001 NET editorial, concern was expressed by two United Kingdom nurse academics as to the level of success or otherwise that would attend this planned national assimilation in Ireland (McKenna and Coates, 2001). The authors asserted, rightly, that these teachers would change from being experts in a mainly teaching environment to being novices in research terms in their new institutions. They believed that nurse teachers would "be expected to engage in the academic game for which they had no previous training and which was not a component of their previous job specification", and referred to them as "an endangered species" (McKenna and Coates, 2001, p. 422). The published rebuttal that followed, written by a Director of one of the new university Schools of Nursing and Midwifery in Ireland, stated that Irish nurse teachers would be "supported, encouraged and facilitated

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to develop and enhance their teaching, clinical and research profiles" (Begley, 2001, p. 596).

In 2002, the 4-year BSc in Nursing commenced across the country, followed in 2006, by the 4-year BSc Midwifery and 4.5 year BSc in Children's and General Nursing with similar assimilation of children's nursing and midwifery tutors. The culture of all tutors who assimilated was focussed on teaching and there had been no expectation in their previous posts that they should conduct research.

#### *Background on Research Capacity Building*

The nursing and midwifery literature describes various initiatives to enhance research training such as writing groups for publication or grant application (McVeigh et al., 2002; Cumbie et al., 2005), group supervision (McCarthy et al., 2010), and multi-faceted institutional strategies (Gething and Leelarthapin, 2000; Cooke et al., 2002; Green et al., 2006). A comprehensive review (Segrott et al., 2006) notes the lack of evidence to support such RCB strategies. One grounded theory study (Worrall-Carter and Snell, 2003) used a purposive sample of 20 nurse academics from 7 Australian universities to explore their perceptions of research and scholarship. Two case studies (Green et al., 2006, 2007) combine data on staff experience of RCB strategies with research outputs. Green et al. (2006) showed progress in a single academic department of RCB strategies over a five-year period yielding 27 of 112 (24%) staff with or studying at doctoral level and a number of promotions to higher academic grades. This site was then compared with a second (Green et al., 2007) whose outputs were 14 of 48 (29%) staff with/studying at doctoral level and a smaller number of promotions. Boyd et al. (2009) in a UK survey of 'new' (<6 years) lecturers in nursing, midwifery or allied health professionals, showed 12% of 155 respondents holding a doctorate.

Many outlines of institutional support do not give specific practical details to assist those grappling with the RCB issue and evaluations/outcomes of these strategies are limited. Hence, the quality and quantity of research outputs are rarely evaluated in sufficient depth, despite the fact that research outcomes ultimately determine the excellence of an institution (Thompson and Darbyshire, 2013). This paper maps an exemplar of successful RCB in one School of Nursing and Midwifery in Ireland, Trinity College Dublin, through its research outputs over a ten-year timeframe. A previous concept analysis (Condell and Begley, 2007) showed that one key element for RCB is financial investment. This paper shows how creative management of funding was utilised in order to achieve strategic research goals, 'shedding light on the situated process' (Segrott et al., 2006; p649), absent from much of the previous literature.

#### *Charting the Baseline*

The School of Nursing and Midwifery opened in Trinity College Dublin (TCD) in September 1996, with two members of academic staff. One lecturer was employed to develop the curriculum for, and run, the new Diploma in Nursing with an initial intake of 78 general nursing students, followed by intakes in successive years of psychiatric nursing and intellectual disability nursing students also. The other academic (Director of the School) was charged with the task of developing such post-registration and post-graduate courses as were deemed necessary. Over the next 6 years, 20 courses were developed and staff numbers increased to 14, all funded from course fees.

In 2002, all nurse tutors (n = 21) qualified to Master's degree level, who worked in six hospitals linked with the university (2 general, 2 mental health and 2 intellectual disability services) assimilated into TCD. From 2002 to 2004, a further 12 nurse tutors assimilated into the School as they achieved Master's degrees. In the period 2002–2010 11 academic staff were appointed by open competition, and 5 staff left. In 2006 a further 13 children's nursing and midwifery tutors assimilated from linked hospitals (Fig. 1).

All nurse and midwife tutors assimilating held Diploma, Bachelor's or Master's degrees in education of 2–3 years' length and had recent, often

extensive, experience of curriculum development. New challenges were that nurse and midwife tutors had to adapt to a less teaching-focused and more research-driven working life. In traditional schools of nursing/midwifery, they would not have been expected to conduct research. Other challenges included, for the period 2002 to 2004, double-teaching the Diploma in Nursing and the new BSc in Nursing at the same time, sometimes in the original schools of nursing due to lack of accommodation in the university. In addition, tutors with experience of teaching small to moderate-size groups of 20–80, had to adapt their teaching methods to suit group sizes of 40–200. They were also expected to take on complex course administration roles for which they had no experience. Old challenges co-existing at this time were that, prior to the assimilation in 2002, staff in the School of Nursing and Midwifery, TCD, had been out-numbered by the number of courses run, leading to excessive teaching and administration workloads (Fig. 2).

In 2002, only 11 staff in the School (31%) held (n = 5), or were undertaking (n = 6), a doctorate. Swift action needed to be taken to kick-start the School's research agenda and to prepare staff members for a research career. The strategic plan for 2000–2005 had, necessarily, set goals in relation to the development of the structures and governance of the rapidly expanding School, encompassing the national assimilation of nurse tutors, and these goals had been achieved. A concomitant expansion of undergraduate and postgraduate student numbers took place (Figs. 3 and 4) and new accommodation was sourced and renovated, paid for by the Department of Health. A Director of Staff Education and Development was appointed to work with all new academics. Introductory courses were provided on the academic's role, time management and introduction to research opportunities. The preparation phase had thus been completed and solid structures had been set in place upon which new developments could be built.

#### *Method*

The strategic plan for 2005–2010 set ambitious plans to develop the research capacity of all staff, with the ultimate aim of changing the culture and ethos in the School to one of research-led academic excellence. Three research outcome goals were set:

- > Goal 1: To ensure that, by 2010, 75% of staff will hold, or be undertaking, a PhD
- > Goal 2: To increase the level of funded research by 20% per year
- > Goal 3: To increase peer-reviewed publications and professional conference presentations by staff, by 20% per year.

The action plan (below) set out a series of dynamic interventions planned at different levels, with differing foci, which were designed to develop the ability of all staff to achieve the objectives (Condell and Begley, 2007). Initially, monies intended for a Chair position (€200,000 per annum, including salary, expenses and support staff) were devoted to kick-start the research strategic plan and, in subsequent years, salary savings from the RCB scheme were reserved and used for this purpose also.

A plan that would provide opportunities for different staff members with differing and diverse needs (see 'academic leave', 'student stipends' and 'reduced teaching load'), would reduce barriers to participation (see 'research maintenance funding' and 'inviting junior staff members onto research teams'), enable collaboration and networking (see 'Visiting Professors' and 'inviting junior staff members onto research teams') and provide facilities for mentoring (see 'Visiting Professors', 'senior appointments', 'inviting junior staff members onto research teams' and 'improving the research culture') (Farmer and Weston, 2002) was devised.

#### *Academic Leave*

Three month academic (sabbatical) leave can, in theory, be given to academic staff in TCD every 3 years but in practice, this is rarely awarded as it is perceived that other staff will have to take on more teaching. As the School's systems and structures were developed where none previously existed, a plan was put in place to ensure that

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