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DISCUSSION

Research capacity building in midwifery: Case study of an Australian Graduate Midwifery Research Intern Programme

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ABSTRACT

Background: Having the research capacity to identify problems, create new knowledge and most importantly translate this knowledge into practice is essential within health care. Midwifery, as well as other health professions in Australia, is challenged in building its research capacity to contribute evidence to inform clinical practice.
Aim: The aim of this project was to evaluate an innovative Graduate Midwifery Research Intern Programme offered at a tertiary obstetric hospital in Western Australia, to determine what was working well and how the programme could be improved.
Method: A case study approach was used to gain feedback from graduate midwives within a Graduate Research Intern (GRI) Programme. In addition outcomes were compiled of all projects the GRI midwives contributed to. Six GRI midwives participated in a survey comprising of four open ended questions to provide feedback about the programme.
Results: Findings confirm that the GRI programme increased the graduates understanding of how research works, its capacity to define a problem, generate new knowledge and inform clinical practice. The GRI midwives' feedback suggested the programme opened their thinking to future study and gave them enhanced insight into women's experiences around childbirth.
Conclusion: To grow our knowledge as a professional group, midwives must develop and promote programmes to build our pool of research capable midwives. By sharing our programme evaluation we hope to entice other clinical settings to consider the value in replicating such a programme within their context.

1. Introduction

Having the research capacity to define problems, generate solutions through research and apply this new knowledge is crucial for health services.[1] These concepts are vital precursors for the translation of evidence into practice to enable improvements in population health and how healthcare is offered.[2] The importance of a scientific research base to guide health services policy and practice is fundamental to evidence based practice.[3] The translation of research evidence into practice is often a lengthy and arduous process however; we must start with research capable health professionals to build that knowledge. Allied health professionals have been noted as not having a strong capacity to undertake research due to limited experience, skills and workload or time restraints.[4] In fact, midwifery has also been recognised as not producing research outputs of sufficient quality to contribute evidence to inform clinical practice.[5,6]

In the 1990s, research was not readily accessible to midwives and challenges of poor knowledge, skills and confidence to conduct and appraise research were cited as barriers to research utilisation.[7] Progress has occurred within the National Health Service (NHS) in the United Kingdom which has strongly supported the development of research and innovation in midwifery.[8] The adoption of research facilitator roles within an East London NHS hospital Trust[9] and an initiative that incorporated nurse managers with a Risk Management Team in an Irish Trust to determine their

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research baseline to develop activities for future planning are two examples of successful strategies.[10] A more recent initiative involved engaging with 50 UK nurses and midwives to generate a research idea resulting in an infection control research project.[11] A series of subsequent workshops were then conducted to articulate the research question; design and pilot the questionnaire; collect, enter and analysis the data; and finally disseminate the results. Although successful, this initiative took four years to complete and required substantial organisational support from a NHS trust.

The challenge in obtaining funding is another factor influencing midwifery's capacity to generate relevant research. In particular, funding inequities between professional groups exist as some areas of health science research are not always recognised or given equitable status to other areas within university faculties dominated by biomedical research.[12] In fact, discussion around improving gender equity in research has received recent attention from the National Health and Medical Research Council in Australia[13] which acknowledges the disadvantages that women face nationally and internationally in building a research career. Research grant applicants in nursing and midwifery are predominantly female making them vulnerable to this inequity.[14] A Canadian initiative to address these issues involved the allocation and protection of organisational funding specifically for nursing research which then doubled nursing staff participation.[15]

Midwifery researchers must explore strategies to engage clinical midwives in research projects they would support as useful to practice. Ensuring that research endeavours are regarded as relevant and valued was identified two decades ago as a key factor associated with midwives' likelihood of undertaking[16] and publishing research.[17] In fact, Fahy[5] also recommended that Australian midwives should incorporate multi-site, team, programmatic research to improve research quality, enhance our research training and increase our funding success (p8). However to address these recommendations, the opportunity to work within a team requires negotiation, writing and editorial skills which must be learnt and role modelled.[18]

Partnerships and collaboration are keys to a successful research career. In fact, Cooke[19] proposed a framework with six principles to guide capacity building in research: develop skills and confidence; ensure research is useful and close to practice; foster partnerships and collaborations; promote appropriate dissemination; contain elements of sustainability to maintain skills; and include supportive infrastructure. To capitalise upon these principles, Hardicre[20] suggested increasing awareness and promoting the research role within health services highlighting its potential to contribute to a clinical research career. Indeed establishing a successful clinical academic career that combines a clinical and academic role is desirable for both nursing and midwifery but does involve effort to negotiate and sustain joint appointments with university and health services.[21] Recent examples of joint clinical/academic appointments between universities and health services in Australia[22] have provided an ideal opportunity to foster important partnerships and collaborations.

To continue to move forward as a profession, midwifery needs to adopt a systematic approach to offering research opportunities together with appropriate support to those select midwives who have expressed an interest in research. Traditionally, strategies to build research capacity have relied on promoting higher degree research training through Masters or Doctoral studies, encouraging opportunities to gain experience through a research assistant position which ideally leads to being an investigator in future research and even participating in quality improvement activities to develop valuable skills around data collection and analysis. Although these strategies are ongoing, within Western Australia (WA), the need to grow the numbers of research-capable and research-active midwives was recognised and a new programme within the only public tertiary maternity hospital was developed entitled the Graduate Research Intern Programme.

2. Case study

The Graduate Research Intern (GRI) Programme for midwives was created and commenced in 2009 at King Edward Memorial Hospital (KEMH) in WA. The purpose was to give midwifery graduates the opportunity to engage in activities such as research studies and quality improvement projects to develop research skills. Expectations upon completion of the programme were that participants return to clinical practice with a clearer understanding of the research process accompanied by relevant skills. In addition, it was anticipated that graduate midwives would also acquire an intention to conduct further quality and safety improvement initiatives. Finally, it was hoped that the programme may stimulate an interest in the midwife pursuing a higher degree by research in the future.

One graduate midwife in each of the two KEMH Graduate Programmes offered annually is given the opportunity to work one day a week with the midwifery research team based in the Department of Nursing and Midwifery Education and Research. Midwives are invited to submit an application to an expression of interest. Their salary is funded through the clinical area they are allocated to within the Graduate Programme. Ideally, midwives are able to participate in the GRI programme for 12 months but due to increasing interest, on occasion, two midwives from the same graduate programme have participated for six months each. Graduate midwives are encouraged to document the research activities they undertake during their GRI programme.

A skills checklist was developed (Box 1) to signal potential research activities to watch for and to encourage graduate midwives to express their learning needs. There was no expectation that each graduate midwife would be able to complete all skills in the checklist; rather the list was presented as a guide to assist the graduate to express their needs and interests depending upon which studies/projects were currently being conducted by the midwifery research team. At the end of the GRI programme the skills checklist is signed by the Professor of Midwifery or her Midwifery Research Fellow to acknowledge the research skills obtained. A certificate of completion is provided for their professional portfolio at the end of the programme. Since 2009, ten graduate interns have completed the programme.

2.1. Programme evaluation

In 2013, an evaluation of the GRI programme was conducted to determine what was working well and more importantly how we could improve what was offered. To acknowledge our outcomes, a list was compiled of all completed projects that the graduate midwives had contributed to (Table 1). Four projects are ongoing including an assessment of women's perspective of hand hygiene and skin to skin practices; women's experience with our Midwifery Group Practice and our largest study, a mixed method evaluation of maternal satisfaction with maternity care at KEMH, where 733 women were surveyed and 63 completed a digitally recorded telephone interview. Prior to commencing research projects, ethical approval is obtained from the KEMH Human Ethics Research Committee to enable dissemination and to date, three peer reviewed journal articles[23–25] and a further six articles in professional journals have been published.[26–31]

2.2. Assessing the experience of the graduate research interns

A survey was designed with the aim of exploring the experiences of the graduate midwives who had completed the GRI programme.