Developing and implementing the Community Nursing Research Strategy for Wales

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Abstract
In order to obtain the best patient outcomes in community nursing, practice needs to be underpinned by robust research-based evidence. This article describes a Community Nursing Research Strategy developed and implemented in Wales to provide the nursing profession with the evidence to support future organisational and professional change in achieving excellence in the community. This was developed in partnership with education, research, health services, workforce planning and Government using consensus methodology (specifically, a nominal group technique). Consequently, the process was inclusive and included three steps: escalating presentation of ideas, topic debate and topic rating. The result was a strategy with four implementation strands, including a virtual network, research portfolio, application to practice and leadership.

Key Words
Community nursing * Research strategy * Evidence-based practice * Partnership * Consensus methodology

Community nursing is changing rapidly, and will continue to do so, especially as the agenda for health-care integration evolves across the UK. Documents such as ‘Safe Care, Compassionate Care’ (NHS Wales, 2013), the Berwick Review (Department of Health (DH), 2013a) and the Healthcare Quality Strategy (NHS Scotland, 2010) have indicated the importance of developing high-quality, compassionate care based on clinical excellence and developed through a learning environment driven by the central needs of patients and carers.

For some disciplines within nursing, this is a time of increasing fragmentation and uncertainty, with new and adjusted roles (Currie et al, 2010). For others it provides the opportunity to develop and establish clinical skills which enable patients to be treated successfully at home (Wallace et al, 2012). Consequently, community nursing now needs support in areas such as professional and role identity, vision and leadership, power, engagement and image (Queen’s Nursing Institute (QNI), 2009) so that it can meet the strategic needs of the devolved health-care systems and, most importantly, achieve the outcomes which matter to (or are driven by) its patients and carers (NHS Scotland, 2010; DH, 2012a; NHS Wales, 2013). The aim of this article is to describe the Community Nursing Research Strategy developed and implemented in Wales to provide nurses with the evidence to support future organisational and professional change in achieving excellence in the community.

Quality, excellence and evidence-based practice
Striving for quality and excellence in the workplace is not new to nursing. As far back as 1860, Florence Nightingale argued that:

‘The most important practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms indicate improvement—what the reverse—which are of importance—which are of none—which are the evidence of neglect—and of what kind of neglect.’ (Nightingale, 1860).

In the vocabulary of the modern era, Nightingale was talking about evidence-based practice. In contemporary nursing, the Nursing and Midwifery Council (NMC) (2008) requires nurses within its Code to ‘use the best available evidence’ to ensure a high standard of practice and care delivery. Evidence-based practice (Figure 1) is grounded in the best (most rigorous and relevant) evidence available (credible research), expert clinical skills, professional judgement, patient perspective and influenced by context (Fineout-Overholt et al, 2005; Melnyk and Williamson, 2011). It is the basis upon which good clinical decisions are made and outcomes are evaluated (Aveyard and Sharp, 2009; Leufer and Cleary-Holdforth, 2009; Melnyk and Fineout-Overholt, 2011).

Using evidence-based practice in day-to-day decision-making is seen as key to ‘future-proofing’ services (Dixon...
and Goldman, 2003), providing the nursing profession with the knowledge to evolve for the future, achieve a high standard of care, gain respect from the public and enable nurses to become equal partners in new service developments.

**Research challenges**
Research should make the best evidence available, so that it becomes an integral part of providing quality nursing care (Melnyk and Fineout-Overholt, 2011). Little research has been carried out evaluating the impact of community nursing, and resources to conduct this work have not been readily available (Kennedy et al, 2008; Gonzalez-Torrente et al, 2012). One challenge has been the size and spread of the workforce, which is substantial, scattered across neighbourhoods, and has many distinct disciplines contained within it (DH, 2012b; Wales School for Primary Care Research (WSPCR), 2013b). Furthermore, the attitude of nurses towards research relates to their direct use of practical evidence in day-to-day decision making (Squires et al, 2011).

There is a fundamental need to find a way of changing the organisational culture of community nursing by motivating and harnessing the wealth of knowledge, skills, experience and expertise available while focusing on real clinical problems (DH, 2012b; Gonzalez-Torrente et al, 2012). This could demonstrate the organisational benefits of applied research and potentially avoid future problematic nursing situations (such as that discovered in Mid-Staffordshire) in the community by ensuring that standards are informed by the best evidence available (DH, 2012b; Francis, 2013). Only then can community nursing ensure that the public and other professional colleagues are confident that nursing care is worthwhile and being carried out in the best way possible (Davies and Nutley, 2000).

**The community nursing workforce in Wales**
In 2012, the total number of registered nurses, midwives and health visitors across the NHS in Wales was estimated at 20,688 (17,900 whole-time equivalent (WTE)) and accounted for 39% of all NHS Wales staff (Stats Wales, 2013). This is a small proportion in comparison with the large total number of 369,868 qualified nursing staff employed in 2012 in the NHS across the UK (NHS Confederation, 2012). At the same time, there were 5,371.1 WTE NHS Wales staff (registered and support staff) working in the community, and this was composed of a total number of 5192 registered nurses (Stats Wales, 2013) including health visitors, district nurses, school nurses, community learning disability nurses, community psychiatric nurses and other first- and second-level nurses.

Calculating the total number of nurses working in the community across all sectors is difficult as Welsh Government statistics only include nurses employed directly by the NHS (Stats Wales, 2013). However, estimates indicate that there may be in excess of 6000 nurses working across a variety of disciplines, settings and employers. These include GP practices, integrated teams, midwives, care homes, children’s nursing, education, research, specialist/advanced nurses and consultant nurses. Any strategy therefore needs to consider a modern and innovative way of utilising the skills and knowledge of the workforce to develop research to inform its evidence-based practice.

**The Community Nursing Research Strategy for Wales**
The idea for a community nursing research strategy was raised from a DH document called Modernising Nursing Careers: Setting the Direction (DH, 2006). It followed publications about nursing research in Europe (Maren-Casbas et al, 2005) and in Wales (Kenkre, 2005) that identified eight issues hindering the development of nursing research. They included lack of a comprehensive nursing research register, no protected time or funding, lack of confidence and a need for flexible career pathways.

The 2006 document envisaged that community nurses in the future would start their careers in the community focusing on patient need, and that care delivered would be based on evidence and critical thinking (DH, 2006). However, challenges to this ideal have continued, such as employment arrangements failing to enable nurses to combine research with clinical work (with little research training), and nurses often coping with two employers (UK Clinical Research Collaboration, 2007; Association of UK University Hospitals (AUKUH), 2013). The 2006 document recommendations called for innovative partnership between education, health services and research to ensure that nurse leaders of the highest quality were being generated (DH, 2006). They would then be able to identify the evidence of patient needs and desired outcomes so that they were in a position to participate in multidisciplinary applied research (AUKUH, 2013). However, this requires organisational commitment to inspire and resource clinically based research.

Eventually, and most importantly, commitment came in recommendation 22 of the community nursing strategy for Wales (Welsh Assembly Government (WAG),
Consensus methodology

Consensus methodologies are ways in which expert opinion can be sought and agreement made on an issue of practice, or a future direction for a topic can be set. It is used when there is little evidence to base a professional judgement (Ager et al, 2007). In this case, the future development of a community nursing strategy for Wales was something new and the evidence of barriers and priority themes of research were unknown. Examples of consensus methods commonly used are Delphi and nominal group technique (NGT) (Fink et al, 1991; Bowling, 2009). Key principles of these methods are that they are inclusive, provide opportunity for detailed topic examination and debate while encouraging negotiation and agreement. They provide opportunity for minority group ideas to be identified and considered through discussion and not lost due to the strength of personality or current popular ideas.

A NGT was used at the initial meeting in December 2011 for the development of the Community Nursing Research Strategy. The following three key characteristics of the NGT were utilised.

**A. Private discussions and decisions are often made prior to the group event**

Thirty-two participants from community nursing practice, education, research, professional bodies and workforce planning in Wales attended the meeting. Participants were asked to consult with their organisational colleagues (within practice, training and support structures) before attending the meeting to set three priority areas for research, training and support. If any invitees were unable to attend, information was forwarded from their organisations to be included.

**B. Face-to-face contact between group members occurs and interaction is structured**

The NGT utilised the information in the launch through a structured workshop which included three distinct steps.

**Step 1**

Presentations were provided on current activity from government perspectives, research infrastructure and clinical academic career development. There was an escalating presentation of ideas whereby participants were divided into groups and asked to identify the three key issues on coloured paper. Individuals were then asked to present their most important idea to another person in the group. The pair of participants jointly agreed on their most important three ideas and wrote them on a piece of different-coloured paper. They then regrouped with another pair of participants (who had completed this same process) and together discussed their collective six ideas. The group of four participants then narrowed these six ideas down to an agreed three ideas and wrote these down on a different-coloured piece of paper. The four group of four participated in this process) and together discussed their collective six ideas. The group of four then narrowed these six ideas down to

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Table 1. Whole-time equivalent NHS nursing staff by area of work and year, qualified nursing and nursing support staff and nursery nurses.

<table>
<thead>
<tr>
<th>Area of work</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community psychiatry</td>
<td>1167.6</td>
<td>1129.8</td>
<td>1232.3</td>
<td>1312.0</td>
</tr>
<tr>
<td>Community learning disabilities</td>
<td>294.9</td>
<td>308.2</td>
<td>290.2</td>
<td>290.1</td>
</tr>
<tr>
<td>Community services (non-psychiatric)</td>
<td>3336.3</td>
<td>3412.5</td>
<td>3484.7</td>
<td>3548.2</td>
</tr>
<tr>
<td>School nursing</td>
<td>127.5</td>
<td>174.0</td>
<td>211.2</td>
<td>220.8</td>
</tr>
<tr>
<td>Total</td>
<td>4926.3</td>
<td>5024.5</td>
<td>5218.4</td>
<td>5371.1</td>
</tr>
</tbody>
</table>

Source: non-medical staff census (Stats Wales, 2013)

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In December 2011 the initial meeting formulated the three original aims for the Community Nursing Research Strategy in Wales. The aims were to:

- Prioritise research ideas to provide the evidence for the future health and healthcare of the people in Wales
- Establish the existing support infrastructure and training available to researchers
- Develop an All-Wales Framework for community nurses and midwives to undertake research to the required international standards within a fully supported environment.

To achieve the aims, a consensus methodology was utilised (Fink et al, 1991; Ager et al, 2007; Bowling 2009), identifying the barriers to community nurses undertaking research in practice, the five research priorities and the research themes (Box 1) which the community nursing profession in Wales thought to be important areas that needed addressing (WSPCR, 2013b).

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2009) which gave a commitment that:

‘Welsh Government will invest in the funding of research that will develop the evidence base for community nursing interventions, evaluation methods, and the appropriate numbers and skill mix for workforce planning.’

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an agreed three ideas and wrote these down on a different piece of paper. The process was repeated until eventually only one group of 32 participants remained and three ideas had been collectively agreed by the whole group.

Step 2
This step involved a debate about the topics whereby each participant was asked to defend or refute the ideas presented. This ensured that the definitive list of topics was decided through consensus.

Step 3
Participants were then asked to rate the topics in order of importance.

Where are we going now?
Since May 2013, the original Community Nursing Research Group has become a Research Development Group within the WSPCR. This is a registered research group within the research infrastructure in Wales and has provided the group with greater access to support, training, fellowships and pilot-study monies available within the research infrastructure in Wales. This creates support and a recognised platform to enable the delivery of the strategy which now has four implementation strands.

The implementation strands are used to operationalise the strategy. The outcomes of these strands will determine the success of the overall strategy (Table 2). All four strands will help the nursing community to meet the aims of the Community Nursing Research Strategy for Wales. The finance and appointment of a Clinical Research Fellow has been secured by the WSPCR to coordinate the delivery of the strategy and meet its aims through the four implementation strands.

The four implementation strands

Virtual network
The virtual network is an online forum of nurses with an interest in research who have identified themselves through the WSPCR online Community Nursing Researcher Network form (http://tinyurl.com/pce98c8). Generally, virtual networks take a variety of forms ranging from highly coordinated groups to those which have members who are loosely connected (Macleod et al, 2007). This virtual network will serve as a communication tool to achieve the second aim of the strategy, to ‘establish the existing support infrastructure and training available to researchers’.

The virtual network identifies nurses who are not only active researchers but who have an interest and would like to participate in some way that will fit into their working life and make a difference to nursing practice. Membership currently varies from newly qualified to experienced district nurses and midwives who are novice researchers to doctoral students and experienced researchers working in practice, education and research.

Each member of the virtual network receives up-to-date information on the research training available and the support for the development of research ideas, writing grant applications, study management through to publication and the development of research programmes.

Research portfolio
The research portfolio is a database of high-quality studies deemed eligible for support by the research infrastructure and financially supporting the NHS. In Wales, this is the National Institute of Social Care and Health Research (NISCHR) Portfolio Group, which assesses the quality of the research (NISCHR, 2013). The purpose of this implementation strand of the Community Nursing Research Strategy is to achieve the first aim to ‘prioritise research ideas to provide the evidence for the future health and health care of the people in Wales’. It comprises three types of study category:

1. Barriers to translational research in community nursing
2. Evaluating the impact and value of community nurses
3. Role definition versus flexibility
4. The system: making it work
5. Looking outwards not inwards: person-centredness

C. Formal feedback should be given to the group (Murphy et al, 1998; Ager et al, 2007)
Throughout this three-stage process during the 2011 meeting, notes were taken in order to write up the findings in a final report of the process (WSPCR, 2013) which was formally fed back to the group in September 2012. The results of the process included ranking priorities to enable research, the development of research themes, training opportunities that are available and support given by organisations. The strategy was then written up and formally launched in March 2013 (WSPCR, 2013).
Studies led by a member of the virtual network
Studies supported by the Community Nursing Research Strategy but led by another professional (e.g. a physiotherapist, occupational therapist or doctor) who is not a member of the virtual network. The study will be deemed to have an impact on community nursing, or community nurses will be part of the study
Studies which the strategy board deems important and are acknowledged by the community nursing research leadership team as having further potential for development. The advantage of being included within the Community Nursing Research Strategy portfolio is that members can access the extensive and invaluable experience and mentorship that the WSPCR can offer (WSPCR, 2013), avoid study replication and increase contribution and impact on new developments in the community (Mareno-Casbas et al, 2005).

Leadership
Leadership is integral to delivering the Community Nursing Research Strategy in order to empower individuals in practice (McCloughen et al, 2009; Gonzalez-Torrente et al, 2012). A mission statement for the strategy was provided by the WSPCR:

‘To promote a ‘step change’ improvement in the quality and quantity of community nursing research in Wales and compete on a world stage with research of an international standard generating evidence that is locally applicable and internationally relevant to inform practice and policy in Wales and beyond’ (WSPCR, 2013a)

This will be achieved through the strategy, support through mentorship, research training, a strategy board and advisory group. This implementation strand of the strategy will strive to meet the third aim which is to ‘develop an All-Wales Framework for community nurses/midwives to undertake research to the required international standards within a supported environment’ by ensuring the success of the strategy.

Application to practice
The Community Nursing Strategy Board meets quarterly. This is led by a Professor of Primary Care Nursing and is supported by the Chief Nursing Officer for Wales. The board comprises members from all over Wales and includes representation from the disciplines included within the strategy, community practitioners, academics, researchers, the Royal College of Nursing and the health board Directors of Nursing in Wales. The first research masterclass for the Directors of Nursing in Wales was delivered in September 2013. Among its outputs were an agreement for the Directors of Nursing in Wales. The first research masterclass agreed with research of an international standard generating evidence that is locally applicable and internationally relevant to inform practice and policy in Wales and beyond’ (WSPCR, 2013a)

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Table 2. WSPCR scorecard framework

<table>
<thead>
<tr>
<th>Nursing area</th>
<th>4 Cs: capacity and capability</th>
<th>Realisation</th>
<th>Publication</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery</td>
<td>Number of community nurses register with research interest by area and level</td>
<td>Number of grants</td>
<td>Number</td>
<td>New products and solutions</td>
</tr>
<tr>
<td>District nursing</td>
<td>Number of professors, readers, principal, senior lecturers/fellows</td>
<td>Grant value</td>
<td>Location</td>
<td>New practices</td>
</tr>
<tr>
<td>Practice nursing</td>
<td>Number of PhDs, Master’s, degrees</td>
<td>By research priority and theme</td>
<td>Impact</td>
<td>Policy updates</td>
</tr>
<tr>
<td>Other</td>
<td>How do we compare with the best?</td>
<td></td>
<td></td>
<td>Commercial agreements/IP</td>
</tr>
</tbody>
</table>

The application-to-practice strand has a vision that all community nurses and midwives in Wales will have the opportunity to be involved in research for the development and application of evidence-based practice. Understanding how the strategy and developing research can be applied to practice is essential, especially as new knowledge is created in each of the research themes (Polit and Beck, 2013).

Therefore, it is vital not only to disseminate knowledge but also to understand the impact of the strategy. Mentorship support will be provided for those members of the network wishing to publish their research findings. Dissemination will be undertaken by sharing evidence through publications, links with practice, education, business and industry. The WSPCR scorecard framework (Table 2) has been adapted to assess the current and future positions of community nursing research in Wales and to understand the impact of the strategy.

Conclusion
This article has discussed the rationale and process of developing and implementing the Community Nursing Research Strategy for Wales. Its purpose is to develop the research to underpin evidence-based practice in the community. It has described how this has been achieved in Wales through partnership with education, research, government and health services. Consequently, the strategy has its four implementation strands of a virtual network, research portfolio, application to practice and leadership.
It aims to provide nursing with the evidence to support future organisational and professional change in achieving excellence in the community. BJCN

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