

2017/2018 Irish Research Nurses Network Survey on Research Nurses/Midwives in Ireland (Initial Report)

We would like to thank everyone who completed our survey on Research Nurses/Midwives in Ireland. We are delighted to share the initial results of the survey with all members of the Irish Research Nurses Network (IRNN) through this report.

In this report we have provided an introduction to give the reader a background as to why we wanted to undertake the survey. We have also provided the methodology used in developing and distributing the survey. The survey results are outlined on pages 4 to 7 and we finish the report with a discussion and conclusion on the findings so far.

This report is freely available to download on the IRNN website and you are free to share this report with friends and colleagues. We will be publishing a formal report, with recommendations based on the findings of this survey later in 2018.

Authors: Hazel A Smith, Julie Wilson, Veronica McInerney, Maeve Kelsey, Jean Foley and Mary Clarke Moloney.

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Introduction

Clinical research is a growing and developing field. According to European Union Clinical Trials Register there are currently 18,863 ongoing clinical trials, many of which are run across multiple sites within the European Union (1). This figure does not include intervention studies that have been completed or any observational studies.

Nurses and midwives employed in a research position are key frontline staff in the development, implementation, running and support of research studies. The Integrated Addendum To ICH E6 (R1): Guideline For Good Clinical Practice E6(R2) section 4.2.3 states that 'The investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely' (2). Research Nurses/ Midwives not only care for the participants (with and without health condition(s) across a variety of settings) in a study but also ensures adherence to study protocol. Some of the research tasks undertaken by a Research Nurse/ Midwife include:

- assisting in study set-up
- identifying suitable study participants
- informing participants about the study (for observational studies, this can include consenting/ assenting study participants)
- scheduling study visits
- conducting study visits and activities as per the study protocol
- caring for the patient and undertaking clinical tasks
- ensuring that all required study equipment and medications are maintained and stored correctly and available when needed
- ordering and organising shipments of biological specimens and data collection.

In Ireland, it is unknown how many nurses/ midwives are employed in the area of clinical research and what educational or professional development supports are available to them. The Register of Nurses and Midwives in Ireland has 10 divisions (based on qualifications and not specialist area of practice) and clinical research is not included as a separate division. This is in contrast to Clinical Research Nurses in the United States, who are recognised and can register as specialist nurses with the American Nurses Association. However, there is now a research nurse/midwife section of the Irish Nursing & Midwifery Organisation (INMO), which allows nurses/midwives the option of identifying research as their specialised area of practice. In reviewing the Consolidated Salary Scales published by the Irish Department of Health pay scales are available for clinical nurse/midwife specialists but clinical research nurse/ midwife is not included. In the UK, the National Institute for Health Research (NIHR) published a Clinical Research Nurse Strategy 2017-2020 and included the goal to 'Improve awareness and understanding of the specialty of clinical research nursing and its contribution and impact'. In their report it is stated that the realisation of the potential of research nurses/midwives is essential for the NIHR to achieve its mission (3).

In 2008 the National Council for the Professional Development of Nursing and Midwifery, in collaboration with the Health Research Board (HRB) commissioned a report on 'Role of the Nurse or Midwife in Medical-led Clinical Research' (4). The report used snowball sampling and recruited 41 Research Nurses and Midwives. The report found that there was heterogeneity in the job title, job descriptions, and roles and from site visits found no evidence of a career pathway. Less than a fifth (n=8, 19.5%) of those surveyed had a permanent contract and the majority (n=24, 58.5%) of research nurses/midwives reported no formal professional relationship to the nursing/ midwifery line management within their place of employment (i.e. hospital). The report concluded with nine recommendations and this are listed in Appendix 1.

In an effort to evaluate if the landscape had changed since the 2008 report the IRNN decided to undertake this current survey

Objectives:

The objectives of the IRNN 2017/2018 Survey of Research Nurses/ Midwives was to: (1) Establish how many nurses/ midwives are currently working in a research role (either full or part time)

(2) Determine their employment contractual status, their employing organisation, and what their career progression needs are.

Methodology

A sub group of interested members from the IRNN committee representing a geographical spread of nurses/midwives working in clinical research across Ireland came together to work on this project. A cross–sectional questionnaire was considered the most appropriate method to accomplish the objectives of the survey. In developing the questionnaire, a variety of similar surveys were reviewed (including the UK's NHS Research & Development Forum Executive & Working Groups 2016 survey on professional needs of the NHS health and care research staff). A draft copy of the questionnaire was sent to the working group for their comments and suggestions. This process was continued until a full consensus was reached within the group on the design of the questionnaire. The final survey

consisted of 17 questions, both closed and open questions to avoid limiting responses (see Appendix 2).

As the survey was anonymous the decision was made to administer the questionnaire via SurveyMonkey. Given that there is no central database/ contact list for current Research Nurses/Midwives throughout in Ireland the questionnaire was launched at the Annual IRNN

Conference on Friday 17th November 2017. Information about the survey was included in the conference programme and the questionnaire was emailed to all addresses in the IRNN contact list on the day of the launch. The IRNN website, emails, newsletters and tweets also featured the survey to try and reach as many Research Nurses/ Midwives as possible. The survey was open for two months and closed on 17th January 2018. Research Nurses/ Midwives were asked to 'spread the word' about the survey and ask their colleagues and peers to contact the IRNN if they had not received a copy of the questionnaire.

Results:

Two hundred and fifty-eight email addresses were in the IRNN contact list. Out of 258 addresses: 21 were undeliverable, three stated that they no longer worked in research and five were on leave. This resulted in 229 emails being delivered and the survey received 54 (23.6%) responses. The average and median time to complete the questionnaire was 11 and 8 minutes, respectively.

The first question in the survey asked if the respondent was working in Northern Ireland or the Republic of Ireland. As only one person said they were working in Northern Ireland results will not be stratified by country to ensure anonymity.

Research Nurse was the most common job title reported (n=21, 38.9%) and only one respondent stated that they were a Research Midwife. A full list of job titles is listed in Table 1. The most common grade for Research Nurses/ Midwives to be employed at was Clinical Nurse/Midwife Manager II (n=22, 40.7%). Three respondents stated that they had no grade for their position and others reported that their grade was not on the nursing/ midwifery scale (i.e. Research Associate or Research Assistant), see Table 2.

Manager (this included specific and general management titles)91Clinical Research Coordinator (this included specific and general research coordinator titles)55Research Assistant47Clinical Nurse Manager 247Clinical Nurse Manager 123Assistant Director of Nursing11Head of Operations11Lecturer11Practice Development Facilitator in Audit & Research11	Title	Ν	%
Clinical Research Coordinator (this included specific and general research coordinator titles)5Research Assistant4Clinical Nurse Manager 24Clinical Nurse Manager 12Assistant Director of Nursing1Head of Operations1Lecturer1Practice Development Facilitator in Audit & Research1	Research Nurse (this included specific and general research nurse titles)	21	38.9
Research Assistant4Clinical Nurse Manager 24Clinical Nurse Manager 12Assistant Director of Nursing1Head of Operations1Lecturer1Practice Development Facilitator in Audit & Research1	Manager (this included specific and general management titles)	9	16.7
Clinical Nurse Manager 24Clinical Nurse Manager 12Assistant Director of Nursing1Head of Operations1Lecturer1Practice Development Facilitator in Audit & Research1	Clinical Research Coordinator (this included specific and general research coordinator titles)	5	9.3
Clinical Nurse Manager 12Assistant Director of Nursing1Head of Operations1Lecturer1Practice Development Facilitator in Audit & Research1	Research Assistant	4	7.4
Assistant Director of Nursing1Head of Operations1Lecturer1Practice Development Facilitator in Audit & Research1	Clinical Nurse Manager 2	4	7.4
Head of Operations 1 1 Lecturer 1 1 Practice Development Facilitator in Audit & Research 1 1	Clinical Nurse Manager 1	2	3.7
Lecturer 1 1 Practice Development Facilitator in Audit & Research 1 1	Assistant Director of Nursing	1	1.9
Practice Development Facilitator in Audit & Research 1	Head of Operations	1	1.9
· · · · · · · · · · · · · · · · · · ·	Lecturer	1	1.9
Research Midwife 1	Practice Development Facilitator in Audit & Research	1	1.9
	Research Midwife	1	1.9
Clinical Midwife Specialist 1	Clinical Midwife Specialist	1	1.9
Missing 3	Missing	3	5.6
Total 54 1	Total	54	100

Table 1: Job titles

Employment Grade	N	%
Clinical Nurse/Midwife Manager II	22	40.7
Clinical Nurse/Midwife Manager I	9	16.7
Staff Nurse/Midwife	7	13.0
My position is not graded	3	5.6
Clinical Nurse/Midwife Manager III	2	3.7
Research Assistant	2	3.7
Assistant Director of Nursing	1	1.9
Assistant professor	1	1.9
Manager	2	3.7
Research Associate	1	1.9
Senior administrative officer (university scale)	1	1.9
Senior research fellow	1	1.9
Staff Nurse/ Research Associate	1	1.9
Missing	1	1.9
Total	54	100

Table 2: Current employment grade for nurses/ midwives

Less than half of respondents (n=20, 37.0%) had a permanent contract. Of those with permanent contracts ten were employed by a public hospital or HSE (50.0%) and eight (40.0%) by a university. The majority of respondents (n=34, 63.0%) stated that they had a temporary or rolling employment contract. From the 34 respondents that reported having a temporary or rolling contract 22 (64.7%) were employed by a university and their contracts were funded via a specific study (n=4, 18.2%) or grant (n=14, 63.6%). Seven of the 34 respondents (20.6%) stated that their contract was linked to a research centre. Respondents with rolling or temporary contracts described their contracts as 'as long as external funding is available', 'job secure as long as [there is] funding', that their contract was reliant on 'fundraising and grants' or 'until someone decides to end it'.

For most respondents (n=35, 64.8%) their place of work differed to the organisation who employed them. Overall, universities were the common employer (n=30, 53.3%) and the majority of respondents stated that they worked in a public hospital (n=36, 66.7%). In exploring the management structures, 21(38.9%) Research Nurses/Midwives reported that their line manager was within the nursing department (either within the research centre or public hospital) and 20(37.0%) stated that their manager was a medical doctor. Some reported that depending on the location or situation would determine if they reported to nursing management or the consultant.

The survey also found that Research Nurses/Midwives undertake a variety of tasks as part of role including supporting and managing research studies, leadership activities, administrative support, educating and training staff, contract negotiations, patient consent, ethics and HPRA submissions and developing patient information leaflets, see Figure 1.



Figure 1: Tasks Research Nurses/ Midwives complete as part of their role

Respondents were asked for their comments on where they would like their career in research to be in five years' time and how the IRNN could support them to achieve their career aspirations. Five (9.3%) respondents stated that they did not see themselves remaining in their research role, with reasons given including lack of support, career opportunities and/or roles not being permanent.

Recurring comments from respondents on what support they would like included their contracts being made permanent, support (including protected time) and funding for postgraduate research courses or study days, recognition of the role of Research Nurse/ Midwife as a specialist area of practice and career pathways. Below are some of the comments made by Research Nurses/ Midwives.

Respondent 1: 'I feel that the management structure within universities does not always foster career development for research nurses'

Respondent 23: 'Would like to be in a substantive post with full employment entitlements'

Respondent 24: '...would like to see a career pathway to support nurses who want to stay in clinical setting e.g. ANP clinical research and a pathway for clinical research management.'

Respondent 27: 'Assistance with contracts and recognition.'

Respondent 33: 'We all carry out the same duties and yet there is a discrepancy in our pay. I would like equality across the board....In addition, there has been no room for promotion or career path put in place in our unit and I find this extremely frustrating and disheartening therefore I feel it would be beneficial to outline a career path that is equal across the board in terms of all research nurses.'

Respondent 38: 'would like a contract longer than 6 months'

Respondent 49: '...there is too little recognition given to the value of nursing in clinical research...'

Respondent 54: 'Administrative support would support me to actively engage in more research within my current role [CNS/CMS] the clinical component is large. I have a large amount of data from the clinical area and not enough office time to collate the data and write about it. Secretarial or

admin support would facilitate this. Also, a staff link with statistics experience to manage data. I find a lot of my research and writing papers is in my own time on days off.'

Discussion:

The results from the 2017/2018 IRNN Survey on Research Nurses/ Midwives has shown that many of the recommendations made by the 2008 Report on the 'Role of the Nurse or Midwife in Medical-led Clinical Research' (4) have not yet been met.

Recurring comments on both the lack of recognition of the role and lack of a career pathways for Research Nurses/Midwives were recorded. Although the proportion of permanent contracts had increased from 19.5% to 37.0%, it still remains that less than half of Research Nurses/ Midwives have job security. This was reflected in their comments: 'external funding as long as available'; 'job secure as long as [there is] funding' or contract is reliant on 'fundraising and grants' or 'until someone decides to end it'. When asked about their career aspirations comments included wanting 'full employment entitlements' and having a contract greater than six months.

Some respondents spoke of wishing to progress to an Advanced Nurse Practitioner role in Research but lack of funding and protected time was a barrier. Some stated that due to the lack of support they did not see themselves remaining in their research role.

Most Research Nurses/ Midwives worked in a different organisation to the one that they held a contract with. This can cause conflict and confusion as policies, such as those from Human Resources, may differ between the two organisations. This is something that requires further work and is outside the scope of this report.

There are limitations on generalising the results for all Research Nurses/ Midwives from this survey due to the relatively low response rate. Less than a quarter of those invited to participate returned their questionnaire. As the IRNN does not have the contact details of all Research Nurses/ Midwives and this was an anonymous survey selection bias cannot be ruled out. Funding would be required to carry out a more robust study to expand on this survey, to more accurately establish how many nurses/ midwives are currently working in a research role in Ireland and to determine their employment conditions.

Ireland is developing its research opportunities and infrastructure. Nurses and Midwives are a key resource and it is important that their role within research is protected, enhanced and developed. It

is twenty years since the first purpose-built research centre was established in Ireland. There are now five dedicated clinical research facilities in Ireland and yet the landscape for Research Nurses/ Midwives has remained mostly unchanged since the 2008 report. Key aims of both research organisations and networks are to increase the number and complexity of research being undertaken in Ireland. It is vital that support for Research Nurses/Midwives are included within the remit of clinical research infrastructural development.

It is important to acknowledge the support and recognition given by the HRB to Research Nurses/ Midwives. In 2017 the HRB provided the IRNN with the opportunity to fund Research Nurses/ Midwives, via the HRB-CRCI/IRNN Research Nurse/Midwife Support & Development Grant, to attend conferences (national and international) and undertake study days. This support has been very positively received by those who applied and has provided Research Nurses/ Midwives the opportunity to advance their professional practice.

Conclusion

The results from this questionnaire have demonstrated that Research Nurses/ Midwives undertake not only a research role but also administrative, managerial, educational and clinical. Ten years following the NCNM/HRB report (4) Research Nurses and Midwives are still primarily employed through temporary or rolling contracts and many requested opportunities, and support, for career progression. The survey also found differences in job titles and great disparity in employment grades and salaries.

This report is a brief summary of the findings from the survey. It is clear that recommendations are needed to progress the recognition of, and available support for, Research Nurses/ Midwives. A formal paper will be published later in 2018 and this will be shared with IRNN members.

References:

1) European Medicines Agency. European Union Clinical Trials Register [Internet]. Accessed 15th February 2018. Available from <u>www.clinicaltrialsregister.eu/ctr-search/search</u>

 2) International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH). Integrated Addendum To ICH E6(R1): Guideline For Good Clinical Practice E6(R2) [Internet]. Published 9th November 2016, Accessed 5th May 2017. Available from:
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3) National Institute for Clinical Research (NIHR). NIHR Clinical Research Nurse Strategy 2017-2020 [Internet]. Published October 2017, Accessed 5th January 2018. Available from: <u>www.nihr.ac.uk/our-faculty/clinical-research-staff/clinical-research-nurses/Clinical%20Nurse%20Poster_FinalWeb.pdf</u>

4) National Council for the Professional Development of Nursing and Midwifery & Health Research Board. Report on the role of the nurse or midwife in medical led clinical research [Internet].
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Appendix 1:

Recommendations from the 2008 Report

'Role of the Nurse or Midwife in Medical-led Clinical Research':

1. The construction of a career pathway for nurses and midwives involved in medical-led research is recommended. This requires policy, employment and professional considerations. This is beyond the remit of the National Council as a single agency and requires multi-agency commitment. Such agencies could include policy makers, employers, professional regulators and other key stakeholders.

2. Considering the stage of development of the role in Ireland, an agreed title should be used.

3. Consideration should be given to the establishment of an employment grade. The employers through the newly developing clinical research facilities should commence standardisation and regularisation of the contractual situation for research nurses and midwives. In the interim the nursing and midwifery regional workforce planners should consider the inclusion of this particular group in their data capturing activities so that some baseline workforce planning intelligence can be gathered.

4. A role profile should be developed and disseminated to all key stakeholders to show what the role entails and its contribution as a patient service. All job descriptions should include professional responsibilities as a nurse or midwife. The competencies of the research nurse or midwife should be described. Such competencies should then be utilised in the delivery of specific educational programmes and should also guide the consideration of criteria for entry to the role.

5. Research nurses and midwives should have access to appropriate orientation to the role and education and training within the role. Clinical research facilities should play a key role here. In the interim, a resource pack should be developed outlining access to relevant professional development opportunities.

6. Where absent, professional relationships need to be fostered and built between research nurses or midwives and nursing or midwifery management. The establishment of a Practice Development Co-ordinator for Research Nurses or Midwives might be considered as a potential model.

7. Some clinical specialities already offer an optional clinical placement for post-graduate level students with research nursing and this should be considered by all educational establishments.

8. To avoid isolation and act as a resource of information in relation to research nursing and midwifery, a network of research nurses and midwives should be re-established with appropriate support.

9. Research nurses and midwives should be encouraged to build alliances with nursing and midwifery academia so that reciprocal research relationships can emerge.

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Appendix 2:



Irish Research Nurses Network Survey on Research Nurses/Midwives in Ireland

The role of the Irish Research Nurses Network (IRNN) is to provide support and act as a resource for research nurses and midwives in Ireland. In order to help us continue and achieve more supports and resources for nurses and midwives, who undertake research, we need to have some baseline information on the qualifications of research nurses/midwives, what roles they are performing, and the types of employment contracts offered to research nurses/midwives. We are therefore inviting all nurses/midwives in Ireland (both Northern Ireland and the Republic of Ireland) who are employed as research staff to complete this anonymised survey.

Begin Survey

- 1. Please tick where you are currently working:
 - □ Northern Ireland
 - □ Republic of Ireland
- 2. What is the title of your current post? (this is what is stated in your contract):
- 3. How long have you been in your current post?

_____ years _____months

- 4. Prior to your current post did you have any research experience?
 - □ Yes (Please answer Q5)
 - \Box No (Please skip Q5)

5. If you answered yes to Q4: What was the title of your previous role and how long (years) did you work in your previous research role?

6.	Please tick	k which grade	you are currently	employed at:

□ Staff Nurse/Midwife	□ Band 5	□ Research Associate
CNM/CMM 1	\Box Band 6	□ Research Assistant
CNM/CMM 2	□ Band 7	
CNM/CMM 3	□ Band 8	
Other (please state):		

- 7. Which best describes the status of your current post:
 - □ Permanent (Please skip Q8)
 - □ Temporary (Please answer Q8)
 - □ Rolling contract (Please answer Q8)
- If temporary or rolling contract, please select which options best describe the type of temporary contact that you have (we want to find out how temporary contracts are funded):
 - $\hfill\square$ Your contract is only for the duration of the study
 - □ Your contract is provided though funding received through a grant & you work on various studies
 - □ Other (please state)_____
- 9. Who are you employed by? (funding for research roles can come from various sources but we want to know who you have your contract of employment with):
 - □ Public Hospital
 - □ Private Hospital
 - □ HRB Research Centre
 - □ Non-HRB Research Centre
 - □ Health & Social Care Trust
 - □ University
 - Other (please state): ______

- 10. Where do you work? (this answer may be different to who employs who, for example, you may be hired by a university but work in a hospital):
- 11. Do you work as part of a team? can a work colleague help you in your role, i.e. recruitment, collecting data etc (we are interested to find out if research nurses/midwives work with or without the support of other research colleagues)

 \Box Yes

 \Box No

- Please state the title of your manager? (In clinical settings it is usually your CNM 3/Band 8 but we would like to know who has direct managerial responsibility for research nurses/midwives.)
- 13. Please select all the tasks that you perform as part of your research role. (This question is about what roles you undertake and not what your job title states).
 - $\hfill\square$ My role involves research management (including the conduct of research studies)
 - □ My role involves leadership activities (including supporting and training staff)
 - □ My role is mainly administrative based to provide research support
 - □ My role is as a researcher (i.e. recruitment, collecting data)
 - □ Other (please state): _____

14. Please list any postgraduate qualifications (specific to research) that you hold.

- 15. Please list all the areas of clinical nursing speciality are you trained in (we want to find out about the, clinical, speciality skills of research nurses/midwives)
- 16. What areas of care are you currently working in (we want to know what conditions or diseases nurses/midwives are employed to explore in their roles as research nurse/midwife):
- 17. Can you please tell us, in your own words, where you would like your career in research to be in five years' time and how the IRNN can support you to achieve your career aspirations (we would like to know what support nurses/midwives need to support them to reach their career goals).

Thank you for completing this survey