Influencing Leadership and Building Research Capacity through the Implementation of Health Policy into Practice

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Abstract— **Leadership in nursing and midwifery is a cornerstone to guide and support teams in the dynamic and rapidly changing health environment. Developing research capacity in health is also a key factor to produce and implement a sound evidence base for practice. Internationally, building health service research capacity is a recognized essential factor to influence and inform policy and practice. This includes developing research capacity across the range of individuals and teams, organisations and networks. This paper describes how one NHS Health Board in Scotland promoted a supportive environment and activities to develop leadership and increase research capacity to support implementation of national *Early Years* policies into practice.**

Keywords- facilitating leadership, building research capacity, health service research, implementing health policy.

I. INTRODUCTION

The nursing and midwifery professions are at the forefront of the dynamic and changing health care system in light of advances in technology and communication, and changes in the political, economic, demographic and social environment [1, 2]. The nature of change generates challenges to nurses and midwives including their identity, roles, coping skills and ability to work in harmony with others [3, 4]. Effective leadership is an essential element of nursing and midwifery practice and is required to develop nursing into an empowered profession by improving confidence and support in individuals and among teams [5, 6]. Leaders embrace commitment and use their power to bring teams together, spark innovation, create positive communication and drive forward the key goals of the organization [7].

Over the last two decades in the United Kingdom, health research strategies have highlighted the need to address the poor research capacity of nurses and other health professionals [8, 9, 10]. Building research capacity in health is important to produce a sound evidence base to inform decision-making in policy and practice [11]. Internationally this is a recognized fact, and to date, relevant policy initiatives include support in developing research for clinical practice [3, 8]. Current health research strategies and guidelines stress the importance of research and development to nursing and midwifery practice and the delivery of clinically effective, evidence-based, high-quality services [8, 9, 11]. NHS research and development staff need to focus on addressing a range of issues including skills, capacity, funding and resources, support, and dissemination of research, knowledge exchange (RKE) related activity and areas of good practice [12, 13]. NHS health boards are recommended to establish links and partnerships with academia, clinical and academic career pathways and to target research investment for both improving health and for sustainability of research skills [9, 14].

One NHS health board in Scotland (NHS Lanarkshire) adopted a proactive approach in further developing leadership and building research capacity in the *early years* workforce. These key areas were incorporated within the process of implementing government initiatives and changes to legislation within practice. This challenging and ambitious program of activity was launched in October 2012 and was conducted in collaboration with the University of the West of Scotland.

The program of activity related to the national policy initiatives within the *Early Years (EY) Framework* [15, 16]. This includes the transformational initiative '*Getting it Right for every Child* (GIRFEC)' [17, 18] which builds on, and is reflected in a wide range of policies and strategies for all children and young people. Embedding the GIRFEC values and principles, other specific policies for maternity and health visiting and legislative changes within the *early years* workforce included reshaping of acute and community *early years* services. The front line *early years* workforce involved, maternity staff, neonatal nurses, health visitors and school nurses. Development of the *early years* program of activity incorporated and built

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on good practice across Scotland in relation to existing systems, practice and professional cultures [19]. Implementing these policies within practice was the key aim of the Best Possible Start (BPS) program. This paper does not provide the specific detail of the BPS program. Is acknowledged that the focus of the paper is underpinned by the activities and work generated.

This paper presents a detailed overview of how leadership was utilized and research capacity was developed as part of the implementation process of *early years* health related policy into practice.

II. PROCESS

Initially a consultant nurse, with a background in health visiting, was seconded to the university as the full time BPS program leader. This was a key role to ensure the day to day operational aspects of the program were organized and maintained. Staff were seconded (on a part time) to the BPS program at strategic points to assist in the development of the pathways of care and other activities. This included a health visitor, midwife, quality data officer and research assistant

A research and evaluation (R&E) subgroup was first established to develop a plan of action to achieve the specific objectives set for this subgroup. Representation on the group included:

- Clinicians from all key clinical areas of practice
- Educationalists
- Research and evaluation team
- Quality assurance officers
- Practice development
- Equality Diversity officer (advisory capacity)

The BPS program leader and seconded clinical staff mainly focused on the development of the pathways of care to support the implementation of the initiatives. Research staff were responsible for the planning and implementing the R&E activities and outcomes. The R&E plan of activities consisted of four distinct work streams:

1. Developing an Evaluation Framework for short, medium and long term outcomes. Crucially there is currently a lack of *early years* related outcome measures of effectiveness and impact [20]. Therefore an initial step was to conduct a lengthy detailed review of government documents to identify the key outcomes required and where this data could be directly obtained. This resulted in a minimum dataset of 56 outcomes, collated by the quality data officer.
2. Overseeing the plan of activities implemented in practice to promote and influence the outcomes of interest. This involved service development and small to larger scale funding projects conducted by practitioners in clinical areas.
3. Developing research related activities to focus on addressing those key areas that could not be determined by other forms of data collection. This involved individual postgraduate research studies and other original research studies conducted by the R&E team.
4. Developing a working framework for building research capacity (RBC) for the purpose and duration of the R&E program. The framework was generated through relevant findings from the literature (good practice and taking cognizance of reported barriers), policy documents, empirical studies, and the research experience shared by the Maternal Child and Family Health Institute, University of the West of Scotland. The guiding principles were loosely based on the RCB principles designed by Cooke [21]. An overview of the areas is detailed in Fig. 1.

Fig. 1 Framework for research capacity

A full day event was held to launch the BPS program to the 'early years' workforce and provide background and initial plans. Senior managers of the NHS health board contributed and were present throughout the event. This was a key factor in promoting and supporting the implementation of the BPS program for the early years workforce. It also provided opportunities for specialist practitioners to raise awareness and promote their services.

Awareness of the BPS program to clinicians continued through a range of different methods through the communication subgroup to share information and keep staff updated of activities, training and events. Social marketing campaigns raised awareness of health promoting activities to the public and users of the service. Fig. 2 presents examples of the key funded campaigns to support the improvement of health and wellbeing outcomes.

Fig. 2 Example of marketing campaigns

One successful campaign to positively influence early antenatal access uptake was implemented across the maternity services. This campaign was led and coordinated by a cohort of midwives funded through BPS to undertake a national leadership program. An example of a project initiative conducted involved the leadership midwives adopting the *'Keep Calm and Call the Midwife'* message to increase public awareness of early antenatal booking and the midwife as first point of contact (Fig. 3). This campaign resulted in the maternity unit achieving the government target for early access of women to antenatal care.

Fig 3 Campaign for antenatal care

Practitioners and their teams were invited to submit applications for funding by presenting relevant projects to enhance the program objectives. Numerous applications were made which were peer reviewed by the research and evaluation team. Constructive feedback was offered where required. The senior representatives on the BPS program board made the final decision for allocation of funding. Over ten projects were successful in gaining funding, which ranged between £500 and over £90,000. The R&E team members were available to support and guide the project teams and were responsible for monitoring progress and outcomes.

One project was funded for additional administrative staff to release midwives to spend more time with antenatal women. This released midwives from particular administrative activities which gave them more time with women to focus on promoting attachment and bonding and healthy lifestyle choices. These projects promoted leadership and where possible the projects were linked to practitioners on leadership programs. Many of these projects formed the basis for poster presentations and conference presentations. Fig. 4 presents an example of the range of funded projects.

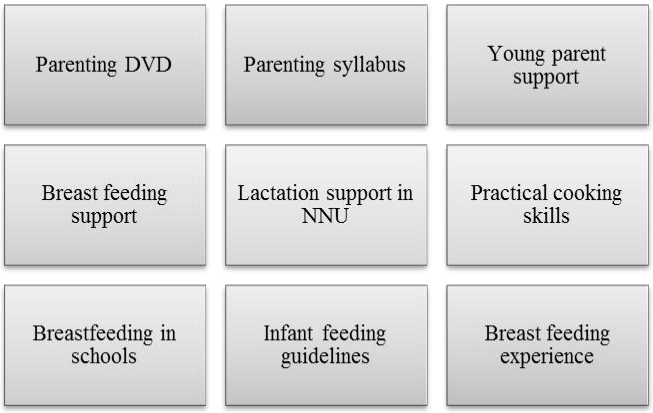

Fig. 4 Examples of funded projects

The BPS progam manager organized a range of opportunities for project teams and specialist services to showcase their work and update staff and relevant others on progress and outcomes. Senior executives from the NHS health board, university colleagues, practice development and health practitioners were invited to attend. Opportunities took the form of market forums, symposiums and full day events where they could set up a stall providing information about their services, poster presentations and conference presentations. Detailed reports about progress and activities were provided for the program board and university.

Practitioners further developed or introduced new services to integrate the principles of the national drivers for GIRFEC and the relevant policies for the specialist areas. This included the Refreshed framework for

maternity services, maternal and infant nutrition, reducing inequalities and child health surveillance reviews (22-25). Fig. 5 provides an example of the services developed to address policy requirements.

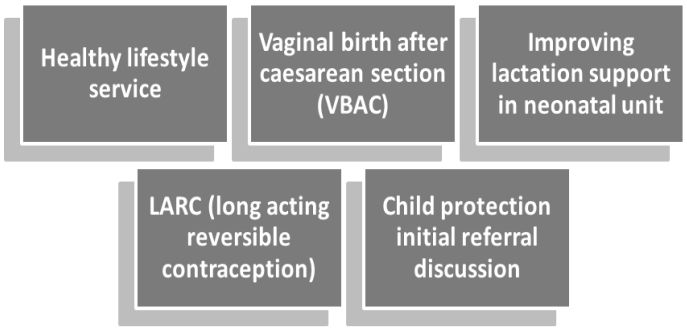

Fig. 5. Services to address policies

III. RESEARCH ACTIVITY

The BPS program board supported funding for six clinicians to undertake a postgraduate (PG) masters in research (MRes) degree at the University of the West of Scotland. A further two MRes studies were funded from the *Early Years* collaboration and the *First Steps* services (for vulnerable pregnant teenagers). Fliers were prepared and circulated to the *early years* workforce inviting applicants to submit a statement of interest. Recruitment to these funded projects was slow, despite numerous enquiries. Work and social commitments and lack of confidence in academic ability seemed to be the main reasons for slow recruitment. The R&E team reviewed applications and then forwarded the selected candidates to officially apply to the university through the official postgraduate recruitment process. Six successful candidates are currently undertaking ongoing postgraduate studies. Two MRes studies remain open for recruitment. Fig. 6 details the ongoing studies.

Research supervision teams for each PG student have a minimum of two and up to three supervisors including one clinician. This set up provides opportunity for interested clinicians to gain experience supervising research and knowledge of the research processes. Gaining ethical approval has been successful but challenging for a few of the PG students mainly due to the vulnerable and sensitive nature of the studies. This has provided meaningful insight the key ethical principles involving human subjects in research and the approaches adopted to protect these ethical principles.

The PG students are routinely invited to the University PG training sessions and invited to attend research seminars and research related workshops offered through the School of Health, Nursing and Midwifery.

Funded Masters in Research (MRes) studies	Child health surveillance: 27-30 month review
	Weight management
	Influencing attitudes of prospective fathers to breastfeeding
	Exploring speech and language referrals
	A study to explore the pregnancy and birth outcomes of teenagers participating in the First Steps program
	An evaluation of the impact of the mini movers program in pre-school nurseries

Fig. 6 Ongoing funded MRes studies

The research team has conducted several in depth studies focusing on workforce developmental needs and follow up. Research focusing on particular outcomes was planned to be conducted once the program was embedded in practice. A large qualitative study is now ongoing with prospective parents and new parents. Fig. 7 presents an overview of the studies.

Ethical approval was obtained from the university ethics and the NHS ethics groups. The planning of these studies involved several short-life working groups including representatives with clinical or professional expertise. They informed the design of survey questionnaires, interview schedules, arranged pilot studies to 'try and test' specific aspects of the research methods and tools, and contributed to the final proposals. Clinical staff were involved in the recruitment process and arrangements for focus group and interviews. Interested practitioners were invited to participate in aspects of the study as required. The research and evaluation team review the progress of studies and update the workforce through presentations at team and managers' meetings.

Research

- Exploring the effectiveness of the Early years universal pathway in relation to person centred care, attachment and bonding, and promoting a healthy lifestyle: A qualitative study of parents perspectives.
- Learning and developmental needs of nurses, health visitors and midwives working in the early years: Mixed methods study.
- Follow up qualitative study of staff views of development and support in preparation to implement the early years initiatives.

Evaluation

- An evaluation of Infant Mental Health training programmes.

Fig. 7 Research and evaluation studies

Practitioners, project leads, and PG students are encouraged to share information about progress and emerging findings of projects and studies at relevant events, symposium and conferences. PG students are encouraged to participate in relevant university events for sharing information of individual research studies. There is an increasing number of research and evaluation related outcomes and outputs. An example of activity to date is presented in Table 1.

Table 1. RKE activity

Activity	Frequency
Funded projects (Each project has had a one-to-one progress meeting with the R&E team)	x 14 (each with a lead practitioner).
Postgraduate students	x 6
Research supervision	x 6 supervision teams each with a clinician
Research sessions / peer support	>40
Conference presentations	International x 5; UK x 1; National x 5; local x 10
Poster presentations	Regional > 18 International x 12
Original research	x 1 completed x 3 ongoing
Evaluation studies	x 1 completed
Published NHS/UWS reports	x 4
Peer reviewed publications	x 1 published + 1 accepted
Newsletters	x 5
Potential collaborations	Primary care Third sector / users

The BPS program generated significant workload for the BPS team. Implementation of the national policies into practice and reshaping services has taken priority. Research and evaluation activity is ongoing in addition to the PG research studies. Table 2 presents a summary of the current status of activity.

Table 2. Current status of activity

Current Status	
BPS program	The BPS work merged into the *Early Years* collaboration
Program Manager	Secondment completed
Practitioners – health visitor, midwife	Secondments completed and returned to practice
Quality data officer	Secondment completed
Research assistant	Contract completed
Funded projects	Completed
PG Master in Research studies	In various stages of completion. Two remain vacant – in process of re-advertising
Research studies	Several are in various stages of completion One study awaiting ethical approval
Data analysis	Practitioners are assisting with the analysis of qualitative data collated

The extent and impact of research capacity building is now a key area for further investigation. Anecdotal information emerging from discussion groups is interesting. Information emerging to date tends to imply that this process has been beneficial for a range of reasons. Some of these benefits include:

- Strengthened partnerships with academia
- Re-energising practitioners to look at practice issues with fresh eyes
- Improved confidence and feelings of being 'valued' by employers
- Provided opportunities to be involved in reshaping services and making improvements
- Improved team working especially as 'their own colleagues' were involved in the change process
- Provided opportunities for practitioners to be involved in the dissemination of activities through a range of events
- Peer support and networking opportunities
- Stimulated an increase in enquiries to become involved in further research

Stimulated an increase in enquiries about further PG studies i.e. MRes and PhD studies

IV. DISCUSSION

Embedding health policy within practice can be daunting and challenging for health services and the workforce [2]. In Scotland, NHS Lanarkshire adopted a proactive approach when planning the implementation of the suite of 'early years' policies into practice. This involved working in partnership with the University of the West of Scotland to plan a feasible and innovative program of activity to implement the policies in practice. The process incorporated using health policy implementation to influence nursing and midwifery leaders and build research capacity within the workforce. A supportive infrastructure as recommended in national and UK strategies [8-13] was developed to fund research directed by priorities in practice, to support novice researchers and project teams, to support academic and research pathways, and to influence the sustainability through relevant networks. This proactive approach addressed the key recommendations of professional and national health and research strategies to develop capacity in nursing and health professions [8-13].

Capacity building is known to be dependent on funding and support opportunities, which are often influenced by policy and funding availability. This funded *early years*

program provided opportunity for building research capacity in the workforce by using an inclusive model to include the individual, team and organizational levels. Whilst the literature strongly supports research capacity building at these levels there is also support for the organizational and individual model [26,27,28]. This model is seen to provide opportunities for individuals to be supported from novice to experienced researcher through an effective organizational infrastructure which adopts a whole systems approach based on local need and existing capacity levels. Others prefer capacity building to focus more at team level. Individuals are more likely to become research active if they see others involved in research and the sharing of knowledge and experience enhances the ability for research activity [29, 30]. Irrespective of the model adopted, it does need to include an element of sustainability to maintain and develop the research skills gained through the process [8,10].

There is clear evidence of building research capacity and utilizing leadership skills over the duration of the program. Practitioners have been involved in a range of opportunities to develop their research and leadership skills. This has involved research design and ethics sessions, peer support, networking, leadership and project management. To date, practitioners have been supported to share their projects and studies at a range of events for research, knowledge and exchange. This is ongoing as studies are completed. Anecdotal information suggests that involvement in the research and evaluation activities has been worthwhile. Many practitioners have reported feeling energize, more confident in their abilities and feeling positive about developing practice in their areas. The usual barriers reported in other studies [28,29] and acknowledged in strategies [8.9.13] were also evident. These included the competing priorities of clinical commitments, staff shortages, changing priorities and absence. At times this did negatively impact on the smooth running of the research and evaluation activities including progress of projects and research studies, and attendance at planning and working groups.

Capacity building, by definition, suggests that an infrastructure is in place to maintain and further develop the research skills attained and alludes to an element of sustainability being integral. This sustainability factor is essential for the nursing and health professions. This will enable them to become proficient in conducting research relevant to their clinical areas. In this way evidence emerging from research becomes more meaningful, with practitioners taking ownership and promoting evidence within their practice. Influencing leadership and building research capacity will improve confidence and empower the professions to influence the reshaping of the health care system of the future.

V. SUMMARY

The research and evaluation activities provided an ideal opportunity to plan and measure the extent of progress made in building research capacity in the nursing and midwifery professions as related to the BPS program. The activities also incorporated opportunities for practitioners to utilize leadership skills in clinical areas through project management. The next step planned is to explore capacity building, the experiences gained and professional outcomes from the practitioners' perspective.

Further research is still required to explore the impact of leadership and the usefulness of improved research capacity on evidence based practice, measuring health gains and clinical outcomes, and clinical career development.

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