

Implementation of the Chief Nursing Officer for England's national strategy for nursing research in mental health service provider organisations: A survey and documentary analysis of nurse leadership roles and related strategies

Report for NHS England

Short title: CNO England Research Strategy Evaluation

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Summary

In the context of the launch in 2021 of the Chief Nursing Officer for England's nursing research strategy, this report presents results of a mixed methods study of nursing research leadership roles and strategies implemented in mental health service provider organisations in England. Information was elicited about 40/51 relevant organisations, but only 22 responses to an online survey questionnaire ($n=12$) or Freedom of Information request ($n=10$) provided details about their relevant activity. Information from all sources indicated that developments in a core subset or provider organisations in the form of dedicated roles for nursing research leadership have been made. However, even in these, the roles lack standardization in terms of focus, responsibilities, and pay grade. Specific *nursing research* strategies were said to exist in a very small number of provider organisations, but we were unable to obtain any for inspection. More commonly, organisation-wide strategies covered nursing. While some of these addressed the historical underrepresentation of nurses in research, they rarely made concrete suggestions as to how that might be redressed. The CNOs strategy appeared to have had some limited influence in informing providers' strategy. In summary, a small number of research-intensive mental health service provider organisations have actively developed their plans to boost nursing research. Others need to increase their efforts to do likewise or they risk missing out on the benefits that accrue to research active services, their staff and service users. We make recommendations for future activity aimed at strengthening nursing research leadership in provider organisations.

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Abbreviations used

AfC – Agenda for Change

AHPs – Allied Health Professionals

CNO – Chief Nursing Officer for England

CRN – Clinical Research Network

FOI – Freedom Of Information

NIHR - National Institute for Health and Care Research

SORT - The Self-assessment of Organisational Readiness Tool

WTE – Whole Time Equivalent

1. Background

There is growing international interest in enabling healthcare professionals to support, deliver and lead research (Peckham, Zhang et al. 2023). Current emphasis in health policy on research capacity and capability development reflects the positive outcomes observed in research-active healthcare organisations (Boaz, Hanney et al. 2015).

Nurses account for 32% of the NHS mental health workforce (Palmer, Coad et al. 2023). The role of registered nurses places them in an ideal position to drive forward research that is responsive to everyday challenges in healthcare delivery (Olive, Maxton et al. 2022), yet their contribution to research is less than other professions (Henshall, Greenfield et al. 2023). Nurses are less likely than other health care professionals to receive government funding for health and care research and in turn less likely to be leading funded projects. Identified barriers to nursing research capacity and capability development include a lack of career pathways, mentors and role models, buy-in from health services managers (Dorgan 2018) and, crucially, protected time for research activity (Henshall, Greenfield et al. 2023).

There are further research-related disparities for mental health nurses related to international differences in the status, role and definition of the role (Warrender, Ramsay et al. 2023). We consider it likely that these may contribute to a lack of visibility of mental health nurses within *nursing* research generally and within *mental health* research specifically (Dickens, Al Maqbali et al. 2023). This, combined with the lack of historic underinvestment in mental health research and lack of parity with physical health research, have arguably contributed to mental health nurses' struggle to develop their collective capacity and capability to contribute to and lead clinically focused research (Butterworth 1991).

At an organisational level in healthcare, research capacity and capability development are optimised through professional leadership (Kueny, Shever et al. 2015) which supports the development of a research infrastructure by enabling development of research-related skills and confidence in the workforce. Translating policy aspirations for an increased volume of nurses engaged with research into reality requires investment in nursing research leadership (Castro-Sanchez, Black et al. 2020) that is closely aligned to practice and to the outcome- and experience-related needs and wishes of patients and families (Olive, Maxton et al. 2022).

In recognition of the significant potential of nurses and midwives to contribute to improving health and wellbeing through research, the Chief Nursing Officer (CNO) for England launched a new strategic plan for nursing research (NHS England and NHS Improvement 2021). This strategic plan sets out a

policy framework for enhancing the contribution of nurses to research across the NHS in England across five themes (Box 1).

1. **Aligning nurse-led research with public need** – so the portfolios of relevant funders reflect the research priorities of patients, carers, service users, residents, the public and our profession.
2. **Releasing nurses' research potential** – to create a climate in which nurses are empowered to lead, use, deliver and participate in research as part of their job, and the voice of the profession is valued.
3. **Building the best research system** – so that England is the best place for nurses to lead, deliver and get involved in cutting-edge research.
4. **Developing future nurse leaders of research** – to offer rewarding opportunities and sustainable careers that support growth in the number and diversity of nurse leaders of research.
5. **Digitally-enabled nurse-led research** – to create a digitally-enabled practice environment for nursing that supports research and delivers better outcomes for the public.

<https://www.england.nhs.uk/nursingmidwifery/research-and-evidence/>

Box 1- Summary of Chief Nursing Officer for England's strategic plan for research

Given the CNO's emphasis on developing nurse leadership in research in themes 2-5, and, provided that a mechanism to benchmark delivery of the CNO strategy, The Self-assessment of Organisational Readiness Tool (SORT) (Ali, McGarry et al. 2024) was only published in March 2024, it is likely that there is variation between healthcare organisations in the development and evaluation of such roles and in the supporting organisational and policy infrastructure.

2. Aims and objectives

The overall aim of this study was to determine the extent to which recommendations made in the CNO for England's research strategy were reflected in the structures, policies and job roles relevant to nurses working in mental health service provider organisations in England. In describing the current landscape, the study aimed to provide a platform for collective learning and development about research-related leadership roles, their strategic development and for impact- evaluation. The specific objectives were to:

- Describe new and existing roles in mental health services that are tasked with leading nurse research for their organisations, including their common features and variations, the infrastructure that supports them, their prevalence and spread.
- To understand mental health service perspectives on the current context of building capacity in nursing research.
- To make recommendations in consideration of future developments related to the development of nursing leadership and strategy in the sphere of mental health nursing research.

3. Methods

A mixed methods evaluation was conducted utilising surveys, Freedom of Information Act 2000/2002 (FOI) requests and web searches. Mental health service providers in England were approached to provide data for the study, a total of 51 NHS Trusts and other healthcare organisations were identified which provide mental health services in England.

The evaluation applied three approaches to collect data. First, an electronic mapping survey was conducted across all relevant mental health service providers in England. The 66 item questionnaire covered four domains: i) the organisation (four items; name, services, size and population, workforce); ii) respondent (six items; professional background, job title, demographics); iii) the nursing research leadership role (13 items; part or whole role; permanent or fixed term role; personal involvement in research activities; organisational location of the role); iv) research strategy in the organisation (43 items; awareness of CNOs research plan, role of plan in informing research strategy, barriers, facilitators, future plans). Participants were also invited to submit copies of relevant job descriptions and strategies in their survey response. The survey was emailed to the Chief Nurse of relevant organisations. The Chief Nurse was invited to forward the survey to a person responsible for nursing research in their organisation, or in the absence of such a role, to complete the survey themselves. Second, FOI requests were then made to remaining organisations who did not respond to the initial survey. FOI requests included a revised set of questions from the initial survey to only request that was available from organisational records. Third, a web search for research and nursing strategies from mental health service providers was conducted.

Both quantitative and qualitative data were generated from the three data collection phases. Responses to survey and FOI items were analysed together. Descriptive statistical analysis was carried out on the binary and multiple-choice elements of survey and FOI data. Data from free text responses to survey and FOI requests were coded independently by two of the team and organised and incorporated into this analysis. Strategies and job descriptions derived from all three phases of data collection were analysed in a separate exercise. Data extraction from strategies used a standardised process. A search was conducted in each strategy document for elements that were relevant to nursing research using the terms 'nurs*', 'research' and 'clinical academic'. Relevant portions of text were extracted into a Microsoft Word document. These data were treated using the steps outlined by Braun and Clarke (2006) six-phase thematic analysis.

4. Results

4.1 Survey and Freedom of Information requests

Responses to the survey were received from 14/51 (27.5%) organisations, with a further 26 (51.0%) organisations responding to the FOI request. As a result, some form of direct response was made by 78.5% of eligible service providers. One response came from a national independent sector healthcare provider and all the remaining responses were from NHS Trusts. Responses are outlined in Table 1 by the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN) Region (National Institute for Health and Care Research (NIHR) 2023).

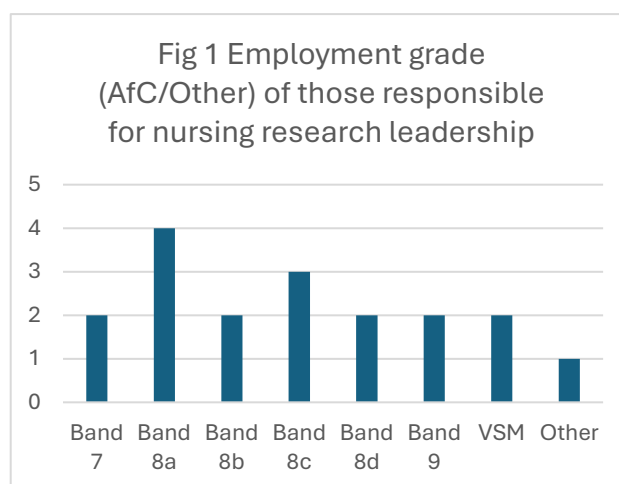
NIHR CRN Region	North East and North West	North West and Yorkshire	Yorkshire and Humber	Greater Manchester	East Midlands	West Midlands	West of England	Thames Valley and South Midlands	East of England	Kent, Surrey and Sussex	Wessex	South West Peninsula	North Thames	South London	North West London	Not within CRN region
Response Count	1	3	3	2	4	5	1	2	2	2	2	1	6	3	2	1

Table 1. Response by NIHR CRN Region

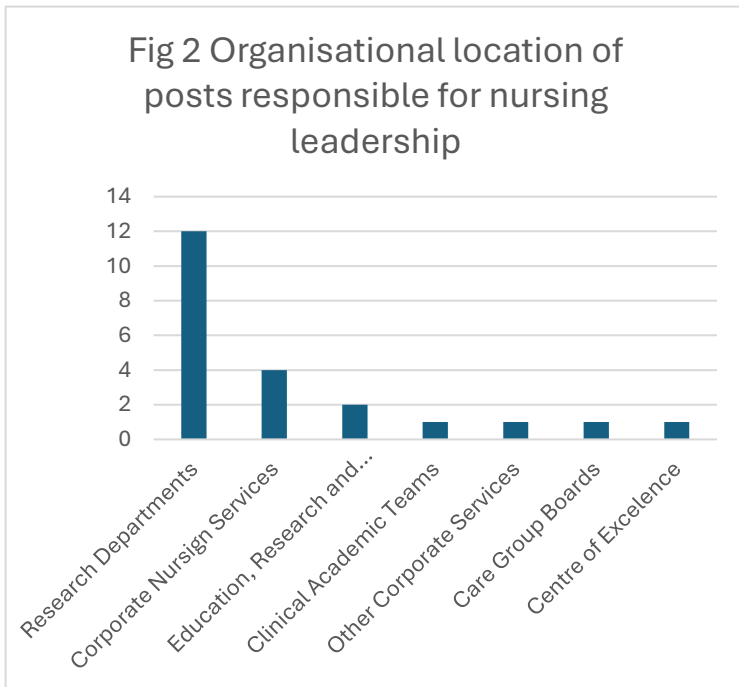
4.1.1 Lead Roles for Nursing Research

Twenty-two responding organisations reported employing an individual with responsibility to lead on aspects of nursing research, including capability and capacity building. However, accounts of the nature of these roles varied. Eighteen individuals were provided along with four teams with responsibility for leading nursing research had multiple roles or no clear description of their responsibilities for leading nursing research. The remaining respondents reported not employing a person in a lead role for nursing research; however, they provided further information on nurses involved in research delivery who *‘support student nurse placements and promote capacity and capability building opportunities to all as and when the opportunity arises’*. They also described nursing roles within corporate and clinical teams whose *‘jobs include aspects of research’*.

Individuals were employed on Agenda for Change bands 7 spanning all grades up to ‘Very Senior Manager’ (fig 1). One respondent was employed by a university and therefore paid on an academic pay scale. The four teams that were described as having responsibility comprised multiple roles spanning bands 6-8b.

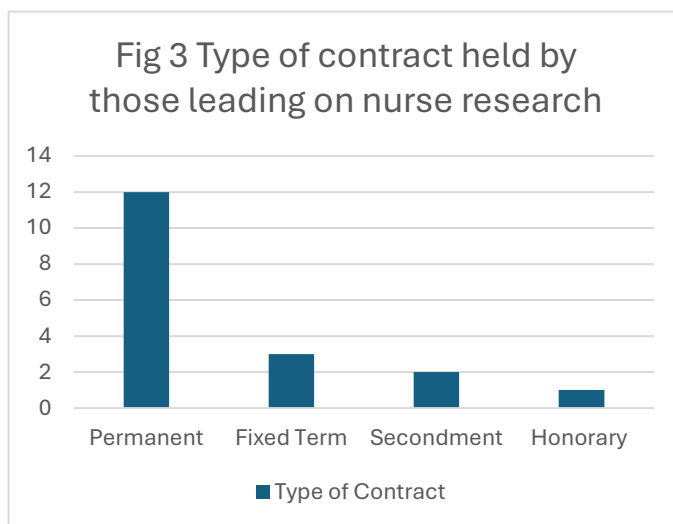


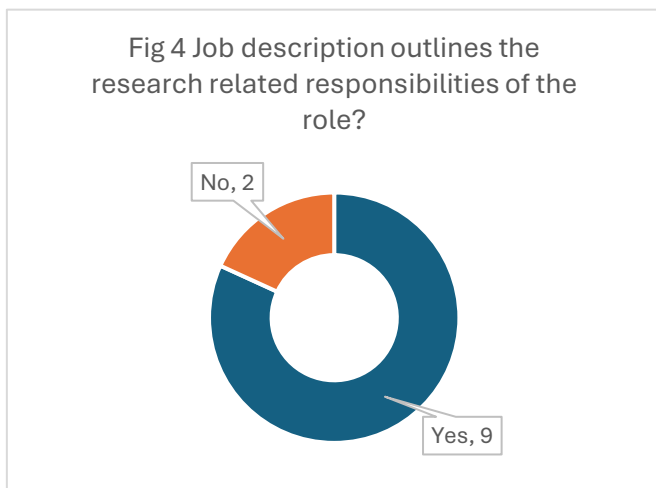
Eighteen different job titles were provided to describe the lead role for nursing research. Eight (44%) of these titles included the terms ‘nursing’ and ‘research’, three titles included only ‘nursing’ and five only ‘research’. Two of the nursing titles included ‘professors’. A list of job titles can be found in Appendix 1.



Of the 22 organisations who reported having an individual or team in place to lead on nursing research, 12 (55%) were situated within NHS research departments. The remaining 10 (45%) were situated in a range of departments including corporate nursing services, combined education, research and training departments, clinical academic teams, other corporate services, care group boards and a centre of excellence (fig 2).

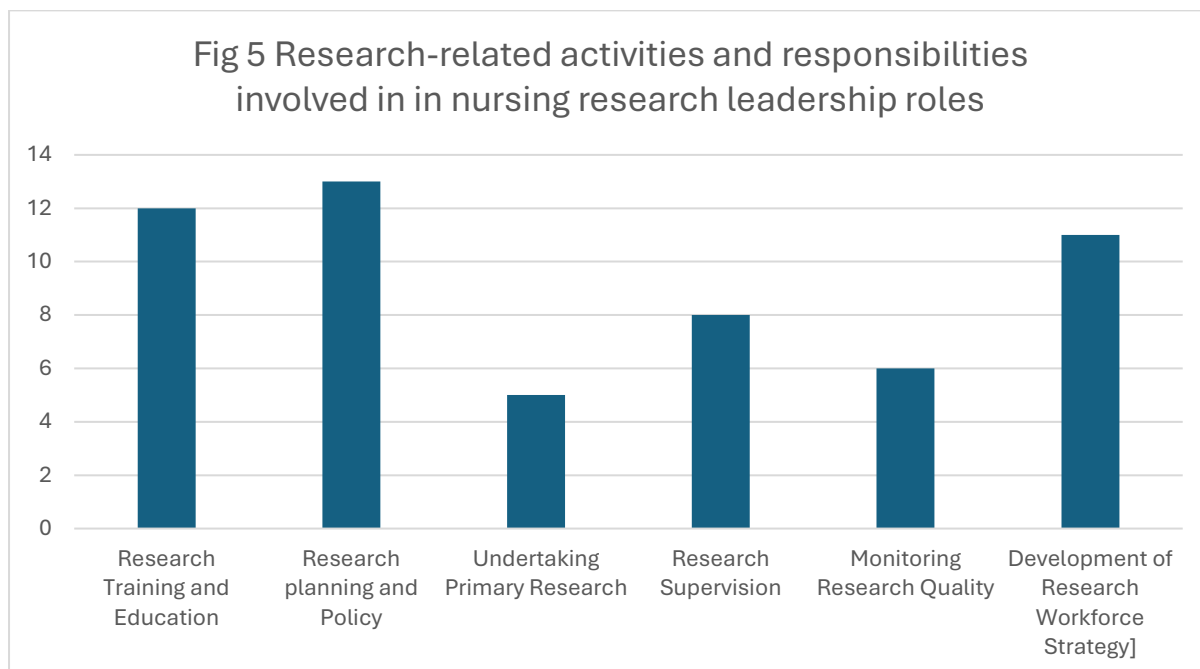
Of the 18 responding organisations who identified individual nursing research leadership roles, 12 (66%) said these were permanent roles, with the remaining six (33%) described as fixed-term, secondments or honorary positions (fig 3). Six (33%) of the roles were reportedly joint appointments in partnership with one or more external organisations; five involved a university partner, and one involved an NHS Trust, the local CRN and a university.





Six out of the 18 (33%) individual lead roles were described as having 100% of their whole time equivalent (WTE) dedicated to the role and two (11%) as having 90-99% of their role. One (6%) was described as spending 50% of their role leading on nursing research. The remaining seven (38%) reported having less than 40% of their WTE while dedicated to leading nursing research, two did not respond to this question.

The survey found that, whilst 12 (66%) lead roles were solely responsible for leading nursing research, others also had responsibility for leading research for other professions and staff groups. One role had responsibility for nursing, Allied Health Professionals (AHP) and psychology research. Six lead roles held responsibility for nursing, AHP, psychology and medical research; one of these six roles also had additional responsibility for clinical research practitioners.

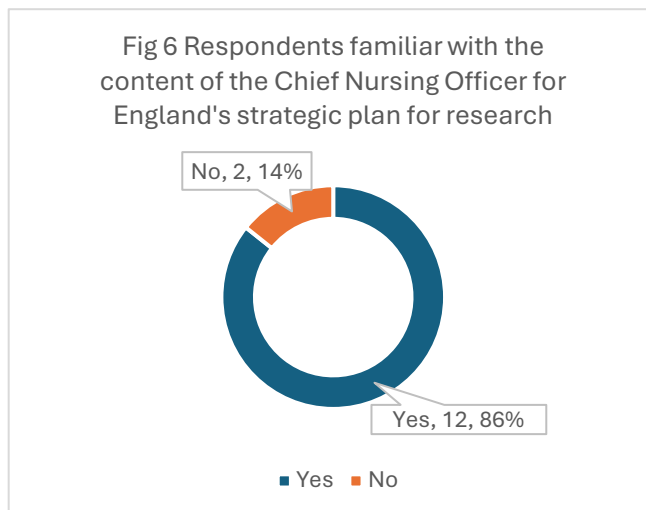


Nursing research leadership roles involved a range of responsibilities including research delivery (such as delivery of NIHR portfolio studies and commercial research), data governance, quality control, subject expertise, promotion of research within the workforce and partnership working with other organisations (fig 5).

4.1.2 Organisational research strategy

Of the 40 organisations responding either to the survey or FOI request, one (2.5%) reported that they had a strategy for nursing research, and one (2.5%) reported that a nursing research strategy was in development. Fifteen (37.5 %) reported that nursing research was addressed in another strategy. Therefore 16/40 (40%) said they had a nursing research strategy or another strategy that covered nursing research. Eleven (27.5%) did not have a nursing research strategy, and four (10%) responded 'not applicable'. The remaining organisations (8/40; 20%) did not respond.

Twelve of 14 organisations responding to the survey (85.7%) said they were familiar with the content of the CNO's strategic plan for research (fig 6). They reported that their own organisation's research strategy had been informed by the CNO's strategy to a large extent ($n=2$), a moderate extent ($n=6$), to a small extent ($n=2$), or not at all ($n=1$) with one respondent not answering this question.



Free text responses indicated a variety of views about the CNOs strategy. It was viewed as providing 'key focus' on the importance of research in the nursing profession, 'helpful direction', 'identified themes', 'clear strategy', an 'outline for delivery', and a 'platform for Trusts to build their own nursing research plans'. In contrast, it was viewed as having been 'poorly publicised', 'lacking in ambition', and 'aspirational... [but requiring an] 'enormous cultural shift' for its vision to be achieved. Three (21.4%) respondents identified that their own organisational strategy did not directly acknowledge the CNO strategy but said that its contents were aligned with it. Fourteen of sixteen organisations who said they had a relevant strategy (87.5%) reported that they had a plan to evaluate it. The reported aims of strategies that were identified by respondents as being related to nursing research included increasing the number of research projects, publications, postgraduate nursing research students, funded grant applications, nurses leading research and recruitment into nurse led projects.

Fourteen out of the 40 respondents (35%) reported having a regular organisation-wide meeting where nursing research was discussed. The membership and focus of these meetings were described as nursing only ($n=4$) and multidisciplinary ($n=10$). Open-ended responses from the FOIs described these meetings being part of organisational research services.

4.1.3 Views on the development of nursing research

Ten of 14 survey respondents (71%) provided open-ended responses detailing their views on nursing research within their organisation including barriers to and facilitators of development, and further actions that could grow nursing research activity.

Barriers to building nursing research included a lack of protected time for nurses to dedicate to research, a lack of resources including sufficient staff to facilitate protected time and monies to support either doctoral level study or actual research activity. Nursing research was reported by some respondents as lacking priority at a senior level. This was evidenced in one case by a reported failure to mention research in the Trust nursing strategy and, in another, by a lack of plans regarding implementation of the nursing strategy that did exist. Other barriers included underdeveloped research-related knowledge, skills and efficacy within the nursing workforce.

Reported facilitators of nursing research centred upon the appointment of one or more individuals specifically to lead it. Identified clinical leadership roles that could fulfil this included 'research nurses', 'advanced nurse practitioners', and 'nurse consultants'. There was acknowledgment that, to succeed, individuals in these roles would require adequate mentoring, training, and dedicated research time. Further, at an organisational level, developments were needed related to backfill and other methods of resourcing nursing research activity and research-related education. Further, respondents identified a need for more meaningful inclusion of research activity in nursing job descriptions including clearer clinical academic career pathways. In a small number of cases there were reports that Trust leadership had committed to developments in these areas. Respondents also mentioned the need for advances in relation to pre-registration training and workforce development in relation to research literacy, research-related stigma reduction, and the central role of research and evidence in nursing.

4.2 Documentary analysis of relevant strategies and job descriptions

4.2.1 Nursing research-related content in relevant strategies

In total, from all sources (survey, FOIs, web searches) 40 relevant strategies were retrieved including nursing strategies ($n=3$), research strategies ($n=13$) and organisational strategies ($n=31$). No specific *nursing research* strategies were identified. None of the nursing strategies mentioned research in their content. Where nursing was specifically mentioned in an organisational research strategy, the content was heterogeneous. Some policies recognised a need to provide opportunities to nurses (and other specified professional groups) to engage in research activity. They also made statements around improving on the limited opportunities currently available to some groups to participate in research (e.g., "*levelling up opportunities for underrepresented groups including nurses*"; "*increased*

engagement in research particularly for underrepresented groups including nurses”). A number of strategies were more specific about the opportunities to be made available, including provision of research career pathways: *“Developing research career pathways for nurses and AHPs”* including an emphasis on engagement early in nursing careers: *“Research experience programme for student nurses”*. The development of research capability through internships, scholarships, training, and research skills development were described, with some organisations identifying the needs for provision of *“funding”* and *“backfill”*. Collaborative working between health and university sectors including joint roles and establishment of research centres that included mental health nursing were described. One organisation included a list of research active nurses within the strategy webpage.

A qualitative analysis of identified strategies of all types resulted in five non-mutually exclusive thematic areas which appeared to capture an interlinked set of processes and aspirational outcomes that were voiced across the strategies.

Increasing Opportunity

A mission to increase opportunity was central in many organisational strategy documents. Naturally, given the encompassing nature of these strategies, statements were generally inclusive of diverse staff groups but also of patients and the public. The increased opportunities envisaged included increased opportunity for involvement as research participants, for example in clinical trials, but also in an ever-increasing range of research management and development activity including research planning, conduct, and implementation.

Workforce

The workforce theme captured an organisational intention to support clinical employees through programmes of research skills improvement, and to undertake academic qualifications. Closely related to this was a commitment, in some strategies, to research as part of career development and, in turn, this was linked to both staff retention and recruitment. It seemed to be that workforce support such as this would be viewed by prospective employees as highly attractive: *‘...the [greater] opportunities for research and development will allow existing employees to improve their skills and further develop their careers right here at [name of Trust], as well as attract high quality clinicians, researchers and other colleagues to join the Trust.’* (example statement)

Culture

In this theme, ‘culture’ extended the focus on individual development to the building of shared values around the desirability of research and related activity per se. Phrases such as *‘embedding research and innovation into practice’* and *‘to be a recognised leader in healthcare research and education by*

developing a strong research culture across all services’ and a stated commitment to ‘being a learning organisation’ were indicative of organisational commitments. Central to the development of the required research culture was an aspiration to further embed quality improvement activities: ‘We will do this by encouraging nursing and AHP led quality improvement programmes, and by championing joint learning across care professions.’

Also key to the development of research culture was the commitment to the develop related infrastructure. Examples of these included commitments to *‘renew and expand the Trust’s Biomedical Research Centre’* and *‘renew and further develop the Trust’s Clinical Research Facility.’*

Partnerships

The theme of partnerships related to recognising the need to extend research activities beyond the organisation to achieve research-related ambitions. For example, the ambitions *‘to increase academic partnerships’* aimed to increase engagement with clinical trials and *‘to help us provide high quality evidence-based care through education and research’*. For other organisations developing networks across the NHS, wider public services, industry and academia were important to facilitate early evaluation of healthcare innovations. One strategy emphasised partnerships as enabling *‘collaboration and co-production of research with staff, service users and carers.’*

Patient benefit.

Some strategies explicitly acknowledged that the ultimate purpose of their organisational strategy was to enhance patient care and related outcomes: *‘The Trust’s research approach for a strong research culture to translate evidence for patient benefit.’* Referencing outcomes specifically: *‘Clinically effective...using NICE guidance, evidence-based interventions, and a range of outcome measures, informed by research.’*

4.2.2 Job description analysis

From survey and FOI requests nine job description documents were obtained related to nursing research leadership roles. Job titles (Agenda for Change NHS pay band (AfC) (NHS Employers 2024)) were as follows: Lead Research Nurse/Practitioner (AfC 8a), Research and effectiveness lead (AfC 8a), Head of Nursing and Allied Health Professionals Research (AfC 8b), Managing Partner Research & Development (AfC 8c), Consultant Practitioner, Research & Improvement Clinical Lead (AfC 8c), Head of Nursing Research & Quality (AfC 8c). Two further posts did not indicate an AfC pay band: Senior Lead Research Nurse, Clinical Academic Chair in Mental Health Nursing, and one job description did not indicate a job title or AfC pay band.

Direct reporting (i.e. line management) was to a senior individual in research (e.g., Head of Research & Development, Director of Research & Development; $n=4$), a senior individual in nursing (e.g., Deputy Director of Nursing & Quality, Associate Director of Nursing; $n=3$). Line management reporting was not reported in two job descriptions. Identified job description elements related to research training provision, research delivery, managing resources/ budgets (all $n=6$), leadership for nurse researchers, clinical leadership, research & development strategy delivery, (all $n=5$), securing funding, developing research culture (both $n=4$), advising on research, advocating for research ($n=3$).

The educational level required of postholders were Masters level ($n=3$), and doctoral level ($n=4$). Two job descriptions did not indicate the required educational level. Four job descriptions did not stipulate what research outputs would be required by the postholder. In terms of published outputs, two made specific reference to a requirement for published work of sufficient quality for submission to the UK Research Excellence Framework exercise, while the remaining three suggested that the postholder should make contributions to peer reviewed journals. One job description stipulated that the postholder should have experience as a '*chief, principal, or co-investigator in research design and conduct*'.

5. Discussion

This report presents results from a mixed methods study which was conducted to describe how mental health service provider organisations in England have progressed in development of roles that are aimed at supporting the development of nursing research. The initial impetus behind the study was to determine whether mental health service providers in England are progressing on nursing research leadership given the publication in 2021 of the CNO for England's nursing research strategy (NHS England and NHS Improvement 2021). While some elements of our study did directly address the influence of the strategy, due to the relatively short interval since its publication our aims were not to attribute any developments or otherwise to the strategy, rather establish a sense of the operational context of nurse research leadership within mental health providers in England.

Survey invitations were sent directly to the chief nurse in each organisation accompanied by a recommendation by the Deputy Director of Mental Health Nursing for NHS England. It was notable that direct responses to our survey were made by only 14/51 provider organisations. In itself, the survey response rate may indicate that engagement by nurse leaders in mental health organisations with the nursing research agenda is suboptimal. Some further information was generated from Freedom of Information requests and from analysis of relevant organizational strategies and job descriptions from roles related to nurse research leadership in mental health services. The majority (85.8%) of the 14 survey responses came from organisations who identified a lead role for nursing

research, compared to only 38.4% of the 26 FoI responses, indicating that it is likely that the survey responses represent the progress made by the most engaged organisations in nursing research with less advancement elsewhere. One related concern arising from the low response to the survey is that as new research-related opportunities arise for nurses as a result of ongoing developments nationally, the most research active organisations are better equipped to take advantage of investment and opportunity, potentially widening the gap between research intensive organisations and those much earlier in their research capacity and capability development journey. This could exacerbate inequalities between Trusts with regard to available opportunities for nursing engagement with research and have potential knock-on effects on clinical outcomes and their ability to optimise the impacts on recruitment and retention of nursing staff.

Of the responding organisations which employed one or more individuals in nursing leadership roles, most (12/18; 66%) said those roles were permanent and eight (44.4%) said that the roles were entirely or almost entirely devoted to nursing research. Six roles represented partnerships with universities and other organisations. Thus, there was evidence that there may be a core of around one third of mental health service provider organisations who are sufficiently engaged in research development for nurses to have developed roles with a related component; however, only for one in three of these does that role represent a very significant element of at least one individual's role. While it is not certain that we have uncovered the full extent to which research leadership roles and activities are being addressed, the evidence from this study suggests there is considerable need for improvement. This was also indicated by information elicited about the nature of the extant leadership roles. There was a lack of consistency around these roles in terms of structure and responsibilities. Amongst some respondents, there was a lack of clarity about the leadership responsibilities of the roles. Variations amongst the roles involved a wide range of job titles, pay grades, whole-time equivalent status and types of employment contract. It is not currently clear whether such heterogeneity is a benefit or a drawback, but it may reflect the flexible approach with which the CNOs strategy sets a general course of direction rather than making recommendations or stipulations about how the desired outcomes should be achieved. In addition, where relevant strategies existed, the extent to which they had reportedly been informed by the CNOs strategy varied. This may reflect reports in free text responses that the strategy was sub-optimally publicized. The job description analysis triangulated survey findings about the diversity/heterogeneity of the lead roles and emphasises the need to consider the benefit of greater standardisation of these roles across organisations.

Specific nursing research strategies were uncommon. One survey respondent reported having such a strategy with another in development, neither provided a copy. As a result, we have prepared this

report without seeing a single example of a nursing research strategy from a mental health service provider organisation. Organisation-wide research strategies were more common and some made explicit reference to nurses alongside other professional groups as needing special consideration due to their historical lack of opportunity for engagement in clinical research and research leadership. We noted during data collection that a number of organisations responded to our FOI query about nursing-specific research strategies with some surprise that such a document would be necessary, stating that their strategy was inclusive of all groups. This raises the question as to whether nursing-specific strategies are indeed required. However, with the status quo nursing remains an underrepresented profession within research (Henshall, Greenfield et al. 2023). Analysis of the content of organisation-wide strategies brings together their key aspects and provides a richer understanding of the strategic priorities of organisations in relation to nursing research. The results represent some common themes that should be adopted in when addressing nurse research within the organisation including, increasing opportunities for nurses to be involved in research activity, considering research as part of nursing workforce development, addressing the culture to help embed research into practice, utilise partnership across the wider network outside of NHS organisations, and acknowledging the overarching aim for patient benefit.

Respondents were able to identify a number of barriers to, and facilitators of, the development of nursing research capacity with issues such as lack of resources and planning being commonly pinpointed in other studies (Dorgan 2018; Henshall, Greenfield et al. 2023). There is a need for resources, however this needs to balance against the necessity of ensuring that investment delivers in terms of relevant and specific outputs including grants, papers, clinical outcomes. Further research is required to determine whether investment in a wider sense results in improved outcomes as opposed to outcomes in individual studies.

Recommendations made from this report provide suggested actions for organisations wishing to implement nursing research leadership and provide nationally relevant opportunities to encourage consistency and organisational learning in relation to building culture, capacity and capability for nursing research.

6. Recommendations

- **Recommendation 1:** Considering the potential complexity in operationalising the organisational changes required to meet the CNO strategy, communication systems at a national level to monitor progress and share good practice are needed. In the UK mental health (and learning disability) nursing are well placed to achieve this through three established national forums; the national mental health and learning disability nurse director forum (<https://mhforum.org.uk/our-mission>); the national mental health nurse consultant forum (Mitchell 2021) and Mental Health Nursing Academics UK (<https://mhnauk.org/mhnauk>). It is less clear if these forums have a shared agenda or if nursing research and its leadership is prioritised. The CNO or a nominated delegate should explore the potential for synergy between these forums as an avenue for advancing the CNO's strategy for nursing research.
- **Recommendation 2:** Individuals holding responsibility for leading nurse research within mental health service provider organisations should be established and linked in with the national lead. Working collectively at a national level, could provide a platform for the development of more equal and standardised job roles and responsibilities, and joint work on identifying and delivering research training and priorities. Exercises such as NHS England's own Research demand signalling: mental health nursing can help to guide formulation of research questions to address known priorities.
- **Recommendation 3:** Recent policy guidance in England provides greater clarity on the specific research expectations of nurses and allied health professionals from entry level through to consultant level practitioners (National Health Service England 2024). This has potential to provide a framework for training, and nursing career development pathways that more consistently include research.
- **Recommendation 4:** The above suggests the need for a stronger profile for nursing research within organisational research strategy as well as in organisational nursing strategy. The recent introduction of the SORT tool (Ali, McGarry et al. 2024) provides a platform for organisations to assess their progress in supporting nurse to undertake research related activity and begin conversations in establishing plans to implement the CNO's Strategic Plan for Research. Those responsible for nursing research leadership within organisations should strive to ensure that SORT benchmarking is conducted and that the results thereof inform organisational research development.

- **Recommendation 5:** This study has not set out to establish the impact of lead roles in nursing research. Further research is required to understand the impact of lead roles. This could involve data derived from SORT exercise (see Recommendation 4 above).
- **Recommendation 6:** This study has proved useful in mapping out the lead roles for nursing research across mental health organisations which provides opportunity to network and share good practice. Respondents who have provided consent for further contact will be invited to join a national network of nurse researching leads.

Limitations

This study provides an understanding of the operational context of nursing research leadership and strategy in mental health organisations. Limitations include a low response rate to the initial survey from chief nurses, this was partially addressed through FoI requests being sent out to the organisations who did not respond to the survey, however this was limited to requesting documented data only. Whilst some open response free text were obtained through the survey and by examining strategy documents, the depth and detail of the qualitative analysis was limited. Future research should aim to fill this gap by including qualitative methods to provide richer descriptions of experiences and barriers and facilitators to implementation of nursing research strategic priorities.

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Appendix 1. List of Job Titles of Lead Roles

Job Title	n
Head of Research & Innovation	1
Director of Nursing	1
Lead Research Nurse	1
Clinical Nurse Specialist - research lead	1
Research and development managing partner	1
Head of Nursing for Research and Quality	1
Deputy Director Research	1
Research Nurse Manager	1
Senior Nursing Research Leader	1
Director of Nursing Research, Education and Development	1
Director of Nursing and Quality	1
Deputy Clinical Research Delivery Manager	1
Executive Director of Nursing and Quality	1
Research Effectiveness Lead	1
Lead Research Nurse	1
Clinical Professor of Mental Health Nursing	1
Professor of Nursing	1
NIHR Senior Research Leader: Nursing and Midwifery	1
Describing Multiple Roles	4
Total	22