Practitioner research capacity: A survey of social workers in northern Queensland

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Abstract

Strategies to build practitioner research capacity need to be developed in order to increase the research base for social work. To be effective, strategies need to be informed by an understanding of the organisational context and the social work workforce. This paper reports the results of a cross sectional survey of social workers conducted as part of a larger study of health practitioners in a public sector health organisation in northern Queensland. There was a high level of interest in research. Research methods congruent with social work's person in environment focus were favoured by respondents. However, consistent with the literature, lack of confidence and practical constraints impeded research activity. This study contributes to research capacity building initiatives by identifying research strengths and areas of research activity where support is required. Approaches to evidence-based practice consistent with social work and strategies for research capacity building are discussed.

Introduction

There is an increasing emphasis in social work on practice based on evidence from research. The relevance of this approach, known as evidence-based practice (EBP), to social work has been vigorously debated in the social work literature over the last decade (Gibbs & Gambrill, 2002; McDonald, 2003; McNeill, 2006; Pease, 2009; Petr & Walter, 2009; Plath, 2006, 2009; Shaw, 2005; Webb, 2001). These debates have exposed the lack of social work research that is relevant to the decisions and issues encountered in day-to-day practice (Beddoe, 2011; McNeill, 2006). In Australia and internationally, a range of strategies are being implemented to build the capacity of social work practitioners to undertake research. There are a number of challenges to achieving change which relate to practitioner research knowledge and skills, access to resources and integration of research into existing workloads. Giles, Epstein & Vertigan (2011) identified "difficulty juggling competing roles, insufficient clinical backfill to complete research, insufficient training in research skills and insufficient statistical knowledge" (p.18) as barriers to be addressed in building practitioner research capacity in an Australian health service district. Attitudes and beliefs in relation to research may also influence participation in research capacity building initiatives. Studies have concluded that practitioner attitudes are characterised by fear (Joubert, 2006) and a lack of confidence (Beddoe, 2011; Joubert, 2006) and that a supportive social work manager is critical in motivating practitioners to participate in research (Joubert, 2006). Research capacity building initiatives need to take these factors into account when developing strategies designed to engage busy practitioners in research.

The purpose of this paper is to present the results of a survey of social work practitioner research capacity conducted as part of a multidisciplinary research capacity building initiative. The survey is part of a joint university, health service initiative in Queensland aimed at building research capacity in the public sector health work force. The initiative involves disciplines other than medicine and nursing which are referred to collectively as 'health practitioners'. The results provide baseline data for an evaluation of the initiative and will be used to inform strategies to build research capacity and address barriers to the utilisation and conduct of research by health practitioners.

Evidence-based practice and social work

A number of arguments have been advanced to support the conduct of research by social workers in the course of their daily work. Practitioner research is potentially the most useful and relevant source of new knowledge for social work and for service innovation (Bawden & McDermott, in press ; Crisp, 2000; Epstein, 2010; Powell & Orme, 2011; Shaw, 2003). Many practitioners view practice based on knowledge generated through research as necessary to legitimate a claim to professional status (Beddoe, 2011; Gray, Plath, & Webb, 2009; McDonald, 2003). Fook (2002) maintains that when practitioners share knowledge generated from researching their own practice, they make accessible to the profession the accumulated, tacit store of practice wisdom on which so much of social work practice is based and become accountable for their practice methods. The Australian Association of Social Workers strongly supports research as part of professional practice. Research methods are included as one of the six main areas of areas of tertiary qualifying programs (Australian Association of Social Workers, 2008). The Code of Ethics (Australian Association of Social Workers, 2010) articulates values which underpin social work research and creates an obligation on social workers to utilise research for the purpose of social justice. The growing interest in practitioner research is reflected in workforce arrangements in health and welfare services, with the appearance of specialised research positions (Egan, 2008) academic-practice partnerships (Joubert, 2006) and practice research models which embed research in practitioner workloads (Bawden & McDermott, in press).

Despite its appeal in the current context, EBP is a challenging concept for social work to implement. Sackett, Rosenberg, Gray, Haynes and Richardson's (1996) definition of evidence-based medicine as " the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" (p. 71) is frequently cited in the social work literature to explain evidence-based practice (Gibbs & Gambrill, 2002; Gilgun, 2005; McLaughlin, 2011; Newman, Moseley, Tierney, & Ellis, 2005; Plath, 2006). This interpretation of EBP, which positions the clinician as the expert decision maker and determines 'best evidence' according to a positivist paradigm in which systematic reviews of randomised controlled trials are the gold standard (Sackett, et al., 1996) has been soundly critiqued in the social work literature on epistemological, philosophical and pragmatic grounds. Pease (2009) argues that the reliance on positivist epistemologies devalues practitioner and service user knowledge as a source of evidence and fails to acknowledge the values that underpin the hierarchy of evidence. Plath (2009) maintains that the nature of social work practice makes the implementation of research in practice challenging. In contrast with the discrete individual interventions associated with the biomedical model, social work practice is emergent and draws on a range of theories, techniques and values. According to McDonald (2003), research processes like randomisation, which aim to decontextualise human experience are inconsistent with the social work role of being responsive to power differences, cultural contexts and the impact of social disadvantage in assessing social situations. The type of evidence considered most valuable for EBP is either not available, irrelevant or ethically inappropriate in many areas of social work practice (Plath, 2006). Participatory approaches to research and qualitative methodologies, which are ranked low on the clinical evidence hierarchy, are often more suited to the kinds of questions generated through social work practice than randomised controlled trials (Humphries, 2003).

Over the last ten years, variation in the definition and scope of EBP, and critical reflection on the usefulness of EBP in the social work literature has meant that EBP and social work practice have become more compatible. EBP has evolved from its focus on answering questions about clinical effectiveness to include an approach to practice which integrates service user perspectives and values, clinical knowledge and experience, and different types of evidence to inform practice (Dawes et al., 2005). In social work, a more pragmatic interpretation of 'evidence' has superseded debates about the relative merit of quantitative and qualitative methodologies, and positivist and constructivist approaches to knowledge (Crisp, 2000; Humphries, 2003; Pease, 2009). Clinical data-mining, qualitative research, participatory methodologies and program evaluation are considered valid approaches for generating evidence for practice (Humphries, 2003; Joubert & Epstein, 2005). Pragmatic, positivist, political, post modern (Plath, 2009) and critical realist (Gray, et al., 2009) theoretical perspectives of EBP have been identified in the social work literature. A pragmatic interpretation of EBP involves gathering information from a range of sources which is useful in developing an understanding of best social work practice (Plath, 2009). For example, Gibbons and Plath (2009) and Plath and Gibbons (2010) used data-mining of routinely collected clinical data and qualitative methods to examine the nature, extent and quality of single session contacts in hospital-based social work. Petr and Walter (2009) have proposed a Multi-dimensional Evidence-Based Practice (MEBP) model which synthesises consumer and practitioner perspectives with evidence from quantitative and qualitative studies to determine best practice in answering a question arising from practice. Similar interpretations of EBP in other health disciplines allied to social work such as occupational therapy (Hammell, 2001; Tomlin & Borgetto, 2011) indicate broader acceptance of these interpretations of EBP. Satterfield et al. (2009) developed a transdisciplinary model of EBP which they argue is more acceptable to nursing, social work and public health than previous models because it incorporates an assessment of the environmental and organisational context on the feasibility and acceptability of an intervention. These developments suggest the potential for multidisciplinary collaboration in research.

Growing support for practitioner research demonstrates the mainstreaming of research as part of social work practice and reinforces the need for research capacity building strategies. Giles et al., (2011) distinguish between two approaches to generating and applying knowledge in social work practice. EBP involves the application to practice of evidence from research which is predominantly quantitative and "provides universal guidelines in terms of what suits the majority of patients with a particular condition" (p. 15). Practitioner research relies on practice wisdom and gathering qualitative and quantitative data for the purpose of improving practice. Epstein (2010) employs the term "evidence-informed practice" (p. 33) to embrace all approaches where practitioners are both consumers and producers of research and utilise both quantitative and qualitative methodologies.

Research Capacity Building

Building social work practitioner research capacity in health settings has been underway for some time in Australia. O'Neill, Cleak, Brown & Goodman (1999) conducted a series of research workshops and seminars focused on research design and processes. Participants completed a small piece of research applying the knowledge and skills acquired in the workshops. Joubert (2006) implemented an academic-practice partnership model. By reflecting

on their practice, and with support from an academic mentor, social workers developed a research question and design that was feasible to complete within their practice. *Project Discovery* (Bawden & McDermott, in press) is a three year, academic-practice partnership which utilises a model of research capacity building involving mentoring and formal teaching in practitioner research. The project emphasises embedding research into everyday social work practice in health settings. Giles, et al. (2011) describe an eight year multidisciplinary research capacity building initiative which involves the establishment of an Allied Health Research Committee. The aim of the project is to increase research skills through teaching, mentoring and developing research infrastructure. Part of the initiative involves the co-ordination of clinical data-mining projects in collaboration with a social work academic partner. These initiatives have made an important contribution to the process of research capacity building involving major metropolitan universities and largely urban-based health services with an established research culture. There are very few examples of research capacity building outside of major metropolitan areas, where limited access to research support and infrastructure is an even greater deterrent to becoming a practitioner researcher (Cusick & Lannin, 2008) and to the implementation of evidence-based practice (Murphy & McDonald, 2004).

Research capacity building in northern Queensland

The Northern Health Practitioner Research Capacity Building Initiative is a four year joint initiative of Queensland Health and the Faculty of Medicine, Health and Molecular Sciences at James Cook University in northern Queensland. The initiative involves six, separately administered health service districts occupying a geographical area more than three times the size of the state of Victoria. It extends from Mackay in the south, west to the Northern Territory border and north to the Papua-New Guinea border. The area covers regional, rural, remote and very remote locations and includes tertiary teaching hospitals, regional hospitals, community health centres, primary health care centres and population health units. More than 600,000 people live in this area representing about 17% of the total Queensland population. The initiative includes health practitioner disciplines including those known collectively as allied health. Health practitioners need to be literate in a wide range of research methodologies. To achieve this, a team of four research fellows, each with different disciplinary backgrounds, research interests and with a balance of quantitative and qualitative research experience provide research support, training and mentoring to staff. The first author has a background in social work practice and research. Research fellows are employed by, and located in the health service.

This research aimed to identify the capacity to conduct research in terms of interest, experience and the support needs of Social Workers in northern Queensland.

Methods

The study was conducted using a cross-sectional survey design. Between May and June 2011 health practitioners were invited to participate in a survey of research experience and needs. The survey captured respondents self appraisals of their capacity to conduct research. The findings presented in this paper relate specifically to the subset of social workers who responded to the survey.

The survey instrument was developed by the authors. Research capacity was measured by; the respondents' profile, experience, need for support, confidence and perceived barriers and enablers to conduct research. Experience and support needs were explored through 14 types of research activity. These areas of research activity represented sequential tasks along a "research continuum" of increasing complexity, from finding relevant literature to publishing research (see table 2).Some questions on research experience were based on the "Research Spider" concept of (Smith, Wright, Morgan, & Dunleavey, 2002, p.139). The research spider is …. Questions focused on the following five areas: professional profile, research experience, research support needs, confidence in conducting research, and factors that influence research engagement and participation. Apart from demographic data, most questions required categorical responses with many using 3 point ordinal scales. There were also regular opportunities in the survey to add comments and qualitative data. The survey took approximately 30 minutes to complete and participants were given the option to complete the survey online or to send a printed questionnaire anonymously to the research team. All questions were optional and identifying details were not gathered. To further protect privacy, only aggregated data was analysed. Ethical approval for the study was given by the Human Research Ethics Committee.

Employees of Queensland Health in any of the six northern health service districts of Queensland and who were classified as a health practitioner under the industrial award (Health Practitioner (Queensland Health) Certified Agreement No.1) were eligible to participate. Also included were health practitioners employed by the regional public health unit that covers the same districts. Staff who met these criteria were identified through the payroll system and sent an e-mail which invited them to participate. For logistical reasons, it was not possible to include medical laboratory scientists in the survey. Because the survey was anonymous, it was not possible to encourage a high response rate by direct contact with those who did not respond, however participation was encouraged through regular group emails and personal contact with management and clinical teams.

Data submitted online was stored automatically in a database and downloaded for analysis in spreadsheet format. Data collected using paper-based surveys were entered manually into the same database. Statistical analysis was conducted using a combination of EZAnalyse, MiniTab 16 and ACAStat. Descriptive statistics were used to summarise all variables. Chi-square 'goodness of fit' testing was conducted on univariate categorical data to examine within discipline responses and Chi-square 'test of independence' was used to compare two categorical variables to examine responses between disciplines(Altman,1991). A confidence level of .05 was used for all statistical tests.

Results

Social Work Practice Profile

The survey was sent to x Social Workers and 103 responses were received (x% response rate). A profile of social work participants is shown in Table 1. Overall, social workers were well qualified with a high degree of research interest. Social work respondents were predominantly female (86%) and almost half (49%) were over the age of 50. Only a very small number (4%), were of Aboriginal and Torres Strait Islander descent. All respondents were Queensland Health employees. Just over half (53%) worked mainly in community positions and the remainder in

acute hospital or other settings. Most (81%) worked primarily as part of a multidisciplinary team rather than a uni-disciplinary team or as a sole practitioner. Almost two-thirds (65%) worked primarily as clinicians and approximately one-quarter (27%) included management as part of their role. Almost two-thirds (62%) indicated that their role description requires that they contribute to research activity. All respondents have a tertiary qualification of at least at bachelor's degree. Of these, over one-third (36%) percent held post graduate qualifications ranging from post graduate certificates through to doctorates. Interest in doing higher education was high: only 17% (compared with 14% of all health practitioners) answered 'no' when asked if they were interested in undertaking higher education in the future. There was also a high level of interest in doing research in the future: 75% of social workers (compared with 80% for all health practitioners) answered 'yes' when asked whether they would be interested in doing research in the future.

Research Experience

There were fourteen sequential steps in the research process which we developed based on Smith et al.'s (2002) "Research Spider" (p. 139) starting from finding the relevant literature, through to conducting the research and ultimately publishing results. Most social workers were familiar with the earlier stages of research but very few were experienced with the later stages (Table 2). The only step in the research process which social workers considered themselves to be moderately or very experienced in was in finding the relevant literature ($p < .001$). Although not significant, many social workers lacked skills in reviewing literature with over one-third of respondents reporting little or no experience in critical appraisal. Social workers had little or no experience in identifying a research topic and turning it into a research question ($p < .001$). In relation to conducting research, social workers reported little or no experience with both qualitative and quantitative methods and in analysing and interpreting results ($p < .001$). Social workers were inexperienced in many of the writing tasks associated with research. These included writing a literature review, writing a research proposal, applying for research funding, writing an ethics application, writing a research report, and presenting and publishing research ($p <.001$).

Patterns – finding the literature – half classed themselves as moderately/very experienced. Reviewing the literature – proportions similar. All other steps – decreasing number of Social Workers with the higher levels of experience.

Research Support Needs

Most social workers identified a need for at least some support in all stages of the research process (Table 3). Even though finding the literature was the area where they were most experienced and the support needs were not statistically significant, over 40% of social workers reported they would like moderate or a lot of support in this area. The need for moderate or a lot of support in every other step in the research process was consistently statistically significant. Over half of the social work respondents identified the need for moderate or a lot of support in

relation to developing a research question, applying for research funding, writing an ethics application, qualitative research methods, quantitative research methods, analysing and interpreting results, writing a research report, presenting research and publishing research. The number of social workers who wanted support with quantitative methods was higher than the number requesting support in qualitative methods.

Barriers and enablers to conducting research

Respondents were asked questions about the organisational and work context that impacted on research activity (Table 6). Two-thirds of social workers (66%) agreed that engaging in research is relevant to their job (p <.001). Over one third (34%) agreed that research was included in work unit plans and 30% disagreed. These results were not statistically significant. Almost half of social work respondents (49%) agreed that their line manager was supportive of them engaging in research and only 10% disagreed with this statement (p < .001). Forty-two per cent agreed that their work colleagues were supportive of them engaging in research, 50% neither agreed nor disagreed and only 7% disagreed with this statement (p < .001).

Barriers to research activity were identified by asking health practitioners to respond to statements about having a research topic, funding, statistical support, time and staff shortages. Lack of time was considered to be a major barrier. Seventy-eight percent of social workers agreed that there is currently too little time in their working day to do research, and only 5% disagreed with this statement (p < .001). Fifty-eight percent agreed that they would like to engage in research but they are too short staffed, 32% neither agreed nor disagreed, and 9% disagreed with this statement, (p < .001). Only 14% of social workers agreed that funding was available if they wanted to conduct research, 55% neither agreed nor disagreed and 31% disagreed with this statement (p < .001). Twenty-three percent of social workers agreed that they would like to engage in research but there is not enough statistical support available. Fifty-eight percent of social workers neither agreed nor disagreed with this statement and 19% disagreed (p < .001). Although not statistically significant, over one-third of social workers (34%) agreed that they don't know what topic they could research.

Discussion

This paper has reported the results of survey of social work practitioner research capacity undertaken as part of a multidisciplinary research capacity building initiative in a state public health department. Beddoe (2011) maintains that "the movement towards developing a profession more confidently grounded in research has been one of the most significant international trends in social work during the last decade" (p. 557). The results of this study contribute to an understanding of practitioner experience, knowledge, skills and attitudes to research as well as identifying barriers to conducting research and research support needs in the health context.

Social workers generally had a positive attitude to research in relation to practice. A high proportion of social workers agreed that engaging in research was relevant to their job and

reported that they were interested in doing research in the future. This enthusiasm for research is consistent with the findings of McCrystal (2000) who conducted a survey of social workers in four Health and Social Services Trusts in Northern Ireland. McCrystal (2000) found that almost all of the social workers surveyed believed that research could be an asset to practice. The findings of our study suggest that social workers may not be as ambivalent about utilising research in their practice as studies by Murphy and McDonald (2004) and Osmond and O'Connor (2006) suggest. Research capacity building initiatives need to build on this enthusiasm for research and explore opportunities for further professional development and training.

To engage practitioners in research, social work perspectives and research strengths need to be acknowledged. Social workers in this study recognised the critical significance of the research question in the choice of a methodology. Qualitative methodologies resonated strongly with social workers, which is not surprising given the congruence between the person in environment focus of social work practice (Bawden & McDermott, in press) and naturalistic inquiry which is the hallmark of qualitative research (Denzin & Lincoln, 2000). Cooke, Owen & Wilson's (2002) study of research capacity within social services in a National Health Service region in the UK found that current research activity included needs assessment, user/carer surveys, exploratory studies, action research and project evaluations. This type of activity was aimed at local service development and improvement, but would not be included in National Health Service definitions of research which produced new knowledge and is generalisable (Cooke, et al., 2002). Social workers have felt marginalised in evidence based practice debates where methodologies such as action research (Beddoe, 2011; Cooke, et al., 2002) and clinical experience (Murphy & McDonald, 2004) are not sufficiently valued. Satterfield et al. (2009) developed a transdisciplinary model of EBP in response to criticism that the "three circle model" (p. 371) model of EBP which integrates and gives equal value to clinical expertise, research evidence and patient preferences is not particularly relevant to behavioural and social science disciplines where the evidence base is much less developed and causation is multifactorial. While Sackett's et al.'s (1996) model of EBP may be useful in medicine, the transdisciplinary model, with its wider definition of evidence, inclusion of context and more detailed description of client characteristics and preferences may be more suited to social work and some of its allied disciplines in health.

This study found that social workers are inexperienced in many of the research related activities associated with EBP. These activities are: identifying a research topic, developing a research question, reviewing and appraising the literature, writing a literature review, writing a research proposal, quantitative and qualitative research methods, applying for research funding, writing an ethics application, analysing and interpreting results, writing a research report, and presenting and publishing research. Social workers were open to a range of research methods with a preference for qualitative methods. We believe this is because it better suits the needs of their day to day work. This study found that almost half of social workers reported being uncomfortable doing quantitative research and there were gaps in quantitative research knowledge. These results may reflect a preference for using qualitative research methods. However, 23% of social workers reported that they would like to engage in research but there is not enough statistical support available and 29 % of social workers reported that statistical analysis was beyond them. Research capacity building needs to be tailored to specific gaps in knowledge and skills including quantitative methods and analysis. We would like to see all

practitioners literate in a wide range of methodologies to equip them to appraise and interpret the literature meaningfully for patient care. A limitation of this study is that the questions focused on qualitative and quantitative research methods. Further research is required to obtain a better understanding of practitioner attitudes, experience and support needs in relation to specific methods such as action research, participatory methods and clinical data mining.

While social workers in this study were generally enthusiastic about research, many lacked confidence in their capacity to conduct research themselves. Getting started on research seemed to be a particular issue, with over a third of social workers reporting that they did not have a topic to research. Forty-three percent of social workers agreed that the thought of doing research made them feel anxious. These findings support those of McCrystal (2000), Joubert (2006) and Beddoe (2011) who report that social workers lack confidence in participating in research. Fouchè and Lunt (2010) found that academic and peer mentoring was useful in building confidence and developing a research culture. Lack of confidence in writing was a reason why many social workers in this study avoided engaging in research. Beddoe (2011) suggests that mentoring has significant potential in addressing lack of confidence in writing skills.

The organisational context provides both enablers and barriers to research engagement. Social workers in this study report that managers and colleagues are generally supportive of research. Wade and Neuman (2007) identified management support, and the clear and frequent articulation of department goals which incorporate research, as important in the creation of a work environment supportive of research. Lack of time, workloads, and lack of funding were identified as major barriers to conducting research in this study. Insufficient time and resources are frequently cited as barriers to conducting work as part of practice (Beddoe, 2011; Giles, et al., 2011; Lunt & Fouchè, 2009). Giles et al.(2011) found that the capacity to complete research projects was hampered by "competing clinical demands, lack of funding, lack of skills in research methodology and an absence of dedicated research time" (p.17). Wade and Neuman (2007) emphasise that practitioner research needs to be "worker-friendly" (p.53) by being realistic in scope and achievable within routine activities. Collaboration with schools of social work can also open up additional funding and research opportunities for practitioners (Wade & Neuman, 2007).

Conclusion

This study has found that a high level of practitioner interest in conducting research is constrained by inexperience, gaps in knowledge of research methods, limited skills in research activities, lack of time and resources and a lack of confidence. Limited research-related writing skills and knowledge of statistics restricts research engagement by social workers. The results indicate that many social workers are more comfortable with qualitative than quantitative research methods. The findings suggest a number of strategies for research capacity building initiatives. Introducing models of EBP which incorporate an assessment of context and include a wider definition of evidence may resonate more strongly with social work practitioners than approaches based on evidence-based medicine. Time and resource constraints together with a lack of confidence and research experience indicate that small, achievable studies generated through reflective practice may be a useful way to start building research capacity. Funding

opportunities which enable practitioners to be released from clinical duties in order to conduct research activities are needed to build research capacity. Training and mentoring activities need to address specific gaps in social work knowledge and skills with a focus on research methods, writing skills and statistics.

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Table 2

Types of Research Activity by Level of Experience and Support Needs: Social Workers (N=103)

		Amount of experience					
Research activity	N=	Little/no	Some	Moderate/very	*p* <	**Chi Sq**	**DF**
Finding relevant literature		21 (23%)	24 (26%)	47 (51%)**	.002		
Critically reviewing the literature		36 (39%)	27 (29%)	29 (31%)	.483		
Writing a literature review		47 (52%)	31 (34%)	12 (13%)***	.001		
Generating research ideas		44 (48%)	40 (44%)	7 (8%)	.001		
Developing a research question		61 (66%)	26 (28%)	5 (5%)	.001		
Writing a research proposal		69 (77%)	19 (21%)	2 (2%)	.001		
Applying for research funding		82 (90%)	7 (8%)	2 (2%)	.001		
Writing an ethics application		79 (87%)	10 (11%)	2 (2%)	.001		
Qualitative research methods		56 (61%)	23 (25%)	13 (14%)	.001		
Quantitative research methods		64 (71%)	21 (23%)	5 (5%)	.001		
Analysing and interpreting results		61 (67%)	23 (25%)	7 (8%)	.001		
Writing a research report		64 (72%)	18 (20%)	7 (8%)	.001		
Presenting research		73 (80%)	15 (16%)	3 (3%)	.001		
Publishing research		83 (94%)	2 (2%)	3 (3%)	.001		

Note: * P< .05 ** P< .01 *** P< .001

Table 3

Support Needs

	Amount of support			
Research activity	Little/no	Some	Moderate/lot	$p <$
Finding relevant literature	26 (28%)	23 (25%)	42 (46%)	.033
Critically reviewing the literature	21 (24%)	21 (24%)	47 (53%)	.001
Writing a literature review	15 (17%)	27 (30%)	48 (53%)	.001
Generating research ideas	12 (13%)	31 (35%)	46 (52%)	.001
Developing a research question	9 (10%)	29 (32%)	53 (58%)	.001
Writing a research proposal	4 (4%)	19 (21%)	67 (74%)	.001
Applying for research funding	3 (3%)	15 (17%)	72 (80%)	.001
Writing an ethics application	5 (5%)	14 (15%)	71 (79%)	.001
Qualitative research methods	12 (13%)	28 (31%)	51 (56%)	.001
Quantitative research methods	5 (5%)	20 (22%)	65 (72%)	.001
Analysing and interpreting results	5 (5%)	23 (25%)	63 (69%)	.001
Writing a research report	7 (8%)	19 (21%)	64 (71%)	.001
Presenting research	7 (8%)	25 (28%)	58 (64%)	.001
Publishing research	3 (3%)	10 (11%)	76 (85%)	.001

Note: Missing data: 12 for finding literature, developing a research question, qualitative research methods, analysing an interpreting results, 13 for writing a literature review, writing a research proposal, applying for research funding, writing an ethics application, quantitative research methods, writing a research report, presenting research, 14 for critically reviewing literature, generating research ideas, publishing research.

Table 5

Confidence in Conducting Research

Statement	N=	Agree	Neither	Disagree	*p* <
Thought of doing research makes me anxious		36 (43%)	24 (28%)	24 (28%)	.181
Feel comfortable doing qualitative research		34 (39%)	23 (27%)	29 (34%)	.348
Feel comfortable doing quantitative research		15 (17%)	28 (33%)	42 (49%)	.002
Statistical analysis is beyond me		25 (29%)	35 (41%)	26 (30%)	.348
Avoid research because I am not a confident writer		28 (33%)	27 (32%)	29 (34%)	.965

Table 6

Barriers and Enablers to Conducting Research

Statement	N=Agree	Neither	Disagree	$p <$
Engaging in research is relevant to my job	57 (66%)	19 (22%)	10 (12%)	.001
Line manager is supportive of me doing research	42 (49%)	35 (41%)	9 (10%)	.001
Work colleagues are supportive of me doing research	36 (42%)	43 (50%)	6 (7%)	.001
Research is part of my work unit's plans	29 (34%)	29 (34%)	26 (31%)	.899
Would like to engage in research but:				
not enough statistical support	20 (23%)	49 (57%)	16 (19%)	.001
we are too short staffed	50 (58%)	28 (32%)	8 (9%)	.001
Funding is available for me to do research	12 (14%)	47 (55%)	27 (31%)	.001
Currently there is too little time in my Working day to do research	66 (78%)	15 (18%)	4 (5%)	.001
Don't know what topic I could research	29 (34%)	23 (27%)	32 (38%)	.473

Notes: * ** *** etc…