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## **NIHR 70-at-70 Senior Nurse and Midwife Research Leaders Programme: a transformational opportunity for nursing and midwifery-led and delivered research**

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On behalf of the 2019-2022 NIHR 70@70 Senior Nurse and Midwife Research Leaders

## **The Importance of nurse and midwifery-led and delivered research**

Nurse and midwife-led and delivered research generates multiple benefits for patients, health care professionals, health and social care organisations, the NHS and the society at large. For example, research infuses evidence-based practice (EBP), offering unique and vital insights into care needs and service gaps, improving clinical and health outcomes (Boaz et al. 2015; Ozdemir et al. 2015; Hanney et al. 2013). Additionally, research increases the trust and satisfaction that patients have with the care received, and promotes perceptions of nursing and midwifery (N&M) as credible professions. As a result, research-focused organisations experience business and reputational benefits, including income generation, efficiency, and returns on staff investment such as increased recruitment and retention (NHS England/Improvement 2019), mirrored in external quality reviews which place research among core business activities. An attractive employer would foster feelings of value among staff, using research intelligence to continuously improve the institutional climate. Such desire to progress constantly has also shaped the N&M professions, with developments of novel clinical and research roles and figures.

## **The increasing volume of N&M-led and delivered research**

These professional changes have been underpinned by an added focus on undergraduate and postgraduate research education, leading to an increased number of N&M-led research projects funded by national and international bodies or charities, with recognised impact at professional and societal level.

Despite this undoubted progress, there remains some gaps and unmet aspirations. For example, the NIHR ambitions that one percent of the existing N&M workforce is research active, in addition to the existing demand for practitioners to be aware of and contributors to research. However, current operational pressures, a persistent lack of research culture, competing clinical demands, understaffing, and limited confidence and competence in research hinder the progress towards the one percent goal mentioned.

## **The NIHR 70@70 research leader programme**

The overarching aim of the NIHR is to improve the health and wealth of citizens in the UK through research. The Institute recognises the significant potential of senior nurses and midwives in achieving the vision of the NIHR, and has introduced the Programme to support and develop a cohort of outstanding leaders in research activity and research mobilisation to clinical practice, mitigating the factors slowing nursing and midwifery leadership in research. Such need to embrace yet ease the demands of integration of clinical practice and scholarship had been highlighted almost a decade before by the NIHR's Clinical Academic Training scheme in 2008, and the Finch report in 2012 (Finch 2012).

The 70@70 award enables each of the seventy nurses and midwives to dedicate two days a week over three years to contribute to the aims of NIHR through fostering a culture of innovation, further the implementation of research activity within their trust and inform research priorities both locally and nationally. The 70@70 leaders engage not only with the wide NHS healthcare economy, but also work with local and national higher education institutions to facilitate change and encourage different perspectives on research nursing and midwifery needs and impact. The hosting organisations, in turn, offer a clear commitment to support the growth and development of the 70@70 leaders.

Many healthcare systems worldwide recognise the importance of supporting and promoting N&M-led research, including clinical academic roles (Bender et al. 2019) as well as research leader/mentor initiatives. However, the scale of the 70@70 innovation programme, the funds and support committed, its wide remit and scope, and the variety of backgrounds and expertise of the leaders appointed has not been matched elsewhere. Further, whilst in many settings some clinical practitioners are required to hold doctoral degrees or be actively leading research (i.e. consultant nurses or nurse practitioners in the US, Australia, Canada, etc), the emphasis of the 70@70 programme is not on leaders themselves to conduct research

projects, but supporting and enhancing existing research capacity and scaling current research structures, serving as research ambassadors and steering the NIHR.

Professionally, the collective leadership demonstrated by the participants in the 70@70 programme is well aligned with the vision of the Chief Nursing Officer of England, which emphasises themes of workforce development for the future, renewing the professional reputation of nurses and finally, speaking with “one collective voice”. The emerging collaborative projects carried out on each regional hub will enable different communities of practice and facilitate learning and scale up of successful interventions and actions.

As a nascent initiative with such wide scope and variety of settings and participants, the metrics of success and impact are flexible and remain in development, but the remit of the programme require that actions at local, regional and national level ensure structural changes that support the sustainability of interventions and capacity building. And although the programme is funded by the NIHR, and therefore focused on the English health and research ecosystem, there is clearly an appetite for mobilising any knowledge gained to international nursing and midwifery research audiences, taking advantage of the multiple collaborations already fostered by the 70@70 leaders.

In summary, the 70@70 programme is a unique and unmatched initiative increasing nursing and midwifery research leadership and delivery, and with the potential to transform the landscape of careers, roles and benefits for patients, clinical and research organisations, the professions and citizens.

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**Conflict of interest statement**

The authors declare no conflicts of interest.