

European Academy of Nursing Science

IMPORTANT FUTURE TOPICS IN NURSING RESEARCH

FutureNursingEANS

**Report of EANS electronic survey to identify nursing/midwifery
research priorities and the role of EANS**

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Background

For several decades, nursing research priority identification exercises have been carried out internationally, with the aim of targeting nursing research efforts and resources towards the most efficient and effective development of nursing knowledge (Drennan et al 2007). Tierney (1998) describes the shift from ad hoc research initiatives to a more strategic approaches to nursing research as the final stage in the development of nursing research; and research priority identification lends to this strategic approach. Rafferty & Traynor (2004) highlight that a process of identifying priorities for nursing/midwifery research is part of the agenda-setting which makes more visible the specific professional contribution nursing/midwifery can make to health care.

A recurrent theme when examining the priorities within nursing research is the need to balance a focus on priorities within the remit of nursing itself while also accounting for the wider health service needs and demands (Drennan et al 2007). Cecil et al (2006) highlight that nursing and midwifery departments that participate in multidisciplinary collaborative studies which are clinically-focused (rather than on internal nursing issues) were more successful in past Research Assessment Exercises (RAEs) in the UK (within which nursing/midwifery departments rated poorly overall).

Many priority-setting studies have been geographically focused (by country, region or even health care facility) while others have been specialist in focus (priorities for cancer care etc). Some studies have included an explicit service user input (Ross et al 2004). The need to focus on both service users and providers was also stressed in the Finnish context (Academy of Finland 2003). Delphi studies are most commonly used to reach the consensus identification of priorities.

Some organisations have identified global priorities, for example, the Sigma Theta Tau Resources paper (2005). This source firstly presents a synthesis of priorities identified in country-focused studies:

- Health promotion and disease prevention
- Advocacy and health promotion for vulnerable groups
- Quality of care and safety

- Evidence-based practice development
- Health and well-being promotion for the older person
- Patient centred care and care coordination
- Palliative care
- The implications for care of genetic testing and therapeutics
- Professional issues- research and education capacity building
- Professional issues- nurses' working environments

They suggest that while country specific priorities may apply, a global nursing agenda might include the following:

- Health promotion and disease prevention
- Implementing evidence-based practice
- Targeting the needs of vulnerable populations such as those with chronic illnesses and poorer populations
- Capacity development for research by nurses

Henry & Cheng (1998) reported the priorities for Asia, Africa and Europe. For the past decade at a European level, nursing research priorities have been proposed. The International Council of Nurses (1996, 1999, 2000) has identified two priority areas:

- Health and illness (health promotion, prevention of illness, control of symptoms, living with chronic conditions, enhancing quality of life, assessing, monitoring, testing nursing care interventions and measuring the outcomes of care)
- The delivery of care (quality and cost-effectiveness, community based care, nursing workforce and healthcare reform) (ICN 2008)

The Work Group of European Nurse Researchers (2001) proposes a focus on the following:

- The need to focus on health outcomes
- The need to consider how health outcomes are affected by health care delivery
- That there is little evidence of multi-centred nursing research
- The link between national, regional and global priorities
- The cost effects of delivering quality healthcare

- That nursing does not occur in isolation

WENR then recommended that nursing research in the following decade takes account of the following:

- Clinical outcomes which reflect the burden of disease
- Multi-disciplinary working between all health and social professionals
- Evidence-based nursing practice

Within the European Union's Seventh Framework Programme for Research and Development (FP7) (a source of potential multi-site collaborative nursing research funding), the goal of **health research** was stated to be "to improve the health of European citizens and boost the competitiveness of health-related industries and businesses, while addressing global health issues such as anti-microbial resistance, HIV/AIDS, malaria, tuberculosis and emerging pandemics". The three activity areas we listed as:

- Biotechnology, generic tools and technologies for human health;
- Translating research for human health; and
- Optimising the delivery of health care to European citizens.

In terms of the approach, emphasis was stated to be placed on:

- Translational research (translation of basic discoveries into clinical applications);
- Development and validation of new therapies;
- Communication of research results;
- Development of methods of health promotion and disease prevention, diagnostic tools and technologies, as well as sustainable and efficient health-care systems (child health and the health of the ageing population).

European Academy of Nursing Science

The purpose of EANS is to sustain a forum of European nurse scientists (Fellows and Scholars) to develop and promote knowledge in nursing science and to recognise research and scholarly achievement in the pursuit of excellence. One of the goals of the Scientific Committee of EANS is to improve research collaboration in the field of nursing research. To assist in achieving this, three research theme groups were formed during the Scientific meetings of 2006 and 2007 in the areas of:

- Self-care
- Workforce
- Chronic care management

In addition, there are shared interests in the following areas (manifested in symposia at the Scientific meeting of 2008)

- Care of the elderly
- Nursing interventions
- Midwifery

In order to enhance research collaboration, the Scientific Committee developed a questionnaire to analyse the most important nursing/midwifery research topics and the areas of expertise of EANS Fellows and Scholars. The Board of EANS decided that EANS would commission a Scholar to collaborate in this task with the Scientific Committee.

The purpose of the study was to ascertain EANS Scholars' and Fellows' views on:

- the important future topics for nursing/midwifery research for the next 5-10 years
- how EANS can facilitate collaboration on these areas

General outline of the study

An electronic survey was carried out during a two-week period in November/December 2007.

All Scholars and Fellows were emailed with details of a secure website which hosted the survey.

A reminder was sent after one week and the survey closed on 11 December. The survey took 10-15 minutes to complete. It asked about:

- demographics (status in EANS (Scholar or Fellow) country, position, educational level etc) and areas of research expertise
- top five research priorities and the rationale for each
- how to promote these topics within EANS
- the areas the respondent will be working on over the next 5-10 years
- methods to facilitate collaboration within EANS

The questionnaire was finalised in consultation with the EANS Board and Scientific Committee.

Responses were anonymous. Quantitative data were analysed descriptively and qualitative data were analysed using content analysis.

Results

Response rate

Fifty people completed the electronic survey. This included 28 Fellows and 22 Scholars.

This response number does not permit inter-group testing (e.g. by country, Fellow/Scholar group) or the representation of results in percentages.

A: Demographic characteristics of respondents

Education level

Most people (n=42) who completed the survey had a doctoral level education, while the remaining 8 had a Masters level qualification.

Country of origin

Respondents selected their country of origin from a drop-down menu and they are reported in Table 1.

Table 1: Country of origin of respondents

Country of origin	Number
United Kingdom	11
Sweden	7
Netherlands	5
Norway	4
Finland	4
Germany	2
Denmark	2
Belgium	2
Ireland	2
Greece	2
Lebanon	1
Lithuania	1
Hungary	1
Estonia	1
Iceland	1
Italy	1
Portugal	1
Spain	1
Switzerland	1

These countries can be grouped by region, as in Table 2

Table 2: Regional groupings of respondents' country of origin

"Region"	Number
Ireland and the UK	13
Scandinavian countries	17
Western and southern Europe	15
Eastern Europe	3
Others	2

This reflects the pattern of EANS membership too. Again, these groups are too small to do any testing for group differences and the goal was to get a cross-European perspective.

Employment position

29 were at Professorial or Dean levels. Others were at senior lecturer, lecturer, researcher or research fellow positions.

Nursing qualification

RN was the commonest nursing qualification (n= 46), with others recording Midwifery, Health Visiting and community nursing qualifications.

B: Areas of expertise

Forty-nine respondents included their areas of expertise were categorised for comparability and these categories are summarised in Table 3. Some people mentioned one area, others several.

Respondents had different ways of describing their areas of expertise; some included topic-specific areas of expertise (for example, chronic illness- n=8, older people – n=9), some mentioned methodological areas (for example, qualitative methodologies, n=7) or in cross-cutting terms (for example, evidence-based nursing- n= 5; theory development – n=3, patient involvement in their care/self-care – n=11).

Table 3: Respondents' areas of expertise

Area of expertise	Number
Client group/specialism specific	
Older people	9
Chronic illness	8
Midwifery, maternity care	6
Mental health	5
Children	4
Surgical/operative nursing	2
Community/public health	3
Oncology	2
Acute care	2
Pain/palliative care	2
International health	2
Cross-cutting topics	
Patient/family education and involvement in care; self-care	11
Workforce/working conditions	8
Quality of life	5
Nurse education	5
Evidence-based nursing	5
Safety	4
Theory development	3
Relationships	3
Health promotion	3
Health services	2
Decision-making	2
Ethics	2
Telephone nursing	1
Methodological	
Qualitative methodologies	7
Quantitative methodologies	7

C: Research priorities and rationale

A total of 206 statements were offered as research priorities, with most people providing 5 research priorities.

Each topic listed was assigned a code, using open coding (i.e. taken from the data itself rather than from a pre-existing list). Topics codes were then counted, to identify the most frequently occurring topics. All individual topics were then classified as:

- patient-focused,
- organisation-focused
- staff/professional-focused
- science-focused.

These are presented in Table 4. These groupings are not mutually exclusive and the placing of a topic on one or the other is linked with the rationale given by the respondents.

Table 4: Frequency of topics mentioned by thematic grouping (n= number of respondents)

Patient-focused	n	Organisation-focused	n	Professional-focused	n	Science-focused	n
Chronic illness	15	Workforce issues	14	Nursing roles	6	Evidence-based nursing	13
Older people	14	Organisation of care	6	Nursing education	6	technology	5
Nursing interventions	9	Primary care	5	competence	2	Ethics	2
Midwifery/maternity care	9	Global-intercultural health	4	Professional power	1	Epidemics	1
Health promotion	8	Teamwork	4	communication	1	Genetics	1
Mental health	8	Patient classification	2	Decision-making	1	Methodology development	1
Self-care	7	environment	1	Politics of healthcare	1	Nursing research position	1
Interventions	6	Home care	1			Theory development	1
Patient participation	5	Informal care	1				
Care	4	Occupational health	1				
Children	3	Population health	1				
Palliative care	3						
Patient-centred care	3						
Patient safety	3						
Patient experiences	3						
Families	2						
Patient education	2						
Quality of life	1						
Acute care	1						
Orthopaedic nursing	1						
Clinical research	1						
Complementary interventions	1						
Counselling	1						
Emergency nursing	1						
Pain management	1						

As respondents also ranked the topics from 1- 5, with 1 being the most important, the intensity of the topic's importance was also measured by assigning a score of 5 – 1 respectively to priorities 1- 5. This meant that the higher score for a topic meant a higher priority (measured by

intensity). (This gives two different perspectives on the data, for example 40 people including a topic as priority 4 (high frequency) vs 10 people including a topic as priority 1 (high intensity)- both may be important, this is a value judgement).

Table 5: summed scores for intensity (where * denotes the summed score for that topic, across all respondents)

Patient-focused	*	Organisation-focused	*	Professional-focused	*	Science-focused	*
Chronic illness	60	Workforce issues	53	Nursing roles	21	Evidence-based nursing	41
Older people	45	Organisation of care	18	Nursing education	18	Technology	14
Nursing interventions	34	Primary care	17	Competence	1	Ethics	5
Midwifery/maternity care	27	Global-intercultural health	11	Professional power	5	Epidemics	1
Health promotion	24	Teamwork	12	Communication	3	Genetics	2
Mental health	25	Patient classification	7	Decision-making	4	Methodology development	2
Self-care	27	Environment	3	Politics of healthcare	5	Nursing research position	5
Interventions	23	Home care	3			Theory development	1
Patient participation	15	Informal care	5				
Care	12	Occupational health	5				
Children	10	Population health	1				
Palliative care	9						
Patient-centred care	10						
Patient safety	10						
Patient experiences	9						
Families	7						
Patient education	8						
Quality of life	9						
Acute care	5						
Orthopaedic nursing	1						
Clinical research	1						
Complementary interventions	5						
Counselling	5						
Emergency nursing	4						
Pain management	5						

Taken together, the same topics are prioritised, when both frequency and intensity are taken into account as seen in Table 6. Eight of these topics are from the “patient-focused” grouping, and one from each of the “Organisation-focused” and “Science-focused” groupings.

Table 6: Priorities listed by frequency and intensity

Frequency	Intensity
Chronic illness	Chronic illness
Older people	Workforce issues
Workforce issues	Older people
Evidence Based Nursing	Evidence Based Nursing
Nursing interventions	Nursing interventions
Midwifery/maternity care	Self care
Health promotion	Midwifery/maternity care
Mental health	Mental health
Self care	Health promotion
Interventions	Interventions

Respondents were asked to provide a rationale for each priority they specified. There was much overlap in these justifications, and the predominant ones are outlined in Table 7.

Table 7: Rationale for priorities included

Priority	Most common rationale offered
Chronic illness	Demographics, prevalence
Older people	Demographics, chronic illnesses
Workforce issues	Staff shortages, skills mix, safety
“Evidence Based Nursing”	Implementation, practice
Nursing interventions	Effectiveness, cost-effectiveness
Midwifery/maternity care	Models of care, role midwife
Health promotion	Chronic illnesses, prevention
Mental health	Role nurse, high incidence mental ill-health
Self care	Chronic illnesses, home-based
Interventions	Effectiveness, cost-effectiveness

Topics respondents will be working on in the next 5-10 years

Forty-nine respondents answered this question which asked about what research topics they would be working on in the next 5- 10 years. All respondents stated that they would be working on the priorities that they had just listed and/or on their areas of expertise/current research.

Promotion of priority areas

Forty-nine respondents gave their views on how the priority topics should be promoted within EANS activities. The most common responses were grouped under the following headings:

The responses can be grouped under the following headings:

- Research groups
- Research meetings
- Communication
- Strategic role
- Resources

Research groups

- Collaborative groups doing comparative, multi-centre studies (include senior and junior researchers);
- seek EU funding for a study across all EANS members countries
- Highlighting/focusing on EANS themes, topics
- Select summer school students based on themes
- Form collaborative groups for top two priorities from survey
- Develop midwifery collaborations

Research meetings

- Research conferences, workshops, symposia, seminars, meetings about important issues;
- using existing EANS meetings to develop groups and applications for funding
- Summer schools for researchers as well as doctoral school

Communication

- Publications: joint European publication; an EANS position paper disseminated to academic and clinical settings
- Through the fora, networks, electronic discussions to further develop some topics
- A newsletter – information about events grouped by topics
- EANS to facilitate process, a “coordination hub”

Strategic role

- Influencing European policy agenda

Resources

- Grants to support collaboration, EU applications

EANS and research collaboration

All respondents (n=50) stated that we should strive to increase research collaboration between EANS Fellows/Scholars.

When asked what topics should be investigated using collaborative research groups in EANS, 44 people responded. Most people (n=29) said that these should be the ones identified by themselves as priorities in section B of the questionnaire. One person said that they should be the priorities identified in the survey and another suggested identifying a small number of topics using the Delphi methodology. Other responses included:

Shared interests/Existing groupings of topics

- The ones identified by Fellows already
- That the topics identified are cross-cutting, intersecting
- Focus on opportunities for collaborative research programmes rather than topics
- Focus on joint interests
- International comparisons of care; multi-site studies; cross-national research
- Collaboration based on shared problems and interests, using skills and competencies of members
- Agreed topics and fundable ones

- Scholars should focus on PhD completion and join relevant topic group

Specified topics

- Focus on prevalent illnesses in Europe
- The increasing use of technology in nursing
- Midwifery group

Measures to improve/increase research collaboration between EANS Fellows and Scholars

Thirty-nine people answered this question about which measures they would suggest to improve/increase research collaboration between EANS Fellows and Scholars.

Some people interpreted this question as being about the collaboration between Fellows and Scholars (i.e. as two groups) but others as collaboration between all those involved in EANS regardless of whether they are Scholars or Fellows.

The responses can be grouped as follows:

- Communication
- Research meetings
- Research groups
- Resources

Communication

- Website developed to include people's interests and expertise;
- Website to expand to include fora;
- increased use of email;
- research chat rooms, discussion boards;
- Database of projects people working on- difficult to implement

Research meetings

- EANS to organize meetings where Scholars and Fellows meet informally
- meetings are the best way but can be hard with time commitments and expense
- Workshops, seminars, attached to summer school, organized by Fellows and Scholars

- regional meetings
- Scholars to participate more in fellows meetings
- joint meetings
- Financially assist Scholars to participate in meetings
- Scientific meetings successful
- more networking meetings
- Participants need to prepare for meetings.

Research groups

- collaborative groups by topic
- shared research
- Follow-up to expressed interests
- Joint publications and grant applications
- fellows to invite scholars to join them in grant applications
- increase level of cross-country research through EANS by seeking EANS partners
- clarify and communicate research topics and input can be sought.
- Choose 3 topics for 3 year period and develop a strategy for collaboration on these- European and nursing focus.
- Increased collaboration between European universities- postgraduate programmes, research active staff;

Resources

- “funds, funds, funds”
- financial support for EANS to use to develop networks
- EANS funding schemes
- the creation of a European nursing research office
- Develop mentors at different sites for EANS members to visit.
- promote mobility of researchers;
- develop post-doctoral training workshops
- human resources “it is up to the people within the organisation” to make this happen i.e. “actively engage, make suggestions and approach people”

EANS Board facilitation of collaboration between EANS research groups

When asked if the EANS Board should facilitate collaboration between EANS research groups, 42 people said yes, and 8 no. Of those who said yes, 22 were Fellows and 20 were Scholars and those who said no, 6 were Fellows and 2 were Scholars.

How the EANS Board should facilitate collaboration between EANS research groups

37 people answered this question.

The responses can be grouped under the following headings:

- Meetings
- Resources
- Communication
- Strategic role
- Provision of Expertise

Meetings

- Organize/continue/support meetings and workshops
“it is easier to form international groups when you know the people. So meeting each other is very important” (P37).
- Host and support working groups, discussion fora for mutual interests- Board to facilitate, coordinate and communicate only (funding opportunities etc)
- Conferences (longer than one day); seminars attached to summer school

Resources

- Funding/stipends, to attend meetings (scientific meeting); support proposal developments

Communication

- Continued use of current website, expand website
- Communicate research interests
- Access to email list (with permission)
- Share information on current projects

- More Interaction between scholars and fellows

Strategic role

- Encourage diversity and encourage new ideas to be supported
- Develop strategy and identify key responsibilities
- Advocate with decision-makers/stakeholders re grants etc

Provision of Expertise

- Assign each Fellow a specific task, based on their specialization
- Provide expertise (for example on how to run an international project)

Preparedness of respondent to take the initiative to establish and coordinate a collaborative EANS research group

21 said no and 29 said yes. Of those who said they would, 19 were fellows and 10 were Scholars. Of those who said they would not, 9 were fellows and 12 were scholars.

The conditions under which respondents would be prepared to take the initiative to establish and coordinate a collaborative EANS research group

Thirty-six people answered this question, with some explaining why they answered no to the question. Those who said they would be prepared to establish and coordinate a group, named the conditions under which they would do it and these have been grouped as:

- Resources
- Support
- Group member participation.

Resources

- Resources, funding to develop proposals; seed funding from EANS; travel funding to meet
- Potential funding to undertake research
- Need support as time required

- Would need dedicated funding for an EANS person
- Need institutional support, as longer perspective required

Support

- Mentoring, supervision from a Fellow
- Student and staff exchanges (via Erasmus funding)
- Interested in collective management; to work with senior peers

Group support and activity

- If in own research area and people ready to “devote” themselves to it
- If those in group actively participated; need more than exchange within groups, all willing to strive; like minded people to put time into it
- Would need group outputs
- The group must “click”

The Scholars who stated that they were unable to take up this initiative at this time responded as follows:

- Believe Fellows would be more experienced
- When finished own PhD; when finished PhD and 3-4 years post-Doc
- When more experienced

In addition fellows replied that they were unable to take this up at present due to the following reasons:

- Own time taken with PhD students
- Need clarity about commitment required

Key points emerging from the findings

While there are limitations to the open question about areas of expertise, the following seem predominant amongst respondents:

- Patient and family involvement in their care
- Older people

- Chronic illness
- Workforce issues
- Midwifery and maternity care

However, these cannot reflect the broad areas of expertise of EANS members, as respondents described their areas in very different ways and at different levels.

The key priorities were identified to be predominantly “Patient focused”, including the following topics:

- Chronic illness
- Older people
- Nursing interventions
- Maternity care
- Health promotion
- Mental health
- Self-care
- Interventions

The highest priority within “Organisation-focused” topics were workforce issues, which included retention and recruitment of staff and skill mix. Within “Science-focused” topics, Evidence-based practice was prioritised. Though rated lower, within the “Profession-focused” grouping, nursing roles and nursing education were prioritised.

Again, these topics are at different levels and some warrant further clarification (for example, mental health). Also, they are not mutually exclusive and are cross-cutting in most cases in their application to research questions- for example, in relation to self-care for older people with chronic illnesses.

The priorities identified in this study reflect the existing internationally identified priorities and with EANS’s current research-themed groups. Respondents said that they would be working in these areas or their areas of expertise- which overlap with these priorities over the next 5-10 years.

Respondents endorsed the EANS goal of enhancing research collaboration. Regarding the role of EANS the following issues consistently were raised:

- The need for active and well-led research groups
- The need for regular participative research meetings
- The need for effective and regular communication, especially electronic
- The need for resources for research development purposes
- The strategic role that EANS can play in influencing health and funding policies
- The provision of expertise and leadership by Board members and all fellows

Limitations of survey

There are some limitations to this study. There was an approximate response rate of 50% of all potential respondents. Those who participated in the survey may be most interested in EANS developments. Because of relatively small number of respondents, the frequency and ranking of topics can be over-represented or skewed and these priorities represent those who responded only. However both fellows and Scholars contributed to the survey and these respondents clearly endorsed the role of EANS.

There were perhaps different uses of terminology which would not be clarified as this method was non-interactive. It is clear that respondents describe their areas of expertise and their priorities in different ways and at different levels which makes comparison difficult. Equally, while open coding was used, rather than a predetermined schema, the analyst's interpretation was imposed in order to compare and count responses in a meaningful way. Even still, further grouping of topics is possible. The Delphi method gives is preferable when consensus is sought- the current study reflects even single mentions of a topic as this is the purpose of this exploratory study. Nonetheless there are some groups that need further internal exploration, for example, "Midwifery/maternity care", "mental health". It may be desirable to carry out a separate study of priorities within potential research groupings such as these.

Conclusions and future suggestions.

These findings reflect the respondents who completed the survey. They are similarities in these findings with other research-priority setting exercises from across Europe and they offer the up-to-date cross-European perspectives of EANS members. These findings confirm the usefulness of

many current activities of EANS and suggest other ways to enhance nursing/midwifery collaboration amongst EANS members.

Suggestions which emerge from these findings can include:

- Active participation by members is required for successful collaboration; EANS can be the coordinating hub;
- There are some resource implications for facilitative role of EANS;
- Communication is central- electronic and face-to-face;
- Board and Fellows can facilitate development with Scholars;
- The strategic role of Board highlighted and should be supported.

Future suggestions include:

- In tandem with this exercise we need to consider to the extent to which nurses/midwives have carried out research in these priority and other areas over the past 10-15 years and what is the **quality** (appropriate research questions, design and methods) and **impact** (on policy and practice) of this research- i.e. a deeper analysis of the areas identified in the study. This could involve the analysis of Fellows' and Scholars' publications, to review the extent to which they match the identified priorities. This implies a stronger engagement with these areas- more a driving force than a curiosity in them.
- While anonymity was a feature of participation in this survey, there could be a mechanism for those who said that they would be willing to participate in leading a research group to come forward to so this.
- Build on people's shared interests identified in the survey; identify a way of password-protected access to communicate with each other

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