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## Supporting NMAHP research professional development: identification of barriers and facilitators to becoming a clinical academic

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### Background

Professional bodies, such as the Royal College of Nursing, the Council of Deans, and the NHS, have developed strategies to support the development of clinical academic nurses, midwives and allied health professionals (NMAHPs). These aim to secure engagement in research and their insertion into clinical practice roles (AUKUH Clinical Academic Roles Development Group, 2017). Published documentation and resources are focused on providing practical suggestions for healthcare organisations at a strategic and senior management level. They don't necessarily address naïve individual' perceptions of research and their capacity and capabilities to start their own clinical academic journey (NHS HEE, 2022).

The aim of this work was to understand individuals' motivations, barriers and facilitators to taking their first steps in their clinical academic careers.

### Method

This service evaluation was registered with the Hospital Trust (CAE-036). Three workshops (total n = 34) were undertaken using a list of potential barriers and the research spider (Smith *et al.*, 2002) to initiate discussion about barriers and facilitators to their engagement in developing research skills, as well as their feelings of confidence and competence to undertake various aspects of research. These discussions were combined with field notes, email conversations, and ethnographic 'noticings' (Varney, 2021) from 14 consecutive individual NMAHPs. All these NMAHPs had expressed a desire to explore a clinical question and develop their skills in the field of research. Qualitative content analysis was undertaken to synthesis the data (Mayring, 2004).

## Results

The focus groups and individual participant NMAHPs represented nurses, midwives, occupational therapists, physiotherapists, psychologists, and speech and language therapists from pay bands 5 to 8B. Qualitative analysis found that the three top barriers identified by professional groups were:

- 1) lack of time to engage with research
- 2) lack of suitable backfill
- 3) other work roles taking priority

Individuals talked about their own personal situations and '*now being the right time for them*' to answer their questions or develop their skills. Confidence was an issue with NMAHPs differentiating between their ability to undertake audit, quality improvement and service evaluation, but not research. Although they have confidence in their project ideas, they don't report confidence in their own research skills.

## Conclusion

Top-down strategies are vital in supporting clinical academic careers. But individual NMAHPs must be able to identify whether they work in a supportive organisation and how and where to access support and skills training from the very start of their journey. Research is needed to understand how NMAHPS conceptualise research-related skills within their professional scope of practice (i.e. the 4 Pillars of Practice).

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