

Experiences and Barriers to Participatory Research in Midwifery and Nursing Care

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KEYWORDS: midwifery, nursing, participatory research, professional development

ABSTRACT – Participatory research is gaining attention. In midwifery and nursing, emphasis is often placed on clinical practice but the needs of researchers are neglected. A comparative questionnaire survey was conducted using the quantitative-descriptive research methods of empirical research. The data were collected using a questionnaire based on a sample of 228 midwives and nurses. Data analysis included basic descriptive statistics with calculations of frequencies and percentages. Statistically significant differences were determined by the χ^2 -test. More than half of the respondents did not have experience with research in their own work practices. Most of them expressed an interest in the content-planning phase when performing research, while the least desired phase was reporting the study findings. The biggest barriers were the lack of research training and a lack of knowledge about research methodology. The results highlight the importance of the establishment of research groups that help employees acquire research experience. Our findings increase awareness regarding the barriers to participatory research among nurses and midwives. A persistent preoccupation with identifying the barriers to EBP is there mostly because midwives and nurses persist in not applying research evidence in practice.

Izvirni znanstveni članek

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KLJUČNE BESEDE: babištvo, zdravstvena nega, participativno raziskovanje, profesionalni razvoj

POVZETEK – Participativno raziskovanje pridobiva pozornost. V babištvu in zdravstveni negi je poudarek pogosto dan klinični praksi, potrebe raziskovalcev pa so zanemarjene. Primerjalna anketna raziskava je bila izvedena z uporabo kvantitativnih deskriptivnih raziskovalnih metod empiričnega raziskovanja. Podatki so bili zbrani z vprašalniki, vzorec pa je obsegal 228 babic in medicinskih sester. Analiza podatkov je vključevala osnovne opisne statistike z izračuni frekvenc in odstotkov. Statistično pomembne razlike so bile določene z χ^2 -testom. Več kot polovica anketirancev ni imela izkušenj z raziskavami v lastni delovni praksi. Večina jih je izrazila zanimanje za stopnjo načrtovanja vsebin, najmanj zelena stopnja pa je bilo poročanje o ugotovitvah študije. Največje ovire so bile pomanjkanje znanja o raziskovalnih metodologijah. Rezultati poudarjajo pomen ustanovitve raziskovalnih skupin, ki bi zaposlenim pomagale pridobiti raziskovalne izkušnje. Naše ugotovitve povečujejo ozaveščenost glede ovir za participativno raziskovanje med babcami in medicinskimi sestrami. Skrb za identifikacijo ovir pri uvajanju praks, ki temeljijo na dokazih, je prisotna predvsem zato, ker babice in medicinske sestre vztrajajo pri neuvajanju na dokazih temelječih praks.

1 Introduction

The term evidence-based practice (EBP) has emerged in the last two decades and its use has become widespread in the nursing and midwifery disciplines (Whitehead et al., 2020). EBP is applying or translating research findings into daily patient care practices and clinical decision-making. As pointed out by De Leo et al., (2021) the evidence-to-practice gap continues to persist in healthcare and there is limited knowledge

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and use of effective strategies to support the implementation of evidence-based practices in a clinical setting.

EBP provides the best care for patients and considers the best evidence gained from clinical research (Bal, 2017; Mallion and Brooke, 2016; McVay, 2016). As outlined by Soh et al. (2011) and Whitehead et al. (2020), constructing new research and translating its evidence-based findings into clinical practice can improve both nursing and midwifery standards as well as overall clinical care. Moreover, healthcare professionals have an ethical obligation to participate in professional development (Hemberg and Hemberg, 2020). If the research evidence is not implemented into practice, there is a risk that the divide between actual clinical practice and EBP will grow. Therefore, healthcare professionals should address the theory-practice gap. This can be accomplished through a number of research approaches that are applicable in the nursing and midwifery professions.

In the paper, we focus on an approach called participatory research, the design of which links theory with practice (Whitehead et al., 2020). With its origins in social psychology, participatory and action research was first described after the Second World War by Lewin and gained popularity across different disciplines (Soh et al., 2011; Deery, 2011). Donovan (2006) outlined the expansion of its use, particularly in nursing and midwifery, while McVicar et al. (2012) reported that participatory research has been promoted in the United Kingdom for research in health and social care disciplines. Researching one's own practice provides an insight into midwifery and nursing practice, as it develops and improves methods of work in nursing and midwifery and assesses their efficiency inside the existing practice of a certain system (Baba et al., 2020; Whitehead et al., 2020; Arnold et al., 2022). Research and evidence are the bases for current scientific medicine and a grounding for professionalism (Sheehy et al., 2019; Oyelade et al., 2019). Therefore, we presumed that researching one's own midwifery and nursing practice is a component of their professional development. For this reason, the University Medical Centre Ljubljana (Slovenia) established a group for research in midwifery and nursing with the purpose of selecting research applications, documenting the research register, and maintaining a network of midwifery and nursing researchers (Klančnik Gruden, 2013). Polit and Beck (2020) posit that we should not expect that every nurse will become a researcher. However, all nurses are expected to practice on the basis of evidence (Cusack et al., 2018). Participatory action research is a method of inquiry that promotes a collaborative approach to knowledge creation, highlighting the areas of improvement that such approaches might offer to researchers and scientists in the nursing field (Effendy et al., 2022). Moreover, they should support research with their behavior, which is only possible if they have a good basic knowledge regarding the importance of research and the advancement of the profession. A survey conducted by Strojjan et al. (2012) found that nursing education does not exert a statistically significant impact on one's relationship to research. On the other hand, the method by which lecturers introduce the meaning of research to students in higher education affects students' perceptions toward research. Research has shown that an increase in the level of education, in terms of the number of ho-

urs of research content in the undergraduate study programs, has a statistically significant impact on the respondents' opinions. The research education gained during their studies, such as literature searches and critical analysis of previously conducted and published research, affects research activity, improving professionalism overall. A considerable amount of literature exists defining participatory research as a component of the individual's practice (Brito, 2018; Ehde et al., 2013; Franks - Meeks, 2020; Skela Savič, 2014; Cusack et al., 2018). Consistent with professional values, this type of research leads to improvements in practice. The researcher is simultaneously a practitioner and needs to be present in the process. As pointed out by Andersson (2018), participatory research offers an alternative to simple knowledge translation where a researcher passes research products to a knowledge user who acts on the evidence. Furthermore, participatory research results are changing the understanding of the individual's professional practice (Bish et al., 2013; MacLeod Dyess et al., 2013). It requires a flexible research plan and consists of several action steps or phases. The research-relevant features of participatory research are substantiated on the basis of the following advantages (Bish et al., 2013; Fawcett, 2015; Jug Došler et al., 2015; MacLeod Dyess et al., 2013; Milton, 2012; Arnold et al., 2022):

- The possibility of monitoring the professional operation of employees through a process of research reflection (the subject's own reflection leads to new ideas and perspectives).
- The possibility of determining the rules of behavior, the rules of maintaining a particular system/institution, and the subjective theories that direct the professional operation of employees. If we directly monitor their operation, we can determine the laws according to which they work, the rules of behavior that exist as social and developmental norms, and the subjective theories linked to specific behaviors, which we confront with declarative theories through an insight into the context.
- The possibility of deepening the perception, knowledge and behaviors within participatory research, and on this basis, of modifying and shaping grounded theories. Evaluation of the quality of (one's own) practice and research of the selected phenomenon directs the individual professional toward the establishment of a grounded theory, where the transfer of this practice to new frameworks presupposes an understanding of the contextual conditions of the new frameworks and includes reflection on the consequences that it has for the application of current practices in the new context.
- The possibility of testing in practice the appropriateness of alternative orientations of practical operation, and on the basis of the results, evaluating the possibility of incorporating these orientations into future action measures.
- The possibility of transforming personal beliefs with the aid of the methods and techniques of participatory research (self-observation, critical evaluation and analysis, studying documentation, etc.). Understanding the operational context of the professional also includes his or her subjective behavior, the critical analysis of which is an important method for raising his or her awareness and achieving an appropriate connection between theory and practice. It is in the relationship between theory and practice that the methods and techniques of action research can help

employees become aware of and recognize their (unconscious) assumptions, the subjective theories that influence their decisions and everyday work practices.

- The possibility of integrating participatory research into the very process of (self-) reflection and the (self-)evaluation of the professional work of employees in a particular institution.

The purpose and objectives of the research described in the paper are to analyze the experiences and potential barriers to midwifery and nursing research participation. The research questions were:

- What experiences have midwives and nurses from Slovenia had with research in their own clinical practice (Table 1, χ^2 -test)?
- In which phase of the research process would they most like to participate (Table 2, χ^2 -test)?
- What are the potential barriers to midwifery and nursing research participation (Table 3, χ^2 -test)?

2 Methods

The study was based on an empirical survey research approach. A comparative questionnaire survey was conducted using the quantitative descriptive research methods of empirical research (Harvey and Land, 2016). The data were collected using a pre-designed questionnaire that was tested in advance on a pilot sample. The pilot sample consisted of 10 examinees and provided an overview regarding the understandability of the questionnaire. Questionnaires were distributed to participants from September 2017 to January 2021. The sample was random. The research design and ethical measures of the study were approved by the faculty committee.

The questionnaire included questions about demographical data (age, education) in addition to three open- and closed-ended questions with a variety of answers that referred to the views and attitudes of midwives and nurses regarding research in their own clinical practice. We utilized factor analysis to assess validity and reliability; the questionnaire was found to have acceptable validity (the first factor explained 26.3% of variance) and reliability (the outcome of factor analysis outlined three factors that explained 61.9% of variance). The adequacy of the correlation matrix for factorization was assessed with the KMO test (a value of 0.802) and Bartlett's test (a value of 804.201; $p = 0.039$). We used the classical test theory in interpreting reliability. If the reliability coefficient was over 0.75, our interpretation was that 75% of the variance was true, and consequently there was a 25% possibility of error in the observed variance. For reliability, we did not use the square of the correlation coefficient or the coefficient of determination. Instead, we used the reliability coefficient itself to assess the degree of measurement error. Validity is understood as a judgement of the degree to which empirical evidence and theoretical rationales support the appropriateness of test-score interpretations (Messick, 1995; Harvey and Land, 2016).

The study sample consisted of 228 individuals, including 72 midwives (31.6%) and 156 nurses (68.4%), from Slovenia. The sample was not representative. The average age of midwives was 35.7 years, while that of nurses was 37.2 years. Of the 72 midwives, 7 (10%) had a postgraduate degree, 28 (40%) had a BSc in midwifery, 22 (31.4%) had a BSc in nursing after graduating from a secondary school of midwifery, and 13 (18.6%) had graduated from a secondary school of midwifery. Among the nurses, 22 (14.9%) had a postgraduate degree, 89 (60.1%) had a BSc in nursing and 37 (25%) had graduated from a secondary school of nursing. We are aware that the sample of the study was not representative, but nevertheless it indicates a certain trend that gives us an insight into participatory research in midwifery and nursing practice.

The ethical aspects of this survey were appropriately considered. All of the participants signed a written statement regarding their voluntary participation and privacy policy. Participation was voluntary, and we ensured anonymity.

Descriptive statistics were used for the data analysis. The χ^2 -test was calculated to measure the significant differences between midwives and nurses. The measured differences between midwives and nurses were accepted as statistically significant at a value of $p = 0.05$. The data were processed using the SPSS 20.0 software package.

3 Results

The results are presented in the same sequence as the study questions. First, we asked the question: "Do you have any experience researching your own work practice?". More than half of the midwives (51.4%) and nurses (60.1%) clearly answered that they did not have any experience with research during their professional work (Table 1). There was no statistically significant difference between nurses and midwives in terms of their experience ($\chi^2 = 1.473$, $g = 1$, $p = 0.225$); however, the frequency distribution showed that nurses had slightly more experience in researching their own clinical practice.

Table 1

Experience in Participatory Research/Izkušnje s participativnim raziskovanjem

<i>Do you have any experience researching your own work practice?</i>	<i>Midwives* f, f (%)</i>	<i>Nurses* f, f (%)</i>	<i>Total f, f (%)</i>
No	36 (51.4%)	89 (60.1%)	125 (57.3%)
Yes	34 (48.6%)	59 (39.9%)	93 (42.7%)
Total	70 (100%)	148 (100%)	218 (100%)

Legend: f – Frequency, f (%) – Percentage/f - frekvenca, f (%) - odstotek

*Completed questionnaires/*Izpolnjeni vprašalniki

The second aspect of the study focused on the attitudes of Slovenian midwives and nurses regarding the various phases of participatory research (Table 2). The data indicated that most of the midwives were interested in participating in content planning (27.1%, $R = 1$); 21.4% ($R = 2$) reported that they were interested in data collection;

15.7% (R = 3) would like to inform their colleagues and the general public about the study results; and 14.3% (R = 4) would like to implement the new research findings into practice. Among the nurses, a large number wanted to join in the content planning of research (25.5%, R = 1); 18.8% (R = 2) would like to inform their colleagues and the general public about the study results; 18.2% (R = 3) would like to implement the new research findings into their own clinical practice; and 17.7% (R = 4) would like to join in the process of data collection. The least desired phase of research among both groups was collaboration in the last stage of research; only 1.4% (R = 8) of midwives and 1.8% (R = 8) of nurses showed willingness to prepare the study report. One statistically significant difference emerged between midwives and nurses: more midwives than nurses reported that they would like to participate in the preparation of the research instrument for data collection ($\chi^2 = 37.448$, $g = 1$, $p = 0.041$).

Table 2

Willingness to Participate in the Participatory Research Process Phase/Pripravljenost za sodelovanje v fazah participativnega raziskovalnega procesa

In which phase of the research process would you most like to participate?	Midwives*		Nurses*		Total	
	f, f (%)	R	f, f (%)	R	f, f (%)	R
Content planning (setting the aim and objectives, and content work)	38 (27.1%)	1	49 (25.5%)	1	87 (26.2%)	1
Research methodology planning (action plan, methods)	6 (4.3%)	6	19 (9.9%)	5	25 (7.5%)	5
Preparation of research instruments for data collection	18 (12.9%)	5	1 (0.5%)	8	19 (5.7%)	6
Process of data collection	30 (21.4%)	2	34 (17.7%)	4	64 (19.3%)	2
Processing and interpretation of the gathered data	4 (2.9%)	7	14 (7.3%)	6	18 (5.4%)	7
Preparation of the study report	2 (1.4%)	8	4 (2.1%)	7	6 (1.8%)	8
Informing colleagues and the general public about the study results	22 (15.7%)	3	36 (18.8%)	2	58 (17.5%)	3
Implementation of new research findings into practice	20 (14.3%)	4	35 (18.2%)	3	55 (16.6%)	4
Total	140 (100%)		192 (100%)		332 (100%)	

Legend: f – Frequency, f (%) – Percentage, R – Rank (values in ascending order)/f - frekvenca, f (%) - odstotek, R - rang (vrednosti v naraščajočem vrstnem redu)

Completed questionnaires; option to choose multiple answers./ Izpolnjeni vprašalniki; možnost izbire več odgovorov.

Finally, the potential barriers preventing midwives and nurses from participating in research were examined in Table 3. The results showed that the biggest barrier to all types of research in both groups was the lack of research training (midwives 21.9%, R = 1; nurses 26.5%, R = 1). The second barrier identified in the study was the lack of

knowledge regarding research methodology obtained during their studies (midwives 17.2%, R = 2; nurses 22.9%, R = 2). Furthermore, 15.4% of midwives (R = 3) and 20% of nurses (R = 3) expressed that they do not have sufficient technical assistance. Other factors identified in the study was the perception among midwives (0.9%, R = 8) and nurses (1.6%, R = 8) that they do not attend enough events where they could present and discuss their own findings. There were statistically significant differences showing that midwives perceive greater barriers in performing research, including work organization ($\chi^2 = 28.145$, $g = 1$, $p = 0.042$), lack of management support ($\chi^2 = 30.674$, $g = 1$, $p = 0.031$), and lack of cooperation between faculties and other health institutions ($\chi^2 = 25.954$, $g = 1$, $p = 0.048$).

Table 3

Possible Barriers Preventing Midwives and Nurses from Doing Research/Možne ovire, ki babice in medicinske sestre odvrčajo od raziskovalnega dela

What are the potential barriers that prevent you from conducting participatory research?	Midwives*		Nurses*		Total	
	f, f (%)	R	f, f (%)	R	f, f (%)	R
Work organization	30 (12.9%)	6	13 (5.3%)	7	43 (9%)	6
Lack of management support	32 (13.7%)	5	14 (5.7%)	6	46 (9.6%)	5
Researching the practice and presentation of the findings is not evaluated with license credit points	8 (3.4%)	7	25 (10.2%)	4	33 (6.9%)	7
Lack of training for different research approaches that could help improve the working conditions	51 (21.9%)	1	65 (26.5%)	1	116 (24.3%)	1
Lack of conferences and professional education programs, where the research findings could be reported on a regular basis	2 (0.9%)	8	4 (1.6%)	8	6 (1.2%)	8
Lack of research cooperation between faculties and clinical health education institutions	34 (14.6%)	4	19 (7.8%)	5	53 (11.1%)	4
Lack of knowledge regarding the research methodology obtained during studies	40 (17.2%)	2	56 (22.9%)	2	96 (20.1%)	2
Lack of sufficient technical assistance	36 (15.4%)	3	49 (20%)	3	85 (17.8%)	3
Total	233 (100%)		245 (100%)		478 (100%)	

Legend: f – Frequency, f (%) – Percentage, R – Rank (values in ascending order)/f - frekvenca, f (%) - odstotek, R - rang (vrednosti v naraščajočem vrstnem redu)

*Completed questionnaires; option to choose multiple answers/*Izpolnjeni vprašalniki; možnost izbire več odgovorov.

It is evident from the results that the Slovenian midwives and nurses included in the survey do not have enough opportunities to conduct research. Therefore, future efforts should promote participatory research among these professionals.

4 Discussion

Even though there is an increased focus on research and health outcomes, science lags behind practice (Wallerstein et al., 2020). The results of the present study showed that more than half of the midwives and nurses included in the survey did not have any experience with research in their own professional fields. At the same time, there is a great deal of literature showing that the research experience of midwives and nurses is important for their further research and clinical work. In clinical practice, participatory research is a way to expand the reach of research through collaboration with women, but as it turns out it is underutilized in midwifery research (Buchanan et al., 2022). Some recent international studies have shown that research experience is important for midwives and nurses for their further active engagement in researching and for changing their own clinical practice (Ehde et al., 2013). Midwives and nurses that have such experience are often also qualified for a reflection and evaluation of their practice, as well as for the implementation of the evidence-based findings from other research into their own clinical settings (Ehde et al., 2013; Smith et al., 2008). In our study more than half of midwives (51.4%) and nurses (60.1%) clearly answered that they did not have any experience with research during their professional work. These findings should be considered when designing undergraduate and postgraduate study programs for future midwives and nurses, and when planning the cooperation of educational institutions with health professionals in clinical environments.

Midwives and other healthcare providers, who are aware of their obligation to practice evidence-based care, report difficulty implementing the latest evidence into everyday practice (Bayes et al., 2016; McVay et al., 2016; Oyelade et al., 2019). According to Hines (2016), a persistent preoccupation with identifying the barriers to EBP is there mostly because midwives and nurses persist in not applying research evidence in practice. There are several factors that hinder healthcare professionals' participation in and utilization of research, and their utilization of evidence-based practice: mostly lack of time at work, lack of knowledge, lack of funding, a poor attitude/perception towards research, and lack of research support services (Leão et al., 2013; Mallion and Brooke, 2016; Nkrumah, 2018; Oluwatosin, 2014). Our research indicated that most of the midwives were interested in participating in content planning (27.1%); 21.4% reported that they were interested in data collection; 15.7% would like to inform their colleagues and the general public about the study results; and 14.3% would like to implement the new research findings into practice. Among nurses, a large number wanted to join in the content planning of research (25.5%); 18.8% would like to inform their colleagues and the general public about the study results; 18.2% would like to implement the new research findings into their own clinical practice; and 17.7% would like to join in the process of data collection. The least desired phase of research among both groups was collaboration in the last stage of research; only 1.4% of midwives and 1.8% of nurses showed a willingness to prepare the study report. We can conclude that midwives and nurses need more knowledge and practice in basic research methodology.

The results also showed that the biggest barrier to all types of research in both groups was the lack of research training (midwives 21.9%, nurses 26.5%). The second barrier identified in the study was the lack of knowledge regarding research methodology obtained during their studies (midwives 17.2%, nurses 22.9%). Furthermore, 15.4% of midwives and 20% of nurses expressed that they do not have sufficient technical assistance. Other factors identified in the study was the perception among midwives (0.9%) and nurses (1.6%) that they do not attend enough events where they could present and discuss their own findings. According to the findings of the present study, a large proportion of midwives and nurses would like to join in the research process in the content planning phase. It is clear that midwives and nurses would like to cooperate in participatory research with other researchers. Regardless of their previous research experience, both midwives and nurses were willing to join in other phases of research, including informing their colleagues and the general public about the study results, implementing the new research findings into practice, and participating in data collection. There was a statistically significant difference in a greater willingness on the part of midwives compared to nurses to be included in the process of preparing the research instruments. This might be because of their awareness that Slovenian midwifery practice is not yet well-studied; few research articles have been published internationally regarding the Slovenian midwifery model. The least desirable phase of research was the process of writing the research report, which might be due to a lack of skill in interpreting the results and critically communicating the findings.

Participatory research is, according to several authors (Smith et al., 2008), a planned and systematic process in which every phase nearly comprises an individual survey. Due to its complex methodology, participatory research can be time-consuming, especially if the goal is to implement all of the findings into practice (Ehde et al., 2013; Bish et al., 2013; Thyer, 2006). Therefore, the fact that midwives and nurses do not want to write research reports is completely understandable. The solution might lie in research groups, in which the phases of research are divided and assigned to the individuals who find the phase appealing.

The midwives and nurses included in the survey reported several barriers to research in their own practice: (1) a lack of training in different types of research; (2) a lack of appropriate knowledge of research methodology gained during their studies; and (3) a lack of technical assistance. These are consistent with other research findings that showed the importance of personal engagement and competence for conducting effective research (Janssen et al., 2013; MacLeod Dyess et al., 2013; Moore et al., 2012; Nixon et al., 2013; Smith et al., 2008). Statistically significant differences between midwives and nurses were found for three factors: work organization, lack of management support, and lack of research cooperation between faculties and other health institutions. The results, especially in midwives, highlight the need for and the importance of intensive cooperation with employers that can facilitate research by creating research groups that help employees gain research experience. Another recommendation for practice is to include and implement research activities in undergraduate study programs. Moreover, the active involvement of midwives and nur-

ses in various interdisciplinary research groups during their studies would help improve their research abilities and empower them to engage in scientific arguments to change their practice (Skela Savič, 2008).

5 Conclusion

The paper focuses on the importance of participatory research to aid midwives and nurses in constantly improving their own practice. In this way, participatory research can facilitate the continuous professional development of midwives and nurses and allow them to practice in an evidence-based manner. A review of the literature (Janssen et al., 2013; Moore et al., 2012; Nixon et al., 2013; Reason and Bradbury, 2001; Smith et al., 2008) and the results of our study from the perspective of content structuring, research aims and methodological participatory research approach, lead us to conclude that almost all of the studies are based on participatory research. The background of this can be traced to segments of action or evaluation research, as well as research using the methods of deconstruction and redefinition of personal thinking and beliefs that direct the individual's professional operation on the basis of critical awareness and reflection processes. High-quality professional work, including participatory research, can only be ensured when it is derived directly from practice, from practitioners who, in addition to possessing appropriate research knowledge and behaviors, evaluate the health professional's practice and their role in it through participatory research and reflection. This is a precondition for the professional development of health professionals. There are several factors that hinder healthcare professionals' participation in and utilization of research, and the utilization of evidence-based practice. Mostly lack of time at work, lack of knowledge, lack of funding, a poor attitude towards research, and lack of research support services. A persistent preoccupation with identifying the barriers to EBP is there mostly because midwives and nurses persist in not applying research evidence in practice. The results, which cannot be generalized to the national population because the sample was not representative, which is also a limitation of our research, have demonstrated the existing situation regarding the beliefs of Slovenian midwives and nurses about participatory research. Appropriate knowledge and experiences can positively influence the nurses' and midwives' willingness to perform research; therefore, considering the barriers to research identified by study participants, study programs should incorporate additional knowledge and research skills. Future nurses and midwives in Slovenia need to be educated on the basic principles of the participatory and evidence-based research process (Skela Savič, 2008). Furthermore, these students should be actively involved in research activities. Collaboration with educational institutions, where members of the profession have more research experience, should be promoted through the educational process. Our non-representative research showed that the knowledge and competences gained during studies, such as the use and applicability of research in practice, and the conduct of research, impact self-confidence, cognitive functioning, and perceptions of evidence-based activity and participatory research. Overall, participatory research improves professionalism.

It is an important component of professional development in nursing and midwifery professions.

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Izkušnje in ovire pri participativnem raziskovanju na področju babištvu in zdravstvene nege

Načrtovanje in izvajanje raziskav ter uvajanje sprememb v klinično prakso lahko izboljša standarde zdravstvene nege in oskrbe babic. Participativne raziskave pridobivajo pozornost pri različnih raziskovalnih pristopih po vsem svetu. V različnih poklicih na področju babištvu in zdravstvene nege je več poudarka na izvajanju in optimizaciji klinične prakse, ob čemer je pri razvoju specifičnih znanj in spretnosti babic in medicinskih sester pogosto spregledana potreba po participativnem raziskovanju, ki je prav tako ena od njihovih poklicnih zavez. Da bi še naprej zagotavljali najboljšo možno oskrbo, obe poklicni skupini potrebujeta raziskovalce prakse, ki razmišljajo kritično in ustvarjalno ter v klinični praksi izvajajo raziskave in s tem ustvarjajo novo znanje in pomembne spremembe v praksi ter manjšajo razkorak med teorijo in prakso. Med raziskovalci lastne delovne prakse se vzpostavlja struktura sistema, ki teži k združevanju raziskovanja in delovne prakse v pomenu kritične strokovne refleksije o ciljih, nalogah in procesu strokovnega dela babice in medicinske sestre. To je tudi eden izmed argumentov, na podlagi katerega predpostavljamo, da je participativno raziskovanje raziskovalni pristop, s pomočjo katerega lahko spreminjamo in izboljšujemo obstoječo delovno prakso ter tako pripomoremo k dvigu kakovosti profesionalnega dela medicinskih sester in babic. Ocenjujemo, da je lahko eden izmed dejavnikov njihovega profesionalnega razvoja. Metodologija participativnega raziskovanja lastne prakse nam omogoča uporabo kombiniranih raziskovalnih metod, pristopov in tehnik zbiranja podatkov, katerih izbor poteka glede na poklicno področje dela babice in/ali medicinske sestre. Merilo uspešnosti raziskovanja lastne prakse je usmerjeno k spreminjanju in izboljševanju prakse, ki ima aplikativno vrednost. Raziskovanje in vrednotenje (lastne) prakse in dela, ki ga opravlja babica in medicinska sestra, babico oz. medicinsko sestro usmerja k vzpostavljanju na dokazih temelječe prakse. Visokokakovostno strokovno delo, ki vključuje tudi raziskovanje lastne prakse, je mogoče zagotoviti le, če izhaja neposredno iz prakse, od izvajalcev zdravstvenih storitev, ki so neposredno v stiku z uporabniki, uporabnicami in njihovimi otroki, ki poleg ustreznega raziskovalnega znanja in vedenja vrednotijo svojo lastno zdravstveno strokovno delo in svojo vlogo v njem. Slednje je tudi pomemben dejavnik za rast in strokovni razvoj zdravstvenih delavcev. Ob tem ne gre pozabiti na dejstvo, da so babice in medicinske sestre zavezane s kodeksom etike k stalnemu obnavljanju znanja, sledenju in upoštevanju na dokazih temelječe prakse in sodelovanju pri raziskovanju. Hkrati pa se je potrebno zavedati, da ne moremo pričakovati, da se bo vsaka medicinska sestra podala v raziskovanje. V Univerzitetnem kliničnem centru Ljubljana so prepoznali po-

men in potrebo po raziskovanju v babištvu in zdravstveni negi in so ustanovili Skupino za raziskovanje v zdravstveni in babiški negi. Namen skupine je med drugim zbiranje in obravnava prejetih prijav za izvedbo raziskav, vodenje raziskovalnega registra in vzdrževanje mreže raziskovalcev s področja babištva in zdravstvene nege.

Raziskava je osnovana z uporabo kvantitativnih deskriptivnih raziskovalnih metod empiričnega raziskovanja in je potekala od aprila 2017 do novembra 2021. Podatki so bili zbrani z anketnim vprašalnikom, ki temelji na naključnem vzorcu 228 babic in medicinskih sester. Od tega je bilo 72 (31,6 %) babic in 156 (68,4 %) medicinskih sester. Povprečna starost babic je bila 35,7 leta, medicinskih sester pa 37,2 leta. Vzorec naše raziskave je sicer premajhen, da bi lahko ugotovitve kakorkoli posploševali. Slednje je tudi omejitev naše raziskave. A ne glede na to so rezultati pokazali na določen trend oziroma obstoječe stanje v Sloveniji v zvezi s proučevano problematiko. Analiza podatkov je vključevala osnovno deskriptivno statistiko z izračuni frekvenc in odstotkov. Statistično pomembne razlike so bile preverjene z χ^2 -preizkusom. Namen naše raziskave je bil na osnovi ankete analizirati izkušnje in ugotoviti možne ovire za raziskovanje lastne prakse s strani babic in medicinskih sester ter kakšne so in kje jih vidijo. Raziskovalna vprašanja, ki smo si jih zastavili, so bila:

(1) Kakšne izkušnje imajo babice in medicinske sestre iz Slovenije z raziskovanjem klinične prakse?

(2) V kateri fazi raziskovalnega procesa bi najraje sodelovali?

(3) Katere so možne ovire za sodelovanje v raziskavah babištva in zdravstvene nege?

Rezultati raziskave so pokazali, da več kot polovica anketirancev (babic in medicinskih sester) ni imela izkušenj z raziskovanjem lastne prakse (tabela 1) (med babicami in medicinskimi sestrami pri tej spremenljivki nismo zasledili statistično značilnih razlik). Večina jih je izrazila zanimanje za fazo raziskovalnega dela, ki vključuje načrtovanje raziskovanja lastne prakse, najmanj želena faza raziskovalnega dela pa je po mnenju babic in medicinskih sester poročanje o zaključnih ugotovitvah raziskovalnega dela. Kar 21,4 % babic je poročalo, da jih zanima zbiranje podatkov. 15,7 % bi jih želelo o rezultatih študije seznaniti svoje sodelavce in širšo javnost, 14,3 % pa bi jih želelo nova spoznanja raziskave uporabiti v svoji delovni praksi. Med medicinskimi sestrami bi se jih največ, 25,5 %, želelo vključiti v vsebinsko načrtovanje raziskave, 18,8 % pa bi se jih v okviru raziskovalnega dela želelo vključiti v fazo, ko z rezultati študije obvestijo svoje sodelavce in širšo javnost. 18,2 % medicinskih sester bi si želelo sodelovati pri implementaciji raziskovalnih ugotovitev v lastno prakso. 17,7 % medicinskih sester bi se želelo vključiti v proces zbiranja podatkov. Najmanj zaželena faza raziskovanja med obema skupinama je bila priprava na sodelovanje v zadnji fazi raziskave; le 1,4 % babic in 1,8 % medicinskih sester je pokazalo pripravljenost za pripravo poročila o raziskovanju lastne prakse. Med babicami in medicinskimi sestrami se je pokazala statistično pomembna razlika: več babic kot medicinskih sester je izjavilo, da bi želele sodelovati pri pripravi raziskovalnega instrumenta za zbiranje podatkov ($\chi^2 = 37,448$, $g = 1$, $p = 0,041$) (tabela 2).

Največje ovire (tabela 3), o katerih so poročale medicinske sestre in babice pri raziskovanju lastne prakse, so bile: pomanjkanje usposabljanj (21,9 % babic in 26,5 % medicinskih sester), ki so vezana na področje raziskovanja lastne prakse, in pomanjkanje znanj o raziskovalni metodologiji (17,2 % babic in 20 % medicinskih sester). Poleg tega je 15,4 % babic in 20 % medicinskih sester izrazilo, da pri raziskovanju lastne prakse nimajo zagotovljene zadostne tehnične pomoči in podpore. Statistično značilne razlike so se pokazale pri naslednjih spremenljivkah: da babice zaznavajo več ovir pri izvajanju raziskav, organizacija dela v delovni organizaciji ($\chi^2 = 28,145$, $g = 1$, $p = 0,042$), pomanjkanje podpore vodstva ($\chi^2 = 30,674$, $g = 1$, $p = 0,031$) ter pomanjkanje sodelovanja med fakultetami in drugimi zdravstvenimi institucijami ($\chi^2 = 25,954$, $g = 1$, $p = 0,048$). Iz dobljenih podatkov (tabela 1, tabela 2 in tabela 3) je razvidno, da se slovenske babice in medicinske sestre, vključene v to raziskavo, srečujejo z določenimi izzivi in ovirami in nimajo dovolj možnosti za izvajanje raziskav. Naše ugotovitve izpostavljajo potrebo po ozaveščenosti in premostitvi ovir za izvajanje raziskovanja lastne prakse v kliničnem okolju, ki je potrebno za profesionalizacijo stroke, optimizacijo in na dokazih temelječo klinično prakso (ang. Evidence based practice) babic in medicinskih sester.

Rezultati poudarjajo pomen intenzivnega sodelovanja z delodajalci za lažje ustanavljanje raziskovalnih skupin, ki zaposlenim pomagajo pri pridobivanju in implementaciji raziskovalnih izkušenj, znanj in spretnosti neposredno v delovno okolje.

Obstaja več dejavnikov, ki ovirajo raziskovanje lastne prakse zdravstvenih delavcev in sodelovanje med njimi, kot so: pomanjkanje časa, pomanjkanje znanj in spretnosti za raziskovalno delo, pomanjkanje financiranja, slab odnos do raziskovanja in pomanjkanje podpornih storitev delodajalca. Skrb za identifikacijo ovir pri uvajanju praks, ki temeljijo na dokazih, je prisotna predvsem zato, ker babice in medicinske sestre vztrajajo pri neiskanju in neuvajanju na dokazih temelječih praks. Slednje pa spodbuja ravno participativno raziskovanje. Znanstveniki s področja babištva in zdravstvene nege pomembno prispevajo k trajnosti poklica, na posameznih babicah in medicinskih sestrah, strokovnih združenjih, regulatornih organih in financerjih pa je, da to pomembno dejavnost podprejo. Bodoče medicinske sestre in babice v Sloveniji je treba izobraževati o osnovnih načelih participativnega raziskovalnega procesa. Poleg tega bi morali biti ti že v času študija aktivno vključeni v raziskovalne dejavnosti. Tudi skozi izobraževalni proces je nujno spodbujati sodelovanje z različnimi ustanovami, ki ponujajo zdravstvene storitve in kjer ima tamkajšnja stroka že več raziskovalnih izkušenj.

Na podlagi pregleda obstoječe literature, rezultatov naše in tujih raziskav smo pokazali, da usposobljenost in izkušnje, ki jih imajo babice in medicinske sestre z raziskovalnim delom, vplivajo na njihovo kasnejšo pripravljenost za raziskovanje. Ob tem pa ne smemo pozabiti, da je za kakovost študija in strokovnega dela babic in medicinskih sester zelo pomemben sam prenos oziroma pretok strokovnih znanj med fakulteto, ki jih izobražuje, in delovnim okoljem. Menimo, da so izsledki pričujoče raziskave pomembni pri nadaljnjem razmisleku, kako urejati in posodabljati programe izobraževanja in nadaljnje usposabljanja babic in medicinskih sester. In še več, kako jih

pri raziskovalnem delu povezati z delovnimi organizacijami, ki babice in medicinske sestre zaposlujejo. S tem bi naredili pomemben korak k strokovnemu razvoju in napredku, saj tovrstno raziskovanje lastne prakse še ni razširjen standard dela v klinični praksi, kjer poklicno delujejo babice in medicinske sestre. Participativno raziskovanje je pomembno za nadaljnji strokovni razvoj na področju babištva in zdravstvene nege.

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