

Moving from institutional dependence to entrepreneurialism. Creating and funding a collaborative research and practice development position

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Aims of the paper. The paper describes the creation of, the rationale behind and the external funding of a collaborative research-clinical practice development position. The paper also demonstrates the benefits of nursing's collaboration with external funding bodies and the value of moving from our traditional position of assuming that 'the hospital' will always provide.

Background. There is a constant refrain that nursing must become more 'research-based' and develop an active research culture. In harsh financial times however, funding for research development is scarce. Nurses can respond to this by bemoaning the lack of money or by taking an entrepreneurial approach, creating innovative project proposals that develop new partnerships and attract external funding.

Discussion. Institutional support for clinical research is often more verbal than financial as most health care systems are experiencing extreme financial stringencies. Nurses need to reconsider the notion that every initiative must automatically be funded by the institution. In this paper we show how in a busy major hospital, clinicians and researchers collaborated to create and fund the kind of innovative research and practice development position that may be impossible to fund through existing budgets.

Conclusion. With creativity and determination, nurses can challenge the orthodoxy that they are solely dependent on institutional funding. If there is a clear project vision, a convincing rationale, a strongly argued 'business case' and a passionate and persistent team, then innovative new projects and positions can be realized.

Relevance to clinical practice. Developing clinical focused, practice based research is now a worldwide policy and practice imperative for nurses. Unfortunately, current levels of institutional funding are unlikely to support research promotion positions and initiatives. This paper outlines an approach to securing funding for research initiatives that can create exciting new positions and develop productive partnerships between researchers, clinicians and external agencies.

Key words: clinician–researcher, entrepreneurialism, external funding, funding proposal writing, practice development, research position

Introduction: developing clinical research in hard times

Nurses the world over work in a new era of ascendant managerialism, financial stringencies and shrinking resources that impact on even the most prestigious institutions (Weinberg 2003). When we identify a practice development possibility, educational innovation or potential research study, it cannot be assumed that the hospital or organization will automatically fund this on the basis that the proposal has merit. Numerous other worthy projects and services compete for ever-scarcer funding and hard choices must be made. Difficult times however call for different approaches and for nurses it may well be a significant revolution in thinking to consider other ways in which they can secure the funding support necessary to turn their project idea into a reality. Entrepreneurialism was never part of the current authors' nursing education or professional development but this situation may be changing gradually (see e.g. Ben-Zur *et al.* 1999).

This paper describes such a different approach in thinking that led to the planning, funding and creation of a unique clinical research and practice development position – the 'Bluey Day Paediatric Oncology Nursing Research Fellow' at Women's & Children's Hospital, Adelaide. In this paper we first outline the forces and factors that shaped our thinking about the need for such a position. We then discuss the importance of an entrepreneurial approach to seeking funding and also detail the process of preparing the project funding proposal. The central features of the fellowship are then explained and we conclude by discussing the implications of such an entrepreneurial and collaborative approach to clinical practice focused research development.

Genesis of the fellowship

Nurses have rarely lacked the ability to identify shortcomings in services and the provision of care. Nor have we lacked ideas for improving practice or for developing innovative programmes. Where we have been less successful is in our ability to move these ideas forward to the point of more

tangible outcomes such as publications, research grants and the creation of evidence-based practice change. Like so many good ideas the idea for this fellowship began with a simple conversation between colleagues. As a Nursing Unit Head, MD understood clearly the importance of practitioners developing the research skills and sensibilities that would enable them to question, evaluate and improve the everyday clinical practices of paediatric oncology nursing and was equally adamant that such research awareness and activity must develop in tandem with clinical presence and clinical experience. As a researcher PD fosters a collaborative research culture where practitioners themselves are enabled to identify important practice research questions and develop these to the point of successful research outcomes.

Creating a vibrant research culture in clinical practice

The importance of research and evidence at all levels in the provision of high quality health care is widely accepted. The recently published South Australian 'Research and Evaluation Framework & Social Research Agenda' has as a prime objective:

Promoting a research and evaluation culture among DHS policy makers, planners and practitioners (DHS 2003).

This drive towards creating a research and inquiry culture within clinical practice is international. The recent Australian 'Report on the Inquiry into Nursing' recommended that:

There should be a strong national commitment to nursing research to ensure best practice and improved health outcomes and that funding for nursing research should be increased (Commonwealth of Australia 2002, p. 109).

Nurses in the United Kingdom (UK) have also embraced the research dimension of the wider National Health Service modernization strategy. The recent Department of Health report, *Towards a Strategy for Nursing Research and Development: Proposals for Action* was clear in its analysis that there are far too few nurses and midwives with the

research awareness and training demanded in today's world of health care:

The two main barriers that prevent the nursing profession from contributing fully to the research and development agenda are capacity and capability (DOH 2000, p. 2).

Nursing has a laudable history of particular centres and individuals attempting to bridge the gap between clinical practice and research through the creation of a wide variety of joint appointments (Robinson 1999, Larrabee 2001, Salvoni 2001), nurse researcher positions (Reed & Procter 1995, Street 1995, Downie *et al.* 2001), faculty practice initiatives (Sawyer *et al.* 2000), practice development initiatives (Manley & McCormack 2003) and other schemes (see e.g. DOH 2000, SEHD 2002). However with the exception of endowed chairs in nursing (see e.g. Cogliano 1996, Fitzpatrick 2000, Fletcher 2002) the creation of such positions has usually depended on sufficient funding being made available from the institution's operating budget.

Initial deliberations clearly established our first priority which was that such a position should positively influence clinicians and clinical practice thus improving the quality of care for children and their families. The most valuable way forward seemed to be to create a new position that would have a specific focus on clinical-focused research and practice development. It was vital that this position would allow an experienced and enthusiastic clinician to develop their research skills and abilities while also enabling and encouraging them to remain credible, valued and visible members of the clinical team. They would be an enthusiastic, motivated, knowledgeable, useful and present source of research help and support for the Unit's nurses.

Research takes time however and if the fellow was to be able to initiate, conduct and disseminate research they needed specific time to do this. The most obvious solution was to enable the fellow to divide their time flexibly between the clinical oncology area and the Department of Nursing & Midwifery Research & Practice Development (DNMRPD). The question of course was how could we create such a position and secure funding support?

The impetus behind the fellowship

Several imperatives shaped our thinking about the need for such a new position.

The staff development and retention imperatives

The paediatric oncology service in South Australia is relatively small in comparison with interstate and interna-

tional facilities and is therefore vulnerable to the problems resulting from the loss of even small numbers of staff with significant experience and specialist qualifications. Experienced and well qualified paediatric oncology nurses are extremely valuable members of the clinical team and cannot be easily replaced. We were concerned specifically that experienced staff were returning from postgraduate study and into essentially their 'old roles'. The danger here was that these valuable nurses would either slip back into old ways of thinking and practicing or become increasingly frustrated at the lack of opportunity and challenge that would allow them to use their new skills and knowledge.

Nurses in the oncology unit faced the familiar dilemma that as they became more experienced, skilled and qualified there was little opportunity for them to use their new academic and advanced practice skills and abilities. If staff were not to feel that the only avenues for advancement were into management or education then there needed to be a clinically-based position that offered high level challenges and possibilities grounded in paediatric oncology clinical research and practice development that did not take the nurse away from direct patient care.

In the current health care climate where the shortage of specialist nurses is a worldwide issue a paediatric oncology unit such as ours must create a working environment that is challenging and rewarding both for new graduates and for the most experienced staff. If we do not provide our staff with a stimulating context of caring professional practice, challenges and career development opportunities, then they may take their experience, qualifications and expertise elsewhere. We believed that such a fellowship would send a distinctive message about our oncology unit and about the value that we place on innovation, research and practice development.

The research and practice development imperatives

No nurse could fail to miss the changes that have characterized the world of clinical practice in recent years. Clinicians now practice in a world that expects that they will, according to the mantras of the age, 'deliver excellence' as if this were akin to delivering pizza, practice 'evidence-based' care, undertake 'continuous quality improvement' and for good measure maintain a critical-reflective stance towards all of the aforementioned. Nurses are expected not only to be able to justify their practices but almost their very existence as clinicians. It is now almost inconceivable that a nurse could qualify, take up a clinical position and simply 'work away' for the next 30–40 years. These days are long gone and they will not return. Thompson has spelled out clearly the characteristics of the new world of practice:

It is about facilitating the development of a knowledge-based health service and encouraging an evaluative culture within it and ensuring that the benefits of research are systematically and effectively translated into practice (Thompson 2000, p. 39).

There was thus a clear practice improvement imperative that such a new position would help provide the leadership to enable clinicians in the unit to respond to these new research oriented demands of practice. It is an absolutely reasonable public expectation that families who use our services now should receive better care than was available for example 10 or 15 years ago. This is not because the care provided 10 years ago was bad but because our knowledge and skills related to caring for children with cancer and their families must surely have developed over this period and must surely develop even further in the next decade.

It was also imperative to create a different approach to promoting research to those that have been so spectacularly unsuccessful in the past. We suggest here that some approaches to nursing research have helped promote the theory-practice divide and have positioned research, at least perceptually for clinicians: as an essentially 'academic' activity; as something that happens in universities rather than in clinical areas; as something done by a distinct breed of intellectuals; as something done 'to' clinicians rather than 'by' them; and as something negative whose primary purpose is to critique (read 'criticise') practice and practitioners. Practitioners can scarcely be expected to embrace research and scholarship if the perception continues to be reinforced that their world of clinical practice is fundamentally a deficient state that requires the corrective application of external 'theory' like some kind of intellectual band-aid to give it credibility and respectability. Nor can they be too enamoured with a system that demands that they become ever more 'research-minded' while conveniently overlooking the need for them to be research-encouraged, research-timed, research-funded, research-trained and research-supported.

A major challenge was to create a research promotion and development position whose centre of gravity was in clinical practice; that was collaborative and cooperative; that clinicians would also feel was 'theirs' and that was attuned to their understanding of clinical priorities. This is not a perpetuation of the 'us and them' mentality that has debilitated both university and clinical worlds of nursing but it does propose that there may be a workable alternative to Bradshaw's view from the UK perspective that:

The source of nursing research has to be University departments because the NHS conducts little serious investigation into nursing (Bradshaw 2001).

This research and practice development impetus was crucially important. We appreciated that clinicians need stimuli and support not simply to critique and question practices, policies and standards but to then become involved in the kind of research driven practice that would improve services for the Unit's children and their families.

What constitutes the most effective strategies for enabling and promoting the integration of research into clinical practice is uncertain but we are much clearer as to what does not work (Bero *et al.* 1998). That is the largely 'passive dissemination' (Bero *et al.* 1998, p. 466) which imagines that research attitudes and clinical practices will improve if clinicians are simply inundated with educational materials, guidelines, journal articles and all of the other trappings of telling. For this and the other reasons discussed in this paper it was critical that the fellow's role was dynamic and interactive and that they were actively involved and working in tandem with clinicians and researchers in a wide variety of research, scholarship and practice development activities and initiatives.

Developing a proposal and business plan

We had no doubt that the idea to create a Paediatric Oncology Nursing Research Fellow position was sound and that such a position could make a significant positive impact on research and clinical practice within the unit. An idea is however only an idea and wishing for something does not constitute a realistic strategy. We needed a plan that would make the idea a reality.

Winning rather than expecting funding

We decided to seek external funding support for this position for several important reasons. The UK Department of Health report on nursing research and development highlighted that research capacity building is not solely the preserve of government health service provision (DOH 2000, p. 5). Our hospital like most throughout the world is not awash with money and cannot simply create and fund new positions regardless of how valuable these may seem. More importantly however we wanted to counter a prevalent perception in health services management that nurses are people who take money from the hospital rather than people who can bring money into the hospital. This former view seems unfair as nurses do not 'use' resources for their personal gain but rather to provide a service for patients and clients. Nevertheless it is often remarked that nurses are 'the largest item in the hospital budget'. We were determined to challenge this perception that nursing is fundamentally a 'cost' or 'drain' by

showing that nurses could also bring resources into the hospital. This is *not* and we stress this, a claim that nurses should be responsible for funding an entire health service but only to suggest that 'the hospital must pay for this' may not be a particularly fruitful default position to adopt in relation to every idea. A further consideration here was that by securing the funding for this fellowship from external sources we could keep the funding for the position emphatically separate from the oncology unit's overall operating and staffing budget and thus we could protect the vital supernumerary and distinct status of the new fellow's position.

Ensuring broad support for the fellowship

It was important that the proposed new fellowship had broad support from within the oncology unit and the hospital. Discussions were held at unit level with nursing, medical and allied health colleagues and the respective nurse managers were regularly informed of our plans. A small Project Development Team was created in order to write a more formal business proposal describing the fellowship and the funding required. This team involved oncology unit nurses, the medical head from the paediatric oncology unit (who was a key 'champion' of the project) and staff from the DNMRPD.

Early in our planning we approached a charitable trust for funding support. Such a strategy required advice and help from someone with specific knowledge of fundraising and expertise in preparing proposals to submit to such organizations. The fundraising department at our hospital were keen to help and their specific advice and guidance in preparing the funding proposal was invaluable. It was also strategically important to work with the fundraising department as they had the global view of the hospital's fundraising programme and were able to advise on who should and should not be approached.

We approached the Bluey Day organization to ask them to support this new fellowship. Bluey Day is an organization of emergency services staff – police, fire and ambulance crews – who raise funds to support children with cancer and their families mostly through a national sponsored 'head shave' (details of Bluey Day activities can be found at <http://www.blueyday.com.au/>).

Writing the proposal

Writing such a proposal was different from other kinds of proposals that we had written. This was not a research grant although research was a central feature, nor was it a position description although a new position was being proposed. It was essentially a 'sales pitch' where we had to convince a charitable trust in a few pages that we had an idea so

interesting, valuable and closely aligned with their aims and vision that they would be prepared to invest many thousands of dollars of hard-earned money into it. The proposal document had to be informative and succinct, preferably no longer than four pages and had to interest this organization enough for them to ask us to provide more details and/or to meet them to discuss the proposal further.

The proposal document was set out using the following headings:

- Background: The problem of attracting and retaining specialist paediatric oncology nurses.
- The advantages and benefits of the position for all stakeholders.
- Our expectations of the position.
- Funding requirements for the position.
- Support and monitoring of the position.

Background section

This section stated the recruitment, retention and clinical practice development impetus and arguments for the proposed position called: The 'Bluey Day Paediatric Oncology Nursing Research Fellowship'. The nature of the position was outlined stressing the attractiveness of the position to Bluey Day and the opportunities it offered to improve the care of children with cancer and their families by bridging the gap between research and practice.

The advantages and benefits of the position

This was possibly the most important section. The advantages of this position were clearly detailed for clinical practice, for children with cancer and their families and also for the sponsoring organization – 'Bluey Day'.

Our expectations of the fellow

We set out our performance expectations of the new fellow as a brief description of the key performance indicators that would be used in assessing the successful outcomes to be achieved.

Funding requirements for the position

Our request for funding was based on a Level II Registered Nurse salary plus on costs for a period of 3 years. We proposed that the position be reviewed after 3 years with the possibility of renewing the fellowship if the fellowship outcomes had been achieved. A modest annual goods and services research budget for the new fellow was also requested.

Support and monitoring of the position

This section outlined how the new fellow would obtain clinical and organizational support through the oncology department

and research and scholarship support through the hospital's university-affiliated nursing and midwifery research department. Lines of accountability and strategies for monitoring and evaluating the progress of the position were also outlined.

We concluded by summarizing the innovative and mutually beneficial aspects of the proposed fellowship, reiterating our enthusiasm for the proposal and indicating our willingness to discuss this or to provide any further details.

The Bluey Day paediatric oncology nursing research fellowship: progress to date

Subsequent to discussions of the details with Bluey Day they were keen to support the creation of Australia's first Bluey Day Paediatric Oncology Nursing Research Fellowship and offered funding support for the three years requested in the proposal. Following a selection process, Susan Dyer was appointed to the first Fellowship position in May 2002.

For research to be successfully generated from and integrated within practice, clinicians need to feel 'ownership' of research that is 'relevant' to the clinical issues, questions, research approaches and strategies for practice change that may arise from the research process (Street 1995, Soanes *et al.* 2001). They are the ones who will be most directly responsible for the implementation of research-based change in practice. For clinicians to feel that the Bluey Day Fellow position was 'theirs' and was responsive to their research and clinical development needs it was necessary to clarify the most pressing clinical issues within the oncology unit that could become potential research questions. Considering the multidisciplinary and collaborative culture of the unit, it was important to include all team members in identifying research priorities even though the prime focus of the Fellow's role is nursing. The most appropriate way to ascertain the research priority views of all of the unit's stakeholders, including all staff, children and parents was to use the Delphi technique. The Delphi is a survey technique which has been used extensively to prioritize nursing research in many specialities (Goodman 1987, Duffield 1989, Hinds *et al.* 1990, Beretta 1996, Monterosso 2001, Soanes *et al.* 2001) and does this by structuring group opinion and discussion to achieve a group consensus (Goodman 1987) in a confidential and equitable manner. Completion of the Delphi survey resulted in the creation of a research plan which provided a prioritised structure and direction enabling the goals of the Fellowship to be addressed.

Organizational cultures do not change overnight, so several interpersonal and organizational strategies and approaches were necessary. An early decision made was to work initially

with those clinicians who were interested and enthusiastic about research but who felt that they needed help and support to develop this general interest into specific research skills and projects. Clinicians therefore indicated their interest in working on the various projects and were 'selected' on the basis of enthusiasm and interest. The Bluey Day Fellow works with the clinicians to assess and identify their research skills and knowledge and to support, guide and help at whatever level is necessary. This means 'walking alongside' the clinician through all of the steps and stages of the research cycle and using the various resources of the DNMRPD to enable this.

Nagy *et al.* (2001) state that where there are clinical problems that have little or no research evidence, these need to be documented and disseminated as research priorities. From the Delphi survey it was highlighted that the nursing care and management of enteral feeding within the unit needed immediate investigation. Practice inconsistencies in this area were identified and existing standards offered relatively poor guidance as their research basis was unclear. In our unit enteral feeding is the first choice for nutritional support when gut function and integrity is poor; this practice development was therefore a priority. An enthusiastic and experienced clinician was keen to be involved in this project and although she had minimal research experience she was eager to participate and learn. This project aimed to develop an evidence-based multi-disciplinary protocol within the paediatric oncology unit to improve the management and consistency of enteral feeding practice. With the support of the Bluey Day Fellow the clinician identified the clinical issue, developed an appropriate research question and study plan and actively participated in this research process. The end result is that the clinician has successfully co-ordinated a multi-disciplinary team to review the literature, piloted an enteral feeding algorithm, and has presented the project at an international conference. The project is currently being written for journal publication.

The outcomes from the Bluey Day Fellow role have so far been positive. A series of interdisciplinary projects have been commenced and are in progress, two oral papers and three posters at international conferences have been presented one national study tour scholarship has been awarded and one competitive research grant has been won. The Fellow has also co-authored one published paper (Dyer *et al.* 2004). These are the more tangible outcomes of the role but of course the Bluey Day Fellow is also actively involved in many of the 'everyday' and no less important activities of the Unit, such as the paediatric journal club, morbidity and mortality presentations and various clinical support activities.

The Bluey Day Fellow role is not a simplistic solution to a complex issue. There are many problems and challenges that still exist and need to be overcome. Some of these challenges include engaging and enthusing clinicians who do not currently value research or feel they are 'too busy' to participate. We also struggle with questions of how to 'spread' a single, 'shared' person across an entire Unit. How many projects is it reasonable for one Fellow to be involved in? How can research and project time be balanced with clinical needs? What are the most valuable and meaningful 'outcomes' of clinical-based projects?

We believe that the role has been successful with nurses and their colleagues in other disciplines who appreciate the value of the Fellow position in relation to the improvement of nursing care within the unit. The key to maintaining success is to ensure that tangible outcomes continue to be produced and disseminated in the clinical area. The role will only be successful if clinicians can see and experience the benefits of research and evidence based health care throughout their practice. Further evaluation papers will be published as the role progresses, examining the outcomes and achievements of the Fellowship in relation to its agreed performance indicators.

Concluding discussion

Jarvis (2000) has suggested that, 'A new breed of practitioner has arisen and perhaps it will soon be a new occupation: the practitioner-researcher' (Jarvis 2000, p. 30) (see also the related commentaries Burnard 2000, Draper 2000, Thompson 2000, Yerrell 2000). We suspect that most nurses and midwives wish this rather than believe it for as the UK report on Nursing Research & Development, for example, noted:

Opportunities for experienced nurses to undertake research training are poor and workload pressures, lack of protected time and resources discourage potential researcher development (DOH 2000, p. 4).

The recent *Scottish Strategy for Research and Development in Nursing and Midwifery* was similarly emphatic in its critique of the lack of such positions and opportunities, stating that:

to be in a position to maximize capacity, nursing and midwifery need to develop clinical/academic career pathway models which define leadership roles and map training routes for novice researchers. *This is the key platform for the future development of nursing and midwifery research in Scotland* (SEHD 2002, emphasis in original, p. 23).

Such concerns apply with equal force to Australian nursing and midwifery clinical practice research. In a recent review of Australian nursing research outputs Borbasi *et al.* (2002)

found that nursing research was often 'inwardly focused' (p. 494), that publication rates had 'not increased over the 6-year period of the review' (p. 496) and that most research was being conducted 'with seemingly no funding' (p. 496).

The problems and possibilities inherent in the nexus of research, scholarship, everyday clinical practice and practice development are as complex as they are long-standing. It would be both foolish and presumptuous to claim that this particular attempt to break down barriers between research and practice and academic and clinical nursing was a universal template or model that would suit every situation and solve every problem. We do contend however that this entrepreneurial approach is promising and worth pursuing. Indeed Bluey Day and other hospitals in Australia are exploring the establishment of similar initiatives. The Bluey Day Fellowship creates a professional development opportunity for the 'practitioner-researcher' that overcomes many of the regularly identified shortcomings and barriers to creating a meaningful research culture in clinical practice. While this is not yet part of any established career structure it does present enthusiastic and motivated clinicians with a career challenge that enables them to maintain their valued links with clinical practice while simultaneously developing a range of new skills and abilities in research, project management, leadership, clinical education and practice development.

As the funding for the fellowship is for three years we are of course concerned about the sustainability of this initiative. We do not expect a 'blank cheque' approach to funding but we also appreciate that three years is a very short time in the world of creating research cultures in practice. There are several options that could be pursued when we approach the end of this particular fellowship. We could invite Bluey Day to continue their support for this initiative for a further agreed period provided that the fellowship has achieved its agreed outcomes to the satisfaction of the key stakeholders. If Bluey Day were unable to support a continuation of the fellowship we could also approach a different potential funding body or we could approach the hospital and the Department of Health who may be keen to support such a practice development initiative that has proven its worth and that has clear applicability across a range of clinical areas.

It is now more a universal response than a 'finding' in every study of 'barriers to research' that clinicians will nominate the triptych of despondency – they have neither the time, the funding nor the knowledge to become involved in research. The Bluey Day Fellowship is a tangible, collaborative and constructive response to these genuine concerns. This fellowship brings clinical practice focused research to life for clinicians who now have one of their most experienced colleagues as a resource, a motivator, a role model, a 'live

link' to other researchers and networks and a research and practice development champion. We believe that this fellowship is making a difference and gradually but definitely creating a healthy research culture among the paediatric oncology nursing team.

We suggest that this fellowship approach to funding and supporting a clinical research initiative need not be limited to paediatric oncology. To anticipate a possible criticism here we do accept that paediatric oncology may attract more voluntary and charity monies than other areas of care. This does *not* mean however that there are no potential funding and partnership opportunities available in other areas. There are numerous charitable and support organizations whose express mission and purpose is to help improve care, services and awareness regarding their particular health problem or client group. Many nurses have the imagination, vision, networks, colleagues, passion and tenacity to create the clinical research culture that values and improves both research and practice and so we see no compelling reason why there could not be similar fellowships established in many other clinical/specialist areas.

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Contributions

Each author, PD, MD, CC & SD has taken an active role in either the genesis and/or ongoing development of the Bluey Day Fellowship and manuscript preparation: PD, MD, CC, SD.

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