

Knowing and doing: symbiosis between practitioner and researcher

The International Confederation of Midwives (ICM) Congress in Brisbane brings together midwives from across the world to share the 'experience of being a midwife'. Every midwife who attends will have knowledge of, and perhaps experience of, doing and using research. In theory, midwives believe in the symbiotic relationship between research and practice yet in reality, the two appear to be operating parallel to one another. Evidence of this can be seen from the use of titles such as 'research and development' and established forums for 'active researchers' or 'practice development midwives'. Categorisation and the need for classification may be necessary, but there comes a point when separating the two may not be beneficial to midwives or women.

Let us consider the unique and cyclical relationship between research and practice and how they dovetail together to promote better midwifery care. In order to deliver the best care, we need to 'know' what is best. To 'know' we must ask questions that are meaningful and answerable. The research conducted must be rigorous and its application to clinical practice evident. However, dissemination of findings requires symbiosis between research and practice. For this to happen, we need to have midwives who are clinical researchers.

In the UK, consultant midwives are actively engaged in disseminating research findings and in many instances conducting clinical research. However, midwives who wish to specialise in clinical midwifery research have no career pathway and subsequently many research midwives end up working as research assistants in medical trials or applying for doctoral funding in studies that are not midwifery based. The lucky few secure funding to undertake midwifery research and leave the

clinical setting for the university sector. Most student fellowships require the practitioner to leave clinical practice and undertake full-time university education for a three-year period. This 'extraction' from clinical practice sends out a strong message about the balance between knowing and doing and fragments the symbiotic relationship between research and practice.

'Choice' is a very common word and it is used every day in midwifery practice, yet midwives themselves have limited choice when it comes to making a decision to choose a clinical research pathway. Joint appointments between universities and Trust hospitals seemed to be ideal but in reality they have been problematic, fraught with difficulty mainly caused by serving two masters at one time.

Bridging the gap between research and practice is possible with the development of appropriately funded infrastructure to educate, support and develop practitioners. Midwifery needs its clinical and academic researchers to offer a combined and independent contribution to knowledge and practice. Modern healthcare systems appear to value the administration and management contribution more than research. This is evident by the well-defined management structure at every level of service delivery. A comparable structure needs to be established to provide the necessary structure to support midwife researchers in their clinical practice.

Too much emphasis on the components instead of the whole of midwifery can be detrimental and lead to marginalisation and territorialism: academics in 'ivory towers' and clinicians 'navel gazing'.

Marlene Sinclair
Editor

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