

# How to embed a culture of research and innovation in routine clinical practice. Inspiring and enabling increased research activity across psychological services in NHS Lanarkshire

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*The importance and value of Clinical Psychologists being research-active – the why – have become a truism. The barriers are well-known. Conducting research is typically, and understandably, deprioritised in day-to-day NHS and private practice in favour of clinical duties. Relatively little attention has been given to how to promote greater staff research activity. Culture change is neither simple nor easy: embedding a research culture in routine clinical practice is a complex, long-term goal. This article discusses how we are attempting to cause a step-change in staff enthusiasm, confidence, and competence to conduct mental health research in one Health Board in Scotland. I outline how we have attempted to establish the conditions for staff to consistently add conducting research to the varied duties and responsibilities that they engage in each week. Rather than focusing exclusively on Clinical Psychologists, efforts to promote greater research activity have been pursued equally across the entire Psychological Services workforce irrespective of profession or position. We believe that our workforce becoming more research-active and explicitly focused on innovation will be stimulating and rewarding for individual staff members – contributing to joy at work – and beneficial for the services we work in. The progress that has been made to date would not have been possible without funded research-focused time and explicit support from the Chief Executive of NHS Lanarkshire and the Director of Psychological Services.*

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**T**HE importance and value of Clinical Psychologists being research-active has become a truism. Numerous articles have been written about embedding a research culture in clinical practice, including two Special Issues of *Clinical Psychology Forum* (Numbers 241, 366). The barriers to Clinical (e.g. see Eke et al., 2012; Smith & Thew, 2017) and Counselling (Gordon & Hanley, 2013; Henton, 2020) Psychologists conducting research within everyday qualified clinical practice have been identified (consistently). Despite research competencies and activities being recognised as important responsibilities in the job descriptions of qualified Clinical and Counselling Psychologists, our prevailing scientist-practitioner ethos (Long & Hollin, 1997; Shapiro, 2002), and doctoral-level training, the modal number of publications amongst Clinical Psychologists is zero (see Eke et al., 2012), and conducting research is typically – and understandably – deprioritised in day-to-day clinical practice, both in the NHS, and in private practice (Persons, 2023). If we do not maintain our research credentials and contribute to the scientific literature, the evidence-base will be dictated by other disciplines (Kazdin, 2008), potentially challenging the credibility of the profession.

The reasons for increasing research activity amongst Clinical Psychologists – the why – have been repeatedly discussed – and lamented. Much less attention, however, has been given to how to achieve this complex, ambitious goal, and to promoting a culture of research and innovation amongst all the different professionals who work in Psychological Services. This article discusses how we are attempting to cause a step-change in enthusiasm, confidence, and competence to conduct mental health research across the entire Psychological Services workforce (~400 staff members) in one Health Board in Scotland.

### **Impetus**

In 2022, the Heads of Psychological Services in Scotland agreed to explicitly promote

increased research activity in their respective Health Boards. A Research Lead was subsequently appointed in each Board; around half the Boards funded 1-2 days per week dedicated research time. In NHS Lanarkshire, a 2-day per week 1-year Consultant Clinical Psychologist Research Lead post was created in March 2023; this post was made permanent in March, 2024. Alongside the inception of this post, and in recognition and support of collaboration, the University of Glasgow made the Research Lead an Honorary Senior Clinical Lecturer. A full-time Research Assistant Psychologist was also funded for 1-year by NHS Lanarkshire to (a) conduct research to address the National CAMHS specification (see the article by Lord et al. in this issue), and (b) support the Research Lead.

### **Promoting a research culture**

Culture change is neither simple nor easy (see Hamedani et al., 2023). There are useful and less useful ways to influence people and systems. The approach we have taken in Lanarkshire has been to promote a positive, encouraging, inclusive culture of psychological safety and a ‘can do’ and ‘willing to try’ attitude. We believe that inspiring and enabling our workforce to become more research-active is stimulating and rewarding for individual staff members, contributing to joy at work, and beneficial for the mental health services we work in:

- Improving the quality and efficiency of services
- Adding to the diversity of each staff member’s working week
- Contributing to staff job satisfaction, well-being, perceptions of being valued, and retention
- Enhancing staff curiosity and enthusiasm in clinical work
- Contributing to CPD (e.g. by learning new research skills and knowledge, gaining new experience, and improved knowledge and competence in the area under investigation)

- Raising the profile of staff members (e.g. providing opportunities for presentation/poster at conferences and contact with networks outside of everyday work)
- Supporting career progression (e.g. providing opportunities for leadership, project development, additional professional relationships, and working at a national level)
- Contributing to the evidence-base to influence research, clinical practice, and policy (publishing research makes the work open to critical examination and accessible to parties who could benefit).

We have adopted a broad, inclusive view of research activity, including audits, service evaluations, professional magazine and newsletter articles, peer-reviewed journal articles, book chapters, posters, and conference presentations[1]. Rather than focusing exclusively on Clinical Psychologists, efforts to promote increased research activity have been pursued equally across the entire Psychological Services workforce (~400 staff members) irrespective of profession or position. Acknowledging that research which supports service developments and innovations often needs to be prioritised, research on any topic, in relation to any population, is encouraged. The research conducted can be staff-led, trainee-led (co-supervising research conducted as part of professional training), or academic-led (e.g. bringing clinical knowledge to collaborations with academics on unfunded clinical research; having clinical time funded to work as Principal Investigator on a clinical trial evaluating a new psychological intervention).

Staff are encouraged to conduct research to contribute to psychological science (e.g. through peer-reviewed journal articles) and/or for an internal purpose (e.g. using quantitative and/or qualitative data to promote the feasibility and value of psychology staff and services to make a case for new or additional service funding). Staff are encouraged

to conduct research to address clinical questions and issues that they find interesting and/or challenging in order to make the services we work in more efficient and effective. This includes sharing and promoting best practice and new clinical innovations, techniques, or service delivery models (e.g. via service evaluations, case reports, best practice guides); evidencing the value of disseminating psychological ways of thinking to teams via clinical supervision, consultation, teaching, or training; improving access to evidence-based psychological interventions or ensuring the evidence-base reflects what is required in everyday clinical practice (Richardson, 2014); testing new approaches and interventions and what works for whom and under what circumstances so that we can better personalise interventions; tackling issues of inequality, diversity, inclusion, and stigma; and critiquing how mental health problems are conceptualised (e.g. diagnosis, formulation). Multidisciplinary collaborations are encouraged in order to learn from one-another and evidence the value of psychological ways of thinking and working. Pan-Scotland collaborations are also encouraged to increase scalability and connections and make valuable use of routinely collected outcome data (see Persons et al., 2023).

We acknowledge that some staff may not want to conduct research and/or may not be able to conduct research at present, that there can be important barriers to clinicians conducting research, and that research – quite rightly – must constitute only a small part of how we as clinicians spend our working weeks. We do not want research efforts to be tokenistic or squeezed in alongside existing duties; this is not a sustainable approach to behaviour change or successfully achieving complex tasks. Staff are invited to get excited about research and supported to increase their research enthusiasm, confidence, and competence.

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[1]Quality Improvement (QI) projects have a slightly different focus and approach to research and are supported by the Lanarkshire QI structures and provision.

### **Protected time**

Not having enough time is commonly identified as a barrier to clinicians conducting research. Our Core Psychology Team committed to support staff to dedicate specific time to research: individual commitment by motivated members of staff can be formally recognised and supported by line managers and supervisors in Job Plans and Personal Development Plans. The exact research time commitment is openly discussed with line managers and monitored, and depends on the nature of the project(s) being completed and the staff member's research role.

In addition to this foundation, we have attempted to foster a culture of learning and psychological safety in relation to research by adopting the following four principles:

### **Applying how we approach clinical work to research**

Similar to learning and becoming proficient in a new therapeutic model or moving to work in a different specialist area, conducting research is acknowledged to be a specialism in its own right that requires learning new skills and knowledge. The approach taken to promoting increased research activity parallels the approach we take to developing and maintaining clinical skills and knowledge – a model which we all know and which works well – where supervision is valued and required, and skills and knowledge are seen as residing on a continuum and recognised (and normalised) to become dormant or 'rusty' with less practise. Paralleling the approaches recommended for clinical supervision and leadership, it is understandable and acceptable to not know, to ask questions, to need guidance and support, and to find new experiences challenging and at times uncomfortable. Efforts are made to demystify research and make it seem achievable. Interest, enthusiasm, a willingness to learn, and the desire to persevere are encouraged and prized as the key character attributes needed to conduct research alongside other clinical duties. Through this approach, we hope that conducting research

becomes an upward spiral of motivation, competence, confidence, outputs, and positive feedback – with increased research activity leading to increased positive feedback and motivation, a sense of pride and excitement, and increasing access to funding that enables further protected research time and research resources.

### **Learning for a project**

Rote learning knowledge (e.g. research methodologies, statistical analysis techniques, computer packages), only a small amount of which is likely to actually be used, is time-consuming and can seem abstract and distant from meaningful personal and professional goals. Instead, we advocate a model of learning for a project, wherein specific research skills, knowledge, and experience are acquired in order to complete a specific research project. This model seems most likely to be engaging and accessible to staff and the best way to make efficient and rewarding use of limited professional time

### **Team-working**

Research is most likely to be produced through relationships and collaboration, with guidance and supervision from colleagues and academics who have more research experience, skill, and knowledge. Several heads are better than one; help maintain momentum and motivation; reduce isolation; support upskilling of the research team; and help share the workload to achieve complex, impactful, multi-faceted projects. The following model is advocated: identifying individuals within and outside of the Board who have relevant skills, knowledge and experience; planning what each person will contribute to a project so that every team member can make a valuable contribution; and working together to design and deliver a research project for mutual benefit.

Critically, this approach means that it may not be necessary to collect data, have access to data or statistical analysis programs, apply for ethical approval, or learn or conduct statistical analyses, because datasets can be found and

collaborators can be sought out and engaged to conduct statistical analyses or manuscript writing.

### **Borrowing from academia**

For research projects to be successful and sustainable, psychological services staff, managers, and academic collaborators all need to perceive that projects are feasible so that time spent on research is worthwhile and produces tangible outputs. Staff are supported to carefully plan research projects; doing so makes the process clearer and less stressful and ensures that everyone's time is well spent. Research projects are planned via a research proposal and reviewed, copying the tried and tested model used in academia. The Research Proposal form serves as a tool to help refine and iterate project ideas; plan feasible, high-quality research; facilitate conversations between research team members; get all research team members on the same page; and ensure appropriate governance of staff research time.

### **Steps taken so far**

A brief summary of the steps we have taken to inspire and enable increased staff research activity is now provided.

### **Research infrastructure**

■ Symbiotic strategic partnerships: Lanarkshire Psychological Services have long-established, mutually beneficial collaborative relationships with Scottish Universities. Psychological Services staff have honorary academic positions in several Scottish Universities and several academics have honorary clinical contracts in NHS Lanarkshire. Psychological Services staff contribute to the development, delivery, evaluation, and educational governance of various PgCert/PgDip, MSc, and doctorate programmes across several Scottish Universities, and formal clinical placements are provided to over 40 clinical, counselling, MSc, and Enhanced Psychological Practice trainees each year. Psychological Services

staff collaborate with University colleagues to conduct research, supervise trainee research, and facilitate local academics to conduct trials evaluating psychological therapies.

■ Commitment from the top: The efforts made to inspire and enable increased staff research activity over the past 1.5 years in particular would not have been possible without funded Research Lead and Research Assistant Psychologist posts, and explicit support from the Chief Executive of NHS Lanarkshire, the Director of Psychological Services, and the Psychology Professional Leadership Team. The Director of Psychological Services has consistently promoted the importance of staff conducting research, both within the Health Board and to the Scottish Government, emphasising that doing so embraces the Adult Psychological Therapy Specification's focus on quality outcomes. Supporting staff to fully engage in research through recognition in Job Plans drives and sustains the quality of our clinical services, attracts staff to work in our services, contributes to staff wellbeing, and ensures that we retain staff.

■ Scoping and embedding at a local and national level: Before efforts were made to influence, different internal and external stakeholders (including Research Leads from other Boards, NHS Lanarkshire professionals, wider networks and academics) were consulted to understand the context, adopt effective existing approaches, and refine ideas and plans for how to make the Research Lead's efforts as feasible and impactful as possible. Additionally, the Research Lead was recently successful in applying to become the West Node Lead for the NRS Mental Health Network (see <https://tinyurl.com/yx8n6zbd>). The role offers an important opportunity to influence clinician research activity across Scotland and to further expand national-level contacts, networks, and opportunities, mutually benefiting the Network and NHS Lanarkshire.

- **Psychological Services Research Strategy:** A Research Strategy was written to provide an explicit, shared vision for inspiring and enabling busy clinicians to consistently add conducting research to the varied duties and responsibilities that they engage in each week. The Strategy attempts to be informative, engaging, motivating, and hopeful. Three Key Performance Indicators were set: (1) increased publication of completed research projects, (2) increased number of research projects supervised, (3) increased number of research projects conducted.
- **Being seen:** Sustained efforts were made to publicise the Research Lead role across Lanarkshire Psychological Services, sell the value of clinicians conducting research, and recruit interest and support from both the senior leadership team (top-down) and all staff (bottom-up).
- **Psychology Research Group (PRG):** A PRG was formed to support the implementation of the Research Strategy. It provides governance and accountability, guiding the Research Lead's efforts, reviewing research resources created by the Lead and Research Assistant Psychologist, and helps embed a research culture amongst staff. Membership of the PRG is voluntary and members may or may not conduct research. Members have varying research skills, knowledge, and experience, with representation from different specialities, geographical areas, and job roles.
- **Acting as Sponsor:** Prior to the past year, Lanarkshire's Research and Development (R&D) department had not acted as Sponsor for staff-led research projects requiring NHS ethical approval; instead, Universities and other Health Boards had done so. Catalysed by a feasibility study being conducted in Psychological Services, and in collaboration with the Psychological Services Research Lead, Governance Lead and Director, R&D developed systems and procedures to ensure robust, consistent,

and appropriate governance for research projects conducted by staff which require NHS ethical approval. This innovation paves the way for future research projects conducted by any professional in the Health Board.

### ***Research resources***

A range of research resources and information have been created to support research from start to publication. These are accessible to all Psychological Services staff and focus on the pragmatics of conducting research, anticipating that academic collaborators will supply research methodology and statistical advice.

- **Research proposal form:** A tool to plan and iterate research projects and facilitate open conversations between research team members, similar to a supervision contract. Discussed further above.
- **Table summarising different research methodologies:** This document defines and describes different research designs/methodologies because knowing what is possible is a fundamental starting point for planning and conducting feasible research. Some research designs do not of course require ethical approval and do not involve data collection. This document is accompanied by how-to/best practice guides for conducting each methodology, where they exist, and published articles that used each methodology to make abstract concepts and ideas tangible.
- **Research governance and ethics processes for psychological services staff:** This document discusses when ethical approval is needed and the internal and external processes and details involved in applying for University and NHS ethical approval, with example completed forms to serve as exemplars.
- **Guidelines and information on publishing research:** What authorship is and involves; guidelines on publishing previously conducted research (e.g. research conducted during professional training or

research conducted for an internal Lanarkshire purpose); example documents to use during the publication process.

- **Funding information:** Describes what research funding is and what is involved in applying for funding, and signposts to relevant funding schemes.
- **FAQs:** For example, guidance on evaluating staff training and interventions for staff; supervising research; evaluating the effectiveness of groups; (re)formulating clinical problems or questions as research questions; using existing, secondary data(sets); patient and public involvement; using routinely collected outcome measure data; recruitment; decolonising research; Open Science; gaining consent from under 16s.

### ***Ongoing efforts to inspire and support research activity***

- **Research Spotlight newsletter:** Periodically circulated to all staff: aims to inspire and enable staff research activity and dispel myths, making conducting research seem doable even for busy clinicians. Highlights research resources and information, research opportunities, and staff research successes, and makes the Research Lead visible and accessible.
- **Monthly research clinics:** An informal, no pressure opportunity for staff other than trainees to brainstorm and plan next steps for research projects. 20-minute slots are offered; any actions planned can be supported by the Research Lead beyond the research clinic. Attendees are welcome to attend repeatedly. Attendance is ad-hoc as people attend when needed.
- **Ad-hoc email enquiries and consultations with the Research Lead.**

### ***2024 research conference***

- **Evidence-based psychological care for all research conference:** A collaborative event between NHS Lanarkshire and the University of Glasgow, which aimed to (i) inspire multidisciplinary professionals working across NHS Lanarkshire, (ii) contribute to continuing clinical and research profes-

sional development, (iii), promote greater research activity amongst NHS Lanarkshire clinicians, and (iv) foster links between NHS Lanarkshire and all Scottish Universities. The conference programme involved keynotes, presentations, and workshops on a range of topics from international experts, as well as a range of posters showcasing innovative clinical approaches and interventions, helping to share good practice across NHS Lanarkshire mental health services. Multidisciplinary colleagues and senior managers attended alongside Psychological Services staff and the day was well-received. See: <https://sway.cloud.microsoft/iipjKmszQugs6hfG?ref=Link>. We are currently planning the 2025 research conference.

### **Next steps**

Embedding a research culture in clinical practice is neither simple nor easy. It is a complex, long-term goal. We believe it is worth the effort and that consistently adding conducting research to the varied duties and responsibilities that clinicians engage in each week will benefit our staff and the services we work in. There are many ways to approach this endeavour; hopefully this article provides some food for thought. Critical feedback and suggestions to help continue to take 'the research agenda' forward are enthusiastically welcomed.

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## References

- Eke, G., Holttum, S. & Hayward, M. (2012). Testing a model of research intention among U.K. clinical psychologists: A logistic regression analysis. *Journal of Clinical Psychology, 68*, 263–278.
- Gordon, R. & Hanley, T. (2013). Where do counselling psychologists based in the UK disseminate their research? A systematic review. *Counselling Psychology Review, 28*, 7–17.
- Hamedani, M.G., Markus, H.R., Hetey, R.C. & Eberhardt, J.L. (2023). *We built this culture (so we can change it): Seven principles for intentional culture change*. American Psychologist.
- Henton, I. (2020) Introduction to a special section on practice-based research and counselling psychology. *Counselling Psychology Quarterly, 33*, 1–7.
- Kazdin, A.E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63*(3), 146–159.
- Long, C.G. & Hollin, C.R. (1997). The scientist-practitioner model in clinical psychology: A critique. *Clinical Psychology and Psychotherapy, 4*(2), 75–83.
- Persons, J.B. (2023). How to conduct research in your private practice. *Cognitive and Behavioral Practice, 30*(2), 195–207.
- Persons, J.B., Thomas, C., Hsiao, M. & Courry, R. (2023). How to build a research database from data you collect to guide your clinical work. *Cognitive and Behavioral Practice, 30*(1), 35–44.
- Richardson, T. (2014). Clinical psychologists and research: Do we do any and should we do more? *PsyPag Quarterly, 90*, 7–11. <https://doi.org/10.53841/bpspag.2014.1.90.7>.
- Shapiro, D. (2002). Renewing the scientist-practitioner model. *The Psychologist, 15*, 232–234
- Smith, K.V. & Thew, G.R. (2017). Conducting research in clinical psychology practice: Barriers, facilitators, and recommendations. *British Journal of Clinical Psychology 56*(3), 347–356.