Survey of the research capacity of clinical psychologists in Ireland

Patrick McHugh, Mark Corcoran and Michael Byrne

Abstract
Purpose – The purpose of this paper is to profile the research activity, research skills and enablers of research of clinical psychologists in the Republic of Ireland.
Design/methodology/approach – All clinical psychologists working in the Health Service Executive (HSE) or HSE-funded organisations were requested to complete an online survey examining their research capacity. A total of 170 clinical psychologists completed the survey, with an estimated response rate of 20-25 per cent.
Findings – Within the preceding two years, 60 per cent (n = 102) of the clinical psychologists sampled had engaged in research. These research active participants were involved with a median of three projects and the majority spent 10 per cent or less of their work time engaged in research. The weakest research skills of research active and research inactive participants were applying for research funding and publishing research. Research active participants indicated a reliance on their own personal motivation to maintain their research activity and indicated a need for more protected time for research.
Practical implications – Managers within the health service need to be incentivised to allocate protected work time for research that directly contributes to service provision. Greater collaboration with academic institutions is needed with regard to targeting the research skills development of clinical psychologists, as well as identifying opportunities for collaborative research.
Originality/value – This is the first survey to profile the research activity and skills of clinical psychologists in the Republic of Ireland and provides an evidence base for future research capacity development.
Keywords Republic of Ireland, Health Service Executive, Clinical psychology, Research activity, Research skills, Scientist practitioner

Introduction
Clinical psychologists represent a substantial resource in advancing the research capacity of our health services. In the Republic of Ireland, there are approximately 710 whole time equivalent (WTE) clinical psychologists and counselling psychologists working within a variety of settings (e.g. hospital, community, forensic) and multidisciplinary teams (Kelly et al., 2012). Although the profession of clinical psychology currently requires doctoral-level training and is based on a scientist-practitioner model (Overholser, 2010; Page and Stritzke, 2006), the associated level of research activity appears to be modest. For example, two small scale studies of clinical psychologists in the Republic of Ireland found that the average proportion of work time spent on research may be as little as 2 per cent (Dowd et al., 2011; Murphy et al., 2013), with a corresponding figure of 5 per cent observed for psychologists in Scotland (National Health Service NHS Education for Scotland, 2008). Regarding the publication of research, a survey of clinical psychologists in the UK found that 40 per cent did not have an empirical research publication, with the modal number of publications being zero (Eke et al., 2012). Using publications as a metric of research activity, however, can neglect small scale audits that are disseminated locally.
There are a number of factors that may limit the research activity of clinical psychologists. For example, many clinical psychologists may view their scientist-practitioner role as one of implementing scientific methods in their clinical work, rather than being directly research active (Belar, 2000). Furthermore, they may assign greater value to their own clinical experiences (i.e., reflective practice) in enhancing their professional skills (Pagoto et al., 2007). At a practical level, there may simply be limited time to engage in research, with this barrier being commonly cited by clinical psychologists (Morton et al., 2008; Ruston et al., 2013) and other healthcare professionals (Harrison et al., 2001; Niederhauser and Kohr, 2005; Segrott et al., 2006). In contexts where there are significant pressures to achieve service performance standards, opportunities for research may be significantly limited (James, 2011), often resulting in research having to be conducted outside of working hours (McHugh and Byrne, 2011).

In seeking to enhance the research capacity of clinical psychologists, the potential benefits need to be considered. First, research activity can enhance the professional skills of clinical psychologists by exposing them to the most up-to-date practices. If clinical psychologists become too dissociated with research, the profession may struggle to maintain evidence-based practice. Second, through service evaluations and audits, clinical psychologists can enhance the quality of service provision (McHugh et al., 2012). Such research can be viewed as an integral part of service development, rather than a diversion of resources. Third, research active clinical psychologists can play an important role in translating psychological research and theories by testing them in practice (Barkham and Mellor-Clark, 2003; Dozois, 2013; Rosenberg, 1999). Lastly, research represents an important tool for clinical psychologists to actively influence the future development of mental health services (Cooper and Turpin, 2007; Davey, 2002).

A number of models have been proposed to conceptualise the predictors and enablers of research activity among clinical psychologists. For example, based on a review of the literature, Holttum and Goble (2006) proposed a model whereby research activity is determined by a wide range of factors including a psychologist’s expected outcomes from research, perceived behavioural control, research self-efficacy and normative beliefs about research activity. Development and testing of such models and their components can inform the design of interventions to increase the research activity of clinical psychologists. For example, Eke et al. (2012) tested the key components of Holttum and Goble’s (2006) model on a sample of clinical psychologists in the UK. It was found that the relationship between a psychologist’s research training environment and their intention to carry out research was mediated by their outcome expectancies, perceived behavioural control and normative beliefs. It is therefore key that such beliefs and attitudes are supported during training, given the potential long-term effects on a psychologist’s research career.

Efforts to increase the research capacity of clinical psychologists need to ensure that resources are efficiently coordinated and directed towards strategic priorities (Ilott, 2004; Ilott and Bury, 2002). For example, in the UK, practice-based research networks have been effective in bringing researchers together to conduct naturalistic studies in psychotherapy (Audin et al., 2001; Castonguay et al., 2011). These networks have provided the necessary infrastructure to sustain high quality research that informs evidence-based practice (Castonguay et al., 2010; Norquist, 2001). While such a strategy may increase the quality and impact of research, a balance needs to be struck to ensure that the creativity of individual researchers is also supported (Paxton, 2008).

There is currently a lack of information on the research activity of clinical psychologists in the Republic of Ireland and their needs for research capacity development. The present study sought to address this need by examining the data of clinical psychologists from the recent research survey of Health and Social Care Professionals in the Republic of Ireland (McHugh and Byrne, 2014). This survey examined clinical psychologists’ research activity, research skills, and enablers and barriers of research. Based on the results of this survey, recommendations are made to increase the research capacity of clinical psychologists.

Method

Participants

All clinical psychologists in the Republic of Ireland employed by the Health Service Executive (HSE) or a HSE-funded organisation were requested to complete the Health and Social Care
Professionals’ research activity survey. Trainee psychologists and counselling psychologists were also requested to complete this survey but were excluded from the current research. A total of 170 clinical psychologists responded to the survey.

The response rate for the survey could not be calculated as there were no available statistics on the number of clinical psychologists working within the HSE. One workforce planning survey calculated that the number of WTE psychologists working in the HSE and HSE-funded voluntary agencies was 710 in 2011 (Kelly et al., 2012). Taking into account the variation in staff numbers since this survey was conducted, the difference between headcount and WTEs, and the small proportion of WTEs associated with counselling psychologists, the response rate was estimated to be in the range of 20-25 per cent.

Participants who responded consisted of 37 (21.8 per cent) males and 133 (78.2 per cent) females with an average age of 41 years (SD = 8.9). The majority of participants were employed directly by the HSE (67.6 per cent, n = 115), with the remaining participants employed by a HSE-funded organisation (32.4 per cent, n = 55). The most common professional grades of participants were staff grade psychologist (43.5 per cent, n = 74) and senior grade psychologist (37.6 per cent, n = 64).

Survey

Participants completed a survey that had been developed to evaluate the research capacity of Health and Social Care Professionals in the Republic of Ireland (McHugh and Byrne, 2014). An initial pilot survey had been distributed to professional representatives of the research subgroup of the Health and Social Care Professionals’ Education and Development Advisory Group. The structure and content of the survey was modified based on feedback from these members. The survey examined the areas of research activity; research skills; and barriers and enablers of research. The survey consisted of 30 items using a mixture of Likert scale items, multiple-choice items and open-ended items. The website LimeSurvey was used to host the survey online.

Procedure

Ethics approval was gained from Galway University Hospitals’ regional clinical research ethics committee. A cover e-mail was developed with details of the research, survey completion instructions and an online link to the survey. This e-mail was sent to the HSE Internal Communications Department who were requested to forward it on to all HSE staff. The e-mail was sent directly to the chairs of each professional body and the Health and Social Care Professionals’ Managers Group who were requested to forward it on to their members. Lastly, the e-mail was sent to HSE-funded organisations who were requested to forward it on to their staff.

Staff were given a period of one month to complete the survey. In order to facilitate staff that were on leave during the initial data collection period, the survey was re-distributed three months later. Data were automatically collated into a secure online file on the LimeSurvey website.

Data analysis

The LimeSurvey data file was downloaded into an SPSS file. Data associated with clinical psychologists were isolated from the larger Health and Social Care Professionals’ data file. SPSS software (IBM Corp., 2012) was used to calculate descriptive statistics from the data. Research active and inactive participants were compared on their research skills using independent t-tests, and on their barriers to research using $\chi^2$-tests for independence. A Holm-Bonferroni correction was used to control for multiple testing for each set of analyses.

Thematic analysis was used to analyse data from the open-ended item examining supports for research activity. The process involved an initial familiarisation with the data; the generation and refinement of codes; and the generation and refinement of themes (Braun and Clarke, 2006). A theoretical approach was taken with regard to the generation of codes whereby only those with direct relevance to the survey question were considered (i.e. a factor that supported research activity). A realist approach was taken whereby participants’ verbal responses were linked to their associated meaning in an explicit and unidirectional way.
Results

Research activity

In total, 60 per cent \( (n = 102) \) of participants were research active as clinical psychologists within the previous two years, 32.9 per cent \( (n = 56) \) were research active outside the previous two years and 7.1 per cent \( (n = 12) \) had never been research active. In subsequent analyses, those participants who were research active within the previous two years were categorised as “research active” and the remaining participants were categorised as “research inactive”.

Research active participants were involved with a total of 410 projects and a median of three projects in the previous two years. Participants acted as direct researchers for 62.9 per cent \( (n = 258) \) of the projects and were supervisors for the remaining 37.1 per cent \( (n = 152) \). A minority of research active participants (27.5 per cent, \( n = 29 \)) had published in a peer-review journal in the previous two years. Regarding conference publications, 46.1 per cent \( (n = 47) \) had orally presented their research and 32.4 per cent \( (n = 33) \) had presented a research poster during this time. Health service grades with the highest proportion of research active clinical psychologists were principal specialist (100 per cent) and principal manager (83.3 per cent; see Table I).

Research active participants were asked to estimate the percentage of work time they had spent engaged in research during the previous two years. As shown in Figure 1, the majority (65.6 per cent, \( n = 67 \)) spent 10 per cent or less of their work time conducting research. A desire to spend more time engaged in research was indicated by 93.1 per cent \( (n = 95) \) of research active participants and 94.1 per cent \( (n = 64) \) of research inactive participants.

Research skills

Regarding participants’ highest academic qualifications, almost all of the research active (94.1 per cent, \( n = 96 \)) and research inactive participants (98.5 per cent, \( n = 67 \)) had a master’s or doctoral degree. A higher proportion of research active participants had a doctoral degree (57.8 per cent, \( n = 59 \)) in comparison to research inactive participants (42.6 per cent, \( n = 29 \)).

<table>
<thead>
<tr>
<th>Psychologist grade</th>
<th>N</th>
<th>n</th>
<th>Research active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal manager</td>
<td>12</td>
<td>10</td>
<td>83.3%</td>
</tr>
<tr>
<td>Principal specialist</td>
<td>14</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Senior</td>
<td>64</td>
<td>34</td>
<td>53.1%</td>
</tr>
<tr>
<td>Staff</td>
<td>74</td>
<td>38</td>
<td>51.4%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table I Proportion of participants that were research active at each grade

![Table I](image-url)
A $\chi^2$-test for independence indicated that there was no statistically significant relationship between having a doctoral degree and being research active, $\chi^2 (1, N = 170) = 3.78, p = 0.052$.

Participants rated their research skills on a five-point Likert scale ranging from “very weak” (1) to “very strong” (5). Research active participants reported significantly greater strength in each research skill with the exceptions of “Designing qualitative research” and “Qualitative data analysis” (see Table II). The strongest research skills reported by both groups were “Conducting a literature review” and “Recruiting/accessing participants”. The weakest research skills reported by both groups were “Publishing research”, “Applying for funding”, “Qualitative data analysis” and “Quantitative data analysis”.

**Barriers to research**

Participants were asked to identify barriers to research activity from a list of pre-defined categories. As shown in Table III, the two most cited barriers for both research active and research inactive participants were “Not enough time” and “Clinical workload pressures”. Other commonly cited barriers for both groups included a “Lack of funding”, a “Lack of available resources for research”, and a “Lack of support/encouragement”. The $\chi^2$-tests of independence showed no statistically significant differences in the proportion of research active and research inactive participants indicating each barrier with the exception of “Personal Circumstances”. This barrier to research was indicated by more research inactive participants.

| Table II | Comparison of participants’ ratings of competence on each research skill |
|------------------|-----------------------------|-----------------------------|-----------------------------|
| Research active ($n = 102$) | Research inactive ($n = 68$) | Independent t-tests | Holm-Bonferroni correction $^a$ |
| Study                        | M   | SD   | M   | SD   | t    | df | p    | Significance |
| Conducting a literature review | 4.13 | 0.78 | 3.79 | 0.84 | 2.65 | 168 | 0.009 | Sig |
| Recruiting/accessing participants | 4.02 | 0.69 | 3.63 | 0.81 | 3.35 | 168 | 0.001 | Sig |
| Applying for ethical approval | 3.9  | 0.89 | 3.22 | 0.91 | 3.53 | 168 | 0.001 | Sig |
| Developing a research proposal | 3.87 | 0.84 | 3.24 | 0.88 | 4.75 | 168 | < 0.001 | Sig |
| Designing quantitative research | 3.61 | 0.92 | 3.07 | 0.94 | 3.67 | 168 | < 0.001 | Sig |
| Designing qualitative research | 3.41 | 0.87 | 3.21 | 0.86 | 1.52 | 168 | 0.13  | Non-sig |
| Quantitative data analysis    | 3.34 | 1.01 | 2.82 | 1.03 | 3.25 | 168 | 0.001 | Sig |
| Qualitative data analysis     | 3.26 | 1.04 | 3.06 | 0.94 | 1.31 | 168 | 0.192 | Non-sig |
| Publishing research           | 2.89 | 0.86 | 2.25 | 0.76 | 2.65 | 168 | 0.009 | Sig |
| Applying for funding          | 2.89 | 0.96 | 2.37 | 0.93 | 5.01 | 168 | < 0.001 | Sig |

Note: $^a \alpha = 0.05$

| Table III | Comparison of the proportion of participants indicating each factor as barrier to research |
|------------------|---------------------------------------------|-----------------------------|-----------------------------|
| Research active ($n = 102$) | Research inactive ($n = 68$) | $\chi^2$-tests for independence | Holm-Bonferroni correction $^a$ |
| Study                        | %   | n   | %   | n   | $\chi^2$ | df, N | p    | Significance |
| Not enough time              | 87.3 | 89  | 95.6 | 65  | 3.32  | 1, 170 | 0.068 | Non-sig |
| Clinical workload pressures  | 86.3 | 88  | 92.6 | 63  | 1.67  | 1, 170 | 0.196 | Non-sig |
| Lack of funding              | 57.8 | 59  | 47.1 | 32  | 1.91  | 1, 170 | 0.167 | Non-sig |
| Lack of available resources for research | 56.9 | 58  | 42.6 | 29  | 3.30  | 1, 170 | 0.069 | Non-sig |
| Lack of supervision/mentorship | 39.2 | 40  | 33.8 | 23  | 0.51  | 1, 170 | 0.476 | Non-sig |
| Lack of support/encouragement | 37.3 | 38  | 47.1 | 32  | 1.62  | 1, 170 | 0.203 | Non-sig |
| Research not valued in organisation | 37.3 | 38  | 33.8 | 23  | 0.21  | 1, 170 | 0.648 | Non-sig |
| Weaknesses in research skills | 15.7 | 16  | 30.9 | 21  | 5.53  | 1, 170 | 0.019 | Non-sig |
| Difficulties gaining ethical approval | 15.7 | 16  | 7.4  | 5   | 2.62  | 1, 170 | 0.106 | Non-sig |
| Personal circumstances       | 14.7 | 15  | 38.2 | 26  | 12.34 | 1, 170 | < 0.001 | Sig |

Note: $^a \alpha = 0.05$
Characteristics of research projects

Participants were asked to provide details on their most recently completed project in the previous two years. Of the 102 research active participants, 75 indicated completing a project during this period. As shown in Table IV, a majority of these projects were part of an academic degree (64 per cent) and almost half were service evaluations (44 per cent). A majority of projects involved collaboration with another researcher (60 per cent) and a minority were part of a larger research stream (20 per cent) or were funded (16 per cent).

Support for research activity

Research active participants were asked in an open-ended question to indicate the factors that had supported them in their research activity over the previous two years. Thematic analysis was used to analyse this data. The five major themes that emerged are discussed.

Personal motivation and interest. Participants indicated that their research activity over the previous two years was driven by their own motivation and interest in their chosen field of research, rather than by external supports. This included participants who described a “passion” for their research topic and others who indicated an intrinsic drive to contribute to their research area:

My own motivation and drive (Participant 34).
Primary motivational factors are intrinsic (Participant 54).

Time for research. Participants referred to allocated work time as being a significant enabler of research. This included time set aside for research during a typical working day, in addition to the allocation of dedicated research days and study leave:

I have a day a week that is dedicated to research and teaching and that is recognized within my organisation (Participant 125).
Small allocation of study leave (Participant 156).

Supervision. Participants cited supervision from experienced researchers as a significant source of support. This involved both technical support and encouragement. The provision of supervision to trainee psychologists was also cited as an enabler in providing an opportunity to become involved in research:

Encouragement and support of clinical supervisors/mentors (Participant 129).
Through supervising trainee clinical psychologist, allocated time for this (Participant 152).

Support from colleagues and assistants. Participants referred to the valuable support provided by colleagues, including helping them to cope with the demands of their workload and facilitating access to participants. Furthermore, reference was made to the support of research assistants in aiding the research process:

Research team in place to spread the workload (Participant 77).
Access to competent and hard-working research assistants in our department (Participant 141).

Support from management. Participants directly referenced the role of management in supporting their research activity. This included their manager both allocating research time within work, as well as encouragement from their manager during the research process:

Support of manager in terms of negotiating shorter working hours (Participant 91).
Encouragement from my line manager (Participant 33).

Table IV Characteristics of participants’ most recently completed project

<table>
<thead>
<tr>
<th>Project characteristic</th>
<th>n</th>
<th>%</th>
<th>Project characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part of academic degree</td>
<td>48</td>
<td>64</td>
<td>Part of larger research stream</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Part of service evaluation</td>
<td>33</td>
<td>44</td>
<td>Collaboration with other researcher</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td>Funded</td>
<td>12</td>
<td>16</td>
<td>Multidisciplinary collaboration</td>
<td>20</td>
<td>26.7</td>
</tr>
</tbody>
</table>

Note: n = 75
Discussion

The current research represents the first survey of the research activity of clinical psychologists in the Republic of Ireland and provides an evidence base for future research capacity development. Given the relatively low response rate, there was likely a strong response bias towards those clinical psychologists that were research active or interested in research. Nonetheless, the total number of participants was large enough to sample clinical psychologists from a wide range of work environments and professional grades.

Due to the response bias discussed, the proportion of the sample that was research active cannot be taken as an estimate of the overall level of research activity of clinical psychologists. However, it can be concluded that there is limited time available for research, with the majority of research active clinical psychologists spending 10 per cent or less of their work time engaged in research. It is unsurprising therefore that “not enough time” and “protected research time” were commonly cited barriers and enablers of research, respectively. This focus on limited time for research is consistent with previous findings from other healthcare staff (Morton et al., 2008; Segrott et al., 2006). There were some indications of higher levels of research activity at more specialist grades of the health service, possibly due to research having a more defined role within these grades (Harrison et al., 2001).

While increasing protected time for research was a strong preference among clinical psychologists and would directly increase research capacity (Cooke et al., 2008), a balance needs to be struck to ensure that service delivery is not compromised. For example, increased protected time for research could be limited to those clinical psychologists who demonstrate a high quantum of research productivity. Furthermore, more protected time could be allocated for research that directly contributes to service provision, such as service evaluations or audits. Such initiatives are first important in allowing clinical psychologists to complete research activity within working hours. This is especially relevant for the significant proportion of research inactive clinical psychologists that indicated personal circumstances as a barrier to research. Second, designated research time may help to increase the research motivation of clinical psychologists through enhancing normative research beliefs and increasing their behavioural control over their research activity (Eke et al., 2012; Holttum and Goble, 2006).

Research active clinical psychologists consistently rated their research skills as stronger than research inactive clinical psychologists. This may be explained both by the skills development associated with research experience and the higher academic qualifications of research active clinical psychologists. Despite these differences, the pattern of strengths and weaknesses across skills were similar for both groups, with conducting a literature review and accessing participants’ data the strongest rated skills, and publishing research and applying for research funding the weakest rated skills. Quantitative and qualitative data analysis were also indicated as areas of weakness. The weakness in qualitative data analysis may be due to the lack of focus given to this methodology during academic training. However, quantitative data analysis is typically given substantial time for development during both academic and professional training. Difficulties with this skill have been reported by other healthcare professionals (Johnson et al., 2014) and may relate to the inherent complexity of this skill, or potentially a perceived weakness with regard to the more complex statistical procedures.

The research skills profile of participants provides a basis on which to target the research capacity development of clinical psychologists. For example, with regard to difficulties with applying for funding, training modules could focus on developing tenders or business cases for research projects. Furthermore, the application process itself could be made more transparent with a centralised online catalogue of all sources of health research funding in Ireland. With regard to difficulties with publishing research, training could address specific skills at each step of the process, including choosing an appropriate journal, meeting article submission guidelines and responding to peer-review feedback. Practice-based workshops may be the most effective and preferred way of delivering such training (McHugh and Byrne, 2011), although the cost-efficiency of online modules also needs to be considered.

The finding that research active clinical psychologists used their personal motivation to drive their research activity is positive, yet may also indicate a lack of external supports for research.
Participants did identify a number of such supports that could be enhanced in the future. For example, managers could be more open to negotiating protected time for research where it contributes to service provision. Second, a more structured system of supervision is needed so that novice researchers are matched with experienced researchers within the health service (Cooke et al., 2008; Glynn et al., 2009). Lastly, more opportunities are needed for both research assistants and assistant psychologists to contribute to the research activity of clinical psychologists, with a particular need to establish the assistant psychologist grade in the Republic of Ireland (Twomey and Byrne, 2011). Assistant psychologists have much potential to contribute to research activity as they will typically have a Masters level qualification and spend a substantial proportion of their time conducting research (Hughes et al., 2015; James, 2011).

While it was positive that collaboration was present for the majority of the projects sampled, few projects were part of a larger research stream or involved multidisciplinary collaboration. This may suggest a need for increased coordination of resources to ensure that clinical psychologists have a greater role in large-scale, strategic research within the health service. In this respect, better leadership is needed at a national level to identify research priorities across mental health services and to coordinate research capacity across various professions (Fitzsimons et al., 2006; McHugh and Byrne, 2011). There is also a need to establish a clear research strategy for psychology services that is aligned with the broader research priorities of the health service.

An important component of supporting collaborative research will involve strengthening links with higher academic institutions. The significant proportion of projects associated with academic degrees indicates the strong connection that already exists. Many of these projects were likely associated with the training of clinical psychologists or the completion of Master’s degree psychology projects. Nonetheless, there is more scope for large-scale collaborative projects with higher academic institutions. Identifying overlapping research priorities would be an important first step. Furthermore, there is a need to have a greater role for clinical psychologists working in academia to contribute to health services research. Such a strengthening of the academic-practitioner partnership would have significant future benefits in helping to bridge the theory to practice gap within clinical psychology (Van de Ven and Johnson, 2006).

Seeking to advance on the results of the current survey, a number of additional areas need to be explored. First, more insight is needed into the psychological processes that motivate research activity (e.g. research attitudes, self-efficacy) and how these interact with the environments in which clinical psychologists work (e.g. service pressures, limited resources). Second, there is a need to profile the research activity of clinical psychologists employed by higher academic institutions, including examining the important contribution of early career psychologists’ academic projects. Third, future surveys need to attain a larger, more representative sample of clinical psychologists, such as by administering a shorter, more user-friendly survey. Furthermore, a broader range of clinical psychology representatives could be consulted in refining the content of the survey, ensuring that the key concerns across the profession are adequately profiled.

Conclusions and recommendations

Given the strong research competencies and personal motivation of clinical psychologists, there is much potential to increase the research capacity of the profession. A number of recommendations are presented in the list below that would act as a foundation for research capacity development. In the current context of service pressures, however, increasing research activity may be difficult to achieve. In this respect a cultural change is needed within the health service whereby research is viewed as a valuable tool for proactively enhancing service provision.

Recommendations to increase the research capacity of clinical psychologists in Ireland:

- managers to allocate more protected time for staff to conduct service evaluations and audits;
- provide practice-based workshops that target the identified weakest research skills of clinical psychologists;
- undergraduate and postgraduate psychology programmes to target the identified research skills weaknesses of clinical psychologists among early career psychologists;
- develop a centralised online catalogue of funding sources for health research in Ireland;
- develop a formal supervision structure whereby novice clinical psychologist researchers are paired with experienced researchers within the health service;
- establish the assistant psychologist grade within the health service with clear guidelines on the research role of this position;
- develop a research strategy for psychology services that is aligned with the broader research priorities of the health service;
- consult with representatives from higher academic institutions to identify shared research priorities that would provide a basis for collaborative projects; and
- profile the research activity of clinical psychologists employed within academic institutions.

References


McHugh, P. and Byrne, M. (2011), Survey of the Research Activity, Skills and Training Needs of Health and Social Care Professionals in Ireland, Health Service Executive, Dublin, OH.


About the authors

Patrick McHugh is a Psychologist in Clinical Training working with the HSE West in Ireland. He completed his BA in Psychology and MSc in Applied Psychology at the Trinity College Dublin. Patrick has published papers in the areas of service evaluation, teamwork within mental health services, and the research activity of Health and Social Care Professionals.

Mark Corcoran is a Research Assistant working within the Laois/Offaly Psychology Department, HSE Dublin Mid-Leinster, Ireland. He completed his BA in Psychology at the National University of Ireland, Galway. Mark is conducting research on primary care psychology services, culture in psychology departments, and physical illness comorbidity with mental illness.

Dr Michael Byrne (BE, 1989; BA, 1996; MPsyhSc in Clinical Psychology, 1998; all at the University College Dublin; DPsyhSc in Clinical Psychology, 2003, University of Surrey; MSc in Health Services Management, 2006, University of Dublin, Trinity College) works as the Principal Psychologist Manager in the Health Service Executive (HSE) Dublin Mid-Leinster, Ireland. He Chairs the Research Subgroup of the HSE’s Health and Social Care Professions (HSCP) Education and Development Advisory Group. He co-authored the Survey of the Research Activity, Skills and Training Needs of HSCPs in Ireland (2011, 2013), and edited How to Conduct Research for Service Improvement: A Guidebook for HSCPs (2012). His strong research profile (see “Byrne, Michael” under “Author” on www.lenus.ie) contributes to influencing national policy formulation and implementation. He is a Member of various national forum including the Mental Health Commission.