Introduction

Research, in its simplest form, is a set of strategies aimed at answering questions. The evidence and understanding gained from research is a fundamental component of practice and essential for the provision of high quality services (Fenwick et al 2006; Schneider et al 2010). In maternity care the ultimate aim is to ensure and enhance the short and long term health and wellbeing of childbearing women, newborn infants and their families (National Health Medical Research Council (NHMRC) 2011; Kennedy et al 2007). Regardless of the model of maternity care, midwives in Australia provide the majority of care to women across the childbirth continuum. Midwifery research thus has an important role to play not only in generating evidence to assist midwives to better support childbearing women, but also in developing the practice and profession of midwifery (Fenwick et al 2006).
Caesarean section rates were significantly higher in women who were induced for their first baby as opposed to those who went into spontaneous labour.
demographic information (50.3 per cent) but only 58 participants completed the phase one questionnaire. Approximately 90 phase two questionnaires were distributed with 54 being returned (60 per cent response rate). Nearly 50 per cent of the phase two participants had completed phase one. The majority of midwives were aged between 40 and 49 years. The average years of midwifery experience was 16 with just under half being at the study site. The top two

ranked research priorities were:

- labour and birth: identify best practice for women requiring induction of labour (IOL) for a post dates healthy pregnancy to facilitate normal birth (mean 6.67, standard deviation (SD) 0.69);
- professional issues: examine the workplace culture and explore how issues such as staff/woman ratio, midwifery and medical collaboration and horizontal violence/bullying impact on the decisions midwives make about employment (mean 6.66, SD 0.71).

Discussion
In the context of rising intervention rates and the international call for midwives to ‘keep birth normal’ it is perhaps not surprising that IOL, in term healthy women, was considered a research priority (Gülmazer et al 2012). A recent audit of caesarean section births undertaken at the study site found that rates were significantly higher in women who were induced for their first baby as opposed to those who went into spontaneous labour. Similarly there was a doubling of the emergency caesarean section rate in multiparous women being induced (Slavin and Fenwick 2012). Although results remain mixed this supports the work of others that has demonstrated an association between IOL and increased caesarean section rates, especially for women having their first baby and/or who have an unfavourable cervix (Gülmazer et al 2012). Interventions or practice changes to reduce the IOL rate are important strategies in lowering the overall caesarean section rates and thus increasing normal vaginal birth rates. Secondly if an IOL is deemed necessary then the process needs to be based on the best evidence available, taking into account the woman’s individual needs, preferences and desires.

The second most highly ranked topic related to workplace culture and bullying. Midwives in this study, like others, clearly identified the need to investigate this professional issue (Fenwick et al 2006; 2012). There is growing evidence that issues pertaining to culture including poor leadership and dysfunctional workplace environments contribute to stress-related illness in the midwifery workforce (Geiger-Brown and Lipscomb 2010). In turn this impacts on rates of absenteeism, retention and performance, all of which have an emotional as well as financial cost to individuals and the health system as a whole (Barkway 2006).

Conclusion
This study has provided insight into the GCH midwives’ perceptions of priorities for midwifery research. The majority of the participants were ‘hands on’ clinicians. Taking the time to complete the survey supports the notion that many midwives are interested in research and its relationship to improving practice. The priorities identified from this study can be used to inform future midwifery research at GCH, with the ultimate aim of improving outcomes for mothers and babies.

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References