

Establishing a Research-Friendly Environment

A HOSPITAL-BASED APPROACH

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Preface

My goal in collaborating with my coauthors to write this book is to encourage hospital-based caregivers, particularly those at the bedside, and students who hope to work in a hospital setting, to embrace the notion of conducting research in order to base practice on evidence. My “love affair” with evidence started when I was a faculty member at McMaster University, Ontario, Canada. I was fortunate to be there when David Sackett, MD, was on faculty. Known as the father of evidence-based practice, he set a stage that changed my view of nursing and health care. At that place and time, the randomized controlled trial was considered the gold standard and in many ways the only method for gaining meaningful and accurate information. I disagreed with that stance, however, and I took from that experience the desire to resolve patient-care problems by using the research process.

Given that basing patient care on evidence is a growing expectation across the globe, hospital-based nurses and other healthcare professionals are increasingly required to actively engage in research activities. Both government agencies and Magnet (a major designation of excellence in nursing care) have increasingly emphasized the need for evidence-based practice. As a result, Karen Hill, Chief Operating Officer/Chief Nursing Officer at Baptist Health Lexington, asked me to join the organization on a half-time basis and develop a research program. In addition to my love for research, I learned during 30 years of teaching undergraduate and graduate nursing students that nurses at the bedside were capable of developing and conducting studies. Eight years as a half-time research consultant at a university hospital and 10 years at a community hospital in the same position have taught me that, in general, hospital-based clinicians make superb researchers. At Baptist Health Lexington, I wanted to establish a culture that would encourage and support all caregivers at the bedside, regardless of educational preparation, to design and conduct studies and also publish their findings.

Karen and I wanted more than a research program. We wanted the hospital environment to change. Our goal was to develop a research-friendly environment that would welcome ideas for projects from any caregiver, provide support for those ideas to be operationalized, and acknowledge all outcomes. As a result, over the past 8 years, caregivers at the hospital have published 51 articles in peer-reviewed journals. Thirty-one of the first authors are prepared at the graduate level, 10 at the baccalaureate level. Two associate degree-prepared nurses completed studies and published findings in peer-reviewed journals. Twenty-six caregivers prepared at the baccalaureate level are coauthors.

The strategy of identifying caregivers with advanced degrees as the only individuals who may conduct research is unlikely to meet the need for evidence to support changes in health care. In addition, it is the caregiver at the bedside who best understands patient care problems that need to be resolved. With that in mind,

we have developed an environment that has displaced the notion that only individuals with graduate degrees can conduct research. The following pages explain and clarify the reasons why hospital-based caregivers need to be involved in research, how hospitals can develop a research-friendly environment, and what knowledge is necessary for research consultants and caregivers to actively move toward evidence-based practice. This text also emphasizes the important role leadership plays in supporting the generosity needed to attain these outcomes.

Acknowledgments

My coauthors and I would like to thank the hospital administrators at Baptist Health Lexington for making this research-friendly environment (RFE) become a reality. Their willingness to envision a different future for hospital employees in relation to their involvement in research and their courage to support considerable environmental change is responsible for the successes described in this text.

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Introduction

► Developing a Research-Friendly Environment: Engaging Caregivers

The emphasis in health care on evidence-based practice, practitioners' desire to provide optimal patient care, and criteria for Magnet designation (an international designation of nursing excellence) provided the motivation to write a text that would detail how caregivers can increasingly be involved in obtaining evidence for practice. The term *caregiver*, in this text, refers to those healthcare professionals who contribute to the provision of patient care in a hospital setting. A changing health-care environment requires these individuals to continuously identify patient-care issues and attempt to design alternatives to present practices. Evidence suggests that caregivers want to provide the best care possible (Bugajski et al., 2017), and Magnet designation requires that nurses actively participate in activities such as research that will improve patient care (American Nurses Credentialing Center, 2013).

Initiating and maintaining hospital-based research programs that emphasize the involvement of caregivers at the bedside are the focuses of this text. A goal of the text is to provide information gained over a 10-year period at a 391-bed Magnet-designated community hospital that could assist others to initiate and maintain research activities within their institutions. Guidance is provided for caregivers and hospital administrators who want to encourage participation in research. In this research-friendly environment (RFE), the desired outcome of participating in research is to discover information that will lead to the provision of optimal patient care.

Strategies for developing RFEs as well as basic research methods are presented. Reasons for developing RFEs, necessary resources, and how to conduct research and disseminate findings are addressed. Using this text as a guide, an RFE can be initiated that will enable caregivers to identify patient-care issues and conduct studies in order to resolve those issues. Findings may be generalizable across institutions or applicable to their own setting.

For those studies that do not result in generalizable findings, information gained may motivate others to design studies on the same topic, that can be generalized to other settings. In this RFE, publication of results of caregiver-initiated research is assumed. Both qualitative and quantitative methods are used, although more quantitative than qualitative studies are conducted. In relation to quantitative research, descriptive and experimental designs are used. Experience has shown that both approaches can result in information that can lead to meaningful changes in practice.

For example, a descriptive study that was conducted using strategies described in this text has provided useful information for the institution. Findings were published, and the article has been frequently cited in the literature. This study provided

information regarding factors that influence women to breastfeed and also tested an intervention that could encourage women to breastfeed (Kjelland et al., 2014). Although results could not be considered directly applicable to other hospital settings, caregivers at other institutions could conduct a randomized controlled trial with the possibility that results could be generalized to other hospitals. Meanwhile, based on findings, changes were made at this institution. The timeline for nurses to talk to new mothers regarding breastfeeding was modified, giving nurses more flexibility to have a discussion regarding breastfeeding at their convenience. Through publication, information was conveyed to other caregivers, including primary care and women's health providers who are concerned about the diminishing number of women who are breastfeeding their newborn infants.

The projected audience for this text includes individuals who are studying to become caregivers, plan to provide patient care in an acute care setting, or are presently employed at a hospital. Educators might also find this text useful. In order to prepare students to participate in hospital-based research, educational programs may need to change. Basic research skills beyond reviewing the literature would facilitate new graduates moving quickly into a role that includes research activities. Chapter 8 of this text, *Future Directions*, includes a proposed syllabus for an undergraduate course that would prepare nurses to participate in research.

There are many approaches to preparing caregivers to engage in hospital-based research activities. Designing a syllabus that would require students to participate in each component of the research process, working with researchers on a specific project in order to meet program requirements, and bringing researchers into the classroom to talk with students about their studies are three possibilities. Attitudes would also need to be addressed. Teaching undergraduate students that they can engage in research activities beyond reading the literature would prepare them to actively participate in and lead projects in their clinical settings.

In addition to caregivers, this text is written to assist hospital administrators to develop an RFE. Administrators interested in pursuing or maintaining Magnet designation could find the information provided in this text useful in developing an environment that supports and encourages research. Magnet designation requires nurses' participation in research activities. In order to encourage caregivers to participate in research, supportive, active leadership is essential. The task is to modify the culture so that caregivers are comfortable designing and conducting research projects.

Experienced caregivers in both nursing and allied health, as well as undergraduate students in clinical programs, can also benefit from the content in this text. Given the emphasis on providing evidence-based care from the government, professional organizations, and many hospital administrators, conducting research at the caregiver level is increasingly important. New graduates need skills that have not been a priority in the past. In addition to new skills related to research, attitudes need to change. Embracing the idea of conducting studies to obtain meaningful information to support patient care, rather than believing necessary knowledge and skills are out of reach, needs to be addressed in the hospital setting.

Caregivers with graduate degrees have traditionally been expected to participate in research activities. The information provided in this text can assist caregivers at all levels of educational preparation to participate in the development of an environment that supports and encourages research. Nurses in particular need to become involved in developing a hospital-based research program. In addition to

Magnet designation, nurses constitute the largest group of employees in a hospital setting and have continuous relationships with patients. Hospital administrators, particularly chief nursing officers, are key to involving nurses in research activities.

The text consists of eight chapters that present the following: reasons for developing a hospital-based research program emphasizing caregiver-initiated research, strategies and resources used at one hospital to develop a successful RFE, a model designed to guide caregivers to conduct research, and basic skills and knowledge necessary for caregivers to design and conduct studies and publish their findings. Basic skills and knowledge include reviewing the literature; designing a research question; developing interventions; designing studies; selecting, modifying, or developing instruments; applying to the institutional review board; collecting data; analyzing data; and disseminating findings. The chapter on dissemination of findings provides strategies to help caregivers publish the results of their studies. Adoption of practice changes suggested by results of studies conducted is guided by principal investigators working with administration. These strategies have resulted in an acceptance rate of 97% by peer-reviewed journals. In addition, future directions in relation to hospital environments, nursing and allied health education, and the profession of nursing are described in the last chapter. To support content, examples of studies conducted in this RFE are presented.

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