BUILDING
AND
SUSTAINING
A HOSPITAL-BASED NURSING RESEARCH PROGRAM
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This book was developed to appeal to anyone who wants to initiate, nurture, and/or sustain a vibrant hospital or ambulatory care (clinical-based) nursing research program. I have worked at Cleveland Clinic for over 25 years, and I always recall that, throughout that time, we had one nurse researcher (and even two for a short time) whose job it was to lead his or her own program of research and mentor clinical nurses at the main campus. In fact, I used nursing research “services” shortly after being hired as a nurse manager, when I chose to lead my very first clinical research project in 1991. I place quotes around the word “services” because there was no research program or infrastructure—no structures, systems, or processes—and, with a few exceptions, nurses were not encouraged to conduct research. Services consisted of meeting with a doctorate-prepared nurse researcher and getting one-on-one advice. If I had not asked my boss to tell me who could provide assistance, and taken the steps to reach out to the nurse researcher, we would never have connected. I was responsible for leading all communication between us. She mentored me and had great advice, but the relationship was based on what I perceived as my needs—and, as a novice, I really had no clue as to what I needed. I was guessing at every step of the process and trying to read research books (from our hospital library shelves and from my home bookcase of master’s program books I had purchased as a student but never really dug into) to get it right. Most clinical nurses did not know that we had this valuable service. When I applied for the job as the director of nursing research, the nursing department had very little research in motion, which explained why nurse researchers were often champions of leadership project work over the years. During the interview, when I asked the chief nursing officer what she was expecting of the director role, she simply stated, “More research; there is no place to go but up!”

Early in the tenure of my role as director of the nursing research department, I began meeting with key supporters of nursing research services: clinical nurse specialists, clinical directors, and nurse managers. There were two lessons learned through these early conversations. First, nurses did not want
Preface

a nurse researcher to take over their project and become the principal investigator; they wanted to be coached on how to do it right. They considered themselves to be the clinical experts, and they were looking for research expertise. Thus, a nurse researcher did not technically need to be an expert in the nurses’ patient population; it was more important to be an expert in nursing research designs, methodologies, and analyses, and in writing research proposals, grants, and publications.

Second, a hospital-based, doctorate-prepared nurse researcher needed to take a different approach from what an academic nurse researcher would take. By this I mean that when hospital nurses are college students completing research for academic degrees, they are self-motivated to continue to completion, as project completion affects graduation status. The nurse researcher is a mentor who offers advice, and it is up to the student to get the work done. That approach may work for determined clinical nurse investigators (after all, it worked for me back in 1991), but it may be very impractical for many hospital-based nurses who need more than a “service.” What happens if a library literature search service is not readily available, and even when available, if a nurse has never before completed a literature search or reviewed research abstracts? Hospital-based nurse researchers need to be coaches more often than mentors, and they need to provide research resources and assistance to guide nurses toward success. In the process, nurse researchers may become cognitive experts in the fields of study of those with whom they are working, especially when clinical nurses have practical knowledge but not literature-based knowledge in their area of study.

The intent of this book is to provide useful knowledge and practical applications to ease the work of leading or working in a hospital-based nursing research program. This book contains principles that apply to all sizes of hospitals, as well as hospital systems that may be spread out over multiple states or be contained in one area. When I travel, people tell me, “You are from the Cleveland Clinic, and have access to resources that we don’t have at our small hospital. Your systems would never work in our hospital.” In truth, Cleveland Clinic has large and small hospitals; urban, community, and rural hospitals; hospitals without a single clinical nurse specialist or other nonhourly nurse clinicians who can provide research guidance to clinical nurses. Further, each of our nine hospitals in northeast Ohio and our hospitals in Weston, Florida, and Abu Dhabi serve patient populations that differ in culture, economic circumstances, and community health care resources. We have learned the power of using multiple methods to achieve goals, being open to new ways of producing outcomes, and individualizing our coaching styles based on the needs of the clinical nurse research team, the research project, and available resources.

Like many of you who read this book, when I became the director of nursing research in 2004, I had to confront the fact that there was not much in place in terms of a nursing research program. We had a succession of nurse researchers (as previously stated) who were available to mentor nurses in research,
but we did not have a true nursing research program—or, maybe I should say that the nurse researcher was the totality of the nursing research program. I had a vision for a nursing research department that was not just about my being available to mentor others. Yes, I wanted to share my passion for nursing research with anyone who was open to listening. Yes, I wanted to mentor and coach nurses who had research questions and a desire to get answers. Yes, I wanted to help clinical nurses, nurse managers, and clinical nurse specialists understand the value of nursing research and the importance of research findings when changing clinical practices. But, more important, I wanted to be a part of something bigger. I wanted to develop a foundation for nursing science within our hospital organization that would facilitate the many processes of research and, ultimately, advance nursing science, locally and globally. Hospital-based nursing research cannot be sustained when it is dependent on one (or more) nurse researcher drivers as its sole resource. It takes a village to make nursing research thrive; it thrives when people, structures, processes, and system resources are available and in alignment with the hospital organization and the vision and mission of nursing leaders.

This book contains 11 chapters. Each is unique in content, and some content may not apply to nursing research programs in all hospitals, depending on the depth and breadth of your program and allowable resources. For example, your hospital may use a shared governance research council as the primary structure to lead nursing research initiatives, or your hospital may not have its own institutional review board. Even when content does not seem to match your structure and available resources, content within a particular chapter will give you new ideas and strategies that can benefit your program. Chapter authors are all experts in their respective fields. In most chapters, they combine practical clinical knowledge with relevant literature, and in many chapters, tables and figures are provided as a visual guide to enhance the words. Within the nursing research program at Cleveland Clinic, we developed many resources to assist nurse researchers and nurse investigators. To share content with you in the most practical way, we displayed the first page of multipage tables and figures. In this way, as readers, you are guided by viewing the formatting and words. To obtain full tables and figures, readers are encouraged to go to www.onadeo.com, a marketplace devoted to bringing world-class solutions to colleagues.

Nancy M. Albert
ACKNOWLEDGMENTS

This book was conceived years ago when one of my colleagues, Sandra Siedlecki, and I were discussing the people we have met along our nursing research journeys and their desires for support in developing or sustaining a nursing research program. We came to realize that many nurses were asking similar questions. We felt we could support and encourage those who were working toward specific milestones and we wanted to share our accomplishments with others, in hopes that their programs could reach a high level of success. Our conversations spurred us both to raise again the possibility of writing a book, and our fuel for making it happen was the many phone and in-person consultations we have had with master’s- or doctorate-prepared nurse researchers who made statements such as, “I wish I had this book right now!” I thank all of the nurses I have consulted with over the years, as your search for answers and comments about your nursing research services became the basis for content of the chapters of this book.

This book was a team effort by my nursing research colleagues at the Cleveland Clinic, including nurses, a research coordinator, a biostatistician, and a research compliance officer. Their devotion to their professions and willingness to take time to write their chapters was very much appreciated. Special thanks to Jeanne Sorrell, who worked with me to lay out the content themes for each chapter, and to all chapter writers for creating content not found in other nursing research books. Also, thanks to authors for meeting deadlines and being open to adding and subtracting content as the book took shape. In total there are 28 contributors to this book, many of whom provide content for the “Voices of Nurse Researchers” segments that are interwoven within chapters. These short segments provide useful knowledge and recommendations from hospital-based nurses throughout the country. Their voices provide pragmatic advice and examples of considerations that led to their nursing research successes. I am tremendously thankful that they took time to share their stories, many of which augment the words of chapter writers.
I thank K. Kelly Hancock, our executive chief nursing officer and chief nursing officer of the main campus, for her many contributions to the success of our nursing research program. Early after I shared my plans to develop a nursing research program that was more than just a communication service (in 2004), Kelly, who at the time was a clinical director, communicated the need to conduct nursing research to her clinical department managers and leaders. Kelly was one of many clinical directors, yet it was her early support of nursing research and our team’s mission that led to an influx of research projects led by clinical nurses within her department. Those early research projects taught my team a lot about the needs of clinicians when juggling clinical work and nursing research, and helped us to establish resources to meet clinician needs. More importantly, nonmaster’s-degree clinical nurses became the faces of rigorous nursing research projects. Today, Kelly is an inspirational leader for nurses and nursing at Cleveland Clinic. Her unwavering leadership and support of generating and using new knowledge gained through nursing research to advance nursing and ensure we are truly providing best practices permeate our mission, strategic plans, and allocation of resources.

Finally, and most important, I wish to recognize my husband, Gerard, my daughters, Samantha, Alyssa, and Stephanie, and my future son-in-law, Bill, for their patience and emotional support as I toiled through the writing and chapter reviews of this book. Blending my passion for getting this book completed with my desire and need for family time did not always balance out, but my family brought me back to reality with regular visits into my home office, and challenges to break for dinners, exercise, and shared activities. I love you all; you are simply wonderful!
In this opening chapter, we begin by answering the question: What are the benefits of a nursing research program? We describe how nursing research provides new evidence for nursing practice that improves clinical outcomes, changes the culture of the organization, creates new leadership roles for nurses, offers opportunities for interdisciplinary collaboration, enhances patient safety, improves nurse and patient satisfaction, and leads to positive branding of the hospital and the nursing department. As the health care industry transitions from a volume-based to a value-based payment system, it is imperative that nursing leadership recognizes the benefits of initiating, growing, and sustaining a nursing research program. Nursing leadership can create (or support) a vision for nursing research based on the benefits that are central to the hospital’s strategic mission and goals.

**BENEFITS OF NURSING RESEARCH**

**Nursing Research Provides New Evidence for Nursing Practice**

Nurses are ideally positioned to design, develop, and conduct research on patient and caregiver interventions and new protocols, pathways, tools, and processes, and then, to implement important evidence-based interventions in clinical settings. In addition to individual nursing research reports published in peer-reviewed journals, there are many global examples in the literature of how nursing research can create new ideas that can improve nursing science, transform nursing practice, and be translated into policy. Four examples that
can be used to energize nurses to the power of nursing research are provided.
First, the National Institute of Nursing Research published a report of 10 landmark nursing research studies that changed practice over time (National Institute of Nursing Research, 2006). Second, members of the National Nursing Research Roundtable (Grady & Gullatte, 2014) published a report of the science of caregiving that included multiple nursing research themes of importance in moving the science forward, such as dementia, sleep disturbance, caregiving across the life span (family-oriented interventions), nurse-facilitated conversation, and providing health information. Third, in one issue of a Robert Wood Johnson Foundation publication, 11 research reports on the following themes were discussed in relation to nursing research: quality of care, patient safety, reliable care, cost and value of nursing time in improving clinical outcomes, changing the environment of care, enhancing the pool of qualified clinical nurses, balancing nurse staffing costs and adverse outcomes, supportive workforce, and patient-centered care (Grace, 2006). Finally, the Interdisciplinary Nursing Quality Research Initiative (INQRI) of the Robert Wood Johnson Foundation was developed to promote more research that shows the impact of nursing. Themes of importance to INQRI are those that advance understanding of the nursing process, workforce, and environment; the effects of innovation on quality of patient care; hospital-based (acute care) structural, organizational, and environmental factors that affect quality of nursing care delivery; how quality of nursing care is measured accurately in ways that are useful and feasible; and methods that specifically improve nursing and patient outcomes based on changes in the nursing workplace or workforce (www.inqri.org). In a 2012 report from the Robert Wood Johnson Foundation, examples of research themes that could directly affect nursing practices were the effect of patient activation on pain self-management, use of information technology to resolve medication discrepancies in home care, medical–surgical nurse workload and characteristics on patient outcomes, use of a fall prevention bundle to decrease hospital falls, and an interdisciplinary nurse-led plan to decrease delirium in critically ill adults (Naylor, Pauly, & Melichar, 2012). Thus, hospital-based nursing research has the power to transform nursing care and lead to patient, nurse, and hospital benefits. A well-developed and executed nursing research program will create an infrastructure that guides nurses toward improving their practice.

All too often hospital care that is delivered should not be, and care that is not delivered, should be. Your reading of this book is evidence that nurses are making progress in their quest to provide better care to individuals, improve the health of populations, and lower the costs of care using evidence-based practices (EBP) and research. The Institute of Medicine (IOM, 2011) set a goal that by 2020, 90% of all health care decisions should be guided by evidence. Melnyk, Fineout-Overholt, Gallagher-Ford, and Kaplan (2012) reported that between the years 2005 and 2013 clinical nurses became ready to adopt EBP, yet authors also pointed out that well-known barriers to basing practice on
Creating a Vision for Nursing Research by Understanding Benefits

evidence and conducting nursing research remained consistent and strong after 20 years of discussion. Table 1.1 provides barriers to and facilitators of using EBP and conducting nursing research that were identified by clinical nurses and nurse leaders (Kelly, Turner, Speroni, McLaughlin, & Guzzetta, 2013; Melnyk et al., 2012; Packerton et al., 2009; Pravikoff, Tanner, & Pierce, 2005; Smirnoff, Ramirez, Kooplimae, Gibney, & McEvoy, 2007; Yoder et al., 2014). To ensure that patient outcomes and administrative decisions that affect nursing practices are based on the highest level of research evidence available and to increase the conduct and consumption of nursing research by clinical nurses, there is a need for education, information, and support. A nursing research program will provide the necessary education, information, and support needed to enhance facilitators and minimize barriers to searching, appraising, and using research literature, translating research results into clinical practice, and conducting new nursing research that leads to implementation of EBP.

Complexity of nursing care has increased over time due to medical discoveries, improved technological capacity and communication methods, regulatory expectations, and the speed with which changes occur. So, too, patient complexity has increased as patients live longer, are more likely to have multiple comorbidities, and bear an increasing share of the costs of care. Nursing practice must evolve to keep pace with the changing landscape of hospital care and the national push for value-based care (high-quality care and outcomes.

### TABLE 1.1 Barriers and Facilitators to Using Evidence-Based Practices in Nursing and Conducting Nursing Research

<table>
<thead>
<tr>
<th>BARRIERS</th>
<th>FACILITATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Time limitations/heavy workloads/staffing issues</td>
<td>- Education/research training</td>
</tr>
<tr>
<td>- Organizational culture relies on tradition and maintaining outdated work/practices</td>
<td>- Access to information clearinghouse for evidence-based information</td>
</tr>
<tr>
<td>- Inadequate EBP education and skill training</td>
<td>- Dedicated time</td>
</tr>
<tr>
<td>- Have not taken a research course; lack of knowledge of and confidence in using research</td>
<td>- Organizational support/awareness</td>
</tr>
<tr>
<td>- Lack of access to databases</td>
<td>- Manager support</td>
</tr>
<tr>
<td>- Lack of support by managers and leaders</td>
<td>- Mentors available on unit; nursing research mentors</td>
</tr>
<tr>
<td>- Resistance from nursing and medical colleagues</td>
<td>- Written EBP standards of practice</td>
</tr>
<tr>
<td>- Lack of understanding of how to critically appraise evidence</td>
<td>- Making research relevant</td>
</tr>
<tr>
<td>- Intimidated by research</td>
<td>- Peer and physician support</td>
</tr>
<tr>
<td>- Nursing research is not a priority</td>
<td>- Money to support EBP and research initiatives</td>
</tr>
<tr>
<td>- Lack of an institutional research infrastructure</td>
<td>- Increased awareness of the importance of EBP</td>
</tr>
<tr>
<td>- Do not understand or value research</td>
<td>- Tangible research resources</td>
</tr>
<tr>
<td>- Lack of relevance to nursing practice</td>
<td>- Research is part of the job</td>
</tr>
<tr>
<td>- Lack of interest</td>
<td>- Nursing research council</td>
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EBP, evidence-based practice.
at lower cost), and autonomous, accountable nursing practice. A strong scientific foundation, combined with a professional practice model that is founded on EBP and research will help nurses meet and exceed stakeholder goals and consumer expectations (River, Cohen, & Counsell, 2006).

As with most social change, hospital-based clinical nurses and nursing leaders must be willing and able to take the leap toward an EBP infrastructure. The American Nurse Credentialing Center Magnet® program designation has focused on clinical nurses’ participation in nursing research and use of EBP. Magnet-designated hospitals were more likely to have higher patient safety and quality of care in the United States (Witkoski Stimpfel, Rosen, & McHugh, 2014) and internationally (Cheung, Aiken, Clarke, & Sloane, 2008), providing evidence that attention to professional practice through EBP and nursing research has important implications.

Nursing Research Changes the Culture of an Organization

Important clues for detecting an organization’s predominant culture are its visible structures and processes (artifacts). The organizational structures and processes put in place by top leadership are a reflection of current priorities and serve as constant communication of what they want their employees to pay attention to (Schein, 2012). For instance, if a hospital states that it values patient and family input, one would expect to see multiple avenues throughout the hospital that facilitate consumer feedback. Many hospitals purport to support interdisciplinary care, but historically, nurses’ experiences in interdisciplinary patient rounds were suboptimal. Scott and Pollock (2008) reported that during patient rounds, nurses would report objective findings but not necessarily contribute to the development of the patient care plan. “You know, keep your head down. Do what you’re told,” commented one nurse about her role in rounds (p. 302). A hospital-based nursing research program creates a driver to counterbalance medical authority and hierarchical leadership, a cultural dynamic still prevalent in too many hospitals. By committing funding and resources to research, the chief nursing officer (CNO) shows concern for the evidence base of the many policies and procedures governing nursing, which then serves as an example to staff that they too should be concerned about the evidence base of their units’ standards of care. This alignment sets the tone for an evidence-based culture.

When nurses are incentivized to work in an evidence-based culture, translation and dissemination of EBP and nursing research thrives. The best chance of success in nursing research is a culture supported from the top down but driven by a bottom-up approach (The Advisory Board Company, 2003). In a bottom-up approach, clinical nurses are knowledgeable about EBP and have support to seek out best practice evidence, question nursing practices and policies for strength and quality of evidence, consider new ways of
carrying out nursing practice, develop questions amenable to research, and expect to methodically derive answers to these questions through research. Although a research study, with its rigor and design considerations, is usually a deliberate, slow-paced activity affecting few staff, and the impact on culture change is commensurately slow, an immediate and powerful cultural driver of a research program is that the status, use, and demand for actionable research-based evidence is greatly elevated.

An executive nurse champion, in-hospital research leadership, and a program of EBP/research awareness among clinical nurses create and sustain internal expertise that will initiate a cultural change away from “tradition” and “we have always done it this way” modes of thinking. When the professional practice model visibly empowers nurses to seek knowledge and deliver validated care that promotes high quality outcomes, a culture that supports research will become more prevalent. Ultimately, nursing will have a larger stake in contributing to an evidence-based culture that resonates throughout the hospital. The nursing research program becomes a very visible and accountable stakeholder that advocates for EBP—even across disciplines.

VOICE OF A NURSE RESEARCHER

David Pickham, PhD, RN
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In building a program of research, many resources are needed. Many of these are negotiable: time, space, budget, and so on. What is not negotiable, and is critical to developing a successful program of research, is the support of nursing leadership and specifically the support of the CNO.

In any organization, strategic priorities drive the provision of resources. At Stanford, and surely throughout the United States, our mission is to continually increase the “value” we provide to our patients. Therefore, we see anything that doesn’t add value to patients as being wasteful. For a program of research to be successful within an organization, I believe it is imperative to first align the research program with both the nursing and the organization’s strategic plans. If this is successfully completed, research will be seen as adding value to the clinical care environment. The CNO can then advocate for and provide the necessary programmatic support for the research program.
Nursing Research Creates New Leadership Roles for Nurses

Prior to the global health care practice movement, whereby clinical decisions are based on evidence, hospital nursing services made nursing practice decisions using tradition, physician authority, and trial and error. Increasingly, governmental agencies, regulatory bodies, insurance companies, and national specialty organizations are pushing hospitals to identify, evaluate, and implement EBP. Nurses gaining skills in EBP and research methods will emerge as informal leaders in pursuit of clinical excellence within their work groups. As nurses gain expert status and become EBP gurus, they will be recognized as “go-to” people about EBP, and may find themselves being drawn into policy and procedure committees, nursing research teams, patient education task forces, quality improvement workgroups, and other initiatives that enhance quality outcomes. Activities associated with EBP expertise may be used as evidence for clinical ladder advancement or in annual performance reviews. More important, informal leaders who maintain their expertise status by accessing up-to-date best practices and research evidence will essentially become supportive infrastructure sponsors of EBP. As sponsors of EBP, informal leaders can comfortably facilitate decision making and improved clinical care within daily huddles with colleagues and in local interdisciplinary team rounds.

As nursing research within the hospital grows and formal EBP governance structures expand (see Chapter 4), nurses will have new opportunities to advance in leadership roles, including formal roles as dashboard managers, outcome managers, or quality analysts, or in multiple roles in a formal research program. Stevens (2013) identified the emerging fields of translational and improvement science, implementation research, and health delivery systems science as natural offshoots of implementing a formal nursing research program. As publications of research and quality outcomes become visible externally, nurses who are clinical scholars, are EBP experts, and lead clinical research may be called upon to give expert advice regionally or nationally. All these endeavors provide opportunities for nurses to develop important, clinically based leadership roles.

Nursing Research Offers Opportunities for Interdisciplinary Collaboration

One of the five core competencies for health care providers proscribed by the IOM (Greiner & Knebel, 2003) is the ability to work in interdisciplinary teams. EBP is the future currency of health care, and discovering, describing, debating, and delivering evidence will be the primary purpose of interdisciplinary hospital teams. Health care, particularly within hospitals, has been traditionally organized around multidisciplinary teams; each discipline focusing
on its part of the patient, always working sequentially or in parallel with other disciplines. Authority and leadership were typically vested in physicians, and the focus was on communication, not collaboration, leading to multiple plans of care. In contrast, interdisciplinary teams work to meet multiple patient needs and priorities by integrating care plans from all disciplines into a single plan of care. Team members accept leadership from the most knowledgeable team member and learn to trust each other to achieve patient goals (Heinemann & Zeiss, 2002).

The mainstay of interdisciplinary collaboration is patient rounds. In a review of literature, patient rounds were associated with positive patient outcomes (Epstein, 2014) and were valued by many nurses and some physicians (Gonzalo, Kuperman, Lehman, & Haidet, 2014). A prerequisite to interdisciplinary collaboration is nurses’ ability to effectively speak and understand the language of research. Research literacy is the ability to locate, understand, and appraise evidence for application in practice (Nolan & Behi, 1996). An organized, proactive nursing research program will help clinical nurses develop the research literacy needed to contribute intellectually and assertively during interdisciplinary patient care planning rounds.

Interdisciplinary research has gained popularity since funders and scientific organizations began discussing enhancing disciplinary integration to promote scientific advances. In nursing, interdisciplinarity can become very important, since medical advances require nursing input for successful implementation and nursing advances generally require collaboration during translation. The Affordable Care Act of 2010 created and generously funded the Patient-Centered Outcomes Research Institute (PCORI; Frank Basch, & Selby, 2014), a nonprofit, nongovernmental organization authorized by the U.S. Congress. PCORI’s mission is to prioritize and fund clinical comparative effectiveness research that will lead to improved patient outcomes. Due to nursing’s pivotal role and proximity to patients, PCORI is committed to increasing nurses’ contribution to interdisciplinary collaboration in research (www.pcori.org/events/2014/pcori-practice-highlighting-opportunities-nurses). Further, the Agency for Healthcare Research and Quality (AHRQ), one of the largest governmental funders of research, made a call for interdisciplinary teams, including consumers, to identify, measure, and answer important research questions (Stevens, 2013). Interdisciplinary research is still in its infancy; the dynamics of disciplinary integration science require more knowledge (Adams & Light, 2014). In a Cochrane review of interventions intended to increase interdisciplinary collaboration, researchers found only a few studies that addressed the topic (Zwarenstein, Goldman, & Reeves, 2009). Due to multiple study limitations, Cochrane review authors labeled the evidence as promising rather than proven and called for more research. Nurses acting as patient advocates have an obligation to provide evidence-based interventions that promote optimization of interdisciplinary care.
Nursing Research Improves Nurse and Patient Satisfaction

The IOM supports protecting the public from harm. Use of highest strength EBP and nursing research findings may have benefits in changing nurses’ work environment and the delivery of health care, which may ultimately improve patient safety and outcomes (MacDavitt, Cieplinski, & Walker, 2011) and promote patient satisfaction. Moreover, when nurses have a voice in decision making, they create influence and control over their practice, and enhance job satisfaction. Having a voice in nursing research creates an environment that fosters autonomy and interdisciplinary collaboration that may also enhance nurse satisfaction (Grace, 2006; MacDavitt et al., 2011; Rivers, Cohen, & Counsell, 2006).

Nursing research involves data, and data are highly prevalent in many formats in today’s world of informatics, including data from internet sites, hospital databases, electronic medical records, billing systems, national guidelines, and Cochrane reviews. Data, when converted into information through analysis and interpretation, are used to safeguard patients, align nursing practices with the realities of patient care, develop new ideas and innovations, make decisions, and challenge current practices, to name a few (Douglas, 2014). When research is an integral component of nursing departments, nurses will understand how to access, validate, analyze, interpret, and use data to develop solutions, promote best practices, and improve administrative functions, all of which could enhance nurse and patient satisfaction.

Nursing Research Promotes Branding for the Hospital and Nursing Department

In the literature outlining the benefits of nursing research, branding of the hospital and, more specifically, the nursing department is not discussed. However, consider this scenario: A nurse at your hospital conducts a research study on a topic of high interest to nursing practice. The research resulted in practice changes in the hospital and was published in a peer-reviewed journal. You wisely had your marketing department develop a story about study findings for a hospital publication that is shared with community health care leaders. Within months of the publication, a few things begin to happen: (a) nurse administrators call the hospital to learn more about the research intervention and/or practice change; (b) nurses from other hospitals make requests to spend time at your hospital (to see evidence of the intervention/practice change and factors that affected implementation); (c) your nurse authors are invited to speak at national and regional meetings on the theme, specific research methods, and results; (d) nurse authors are asked for input on implications and next
steps related to the research theme (clinical scholar) and to participate as a consultant on related projects in start-ups at other hospitals; and (e) nurses are asked to participate as members of national committees or task forces, which may result in papers and organization policies on research theme content, or implications may be included in scientific statements or guidelines. All of the above brand your hospital, nursing department, and research nurses as thematic or service line experts. Moreover, nonhospital nurses may have more positive perceptions of nursing departments in branded hospitals. Positive differentiation could ease nurse recruitment efforts, especially if the nursing department also has national awards, Magnet designation status, highly rated physicians, cutting-edge technology, and community and national consumer awareness. Nurse retention directly increases a hospital’s “intellectual property” of best nursing practices that could promote improved patient outcomes. Further, costs of recruitment and orientation will be reduced.

VOICE OF A NURSE RESEARCHER

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As our nursing research program continues to grow, the perception of nursing research across the campus is also changing. What I found at the beginning is that often people do not quite understand what nursing research is—and it is not their fault. We have spent a lot of time as a profession trying to define our body of knowledge, often without consensus. We have complicated education structures (multiple credentials at the bachelor’s, master’s, and doctorate levels) and professional clinical roles. It is no wonder others find it hard to understand what nursing research is. Often, the perception is simply that nurses do not really do research.

But as we continue to build nursing research, important changes are occurring. Outsiders to nursing are beginning to understand what research within nursing is and the role research has in the profession. With staff undertaking research and speaking with colleagues, research is increasingly being seen as something that is accessible, relevant, and valuable to clinical practice. A successful nursing research program is one of the best advertisements the profession can have within an organization.
REFERENCES


