



A MODEL FOR INCREASING APPRECIATION, ACCESSIBILITY AND APPLICATION OF RESEARCH IN NURSING

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The confidence and engagement of nurses (and midwives) in research are an area for continued development. The Research Appreciation, Accessibility, and Application Model (RAAAM), developed in 2011, provides a framework for enhancing research activities by nurses within the clinical setting. Unlike other models, the RAAAM does not assume a preexisting capacity or knowledge of research; however, the model incorporates the multiple research activities that comprise a research culture. Although it is acknowledged that undertaking a research project is not for everyone, using evidence-based knowledge for practice development is essential and relates to all clinical staff. The RAAAM model presents four domains—research appreciation, research accessibility, research application, and research sustainability. Research appreciation is a first step in realizing the potential beneficial impact of research in practice. Relating these activities to identified key result areas that are drawn from key stakeholders completes the loop, ensuring sustainability of research activities and processes. The model presented here offers a practical and user-friendly approach for research enhancement in nursing using the platform of a clinical and academic partnership. (Index words: Model; Nursing; Research) *J Prof Nurs* 31:119–123, 2015. © 2015 Elsevier Inc. All rights reserved.

ENGAGING NURSES and midwives in research can be difficult, although governmental Health Departments advocate for evidence-based practices in health care across all disciplines. The evolution of nursing from an intuition-based practice to an evidence-based profession has become more marked throughout the late 20th century. Yet, despite an acknowledgement of the importance of research to inform practice in nursing and an increase in nurse-led research and research outputs in recent times, there still exists a gap for most nurses in leading research in clinical practice. Nurses working in the clinical setting report positive attitudes to research and its use in practice; however, when asked specifically, nurses are not always able to give accurate and reliable sources for their evidence-based practices (Bonner & Sando, 2008; Waters, Crisp, Rychetnik, & Barratt, 2009). When considering research activities for nurses in the clinical setting, nurses may be provided

with research seminars and other research development opportunities. Nevertheless, enhancement of access to research, research appreciation, and research application remains a challenge within the discipline of nursing. This article presents a partnership model called Research Appreciation, Accessibility, and Application Model (RAAAM). The model provides a framework for enhancing research activities by nurses in the clinical setting using a clinical an academic partnership to springboard from.

The Development of the Model

Models for research enhancement vary in areas such as language used, context for application, and resources required for their implementation. Developing a comprehensive model is challenging in terms of terminology (delineating definitions), identifying theories that relate to the subject being developed, and conveying this concept in a schematic that makes sense to others. Existing models for the advancement of evidence for practice recognize the important connection between research knowledge generation, research finding application, and interorganizational environments to implement these practices (Glisson & Schoenwald, 2005). Emphasis on embedding research activity with quality assurance systems to enhance accessibility and clinical relevance has also been a feature in some models designed to enhance research in health

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(Stetler, McQueen, Demakis, & Mittman, 2008). Also advocated is leadership as an important component, including consultation with staff to implement a research model within the service delivery setting (Fixsen, Blase, Naoom, & Wallace, 2009). Aarons, Hurlburt, and Horwitz (2011) postulated a firm consideration of three key aspects in the conceptualizing of a research implementation model; these were the circumstance of the target health staff, the organization, and the external environment (i.e., key stakeholders). Clinical knowledge and problem-focused triggers used in the Iowa Model (Titler, 2010) research are also considered important; however, there appears to be an assumption in some models that staff are familiar with generating a research question and a research plan and capable of undertaking statistical or thematic analysis. Capacity to undertake the design and analysis of research for evidence are within nursing, where most nursing curriculums focus on using evidence for practice rather than designing research projects. In addition, capacity is also implicit in terms of dissemination of research findings. However, most nurses are not inspired to forge a research project and then disseminate their findings because of many barriers relating to their own research knowledge and appreciation, research resources and access to these, and the diverse levels of research capacity among nurse professionals.

Studies that have investigated the involvement and use of research by nurses indicate that nurses in senior positions show a more positive attitude toward research compared to junior nurses (Bonner & Sando, 2008; Waters, Crisp, Rychetnik, & Barratt, 2009). Although there are many studies in the last 10 years investigating evidence-based practice and its use in nursing, very few have studied the impact of involving nurses in the research process from conception, design through to analysis, and dissemination (Mott et al., 2005; Nagy, Lumby, McKinley, & MacFarlane, 2001; Waters, Rychetnik, Crisp, & Barratt, 2009). Existing activities in routine practice such as clinical practice reflection, discussions with peers, and a patient-centeredness are all enablers in the generation and utilization of research (Brown et al., 2010; Chapman, Duggan, & Combs, 2011; Mashlach Eizenberg, 2011); however, this is tempered by barriers to nurse-initiated, nurse-led research (for example, insufficient time, a nonsupportive organizational culture, and variation in individual research capacity) (Akerjordet, Lode, & Severinsson, 2012; Kajermo et al., 2010).

The Research Appreciation, Accessibility and Application Model

The RAAAM was conceived in 2011 and implemented shortly thereafter within a large metropolitan private hospital comprising 410 medical–surgical beds, 1100 employed nurses and midwives, and three campuses. Nursing research within the hospital was at the very beginning stages; however, the executive leadership team for the hospital (i.e., CEO, chief nurse, etc.) were all very strongly committed to a research culture particularly for their largest workforce (nurses). The model comprises

four domains: research appreciation, research accessibility, research application, and research sustainability (Figure 1), and central to the model is a partnership between the hospital and a university undertaken in this model example. The academic–hospital/industry partnership is focused on bringing together nurses from different fields to tackle complex clinical and nonclinical problems.

Research Appreciation

Research appreciation refers to the attitudes and knowledge an individual holds toward research. Nurses are either unfamiliar with or not well practiced in the gamete of activities that constitute research activities. These activities include journal clubs, best practice groups (BPGs), conference presentations, undertaking a literature review, planning/undertaking a research project, writing for publication, and using evidence for the generation of patient and/or family information/education or to amend or develop protocols for clinical procedures. Research appreciation is an important first step in realizing the place of nurse-led or nurse-initiated research as a routine practice reality rather than something someone else undertakes. Research appreciation in the RAAAM relates to profiling research within the organization as a priority. Colloquially, the organization needs to “walk the walk” not just “talk the talk.”

Research endorsement and leadership within the RAAAM involve organizational and person-related considerations. This domain of the model also identifies potential key partnerships with which to platform the relevance and importance of research as a legitimate clinical activity within the organisation. Central is the provision of a research mentor or nurse research leader (depending on the organization role requirement) within the clinical setting. Examples of successful partnerships can be drawn from those between a university and a hospital (academic–industry partnerships), or merely the direct employment of a research prepared nurse leader (that is, PhD qualification). For instance, a hospital and university partnership share a joint appointment of a research active nurse (usually a professor) and provide other resources such as a research assistant and personal assistant to enable the person to begin engaging the research agenda for the hospital. These academic/industry partnerships are now seen in many countries and are very helpful in increasing research accessibility for clinical nursing staff. A needs analysis of the hospital research agenda by the research nurse leader/mentor/professor is necessary to generate key result areas and key performance indicators and using these to plan a research strategy. The needs assessment is conducted in the initial stages of setting up the research agenda and takes into consideration the strategic direction and the mission, vision, and values of the hospital while aligning the research activities with the national directions of hospital quality and safety standards. Aligning the research strategy and targets to National hospital quality and safety standards adds further usefulness to research activities undertaken. In the development and trial of

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