



Creating a journal club competition improves paediatric nurses' participation and engagement[☆]



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SUMMARY

Background: To improve journal club participation, innovative approaches are required but few have been described. It was unknown if adding an element of competition, to an established journal club, would increase nurses' participation.

Objective: To explore the impact on attendance and participation in a hospital-wide nursing journal club through the introduction of an element of competition.

Design: A descriptive exploratory study.

Setting and participants: An Australian specialist tertiary paediatric hospital with over 1600 nurses.

Methods: In 2013, 12 hospital wards/departments were randomly assigned a month each to present journal club. Nurses were supported to evaluate an article according to a published framework. A predetermined rubric guided marking. Post competition, all hospital nurses received an anonymous online survey invitation. Demographic, Likert scale and qualitative data were collected. Questions elicited attitudes and perceived barriers or facilitators to participation in the journal club.

Results: Compared to 2012, there was a statistically significant increase in journal club attendance (2013 median = 20.5 [IQR = 18.2, 27.7] vs. 2012 median = 9 [IQR = 6.5, 12.5], Mann-Whitney *U* test, $p < 0.01$). Full online survey responses were received from 289/1674 (response rate 17.3%) of sent invitations (Non-Attendees $n = 224$, Attendees $n = 65$ (including 18 presenters). Overall, Attendees reported journal club had a positive impact on their professional engagement. Presenters rated the journal club format highly as it developed skills and increased their confidence in journal club presentation. Emergent themes were time and location, engagement, topics and content.

Conclusion: A competition format can increase nurses' journal club attendance and participation. Further work is required to establish applicability of this format to other settings.

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Introduction

Maintaining nursing competence requires practitioners to deliver care according to the best available evidence (Nursing and Midwifery Council, 2015). A critical element of establishing best practice requires nurses to use relevant literature and research findings to inform their current practice (DiCenso et al., 1998). Critical appraisal of research findings and reflection on the appropriateness of the research to

practice are essential (DiCenso et al., 1998). Based on an interactive approach to learning (Harris et al., 2011), journal clubs (JC) offer one avenue for developing or honing these critical appraisal skills (Rogers, 2009).

JC have a long history of facilitating, disseminating and critically appraising contemporary journal articles for health practitioners (Linzer, 1987). Much of the evidence surrounding JC is derived from the medical profession (Rogers, 2009). A review, of mostly medical studies, by Harris et al. (2011) reported that JC can improve reading behaviour, confidence in critical appraisal, critical appraisal test scores, and ability to use findings in clinical practice. However, Horsley and colleagues (2011) in their recently updated Cochrane review, could only find three randomised controlled trials of interventions to teach critical appraisal skills to health professionals. Both Harris et al. (2011) and Horsley et al. (2011) concluded that, to further our understanding of how JC support evidence-based practice, further research is

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advocated. Linzer et al. (1988) found that attendance at a facilitated face-to-face JC significantly improved reading habits and knowledge of research methods compared to a control group. In addition, this knowledge increase correlated with the number of JC sessions attended.

Within the nursing literature, there are many descriptions of various JC formats with a similar lack of empirical evidence (Rogers, 2009). Reports indicate that JC can improve nurses' knowledge in interpreting and appraising nursing research (Kartes and Kamel, 2003; Mattila et al., 2013; Ravin, 2012; Rogers, 2009), increase confidence in reading and raise awareness of relevant literature (Nesbitt, 2013) and lead to evidence-based practice change (Hughes, 2010; Kartes and Kamel, 2003).

To improve nurses' engagement in critically appraising current literature and promotion of evidence-based practice at the Royal Children's Hospital, Melbourne, Australia (RCH), the Nursing Research Committee established a hospital-wide Nursing JC early in 2010. To maintain momentum, changes in timing and many of the approaches recommended by Honey and Baker (2011) were tried. Despite this, JC attendance gradually reduced. Thinking beyond strategies described in the literature for increasing attendance and participation in JC, the question was asked whether adding an element of competition into JC could make a difference?

Competition surrounds us all, every day, whether it is, striving for that promotion (Vidal and Nossol, 2011), sporting activities (Tyler and Cobbs, 2015), university rankings (Linton et al., 2011) or presence on Facebook (Chou and Edge, 2012). Innately, humans compare themselves to others and strive to achieve or maintain a superior relative position (Garcia et al., 2013). Thus, it was proposed an innovative competition format could improve JC engagement. Given the novel nature of this intervention an evaluation was undertaken.

Aims

To explore the impact of a novel competition format on paediatric nurses' preparation, presentation and participation with a hospital-wide JC.

To explore paediatric nurses' reasons for not attending a hospital-wide JC.

Methods

Hospital Setting

The RCH is a specialist tertiary paediatric hospital that cares for approximately 34,700 inpatients per year. The RCH has approximately 4500 employees of whom over 1600 are nurses. This nursing workforce is distributed over 11 inpatient wards and numerous outpatient services.

Intervention

In 2013, the 'Evidence Owl Nursing Journal Club Competition' was introduced hospital-wide and was trialled for one year. Twelve wards/departments were allocated a month to deliver a JC. Allocation of presentation months was generated via a computer-based randomisation process. Nurse unit managers and clinical nurse educators were e-mailed: allocated months, times and locations, and the scoring rubric (see Supplementary Information), wards/departments were asked to nominate a representative to liaise with the Nursing Research Department who provided support to nurses in preparing their JC presentation. This support commenced with personalised distribution of JC resources to the clinical nurse educator/nurse unit manager of each ward/department, with a request for them to identify presenters. Those nurses were then personally contacted by the nursing research team and offered an opportunity to communicate with a specific research team member. Predominantly, queries directed to the nursing research team related to article suitability and support interpreting

results in complex papers. Delivering this support provided a valuable opportunity to develop research knowledge and understanding in JC presenters.

The article selected for JC was to report original research and have been published within the previous 2 years, unless strong justification for choosing an older article could be given. The article was to be critiqued according to Schwartz et al. (2007) framework. This 10-step framework provides a structured approach for healthcare staff to review articles for JC. When preparing for JC, prior to the competition's introduction, nursing staff found the 10-step guideline easy to follow and as some had previous exposure to the framework it was also incorporated when the competition element was added. In addition, the framework promotes presentation of the chosen paper within 10 min, allowing ample time for discussion. If the study utilised a non-experimental or qualitative design, guidance was provided for alternative approaches to some of the steps outlined by Schwartz et al. (2007), for example, reframing PICO and considering the trustworthiness of the data for qualitative research. These presentations were to be made without the use of software presentation programs and presenters were asked to prepare a one-page, take away information sheet.

JC presentations were held in the hospital's health learning precinct, commonly accessible to all wards. One week prior to each JC presentation, invitations and chosen articles were distributed using nursing e-mail Distribution Lists. Invitations were also posted on an intranet notice board. During JC, presentations were independently marked according to the rubric by two members of the Nursing Research and Education Department. The average of points awarded was calculated for each ward and at the end of the year the prizes were awarded. These prizes included certificates for the first three wards, an engraved trophy and academic book store voucher for the winning ward, and entry of the winning ward's name on a perpetual trophy.

Attendees at each JC presentation were asked to complete an evaluation slip that included a rating of the 'Value of information' delivered in the presentation: 'extremely useful', 'useful' or 'not useful'.

Descriptive Prospective Questionnaire

After local ethics approval (HREC 33167), an up-to-date e-mail list of nurses employed at RCH was obtained from the Human Resources department. After the last round of the JC competition, nursing staff were e-mailed a project information sheet and an invitation to complete an online questionnaire (LimeSurvey Project Team/Carsten Schmitz, 2012). To ensure no duplicate responses were obtained, an anonymous individualised token system was used. This enabled identification of survey completion and appropriate reminders could be sent. In addition, when using the anonymous token option, LimeSurvey™ stores questionnaire responses and participant contact details in separate databases. As there is no traceable link between these databases, and it is impossible to match participants with their responses, anonymity of questionnaire responses was maintained. Consent to participate in the study was implied if nurses completed the questionnaire.

The questionnaire included 14 questions. Four demographic questions were asked of all respondents and then divided for *Attendees* and *Non-Attendees*. Questions for *Non-Attendees* were deliberately kept to a minimum in an attempt to improve completion in a group that had not previously engaged with the JC format. *Attendees* were asked questions about which JC they had attended, and JC engagement was assessed with eight Likert questions (strongly disagree, somewhat disagree, neutral, somewhat agree and strongly agree). JC presenters were then asked if they had previously presented at a JC followed by six similar Likert questions regarding the process of presenting at 2013 JC. All respondents were asked four open-ended questions: 'What was the main reason you did NOT attend an Owl Nursing Journal Club in 2013?', 'What would enable you to attend more journal clubs?', 'What recommendations would you make for future nursing Journal Club s?', and 'Other comments regarding the Owl Nursing Journal Club'.

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