

Creating Healthy Work Environments 2019

Ensuring That Professional Nurses Have a Voice in Clinical Inquiry Initiatives for Optimizing Patient Outcomes

Mary Laly Chacko, DNP, RN-BC, NPD-BC, CRSCST, ACE¹

Deven Barriault, MSN, RN-BC¹

Loida Indefenso Bautista, BSN, RN-BC²

Jesus Chagolla, BSN, RN, CMSRN³

Michelle Clark Lincoln, BSN, RN, CLC, IBCLC⁴

Rosario Tarriman Suico, MSN, RNC-OB, RN, EFM⁵

Kenn M. Kirksey, PhD, RN, ACNS-BC, FAAN¹

(1)Executive Nursing Practice Group, Harris Health System, Houston, TX, USA

(2)Behavioral Health, Ben Taub Hospital, Harris Health System, Houston, TX, USA

(3)Nursing, Ben Taub Hospital, Harris Health System, Houston, TX, USA

(4)Lyndon B. Johnson Hospital Women & Infant Services, Lyndon B. Johnson Hospital, Harris Health System, Houston, TX, USA

(5)Case Management, Ben Taub Hospital, Harris Health System, Houston, TX, USA

Background

Creating a culture where high quality, patient-centered, interprofessionally-driven and evidence-based care is valued is essential in fostering innovative, data-driven and exemplary patient outcomes. The Institute of Medicine “recommends that 90% of practice be based on evidence by 2020” (Connor, Dwyer, & Oliveira, 2016, p. E1). Black and colleagues (2015) noted that clinical facilities “can no longer afford for EBP to remain an abstract concept or an idealized competency” (p. 19). Addressing clinical inquiry questions is dependent upon an appreciation of evidence-based practice (EBP) and nurse-led research (Wilson, Kelly, Reifsnider, Pipe, & Brumfield, 2013). There are citations denoting how the provision of dedicated, protected time to initiate and participate in EBP is essential for successful outcomes (Wilson, Banner, Austria, & Wilson, 2017). However, this can be challenging (particularly for clinical nurses) because direct patient care often receives higher priority than participation in nurse-led scholarship. Promoting EBP and overcoming the obstacles must be an ongoing process (Gallagher-Ford, 2014). Melnyk and colleagues (2016) cited how the influence and support of chief nurse executives is essential in ensuring that both nurse leaders and nurses working at the point-of-care succeed with scholarly pursuits.

Being cognizant of the importance of strengthening the professional well-being of registered nurses, promoting interprofessional collaboration, and ensuring that nurses have the knowledge and skills to participate in nurse-led scholarship has driven our goal of optimizing patient outcomes. A comprehensive strategic vision was created to align nurse-led scholarly projects with our system-wide Nursing Strategic Plan. Seven priority themes, including foundation, education, acquisition, creation, innovation, translation and dissemination, were identified. The seven themes provide direction for the appraisal of existing evidence, creation of new knowledge, and translation of relevant findings that have a positive impact on patients and staff. “Creation” is defined as nurse-led or nurse-participative scholarly projects in order to add to the body of scientific nursing knowledge or to validate existing knowledge through replication. A Delphi study was initiated in order to determine nursing staff perceptions of future research and EBP priorities.

Methodology

Delphi technique can involve multiple rounds of data collection to reach consensus, and mixed methods (both quantitative and qualitative techniques) may be incorporated (Parlour & Slater, 2014; Wilkes, 2015). Three rounds of data collection and analyses were required to reach consensus. During Round 1, registered nurses who voluntarily consented to participate were asked traditional socio-demographic

questions (i.e., age, gender, educational preparation, ethnicity, & years of experience) and one study question, “What do you perceive as research and evidence-based practice priorities?”

For Round 2, all members of the study team conducted line-by-line analyses of the responses, individually categorized them into the seven themes originally identified for the Strategic Vision and met in person to discuss individual categorizations and reach group consensus.

During Round 3, a Likert scale that delineated the major themes and descriptors was distributed to volunteer members of the INSPIRE Teams (comprised of both clinical nurses and nurse leaders) at each pavilion. They were asked to prioritize the descriptors associated with each of the seven themes. Twenty-four members of the INSPIRE Teams agreed to participate in Round 3.

Results

Round 1

Of the 212 participants, 186 (87.7%) were female, 78 (36.8%) identified as Asian, followed in descending rank order by African-American (n=70, 33.0%), Hispanic (n=30, 14.2%), White non-Hispanic (n=27, 12.7%) or other (n=7, 3.3%). The majority of participants (97.2%) were employed full-time and worked at the three inpatient facilities. Participants provided socio-demographic data and 442 narrative statements to answer the main study question about research priorities (qualitative).

Round 2

The research team used the processes previously described in the methodology section to analyze the responses. The 442 narrative statements were subsequently categorized into 28 sub-headers which were aligned with the seven major themes. Each theme had 3-5 descriptors.

Round 3

As previously ascribed, INSPIRE team members (n=24) completed Round 3. Using a Likert scale, participants were asked to rank-order preferences for the top two sub-headers in each theme category (quantitative). For example, the first choice was ranked “1” and the second choice was ranked “2.” Although there were as many as five sub-headers under some themes, only the top two descriptor preferences were ranked.

As examples, the first and second choices for each theme are reported. Top rankings for “Foundation” included: 1) build strong partnerships (interprofessional/multi-institutional); and 2) dedicated, protected time for nurses to participate in scholarship. For “Education,” preferences included: 1) nurse education (leadership, evidence-based practice, research, dissemination); and 2) health promotion. The top choices for “Acquisition” were: 1) best practices and 2) nursing clinical skills. The “Creation” responses were related to: 1) nurse retention; and 2) bullying/incivility and patient satisfaction (tied for second place). The fifth theme, “Innovation,” included: 1) innovative work practices and patient-centered care (tied for first place); and 2) patient experience. Sub-category selections for “Translation” included: 1) nurses’ voice in decision-making; and 2) patient safety. And finally, the priority theme of “Dissemination” focused on: 1) poster presentations; and 2) abstract development.

Implications for Practice

This research study provided a roadmap to further guide the integration of clinical inquiry and nurse-led scholarship. Our nurses are cognizant of creating opportunities and serving as the nexus for collegial engagement (with interprofessional and multi-institutional partners) that fosters scientific discovery and evidence utilization that provides a framework for quality healthcare delivery across the region and globe.

Title:

Ensuring That Professional Nurses Have a Voice in Clinical Inquiry Initiatives for Optimizing Patient Outcomes

Keywords:

Delphi technique, Knowledge creation and Nurse-led scholarship

References:

- Black, A., Balneaves, L., Garossino, C., Puyat, J., & Qian, H. (2015). Promoting evidence-based practice through a research training program for point-of-care clinicians. *The Journal of Nursing Administration, 45*(1), 14-20.
- Connor, L., Dwyer, P., & Oliveira, J. (2016). Nurses' use of evidence-based practice in clinical practice after attending a formal evidence-based practice course. *Journal for Nurses in Professional Development, 32*(1), E1-E7.
- Gallagher-Ford. (2014). Implementing and sustaining EBP in real world healthcare settings: A leader's role in creating a strong context for EBP. *Worldviews on Evidence-Based Nursing, 11*(1), 72-74.
- Melnyk, B., Gallagher-Ford, L., Thomas, B., Troseth, M., Wyngarden, K., & Szalacha, L. (2016). A study of chief nurse executives indicates how prioritization of evidence-based practice and shortcomings in hospital performance metrics across the United States. *Worldviews on Evidence-Based Nursing, 13*(1), 5-14.
- ParLOUR, R., & Slater, P. (2014). Developing nursing and midwifery research priorities: A Health Service Executive (HSE) North West study. *Worldviews on Evidence-Based Nursing, 11*(3), 200-208.
- Wilkes, L. (2015). Using the Delphi technique in nursing research. *Nursing Standard, 29*(39), 43-49.
- Wilson, B., Banner, M., Austria, M., & Wilson, A. (2017). Evaluating the implementation of an interdisciplinary evidence-based practice educational program in a large academic medical center. *Journal for Nurses in Professional Development, 33*(4), 162-169.
- Wilson, B., Kelly, L., Reifsnider, R., Pipe, T., & Brumfield, V. (2013). Creative approaches to increasing hospital-based nursing research. *Journal of Nursing Administration, 43*(2), 80-88.

Abstract Summary:

Delphi technique was used to determine registered nurses' perceptions of future research and evidence-based practice priorities in a multi-site healthcare system. The results provide a roadmap to guide the integration of clinical inquiry, serve as a nexus for collegial engagement, and delineate a framework for healthcare delivery across the globe.

Content Outline:

- 1) Describe key steps in conducting a Delphi study
 - a) Qualitative versus quantitative techniques
 - b) Participant characteristics and recruitment
- 2) Identify the study methods
 - a) Three rounds required for consensus to be achieved
- 3) Delineate study findings
 - a) Sociodemographic attributes
 - b) Brief overview of three rounds of data collection
 - c) Link between study results and the 7 themes denoted in the Strategic Vision

First Primary Presenting Author

Primary Presenting Author

Mary Laly Chacko, DNP, RN-BC, NPD-BC, CRSCST, ACE
Harris Health System
Executive Nursing Practice Group
Nursing Instructor
Houston TX
USA

Professional Experience: Dr. Chacko has 25 years of experience as a nursing instructor responsible for planning, developing and implementing educational programs. She has taught licensed and unlicensed nursing orientation, facilitated a program for the perioperative nurses, developed and implemented the online competency program, and provided system-wide competency programs for licensed and unlicensed staff. She has also coordinated LVN workshops, and Trauma, HIV, Laser workshop, & Oncology certification review classes. She was the primary Nurse Planner for the Texas Nurses Association-approved provider unit for 14 years and received commendations three times from TNA. She had presented three posters at the National Nursing Staff Development Organization (NNSDO - currently known as ANPD) and INSPIRE Nursing Symposium regional conference.

Author Summary: Dr. Chacko is a certified nursing professional development practitioner, working as a nursing instructor, and responsible for facilitating and teaching onboarding licensed nursing orientation program in collaboration with other departments. She is also responsible for coordinating new equipment/product in-services for the organization. She is a member of different professional organizations, such as Association for Nursing Professional Development (ANPD), International Association of Healthcare Central Service Material Management (IAHCMM), and Oncology Nursing Society (ONS).

Second Author

Deven Barriault, MSN, RN-BC

Harris Health System
Executive Nursing Practice Group
Coordinator, Nurse Residency Program & Nursing Instructor
Houston TX
USA

Professional Experience: Nursing Instructor, Executive Nurse Practice Group/Education
Responsibilities include leading assigned system level educational programs or initiatives, working with nursing education teams to assess, develop, implement, and evaluate educational programs at the system level, supporting nursing education at the department/specialty level. Also participates as a nursing leader within the system. Primary Nurse Planner for Continuing Nursing Education. Coordinator for the New Graduate Nurse Transition to Practice Program Adjunct Clinical Instructor (SON) University of Texas Medical Branch

Author Summary: Master's prepared, certified nurse in professional development with 29 years of experience in nursing who currently works with new graduate nurses in transition to practice and is the primary nurse planner for continuing nursing education for over 2000 nurses in the public health system for Harris County residents.

Third Author

Loida Indefenso Bautista, BSN, RN-BC
Ben Taub Hospital, Harris Health System
Behavioral Health
Nurse Clinician IV
Houston TX
USA

Professional Experience: Loida Bautista is a registered nurse with over 40 years of experience in medical-surgical, OB-GYN, drug and alcohol, and psychiatric units. She has been a psychiatric nurse for the past 33 years. She joined Ben Taub Mental Health Services 16 years ago and has been actively involved in various hospital committees including shared governance and research. She is currently the chairperson of the Ben Taub/Quentin Mease INSPIRE Team, and unit representative for the Pavilion Nurse Clinician Leadership Team and Pavilion Nurse Clinician Council. She has been the recipient of several prestigious internal and external awards.

Author Summary: Loida Bautista graduated Cum Laude with a Bachelor of Science in Nursing from Far Eastern University in Manila. She received national certification as a Psychiatric and Mental Health Nurse and completed the Electroconvulsive Therapy Program Nursing Fellowship at Duke Medical Center. She is the first Nurse Clinician IV at Harris Health System and was selected as one of Houston's most outstanding nurses by the Houston Chronicle as part of its 2016 Salute to Nurses.

Fourth Author

Jesus Chagolla, BSN, RN, CMSRN
Ben Taub Hospital, Harris Health System
Nursing
Clinical Resource Nurse I
Houston TX
USA

Professional Experience: Mr. Jesus Chagolla began his nursing career in private hospital in Houston, Texas, where he served as an Emergency Room Nurse and a Medical-Surgical Nurse. He has been a

part of the Harris Health System Nursing Services since June 2012 where he has served as a Medical Surgical Nurse, Nurse Clinical Manager, and currently a Clinical Resource Nurse. Currently, Mr. Chagolla is a Certified Medical Surgical Registered Nurse (CMSRN).

Author Summary: Mr. Chagolla earned his baccalaureate degree from Prairie View A&M University and is currently progressing towards completing his Master's in Nurse Education. Mr. Jesus Chagolla has received the Bronze Good Samaritan Award for Nursing excellence as a Nurse Clinician, Nurse Manager, and as a Nurse Educator.

Fifth Author

Michelle Clark Lincoln, BSN, RN, CLC, IBCLC
Lyndon B. Johnson Hospital, Harris Health System
Lyndon B. Johnson Hospital Women & Infant Services
Nurse Clinician II
Houston TX
USA

Professional Experience: Michelle Lincoln is a neonatal RN with 35 years of experience working with neonates and preterm infants in both Level II nursery and Neonatal Intensive Care Unit settings. She has functioned in differing capacities (charge nurse, unit preceptor, etc) and participated as an integral part of various pavilion and system-level committees (Community of Practice, INSPIRE Team, LBJ Baby Friendly Initiative).

Author Summary: Mrs. Lincoln currently serves as elected chairperson of the Lyndon B. Johnson Hospital INSPIRE Team. She and her team have been instrumental in serving as champions for nurse-led scholarship initiatives.

Sixth Author

Rosario Tarriman Suico, MSN, RNC-OB, RN, EFM
Ben Taub Hospital, Harris Health System
Case Management
Clinical Nurse Case Manager
Houston TX
USA

Professional Experience: Rose Suico has been a staff nurse, charge nurse or team leader in Labor & Delivery, Obstetrics, and Perioperative Nursing. She has also functioned as a Clinical Instructor for nursing, preceptor and mentor. She is presently Clinical Nurse Case Manager in Women's Services (OB/GYN, L&D, Antepartum, and Postpartum) at Ben Taub Hospital and an adjunct Clinical Instructor/Professor at San Jacinto College of Nursing in Houston. Mrs. Suico has also been co-author of "Workforce Development to Integrate Nurse-Driven Clinical Inquiry"(International Podium Presentation), co-author of "Patient-centered Care: Implementations of the Discharge Readiness Transition Pathway" at American Case Management Association 2017 National Conference (National Poster Presentation), author of "Patients with Multiple Chronic Conditions" for the Center for Nursing Scholarship INSPIRE Newsletter, and co-investigator on the "Delphi Study to Determine Nursing Research Priorities" (IRB-sanctioned research study).

Author Summary: Rose Suico is currently Clinical Nurse Case Manager at Ben Taub Hospital, where she serves as elected communications specialist for the INSPIRE Team. Mrs. Suico has been an active member of the INSPIRE Team (and its predecessor "research council") for many years.

Seventh Author

Kenn M. Kirksey, PhD, RN, ACNS-BC, FAAN
Harris Health System
Executive Nursing Practice Group
Director, Nursing Research & Sr. Nurse Scientist
Houston TX
USA

Professional Experience: Dr. Kirksey held faculty and leadership positions in academia for over 25 years; most recently as tenured professor at California State University. Kenn's clinical expertise is in critical care; his research has focused on symptom management in persons living with HIV. He has published extensively and presented research findings at conferences on five continents. He has reviewed for 13 peer-reviewed journals and held editorial board positions with *Critical Care Nurse*, *AACN Clinical Issues: Advanced Practice in Acute and Critical Care*, and the *Journal of the Association of Nurses in AIDS Care*. Dr. Kirksey served as chair of the Board on Certification for Advanced Practice and commissioner for the American Nurses Credentialing Center's Commission on Certification. He was elected chapter secretary, vice-president, and president of Sigma Theta Tau International (STTI). He served the organization at the international level as Distinguished Lecturer and elected member of the Research Advisory Committee.

Author Summary: Dr. Kirksey has served as director for two multi-hospital research enterprises for 13 years. He earned baccalaureate, master and doctoral degrees, and completed a post-doctoral fellowship at the University of California. Kenn has been a member of STTI since 1988, a member of the International HIV Nursing Research Network, board certified as an Adult Health Clinical Nurse Specialist, and is one of approximately 2600 nurses across the globe elected to the American Academy of Nursing.