Organizational Infrastructure: Advancing Nursing Research and Evidence-Based Practice

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What is Nursing Research?

The scientific foundation for clinical practice

- Disease and disability prevention
- Symptom management and elimination symptoms
- Enhance end-of-life and palliative care

National Institute of Nursing Research
Why should nurses lead research & use evidence in our practice?

• Nursing is a Science
• We want to give the best care possible
• We have limited resources - we must focus on what works.
• Patient Safety is our #1 goal.
• We have questions about our practice which must be answered.
• It’s the right thing to do.
Where does Nursing Research live?
The mission of NINR is to promote and improve the health of individuals, families, communities, and populations. NINR supports and conducts clinical and basic research and research training on health and illness across the lifespan. The research focus encompasses health promotion and disease prevention, quality of life, health disparities, and end-of-life. NINR seeks to extend nursing science by integrating the biological and behavioral sciences, employing new technologies to research questions, improving research methods, and developing the scientists of the future.
## NINR Budget

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<th>Year</th>
<th>Total Budget</th>
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Academia
Clinical Practice

Public Health

Academia

Professional Associations:
e.g. Sigma Theta Tau, AAN, AWHONN

Regulatory Bodies:
e.g. Congress, JC, CMS, DOH

Industry:
e.g. Pharmaceuticals, Think Tanks, Technology

Foundations,
e.g. RWJ

Funders:
e.g. insurers, foundations

Home Care

Everywhere!
How do we create an organizational structure or framework to promote, facilitate, inspire, and develop Nursing Research & Evidenced Based Practice?
Models for Nursing Research

• Neuman Systems Model
  1. Develop a comprehensive understanding of the substantive content and research rules of the conceptual model,
  2. Review existing research guided by the conceptual model,
  3. Construct a conceptual-theoretical empirical structure,
  4. Clearly communicate the conceptual-theoretical-empirical structure, and
  5. Evaluate the empirical adequacy of the middle-range theory and the credibility of the conceptual model.

Iowa Model for Evidenced Based Practice

- Research teams are charged with answering the questions
- Questions are aligned with organizational resources
- Nurses identify questions about their practice based on
  - Problems
  - New Knowledge

A “bottom-up” approach (inductive)

The Stetler Model for Research Utilization & Evidenced Based Practice

A structure for using the research conducted and create a vehicle for changing policies and procedures. Individual nurses, such as practitioners, educators, and policymakers, summarize research and use the knowledge to influence educational programs, make practice decisions, and impact political decision making (Burns & Grove, 1997).

- Literature review
- Validation
- Comparative evaluation (other cases)
- Decision Making
- Translation / Application
- Evaluation
The ACE Star Model for Knowledge Transformation
Evidenced-Based Leadership
What is evidenced – based LEADERSHIP?

• What does being a leader mean?

• What type of leadership works and what does not work?

• What does a good leader look like?
History of Leadership

• Throughout history there have been many kinds of leaders. Some have done good things, some have been harmful.

• The old type of leadership style was “DIRECTIVE” and “COMMAND & CONTROL” – telling people what to do. This may have been helpful when people were not educated and people were constantly living in times of war.

King Henry VIII

Napoleon Bonaparte

The First Emperor of Ch'ing
Non-evidenced based Leadership

“Shoot from the hip”  “Got ya” Leadership
Leadership in Nursing

• Nursing has a rich history of leadership
• Many call Florence Nightingale the Founder of Modern Nursing
  Florence was a
  – Visionary
  – Creative
  – Evidence based
Contemporary Evidenced-Based Leadership Styles

- **Participative**: asking staff for their input. Developing “critical thinking” in staff.
- **Transformational**: bringing new ideas and “making them happen”
- **Servant**: being an “advocate” for staff and patients. Serving them, rather than having them serve you.
Participative Leadership ~ Shared Governance

- Shared Governance is shared decision-making, partnership, accountability, equity and ownership by staff at the point of service.
• Hospitals have been traditionally, top – down governance
• Our government, however, has been participative.
• Shared governance is based on professional autonomy and participative, or shared, decision-making.
Structural Empowerment

• Kantor’s theory states that opportunity and power in organizations are essential to empowerment, and must be available to all employees for maximal organizational effectiveness and success.

• Key components:
  1. Opportunity for advancement & to participate in activities beyond one’s job description
  2. Access to information on all aspects of the organization
  3. Access to support on decision making and job responsibilities
  4. Access to needed resources

• Why?
  – Related to outcomes, retention, & intent to leave
  – Employees' behavior becomes more effective, and organizational output increases and improves when the organization is structured to provide opportunity and power to all employees across all organizational levels.
Engagement

- Nurses’ engagement is a key related to patient mortality. The more engaged the nurses are, the lower the mortality.

  - "My associates are committed to doing quality work."
  - "I have a best friend at work." (Major predictor of successful teamwork and the level of trust employees have in one another.)


http://www.gallup.com/poll/20629/nurse-engagement-key-reducing-medical-errors.aspx
Responsibility + Authority + Autonomy = Accountability

- **Accountability**: The state of being responsible or answerable.

- Nurses, as members of a knowledge-based health profession and as licensed health care professionals, must answer to patients, nursing employers, the board of nursing and the civil and criminal court system when the quality of patient care provided is compromised or when allegations of unprofessional, unethical, illegal, unacceptable or inappropriate nursing conduct, actions or responses arise. (ANA)
Shared Governance Benefits

- Fosters trusting Relationships
- Sharing power
- Enhances professional engagement
- Reduces turnover and vacancy
- Improves nurse and patient satisfaction

Havens & Aiken, 1999
Examples of Shared Governance activities

- Unit / Professional Practice Councils
- Participative scheduling
- Joint staffing decisions
- Shared responsibilities
- Decentralized decision making
Hierarchical (Top Down) Decisions

- Independence
- Hierarchical relationship
- Parallel functioning
- Medical plan
- Resistance to change
- Competition
- Indirect communication

Participative Decisions

- Interdependence
- Collegial relationships
- Team functioning
- Patient’s plan
- Leading change
- Partnership
- Direct Communication
What model ?
Creating a Culture of Inquiry & EBP

- Professional Practice Model, incorporating EBP, autonomy, accountability, shared governance, responsibility, empowerment & engagement.
Provide Resources, Funding & Opportunities

- Staffing
- Attendance at conferences
- Education
- Recognition
- Mentoring
- Assistance with data analysis
Using an Multifaceted Organizational Approach

- Resources & Funding
- Nursing Research & EBP Committee
- Recognition for EBP
- Professional Practice Model & Magnet Journey
- Mentoring by Nurse Experts (APNs)
- Dissemination of Knowledge
- Education: Support for Conferences & Onsite Education

Hospital

Journal Clubs
What can you do?

• Be a role model
• Hold colleagues & leaders accountable for EBP
• Find ways to incorporate EBP in all aspects of practice:
  – Care
  – Report
  – Rounding
  – Case management
  – Patient education
  – Budgeting
  – Quality
  – Patient safety
Create a Research and EBP Infrastructure

• Role model research
  – Use evidenced based leadership
  – Experienced researchers take novice researchers on the research journey

• Create a Multi-faceted Organizational Model
  – Nursing Research / EBP Committee
  – Establish Journal Clubs led by APNs
  – Resources
  – Recognition & Visibility
  – Publications
  – Encourage collaboration
  – Hold leaders & staff accountable for EBP
  – Support graduate & doctoral nursing education
  – Establish working relationships (cross pollination) with graduate nursing programs
How do nurses use evidence?

- Read articles from professional nursing journals
- Attend professional conferences
- Participating in Journal Clubs
- Participating in practice committees
- Leading EBP projects
Example of Research & Evidenced-Based Practice

Perinatal Grief

• In my own research and practice, I am an expert on perinatal grief, taking care of families who have a baby or child die.

• I have
  – Educated staff
  – Role modeled evidenced based interventions
  – Done my own research
  – Published in journals
Research:

“Psychometric Testing of the new Spanish Short Version of the Perinatal Grief Scale to Measure Perinatal Grief in Spanish Speaking Parents”

- Research had been published on Caucasian populations
- Translated the SVPGS into Spanish, using 3 scientific methods of translation
- Did the study, including psychometric testing of the new tool in Spanish
- Lessons Learned:
  - Hispanic families have a unique bereavement experience, are more expressive, and seek support through groups and religion
  - Began a Spanish Speaking Support Group
  - Began a Spanish Patient Education Program
What is evidenced based healing intervention after perinatal loss?

• Presence:
  – Do not let parents be alone. Be with parents. Have their family / friends there.
  – Say kind things, “I am sorry.” Do not blame parents.
  – Use the baby’s name

• Encourage parents to talk about their feelings: “telling their stories”

• Make memories
  – Encourage seeing the baby. Let parents spend time with their baby, even if it will die.
  – Make: Memory boxes- little boxes where parents can keep their baby’s things
  – Call the baby by name

• Have Rituals and Funerals
• Support Groups
• Know that parents always remember children that die for the rest of their lives
An Example of Evidenced-Based Practice

Pain Management

• Read the literature
• Stop false beliefs
  – Don’t use pain medicine because the patient can get addicted - false
  – Children and babies do not feel pain - false
• Assess pain –
  – In the US, it is required that every patient in a hospital be asked if they are in pain using a pain scale (1 = no pain, to 10 = very severe pain)
• Minimizing Pain
• Give patients control- use PCA- Patient Controlled Analgesia
• Evaluate outcomes – make sure the pain medicine works
An Example of Evidenced-Based Practice

GI Tube Placement in Children

- My Colleague Clare Ceballos, a Pediatric Nurse Practitioner, was not happy with the way children with GI tubes were cared for. They were getting x-rays every time the tube had to be replaced. Too many x-rays.
- She reviewed the literature and found a safer way to see if GI tubes were in the stomach.
- Non-radiologic assessment – gastric pH
- Discussed it with colleagues
- Revised policy
- Educated clinical providers
- Changed practice
- Did outreach to Home Care to change their practice
An Example of Evidenced-Based Practice
Childbirth: Second Stage Labor Management

- In ancient times, women sat up to give birth.
- When childbirth moved into hospitals in the 1950s, women were forced to lie down to give birth. This is not good for the mother or baby.
Evidenced Based Childbirth Today

• Today, women deliver sitting up in special “birthing beds”. This helps the baby deliver using gravity.

• Some women give birth in “birthing pools.” The warm water decreases pain.
An example of Evidenced Based Practice

Advanced Practice Nurses
Nurse Midwives - Nurse Practitioners

Women cared for by Nurse Midwives have better outcomes (risk adjusted) than women cared for by physicians

- Decreased c/section rate
- Decreased episiotomy rate
- Higher apgar scores
- Improved outcomes
- Improved patient satisfaction

- Improved outcomes
- Improved patient satisfaction
- Decreased hospital stays
- Decreased cost
An example of Evidenced Based Practice

**Intravenous (I V) Therapy**

IV Teams, special RNs who are expert in inserting and caring for IVs
- Apply evidence to practice
- Educate staff about proper care of IVs
- Can insert more complicated IVs: Percutaneous central lines (PIC lines)
- Improved outcomes
  - Increased proficiency (saves veins & increases patient satisfaction)
  - Decreased line infections
An example of Evidenced Based Practice

Skin Care

• Read the literature
• Change practice
  – All patients should have a Skin Assessment – use Braden scale
  – Expert Wound – Ostomy – Continence (WOCN) RNs can help improve skin care. There needs to be more WOCN RNs.
  – Nutrition is important to support skin care
• In the US, hospitals are penalized if a patient develops a pressure ulcer while in the hospital.
An example of Evidenced Based Practice

Patient Education

• Read the literature
• Nurses are the most important educators for patients and families
• When teaching a patient, it is important to know:
  – Age
  – Culture
  – How they like to learn? Read it? Watch it on TV?
• Printed materials
  – Must be simple
  – Easy to read
  – Have pictures
• Most hospitals in the US have TVs that can show special films on medical conditions
An example of Evidenced Based Practice

**Nurse Staffing**

- RN staffing affects patient morbidity and mortality
  - Creation of ICUs, stepdown units
- The more education a nurse has, the better outcomes for her / his patients
- The relationship between the patient and the nurse is key to healing
An example of Evidenced Based Practice

Designing and Building Hospitals

• Read the literature
• When building new hospitals, what designs are evidenced based?
• Private rooms
  – Decrease Length of Stay
  – Prevent the spread of infectious diseases
  – Increase patient satisfaction
• Goal: Create a “healing environment” - decorate with
  – Color
  – Art

Mount Sinai Lauder Maternity Unit
Recipient of 2006 Green Award
Improving Patient Safety
Factors contributing to Patient Safety

1. Organizational learning, quality, and improvement
2. Professional Behavior
3. Teamwork within units & hospital
4. Communication
5. Feedback & communication about errors
6. Non-punitive response to error
7. Good Staffing
8. Hospital management support for patient safety
9. Teamwork across hospital units
10. Hospital handoffs and transitions
My own work on Professionalism focuses on the importance of

- Behavior
- Teamwork
- Communication

These are important for

- Patient Safety
- Staff Retention
- Staff and Patient Satisfaction
Code of Professionalism
Zero (no) tolerance for disruptive behavior

- Yelling, screaming
- Intimidating others
- Using racial slurs
- Condescending comments
- Cursing
- Threatening
- Retribution
- Anger, pointing figures
- Ignoring conversation
- Refusing to answer questions
- Physical assault
- Throwing things
There is *NO EXCUSE* for bad, non-professional behavior
Lessons Learned

"Learning is weightless, a treasure you can always carry easily."

~ Chinese Proverb
Lessons Learned
Evidenced Based Practice & Leadership

1. Read the literature!
2. Apply it to your practice.
3. Abandon “sacred cows” and traditions, “I always did it that way!”
4. Open your eyes, mind, and heart to new, evidenced based nursing!