



The Road Less Traveled: Nursing Research

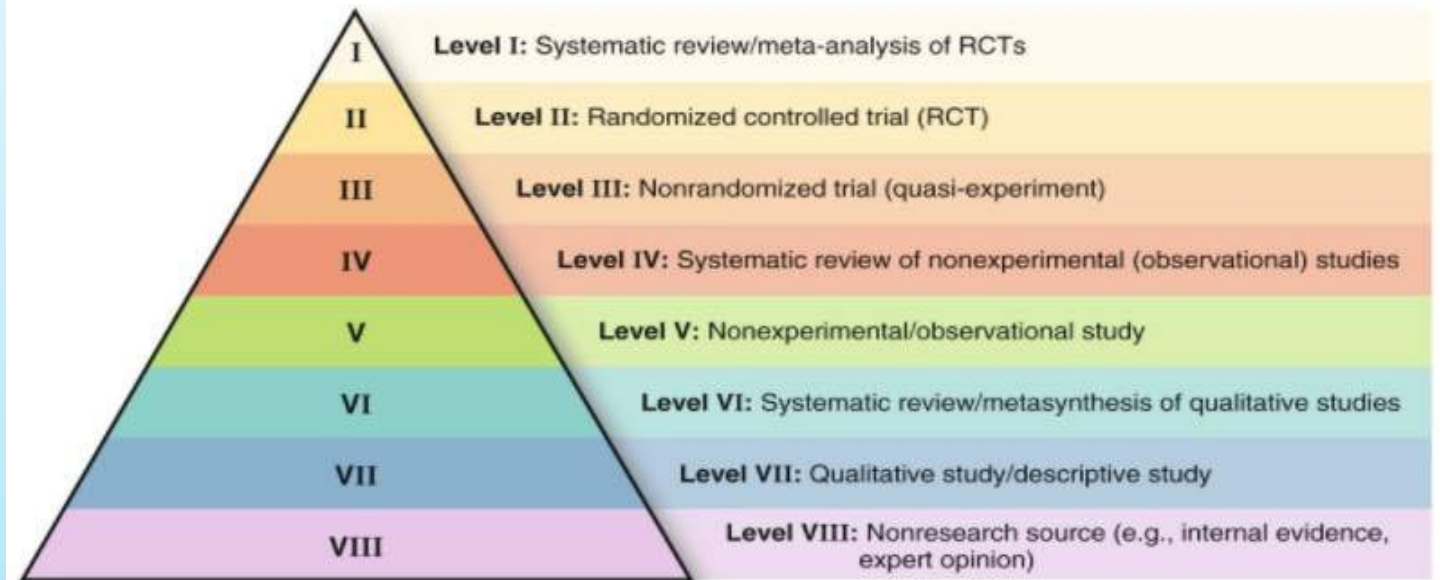
Janet DuPont PhD, MSN, MEd, RNC

Objectives

Hierarchy Pyramid of Evidence

Wolters Kluwer (2021)

1. Explore the impact of nursing research on current and future professional nursing practice.
2. Discuss the skills used by the nurse researcher: Management and organizational skills, clinical nursing skills, teaching and mentoring, multi-disciplinary communication and technology.
3. Explain the level of a clinical nurse researcher.
4. Envision yourself as a nurse researcher and identify a research problem and formulate a research question.



What is Nursing Research?

- ▶ Research is systematic inquiry that relies on disciplined methods to answer questions or solve problems.
- ▶ Nursing research is a systematic inquiry designed to generate evidence about issues of importance to the nursing profession, including nursing practice, education, administration, and informatics.
- ▶ Clinical nursing research aims to guide nursing practice and improve the health and quality of life of nurses' clients.
- ▶ <https://vimeo.com/531410200>

(Polit & Beck, 2021,P.1).



Evidenced Based Practice(EBP) vs Research

-IOM: *Crossing the Quality Chasm:*

“Between the healthcare we have and the care we could have lies not just a gap but a chasm” (IOM, 2001, p.1).

-The focus of EBP is application. The focus of research is discovery.

-EBP integrates research, theory, and practice.

-Dr. Archie Cochrane introduced EBP in the 1970's and he focused on the critical review of research (RCTs). There was a delay in nursing for implementing EBP but interest has been growing over the last 20 years (Polit & Beck, 2021).



Historical Landmarks in Nursing Research

(Polit & Beck,(2021), Supp 1-4)

- ▶ The beginnings- Florence Nightingale's Notes on Nursing (1859)- Analyzed factors affecting soldiers during the Crimean War.
- ▶ 1900's- most studies focused on education.
- ▶ 1936 Sigma Theta Tau- was the first organization to fund nursing research.
- ▶ 1948- The Brown Report- initiated at the request of the National Nursing Council for War Service- recommended that nurse's education occur in collegiate settings.
- ▶ 1950's- upswing in nursing research- Walter Reed Army Institute of Research increased availability of funding and the American Nurse's Foundation was formed and promoted research.
- ▶ 1952- The Journal Nursing Research was launched.



Historical Landmarks in Nursing Research: Continued

- 1955 Inception of the American Nurses' Foundation to sponsor nursing research
- 1957 Establishment of nursing research center at Walter Reed Army Institute of Research
- 1963 International Journal of Nursing Studies begins publication
- 1965 American Nurses' Association (ANA) sponsors nursing research conferences
- 1969 Canadian Journal of Nursing Research begins publication
- 1972 ANA establishes a Commission on Research and Council of Nurse Researchers
- 1976 Stetler and Marram publish guidelines on assessing research for use in practice
- Journal of Advanced Nursing begins publication
- 1982 Conduct and Utilization of Research in Nursing (CURN) project publishes report
- 1983 Annual Review of Nursing Research begins publication
- 1985 ANA Cabinet on Nursing Research establishes research priorities
- 1986 National Center for Nursing Research (NCNR) is established within US National Institutes of Health
- 1988 Conference on Research Priorities is convened by NCNR
- 1989 US Agency for Health Care Policy and Research (AHCPR) is established
- 1993 NCNR becomes a full institute, the National Institute of Nursing Research (NINR)
- The Cochrane Collaboration is established
- Magnet Recognition Program® makes first awards
- 1995 Joanna Briggs Institute, an EBP collaborative, is established in Australia
- 1997 Canadian Health Services Research Foundation is established with federal funding
- 1998 The European Academy of Nursing Science (EANS) is launched
- 1999 AHCPR is renamed Agency for Healthcare Research and Quality (AHRQ)

Historical Landmarks in Nursing (continue)

2000 NINR's annual funding exceeds \$100 million

The Canadian Institute of Health Research is launched Council for the Advancement of Nursing Science (CANS) is established

2005 The Quality and Safety Education for Nurses (QSEN) initiative is inaugurated

2006 NINR issues strategic plan for 2006-2010

2010 The Institute of Medicine publishes a report, The Future of Nursing, that includes research priorities and recommendations for lifelong learning

2011 NINR celebrates 25th anniversary and issues a new strategic plan

2016 NINR issues The NINR Strategic Plan: Advancing Science, Improving Lives

2019 NINR budget exceeds \$160 million



Alcohol vs Natural Drying for Newborn Cord Care

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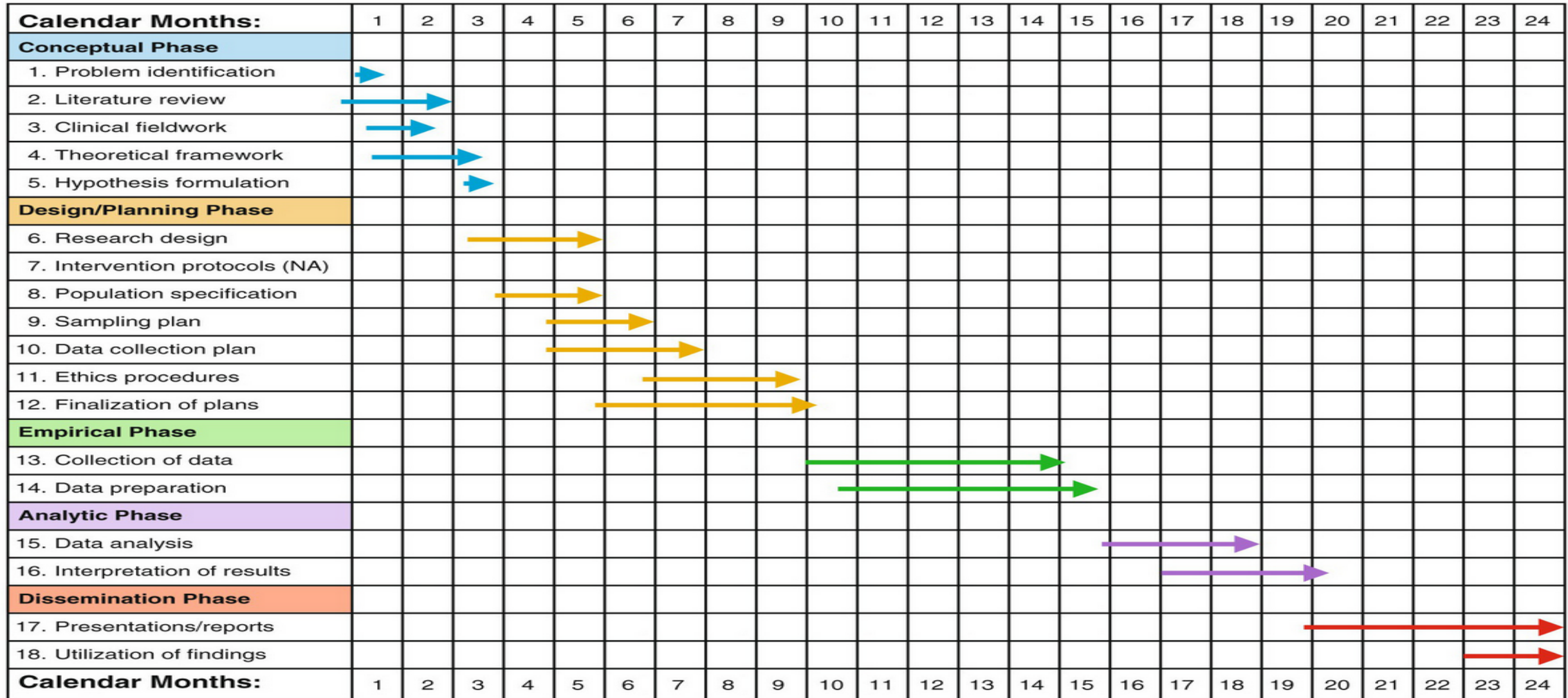
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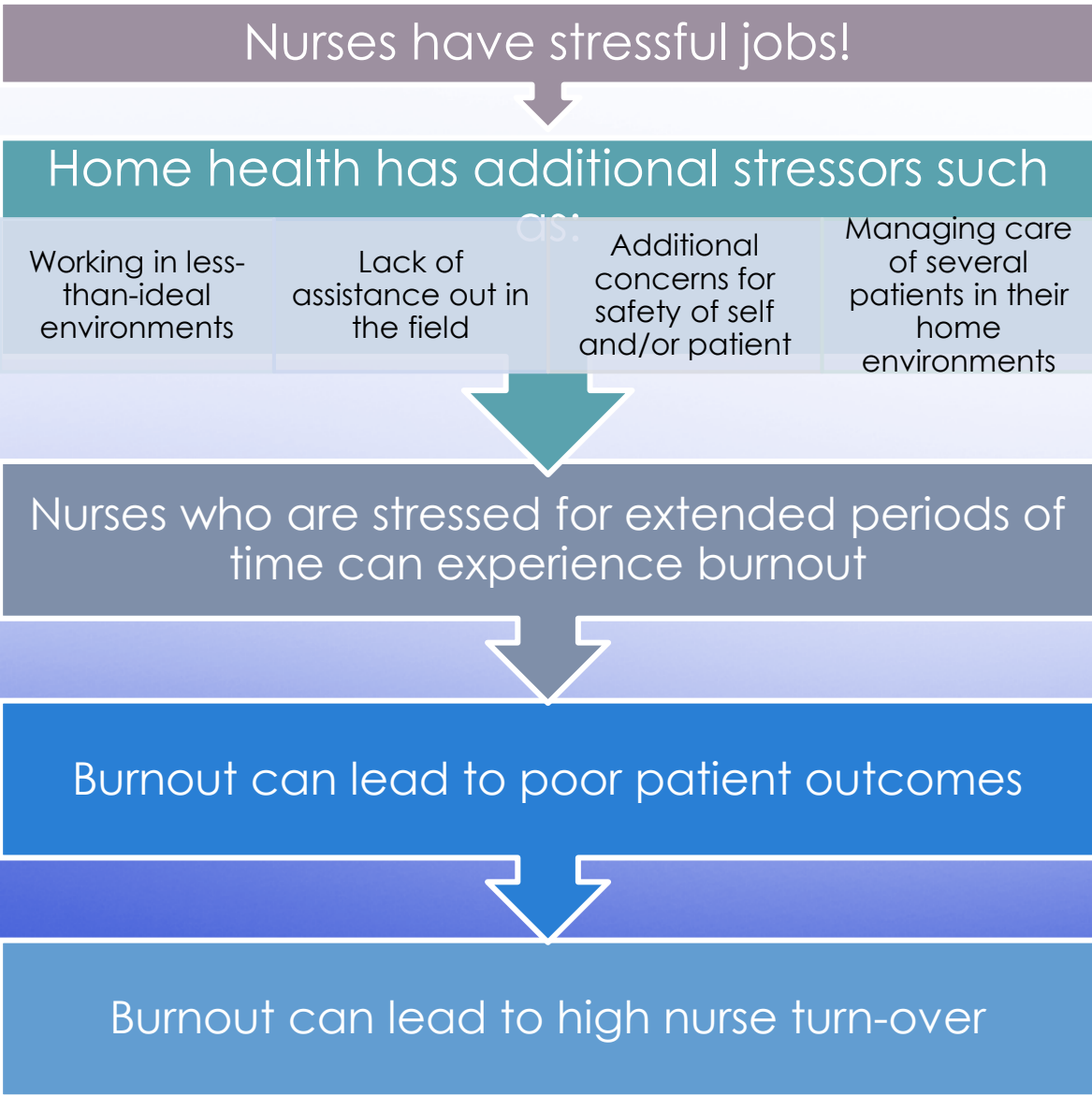
Alcohol vs Natural Drying for Newborn Cord Care

- ▶ **Objective:** To compare alcohol cleaning and natural drying of newborn umbilical cords.
- ▶ **Design:** Prospective, randomized controlled trial.
- ▶ **Setting:** Tertiary-level university teaching hospital and level II community hospital.
- ▶ **Participants:** Of 1,876 singleton full-term newborns enrolled, 1,811 completed the study.
- ▶ **Interventions:** Newborns, from birth until separation of the cord, were randomized to either (a) umbilical cleansing with 70% isopropyl alcohol at each diaper change or (b) natural drying of the umbilical site without special treatment.
- ▶ **Main Outcome Measures:** Umbilical infection, cord separation time, maternal comfort, and cost.
- ▶ **Results:** No newborn in either group developed a cord infection. Primary care providers obtained cultures for cord concerns in 32 newborns (1.8%), with colonization for normal flora, *Staphylococcus aureus*, and Group B streptococcus proportionately equal in alcohol and air dry groups. Cord separation time was statistically significantly different (alcohol group, 9.8 days; natural drying group, 8.16 days; $t = 8.9$, $p = c.001$). Mothers described similar comfort with cord care and relief with cord separation. Costs of alcohol drying while in the hospital were greater than those of natural drying.
- ▶ **Conclusions:** (a) Evidence does not support continued use of alcohol for newborn cord care; (b) health care providers should explain the normal process of cord separation, including appearance and possible odor; and (c) health care providers should continue to develop evidence to support or eliminate historic practice (Dore et al., 1998, p. 621).

Stages of a Research Study (Polit & Beck, 2021)



Problem Statement & Research Question



- ▶ How can practicing mindfulness impact feelings of nursing burnout in the home health setting?

Methodology



Administer Maslach Burnout Inventory-Human Services Survey to participants before beginning mindfulness program.



Have participants attend mindfulness-based stress reduction program offered by UVMCC (abbreviated three session program). Have participants practice mindfulness daily during the course.



Administer Maslach Burnout Inventory-Human Services Survey again after participants complete mindfulness-based stress reduction program.



Analyze and compare results of the two surveys.

IMPACT OF MINDFULNESS ON FEELINGS OF BURNOUT IN HOME HEALTH NURSES

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ABSTRACT

THE PURPOSE OF THIS STUDY WAS TO DETERMINE THE IMPACT OF A MINDFULNESS PROGRAM ON FEELINGS OF BURNOUT IN HOME HEALTH NURSES. THE PARTICIPANTS OF THIS STUDY WERE 10 NURSES WHO WORK FULL TIME AT A HOME HEALTH AGENCY IN A NEW ENGLAND STATE. THE STUDY USED THE MASLACH BURNOUT INVENTORY-HUMAN SERVICES SURVEY (MBI-HSS) ADMINISTERED IN A PAPER SURVEY FORMAT. THE VOLUNTEER PARTICIPANTS WERE ADMINISTERED THE SURVEY, AND THEN PARTICIPATED IN AN ABBREVIATED THREE SESSION SMART (STRESS MANAGEMENT AND RESILIENCY TECHNIQUES) MINDFULNESS PROGRAM (AMERICAN MINDFULNESS RESEARCH ASSOCIATION, 2015). AFTER COMPLETING THE MINDFULNESS PROGRAM, THE PARTICIPANTS WERE ADMINISTERED THE SURVEY AGAIN, AND RESULTS WERE COMPARED TO THE FIRST SURVEYS. DATA WAS ANALYZED TO DETERMINE WHETHER BURNOUT CHANGED AFTER COMPLETING THE THREE-SESSION MINDFULNESS PROGRAM. (THE RESULTS, SHOWING THAT THE MINDFULNESS PROGRAM DECREASED SCORES RELATED TO EMOTIONAL EXHAUSTION AND DEPERSONALIZATION, AND INCREASED SCORES FOR PERSONAL ACHIEVEMENT.) THIS STUDY IS SIGNIFICANT AS IT SUGGESTS INCORPORATING A MINDFULNESS PROGRAM INTO REGULAR PRACTICE CAN HELP ALLEVIATE FEELINGS OF STRESS AND BURNOUT IN NURSES AND COULD THEN BE CARRIED OVER INTO OTHER AREAS OF NURSING AND HEALTH CARE AS WELL.

THE RESULTS DEMONSTRATED A DECREASE IN SCORES RELATED TO EMOTIONAL EXHAUSTION AND DEPERSONALIZATION AND AN INCREASE IN SCORES IN PERSONAL ACHIEVEMENT AFTER THE MINDFULNESS PROGRAM.

PROBLEM STATEMENT

NURSES HAVE STRESSFUL JOBS!

- HOME HEALTH HAS ADDITIONAL STRESSORS SUCH AS:
 - WORKING IN LESS-THAN-IDEAL ENVIRONMENTS
 - LACK OF ASSISTANCE OUT IN THE FIELD
 - ADDITIONAL CONCERNS FOR SAFETY OF SELF AND/OR PATIENT
 - MANAGING CARE OF SEVERAL PATIENTS IN THEIR HOME ENVIRONMENTS
- NURSES WHO ARE STRESSED FOR EXTENDED PERIODS OF TIME CAN EXPERIENCE BURNOUT
- BURNOUT CAN LEAD TO POOR PATIENT OUTCOMES
- BURNOUT CAN LEAD TO HIGH NURSE TURN-OVER

RESEARCH QUESTION

HOW CAN PRACTICING MINDFULNESS IMPACT FEELINGS OF NURSING BURNOUT IN THE HOME HEALTH SETTING?

METHODOLOGY

- ADMINISTER MASLACH BURNOUT INVENTORY-HUMAN SERVICES SURVEY TO PARTICIPANTS BEFORE BEGINNING MINDFULNESS PROGRAM.
- HAVE PARTICIPANTS ATTEND MINDFULNESS-BASED STRESS REDUCTION PROGRAM OFFERED BY UVMHC (ABBREVIATED THREE SESSION PROGRAM). HAVE PARTICIPANTS PRACTICE MINDFULNESS DAILY DURING THE COURSE.
- ADMINISTER MASLACH BURNOUT INVENTORY-HUMAN SERVICES SURVEY AGAIN AFTER PARTICIPANTS COMPLETE MINDFULNESS-BASED STRESS REDUCTION PROGRAM.
- ANALYZE AND COMPARE RESULTS OF THE TWO SURVEYS.

RESULTS

- RESEARCH SHOWED THAT MASLACH BURNOUT INVENTORY SCORES RELATED TO EMOTIONAL EXHAUSTION AND DEPERSONALIZATION DECREASED AFTER PARTICIPATING IN THE MINDFULNESS SESSIONS, WHILE THE SCORES FOR PERSONAL ACHIEVEMENT INCREASED.
- THE SCORING SCALE UTILIZED BY THE MASLACH BURNOUT INVENTORY SURVEY RANGES FROM 0 (NEVER) TO 6 (EVERY DAY).
- THE AVERAGE SCORE FOR EMOTIONAL EXHAUSTION FOR THE 10 PARTICIPANTS PRIOR TO THE MINDFULNESS SESSIONS WAS 3.6, AND THE AVERAGE SCORE AFTER THE MINDFULNESS SESSIONS WAS 2.1.
- UTILIZING THE SCALE, THE AVERAGE SCORE FOR DEPERSONALIZATION ALSO DECREASED FROM 2.6 TO 1.6.
- THE AVERAGE SCORES FOR PERSONAL ACHIEVEMENT INCREASED FROM 4.8 PRIOR TO MINDFULNESS SESSIONS TO 5.3 AFTER THE MINDFULNESS SESSIONS.

DISCUSSION

- The purpose of this study was to determine how mindfulness practices can influence feelings of nursing burnout in home health nurses. The goal was to see how scores on the MBI-HSS for emotional exhaustion, depersonalization, and personal achievement changed after mindfulness training.
- The study showed that scores related to emotional exhaustion and depersonalization decreased, while scores for personal achievement increased. This indicates that feelings of burnout decreased after the mindfulness sessions for this sample of nurses.
- While further study is needed this would suggest that nurses who add mindfulness practices to their daily routines might experience less emotional exhaustion and depersonalization, and an increased feeling of personal achievement.

CONCLUSION

NURSING IMPLICATIONS

- THIS STUDY COULD BE SIGNIFICANT TO DECREASING BURNOUT IN NURSES IN HOME HEALTH.
- MINDFULNESS PRACTICES COULD BE IMPLEMENTED IN THE HOME HEALTH SETTING TO HELP FOSTER HEALTHY COPING SKILLS.
- THE INFORMATION GATHERED FROM THIS STUDY COULD BE GENERALIZED AND USED IN OTHER AREAS OF NURSING WHERE BURNOUT IS ALSO AN ISSUE.

LIMITATIONS

- SMALL SAMPLE SIZE.
- NOT ALL NURSES FEELING THE SAME LEVELS OF BURNOUT OR STRESS.
- NOT ALL NURSES HAVE THE SAME LEVEL OF RESPONSIBILITIES.

FURTHER RESEARCH

- FURTHER RESEARCH COULD EXPAND MINDFULNESS TO ALL AREAS OF HOME HEALTH (I.E. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, MEDICAL SOCIAL WORK).

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Mindfulness Results

RESEARCH SHOWED THAT MASLACH BURNOUT INVENTORY SCORES RELATED TO EMOTIONAL EXHAUSTION AND DEPERSONALIZATION DECREASED AFTER PARTICIPATING IN THE MINDFULNESS SESSIONS, WHILE THE SCORES FOR PERSONAL ACHIEVEMENT INCREASED.

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Identified Barriers of Registered Nurses to Performing Patient-Centered Report

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ABSTRACT

Purpose: To understand the perceived barriers of registered nurses to performing patient-centered report (PCR) on one 34-bed general medicine unit using an explorative qualitative research approach.

Problem: Patient-centered report was rolled out on this unit of study over seven years ago. However, many nurses no longer routinely perform the process of PCR, creating the potential for dangerous communication breakdowns and patient exclusion from their own plan of care.

Methods: Data regarding perceived barriers was collected using a random sampling of registered nurses employed by one general medicine unit via the completion of a voluntary six statement Likert scale-formatted survey, with one "fill in the blank" section.

Results: Data suggest that respondents identify similarly with previously reported barriers in the literature including patient privacy, interruptions when performing PCR and patient sleep (Becker et al., 2020; Bressan et al., 2019; Evans et al., 2012; Jimmerson et al., 2021; Malfait et al., 2019; Sand-Jecklin & Sherman, 2014; Schirm et al., 2018). Nurses tend to strongly agree that they have received adequate training on PCR and disagree that the process is repetitious. Identified themes and subthemes suggest patient-related factors, privacy/confidentiality, environment of care, time constraints and interruptions all appear to be common barriers to performing PCR on this general medicine unit.

Conclusion: The identified barriers of PCR on this general medicine unit share commonalities with those previously reported in the literature. However, this study also identifies barriers specific to this unit. Results suggest that a modified approach to PCR may be necessary for specific patient populations and situations.

INTRODUCTION

The intent of PCR is to provide nurses with protected space to safely transfer accountability and responsibility of their patient(s) at the change of shift, while simultaneously involving the patient in their own plan of care (Schirm et al., 2018, p. 21). Although this process does appear to have positive influences, barriers to performing PCR exist. The purpose of this study is to identify and understand what barriers prevent registered nurses from performing PCR consistently.

PROBLEM

Nursing staff perform shift report in non-standardized formats, often outside the patient's room, in the hallway or nurses' station, inhibiting patient participation in their own plan of care. This is a problem that could create the potential for dangerous communication breakdowns.

This student conducted a synthesis of the evidence to identify commonly reported barriers noted from previous research findings. The most commonly reported barriers were incorporated into survey statements. The purpose of this was to identify if nursing staff on the unit of study also experienced these same barriers, or if nurses experienced unique barriers as reported in the "fill in the blank" section?

RESEARCH QUESTION: "What are the perceived barriers of registered nurses to performing bedside shift report?"

SURVEY FINDINGS: Respondents identify similarly with previously reported barriers in the literature including concerns of patient privacy, interruptions and sleep disruptions (Becker et al., 2020; Bressan et al., 2019; Evans et al., 2012; Jimmerson et al., 2021; Malfait et al., 2019; Schirm et al., 2018). However, results suggest that nursing staff are split on whether PCR takes too much time. This is a unique finding as all literature in the synthesis of evidence, indicate time is a concern of nursing staff when performing PCR (Becker et al., 2020; Bressan et al., 2019; Evans et al., 2012; Jimmerson et al., 2021; Malfait et al., 2019; Sand-Jecklin & Sherman, 2014; Schirm et al., 2018). In addition, nurses tend to strongly agree they have received adequate training on the process of PCR and tend to disagree that PCR is repetitious. These findings suggest that it is not the process of PCR that nursing identify as a barrier, but unique factors within the care environment that influence PCR uptake.

PROJECT DESIGN

Design: Administrative approval was granted for this study. Random sampling via survey was chosen for this research as it provides an easily accessible medium for respondents to provide their anonymous opinions related to the central question of study. Implied consent was obtained upon return of this survey.

Theoretical Framework: Lewin's Planned Change Theory recognizes that change is complex and influenced by a variety of restraining and driving forces (McEwen & Wills, 2019, p. 393; Wojciechowski et al., 2016). Although the purpose of this study is not to impose a new change on staff by re-implementing PCR, its purpose was to identify barriers (i.e., restraining forces) to carrying out PCR and impact PCR process changes in the future.

Inclusion Criteria: Registered nurses employed by the general medicine unit that provide nurse handoff report.

Exclusion Criteria: Registered nurses who do not provide handoff report.

Desired Respondents: Survey at least 19 registered nurses, as this represents 1/3 of the nursing workforce on the unit.

METHODS

Data Collection: Respondents completed a voluntary Likert scale-formatted survey, with six declarative statements and one "fill in the blank" section (e.g., "see Appendix A"). Statements express a standpoint on previously identified PCR barriers as evidenced in the literature. Each respondent was asked to indicate the extent to which they agree or disagree with each statement. A "one" indicates that the respondent strongly disagrees with the statement, whereas "five" indicates the respondent strongly agrees with the statement. "Three" indicates the respondent is neutral. Each completed survey was analyzed to assess how respondents agreed/disagreed with each statement. "Fill in the blank" responses were analyzed and categorized into themes and sub-themes via this student. To develop themes and subthemes, this student re-wrote each respondent statement on paper to further familiarize self with content, then color coded terms in each statement to identify common themes/subthemes.

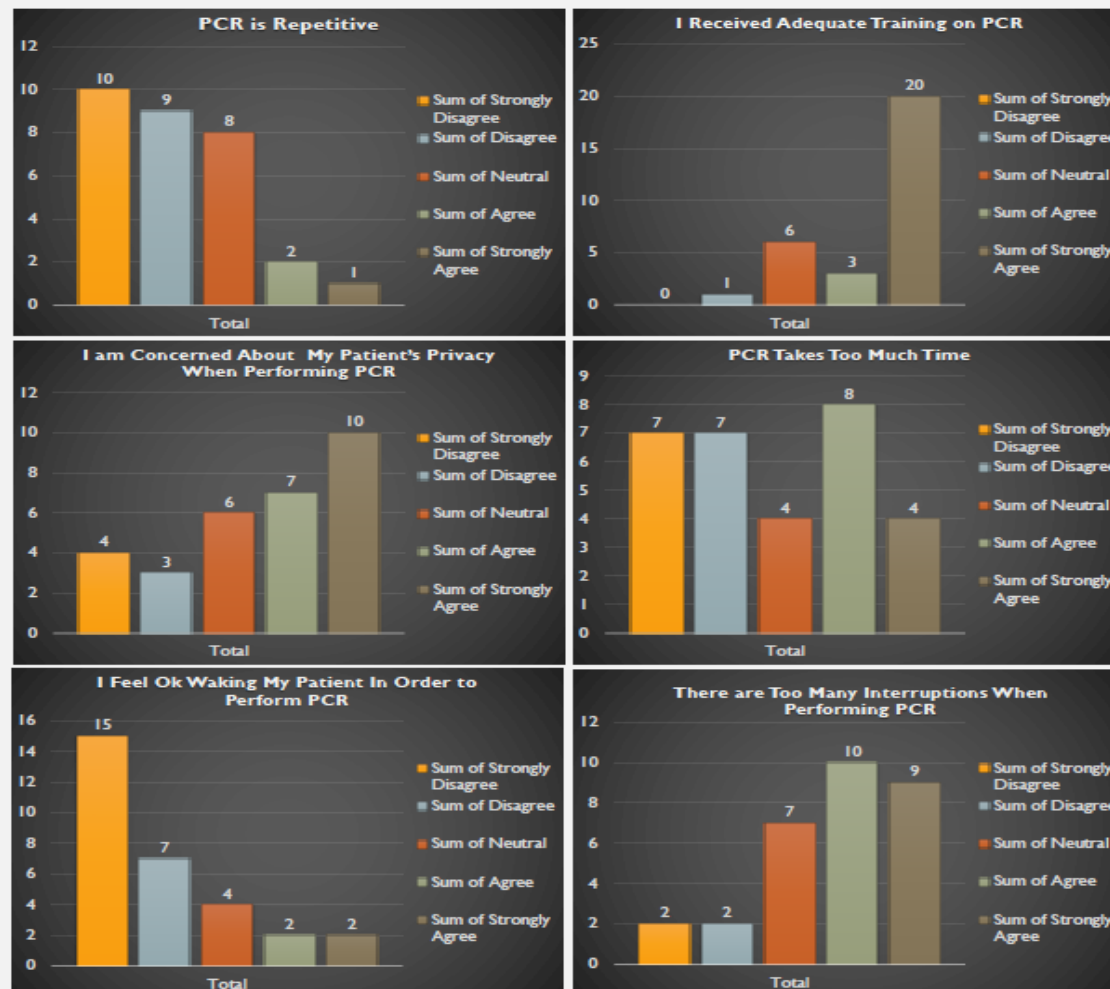
THEMATIC FINDINGS: Suggest there are unique barriers on this general medicine unit that prevent nurses from performing PCR. Newly identified barrier themes such as Patient-Related Concerns (i.e., confusion, dementia, etc.) and Environment of Care (i.e., double occupancy rooms, report to multiple nurses) create unique difficulties to performing the process of PCR. Moreover, identified themes/sub-themes appear to be interconnected. Concerns with patient "Privacy/Confidentiality" intersect with "Environment of Care" barriers involving double occupancy rooms. The theme of "Time Constraints" intersects with "Interruptions." These findings suggest that the interaction between barriers is complex and may require a modified approach to PCR.

CONCLUSION

Identified barriers of PCR on this general medicine unit share commonalities with those previously reported in the literature. However, this study identifies barriers specific to this unit that have complex interactions and must be addressed as so. The Joint Commission recommends that patient and families be involved in change of shift report. However, how much they should be involved is left to organizational interpretation (Jimmerson et al., 2021). Survey results suggest that a modified approach to PCR may be necessary for specific patient populations and situations. As noted in the literature, if implemented correctly, PCR can improve patient outcomes as well as nurse and patient satisfaction (Sand-Jecklin & Sherman, 2014). To address these barriers, collaboration between nursing leadership, nursing staff and patient representative(s) may be necessary to modify the existing process of PCR on this general medicine unit.

RESULTS

30 OF 59 TOTAL POSSIBLE RESPONDENTS COMPLETED THE SURVEY: 50.9% RESPONSE RATE



Theme	Sub-Themes	Exemplary Quote
Patient-Related Concerns	-Sleep Disruption -Patient Sensitivity -Patient Mentation/Confusion	"Sometimes you can't always get the full picture of the patient when you give report in the room because we have to sensor what we say- not that we say anything inappropriate or bad. But it's more things that we need to be aware, patient safety, impulsiveness, odd behaviors"
Privacy/Confidentiality	-Double Occupancy Room -Visitors	"Dual occupancy represents both a privacy concern as well as being disruptive to healing and rest of roommate. In single occupancy rooms much more willing to do bedside report."
Environment of Care	-Double Occupancy Room -Report to multiple nurses -Nurse refusal	"Very hard when you have 5 patients and you are giving reports to 4 different nurses when you have all the interruptions."

Project design- Patient Centered Report

Design: Random sampling via survey was chosen for this research as it provides an easily accessible medium for respondents to provide their anonymous opinions related to the central question of study.

Theoretical Framework: Lewin's Planned Change Theory recognizes that change is complex and influenced by a variety of restraining and driving forces (McEwen & Wills, 2019, p. 393; Wojciechowski et al., 2016). The implementation of planned change, requires that both restraining and driving forces be identified and balanced to move forward in the desired process (McEwen & Wills, 2019, p. 393). Although the purpose of this study was not to impose a new change on staff by re-implementing PCR, its purpose was to identify barriers (i.e., restraining forces) to carrying out PCR and impact PCR process changes in the future. Therefore, Lewin's Planned Change Theory was chosen as the guiding theoretical framework of this study.

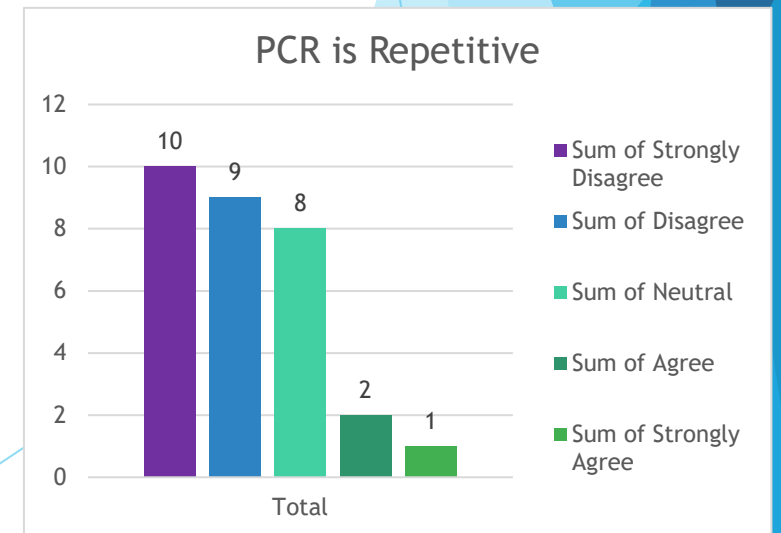
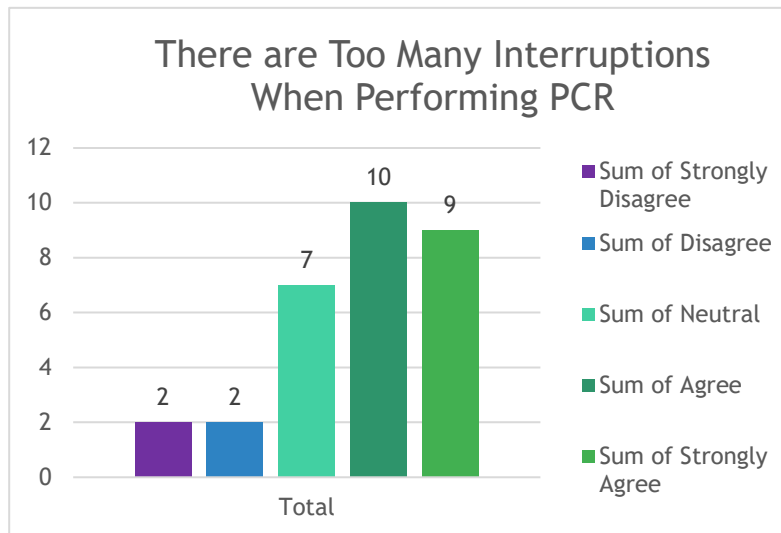
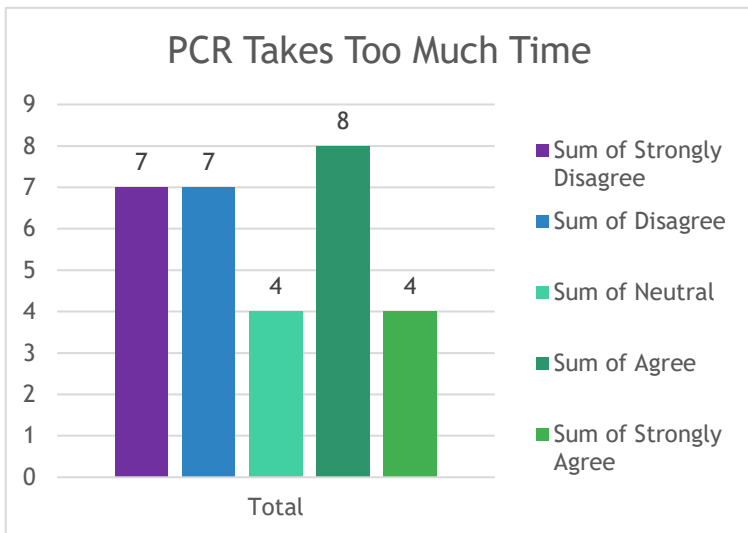
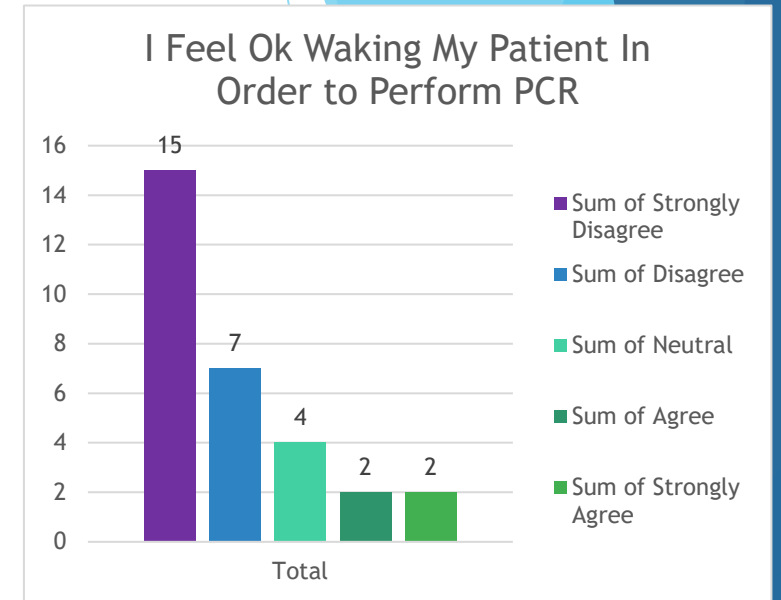
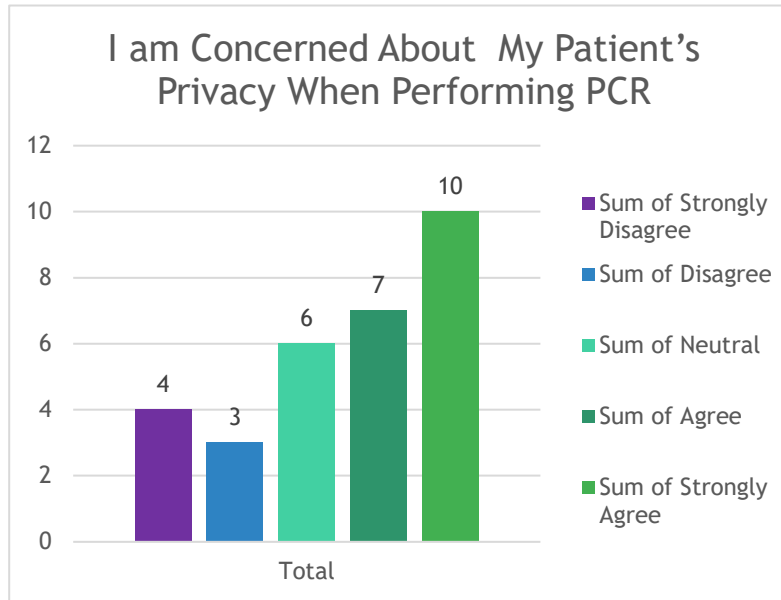
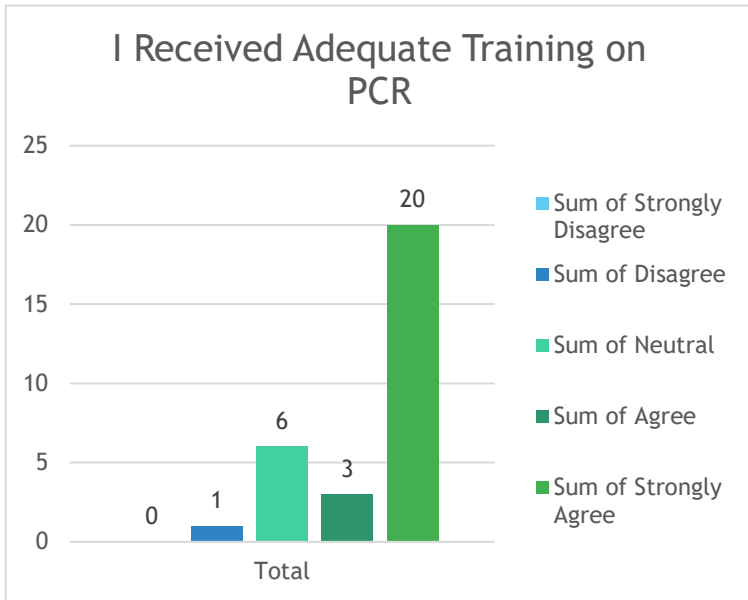
Inclusion Criteria: Registered nurses employed by the general medicine unit that provide nurse handoff report.

Exclusion Criteria: Registered nurses who do not provide handoff report.

Desired Respondents: Survey at least 19 registered nurses, as this represents 1/3 of the nursing workforce on the unit. Years of experience, gender and employment status (i.e., per diem, traveler, part-time or full-time) were not considered in this study, as this student sought to understand the experiences of all nurse respondents regardless of the above identifiers. These identifiers, however, could be appropriate in future research studies.

RESULTS

30 OF 59 TOTAL POSSIBLE RESPONDENTS COMPLETED THE SURVEY: 50.9% RESPONSE RATE



Results cont'd

Theme	Sub-Themes	Exemplary Quote
Patient-Related Concerns	<ul style="list-style-type: none"> -Sleep Disruption -Patient Sensitivity -Patient Mentation/Confusion 	<p>“Sometimes you can't always get the full picture of the patient when you give report in the room because we have to sensor what we say- not that we say anything inappropriate or bad. But it's more things that we need to be aware, patient safety, impulsiveness, odd behaviors”</p>
Privacy/Confidentiality	<ul style="list-style-type: none"> -Double Occupancy Room -Visitors 	<p>“Dual occupancy represents both a privacy concern as well as being disruptive to healing and rest of roommate. In single occupancy rooms much more willing to do bedside report.”</p>
Environment of Care	<ul style="list-style-type: none"> -Double Occupancy Room -Report to multiple nurses -Nurse refusal 	<p>“Very hard when you have 5 patients and you are giving reports to 4 different `nurses when you have all the interruptions.”</p>
Time Constraints		<p>“Time, patient being disoriented, family being present, distractions making PCR increase in length, other RN (float/traveler esp.), being unfamiliar with PCR.”</p>
Interruptions	<ul style="list-style-type: none"> -Patient Care Items (i.e., assist with toileting, food/drink) 	<p>“Being pulled in to do LNA specific tasks. I.e.: taking people to bathroom, getting drinks, ordering food, changing tv channel, etc.”</p>



Transition from School to Practice: A Phenomenological Study on Military Nurses Enrolled in Vizient's Nurse Residency Program Curriculum



Cameron B. Beecy, RN, BSN, Norwich University

Background/Problem

A literature review shows that the transition from a student nurse to a practicing registered nurse can be a challenge for many new nursing graduates. Hart et al. (2014) described the transition to a registered nurse as potentially onerous, difficult, and anxiety-provoking. Many studies have identified various facilitators that can help with the transition for new graduate nurses such as positive working relationships (Maria et al., 2017), support from colleagues (Thanomlikhit & Kheawwan, 2017), nurse residency programs (Cochran, 2017), and influential mentors (Regan et al., 2017). There is currently a gap in knowledge with Vizient's NRP curriculum because there has not been a previous study of any kind performed such as this. Therefore, the purpose would be to perform a phenomenological study on Vizient's NRP curriculum to understand the lived experiences of military new graduate nurses.

Objectives

Primary: To identify and evaluate common transition experiences, difficulties, and benefits of Vizient's nurse residency program curriculum for future application or research.

Secondary: Identify the effectiveness of Vizient's nurse residency program curriculum when implemented on new military nurses.

Research Question

What are the lived experiences of new graduate military nurses going through Vizient's nurse residency program curriculum?

Methodology

Design: The type of study would be a descriptive phenomenological framework based on Meleis' Transition Experience Theory, which looks at people as they transition through various life events (Melies, 2009).

Review Board: The study was approved by the hospital administration, NRP director, and IRB.

Participant Population: The sampling size would be based on a convenience sample, and it would ideally be large enough to achieve saturation and have a minimum of ten participants. All participants would need to consent to being apart of the research, having their data collected with the knowledge they may request to take back the information at any time.

Data Collection: The hospital has a nurse residency program that meets once a month. The process for recruitment would be to present the study at this meeting and ask for volunteers to participate in a semi-structured in-person interview. A microphone will be used to record the conversation, and the conversation will be transcribed.

Data Analysis: Data was analyzed by listening to conversations and transcribing them into text. Two researchers independently identified themes from the transcribed text, and common themes were associated by the interpretations and collaboration of the researchers.

Common Themes

Hands-on training

- Identified as a need for more scenarios, and "code blue" scenarios specifically mentioned.
- Didactic lectures are repetitive from nurse transition program and nursing school.
- DGMC has hefty sim center that could be used for NRP!

Residents and Specialties

- Make it less about pathology review and more related to floor nursing.
- More presentations that could enhance skillset and learning for nurses.
- Conflicted reviews on overall like and dislike of outside presenters, mostly due to enjoyment of lecture series or topic reviewed.

Conflicting thoughts on curriculum

- Questions about if there was a curriculum to the class.
- Majority of interviews (5/7) mentioned dislikes that directly correlated to Vizient curriculum.

Results

- Seven students interviewed of the nine available.
- Six interviewees were female, and one was male.
- The average level of working in-patient nursing experience was less than a month.
- The average length of time within Vizient's NRP was 5.7 months
- Average interview length was 9 minutes and 31 seconds.

Discussion/Next Steps

At the conclusion of this study, it was determined that the Department of Defense will no longer be using the Vizient NRP curriculum. The contract is scheduled to end July 2022.

However, the research may still be used to help design the new nurse residency program curriculum. The students identified wanting more hands-on skills and knowledge review directly related to their job. Therefore, the next step would be to work on building these critiques into the new curriculum, then perform another study to understand the ideas of that next curriculum.

Acknowledgements/References

Special thank you to Erin Repko, MS, APRN, AGPCNP-BC ACCNS-AG as my mentor and fellow researcher with this phenomenological study!

References are available from the presenter.

Transition From School to Practice:

Research Question: What are the lived experiences of new graduate military nurses going through Vizient's nurse residency program curriculum?

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Barbara Ann Montgomery

Norwich University

Abstract

investigated how prevalent the perception of bullying in the hospital's tertiary care Neonatal Intensive Care Unit

very common issue in nursing (ANA, 2017). The American Nurses Association defines bullying as "repeated, unwanted harmful behaviors intended to humiliate, offend and cause distress in the recipient" (Kim, 2016).

subject, a descriptive Likert survey was sent out to 73 NICU nurses with 45 responses.

surveyed nurses reported that they sometimes or often saw bullying in the NICU. Of the surveyed nurses, over 93% reported that they had seen or experienced bullying, it was nurse-on-nurse bullying.

concluded that the perception of bullying culture is prevalent in the tertiary NICU.

Problem and Background

How widely is bullying being perceived on this unit?

Problem: New hires were complaining of instances of bullying in the workplace where it was brought up in staff meetings. Seasoned nurses explained that they were misperceiving feedback, and this is "how we do things here".

Problem: Retention has been reported as a significant problem in 10 years in this NICU. There appears to be a disconnect between perceptions of bullying. Bullying and incivility in the workplace can lead to clinical judgement and can increase incidence rates of patient medication administration and medication errors (ANA, 2017).

"The workplace is one of the main factors behind nurse resignation and increased rates of staff turnover." (Hadzel, 2017)

Methodology

Survey using a Likert Scale

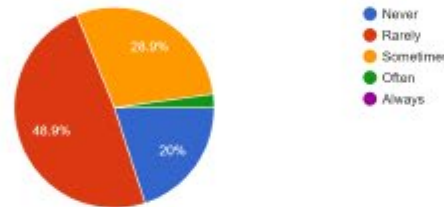
A Likert scale was utilized to easily quantify perception of bullying. A Likert study allowed for detailed insight into perceptions of bullying by staff.

Surveyed NICU nurses who work more than 24 hours per pay

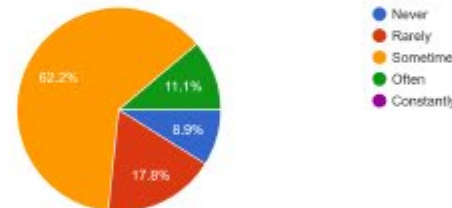
Results

- 45 respondents is a significant representation of this NICU with 73 permanent staff
- 60% of the staff have been at the NICU less than 5 years
- 31% have been there more than 11 years
- ~70% of staff say they rarely to never get bullied in this NICU
- Only 8.9% of staff report they have never seen bullying in the NICU
- Only one respondent has never HEARD of bullying in this NICU
- When bullying was seen, over 93% reported it was nurse-on-nurse bullying in this NICU.

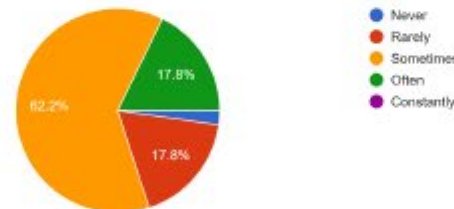
Have you been bullied at this NICU?
45 responses



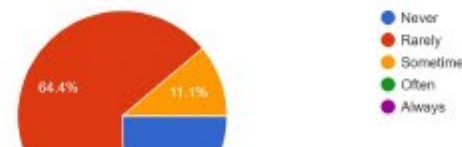
Have you seen bullying in this NICU?
45 responses



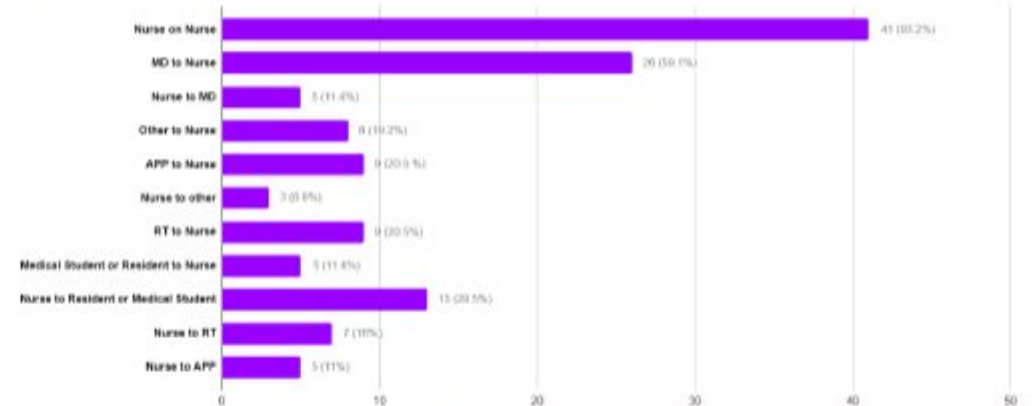
Have you heard of bullying occurring or has someone told you they were bullied?
45 responses



Have you made comments that upon reflection you felt were hurtful?
45 responses



If you have seen bullying or experienced it in this NICU, whom did it concern?



Conclusion/ Implications

Findings

- Bullying is widely perceived in this tertiary level NICU. There is a large discrepancy between people stating they have not been bullied and people who have never seen or heard bullying in this NICU.

Study Limitations

- This study is only being performed at one unit in a homogeneous area. Depending on the level of participation I think the data could be generalized to other NICU units with similar demographics with the understanding that this research was only done at one unit.

Nursing Implications

- Staff education is needed on what behaviors and language constitutes bullying. Strategies include having an agreed upon definition of bullying and having clear communication from the management team about professional expectations and reportable behaviors.

Further Research

- Repeat studies at other tertiary NICUS to generalize results for the practice of nursing. Within this NICU, a longitudinal study could monitor effects on staff perceptions of unit culture after implementation of interventions such as mentorship programs and increased leadership communication about professional expectations. NICU exit interviews could provide additional data and identified areas of improvement.

Nursing Research Trends for the 21st Century (Polit & Beck, 2021, P. 4)

- ▶ 1. Continued focus on EBP. Encouragement for nurses to engage in evidence-based patient care and lifelong learning is sure to continue. In turn, improvements will be needed both in the quality of studies and in nurses' skills in locating, understanding, critically appraising, and using relevant study results.
- ▶ 2. Accelerating emphasis on research synthesis. Research syntheses that integrate research evidence across studies are the cornerstone of EBP. Of particular importance is a type of synthesis called systematic reviews, which rigorously integrate research information on a research question. Clinical practice guidelines typically rely on such systematic reviews.
- ▶ 3. Expanded local research and quality improvement efforts in healthcare settings. Projects designed to solve local problems are increasing.
- ▶ 4. Strengthening of inter-professional collaboration. Collaboration of nurses with researchers in related fields has expanded in the 21st century as researchers address fundamental healthcare problems. In turn, such collaborative efforts could lead to nurse researchers playing a more prominent role in national and international healthcare policies. One major recommendation in the Institute of Medicine's influential 2010 report *The Future of Nursing* was that nurses should be full partners with physicians and other healthcare professionals in redesigning health care.
- ▶ 5. Increased emphasis on patient-centeredness.
- ▶ 6. Greater interest in the applicability of research. More attention is being paid to figuring out how study results can be applied to individual patients or groups of patients.
- ▶ 7. Growing interest in defining and ascertaining clinical significance. Research findings increasingly must meet the test of being clinically significant, and patients have taken center-stage in efforts to define clinical significance.

A photograph of a forest path with two diverging roads, overlaid with a quote by Robert Frost. The background shows a dirt path that splits into two directions, one leading slightly uphill and the other slightly downhill, surrounded by tall, thin trees. The text is in white, bold font.

**“Two roads diverged in a wood,
and I - I took the one less traveled by,
and that has made all the difference.”**

Robert Frost

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