

LEARN:ED

*Linking Education and Research in Nursing:
Evidence/Dissemination*

Newsletter of the NZNO Nursing Research Section

MESSAGE FROM CHAIR:

MAY 2016

Dear Members,

The Nurse Research Section formed an acting committee in early February to marshal collective thoughts on an enriched way forward for the Section and a plan ahead for 2016. We met again in April to cement and action those plans.

The committee comprises of myself as Acting Chair - I work for Southern DHB as the Nurse Researcher with a background in tertiary education, research and child health and provide professional leadership, consultancy and advice to nurses and midwives for their research activities. Acting Vice Chair is Sara Mason from Hawkes Bay DHB, Clinical Speciality Nurse Pulmonary Long Term Management, serving as a NZNO Board Director and on the Urgent Care Alliance Committee.

Jed Montayre, lecturer and researcher at Auckland University of Technology, has taken on the role of Acting Treasurer. His research platform focusses on social gerontology, older migrants' health and the nursing workforce. Supporting the office bearers as Acting Secretary for a few months is Juliet Manning, Charge Nurse Manager of Neonatal at Southern DHB, providing long time institutional knowledge of the Section and NZNO.



Acting Committee

Inside this Issue	
Message from Chair	1
From the Editors	2
Researchers Update	3-4
Joint Chairs Meeting	5
Influencing practice with the PICOT Question	6
Research and Nursing: Influencing change and Justifying roles	7-8
Great Resources	9
Celebrating your success	9
Share your research	10
Nominations for NRS	11
Your committee members	12

NRSNZNO

NURSING RESEARCH SECTION NZ NURSES ORGANISATION

The acting committee members comprise of: Heather Robertson, employed by Hauora Tairāwhiti as Nurse Leader primary and community – Heather's 2014 PhD examined the impact of the primary health care strategy on primary health care nurses in Tairāwhiti; Umit Holland, originally registering in Germany and now a Clinical Nurse Specialist (Research) for the Awhina Research and Knowledge Centre at Waitemata DHB, with a history as a research nurse in early phase I and II studies and critical care research; Simona Inkrot, Clinical Nurse Specialist Heart Failure at Waikato DHB, currently contributing to the NZ Heart Foundation and The Heart Failure Working Group; and Emma Collins, Senior Lecturer Bachelor of Nursing Otago Polytechnic and Staff Nurse at Children's Unit Southern DHB.

Over 2016, the committee aims to collectively work together, whilst working with NRS members and NZNO Researchers Jill Clendon and Leonie Walker, under the guidance of the NRS Professional Advisor Wendy Blair. Key actions for the new committee are to collaborate and grow the relationship between the NZNO researchers and NRS to contribute to NZNO research plans and outputs; to facilitate NRS members taking a more active role in the Section and surveying their opinions and views; and to increase the visibility and profile of NRS to attract and benefit members.

The requirements to hold a NRS AGM to formerly elect office bearers, pass remits, and fulfil required Section business is a key critical deed in 2016 and is planned for Tuesday 2nd August 2016 in Wellington with teleconferencing into the AGM available. NRS member presence will be crucial. We also need further committee members as past members finish their terms — a nomination form for your consideration in joining the committee is included in this newsletter.

We hope you enjoy our first newsletter of 2016.

Kind regards Gillian Sim, Acting Chair
(nzno.nrs@gmail.com)



From the Editors

Greetings everyone and welcome to the Nursing Research Section Newsletter *LEARN*. We would like to invite you or any of your colleagues to contribute your abstract or current research to this newsletter to share nursing research which will help disseminate the knowledge that is gained through professional inquiry. Please email your submission to: nzno.nrs@gmail.com using the application form found at the link below:

<http://www.nzno.org.nz/Portals/0/Docs/Groups/Nursing%20Research/2010-05%20NRSIndexSubmissionForm.pdf>

NZNO Researcher's Update

Leonie Walker and Jill Clendon, NZNO Researchers, report on their latest projects. They are currently working on two main projects:

1) **Sandwich generation**

Background:

As the age profile of the nursing workforce rises in many western countries, child-bearing is increasingly delayed and older family members are living longer, the impact of family caregiving responsibilities on the working life of nurses is changing. These changes may complicate accurate workforce planning assumptions and provide challenges to managers seeking to retain an adequate experienced workforce.

Aims:

This study examined the dual care giving and nursing responsibilities of nurses in New Zealand with a view to identifying potential strategies, policies and employment practices which may help retain nurses with care giving responsibilities in the workplace.

Methods: Survey, interviews, focus groups.

Currently in write up phase; we have written a general piece for Kaitiaki, have another general but management focussed paper nearing submission, a paper specifically looking at the cultural issues for Asian nurses near submission, and another a paper looking at the cultural issues specific to Māori nurses still in consultation.



Jill Clendon
Nursing Policy Advisor/
Researcher



Leonie Walker
Principal Researcher

2) **Privacy issues for community nurses and electronic patient records
(Privacy commissioner Grant)**

Aims:

- To explore the knowledge, views, expectations, practice and attitudes of nurses in community health teams concerning the confidentiality and privacy issues surrounding access to patient records and notes – especially those concerning the use of mobile devices and data storage platforms.
- To explore ways nurses can most effectively and simply ensure that their patients understand (and are comfortable with) the newer ways health records are accessed.
- To devise and disseminate resources that will promote best practice and help address any identified issues.

Methods:

Interviews and focus groups. Currently in data gathering phase.



*Summary of the joint Chairs
of College and Section
and Regional Councils meeting*

Attended by Sara Mason Acting NRS Vice Chair



The joint chairs meeting was held in February and consisted of chairs or vice chairs from College, Sections (C&S) and Regional Councils. Many themes arose from this meeting and it was refreshing to see that everyone had similar thoughts as to the future direction of the New Zealand Nurses Association (NZNO).

Summary of themes and discussion:

- Recognising volunteer input, measuring volunteer hours / input, and better use of volunteer skill
- Contributions by C&Ss within their regions, standardising operations and rules of C&Ss, and promoting industrial/professional integration.
- Maori and Iwi concerns regarding equality of pay and the failure to hold data on Māori workforce.
- Increasing international and migrant nursing and a looming nursing shortage— the need to compete for nurses
- How to get NZNO members to understand that they ARE NZNO—difficulty mobilising nurses on issues
- Attendance at meetings or conventions and student membership of C&Ss
- Modernising processes and streamlining resources to better support members
- Marketing and increasing the visibility of NZNO along with addressing arising MECA concerns
- Use of C&Ss speciality knowledge in addressing arising media health issues

The next steps will be for the Kaiwhakahaere and President to take what has been put forward to the Board and the Chief Executive and look at areas where work is needed and support further work in particular areas that will assist with progress.

Influencing practice with a PICOT question

(contributed by Gillian Sim, Nurse Researcher, adapted from Echevarria & Walker, 2015)

Have you ever been frustrated at wanting to suggest practice changes in your ward/unit to colleagues and managers but lacked the concrete evidence to influence the change? Try searching for the best evidence by forming a clinical or researchable question with a framework that helps! A well-constructed PICOT question helps find the best evidence available to influence practice.

PICOT is an acronym for five key components to a clinical research question – patient population, intervention or issue of interest, comparison intervention or group, outcome, and time frame (see PICOT point by point below). The question should be formed systematically prior to starting any literature searching.

As an example, a Registered Nurse working on the cardiac unit had read that chlorhexidine bath wipes reduced surgical site infections and suggested their unit purchase some. Unsure of the efficacy, safety and cost effectiveness of the wipes, the suggestion was put on hold until more evidence could be found.

Using the PICOT framework, the RN was able to form an inquiry likely to yield results – “In cardiac surgery patients (population), how does the use of chlorhexidine bath wipes (intervention), compared to soap and water (comparison) affect sternal wound infection rates (outcome) postoperatively (time)?” In this case the literature supported the use of the wipes and an agreement was made to pilot their use.

PICOT is an acronym for the following components of a clinical question	
P	Patient population - What's the patient or group of patients of interest?
I	Intervention of interest - What's the main intervention or treatment you wish to consider?
C	Comparison intervention - Is there an alternative intervention or treatment to compare?
O	Outcome(s) - What's the clinical outcome(s)?
T	Time* - How much time does it take to demonstrate the clinical outcome(s)?

*Note that the time (T) component of the PICOT question isn't always required.

Reference: Echevarria, I. & Walker, S. (2015). Start with a PICOT question to make your case, Nursing2015 Critical Care, 10(3), 14-16.

Research and Nursing: Influencing change and justifying roles

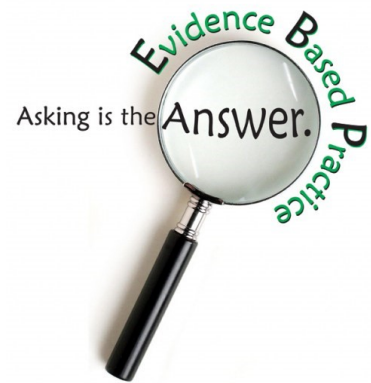
Sara Mason, CNS

The fiscal constraints of the current health environment have made stakeholders reluctant to invest in practices that have not proven they can reduce health care costs (Benner, Tanner, & Chesla, 2009).

And within current health environment, roles will be cut if validity is not measured. Nurses need to ensure that organisations and the general public understand that roles are cost effective and improve quality and safety of health care (Fletcher, 2013). Research is systematic and provides a mechanism to generate and test knowledge in the attempt to answer precise questions (Gerrish & Lacey, 2006) (Schneider, Whitehead, Elliott, Lobiondo-Wood, & Haber, 2007). It validates knowledge and raises awareness surrounding the pivotal position that nurses play in health care and wellness (Buresh & Gordon, 2006). It also provides an opportunity to demonstrate and teach best practice to patients and staff leading to a better health care system. For nurses, research is the perfect medium to grow and test the subjective and objective material and can provide insight into other possibilities which may be influencing the outcomes anecdotally observed, it can be both an inductive and deductive process.

Qualitative research has been described as an inductive process, which implies that the collected data drives the direction of the research and the outcomes of the research came from the data collected from this process (Whitehead, Elliott, & Schneider, 2007). In this method there is a close relationship with the participants of the study to enable the researcher to derive the knowledge that only the participant would understand and be able to describe. Qualitative research interprets and helps to make sense of, the experiences and phenomena (Howe & Eisenhart, 1990). Because of this unique perspective, qualitative research has been used, to influence and market evidenced based policies and practices (Kumanyika, 2014). Qualitative evidence and telling the story can move people to understand the reasoning that sometimes quantitative evidence lacks.

Quantitative research is a deductive process, which emphasises controlling threats which would compromise the validity of the research. It is the process of objectively measuring and analysing unplanned relationships found between variables and then recording them as numerical data (Elliott & Thompson, 2007). Insurance companies and international health schemes have played a large role



effectiveness of services which they have streamlined with prescriptive detail. But this evidence is usually targeted towards higher levels of analysts who will make decisions based on outcomes and can be difficult for some people to understand who do not work within the environment that was investigated (Kumanyika, 2014). Quantitative research looks for the truth in observations whereas qualitative research looks for the meaning of observations (Schneider, Whitehead, Elliott, et. al., 2007). When looking at researching it is important to look at how the research will be used. Sometimes using a mixed method can reach a mixed audience.

In order to disseminate nursing research nurses must begin look outside of the usual forums to influence changes in funding (Buresh & Gordon, 2006). Traditionally forums which influence the spending of health dollars have been dominated by medical academics and nurses have had no ability to contribute (International Council of Nurses, 2012). It is important that other nurses gain access to these forums and provide research that validates the interventions in care management that predominately are developed and evaluated by nurses. We work in multidisciplinary teams and need to ensure that we do not limit ourselves to only nursing forums but reach out and share the knowledge with our colleagues and utilise the evidence from our studies.

There is also opportunity however to use the research to validate funding opportunities within District Health Boards. Research findings can be shared by providing a presentation to clinical councils that are within District Health Boards (DHB) to help influence change further up the line. If a DHB has competent nurses providing innovative care management to patients and increasing equality in health and providing positive health and financial outcomes it makes the whole organisation look good in the eyes of the Ministry of Health. There are endless opportunities to influence health with research not only in the individuals practice but also within a wider environment.

References:

- Benner, P., Tanner, C., & Chesla, C. (Eds.). (2009). *Expertise in Nursing practice: Caring, clinical judgement & ethics* (2nd ed.). Springer Publishing Co Inc.
- Buresh, B., & Gordon, S. (2006). *From silence to voice: What Nurses know and must communicate to the public* (2nd ed.). New York: Cornell University Press.
- Elliott, D., & Thompson, D. (2007). Common quantitative methods. In Z. Schneider, D. Whitehead, D. Elliott, G. Lobiondo-Wood, & J. Haber, *Nursing and Midwifery research: Methods and appraisal for evidence based practice* (3rd ed., pp. 157-172). Marrickville: Mosby Elsevier.
- Fletcher, M. (2013, March 12). *Assessing the value of specialist nurses*. Retrieved 2013, from Nursing Times : <http://www.nursingtimes.net/nursing-practice/clinical-zones/assessing-the-value-of-specialist-nurses/5033220.article>
- Gerrish, K., & Lacey, A. (2006). *The research process in nursing* (5th ed.). Victoria: Blackwell Publishing.
- Howe, K., & Eisenhart, M. (1990). Standards for qualitative and quantitative research: A prolegomenon. *Educational researcher*, 19(4), 2-9.
- International Council of Nurses. (2012). *Closing the gap: From evidence to action*. Geneva; Switzerland: ICN.
- Kumanyika, S. (2014). Using evidence to improve population health. *New Zealand Population Health Congress: Connecting communities, policy and science*. 1, p. 222. Auckland: Population Health Association.
- Schneider, Z., Whitehead, D., Elliott, D., Lobiondo-Wood, G., & Haber, J. (2007). *Nursing and Midwifery Research*. New York: Mosby; Elsevier.
- Whitehead, D., Elliott, D., & Schneider, Z. (2007). Writing and presenting findings for dissemination. In Z. Schneider, D. Whitehead, D. Elliott, G. Lobiondo-Wood, & J. Haber, *Nursing and midwifery research: Methods and appraisal for evidence based practice* (3rd ed., pp. 374-389).

Some great resources which may help when working on a Masters of Nursing:

- Gerrish, K., & Lacey, A. (2006). *The research process in nursing*. Victoria: Blackwell Publishing.
- Murray, R. (2007). *How to write a thesis*. New York: McGraw-Hill.
- Schneider, Z., Whitehead, D., Elliott, D., Lobiondo-Wood, G., & Haber, J. (2007). *Nursing and midwifery research: Methods and appraisal for evidence based practice*. Marrickville: Mosby Elsevier.
- Waltz, C., Strickland, O., & Lenz, E. (2005). *Measurement in nursing and health research*. NY: Springer Publishing Company, Inc.

National Ethics Advisory Committee (NEAC's) Ethical guidelines for health and disability research

<http://neac.health.govt.nz/publications-and-resources/neac-publications/streamlined-ethical-guidelines-health-and-disability>

Medsafe's Clinical trials – regulatory approval and good clinical practice requirements

<http://www.medsafe.govt.nz/medicines/clinical-trials.asp>

Celebration of successes

We would love to hear from you to help celebrate your successes in accomplishing research achievements. Completing a research project, presenting research at a conference, receiving an award for research or completing your Masters research.

Please send us a quick snap shot of your work and a picture for publication. As nurses we would love to celebrate these huge achievements together. Congratulations!

Write to: nzno.nrs@gmail.com

Keen to Share Your Research?

Have you recently completed a thesis or dissertation? Publicise your findings by sending it through to the NZNO library for inclusion in the NZ Nursing Research Index.

The Nursing Research Section of NZNO had a vision that a central repository of all New Zealand nursing research should be established. This was the genesis of the NZNO New Zealand Nursing Research Index. The Index was initially published in 1983.

The NZ Nursing Research Index is a searchable database of New Zealand Nursing Research citations which has been available on-line since 1999. It is maintained by NZNO with the library being the administrators. It has been updated a number of times, the latest major update being in 2009. The database currently contains 1374 records as at April 2013.

New records are added regularly. Each record contains a citation and abstract and a tag specifying whether it is a thesis, journal article or report. If the record is held within the NZNO library it will state this or there may be a URL (web address) that you can paste into your internet browser and then access the full text.

NRS guidelines (1998) stipulated the criteria for research that would be included in the database. The definition of nursing research is stated as:

“Research concerned with the practice of nursing, nursing education, nursing policy or nursing management”

Criteria for inclusion are:

- *“A specialised expression of caring concerned primarily with enhancing the abilities of individuals and groups to achieve their health potential within the realities of their life situation”*
- A process of systematic inquiry, the purpose of which is to contribute to the shaping of nursing practice within its changing context
- Undertaken to develop knowledge and structures which will guide, validate and support nursing practice
- Undertaken by nurses

Nurses are more commonly undertaking postgraduate qualifications. Now that you have reached the finish line, this index is a way of disseminating findings to an audience with a common shared goal. We look forward to assisting you with this.

Email: library@nzno.org.nz

Phone: 04 494 8230

Library: Heather Woods

Searching the Index: <http://www.nursingresearch.co.nz/refbase/>

Queries/Submit work: researchindex@nzno.org.nz

*Nomination form for the Nursing Research Section of
NZNO*

This is a call for nominations to the Nursing Research Section Committee of NZNO. Please find attached form to be completed prior to the AGM teleconference to be announced via email.

[http://www.nzno.org.nz/groups/colleges_sections/sections/
nursing_research/conferences_events](http://www.nzno.org.nz/groups/colleges_sections/sections/nursing_research/conferences_events)

NRS Committee Members

Name of committee member	Committee role	Region where located
Gillian Sim	Acting Chair	Southern
Juliet Manning	Acting Secretary	Southern
Jed Montayre	Acting Treasurer	Greater Auckland
Heather Robertson	Committee Member	BOP/Tairāwhiti
Umit Holland	Committee Member	Greater Auckland
Simona Inkrot	Committee Member	Waikato
Sara Mason	Committee Member	Hawke's Bay
Emma Collins	Committee Member	Southern