Environments for Enhancing Nursing Research

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The following was excerpted by Dr. Floyd from a presentation made by Dr. Kent at the 1983 MNA convention. The program theme of that convention, "Setting the Scene for Nursing," focused on optimizing the environments in which nursing is practiced. In this issue of the Michigan Nurse, the first to be devoted to research, re-exposure to Dr. Kent's ideas seems timely.

When I was asked to address the program theme, "Setting the Scene for Nursing," from the perspective of the nurse administrator in a health care agency, I decided to describe our nursing research program at Lafayette Clinic including major chronological developments which would illustrate strategies for "setting the scene." Creating an environment for enhancing nursing research in a clinical setting requires continuous planning, purposeful involvement, one-upsanship, cooperation within the nursing department, and cooperation with other disciplines. It is also useful to start with the assumption that all nursing staff can and want to share in the development of nursing research.

A few weeks ago, I heard comments in a Lafayette Clinic committee meeting that, "Nursing has the best organized departmental research program in Lafayette Clinic," and "Nursing has its act together." We accepted those comments although we know we have limited protocols, limitations in prepared research staff and limited publications. However, we think the groundwork needed to allow nursing research to proceed has been laid. At present, the environment for enhancing nursing research in Lafayette Clinic is marked by the support of the Director of the Clinic, the admiration and respect of the other disciplines, and the desire of the nursing staff to be involved in research.

Historical Perspective

The Lafayette Clinic is the unit of the Michigan Department of Mental Health established by a special act of the State Legislature to: (1) educate and train personnel for the field of mental health; (2) conduct studies and research programs into the nature, cause and methods of prevention, treatment and care of mental and emotional disorders and disturbances; and (3) conduct a program which includes inpatient and outpatient services for those in need of psychiatric care and treatment. It is significant that the law and subsequent revisions of the Mental Health Code did not exclude nursing from the research purposes. In fact, the Code includes nursing in the list of disciplines to fulfill all the purposes of the Clinic.

We should have had a nurse researcher as early as 1955 when the Lafayette Clinic opened, but none was available for the clinical setting. In 1957, the Director of Nursing was interested and prepared in research, and hopeful about developing a research program, but it was obvious when I joined the staff in 1958 that none except the Director of Nursing expected nurses to do much more than escort patients to other researchers or count medication errors and hours of seclusion. A great deal of work was needed to change the view of nursing from what it was in 1958, to what it is today.

The Michigan Civil Service Commission determines position specifications and salaries for State employees including Lafayette Clinic employees. As recently as 1979, with the revision of the Civil Service Human Services Benchmark, it was obvious that there was no expectation that nurses would conduct research in the special facility established by the State Legislature for research. All nurses, including those with master's and/or doctoral education, were considered resident care aides by the benchmark.

In 1983, the picture is better. The present Department of Nursing's research program involves:

1. An orientation to research for all Department of Nursing staff. This orientation is required for all—clerks, aides, practical nurses, registered nurses. The orientation includes explanations of what is research and what are the methods; how to read and understand a research design; staff rights and responsibilities related to research; patient's rights as human subjects; the process for approval of research protocols; guidelines for research in the clinical setting; the relation of theory to practice; and the value of research to the profession.

2. A program for developing and supporting Registered Nurse Research Assistants or Coordinators who are assigned to a principal investigator and/or research protocol or research program. The research assistants or coordinators are responsible for nursing related to the protocols and provide liaison between ward nursing staff and researchers. They monitor utilization of participants in research and also the adherence to the various research guidelines. Almost all research programs and investigators have a nurse assigned as research assistant or coordinator.

3. Registered nurses who initiate and conduct research as well as seek funding for nursing research. The first MNA CURN Scholar Grant for clinical research was awarded to one of our clinical specialists in nursing who is studying family decision-making.

4. A Director for the Department of
Nursing's research program. She is a member of the Lafayette Clinic Institutional Review Board, as well as a liaison person between Lafayette Clinic Department of Nursing, Wayne State University's Center for Health Research, and various regional and national research councils. Internally she serves as Chairperson of the Nursing Research Program Meeting and the Registered Nurse Research Assistants Committee. She participates in inservice education for all staff, trains specific research nurses, monitors research by nurses, and conducts nursing research.

Milestones in Development

Some milestones in our development will illustrate how we promoted an environment to enhance research.

1. Structuring recognition of research and the expectation that nursing staff will be involved in research. The purposes of the facility are the purposes of the Department of Nursing. As stated by the Mental Health Code and the By-laws of the facility, these purposes are research, education, and service. We have held continuously that the Department of Nursing is included in all of the purposes. In each job description, the three areas of concern are described. Clerks, aides, staff nurses, supervisors, instructors, and clinical specialists all have research involvement included in their job descriptions. The administrative chart of the Nursing Department shows three prongs: research, education, and service.

A note regarding the role of clinical specialists — they are expected to promote all the purposes of the Department of Nursing regardless of their special interests. Since the masters prepared nurses have had more exposure to the studies and research than the other staff, their level of expertise is promoted as a help in research. They are expected to attend, be visible and represent us well in the many research meetings of the various departments. This expectation of involvement has been supportive of an environment for clinical research.

2. Supporting research through committees and seminars. The Department of Nursing Research and Studies Committee, now called the Nursing Research Program Meeting, was established in 1965 to lead, coordinate, and encourage interest in formal studies. This committee has served as a means for developing staff. Not all the members are conducting research. We are restructuring this committee to promote the relationship between research, clinical nursing, and administration and to facilitate the utilization of research findings. A new development for enhancing research in Lafayette Clinic is the Research Program which will support research through presentations by Lafayette Clinic nurses engaged in research, guest researchers, and student researchers.

3. Supporting research through the allocation of space. The first nurse who was called our "research nurse" shared a desk in a room with seven other nursing supervisors. By the time we had a true nurse researcher, hospital authorities were ready to provide a separate room. Our physical environment support for research is improving. We now have seven nurses involved in research who have private offices. This may not appear significant, but having lived through the period when nurses were considered not to need offices because they "should be up there with the patients" and the period when the private office in a hospital was a mark of status available to the "therapist," I know obtaining space is important to the research program.

4. Formalizing Nursing Department policies and procedures. We have developed a Nursing Research Manual to formalize the framework of our research program, facilitate communication about our research program and give support to the individual nurse researcher. In addition to basic information about the research process, rights of human subjects, and research policies and procedures at Lafayette Clinic, the manual also includes guidelines for nurse researchers external to the Clinic, i.e., nurse faculty researchers from neighboring universities and other qualified nurses who want to conduct research in Lafayette Clinic.

Administrative Role

It has been important to maintain an administrative framework that has unity in command and unity of purpose so the staff knows who is in charge of research and what is the span of control. Thus, there can be no crosspurposes and each staff has well defined tasks. Although there are many people involved in the research program, confusion of overlapping authority is reduced. We are organized by functions with built-in cooperation between divisions.

Communications regarding research must be accurate, timely, and easily accepted to permit staff to express a desire to participate. Arrangements are made for periodic reports, regular mentioning of research, and exploring problems related to research. Shift-to-shift meetings, committee meetings, and ward conferences are all used for communications about research. Reporting on research developments is considered as routine as reporting on patient care and continuing education programs. Of course, every step of any one research project is not regularly or routinely reported; however, communications about research are not limited just to the researchers. By opening up the communications we have provided an avenue for widespread nursing support of research activities.

To enhance the environment for research, it has been necessary over the years for the Director of Nursing and the Director of Nursing Research to become known for their clinical competence, their knowledge of the State and Federal regulations affecting the Lafayette Clinic, and their knowledge of research methodology. They have needed to be visible, flexible, willing to lead as well as follow, and demonstrate capacity for including, supporting and monitoring others.

The efforts made at Lafayette Clinic to prepare an environment for nursing research started in 1955. The profession of nursing has changed since then. Health care agencies starting research programs today will not have to take some of the steps we had to take over a 25-year period. Nevertheless, the basic structures we have developed may be helpful in guiding the development of nursing research programs in other settings.

Doctoral Nurse Forum Held

The first Doctoral Nurse Forum of Michigan was held May 10, 1985 in conjunction with Michigan Nurse Week. Doctorally prepared nurses from across the state met to discuss issues related to patient care, nursing research, nursing management, nursing education and nursing theory. It is believed this was the first forum of this type in the country. A second forum will be held in the fall and all doctorally prepared nurses in Michigan are invited to attend.

Instrumental in organizing the forum were: Sister Marcella Clancy, RN, PhD, Sinai's Shapero Institute of Nursing Excellence; Nancy L. Hudlund, RN, PhD, University of Michigan Hospitals; Virginia Hill Rice, RN, PhD, Wayne State University, and Gary Moore, RN, PhD, Oakland University School of Nursing. For more information contact Dr. Rice at the Wayne State University College of Nursing, 5557 Cass Avenue, Detroit, MI 48202.