



Michael Smith Foundation for
Health Research



Nursing Research Facilitator Program

Fostering research in the nursing community: reflections on the first year

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The Nursing Research Facilitator Program is a part of the BC Nursing Research Initiative

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Summary

Background

The BC Nursing Research Initiative (BCNRI) was established to build practice-relevant health services research related to the nursing workforce in British Columbia. The Nursing Research Facilitator Program funded one position within each of the six BC health authorities to build awareness of and support for the development of this research.

This evaluation of the Nursing Research Facilitator Program provides an overview of the program's progress in its first year of implementation (January to December 2010) based on program objectives, and highlights achievements and challenges to inform the program's evolution. The evaluation focuses on perceptions of the program and experiences reported by key stakeholder groups: nursing research facilitators; executives and managers directly responsible for the facilitator role and/or for supporting nursing research or nursing services; and participants in facilitator activities, such as nurses, practitioners, managers and academic researchers.

Findings

The findings show several areas of success for the facilitators in their first year.

- Each facilitator acted as a research point person for nurses and practitioners, provided skill-building opportunities, and supported the development of research ideas into teams and projects. Stakeholders identified this aspect as the most significant value of the facilitator role, and building capacity to integrate research into practice within the practice community was seen as the most beneficial focus.
- Facilitators connected with front-line staff, decision makers and academic researchers, and were most successful at building a sense of research community among nurses, particularly those new to research. This helped raise the profile and value of research within the health authorities. Facilitators were strengthened in this work by having a strong nursing background that allowed them to identify closely with and be seen as credible by nurses.
- Facilitators fostered receptivity to research through promotion of the facilitator role and a focus on relationship building. Key to their success was

developing in-depth knowledge of nursing research activity and creating new supports and resources to meet health authority needs, including a comprehensive inventory of nursing research.

Facilitators were credited with building a community where nurse involvement in research is welcomed and encouraged. Moving forward, there is a need to work with the health authorities to open organization-level opportunities for nurses to become involved in research and integrate research into practice responsibilities. Building this initial community into an organizational culture of research support was seen as an important factor influencing nurses' ability to engage in research in a highly interdisciplinary practice environment. Facilitators are forming relationships with academic researchers and are well positioned to more effectively bridge the practice and academic communities, exploring the motivations and interests from each perspective related to collaboration.

Overall, the first year of the facilitators' work required striking a balance between targeting the greatest need within the health authorities and promoting the value of research to a broader audience to help build a receptive research culture. Stakeholders agreed that the facilitators have demonstrated the value of research to the nursing community in the health authorities, and there is broad support for the facilitators' work to continue.

BC Nursing Research Initiative: Nursing Research Facilitator Program

The purpose of this report is to provide an overview of the Nursing Research Facilitator Program's progress in its first year of implementation based on program objectives, and to highlight key achievements and challenges to inform the program's evolution.

About the Nursing Research Facilitator Program

The BC Nursing Research Initiative (BCNRI) was established to build practice-relevant health services research related to the nursing workforce in British Columbia. In 2009, the BCNRI developed several programs to support this goal. The first program, the Nursing Research Facilitator Program, funded one position within each of the six BC health authorities (five regional health authorities and one providing specialized services province wide) to build awareness of and support for the development of this research. The positions were also envisioned to support the rollout of other BCNRI programs.¹

There are significant variations in the organizational structure and culture of the six health authorities, ranging from a highly research-intensive academic health organization to others with limited research capacity. The program provided the health authorities the flexibility to shape their nursing research facilitator positions according to their needs. Health authorities were invited to submit a proposal describing their facilitator position and how they would meet BCNRI's specific objectives:

1. Facilitate the nursing community to find, evaluate and apply evidence
2. Support practitioners to work with academics to identify gaps in evidence and engage in research
3. Act as a contact for researchers seeking information and contacts to undertake nursing health services research

4. Develop an inventory of nursing health services health research

The program guidelines established baseline qualifications for the facilitators: a graduate-level education in a health or social science field, preferably in nursing; a minimum of five years experience in health services delivery/management or research; or an equivalent combination of training and experience. The facilitators were also expected to report to the chief nursing executive (or designate) and to work closely with existing research support services within their respective health authorities. Only two of the health authorities required that applicants be nurses; however, all six facilitators hired came from a nursing background. While funding was available starting in May 2009, the facilitators' actual start dates varied among health authorities, dependent on the recruitment process. During the program start-up, MSFHR program staff arranged monthly conference calls for facilitators to get to know each other. As the program progressed, the facilitators continued to connect with one another to share their experiences on establishing their roles and planning activities.

About the evaluation

Evaluation of the program focused on the first year of implementation from January to December 2010. While most facilitators were already in place for varying lengths of time prior to January, the last facilitator was hired in January 2010. Therefore, the evaluation captured the first full year of the program's implementation with all facilitators in place. The evaluation focused on perceptions of and experiences with the program, as reported by key stakeholder groups, and is intended to be developmental – providing insight to the BCNRI and wider health services research communities on progress, achievements and challenges to date. It was not intended to assess the facilitators' performance.

The evaluation was based on qualitative data drawn from three important perspectives: the facilitators; the executives and managers directly responsible for the facilitator role and/or for supporting nursing

¹ Other BCNRI programs included research projects; investigative teams; commissioned research; and InspireNet, a provincial nursing research network. For more info, visit www.msfhr.org/special_initiatives.

research or nursing services; and the participants in the facilitator activities, such as nurses, practitioners, managers and academic researchers. Methodological details for the evaluation are provided in the Appendix. Information was collected in the following ways:

1. *Perspective:* Nursing research facilitators
Purpose: To capture the facilitators' priorities for their roles, their perspective on internal support for nursing services research, and their experiences over the first year of their positions including activities, achievements and challenges.
Methods: The facilitators completed monthly activity journals and more in-depth reports at the start and end of the evaluation period. At the end, the facilitators participated in a focus group. The list of facilitators is provided in the Appendix.
2. *Perspective:* Executives and managers
Purpose: To explore the perspective of those directly responsible for the facilitator role and/or for supporting nursing research or nursing services. Interviewees were asked about the short-term impact of the facilitators, ongoing health authority needs, and the future potential of the facilitator role.

Methods: One representative from each health authority was interviewed. The list of interviewees is provided in the Appendix.

3. *Perspective:* Participants in facilitator activities
Purpose: To bring together individuals from the nursing community to learn about their experiences in nursing research and the influence of the facilitator role.

Methods: One focus group was conducted in each health authority with individuals who were familiar with the facilitators' work. They included a wide range of participants who were intended to benefit from the facilitators' work. A description of the participants is provided in the Appendix.

Program objectives and progress

While each facilitator had the flexibility to adapt specific activities within the context of their health authority, the objectives are program wide. Findings represent major themes that emerged across all sources, unless otherwise indicated, and are presented in three areas.

- Objective 1: Facilitate the nursing community to find, evaluate and apply evidence.
- Objectives 2 and 3: Support the development of practice-relevant research. Program objectives 2 and 3 are closely related; therefore, the findings are combined in this area.
- Objective 4: Develop an inventory of nursing health services health research.

1. Facilitate the nursing community to find, evaluate and apply evidence

Summary

Nurses are in a position to implement practice changes based on research evidence and to identify practice problems and opportunities, or gaps in practice knowledge. This process of integrating individual practice expertise with the best available evidence involves a number of steps, including formulating questions to address a practice issue, searching for appropriate research, evaluating the quality and applicability of evidence, integrating evidence in consideration of context, and evaluating the results.

The nursing research facilitators were tasked with supporting the nursing community in this process as a step toward identifying evidence gaps and collaborating with academics on relevant research. All of the facilitators reported success at supporting nurses to build skill and experience in finding and using research evidence and evaluating practice changes. Facilitators particularly directed skill-building activities toward nurses new to this area. Continued work will need to ensure that nurses and practitioners have the time and opportunity to put these skills to use.

Findings

The facilitators delivered, participated in, and promoted a variety of events and activities to build awareness of research and the value of its use in practice, to develop skills among nurses and practitioners, and to establish the facilitator role as a point person for nurses and practitioners seeking to engage in evidence use. The facilitators were able to share their experiences among themselves to learn from common challenges, pool resources and build collaboratively on successes.

Facilitators reported participating in at least 24 unique events that showcased research or focused on nursing practice. These events included conferences attended by the facilitators to make connections, promote the role and learn about current research. Other events were sessions organized by the facilitators and repeated throughout the year for local nurses to share their research and ideas with each other and with other health authority staff. Facilitators also participated in the planning or hosting of health authority-focused research days or events to ensure nursing research was well represented.

All facilitators were able to attend practice council and nursing staff meetings in their health authorities. They met with research leadership groups, nursing leadership groups, and executives of research institutes within their respective health authorities and reported that these meetings focused on research priorities of the health authority, methods to support nurses in integrating research into practice, and the value of evidence-informed practice.

Facilitators themselves delivered or participated in at least 25 unique skill-building workshops or courses. About half of these were related to evidence-informed practice (including research literacy, literature search, knowledge translation and decision support) and half to conducting research and evaluation (including grant writing, finding funding and data analysis). Furthermore, the facilitators directed nurses with practice questions to the appropriate research literature, connected them with others within the health authority with relevant interest or expertise, and provided one-on-one consultation and advice on the research process.

In addition to these workshops and one-on-one activities, many of the skill-building activities and resources developed by the facilitators focused on evidence-informed practice, evaluation of practice changes, and knowledge translation strategies for nurses, practitioners and managers. For example, the Interior Health facilitator included both practice and academic perspectives to create a resource for nurses, decision-makers and researchers on best methods for using research in practice at Interior Health. This “KT Casebook” was presented and disseminated throughout Interior Health, and to other facilitators and the wider nursing community through nursing research networks.

The facilitators and practitioners reported that “novice researchers” – nurses who are new to participating in or using research – have less confidence and experience in bringing forward research ideas to their managers or seeking assistance from research support or external researchers. Supporting these novice researchers may have the greatest potential to expand capacity and increase evidence use within the health authorities. The facilitators agreed that they play a key role in supporting novices. Focus group participants noted that the facilitators helped encourage novice researchers and bring recognition to new research ideas because of the independence of the facilitator positions, which are not linked with a specific management role or part of a contract or union.

Most focus group participants had participated in an activity led or promoted by the facilitators on conducting an evidence search and interpreting the results or sharing the results of practice-relevant research. Based on the views expressed across all focus groups, there is strong and sincere interest from nurses and practitioners to learn more about how to bring evidence into practice. Facilitators identified the existence of this strong interest based on their experiences and feedback from health authority staff.

Not every front-line nurse is going to want to do research, nor perhaps should they. But every front-line nurse should know what the best evidence is and use it, and so making sure that’s facilitated and supported, that’s really key. ~Focus group participant

Supporting nurses to routinely engage in evidence-informed practice was identified as one of the best skill-development tools, and half of the executives interviewed reiterated that this engagement is essential to progress in research skill building. Acquiring and enhancing skills, as well as creating and accessing support resources, are both reinforced through opportunities to apply them to practice. Without this opportunity, some focus group participants felt they lost confidence and knowledge gained from participating in a workshop or similar skill-building activities. All of the facilitators noted that many nurses already have valuable research knowledge and skills, particularly new graduates; what they lack are opportunities to actively engage in research.

Research education needs to be packaged in a way where it’s very practical and concrete. People get excited about what they learn, but then they don’t know how to translate it on the ground, back into their own practice. We need application built into it. ~Focus group participant

While the facilitators provide research support, organizational and administrative support is also a key factor influencing the nursing communities’ ability to engage in research and evidence use. Focus group participants uniformly identified lack of time as a barrier to engaging in research and would like research to be recognized as part of their job, perhaps supported with protected time. For example, the Northern Health facilitator is exploring the potential of “time-grants” for nurses who wish to engage in evidence-use projects.

Similarly, executives acknowledged that research tends to be separate from, rather than integrated with, practice by their organizations, and they expressed support for raising interest in research among nurses and identifying ways to support them. Focus group participants highlighted that the simple existence of the facilitator positions has been seen to increase the value of research to the health authorities. The internal work of building organizational receptivity creates a strong base to build future facilitator activities that specifically

increase research involvement.

The single greatest achievement, I think, is that just by virtue of having the facilitator here and doing the work, she's raised the profile of, particularly, nursing health services research. But it's also demonstrated the value of research culture to staff and managers and shown the benefits of connecting people and using evidence in practice. ~Executive respondent

2. Support the development of practice-relevant research

Summary

The facilitators were tasked with building capacity for research by acting as a source of information and advice for researchers, nurses and practitioners on their nursing research and research needs. In a facilitator role, they support practice-relevant research development but do not actively engage in conducting research.

Two program objectives contribute to facilitators enabling research development. The first objective is acting as a contact for researchers seeking information about nursing health services research or undertaking research within the health authorities. All facilitators reported that they worked to establish connections with academic researchers and promoted their role as a point of contact within the health authority. The second objective is supporting practitioners to work with academic researchers to identify gaps in evidence and engage in research. All facilitators supported the research interests of nurses and practitioners and linked the practice and academic communities together on common interests where possible.

The most significant value of the facilitators' role in the first year was their focus on practice community interests. A gap still remains between the academic and practice communities in collaborating on research, and the opportunities for effective support in this area are emerging.

Findings

Each facilitator worked to build awareness of their role within the academic community by establishing connections with academic researchers, thereby opening opportunities for new connections between researchers and the health authorities. The time and effort required to form successful relationships varied because of the differences across health authorities in existing research support and collaborations, presence of research centres, and strength of links to academic institutions. For example, facilitators established a presence in universities and colleges by attending research events, identifying and initiating connections with health services and nursing researchers, and engaging with nursing schools and students.

Facilitators were able to connect with research leaders at universities and colleges located within their health authority, with particular focus on nursing schools, medical programs, and related disciplines such as social work, public health or health information. The facilitators collaborated on approaching schools that were common to their health authorities. Facilitators also included academic researchers on mailing lists to keep them up to date on nursing research activities in the health authority. Academic researchers participating in the focus groups highlighted that receiving this information from the facilitator, a single contact, was an efficient and useful way to learn about health authority activity. Overall, however, there is limited information available to assess the facilitators' ability to act as contacts to academic researchers, as the evaluation data focuses primarily on the facilitators' main work within the health authority practice community.

For me, as an outsider, it's very valuable having the facilitator keep me in the loop with what's going on in the health authorities in regard to research and put me in touch with groups who are doing research in my area of interest. Because otherwise, I wouldn't have known what was going on out there. ~Academic researcher, focus group participant

Facilitators are just starting to understand the gap between the practice and academic communities to support the development of practice-relevant research. Across sources, barriers to collaboration included difficulty in finding academic collaborators with research interests aligned to those within the health authority, and a perception that academic researchers face their own challenges in following up with results after the research is complete and assisting in applying findings to practice.

In the first year, it was clear that more time was dedicated to building capacity within the health authority. A notable success for the facilitators is the creation of nursing research challenges aimed at encouraging nurses and practitioners to bring forward research questions and ideas and engage in research. One example, the “Nursing Research Poster Contest” started by Vancouver Island Health Authority, encouraged nurse interest and participation in research by highlighting recent quality projects and providing ways for the nurses to disseminate their findings. Another example, the “Point of Care Research Challenge” in Fraser Health, encouraged practitioners through a small grant research competition to bring forward practice questions they wished to investigate in a small-scale interdisciplinary research project. The facilitators have shared their work on these challenges, and a third health authority is planning its own nursing research challenge, at Providence Health Care.

Facilitators also assisted nurses with the implementation of their research ideas. Most significantly, facilitators acted as a central hub to help nurses with similar interests find and connect with each other. When focus group participants were asked what they would do if they wanted to participate in research, they uniformly reported that they would seek out like-minded colleagues. The majority of the focus groups agreed that contacting the facilitator would be their first step in doing so. Facilitators provided guidance to nurses on gaining support for research activities from managers and colleagues, and gave them advice throughout the research process. From the facilitators’ reported activities, most of the research supported was evaluation of current practice or practice changes.

I think the thing that really helps get things going is not so much education, but it’s really the hands-on support and help with coordination and what it enables that helps bring people together with different skill sets. ~Focus group participant

In addition to providing assistance to nurses, facilitators also helped teams with strong nurse involvement develop and implement their research ideas. As of January 2011, the Facilitators had worked with at least 48 research teams, 17 of which were newly created in response to BCNRI research opportunities under a separate program that brought together nurses, practitioners and academic researchers. This work offers promise that new, highly practice-relevant research will eventually be generated.

Facilitators were not tasked with increasing the research activity level within the health authority per se, but their work in assisting nurses directly and creating research teams notably demonstrates their ability to successfully support practice-relevant questions and will help them to connect with appropriate academic researchers. Overall, building internal awareness of and receptivity to research and maximizing opportunities to support research interests within the health authority builds a strong base that can be used to engage academic researchers more effectively.

It’s an innovative program to offer capacity building support in health authorities rather than operating grants for projects to universities only or scholar awards or other personnel awards. This kind of a special initiative is really impactful from a health authority point of view. ~Executive respondent

3. Develop an inventory of nursing health services research within the health authority

Summary

An objective of the Nursing Research Facilitator Program in its first year was to develop an inventory of nursing health services research to act as an important source of current information to both the facilitators (in their role as a health authority resource) and the province-wide research and practice communities. This was seen as an integral tool to advance a comprehensive understanding of nursing research across the province and to assist with more coordinated research planning.

Findings

All facilitators were successful in creating an inventory within their health authority. By the end of the first year, all facilitators submitted their inventory to InspireNet, a provincial nursing research network also funded by BCNRI. InspireNet will compile and maintain the inventories and make them available to the nursing and research communities in the future.

To compile the inventories, the facilitators drew from a wide variety of information sources, including existing research databases within research departments, research or ethics review committees, surveys of the nursing community, contacting investigators directly, or working with clinical support and quality improvement teams.

Facilitators first had to gain an understanding of the context in their health authority and identify the relevant research activities, people and resources. While extensive time was required to gather this information over the first year, facilitators noted the value of working on the inventories in building relationships within the health authority and raising awareness of the facilitator role.

At the end of the evaluation time frame, the inventories had only recently been submitted to InspireNet, so usage information is not yet available; however, focus group discussions suggest the inventory will be able to serve a provincial need as intended. The facilitators were identified as an important first contact for nurses to identify others in their organization or field with similar research interests, and the inventory clearly has potential to support this need as a central resource across the province. Participants also noted the challenge of following up with research completed within the health authority, which suggests the inventories may be useful in connecting researchers and health authorities to make relevant practice communities aware of research results.

Program objective themes

While the facilitators have made progress on each of the program objectives, not all objectives could receive equal attention, as some required a greater focus in the first year to create opportunities to advance on the others. Several areas of the Facilitators' experience in the first year presented as themes across all objectives:

1. Development of the facilitator roles
2. Promotion of roles
3. Roles within the context of the organizational research environment

1. Development of the facilitator roles

The development of the facilitator roles followed a similar path over the first year. As a first step, facilitators had to understand the current state of nursing research within the health authorities by making connections and building relationships among academic researchers, decision-makers and the nursing community. The executives interviewed commonly identified the facilitators' work on needs assessment (or learning about the current state of nursing health services research within the health authorities) as a significant accomplishment. They agreed that dedicating time over the first year to become familiar with research within the health authority was worthwhile and important. The amount of time necessarily varied across health authorities, considering differences in population and geographical sizes, the presence (or lack) of existing research departments or facilitators, and the extent of "buy-in" and support from research and nurse leaders or managers.

For example, Fraser Health and Northern Health have well-established research departments that coordinate and support research across the health authority, while the Provincial Health Services Authority has a number of individual research institutes and agencies to support their mandated research interests, limiting the sharing and tracking of information. In another example, at Vancouver Island Health Authority, focus group participants noted the wide geographic range as a challenge to understanding research and collaboration across the health authority.

I think what the facilitator is doing right now is really helping us understand where we need to focus our energies going forward. We're starting to organize and think about ourselves a little bit differently at different levels, so it's been very valuable for us. ~Executive respondent

Second, the facilitators built upon the connections and relationships initiated through the program to promote and build awareness of the facilitator role, current research activity, and existing research resources and sources of support. In the first year, the facilitators more frequently identified success in connecting people with similar research interests and in creating research teams than they did in actually helping to generate specific research projects. This matches the program's intention for the role to serve as a catalyst for nurse participation in research, as described by the program objectives.

Third, the facilitators worked to enhance the nursing community's ability to access research information and connect with others with similar interests. This included developing the inventories of nursing research and skill-building supports within each health authority.

Building on this third step – improving access to research information and resources (including knowledge translation strategies) – has been identified as an ongoing priority by the facilitators. Additional priorities identified by facilitators as next steps include generating more opportunities for nurses to participate in research projects and bridging the gap to the academic research community.

2. Promotion of roles

A challenge faced by facilitators in building role awareness was appropriately targeting their efforts as identified by the focus group participants and the facilitators themselves. BC's nursing community is large (one facilitator estimated her health authority alone employed more than 6,000 nurses), and

facilitators attempted to maximize the effectiveness of their work by targeting nurses who express a strong interest in research. At the same time, they recognized the need to promote research to a broader audience to gradually build a receptive research environment and lay the groundwork to attract individuals who may become interested in research in the future.

The facilitators are strengthened in their positions by being nurses themselves or having strong nursing backgrounds. All focus groups and two of the executives interviewed reported that this background improves the facilitators' credibility among nurses and allows them to identify closely with and understand the needs and perspectives of their target populations to bridge the research and professional practice worlds. The facilitators also reported receiving positive support from nurses related to their ability to identify closely with front-line staff.

I think there's a certain level of credibility when a nurse is doing a presentation on research evidence, as opposed to somebody who's not in the profession. And so you tend to get a different level of engagement among nurses in that regard. ~Focus group participant

Focus group participants also noted the motivation that comes from identifying with the research experiences of their colleagues. Facilitators may be able to take advantage of units or departments where nurses have been identified as research-active by helping them share their research across the health authority. In turn, facilitators can learn about processes and team culture to promote research success. Focus group participants reported that demonstrating and recognizing successes will increase the perceived value of research and stimulate interest among less-active units.

3. Roles within the context of the organizational research environment

Intangible support through the values or culture of an organization can also promote research involvement.

A receptive environment is an important factor influencing the nursing communities' ability to engage in research. Across the focus groups, every participant commented on some aspect of research culture and identified fostering a supportive environment as the greatest opportunity for organizations to increase nurse participation in research. The degree to which they reported a culture supportive of nurses differs among health authorities; it also differs within the health authorities, across departments, and across teams or units.

I believe that the way to draw a nurse to research is to support the culture of inquiry and help make the experience a positive one so nurses in the future may be interested in pursuing their own areas of study. ~Nursing research facilitator

The majority of focus group participants and executives interviewed credited the facilitators with building a sense community among nurses where they feel welcomed and encouraged to be involved in research. While facilitators have limited ability as individuals to be involved in shifting organizational culture, they have worked to promote recognition and celebration of research success from the "bottom-up" by creating a community among staff where like-minded colleagues support each other and share knowledge and resources.

It is important to note the alignment of perspectives between the focus groups and executives throughout this evaluation, as organizational culture may be perceived differently by members at different levels of an organization. While changes in organizational research culture are challenging to measure, these findings show that the facilitators' work has had a positive influence. It is vital the facilitator positions be housed strategically within the health authorities to ensure region-wide, interdisciplinary work is supported, and to allow them to work towards addressing the organizational barriers to nurses engaging in research.

I think we've gained momentum with the facilitator and we've built interest in the organization, not just at the front line but also at the senior nursing level and other levels. And I would hate to lose that momentum, because I think there's opportunity there. ~Executive respondent

Health services are inherently interdisciplinary, and nurses practice on teams with a variety of health professionals. All sources reported the importance of flexible research support within this interdisciplinary environment, particularly because nurses will only be successful in bringing forward research ideas if the ideas are meaningful to the team as a whole. Therefore, the program's focus on nursing health services research must strike a balance between fitting into the broader organizational culture and keeping in step with research advances in other health service areas. In some health authorities with well established existing health service research departments and supports, facilitators were able to integrate well and contribute a nursing focus. In health authorities without this existing strong support, facilitators noted a struggle to ensure a more comprehensive health services research support without straying from a nursing focus.

Conclusion

Overall, the first year of the facilitators' work required a balance between targeting the greatest need within the health authorities and promoting the value of research to a broader audience to help build a receptive research culture. Facilitators played a valuable role in each health authority, acting as a research point person for nurses and practitioners, and building capacity to integrate research into practice was seen as the most beneficial focus. The success in this area has created broad support for the facilitators' work to continue, and stakeholders agree that the facilitators have demonstrated the value of research to the nursing community in each health authority.

Facilitators fostered receptivity to research by promoting the facilitator role and focusing on relationship building. They were credited with building a sense of community among nurses where involvement in research is welcomed and encouraged. Facilitators' strong nursing backgrounds were important to their success, building credibility among nurses and allowing them to identify closely with nurses, develop in-depth knowledge of nursing research activity, and create new supports and resources to meet health authority needs, including a comprehensive inventory of nursing research.

Moving forward, there remains a need to work with the health authorities to open organization-level opportunities for nurses to become involved in research and integrate research into practice responsibilities. Building this initial community into a more organizational culture of research support was seen as an important factor affecting nurses' ability to engage in research in a highly interdisciplinary practice environment. When facilitators are strategically housed within the health authorities and report to an executive management level, they could be positioned to work towards addressing organizational barriers to nurses engaging in research. Facilitators are forming relationships with academic researchers and are well positioned to more effectively bridge the practice and academic communities, exploring the motivations and interests from each perspective related to collaboration.

Appendix: Evaluation details

Methods

The MSFHR Analysis & Evaluation department collaborated with the nursing research facilitators, program staff, and co-leads of InspireNet to define the scope of the evaluation, form evaluation questions and identify information needs. This work was also informed by previous evaluation of MSFHR capacity building programs. The original purpose of the evaluation report was to document what was achieved through the program, describe the facilitator role and its evolution, and assess the program objectives.

A multi-method, multi-informant data collection strategy was developed to gather qualitative data from a variety of perspectives on the program in its first year.

Perspective	Method	Description
Nursing research facilitators	Activity journals	To document activities undertaken and understand how the facilitator role changes over the course of the program. Each facilitator completed a monthly journal reflecting on their activities and the challenges and successes of implementation.
	Reports	At the start of the evaluation, facilitators completed a report that asked them to define their priorities and expectations for their roles and to describe their perspectives on the state of support for nursing services research within their health authorities. The facilitators were then asked to update these reports at the end of the evaluation.
	Focus group	At the end of the evaluation, facilitators participated in a focus group to share common experiences over the first year.
Executives and managers	Interviews	<p>Potential interviewees were nominated by the facilitators and selected by MSFHR. Participants were directly responsible for the facilitator role and/or for supporting nursing research or nursing services.</p> <p>A structured set of interview questions was formulated by MSFHR. Interviewees were asked about the short-term impact of the facilitators, ongoing health authority needs, and the future potential of the facilitator role.</p> <p>Given limited resources for the evaluation, and to ensure effectiveness, each facilitator was assigned to conduct interviews and focus groups in another's health authority. Using the facilitators' in-depth knowledge of the program, position, and nursing research was an advantage in ensuring the interviews/focus groups were appropriately focused and topical to achieve the best quality data. The disadvantage of using the facilitators is that the method is susceptible to bias, given that the facilitators may work closely together and also have personal interest in the program's success. This bias was mitigated by removing facilitators from their own health authority, and then by recording and transcribing the interviews for independent analysis.</p>
Program participants	Focus groups	<p>One focus group in each health authority brought together practicing nurses and nurse managers, nurse researchers, and others from the nursing research community who were familiar with the facilitators' work and intended to benefit from it.</p> <p>Potential focus group participants were nominated by the facilitators. Selection of the final participants was guided by MSFHR to ensure a mix of perspectives was well represented in each focus group and that a similar mix was achieved across health authorities.</p> <p>A focus group discussion guide was created by MSFHR in consultation with the facilitators. It aimed to gather perceptions on the value of nursing research and its use in practice, experiences in nursing research, connections between the academic and nursing communities, and influence of the facilitator role.</p> <p>Facilitators conducted focus groups in each other's health authorities, as described in the previous section.</p>

Participants

Interview respondents

Name	Role	Health authority
Sherry Hamilton	Chief Nursing Officer, Government Liaison & Patient Focused Funding	Provincial Health Services Authority
Tom Fulton	Director, Information Management & Research; Chief of Professional Practice & Nursing	Interior Health
Dr. Lynn Stevenson	Executive Vice President, People, Organizational Development, Practice; Chief Nurse	Vancouver Island Health Authority
Angela Wolff	Director, Clinical Education	Fraser Health
Tanis Hampe	Regional Manager, Research & Evaluation	Northern Health
David Byres	Vice President, Acute Clinical Programs; Chief of Professional Practice & Nursing (Providence Health Care)	Vancouver Coastal Health

Focus group participants

A total of 31 participants across all health authorities, with at least five participants in each health authority focus group.

Participant position	Number of participants
Clinical coordinator or clinical nurse coordinator	3
Clinical nurse specialist	5
Registered nurse	4
Clinical or nursing practice leader	3
Nurse practitioner	1
Community practice resource nurse	1
Community educator or clinical nurse educator	2
Clinical education manager or leader	3
Academic – associate professor, school of nursing	3
Academic – instructor	1
Research coordinator	1
Epidemiologist	1
Grant facilitator	1
Quality improvement coordinator	1
Quality analyst	1

Nursing research facilitators

(as participating in the evaluation January to December 2010)

Health authority	Name	Start date	Reports to
Provincial Health Services Authority	Bubli Chakraborty	July 2009	Chief Nursing Officer, Government Liaison & Patient Focused Funding
Interior Health	Mary Kjørven	September 2009	Director, Information Management & Research; Chief of Professional Practice & Nursing
Vancouver Island Health Authority	Lynn Cummings	August 2009	Currently: Regional Manager for Research & Academic Development Previously: Executive Director of Quality, Research & Patient Safety Initially: CNO
Fraser Health	Karen Mahoney	October 2009	Director, Professional Practice & Integration, Clinical Education
Northern Health	Deborah Collette	May 2009	Regional Manager, Research & Evaluation
Vancouver Coastal Health	Aggie Black	January 2010	Vice President, Acute Clinical Programs; Chief of Professional Practice & Nursing (Providence Health Care)

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