

Health Services Researcher Pathway

Final Report

Commissioned Research by the Michael Smith Foundation for Health Research

Submitted by Noreen Frisch & Sherry Hamilton

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Contents

1. Background.....	3
1.1 Commissioned Research Project.....	3
1.2 Submissions.....	3
1.3 Project Overview.....	3
1.4 Project Objectives.....	4
2. Project Timeline.....	4
3. Project Lessons Learned.....	5
3.1 Leveling.....	5
3.2 Focus Groups/Interviews.....	6
4. Project Deliverables.....	6
5. Recommendations.....	7
6. Acknowledgements.....	7

1. Background

1.1 Commissioned Research Project

This research project was commissioned by the Michael Smith Foundation for Health Research’s (MSFHR) BC Nursing Research Initiative. The project proposal was submitted January 13, 2012. MSFHR awarded the project in May 2012; the project closed November 2013.

1.2 Submissions

Included as submissions with this final report are 5 documents:

Deliverables	Submissions
1. Non-Technical Report	▶ <i>Health Services Researcher Pathway</i> ▶ <i>Glossary</i>
2. Dissemination Plan	▶ <i>HSRP Dissemination Plan</i>
3. Initial Research Competency Assessment Tool	▶ <i>Nurse Professional Development Tool: Research Competencies</i>

Working Documents, Submitted as one Appendix
▶ <i>HSRP Project Proposal, January 2012</i> ▶ <i>Report from the Literature Review, September 2012</i> ▶ <i>Report from Stakeholders’ Workshop, October 2012</i>

1.3 Project Overview

It is important to note that while the Project Team recognized that health services research¹ is an interprofessional endeavor, this project focused on nursing.² A *Health Services Researcher Pathway* is a new term, modeled after previous work in BC that developed an “educator pathway”³ that articulated the activities and contributions of nurses to patients and healthcare while enacting educator roles of increasing complexity. The point of a “pathway” is to help professionals and their employers and educators understand how individuals take on differing functions and responsibilities as they move from one level of expertise to another. Focusing on research activities, a Health Services Researcher Pathway is a way of articulating the roles that health professionals have at different stages of their careers to generate research and apply research findings with respect to evidence-based decisions, safe quality care delivery, evaluation

¹ Lohr, K.N., & Steinwachs, D.M. (2002). Health Services Research: An Evolving Definition of the Field. *Health Serv Res.* (2002). 37(1): 15–17. doi: 10.1111/1475-6773.01020

²Healthcare Policy. (2008). Building Capacity in Applied Health and Nursing Services Research in Canada: A Seven Year Journey. *Healthcare Policy Vol 3. Special Edition.*

³BC Educator Pathway: https://circle.ubc.ca/bitstream/handle/2429/34221/Preparing_a_Nursing_Workforce.pdf?sequence=1

and use of appropriate data to support positive patient outcomes, efficient unit management and workplace/workforce supports.

The Health Services Researcher Pathway presents a clear description of the competencies⁴, or knowledge, skills, and attitudes, nurses hold at differing stages of their careers that contribute to a culture of research that impacts quality of care. That culture of research is manifested by practicing nurses who express an interest in the research process, knowledge translation activities and use of research findings in practice. Thus, through leveling, the Pathway illustrates how nurses progress in their career paths and develop knowledge, skills, and attitudes at each step to move from one 'researcher' level to the next level.

The Pathway is a career trajectory for nurses in practice who initially become engaged in research, specifically health services research, using evidence to promote and sustain quality care. The Pathway guides progress through five levels, the last of which delineates competencies for career researchers.

1.4 Project Objectives

As articulated by MSFHR RFP's project objectives (1.2.2.) the project goals were to:

1. Develop a core set of *research competencies* that contribute to a culture of health services research, which nurses in practice hold at differing stages of their careers and can use for planning professional development and growth in this area of practice.
2. Present a series of *laddered steps* illustrating how nurses move from one level of engagement in the research process to another showing evidence of nurses' professional development.
3. Describe the *indicators* (herein named '*criteria*' as these connect to the assessment tool) that would demonstrate enactment of these competencies.
4. Articulate the educational and experiential background and *teaching/learning activities, strategies and resources* necessary for enacting these competencies and for achieving professional development.

2. Project Timeline

Project funding was for a 12 month period: May 2012-April 2013. By January 2013 it was clear that additional time would be needed for project completion. At that time the following had been undertaken:

1. **Face-to-Face meeting of Project Team:** An initial meeting to discuss terms of reference and to develop a formal detailed work plan and meeting schedule was held February 20, 2012.
2. **Literature review:** Completion of (a) a comprehensive review of the literature, with the assistance of a health sciences librarian, including grey literature and relevant job descriptions in BC's health authorities; (b) development of a reference list; and, (c) a synthesis of the data collected through this process.
3. **Stakeholders' input:** Review of the above through a face to face facilitated meeting of Stakeholders, held October 1, 2012, with feedback collected to develop the next iteration of documentation.
4. **Documentation:** Development of a draft Competencies document based on the above two inputs, guided by the Project Team, which articulates Levels of the Pathway, ranging from Novice to Research Scientist with explanatory context statements, knowledge, skills and attitudes definitions.

⁴Goudreau, J., Pepin., J., Dubois, S., Boyer., L. Larue, C., Legault, A. (2009). A Second Generation of the Competency-Based Approach to Nursing Education. *International Journal of Nursing Education Scholarship*, 6, 1-15.

5. **Advisory Team input:** (a) an individual review of the draft Competencies document by the Advisory Team; (b) a virtual meeting to discuss this review by the Advisory Team with the Project Co-Leaders, held January 16, 2013; and, (c) feedback collected via online means from Advisory Team members.
6. **Project Team oversight:** Monthly virtual meetings of the Project Team to discuss and develop the project as it evolves.

Through the above activities the Project Team learned that it would be challenging to come to consensus with the inputs collected, particularly as they relate to activities for nurses new to research and who are beginning to embed research into their practice. This experience led the Project Team to envisage a validation process that would include focus groups of a representative sample of nurses in practice, requiring Human Research Ethics Board approval and this, combined with the need to further refine the document through the focus group process, situated the project as needing an extension of 6 months' time. MSFHR kindly extended the project to November 30, 2013 in order for this component to be completed. Subsequent to this, the following activities were undertaken:

7. **Focus groups/interviews:** held May/June 2013, these engaged front line nurses for review of a draft of the Pathway as a means of validation.
8. **Final Face-to-Face meeting of Project Team:** review of the focus group data for further refinement of the document on July 11, 2013.
9. **Final document preparation:** documentation evolved over subsequent months, including: a refinement of the competencies and their related criteria; the glossary; an assessment tool and associated learning resources; and a dissemination plan. This was completed in November 2013.

3. Project Lessons Learned

3.1 Leveling

Noted in the Project Proposal,

“It is relatively common to use Benner’s⁵ work to think about nurses’ developing expertise – from novice to expert. While we value Benner’s framework, for our project we currently envision a framework employed at one of our health authorities (PHSA)⁶ to depict the work of health professionals at differing levels: (1) Developmental, (2) Foundational, (3) Advanced, (4) Complex. We understand that these four levels could change or expand, based on our synthesis of literature and other sources, but members of our team see a logical progression based on these ideas.”

The Project Team learned through its activities that leveling was best reflected using five rather than four levels, with the first three articulated as research *users* and the latter two as research *producers*:

- **Level 1 Research User:**
The Nurse Learning About Research Use in Care Delivery Settings
- **Level 2 Research User:**
The Nurse Using Research in Care Delivery Settings

⁵http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html

⁶Provincial Health Services Authority. (August 2011). Consensus Report Recommendations for Action on Student Practice Education

- **Level 3 Research User:**
The Nurse Facilitating and Leading Research Use in Care Delivery Settings
- **Level 4 Research Producer:**
The Nurse as a Beginning Researcher
- **Level 5 Research Producer:**
The Nurse as a Research Scientist Leading a Program of Research

3.2 Focus Groups/Interviews

The Project Team gathered qualitative data using focus groups to inform decision-making by bringing nurses' voices into the conversation about the levels of competencies. Specifically, the purpose was to determine how nurses in practice understood the draft competencies and where they believed they could place themselves on the pathway. This qualitative evaluation was important because there were clear differences between: (1) expert opinion (i.e. Project Team members), (2) peer-reviewed literature, (3) grey literature, (4) opinions data gathered from stakeholders at the Stakeholders' meeting and (5) opinions gathered from members of the HSRP Advisory Team (representing expert stakeholders) as related to the first three levels of the pathway. Since these levels describe the practicing nurse, the voice of practicing nurses was clearly needed.

In consulting the current research and methodological literature, Content Analysis was determined to be the most appropriate method of data evaluation. Content analysis is a straightforward approach to answering a question about the fit between lived experience and tools such as the Pathway. Interview questions were developed by the team to guide the focus group data collection process.

Focus groups/interviews of nurses were held in May/June 2013 where a draft of the Pathway was reviewed. All individuals participated virtually via webconference, despite face-to-face options being available. This provided an interesting learning for the Project Team in that while it is oftentimes challenging to recruit study participants, it was clear that individuals were keen to participate in this project via virtual means. Recruitment was done through leveraging the platform and membership of *InspireNet* - BC's nursing health services research network funded by MSFHR - with invitations being sent to ~2,700 members. Within two weeks over 125 members had indicated their interest via completion of a webform; in total 42 people participated in virtual sessions. This activity provided valuable validation of the Pathway with some refinement being identified.

4. Project Deliverables

Consistent with the project deliverables, we are pleased to submit with this final report: 1) the Health Services Researcher Pathway; 2) a Dissemination Plan; and 3) an initial Research Competency Assessment Tool [RCAT or CAPE tool], as well as a Glossary of Terms and supporting working documents. As outlined in the Project Proposal:

Deliverable #1. Non-Technical Report: *Health Services Researcher Pathway*

A non-technical report discussing: (a) the findings from the literature review with respect to leveled nurse health services researcher competencies and contexts, adult education strategies to develop and sustain the competencies, and any related nurse research competency assessment/measurement tools; (b) the findings from and the Advisory/Stakeholder consultations with respect to expected nurse researcher

competencies for different levels/contexts; and (c) final recommendations stemming from a synthesis of (a) and (b).

Please see these submissions:

▶ *Health Services Researcher Pathway*

▶ *Glossary*

Working documents:

▶ *Report from the Literature Review*

▶ *Report from Stakeholders' Workshop*

Deliverable #2. Dissemination Plan: HSRP Dissemination Plan

A dissemination plan that includes three areas of focus: 1) a means for the Project Team to provide information about the Pathway and the teaching/learning supports to stakeholders within BC (making use of *InspireNet* and other networking opportunities), 2) dissemination of the Pathway competencies to the academic community (through publication and presentations) and 3) a plan for interdisciplinary discussions/collaboration with others through work with provincial bodies.

Please see this submission:

▶ *Dissemination Plan*

Deliverable #3. Initial Research Competency Assessment Tool: Nurse Professional Development Tool: Research Competencies

Development of an initial research competency assessment tool (RCAT). We believe that this work may also result in initial development of an assessment tool based on the competencies that would permit nurses and their employers to determine the level of researcher competency an individual nurse has and the level of researcher competency needed for a particular job or project. Such a tool could be adopted by health authorities with current tools in use, such as the Competence Assessment, Planning and Evaluation (CAPE) Tool, and future tools used for competence assessment / evaluation, professional development, and career advancement for nurses in practice.

Please see these submissions:

▶ *Nurse Professional Development Tool: Research Competencies*

▶ *Glossary*

5. Recommendations

The Project Team recommends that the *Health Services Researcher Pathway*, the *Glossary* and the *Nurse Professional Development Tool: Research Competencies* be disseminated by MSFHR on its website as discrete documents to allow for separate document review and printing by end-users, specifically the *Nurse Professional Development Tool: Research Competencies*.

6. Acknowledgements

It has been our sincere pleasure to work on this exciting and much-needed tool. The Project Team provided excellent guidance throughout the nearly 24 months of the Project, from initial concept to close. The

Advisory Team and Stakeholders, along with focus group participants, were instrumental in strengthening the final product.

We extend our sincere thanks to all of those involved and to the Michael Smith Foundation for Health Research's BC Nursing Research Initiative/Nursing Research Advisory Council for the opportunity to develop the Health Services Researcher Pathway. We hope and anticipate that it will serve BC's nursing community and other healthcare professionals for years to come.

Respectfully submitted,

The image shows two handwritten signatures in cursive. The first signature, on the left, is enclosed in a thin black rectangular box and reads "Noreen Frisch". The second signature, on the right, reads "Sherry Hamilton".

Noreen Frisch & Sherry Hamilton, Project co-leads