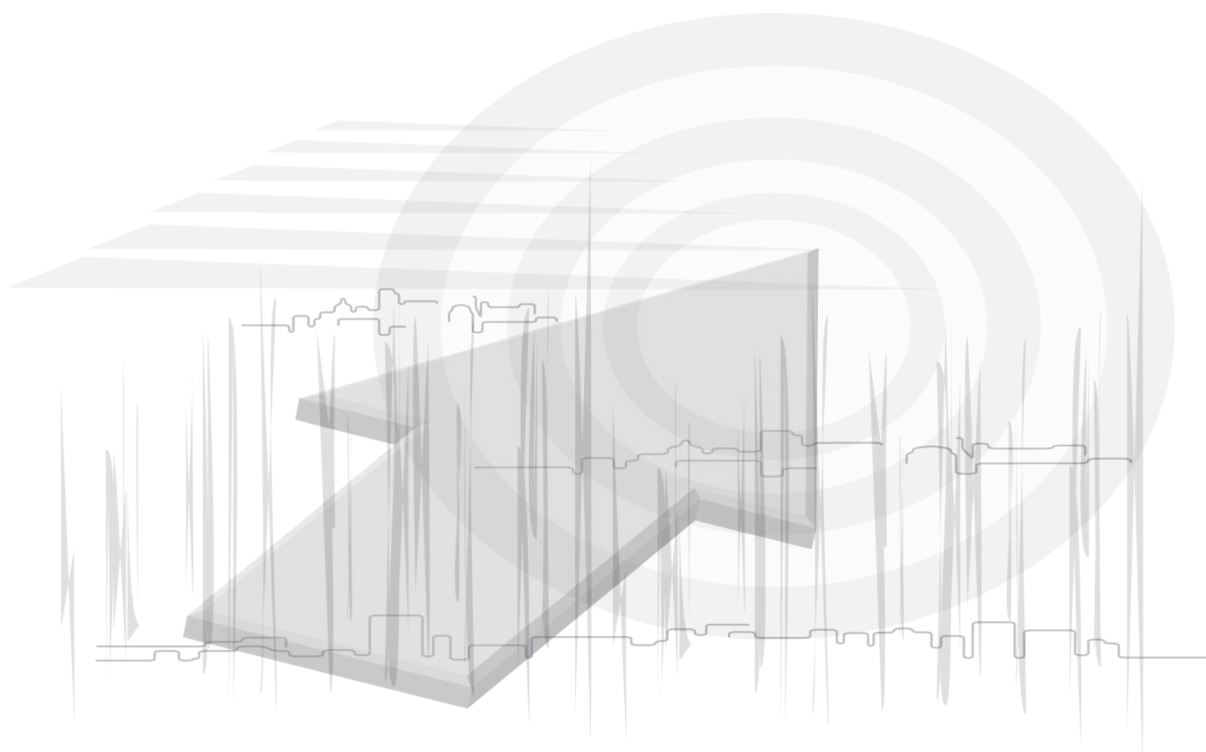
BC Nursing Research Initiative
Summative Evaluation

Final Report: June, 2016



BC Nursing Research Initiative Summative Evaluation

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The opinions expressed in this report are those of the evaluation team and do not necessarily reflect those of the Michael Smith Foundation for Health Research.

Executive Summary

Background

In 2008, the BC Ministry of Health provided $8 million to the Michael Smith Foundation for Health Research (MSFHR) to fund and manage projects that support research related to BC's nursing workforce. The impetus for this funding stemmed from policy discussions with the BC Nurses' Union, health authorities and the Ministry of Health. A key discussion issue was the need for research to inform decision making about the nursing workforce and practice environment. The policy table resulted in concrete initiatives related to nurse retention, recruitment and health and safety and the commitment to fund the BC Nursing Research Initiative (BCNRI).

BCNRI's **mandate** is to build capacity for and fund, practice-relevant health services research that addresses issues related to the nursing practice environment, nursing education and related services and program initiatives, to inform the role of nurses within the context of the broad health services practice community.

BCNRI goals:

- *Research:* Identify, prioritize and support research relevant to the BCNRI vision and mandate.
- *Build Capacity:* Identify short and longer-term needs and implement programs to build the capacity for BC's nursing workforce to support, conduct, evaluate and apply research relevant to the BCNRI vision and mandate.
- *Collaboration:* Build linkages among academia, nurses and the broad health services practice and policy communities to inform research priorities and the conduct and application of research relevant to the BCNRI vision and mandate.
- *Leverage:* Leverage funds, resources and partnerships to maximize the opportunities and impact of the BC Nursing Research Initiative.

BCNRI priority areas:

The Nursing Research Advisory Council (NRAC) and MSFHR staff developed the BCNRI priority areas: Care Delivery[1]; Nursing Health Human Resources; Practice-Relevant Education; and Quality and Safety of Practice Environments.

[1] The priority area "Care Delivery" was removed in 2011 after it was re-defined by a NRAC working group to better reflect the focus on nurses and the nursing environment in response to concerns that projects received from the competition in 2010 were more clinically and patient focused. *Source: MSFHR staff*

Two NRAC task forces (Capacity-building and Research) developed recommendations for addressing the priorities that were made available to the practice and academic communities for feedback prior to being finalized. MSFHR staff were then directed to develop program options and funding recommendations for approval by the NRAC and the MSFHR Board. A suite of programs to meet the goals and priorities was launched, commencing in 2009:

- Nursing Research Facilitators (foundational program, 2009-2014)
- BC Nursing Health Services Research Network - InspireNet (foundational program, 2009-present)
- Point-of-Care Initiative (2013-2014)
- Commissioned research (research program, 2010-2014)
- Investigative team (research program, 2011-2017)
- Research projects (research program, 2010-2015)

A partnership research program was planned, but no projects were funded. BCNRI priority areas were further refined in 2009 and 2010 to support staff in developing guidelines to support research in these area. As of July 2015, approximately $3.9 million was committed to capacity building and $2.7 million to research. See Table 1 on page 6 for a summary of all funded programs and Table 2 on page 14 for a summary of BCNRI priority areas and projects funded.

Evaluation

The BCNRI evaluation plan was developed by MSFHR staff and the NRAC in early 2015, and included a logic model, intended outcomes and a set of nine evaluation questions. The evaluation questions address the outcomes articulated in the logic model as well as process issues intended to capture lessons learned to provide concrete guidance for the development of future similar initiatives. The logic model can be found on page 5.

The evaluation was conducted between May and September 2015, and included a combination of document review (33 documents selected by MSFHR staff and the evaluation team) and stakeholder interviews (45, 60-minute telephone interviews with 16 stakeholders identified by MSFHR staff).

Organization of the Executive Summary

The summary highlights key findings in response to the nine evaluation questions including lessons learned and recommendations. The full report includes the successes and challenges of the BCNRI and a more descriptive analysis of the evaluation question findings.

Response to Evaluation Questions

How has BCNRI addressed the identified research priorities?

BCNRI undertook two main streams of activities to address the research priorities. Two capacity-building programs ***Nursing Research Facilitator (NRF)*** **Program** and the ***Nursing Health Services Research Network (NHSRN)*** were implemented to set the foundation for research programs developed to focus on BCNRI priorities.

The **NRF** program initially provided each health authority with funding for a 1.0 FTE nursing research facilitator position initially for two years, and extended for a total of five years. The aim of the program was to increase the awareness and capacity of practicing nurses to participate in research activities, and to forge local linkages between researchers, practitioners and/or policymakers.

The ***Nursing Health Service Research Network (NHSRN) - InspireNet*** [2] was formed to *foster optimal creation, sharing and use of health services knowledge and research expertise.* The network uses a virtual platform to bring individuals and teams together for collaboration on research and knowledge translation (KT) activities.

The Point-of-Care Initiative (POCI) provided one-time funding to enable nursing research facilitators to facilitate a specific point-of-care research activity in the health authority.

Three BCNRI research programs (***Investigative Team Award***, ***Commissioned Research*** and ***Research Projects***) were focused on generating new practice-relevant research knowledge aligned with the BCNRI priorities.

The **Partnership Research Program** was offered once, but the program was subsequently discontinued, as a similar program was available to researchers under MSFHR's Health Services Policy Research Support Network (HSPRN).

How did each of the BCNRI programs contribute to the overall achievement of the desired outcomes?

Overall, the **NRF Program** was successful in achieving its mandate to build awareness and support of practice-relevant nursing health services research within the health authorities. Three of the six participating health authorities committed to continuing the research facilitator role, a strong indicator of satisfaction with the outcomes achieved through the program.

[2] Source: InspireNet website http://www.inspirenet.ca/about

The aim of the NRF-facilitated **Point-of-Care Initiative** was to provide interested staff with an opportunity to apply their research skills and knowledge through small-scale practice research projects. Stakeholders provided consistent feedback that the program was of value and an important building block for nurse participation in research.

The ***Nursing Health Services Research Network*** and its virtual ***InspireNet*** platform was an important mechanism for expanding the reach of capacity building and knowledge translation resources to members. Stakeholders and program reports credited InspireNet for enhancing the ability for virtual collaboration among research teams, supporting communication and knowledge dissemination and expanding access to research resources across the province.

The **Investigative Team** (**iPANEL)** team assembled a highly engaged group of researchers, practitioners and policy-makers united around a diverse but common palliative care agenda. The team received praise for their integrated and collaborative way of working that included positive and high impact approaches to practice-relevant research, capacity development and knowledge translation.

The **Commissioned Research Program** experienced mixed success in generating collaborative practice/policy-relevant research in support of BCNRI priorities. Two fundamental challenges were the low level of responses to the requests for proposal, and the degree of “fit” between proposals and BCNRI criteria. Four research projects were commissioned between 2010-2012, and three were completed.

BCNRI’s attempts to address politically sensitive topic areas through commissioned research were perceived as breaking new ground in research in B.C. and fostering an important set of learnings that are highlighted in the *Lessons Learned* section of this report.

The **Research Projects Program** experienced similar challenges as the commissioned research program. Seven projects were funded under this program, five supporting the practice-relevant education priority.

Research projects funded under BCNRI were highlighted as making strong contributions to health services research in BC. Stakeholders who had participated on research teams reported the experience to be positive in forging relationships as well as arriving at processes and outcomes that met the standards of academic research and needs of practitioners

Stakeholders also considered the collaboration and work of the **Nursing Research Advisory Council** as a strength and legacy of the BCNRI.

To what extent was the BCNRI able to leverage funds, resources and partnerships to maximize the opportunities and impact of the BCNRI?

The scope of the evaluation does not allow for a full accounting of the extent to which BCNRI programs leveraged funds, resources and partnerships to maximize opportunities and impacts. However, iPANEL investigative team awardees leveraged over $2 million to expand the scope and reach of their work.

Were the short-term outcomes of the initiative achieved?

a. New practice-relevant research knowledge created, aligned with BCNRI priority areas

Stakeholders universally praised the iPANEL team for their innovative and effective practices for engaging families, researchers, care providers, and policy makers in generating and applying research knowledge that made a difference to families and care providers. Funded research projects were perceived as providing helpful information for the research and policy/practice communities. Research supported under the NRF Research Challenges and Point-of-Care Initiative was generally perceived as supporting generation or implementation of practice-relevant knowledge.

Despite these successes, many stakeholders expressed disappointment in the extent to which BCNRI-funded activities advanced knowledge in the priority areas. For example, there was no work completed in the quality and safety of practice environments priority area.

b. Increased skills and capacity among nurses to support, participate in, conduct, evaluate and apply research

While BCNRI did not specify the skills or capacities it strove to achieve in the practice community, the Nursing Researcher Pathway study provides a useful five-level continuum of competencies for nurses. Stakeholders perceived that the BCNRI had *raised the baseline* capacity of front line nurses to understand and be more critical appraisers of research processes and findings.

c. Increased dissemination of research findings

All BCNRI-funded projects were required to have knowledge dissemination strategies. Strategies included traditional academic dissemination routes such as publications and conferences, as well as targeted approaches to disseminating findings to practitioners and policy makers. The creation of the nurse facilitator role and InspireNet increased dissemination of research findings, as they created new information sharing mechanisms to expand awareness of and access to research findings. The work of the iPANEL team created effective mechanisms for practitioners and policy makers to hear and understand the implications of their research.

d. Improved access to research resources and information

Both the NRF role and InspireNet created additional access to research resources and information. The NRF acted as a “point person” in their health authority and collaborated with relevant staff, external researchers and others to improve access to information and create new resources for the practice community.

InspireNet created a platform to support the work of virtual teams and communities of practice, as well as active and passive research information dissemination.

e. Increased researcher capacity to integrate the practice perspective into research and research priorities

Stakeholders cited the work of the iPANEL team in demonstrating the active synergy between research and practice. iPANEL leaders noted that many team members came from a practice background and had integrated practice and research thinking as a “normal way of working”. The Research Challenges and Point-of-Care Initiatives provided opportunities for practitioners to work with academic mentors to apply research methods to practice questions.

To what extent has the BCNRI increased linkages among academia, nurses and health services practice and policy communities to inform research priorities and the conduct and application of research?

By definition, BCNRI-funded projects and processes required collaboration between researchers, practitioners and/or policymakers. InspireNet and its Action Teams were perceived as important demonstrations of BCNRI fostering and supporting these linkages.

Stakeholders who had participated on research teams reported the experience to be positive—in both forging relationships as well as arriving at processes and outcomes that met the standards of academic research and needs of practitioners. The iPANEL team and point of care research studies were frequently mentioned as examples where collaboration had worked well.

To what extent has the BCNRI increased the uptake of research findings into nursing practice or policy?

The work of the iPANEL team was recognized as changing practice at the point of care, facilitated by the team’s approach of involving decision-makers and clinicians at the onset. The team was also successful in facilitating the uptake of research to policy, and was cited in the BC Ministry of Health’s Provincial End-of-Life Care Action Plan for British Columbia (2013). Stakeholders also perceived that point-of-care research supported through the Research Challenges and Point-of-Care Initiatives had the potential to influence practice change for nurses and others involved in multidisciplinary teams.

To what extent has the BCNRI contributed to a culture of inquiry in the nursing community?

Stakeholders perceived that the NRF role and InspireNet made the strongest contributions to a culture of inquiry in the nursing community. Activities such as having nurses develop practice-based research questions and helping them acquire the skills to work with evidence were seen as very important in advancing front line capacity for practice-relevant research.

What lessons were learned from the implementation of this initiative that can be applied elsewhere?

Collaborative health services research requires system-level partnerships

BCNRI experience highlights the need for system supports and leadership to ensure important and sensitive research can be completed, and that the findings can be developed for uptake to policy and practice. These include involvement of the most senior leadership in government, health authorities, academia and labour/regulatory agencies to champion health services research, and specific strategies to address system barriers to academics doing research in practice settings.

Structure and governance is important

MSFHR brings strengths to programs of research, particularly their expertise in developing research programs, ensuring rigour and providing oversight. Governance and advisory functions need support to maintain program fidelity.

Opportunities to enhance research program strategies

- The BCNRI Investigative Team Award provided a valuable mechanism to develop successful, high-impact collaborative research teams and should be explored further.
- Processes for calls for proposals need improvement based on BCNRI learnings and expert feedback generated through the BCNRI program.
- Collaborative action takes time, suggesting longer timeframes are needed for partnership-based activities.
- Alternate strategies are required to develop nursing health services research in BC.

Opportunities to enhance capacity-building strategies

- Point-of-care research initiatives require strong practitioner: academic partnerships.
- Front line nurses require multi-level support to participate in research; lack of workplace autonomy is a key challenge.
- Additional capacity-building strategies are needed to develop researchers and academics to lead health services research processes.

Recommendations

The following recommendations for strengthening BC's approach to collaborative health services research are drawn from the BCNRI evaluation findings.

General Recommendations

1. All parties should support development of BC's capacity to conduct and use collaborative health services research.
2. All parties should consider building capacity for collaborative health services research by developing strategic and operational partnerships between the policy, practice and academic communities.
3. Initial steps should focus on convening stakeholders from sectors interested in the production and use of health services research (government, health authorities, research and academia) to identify barriers, incentives and strategies to support health services research. BCNRI findings suggest that critical issues include:
    a. Engagement of academic researchers interested in conducting collaborative health services research.
    b. Sustained engagement of practitioners, policymakers and researchers from project planning through dissemination and uptake, to practice and policy.
    c. Development of improved processes to facilitate researcher access to relevant administrative and patient care data.
    d. Control of intellectual property and dissemination of research findings.
    e. Leadership to steward complex processes for successful completion of important, but sensitive, health services research.

Recommendations for MSFHR

1. Advocate for and support health research networks such as InspireNet.
2. Explore key success factors in the iPANEL collaborative research model that can be applied to broader areas of health services research. Where possible, embed critical success factors such as operational funding in future collaborative research programs.
3. Consider partnerships with a broad array of health service researchers and health research agencies to develop BC nurses' expertise in conducting health services research.
4. Continue to support collaboration between practitioners, policymakers and academics to develop ongoing agendas and capacity for health services research.
5. Ensure BCNRI-type programs have resources for early stage and continued involvement of evaluators to support ongoing program development and reporting of outcomes.

Recommendations for Health Authorities

1. Continue "home grown" and collaborative efforts to build a positive culture amongst nursing for participating in and conducting research in practice settings.
2. Create opportunities for practicing nurses to obtain skills and training as described in the Health Services Researcher Pathway.
3. Provide leadership and supports for collaborative health services research.

Background

In 2008, the BC Ministry of Health provided $8 million to the Michael Smith Foundation for Health Research (MSFHR) to fund and manage projects that support research related to BC's nursing workforce. The impetus for this funding stemmed from policy discussions that had taken place with the BC Nurses' Union, health authorities and the Ministry of Health prior to contract negotiations. A key issue was the need for research that would help shape decisions made about the nursing workforce and the practice environment. The policy table resulted in concrete and funded initiatives related to nurse retention, recruitment and health and safety and the commitment to fund the BC Nursing Research Initiative.

BCNRI is led by the Nursing Research Advisory Council (NRAC), with representation from the Ministry of Health, BC Nurses' Union, Health Authorities, nursing research experts and other nursing and health services research leaders. The Council operates under Terms of Reference developed by the BC Ministry of Health Nursing Directorate and MSFHR.

Vision

Better health outcomes for British Columbians and a high-quality work life for nurses achieved through excellent, practice-relevant health services research focused on the role of nurses within the context of the broad health services practice community.

Mandate

To build capacity for and fund practice-relevant health services research that addresses issues related to the nursing practice environment, nursing education and related services and program initiatives to inform the role of nurses within the context of the broad health services practice community.

Goals

- Identify, prioritize and support research relevant to the vision and mandate of the BCNRI.
- Identify short and longer term needs and implement programs to build the capacity for BC's nursing workforce to support, conduct, evaluate and apply health services research that supports policy and practice innovation.
- Build linkages among academia and the broad health services and policy communities to inform research priorities and to support the conduct and application of practice-relevant research to support policy and practice innovation.
- Leverage funds, resources and partnerships to maximize the opportunities and impact of the BC Nursing Research Initiative.

NRAC established priorities for BCNRI health services and policy research (Care Delivery[3]; Nursing Health Human Resources; Practice Relevant Education; and Quality and Safety of Practice Environments). Two NRAC Task Forces (Capacity building and Research) developed recommendations for addressing the priorities and these were made available to the practice and academic communities for feedback prior to being finalized. MSFHR staff were then directed to develop program options and funding recommendations for approval by the NRAC and the MSFHR Board.

A suite of programs to meet the goals and priorities was launched, commencing in 2009:

- Nursing Research Facilitators (foundational program, 2009-2014)
- BC Nursing Health Services Research Network - InspireNet (foundational program, 2009-present)
- Point-of-Care Initiative (2013-2014)
- Commissioned research (research program, 2010-2014)
- Investigative team (research program, 2011-2017)
- Research projects (research program, 2010-2015[1])

A partnership research program was also planned, but no projects were funded.

BCNRI priority areas were further refined in 2009 and 2010 to support staff in developing guidelines to support research in these areas. As of July 2015, approximately $ 3.9 million was committed to capacity building and $2.7 million to research. Table 1 describes the BCNRI program strategies and funding commitments.

Evaluation Plan and Methods

The BCNRI evaluation plan was developed by MSFHR staff and the NRAC in early 2015, and included a logic model (page 5), intended outcomes and a set of nine evaluation questions. This report is organized around answers to the evaluation questions, listed below:

1. How has BCNRI addressed the identified research priorities?
2. How did each of the funded programs in the BCNRI contribute to the overall achievement of the desired outcomes of the initiative?

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[3] The priority area “Care Delivery” was removed in 2011 after it was re-defined by a NRAC working group to better reflect the focus on nurses and the nursing environment in response to concerns that projects received from the competition in 2010 were more clinically and patient focused. Source: MSFHR staff

3. To what extent was the BCNRI able to leverage funds, resources and partnerships to maximize the opportunities and impact of the BCNRI?
4. Were the short-term outcomes of the initiative achieved?
    a. New practice-relevant research knowledge created, aligned with BCNRI priority areas
    b. Increased skills and capacity among nurses to support, participate in, conduct, evaluate and apply research
    c. Increased dissemination of research findings
    d. Improved access to research resources and information
    e. Increased researcher capacity to integrate the practice perspective into research and research priorities.
5. To what extent has the BCNRI increased linkages among academia, nurses and health services practice and policy communities to inform research priorities and the conduct and application of research?
6. To what extent has the BCNRI increased the uptake of research findings into nursing practice or policy?
7. To what extent has the BCNRI contributed to a culture of inquiry in the nursing community?
8. Were there any unexpected outcomes from the BCNRI? (consolidated under Q9, "lessons learned")
9. What lessons were learned from the implementation of this initiative that can be applied elsewhere?

The methodology consisted of document review, stakeholder interviews and a component exploring the extent to which quantification of success indicators was feasible.

- MSFHR staff reviewed BCNRI documents and selected a core set of 21; this was further supplemented by 12 documents chosen by the evaluation team (33 documents reviewed). See ***Appendix B*** for a list of documents consulted.
- MSFHR staff provided the evaluators with a list of 20 key stakeholders to be interviewed as part of the evaluation. MSFHR extended invitations to all; 17 responded and 16 participated in telephone interviews lasting 45-60 minutes between June 4-23, 2015. See ***Appendix C*** for a list of stakeholders interviewed.
- The evaluators met with MSFHR staff in June 2015 to assess the quality of quantitative data available in reports selected by MSFHR, and other MSFHR data sources. Ultimately, it was concluded that available data did not support a quantitative component of the evaluation.

Limitations of the Evaluation

- BCNRI was developed and modified in response to pre-existing and dynamic factors in the nursing research environment without benefit of an evaluation framework. This posed a challenge to synthesizing existing data into a cohesive picture of the Initiative's impact.
- BCNRI outcomes are broadly articulated and difficult to measure retrospectively. In the absence of agreed upon outcome indicators and specific program data, assessment of impact is limited to stakeholder perception and the information contained in reports to MSFHR.
- Every evaluation has resource limitations. BCNRI evaluation resources allowed for interviews with a subgroup of stakeholders and review of a selection of documents. This may result in a less than complete picture of the BCNRI and its impacts.

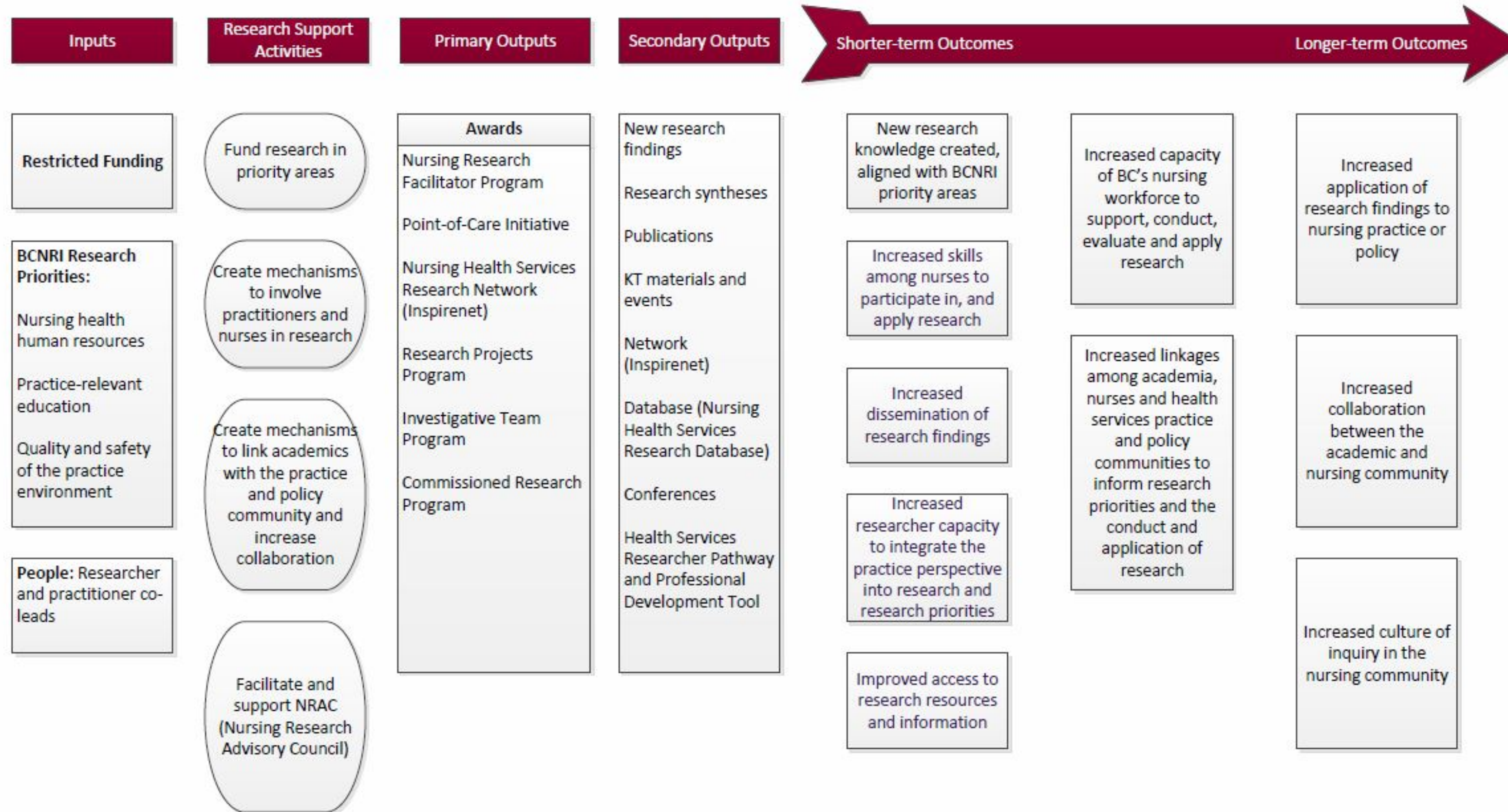
British Columbia Nursing Research Initiative (BCNRI) Logic Model
Vision:
Better health outcomes for British Columbians and a high quality work life for nurses achieved through excellent, practice-relevant health services research focused on the role of nurses within the context of the broad health services practice community.
Inputs
Research Support Activities
Primary Outputs
Secondary Outputs
Shorter-term Outcomes
Longer-term Outcomes
Restricted Funding
BCNRI Research Priorities:
Nursing health human resources
Practice-relevant education
Quality and safety of the practice environment
People: Researcher and practitioner co-leads
Fund research in priority areas
Create mechanisms to involve practitioners and nurses in research
Create mechanisms to link academics with the practice and policy community and increase collaboration
Facilitate and support NRAC (Nursing Research Advisory Council)
Awards
Nursing Research Facilitator Program
Point-of-Care Initiative
Nursing Health Services Research Network (Inspirenet)
Research Projects Program
Investigative Team Program
Commissioned Research Program
New research findings
Research syntheses
Publications
KT materials and events
Network (Inspirenet)
Database (Nursing Health Services Research Database)
Conferences
Health Services Researcher Pathway and Professional Development Tool
New research knowledge created, aligned with BCNRI priority areas
Increased skills among nurses to participate in, and apply research
Increased dissemination of research findings
Increased researcher capacity to integrate the practice perspective into research and research priorities
Improved access to research resources and information
Increased capacity of BC's nursing workforce to support, conduct, evaluate and apply research
Increased linkages among academia, nurses and health services practice and policy communities to inform research priorities and the conduct and application of research
Increased application of research findings to nursing practice or policy
Increased collaboration between the academic and nursing community
Increased culture of inquiry in the nursing community
Version: February 27, 2015

Table 1 BCNRI Programs at a Glance

Program	Description	Time Frame	Funding Commitment
Foundational Programs			
Nursing Research Facilitator (NRF)	Five years of salary support provided for a nursing research facilitator within each health authority to build awareness and to support the development of practice-relevant nursing health services research within their organizations. The aim of the program was to facilitate the nursing practice community to find, evaluate and apply evidence, and work towards supporting practitioners and academics in research collaboration and the identification of gaps in evidence.	2010-2014	$2,420,290
Point-of-Care Initiative (POCI)	One-time funding of $50,000 provided to each of the six health authorities to conduct and evaluate a point-of-care initiative.	One time funding 2013	$300,000
Nursing Health Services Research Network – InspireNet	A Network of researchers, nurses, and the members of the broad health services practice and policy communities interested in advancing practice-relevant nursing health services research in BC. Supported by a Web 2.0 platform	2009-present	$1,150,000
	Nursing Health Services Research Database – Development and maintenance of a database of nursing researchers and nursing related research in BC.	2009-present	$85,000
Research Programs			
Investigative Team	Impacts of a Palliative Approach for Nursing (iPANEL) MSFHR funding supports the iPANEL team to address the following questions: 1. How and in which contexts can a palliative approach better meet the needs of patients with life-limiting illnesses and their family members? 2. How can a palliative approach guide the development of innovations in health care delivery systems to better support nursing practice and the health system in British Columbia?	2010-2015	$ 870,000
Commissioned Research	This program commissioned research to strategically address an important issue within one of the BCNRI research priority areas. The research/knowledge generated should have implications that are provincial in scope and answer questions or provide evidence to inform decisions in the BC health system.	2010 - 2012	$ 484,221
Research Projects	The Research Project Program aimed to build linkages and collaborations among academia, nurses, and the broader health services practice and policy communities to develop, conduct, and apply research in the BCNRI priority research areas. Projects were eligible for funding to cover direct operating costs up to $100,000/year for up to two years. An additional $25,000/year was available to buy out the time of a project team co-leader or project team member who does not have "conducting research" as part of their job description.	Projects funded in 2010 and 2011	$ 1,369,501
Partnership Research Program	The purpose of the Partnership Research Program is to leverage funds to address BCNRI priorities and to draw on external expertise (outside of BC). Funding is provided as partner contributions for successful applicants to national or international peer-reviewed competitions that require matching or partner funding as a condition of award. Up to $100,000 per project per year.		No funds awarded

Source: BCNRI NRAC Orientation Information (Updated June 2015); BCNRI Research Project Program Guidelines and Application Procedures Stage II – Full Proposal (2010)

Evaluation Findings

Stakeholders who have provided input represent a broad cross-section of the nursing community, and offer a diverse array of opinion on the extent to which BCNRI strategies were successful, and on the impacts of BCNRI programs and activities.

The findings below start by highlighting the achievements and challenges of the BCNRI. The composite picture is of many small successes, limited large scale or lasting impact achievements and significant identification of learnings that can be used to strengthen approaches to fostering collaborative nursing health services research in BC. This is followed by a more detailed analysis of the response to the evaluation questions and the outcomes BCNRI set out to achieve.

Successes and Challenges

Successes

The BCNRI had many successes, and there was consensus that each of the BCNRI programs contributed to the learnings of the Initiative. Among the successes:

The **Initiative for a Palliative Approach in Nursing: Evidence & Leadership's (iPANEL)** work met BCNRI's goal to enable collaboration among academia, nurses and the broad health services practice community to inform research priorities and the conduct and application of research. The investigative team assembled a highly engaged group of researchers, practitioners and policy- makers united around a diverse but common palliative care agenda. The team was praised for their integrated and collaborative way of working that included positive and high impact approaches to practice-relevant research, capacity development and knowledge translation. They were successful in leveraging more than $2 million in research funding to expand their program of research. The team demonstrated effective uptake of research to policy, with an invited presentation to the Select Standing Committee on Health in the BC Legislature (Dying to Care, April 2015) and citations in the BC Ministry of Health's Provincial End-of-Life Care Action Plan for British Columbia (2013).

Overall, the **NRF Program** was successful in meeting BCNRI's goal to build capacity for nursing health services research. The program achieved its mandate to build awareness and support of practice-relevant nursing health services research within the health authorities. Three of the six participating health authorities committed to continuing the research facilitator role, a strong indicator of satisfaction with the outcomes achieved through the program.

The **NRF-facilitated Research Challenges** undertaken by The Vancouver Coastal Health (VCH)/Providence Health Care (PHC) and Fraser Health (FH) paired interested practitioner teams with academic mentors to develop and answer practice-based research questions and present findings in peer, management and research forums. Many of the projects produced evidence to support practice improvements and spurred staff interest: two projects were subsequently developed into larger scale research initiatives, one forming the basis for a master's thesis while

the other received funding in a Canadian Institutes of Health Research (CIHR) competition. One Providence study on individualized hemophilia treatment not only changed practice in the provincial hemophilia clinic, but also won a quality and safety award. Key success factors include strong academic-practice partnerships, management support for staff involvement in practice-based research activities, excellent mentoring by academic volunteers and the ability to fund "release time" for staff with patient care responsibilities. The ability to leverage funding from a variety of sources to support the research contributed to the scale of the programs.

The ***Nursing Health Services Research Network*** and its virtual ***InspireNet*** platform responded to a need to identify and link those active and interested in nursing health services research across the province. InspireNet has grown membership to provide more than 4,000 researchers, practitioners, policy-makers, educators and students' real time and on-demand access to capacity building and knowledge translation resources and activities, and the opportunity to participate in virtual communities of practice. Stakeholders and program reports credited InspireNet for enhancing the ability for virtual collaboration among research teams, supporting communication and knowledge dissemination and expanding access to research resources across the province.

Individual research projects supported the BCNRI goal to identify and undertake research relevant to the BCNRI mandate. These projects were also identified as making strong contributions to health services research in BC. Successes included:

The **Health Services Researcher Pathway** project provides a professional development framework that articulates how nurses may progress throughout their careers in developing knowledge, skills and attitudes (competencies) related to research and research use. Stakeholders identified this commissioned research as filling an important gap in understanding the academic and practice supports necessary to build nurses' research competencies across their career and to support research utilization at point of care, where most nurses work.

The **Placement of Learners: Assessing Capacity and Effectiveness of Clinical Practice Sites (PLACES) Research Project** was described as "the first time that health authorities and educators have sat together with data to examine and address the challenges of providing clinical practice placements for nursing students in the Lower Mainland". Project participants praised the collaborative approach and willingness of the project team to step outside their usual roles to examine the issue in a systematic way, and felt this process laid important groundwork for future collaboration.

Stakeholders also considered the collaboration and work of the **Nursing Research Advisory Council** as a strength and legacy of the BCNRI. One stakeholder noted, "*The work around the NRAC table is important in building shared understanding necessary for intersectoral dialogue and problem solving that will have an ongoing legacy as NRAC members participate in health human resource planning in other and future roles."*

Challenges

BCNRI undertook a complex mandate to support and develop collaborative practice-relevant nursing health services research in a dynamic nursing and health services environment. The challenges it faced contributed substantive learnings that can inform future initiatives.

The challenge of generating priority-relevant research

The Commissioned Research Program and Research Projects Program experienced mixed success in generating collaborative practice/policy-relevant research in support of BCNRI priorities. Two fundamental challenges were the low level of response to the calls for proposal and the degree of "fit" between proposals and BCNRI criteria. Stakeholders speculated that this could be as result of inadequate nursing health human service researcher capacity in BC, BCNRI research programs offering too little funding to interest researchers to do collaborative health services research, or academic reward structures that do not value commissioned or collaborative research. MSFHR sought and received feedback from research experts to enhance their research program strategies.

The challenge of addressing politically sensitive research priorities

The Quality and Safety of Practice Environments and aspects of the health human resources priority were frequently described by stakeholders as "sensitive" and "political" in nature. The call for proposals processes received few submissions to do this work and the two projects that were funded encountered significant challenges in implementation (*Impact of Overcapacity on the Quality and Safety of the Practice Environment for Nurses in BC Hospitals)* and dissemination (*The Utilization and Impacts of Nurse Practitioners and Physician Assistants: A Research Synthesis).* Stakeholders noted that commissioned research is a new model of collaboration where "the rules are still being developed". BCNRI's attempts to address politically sensitive topic areas through commissioned research were perceived as breaking new ground in research in BC and fostering an important set of learnings regarding the system-level supports needed to conduct this type of collaborative research.

The challenge of generating nursing health services research led by BC nursing researchers and practitioners

Stakeholders frequently described provincial capacity for nursing health services research in BC as "*at ground zero*". Some noted there were few BC nurse researchers doing work in the area of nursing health services. Others suggested there was a gulf between the research interests of the nursing academic and practice community. BCNRI guidelines for the involvement of BC nurses and researchers in research projects may have dissuaded health service researchers from non-nursing disciplines from being involved.

The challenge of sustaining BCNRI vision as priorities are refined

While stakeholders were generally complimentary of the work done by NRAC members, some felt that the original vision and priorities for the BCNRI drifted over time. This was particularly evident in the widely expressed sentiment that BCNRI had achieved successes *"but it was not the work we set out to do."*

Stakeholders perceived that NRAC could be strengthened by "board development" type supports to maintain consistency of vision and goals in the face of changing advisory council membership.

Response to the Nine Evaluation Questions[4]

How has BCNRI addressed the identified research priorities?

BCNRI undertook two main streams of activities to address the research priorities. *Foundational programs* were intended to address capacity-building issues while *research programs* were developed to support research focused on BCNRI priorities. Reporting and evaluation activities supported MSFHR and NRAC stewardship of the Initiative.

Foundational Programs for Capacity-building

Stakeholders frequently described provincial capacity among nurses in the area of health services research in BC as "*at Ground Zero"*. Two capacity-building programs: ***Nursing Research Facilitator (NRF)*** program and the ***Nursing Health Services Research Network (NHSRN)*** were implemented to set the foundation for other research-focused programs. ***The Point-of-Care Initiative (POCI)*** provided one-time funding to enable NRFs to facilitate a specific point-of-care research activity in the health authority.

The aim of the ***NRF*** program was to increase the awareness and capacity of practicing nurses to participate in research activities, and to forge local linkages between researchers, practitioners and/or policymakers. The Nursing Research Facilitators (NRFs) also worked collaboratively with InspireNet colleagues to ensure local research resources and activities were identified and made available through the InspireNet "Who's Doing What" database.

> BCNRI built from the capacity that was there to the future – the mechanisms, especially facilitators, mission research, commissioned KT and InspireNet, give people money and support they couldn't get elsewhere – that is really important. *(Stakeholder)*

The NRF program initially provided each health authority with funding for a 1.0 FTE nursing research facilitator position for two years. This was extended to support the position for a total of five years. Program guidelines ensured that the NRFs operated from a common mandate but worked within local health authority structures to build capacity and create opportunities for interested nurses to become involved in research activities. To varying degrees, the NRFs built upon legacy structures established in each health authority under the MSFHR Health Services and Policy Research Support Network Health Authority Capacity-building Program (HACB).

[4] The subheadings in this section of the report correspond to specific process and outcome evaluation questions identified in the BCNRI evaluation framework.

The POCI was a one-time initiative launched in the final year of the NRF program. It provided salary extension for NRFs and up to $50,000 per health authority to support the NRFs to facilitate a point-of-care initiative in their health authority over a nine-month period. The intent was to provide opportunities to nurses in clinical practice to engage in research, quality improvement and/or identify gaps in evidence. Health authorities were required to submit a project plan and budget for approval by MSFHR.

The ***Nursing Health Service Research Network (NHSRN)*** [5] is a provincial strategy formed with the mission to *foster optimal creation, sharing and use of health services knowledge and research expertise.* Leadership is distributed and collaborative across academic and healthcare sectors.

NHSRN goals are:
Through province-wide networking, directed supportive activities, and linkages between health services and academic institutions, the network aims to achieve outcome goals within four years. By 2015 there will be:

- *Increased capacity for health services research in BC.*
- *A coordinated approach to health services research planning and priority setting that is based on provincial needs, and integrated with broader health services research planning.*
- *Strategic interprofessional health services research partnerships and collaborations within BC and beyond.*
- *Care delivery and education innovations based on health services research findings.*
- *A feasible sustainability plan for the legacy of InspireNet at the end of MSFHR funding.*

The public face of the network is *InspireNet*, an interactive web 2.0 environment available to members free of charge. The network:

- Creates a presence for nursing research in the province,
- Supports collaboration and communication by research teams and virtual communities of practice (members who have similar interests use the virtual platform: password-protected web pages called *electronic communities of practice,* or eCoPs, and web-conferencing, for their work),
- Supports professional development of nurses through real time and on-demand access to health services research capacity-building, professional development and knowledge translation resources/activities, and,
- Houses and maintains a searchable database of BC health services researchers and research activities.

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[5] Source: InspireNet website http://www.inspirenet.ca/about

The network uses the InspireNet virtual platform to bring individuals and teams together across the province for collaboration on research and knowledge translation (KT) activities. Network virtual activity is largely member-driven, and an annual conference creates opportunities for in-person networking and learning. Behind the scenes, network leaders and staff have devoted considerable effort to network planning, evaluation and exploring strategies for sustainability.

Research Programs

Three BCNRI research programs (***Investigative Team Award***, ***Commissioned Research*** and ***Research Projects***) were focused on generating new practice-relevant research knowledge aligned with the BCNRI priorities. Open requests for proposal (RFP) processes were used to invite research submissions to the programs. Projects were required to demonstrate co-leadership (at least one BC researcher and one practitioner; at least one of whom was a nurse or nurse researcher) and strong involvement of nurses in projects that addressed one of the BCNRI priorities. Projects were recommended for funding following successful peer review by out-of-province experts. The Partnership Research program made matching funds available to research teams in national or international peer-reviewed competitions. Table 2 lists the BCNRI priorities, and identifies research projects funded under each priority.

Investigative Team Award

The Investigative Team award provided financial support of up to $200,000 per year for four years to one team of researchers and practitioners to plan, develop and implement a program of research in the BCNRI priority areas of care delivery/health human resources and to seed operating funds. BCNRI funding was allocated to cover the costs of research infrastructure and associated capacity-building and knowledge exchange activities; teams were expected to apply to other funding sources to support their research expenses. The Initiative for a Palliative Approach in Nursing: Evidence & Leadership (iPANEL) was the successful recipient.

Commissioned Research Program

Five RFPs were issued for commissioned research between 2010-2012. Three projects were funded in support of the health human resources priority and one in support of the Quality and Safety of Practice Environments priority. There were no successful applicants for the fifth competition.

Research Projects Program

MSFHR ran two research projects competitions for projects that addressed any of the BCNRI priorities in 2010 and 2011. Four types of projects were eligible:

- Research Synthesis Projects;
- Research Demonstration Projects;
- Pilot/Seed Research Projects; or,
- Research Knowledge Exchange Projects.

A total of seven projects were funded under this program, five supporting the practice-relevant education priority.

Table 2 BCNRI Priorities and Funded Projects

<table>
<tr><th>Priority</th><th>Description</th><th>Projects Funded Under Each Priority</th></tr>
<tr><td>Care Delivery (removed as a priority in 2011)</td><td>Care Delivery: exploring innovations in health service delivery to better meet the needs of clients, nurses and the health system across a full spectrum of health services:
New models of health services delivery
New models of staffing (defining the skill mix of nurses or nurses working with other health professionals for achieving optimum team composition in the delivery of safe, efficient and effective services)</td><td>Investigative Team Grant
iPANEL team (2009 -2014)</td></tr>
<tr><td rowspan="3">Nursing Health Human Resources</td><td rowspan="3">Exploring innovations that enhance recruitment and retention of the nursing workforce</td><td>Commissioned Research
The Utilization and Impacts of Nurse Practitioners and Physician Assistants: A Research Synthesis

Best Practices: The Integration of New Nursing Graduates in the Workplace

Health Services Researcher Pathway</td></tr>
<tr><td>Research Projects
Fostering Cultural Safety in Nursing Practice with People Experiencing Problematic Substance Use

A Mixed Methods Knowledge Synthesis about Nursing Care Delivery and Practice Supports for a Palliative Approach</td></tr>
<tr><td>Investigative Team Grant
iPANEL team (2009 -2014)</td></tr>
<tr><td>Practice-Relevant Education</td><td>Exploring innovations in education related to:
Under-graduate, graduate and specialty education related to the development of clinical judgment and skills
Education for nursing practice: supporting nurses to adapt to and implement changes in health service delivery to meet the needs and improve health outcomes of diverse populations
Best practices for orienting and mentoring newly recruited nurses.</td><td>Research Projects
Culturally Safe Dementia Care: Building Nursing Capacity to Work with First Nations Elders with Memory Loss

Placement of Learners: Assessing Capacity and Effectiveness of Clinical Practice Sites (PLACES) Research Project

Enhancing Educational Capacity for a Palliative Approach in Rural Nursing: A Research Demonstration Project</td></tr>
</table>

Priority	Description	Projects Funded Under Each Priority
Practice-Relevant Education (cont'd)		*Geriatric Education & Training (GET) Program for Acute Care Nursing* *Innovation in Clinical Nursing Education to Foster Competencies Required by Emerging Changes In Health Care*
Quality and Safety of Practice Environments	Research that evaluates the impact (intended and unintended) on the practice environment resulting from the implementation of policy change.	**Commissioned Research** *Impact of Overcapacity on the Quality and Safety of the Practice Environment for Nurses in BC Hospitals* (this project was terminated due to issues related to the topic area

Sources Priorities and Description: BCNRI Research Priorities_ Revisions Endorsed by NRAC May 20 2009
Funded Projects by Priority Area: BCNRI NRAC Orientation Information (June 2015)

Partnership Research Program

The Partnership Research Program was offered once, to support successful applicants to apply to national or international peer-reviewed competitions that require matching or partner funding as a condition of their award. Program criteria included the presence of BC researchers and nurses on the project team, and benefit to BC. There were no successful applicants to the program. One application was received and a letter of intent issued however, the team was unsuccessful in the national granting competition. The program was subsequently discontinued by BCNRI, as a similar program was available to researchers under MSFHR's Health Services Policy Research Support Network (HSPRN).

Reporting and Evaluation

Funding recipients submitted regular reports to MSFHR staff. The NRF facilitators collaborated with MSFHR staff to conduct an evaluation following the first year of the program (2011). InspireNet leaders and staff reported on a variety of processes to assess impact and user engagement, including a comprehensive evaluation report in September 2012. As mentioned earlier, in 2015, MSFHR staff and NRAC developed a plan and methodology for a summative evaluation of the overall initiative that provided the framework and parameters for this evaluation.

How did each of the BCNRI programs contribute to the overall achievement of the desired outcomes?

Nursing Research Facilitator Program

NRF reports indicated that point-of-care nurses were excited at the prospect of learning skills to use evidence to inform their practice; this was particularly true of nurses with no previous research experience or training. The reports state that capacity-building workshops and seminars were well attended with some chronically wait-listed. Many of the resources were made available to practitioners across the province through InspireNet.

> There is value from on the ground (applied) research that links academic strengths with priority practice issues. The Nursing Research Facilitator Program seemed to do this. *(Stakeholder)*

> Nursing Research Facilitators were perhaps the most important part of the initiative from the HA point of view: they were concrete, provided a focal point and a dedicated position to advance capacity building. *(Stakeholder)*

NRF reports detail multiple linkages with internal and external researchers and varied success in facilitating research collaborations between practitioners and academics. Personnel turnover was a constant challenge that affected timelines and the stability of relationships and processes.

Notable successes were realized in Vancouver Coastal Health (VCH)/Providence and Fraser Health, where existing research capacity, strong management support and relationships with academic researchers were leveraged to create “Research Challenge” programs. The Research Challenges paired interested practitioner teams with academic mentors to develop and answer practice-based research questions and present findings in peer, management and research forums. The Providence Research Challenge supported more than 40 multidisciplinary practitioner teams. Many of the projects produced evidence to support practice improvements and spurred staff interest: two projects were subsequently developed into larger scale research initiatives, one forming the basis for a master’s thesis while the other received funding in a CIHR competition[6]. Key success factors include strong academic-practice partnerships, management support for staff involvement in practice-based research activities, excellent mentoring by academic volunteers and the ability to fund “release time” for staff with patient care responsibilities.

It is difficult to estimate the number of nurses/practitioners reached by the NRF program, given the diverse nature of the NRF activities, the multidisciplinary focus to the role in many health authorities and the limitations of record keeping. The NRFs collaborated on an article published in *Nursing Research*, noting that more than 50 teams and 477 clinicians participated in the practice-based research challenges in the first three years of the program[7].

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[6] Source: Stakeholder interviews and http://www.providencehealthcare.org/careers/stories/aggieblack

[7] Source: Plamondon et al (2013). Pg 37.

Point-of-Care Initiative (POCI)

The aim of the Point-of-Care Initiative was to provide interested staff with an opportunity to apply their research skills and knowledge through small-scale practice research projects. VCH/Providence used their funding to enhance their Research Challenge programs. Island Health's Scholar in Residence worked with staff to develop two longer-term Point-of-Care research studies and mentored staff participants in the research. At Northern Health, events such as the Nurse-led Literature Review Challenge and Nurse-led Poster Challenge provided practitioners the opportunity to showcase their research skills and interact with research colleagues from all disciplines. Other health authorities supported individual research projects or activities that provided nurses and staff with the opportunity to use evidence to answer practice questions.

While ease of implementation and scale of achievement varied between health authorities, stakeholders provided consistent feedback that the program was of value and an important building block for nurse participation in research.

Stakeholders recognized the NRF Program and POCI as important contributors to raising the profile of nurses and nursing research within the practice community. Three of the six participating health authorities have committed to continuing the research facilitator role, a strong indicator of satisfaction with the outcomes achieved through the program.

> The POCI is the first program of its kind to support frontline nurses and allied health professionals to be involved in the research process as team members. POCI has permitted staff to be directly involved in planning and conducting a research or research-related project through funds supporting buy-out.
> *(POCI Program Report)*

Nursing Health Services Research Network (InspireNet)

The ***Nursing Health Services Research Network*** and its ***InspireNet*** platform responded to a need to identify and link those active and interested in nursing health services research across the province. It was an important mechanism for expanding the reach of capacity building and knowledge translation resources to members, and supported research teams and communities of practice to collaborate in a virtual space. The network initially focused on building membership among those interested in nursing health services research, but has since expanded its outreach and welcomes participation from the broader health research community.

InspireNet provided members free, real time and asynchronous access to resources and team collaboration sites, facilitating learning and collaboration for a community that works from dispersed worksites on 24/7/365 scheduling. Network leadership also established partnerships with universities to develop and improve the web 2.0 environment and support for virtual communities of practice.

Most recent (September 2015) utilization data shows that:

- Membership includes more than 4,000 researchers, practitioners, policy makers, educators and students (2015). More than 60 per cent are from health authorities.
- More than 1,800 members participated in one or more of 11 *Action Teams* used by members to collaborate in topic-specific "mini networks".
- 33 established research/evaluation teams used InspireNet's "closed teams" feature to support their project/program collaboration.
- 143 webinars were organized through InspireNet and were accessed by more than 16,000 participants, with an average of 105 participants per webinar.
- The InspireNet website has had more than 530,000 hits since May 2010

Stakeholders praised InspireNet both for its own accomplishments and for the support the platform provided to other BCNRI programs. The NRFs and iPANEL team members credited InspireNet for enhancing the ability for virtual collaboration among research teams, supporting communication and knowledge dissemination and expanding access to research resources across the province.

> With InspireNet, members can access information from anywhere, anytime. That is so important in a 24/7 work environment *(Stakeholder)*

Investigative Team Award (iPANEL)

The iPANEL team assembled a highly-engaged group of researchers, practitioners and policy-makers united around a diverse but common palliative care agenda. BCNRI operational funds were key to supporting expansion and development of this skilled team.

The team was praised for their integrated and collaborative way of working that included positive and high-impact approaches to practice-relevant research, capacity development and knowledge translation.

> iPANEL impacted the quality of care for the dying. They engaged many point-of-care nurses in practice-relevant research. They created receptivity to research and ways of reaching into a health authority to get research going. *(Stakeholder)*

Team members documented more than 75 knowledge translation (KT) activities including conference presentations and publications, and more than 25 capacity-building events. The team was also successful in facilitating the uptake of research to policy, with achievements that include:

- An invited presentation to the Select Standing Committee on Health in the BC Legislature (Dying to Care, April 2015) and,
- iPANEL evidence cited in the BC Ministry of Health's Provincial End-of-Life Care Action Plan for British Columbia (2013).

The team was highly successful leveraging research funding—including funding from other MSFHR programs—to build a more extensive program of research.

Stakeholders offered high praise for this team and their contributions to patient wellbeing, practice and policy.

Commissioned Research Program

The Commissioned Research Program experienced mixed success in generating collaborative practice/policy-relevant research in support of BCNRI priorities. Two fundamental challenges were the low level of responses to the requests for proposal and the degree of "fit" between proposals and BCNRI criteria. In 2012, MSFHR staff consulted with nursing research experts to review and make recommendations to improve the commissioned research call for proposals process.

> There is no strong tradition of commissioned research in nursing. It is not as attractive to researchers as they don't get credit for doing this type of work. *(Stakeholder)*

Four research projects were commissioned between 2010-2012, and three were completed.

Two of the projects funded under the health human resources priority *(Best Practices: The Integration of New Nursing Graduates in the Workplace and Health Services Researcher Pathway)* were perceived as highly successful research-practice collaborations that addressed relevant issues for the academic and health authority communities. Both projects were perceived as having good potential for uptake to policy and practice.

A third project funded under the health human resources priority *The Utilization and Impacts of Nurse Practitioners and Physician Assistants: A Research Synthesis* was widely regarded as excellent research; however, there were challenges that needed to be addressed to ensure the conclusions and recommendations represented a balanced view.

The sole study funded under the Quality and Safety of Practice Environments priority, the *Impact of Overcapacity on the Quality and Safety of the Practice Environment for Nurses in BC Hospitals* was terminated due to issues related to the topic.

Stakeholders noted that commissioned research is a new model of collaboration where "the rules are still being developed". BCNRI's attempts to address politically sensitive topic areas through commissioned research were perceived as breaking new ground in research in BC and fostering an important set of learnings that are highlighted in the *Lessons Learned* section of this report.

Research Projects Program

The research projects program experienced similar challenges as the commissioned research program in the low level of response to the requests for proposals and the degree of "fit" between proposals and BCNRI criteria. Many stakeholders noted that the proposals that came forward in the health human resources and quality and safety of practice environment competitions addressed peripheral rather than central elements of the priority areas as articulated in the Research Task Force recommendations.

> Some of the questions and priorities were easier to address than others. Those that were politically contentions were more difficult to get at. Some of the translations to new practice turned out well; others were less successful due to politics. *(Stakeholder)*

Stakeholders were satisfied that the research that was funded under the BCNRI was rigorous and helpful to BC. For example, the *Placement of Learners: Assessing Capacity and Effectiveness of Clinical Practice Sites (PLACES) Research Project* was described as "the first time that health authorities and educators have sat together with data to examine and address the challenges of providing clinical practice placements for nursing students in the Lower Mainland". The study provided tools and recommendations to enhance the quality of clinical learning environments and optimize academic-practice collaborations for nursing student practice education.

To what extent was the BCNRI able to leverage funds, resources and partnerships to maximize the opportunities and impact of the BCNRI?

The scope of the evaluation does not allow for a full accounting of the extent to which BCNRI programs leveraged funds, resources and partnerships to maximize opportunities and impacts; however, the following provides some examples of successes:

- iPANEL investigative team awardees leveraged more than $2 million to expand the scope and reach of their work. The investigative team also received an MSFHR Knowledge Translation award to support and examine integrated KT activities.

> BCNRI was helpful in developing nurses as producers and users of knowledge in ways that can help make them larger participants in those areas – that is potentially very powerful. (*Stakeholder)*

- The VCH/Providence Research Challenge supported more than 40 teams in their research challenge with financial support from the health authority, other funding opportunities and the POCI funding.
- Fraser Health leveraged POCI, health authority and other funding opportunities to support 12 research teams under their Research Challenge.
- VCH/Providence and Fraser NRFs were successful in building relationships with the academic community and research institutes to provide mentoring and practical support to their research challenge teams.
- InspireNet collaborated with the University of Victoria to act as host institution and established a partnership with the University of British Columbia eHealth Strategies Office to support the development and evaluation of communities of practice.[8]

Were the short-term outcomes of the initiative achieved?

a. New practice-relevant research knowledge created, aligned with BCNRI priority areas

In general, stakeholders recognized that BCNRI had resulted in new research knowledge, but differed in their assessment of the degree to which the work was practice-ready or aligned with BCNRI priority areas.

Overall, stakeholders perceived that the research conducted under BCNRI was of high quality, and praised MSFHR practices and peer review mechanisms as well as the strength of the research teams.

- The iPANEL team was universally praised for their innovative and effective practices for engaging families, researchers, care providers, and policy makers in generating and applying research knowledge that made a difference to families and care providers. Two of their projects were also successful in BCNRI research project competitions, providing further evidence of the strength of the team.
- Funded research projects were generally perceived as providing helpful information for the research and policy/practice communities.
- Research supported under the NRF Research Challenges and Point-of-Care Initiative was generally perceived as supporting generation or implementation of practice-relevant knowledge

[8] Source: InspireNet Year 1 Annual Progress Report pg 9.

Despite these successes, many stakeholders expressed disappointment in the extent to which BCNRI-funded activities advanced knowledge in the priority areas.

> BCNRI has had secondary benefits that are considerable in some areas, but not necessarily fulfilling the original intent. *(Stakeholder)*

- There was no work completed in the quality and safety of practice environments priority area.
- While five projects were funded under the health human resources priority, many stakeholders perceived that these were loosely aligned with the priority as originally envisioned/described in the BCNRI Task Force recommendations.
- Mission-relevant research was strongest in support of the practice-ready education priority.

b. Increased skills and capacity among nurses to support, participate in, conduct, evaluate and apply research

While BCNRI did not specify the skills or capacities it strove to achieve in the practice community, the Nursing Researcher Pathway study provides a useful five-level continuum of competencies for nurses. The majority of NRF activities were focused on engaging interested front line nurses in skills and capacity-building activities consistent with Level 1 (the nurse learning about research use in care delivery settings) and Level 2 (the nurse using research in the care delivery setting) of the Pathway. NRF-facilitated Research Challenges and Point-of-Care Initiatives provided an opportunity for nurses to build Level 3 competencies (the nurse facilitating and leading research use in care delivery settings).

> To do health services research we need a different approach – can't start at the point of care for that level of research. *(Stakeholder)*

InspireNet provided a platform for interested practitioners to access skills-training and capacity-building resources, and knowledge translation activities. It also provided a robust platform to support established and emerging research teams and communities of practice in developing and implementing their research interests. Evaluation reports contain anecdotal evidence of enhanced skills and capacity associated with participation in the network.

Stakeholders perceived that the BCNRI had *raised the baseline* capacity of front line nurses to understand and be more critical appraisers of research processes and findings. Health authority and Ministry stakeholders identified these as valuable and important skills that would increase the capacity and effectiveness of nurse participation in multidisciplinary team research as well as forward going discussions on health systems change.

InspireNet has contributed to increased Nursing Health Services Research (NHSR) capacity by: building members' NHSR awareness, knowledge and skills; enabling the development of formal and informal mentorship relationships; and, providing a platform for collaboration on research initiatives*. (InspireNet Comprehensive Evaluation Report)*

While pleased with the success, stakeholders acknowledged that building health services research capacity among practicing nurses is a long-term strategy that requires ongoing support from health authorities, academic institutions, government and regulatory agencies. Three of the six participating health authorities retained the research facilitator function in some form, and MSFHR provided a no-cost extension for InspireNet to June 2016.

NRFs identified a number of factors that facilitate or act as barriers to nurses wishing to participate in practice-based research activities:

- Support from direct supervisors and managers as well as senior management is an essential prerequisite for point-of-care nurses to become involved in research activities in the employment setting.
- Most point-of-care nurses lack advanced training in research methods. Support for basic skills development and academic mentorship is critical in supporting them to generate and use evidence to answer practice questions.
- In many settings, nurses work shifts to provide patient care on a 24/7/365 basis. Point-of-care nurses with patient care responsibilities found it difficult to assume leadership and other time-intensive roles on research teams, even when release time was available.
- Management support for nurse participation in research activities varied. One NRF noted that *managers need to value the work done by teams and recognize the significant contribution these capacity-building activities could make to quality of care*.

It is important for front line nurses to understand research so they can support it, but you need Masters prepared/advance practice nurses to drive it forward – people without patient-care loads. *(Stakeholder)*

c. Increased dissemination of research findings

All BCNRI funded projects were required to have knowledge dissemination strategies. Strategies included traditional academic dissemination routes such as publications and conferences, as well as targeted approaches to disseminating findings to practitioners and policy makers. The creation of the nurse facilitator role and InspireNet had a de facto impact on increasing dissemination of research findings, as they created new information-sharing mechanisms to expand awareness of, and access to, research findings. In particular, InspireNet created the opportunity for nurses, practitioners and policy makers to access research findings and knowledge translation/best practices information virtually on demand.

> I have seen people in rural areas getting access to research findings through the InspireNet webinars - 50-60 people participating. That is a great example of leverage. *(Stakeholder)*

The work of the iPANEL team was frequently cited as an example of innovative and effective dissemination of research information, creating effective mechanisms for practitioners and policy makers to hear and understand the implications of their research.

d. Improved access to research resources and information

Both the NRF role and InspireNet created additional access to research resources and information. The NRF acted as a “point person” in their health authority and collaborated with relevant staff, external researchers and others to improve access to information and create new resources for the practice community. InspireNet created a platform to support the work of virtual teams and communities of practice, as well as active and passive research information dissemination.

e. Increased researcher capacity to integrate the practice perspective into research and research priorities

Stakeholders cited the work of the iPANEL team in demonstrating the active synergy between research and practice. iPANEL leaders noted that many team members came from a practice background and had integrated practice and research thinking as a “normal way of working”. In addition, the team incorporated practitioners, decision and policymakers from the earliest stages, resulting in a group dynamic that integrated the various perspectives. BCNRI funding was cited as an important factor supporting team expansion and integration of new researchers onto the team.

The Research Challenges and Point-of-Care Initiatives provided opportunities for practitioners to work with academic mentors to apply research methods to practice questions.

Nurse researchers noted that potential impacts were limited to those involved in specific BCNRI programs; greater engagement of academic researchers is needed if lasting or system-level change was is to be achieved.

To what extent has the BCNRI increased linkages among academia, nurses, and health services practice and policy communities to inform research priorities and the conduct and application of research?

By definition, BCNRI-funded projects and processes required collaboration between researchers, practitioners and/or policymakers.

InspireNet and its Action Teams were perceived as important demonstrations of BCNRI fostering and supporting these linkages.

Stakeholders who had participated on research teams reported the experience to be positive both in forging relationships as well as arriving at processes and outcomes that met the standards of academic research and needs of practitioners. The iPANEL team and point-of-care research studies were frequently mentioned as examples where collaboration had worked well.

> Linkages between research and policy/practice happened in pockets. I don't think it happened in other areas. Need openness on both sides for it to happen – the readiness/conditions for success must be there. *(Stakeholder)*

Those who participated in the Nursing Research Advisory Council (NRAC) also identified positive impacts from collaboration between researchers, practitioners and decision makers at the various advisory and decision-making tables. One stakeholder identified the work at NRAC as *important in building shared understanding necessary for intersectoral dialogue and problem solving that will have an ongoing legacy as NRAC members participate in health human resource planning in other and future roles.*

> NRAC was very positive. The discussions around planning the BCNRI and the programs and the criteria for programs/funding required participants to enter each other's world, and build a shared understanding of different needs. *(Stakeholder)*

Some informants commented that it was difficult to determine the extent to which BCNRI *improved* linkages; however, it made an important contribution by creating opportunities for linkages. There is little information available to assess the extent to which these linkages informed research priorities.

To what extent has the BCNRI increased the uptake of research findings into nursing practice or policy?

> There is recognition (nationally) that we are in the early days of understanding the uptake of research into practice. *(Stakeholder)*

Uptake of research findings into nursing practice or policy is a complex process. As a group, nurses lack the autonomy to change practice without approval of employers and/or professional/regulatory bodies. Most often this requires review and approval through processes linked to organizational policies, practice guidelines and nursing standards. Stakeholders cautioned that there was often considerable lag time between release of research findings and uptake.

The work of the iPANEL team was recognized as changing practice at the point of care, facilitated by the team's approach of involving decision-makers and clinicians at the onset. The team was also successful in facilitating the uptake of research to policy, and was cited in the BC Ministry of Health's Provincial *End-of-Life Care Action Plan for British Columbia (2013).*

Stakeholders also perceived that point-of-care research supported through the Research Challenges and Point-of-Care Initiatives had the potential to influence practice change for nurses and others involved in multidisciplinary teams. One example is the Providence Health Care Research Challenge study on individualized hemophilia treatment that not only changed practice in the provincial hemophilia clinic, but also won a quality and safety award[9].

To what extent has the BCNRI contributed to a culture of inquiry in the nursing community?

BCNRI planning documents noted that "*building and fostering a spirit of enquiry and evidence-based change in the practice setting*" was a key underpinning for the success of the BCNRI initiative.

[9] Source: Providence Health Care http://www.providencehealthcare.org/careers/stories/aggieblack

Stakeholders perceived that the NRF role and InspireNet made the strongest contributions to a culture of inquiry in the nursing community. Activities such as having nurses develop practice-based research questions and helping them acquire the skills to work with evidence were seen as very important in advancing front-line capacity for practice-relevant research. Some NRF reports note evolving shifts in the health authority culture with more emphasis on research, evidence and capacity building and on developing connections between academic and practice.
However, stakeholders recognized that these were small-scale "point in time" successes, and without consistent supports there would be no longer term gains.

> …I encounter clinicians who speak knowledgeably regarding what evidence-informed practice means to them, to the quality of the care they provide and are willing to share examples of evidence in practice with other attendees. It is not an academic concept; it is becoming a part of the way they approach their care provision. *(NRF Program Report)*

What lessons were learned from the implementation of this initiative that can be applied elsewhere?

Collaborative Health Services Research Requires System-level Partnerships

BCNRI experience in general, and the challenges within the commissioned research program, highlight the need for system supports and leadership to ensure important research can be completed, and that the findings can be developed for uptake to policy and practice. Stakeholders identified two broad areas for action:

- Involvement of the most senior leadership in government, health authorities, academia and labour/regulatory agencies, to champion health services research, particularly on sensitive topics.
- Specific strategies to address system barriers to academics doing research in practice settings. Barriers include issues such as access to data, investigator/institutional autonomy, control of intellectual property and dissemination of research results.

> We need to think through working in an environment of risk aversion. On more contentious projects, you need a more active role of governance, ensuring that the right senior people are around the table. *(Stakeholder)*

BCNRI Structure and Governance

MSFHR brings strengths to programs of research
Stakeholders noted that BCNRI was founded on strong processes and principles. They valued the contribution of MSFHR, particularly their expertise in developing research programs, ensuring rigour and providing oversight. They also identified the collaboration between government, academic, practitioner and union representatives through NRAC as a major strength of the Initiative.

> NRAC established the BCNRI on strong footing, insisted on rigour, worked through challenges in a positive way, focused on learnings and moving these forward. This was one of the strongest outcomes from the Initiative. *(Stakeholder)*

Governance and advisory functions need support to maintain program fidelity
While stakeholders were generally complimentary of the work done by NRAC members, some felt that the original vision and priorities for the BCNRI drifted over time. They perceived that NRAC could be strengthened by "board development" type supports to maintain consistency of vision and goals in the face of changing advisory council membership.

> NRAC changes impacted the program integrity–We were trying to advance something without a common vision. *(Stakeholder)*

BCNRI Research Program Strategies

BCNRI Investigative Team Award provided a valuable mechanism to develop collaborative research teams
iPANEL researchers and other stakeholders identified the ability to use funding for team building as extremely beneficial to development of collaborative research teams. This was cited as an important factor behind the success of iPANEL, and a helpful focus for development of research teams in future.

> There is no provincial mechanism to support teams like iPanel…more operating grants and funding for applied practice research would increase the likelihood of teams forming that could work through policy to practice issues. *(Stakeholder)*

Improved processes for Requests for Proposal
MSFHR staff and BCNRI stakeholders identified the need to improve requests for proposals processes to increase the volume of research proposals and their relevance to BCNRI priorities. Expert advice and recommendations to improve processes have been requested from research experts.

Alternate strategies are required to develop nursing health services research in BC

BCNRI funding strategies made little impact on advancing research in core health human resource and quality and safety of the practice environment priority areas. Stakeholders perceive that BC has little expertise in health human resources research, particularly as it relates to nurses with a particular shortage of those with expertise working with human resource and administrative databases. Stakeholders speculated that this could be as result of BCNRI research programs offering too little funding to interest researchers to do collaborative health services research focused on nursing, or academic reward structures that do not value commissioned or collaborative research. Some also noted that the BCNRI criteria for nurse leadership in the research projects dissuaded health service researchers from non-nursing disciplines from being involved.

> There are no nurses in BC doing the kind of research identified in some of the priorities – guidelines said it needed to be led by nurses – research might have been more successful if led by expert and nurse collaborators. *(Stakeholder)*

Collaborative action takes time

Projects based on engagement and collaborative actions require time. Most of the BCNRI research and point-of-care projects requested extensions of the timeframes initially planned to complete their work. Nursing research facilitators reported that their first year was largely devoted to establishing connections with health authority staff and external researchers; the program extension beyond the initial two-year period provided stability to plan and support longer-term initiatives. NRF-type programs could be further improved by providing longer term funding stability at the onset.

> When you are meaningfully involving people who have not been involved in research, it takes longer. Need to slow down the process. *(Stakeholder)*

BCNRI Capacity-building Strategies

Point-of-Care research initiatives require strong practitioner/academic partnerships

The need for academic mentors to collaborate and support practice-relevant research remains a fundamental challenge to support practitioner engagement in research. NRFs in all health authorities cited persistent barriers to engaging academics in point-of-care research. These include: difficulties finding academic collaborators with research interests aligned to those within the health authority, the small scale of point-of-care initiatives that may not lead to publications, and the volunteer nature of the work that must be managed alongside mentoring students in academic programs.

> Strong academic and practice partnerships are essential to the success of point of care research programs. *(Stakeholder)*

Front line nurses require multi-level support to participate in research; lack of workplace autonomy is a key challenge

> Front line nurses don't have the autonomy to practice in a way that this [BCNRI health authority capacity-building] approach requires. *(Stakeholder)*

Front line nurses rarely have research as part of their job description; participation in research opportunities must be balanced with patient care priorities, work schedules and continued support from line managers. The NRF program provided evidence of the interest front line practitioners have in using research to answer practice questions, and of the limitations posed by lack of workplace autonomy and formal research training. Successful involvement of frontline nurses in point-of-care research requires a personal commitment to skills building on the part of the practitioner, coupled with organizational and academic supports to create and support research opportunities.

Additional capacity-building strategies are needed

Academic stakeholders noted that strategies are needed to develop researchers and academics to lead health services research processes, citing this as a persistent gap in provincial capacity.

Discussion

BCNRI undertook a complex mandate to support and develop collaborative practice-relevant nursing health services research. This is a relatively new area of research in BC, with known capacity issues and documented barriers posing challenges to academic research in the practice setting. MSFHR was lauded for bringing strong processes and stewardship, which helped build and maintain the integrity of the Initiative. In assessing achievements, it is important to recognize that BCNRI strategies provided guidelines and funding to create opportunities for capacity-building and health services research focused on nursing, based on recommendations and feedback from the academic and policy/practice communities. It relied on these communities to bring forward collaborative proposals for relevant research, and to develop organizational structures to support capacity-building and health services research. These are key factors influencing the scope of impact for the BCNRI.

BCNRI made modest progress toward achievement of its mandate, goals and priorities, with significant secondary impacts and learnings along the way.

A modest body of health services research was generated through the research programs. However, many stakeholders noted that the Initiative received few proposals with relevance to the core health human resource and quality of working environment priorities that the Initiative was created to address. As noted earlier, capacity issues, limited engagement of health services researchers and barriers to academics undertaking research in health authorities, impacted the scope of achievement.

The evidence available to the evaluation team is insufficient to draw firm conclusions on causality, but leads to the conclusion that further supports, and perhaps different strategies, are required to achieve the scope of health services research envisioned by the BCNRI. Moving forward, constructive multi-sectoral dialogue would be helpful in illuminating barriers and identifying supports and incentives to lay a firm foundation for health services research in BC.

The iPANEL team was lauded for their innovative approach to developing and sustaining a collaborative research model that incorporated the interests of patients, practitioners, policymakers and academics to produce high-impact research. Their practices for engaging stakeholders early and throughout the research process were credited with the success of their knowledge translation strategies. Further exploration of the iPANEL model would be helpful in developing lessons learned for advancing this way of working beyond palliative care to the broader health services community.

The BCNRI capacity-building strategies had mixed success. InspireNet was perceived as an important and effective mechanism for expanding provincial access to virtual skills-building and knowledge translation resources, and for supporting virtual research teams. The leadership team has demonstrated continued improvements to respond to user feedback and to expand and strengthen the network base, creating a solid foundation for supporting a growing community of practitioners, policy makers and researchers interested in health research.

Health authority-focused strategies had varying impact. Greatest success was demonstrated in settings where there was an established research culture, strong relationships between the practice and academic communities, and a commitment from health authority leadership and managers to support nurse involvement in research. The evidence suggests that the NRF model was less successful in other settings, and stakeholders noted that different settings might benefit from different capacity-building approaches.

Capacity-building strategies made important contributions to developing a culture of inquiry among front line care providers, generating small-scale practice improvement research and supporting communities of practice. The strategies did not significantly impact BC’s capacity to conduct health services research in the short- or medium-term.

Stakeholders identified many successful secondary impacts from the BCNRI, including skills development and meaningful collaborative dialogue at the NRAC table, raising the profile of research in the nursing community and engaging practitioners in novice research activities. Learnings about the complexity, community readiness and support systems needed to conduct collaborative health services research were also deemed important contributions to future research investments in BC.

One of the key lessons learned from the BCNRI is the importance of partnerships between the policy, practice and academic communities to create conditions for successful collaborative research. Capacity building in this regard requires both an operational and strategic focus, which could be facilitated by an independent organization such as MSFHR in an "honest broker" role.

Recommendations

The following recommendations for strengthening BC's approach to collaborative health services research are drawn from the BCNRI evaluation findings:

General Recommendations

1. All parties should support development of BC capacity to conduct and use collaborative health services research.
2. All parties should consider building capacity for collaborative health services research by developing strategic and operational partnerships between the policy, practice and academic communities.
3. Initial steps should focus on convening stakeholders from sectors interested in the production and use of health services research (government, health authorities, research and academia) to identify barriers, incentives and strategies to support health services research. BCNRI findings suggest that critical issues include:
    a. Engagement of academic researchers interested in conducting collaborative health services research
    b. Sustained engagement of practitioners, policymakers and researchers from project planning through dissemination and uptake to practice and policy
    c. Development of processes to facilitate researcher access to relevant administrative and patient care data
    d. Control of intellectual property and dissemination of research findings
    e. Leadership to steward complex processes for successful completion of important but sensitive health services research.

Recommendations for MSFHR

4. Advocate for, and support health research networks such as InspireNet.
5. Explore key success factors in the iPANEL collaborative research model that can be applied to broader areas of health services research. Where possible, embed critical success factors such as operational funding in future collaborative research programs.
6. Consider partnerships with other health service researchers and health research agencies to develop BC nursing health services expertise.
7. Continue to support collaboration between practitioners, policymakers and academics to develop ongoing agendas and capacity for health services research.
8. Ensure BCNRI-type programs have resources for early stage and continued involvement of evaluators to support ongoing program development and reporting of outcomes.

Recommendations for Health Authorities

9. Continue “home grown” and collaborative efforts to build a positive culture for nursing and other research in practice settings.
10. Create opportunities for practicing nurses to obtain skills and training as described in the Health Services Researcher Pathway.
11. Provide leadership and supports for collaborative health services research.

Appendix A: Documents Consulted[10]

BCNRI Planning Documents

1. MSFHR BC Nursing Research Initiative – Vision, Mandate, Goals , Principles (October 2007) **MSFHR**
2. MSFHR BCNRI: Recommendations to Build Research Capacity and Address Research Priorities (September 2008) **MSFHR**
3. BCNRI Research Priorities_ Revisions Endorsed by NRAC May 20 2009 **MSFHR**

Nursing Research Facilitator Program

4. Nursing Research Facilitator Program: Guidelines for Proposals (January 2009) **MSFHR**
5. Nursing Research Facilitator Program - Fostering research in the nursing community: Reflections on the first year (August 2011) **MSFHR**
6. Island Health Year 3 **Progress Report** **MSFHR**
7. Island Health Year 4 **Progress Report** **MSFHR**
8. Northern Health Final Year Progress Report **ET**
9. Providence Health Care Progress Report **ET**
10. PHSA Progress Report **ET**
11. VCH Progress Report **ET**
12. Plamondon K, Ronquillo C, Axen L, Black A, Cummings L and Chakraborty B. (2013). Bridging Research and Practice through the Nursing Research Facilitator Program in British Columbia. *Nursing Leadership* 26(4): 32-43. **ET**
13. Providence Health Care website therehttp://www.providencehealthcare.org/careers/stories/aggieblack. Posted August 28, 2014. **MSFHR**

BC Nursing Health Services Research Network - InspireNet

14. Nursing Health Services Research Network: Program & Application Guidelines **MSFHR**
15. InspireNet Comprehensive Final Evaluation Report **MSFHR**
16. InspireNet Webinars: Knowledge Dissemination in Action at the Point of Care: Activity Report at November 20, 2014. **ET**
17. InspireNet Year One Annual Progress Report (November 1, 2009 – September 30, 2013) **ET**
18. InspireNet Year Four Annual Progress Report (November 1, 2012 – October 31, 2013) **ET**
19. InspireNet Dashboard Report September 2015 **MSFHR**

Point-of-Care Initiative

20. 2013 Point-of-Care Initiative Guidelines **MSFHR**

[10] Code **MSFHR = Selected by MSFHR staff**; **ET = Selected by Evaluation Team**

21. Fraser Health Final Progress Report (period: April 1, 2013 to June 30, 2014) **MSFHR**
22. Island Health Final Progress Report (period: April 1, 2013 to June 30, 2014) **MSFHR**

Commissioned Research

23. Expanding the Evidence for New Graduate Nurse Transition Best Practices **MSFHR**
24. Health Services Researcher Pathway: Final Report (December 2013) **ET**
25. BC Nursing Research Initiative Nursing Research Advisory Council (NRAC) Feedback – Commissioned Research RFPs **MSFHR**

Investigative Team

26. Investigative Team Program Guidelines for Full Proposal (July 2010) **MSFHR**
27. iPANEL Year 2 Report (2012-2013) **MSFHR**
28. iPANEL Year 4 Report (2014-2015) **MSFHR**

Research Projects

29. BCNRI Research Project Program Guidelines for Full Proposals **MSFHR**
30. Currie LM, Wolff AC, Mickelson G, Chamberlin, C (February 2015). Placements for Learners: Assessing Capacity and Effectiveness of Clinical Sites (PLACES) - Final Report. Prepared for the Michael Smith Foundation for Health Research. Vancouver, BC. **ET**

Partnership Research Program

31. Partnership Research Program Guidelines (2011) **MSFHR**

Other

32. NRAC Orientation Information (Updated June 2015) ET
33. MSFHR Health Services and Policy Network. Building Capacity within the BC Health Authorities: A Report on the Evaluation of the Health Authority Capacity-building Program (April 2010). **ET**

Appendix B: Interview List

Name	Title	Organization	Perspective (as per NRAC Terms of Reference)
Lynn Stevenson	Associate Deputy Minister	Ministry of Health	Ministry of Health
Noreen Frisch	School of Nursing Director	University of Victoria	Nursing research expert
Patricia Wejr	Director, Communication Systems & Policy Advisor	BC Nurses' Union	BC Nurses' Union
Sherry Hamilton	Chief Nursing and Liaison Officer	PHSA	NRAC Co-chair
Jane Boutette	Public Health Nursing Program Manager	Northern Health	Health Authorities - nursing representative
Martha Mackay	Clinical Nurse Specialist, Cardiology	Providence Health Care	
Laurianne Jodouin	Director, Professional Regulation and Oversight	Ministry of Health	Ministry of Health
Debbie McLachlan	Director, Workforce Planning and Management Branch	Ministry of Health	Ministry of Health
Martha McLeod	Professor and Chair	UNBC School of Nursing	Nursing research experts from BC post-secondary institutions
Barbara Pesut	Associate Professor	UBC of the Okanagan	
Mary Ellen Purkis	Dean	University of Victoria Faculty of Human and Social Development, (School of Nursing)	
Pam Ratner	Professor	UBC Faculty of Applied Science	
Sabrina Wong	Professor	UBC School of Nursing & Centre for Health Services and Policy Research	
Agnes Black	Adjunct Professor / Research Lead	UBC, School of Nursing & Providence Health Care	
Kelli Stajduhar	Professor and Associate Director	University of Victoria & Centre on Aging	
Grace Mickelson	Corporate Director, Academic Development	Provincial Health Services Authority	InspireNet Co-lead
Cindy Soules	Manager, Research Programs (Provincial Initiatives)	MSFHR	MSFHR
Val To	Manager, Research Programs (Targeted Initiatives)	MSFHR	MSFHR

Appendix C: BCNRI Success Stories

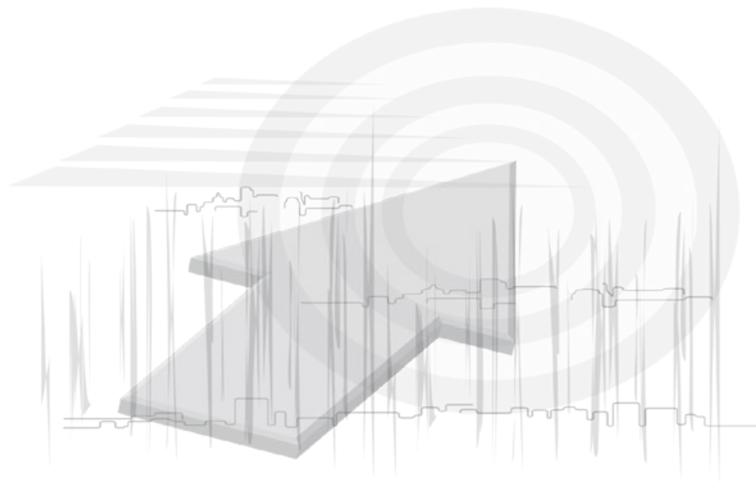
The *Providence Research Challenge* is an example of what can be achieved when a resourceful research facilitator is established in an organization with a strong research culture, interested and supportive management, willing academic mentors, and curious practitioners eager to use evidence to answer practice questions. With funding and encouragement from senior managers, the Providence Research Challenge supported more than 40 practitioner teams to identify a research question, develop and implement this as a small research study, and disseminate their findings to peer and administrative audiences. Many of the projects produced evidence to support practice improvements and spurred staff interest: two projects were subsequently developed into larger scale research initiatives, one forming the basis for a master's thesis while the other received funding in a CIHR competition.

The *Nursing Health Services Research Network* and its *InspireNet* platform responded to a need to identify and link those active and interested in nursing health services research across the province. It was an important mechanism for expanding the reach of capacity building and knowledge translation resources to members, and supported research teams and communities of practice to collaborate in a virtual space. InspireNet provided members free, real time and asynchronous access to resources and team collaboration sites, facilitating learning and collaboration for a community that works from dispersed worksites on 24/7/365 scheduling. Network leadership also established partnerships with universities to develop and improve the web 2.0 environment and support for virtual communities of practice.

The *Impacts of a Palliative Approach for Nursing (iPANEL)* team assembled a highly engaged group of researchers, practitioners and policy makers united around a diverse but common palliative care agenda. The team was praised for their integrated and collaborative way of working that included positive and high impact approaches to practice-relevant research, capacity development and knowledge translation. BCNRI operational funds were key to supporting expansion and development of this skilled team. They also leveraged additional funds to build a more extensive program of research

The *Health Services Researcher Pathway* project provides a Professional Development framework that articulates how nurses may progress throughout their careers in developing knowledge, skills and attitudes (competencies) related to research and research use. Stakeholders identified this commissioned research as filling an important gap in understanding the academic and practice supports necessary to build nurses' research competencies across their career and to support research utilization at point of care, where most nurses work.

The *Placement of Learners: Assessing Capacity and Effectiveness of Clinical Practice Sites (PLACES) Research Project* was described as "the first time that health authorities and educators have sat together with data to examine and address the challenges of providing clinical practice placements for nursing students in the Lower Mainland". Project participants praised the collaborative approach and willingness of the project team to step outside their usual roles to examine the issue in a systematic way, and felt this process laid important groundwork for future collaboration. Project partners plan to use the findings to support development of high quality learning environments.



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