Promoting Clinical Psychiatric Mental Health Nursing Research through the Creation of
a Research-Practice Collaboration: A Feasibility Study

By

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Abstract

Background: Due to the less visible nature of psychiatric mental health (PMH) nurses' work, they are best suited to identify knowledge gaps and use research to find solutions. Unfortunately, nurses often lack research skills and confidence, which makes a collaboration between clinical and academic nurses ideal in determining best practices. **Purpose:** This report describes a feasibility study undertaken to assess interest and support for a research-practice collaboration between Memorial University's School of Nursing and Eastern Health's Mental Health and Addictions Program. **Methods:** The feasibility study involved four components. First, an integrative literature review was conducted to identify the successes and challenges in the establishment and sustainability of an academic-practice partnerships involving nursing. Second, a series of consultations was conducted that included interviews with administrators from both organizations and focus groups with practicing psychiatric mental health nurses. Administrators indicated support for the collaboration and nurse s, although they described minimal exposure to research, were open to involvement in practice-driven projects. The third activity involved establishment of the research team that included four practicing nurses and the development of a research proposal that reflected patient care priorities identified by nurses in the consultation. A mixed-methods research proposal was developed by the team over a period of eight weeks. The final activity involved the development of a draft terms of reference for a formalized, research-practice collaboration between the two organizations. **Conclusion:** Given the positive nature of the feasibility study outcomes, pursuing a partnership was assessed as having strong potential for success.

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The ability of nurses to provide quality patient care depends, in part, on the integration of evidenced-based knowledge into their practice (Shepard-Battle, 2018). Due to the care they provide to individuals and families, clinical nurses are in a strategic position to recognize clinical patterns and problems, and to identify relevant research questions (Scala, Day & Price, 2016; Siedlecki, 2008; Siedlecki, 2016). Interestingly, it is well established that clinical nurses lack opportunities to participate in research (Hagan, 2018) and that PhD-prepared nurses working in academic environments conduct the vast majority of nursing studies (Darbyshire, 2008).Therefore, the collaboration of clinical nurses and academic nurse researchers is required in order determine the best practice (Gurzick & Kesten, 2010; Granger, 2001).

Clinical nurses rarely have doctoral preparation and are unlikely to have substantial exposure to research from previous education programmes (Roxburgh, 2006). Beyond lack of knowledge, clinical nurses face other barriers that limit their involvement in research, such as, lack of time and resources, inadequate guidance from mentors, and lack of support from healthcare organizations (Scala et al., 2016; Siedlecki, 2016; Woodward, Webb, & Prowse, 2017). Research indicates that while nurses' attitudes towards research and evidenced-based practice are generally positive (Berthelsen & Holge-Hazelton, 2015; Duffy, Culp, & Yarberry, 2015; Kajermo, Alinaghizadeh, Falk, Wadell, & Tornkvist, 2013; Riley, Hill, Krause, Leach, & Lowe, 2011), very few nurses actually engage in research activities (Akerjordet, Lode, & Severinsson, 2012). Even

more alarming, a Swedish study found that up to 37% of nurses reported little or no use of research in their daily practice (Kajermo et al., 2013).

Although the coming together of clinical and academic nurses to foster best practice is vital in all areas of nursing, it is particularly valuable in psychiatric mental health (PMH) nursing. The work of PMH nurses is often less visible than the nursing work in other areas, and it has been difficult to accurately describe the comprehensive role and impact of the PMH nurse (Fourie, McDonald, Connor, & Bartlett, 2005). Furthermore, it is difficult to identify and classify the psycho-social and humanistic nursing interventions that underlie the everyday care PMH nurses provide to individuals and families (MacNeela et al., 2010). For these reasons, involving clinical nurses in the research process is essential as they are the practice experts in caring for their patients and know what priority issues need to be studied and better understood.

The use of and involvement in research by clinical nurses is also vital for optimal patient outcomes. As a result, several well-documented attempts have been made in developing, coaching, and creating guidelines for inexperienced clinical nurse researchers. For example, Swedish researchers, Bjőrkstrőm, Johansson, & Athlin (2014), tried to improve nurses' interest in and use of research via the implementation of a nursing network. The network was intended to inspire and support nurses in contributing to nursing development in the workplace. It was designed to facilitate nurses to work as a group to critically review practice, identify areas for improvement, search for best practice solutions in the literature, and then apply findings to their practice (Bjőrkstrőm et al., 2014). Researchers, however, were still met with the historical barriers of engaging

nurses in research: lack of time, lack of knowledge in evidenced-base practice, and lack of involvement and interest from both the nurse in charge and the ward nurses. Other efforts have included the development of research committees, seminars, journal clubs, and newsletters as a means to address knowledge gaps (Bueno, 1998; Hedges, 2006). There has been success in engaging nurses in research when studies are based on clinical nurses' research interests (Gawlinski 2008; Kleinpell, 2008; Latimer & Kimbell, 2010). Finally, research indicates that ongoing exposure to the research process (Sawatzky-Dickson & Clarke, 2008) and engaging nurses in all aspects of the research process are two methods to encourage clinical nurses' involvement in research studies (Jeffs et al., 2013; Kleinpell, 2008; Latimer & Kimbell, 2010; Wiener et al., 2009).

Endorsed by the American Association of Colleges of Nursing (1997), academic-practice collaborations are defined as strategic partnerships between educational and clinical practice settings to advance common interests in practice, education, and research. Creating a formal, organizational partnership between clinical practice nurses and academic nurses, as a means to engage clinical nurses in research, has been successful in the past (Balakas, Bryant, & Jamerson, 2011; Björkstrőm et al., 2014; Hatfiled, et al., 2016), however, literature to date has neglected to determine success and relevance in the field of psychiatry.

Background

The College of Nurses of Ontario's (2014) knowledge-based practice competency indicates that nurses are not only responsible for demonstrating knowledge in health-related research, but are also responsible for contributing "to a culture that supports

involvement in nursing or health research through collaboration with others in conducting, participating in and implementing research findings into practice" (College of Nurses of Ontario, 2014, p. 7). However, in today's complex Canadian healthcare system, nurses prioritize caring for their patients, and often view clinical inquiry and research as secondary, rather than integral to their nursing care. What is more, clinical nurses generally do not understand or value research and have had limited training on how to locate research on which to base their practice (Pravikoff, Tanner, & Pierce, 2005). Providing clinical nurses with exposure to research via experiential learning allows them to understand the practical application of research (Brown, Johnson, & Appling, 2011). Consequently, this can provide increased confidence in the research process. For example, Clifford & Murray (2001) found that nurses were more receptive to learning about research by being involved in the development and "doing" of research studies. Another study found that experiential learning by nurses resulted in higher participation in future research activities and a greater interest in personal learning via nursing research (Sawatzky-Dickson & Clarke, 2008).

Practicum Project

This practicum report describes the feasibility study that was conducted to determine the likelihood of success for a nursing research-practice collaboration between Memorial University's School of Nursing (MUNSON) and Eastern Health's Mental Health and Addictions (MH&A) Program. MUNSON "provides leaderships in teaching and learning in nursing, nursing research, and public engagement with the goal of promoting health and well-being of all individuals, groups and communities" (Memorial

University School of Nursing, 2018, para 2). Eastern Health's MH&A Program encompasses all mental health services in the health authority that assist individuals and families who have mental health concerns (Eastern Health MH&A Program, 2018).

Although research-practice collaborations have seen success in the past, there are well-documented barriers that exist such as lack of resources, cultural differences, and lack of managerial support. Therefore, in order to improve the chances of a successful collaboration, steps were taken to determine if it was a feasible venture. A literature review was conducted to determine nurses' interest and attitudes towards research, as well as to determine what collaborations existed and what made them successful. Information gathered was then used to inform interviews with administrators of both organizations as well as consultation sessions with PMH nurses. After receiving support for the collaboration from nurses and administrators, feasibility was further evaluated when a small research team of PMH nurses and academic nurses worked together to developed a research project proposal.

Goals and Objectives

The overall goal of this practicum project was to assess the feasibility of developing a nursing research-practice collaboration that would engage clinical nurses and nurse researchers in developing a program of psychiatric mental health nursing practice research. The collaboration is intended to promote practice excellence and improve recovery outcomes for patients and families. Objectives of the project were as follows:

1) To examine current literature and evidence relating to the establishment and challenges of sustaining successful collaborations;

2) To engage in consultation and relationship-building with direct-care registered nurses to identify i) priority research needs in psychiatry, and ii) their interest in opportunities to participate in patient-oriented research;

3) To establish a small research team that includes clinical nurses for the purpose of developing a research proposal to address a priority practice need;

4) To develop the terms of reference for an on-going research-practice collaboration between Eastern Health's MH&A Program and MUNSON.

Overview of Methods

Initial activities of the feasibility study included a critical review of the literature followed by consultations with nurses and administrations of both organizations. A literature review was required in order to: 1) describe what a research-practice collaboration is in the field of nursing; 2) determine what research-practice collaborations exist; 3) determine facilitators and barriers to successful collaborations, 4) identify what research gaps exist related to research-practice collaborations in the field of nursing; 5) identify frameworks that have been used to guide research-practice collaborations; 6) determine the extent to which clinical nurses are currently involved /interested in research; 7) discover strategies to engage clinical nurses in research. Information from the literature review was used to guide interviews with administrators of both organizations as well as consultation sessions with nurses.

The purpose of the interviews was to explore the viewpoint of administrators/managers from both organizations regarding their position on the value and usefulness of a research-practice collaboration between Eastern Health and MUNSON. Once support for collaboration was established consultation sessions with PMH nurses occurred in order to determine: 1) the priority research needs in their practice areas; 2) their professional interest in opportunities to participate in patient-oriented research; and 3) their potential participation in the development of a research proposal and project to address a priority practice issue. Information gathered in the literature review was used to engage in relationship-building with PMH nurses. Results from the consultation sessions were used to discover a priority research need and potential solutions. The consultations sessions also created a form to recruit members of the research team that would work with academic nurses to formulate a research proposal that addressed practice care issues identified by PMH nurses.

Summary of Literature Review

A literature review (Appendix A) was conducted to integrate findings regarding nurses' interest and attitudes toward research and also to thematically describe existing research-practice collaborations. Literature summary tables were also constructed to help analyze the studies included in the review.

Search Strategy

By defining search terms and the inclusion and exclusion criteria for the review relevant articles were retrieved from a variety of databases. Search terms and

inclusion/exclusion criteria are discussed separately for collaborations and nurses' interest in and use of research.

Search terms. In order to identify and describe current research-practice collaborations, the following search terms were initially used to retrieve appropriate studies: 'academic-service partnership', 'academic-practice partnership', 'collaboration development', 'nursing-education partnerships', and 'research-practice collaboration.' An electronic search was performed in January 2018 using four databases: CINAHL, PubMed, Psych INFO, and Cochrane Library. The number of relevant research articles retrieved was limited, therefore, inclusion and exclusion criteria were modified and an additional search term was added: academic-community partnership.

In order to identify and describe current literature on nurses' use of and participation in research a separate electronic search was conducted. This search also took place in January 2018. The following databases were searched: CINAHL, PubMed, and Cochrane Library. Search terms used to retrieve relevant articles were a combination of the following: 'research involvement', 'nurse attitudes', 'research interest', 'research knowledge', 'nursing attitudes', and 'clinical nurse'.

Inclusion/exclusion criteria. Only research studies published after 2006 were included in the review; case studies, opinion papers, commentary articles, and letters to editor were excluded. Non-English-language publications and partnerships with a focus on a discipline other than nursing, such as social work, were excluded. The articles that were not available via Memorial University's library were also excluded.

Literature Review Findings

Thirteen articles ultimately met inclusion/exclusion criteria and were selected to be included into the review. Seven studies in the review were quantitative: five cross-sectional design, one uncontrolled before-after design, and one non-randomized controlled trail. Two studies were qualitative, two were mixed-methods, and the final two were systematic reviews.

Clinical nurses' engagement in research. Literature indicates that clinical nurses lack opportunities to participate in research (Hagan, 2018) and lack confidence in their research skills (Kajermo et al., 2013; Syme & Stiles, 2012). Four cross-sectional studies indicated that while nurses' attitudes towards research and evidence-based practice were generally positive (Berthelsen & Holge-Hazelton, 2015; Duffy et al., 2015; Kajermo et al., 2013; Riley et al., 2011), they seldom engaged in research activities (Akerjordet, Lode, & Severinsson, 2012). For example, according to findings from Kajermo et al. (2013), up to 37% of nurses reported little or no use of research in their daily practice. In addition, some nurses identified that they had limited research knowledge. For example, in two studies, 40% and 47% of nurse participants admitted that they had inadequate research knowledge (Berthelsen & Holge-Hazelton, 2015; Kajermo et al. 2013). By using an objective test, Duffy et al. (2015) also found that nurses had low levels of research knowledge. Even so, nurses indicated that they did have an interest in participating in research projects (Berthelsen & Holge-Hazelton, 2015; Riley et al., 2011). The US study by Riley et al. (2013) found that over 90% of the 518 participants agreed, or strongly agreed, that they would be interested in participating in research on their unit (Riley et al., 2011). Similarly, a study involving 43 Danish orthopaedic nurses

also reported a high number (72%) was willing to get involved in research (Berthelsen & Holge-Hazelton, 2015).

Strategies for engaging nurses in research. Nurses identified motivators and barriers to increasing their research knowledge and skills (Berthelsen & Holge-Hazelton, 2015). Three motivational factors were highlighted, including: i) inner motivation (62.8%), ii) support from the head nurse/supervisor (60.5%), and iii) support from colleagues (53.5%). Barriers were identified less frequently and consisted of lack of time (23.3%), lack of interest (16.3%), and self-perceived lack of abilities (13.9%). When a nursing network was implemented to strengthen nurses' use of research, Björkstrőm et al. (2014) identified similar barriers: i) lack of time, ii) lack of knowledge in evidence-based practice, iii) language barriers, iv) technological problems, and iv) lack of involvement and interest from both the nurse in charge, and the ward nurses.

Research-practice collaborations. Research-practice collaborations in nursing are typically for the purpose of advancing common interests in practice, education, and research (American Association of Colleges of Nursing, 1997). Collaboration reports to date are primarily descriptive in nature and collaboration evaluation is a clear gap in the literature. Researchers have reported on the success or failure of specific collaboration projects, but have neglected to evaluate the collaborative process and operation.

Facilitators to successful collaborations. Team work, long-term commitment, mutual benefits, shared decision making and *shared goals* were the most commonly identified facilitators for successful collaborations identified in the research. Teamwork was described as having equal contribution and equitable burden on partners, clear and

realistic expectations of the benefits and responsibilities for those involved, and ongoing

opportunities for communication between participants at all levels (Dobalian et al., 2014;

Nabavi, Vanaki, & Mohammadi, 2012). Long-term commitment was identified by De

Geest et al. (2013) and Dobalian et al. (2014) as a facilitator to collaborations. Dobalian

et al. stated that, because partnerships evolve over time by addressing challenges as they

arise, partners need to find a way to "build stable relationships based on long-term

interests and commitments even as they adjust to short-term changes" (p. 209). *Mutual*

benefits also were identified by De Geest et al. and Nabavi et al. (2012) as a facilitator to

research-practice collaborations. According to Nabavi et al., determining mutual benefits

is the first step taken in creating a successful partnership.

De Geest et al. (2013) and Nabavi et al. (2012) both found *shared decision*

making as a facilitator to partnerships. Nabavi et al. specifically commented that shared

decision making regarding mutual goals was ideal. *Shared goals* were also mentioned in

both articles as a facilitator (De Geest et al., 2013; Nabavi et al., 2012). Interestingly,

only De Geest et al. (2013) identified existence of financial support and resources as a

facilitator. In fact, they believed it to be one of the most common facilitators to a

successful partnership, second to frequent and open communication (De Geest et al.,

2013). That being said, De Geest et al. (2013) and Nabavi et al. (2012) did identify lack

of resources and financial support as a barrier to partnership success.

Barriers to a successful collaboration. *Lack of resources* and *cultural differences*

were the primary barriers to a successful collaboration. Lack of resources, namely

financial resources, was identified as the most commonly reported barrier to successful

partnerships (De Geest et al., 2013). Cultural differences, that is, differences in the way the school of nursing and their partner organized their day-to-day activities, were also noted as a significant barrier to a successful partnership (Dobalian et al., 2014; De Geest et al., 2013). Variations in schedules and working hours were problematic in some instances (Dobalian et al., 2014). Other barriers were conflicts of power and control, infrastructure issues, lack of trust, and inadequate management support (De Geest et al., 2013)

Theoretical framework. A theoretical framework is required to guide a collaboration between MUNSON and Eastern Health. With the exception of Dobalian et al. (2014) theoretical foundations were lacking in the studies included in the literature review. As a result, theoretical frameworks independent of this review were explored. Lewin's (1997) *theory of planned change* was used to guide the process of engaging PMH nurses in a collaborative research project. It has three phases: *unfreezing, moving/transitioning,* and *refreezing*. The first stage, unfreezing, involves getting ready for change. The second stage is a process of change in thoughts, feelings, and behaviours. This stage requires creating a plan of action and encouraging people to carry out the change; the person may have to overcome individual resistance or group conformity (Shirey, 2013).The final stage, refreezing, requires the establishment of the change as a new habit; it becomes embedded in nursing culture, policies, and practices (Lewin, 1997). This collaboration project is currently in the moving/transitioning stage of the change process.

Consultation Process

Information gathered from the literature review was used to guide interviews with key administrators of both organizations as well as group consultation sessions with nurses working the MH&A Program.

Rationale

The purpose of the interviews with administrators was to explore their viewpoint and position regarding the value and usefulness of a research-practice collaboration between Eastern Health and MUNSON. Next, consultation sessions with PMH nurses occurred in order to determine: i) the priority research needs in their practice areas; ii) their professional interest in opportunities to participate in patient-oriented research; and, iii) their willingness to participate in the development of a research proposal to further demonstrate the feasibility of a collaborative partnership.

Outcomes

Four interviews with administrators were conducted by the graduate nursing student to determine the position of each organization in relation to the establishment of a formalized research-practice partnership. Based on one-to-one interviews with the four key informants, it was clear that administrative support for the formation of a collaboration would be forthcoming. Individuals from both organizations stated that they will support projects undertaken by the collaboration. All interviewees were very supportive of nurses' involvement in research and felt that it would enhance evidence-based practice.

With support from potential organizational partners, the next step was to determine clinical nurses' interest in opportunities to participate in practice research and the priority research needs of the acutely ill, inpatient population. Nineteen registered nurses working in the MH&A Program took part in one of three consultation sessions in March 2018 (Appendix B). The majority of nurses indicated that they had never been involved in a research project. Most nurses also admitted that their current level of clinical responsibility would make the additional commitment of a research project an impossibility. They described the limited amount of time they had with their patients due to the many administrative tasks required of them. To facilitate their active involvement in nursing research, nurses suggested a reduction in workload as the most powerful motivator. Remuneration for participating in research activities outside working hours was also suggested as an incentive by some nurses.

Four patient-centred issues were identified as having priority for improving the care of individuals during their stay on a psychiatric inpatient unit, including: a) daily structured activities for patients, b) the importance of enhancing humanistic, patient-centred care, c) gaps in the continuity of care between community and hospital due to the inaccessibility of patients' community health records, and d) the need for unit meetings with all the patients and health providers to help give patients a voice and sense of empowerment. During the consultation process, three PMH nurses volunteered to be part of the research team to develop a research project based on the priorities identified by the nurses.

Overview of the Research Development Process

This section describes establishment of a research team and how they developed a research proposal. Following development, interviews took place with managers of the admission units where the proposed study would take place.

Establishment of the Research Team

The research team was established after the consultation sessions and consisted of three PMH nurses, the graduate student and a PhD-prepared nurse. A sixth member was added, a clinical nurse educator for the MH&A Program, after a research project was chosen. Members of the research team met four times over the course of two months to develop the research proposal (Appendix C).

Proposal Development

The team reviewed the consultation findings and determined that exploring the benefits of a structured group activity on one admission unit would address elements of three of the four priorities identified by the nurses. After much discussion and a review of the current literature, the research team decided on the implementation of regular community meetings as an appropriate intervention to improve the unit milieu and engage patients in a health-promoting process (Novakovic, Francis, Clark, & Craig, 2010; O' Donovan & O'Mahony, 2009). According to Novakovic et al. (2010), the community meetings can provide direct benefits such as a sense of connection and intimacy, the feeling of being listened to, and access to a forum to address and solve unit problems. Community meetings can also provide an increased opportunity for the effective development of therapeutic relationships between patients and nurses and have

been shown to improve the unit milieu (Novakovic et al., 2010), including reductions in unit aggression and violence (Katz & Kirkland, 1990). A sixth member of the team was then added, a clinical nurse educator for the MH&A Program, to contribute to the development of the proposal.

The PMH nurses actively participated outside of their working hours, and were instrumental in all decisions made about the project. They independently reviewed proposal drafts and brought forward suggestions for improvement. At each meeting revisions to the proposal were discussed and decisions made about the direction to take. The graduate student then took the changes and revised the proposal accordingly.

Involvement of Unit Managers

When the proposal was in its final stage of development, meetings were held with the managers of the two acute inpatient units where the proposed study was to be conducted. They were provided with an overview of the study and the proposed collaboration. Their interest in and feedback on the study was discussed. Both managers had helpful suggestions, and gave their full support for the study. The finalized proposal will be submitted for ethics approval early in fall 2018. Research funding will also be sought for the project.

<center>**Assessment of Collaboration Feasibility**</center>

The literature review, consultations, and research development with clinical nurses all indicated that a research-practice collaboration between MUNSON and the MH&A Program at Eastern Health is very feasible. Although most research considered in the literature review did not formally evaluate collaborations, all indicated positive

outcomes from the coming together of an academic institution and health care institutions. During interviews with key administrators of both organizations involved in the proposed collaboration, all indicated their support of a collaboration that increases nurses' engagement in research. Furthermore, although PMH nurses indicated lack of interest and involvement in research during consultation sessions, they did indicate their support for a collaboration that had the potential to improve their practice. Despite PMH nurses' current outlook on research, 19 nurses did willingly attend the consultation sessions to discuss research. Three of those nurses agreed to volunteer their time to be part of a research team that would develop a research proposal. Nurses who did not volunteer to be part of the research team did voice that they felt they benefited from taking part in the consultation session they attended. The research team spent a significant amount of time discussing existing research as a group, as well as working independently. Finally, managers of admissions units where the proposed project would take place also indicated their support for the project as the collaboration.

Due to the strong indication that the collaboration is feasible, a terms of reference (TOR) was developed to facilitate the collaboration. It outlines points for discussion among both parties including: collaboration outcomes, a timeline, membership, reporting structure, and the roles and responsibilities of both organizations.

Next Steps

After the completion of the practicum project the next step is to initiate a discussion with key administrations from both organizations regarding the draft TOR. Hopefully, both parties can come to an agreement on TOR and sign it, indicating the

official establishment of a collaboration. In addition, the research team will continue to

prepare for the implementation of the research project by submitting an ethics application

and grant application. Upon receiving the necessary approvals (ethics, organizational),

the first research project will be implemented on two acute admission units in the MH&A

Program. Not only will this project strive to improve the inpatient experience, it will also

continue to engage PMH nurses in the research process. As this project is the first for the

collaboration, it will set the groundwork for future projects. Finally, a manuscript

describing the feasibility study undertaken for this practicum project will be submitted to

the Journal of Nursing Management.

Advanced Nursing Practice Competencies

Through the development of this Master of Nursing research practicum each of

the four advanced nursing practice competences outlined by the Canadian Nurses

Association (CNA) (2008) were demonstrated: clinical, research, leadership, and

consultation and collaboration.

Clinical

According to the CNA (2008), clinical competency refers to nurses who deliver

comprehensive, specialized nursing care through an integrative and holistic approach.

This practicum project, and more specifically the development of the research proposal,

resulted in my immersion into the acute care clinical literature for inpatient programs. As

a result, I have an increased knowledge and awareness of "trends or patterns that have

health implications for individuals, families, groups or communities" (CNA, 2008, p. 23),

specifically in the field of psychiatry. This knowledge will add to my clinical skills and judgement.

Research

Advanced practice nurses generate, synthesize, and utilize knowledge (CNA, 2008). As an advanced practice nurse one can act as the primary investigator in order to "identify, conduct, and support research that enhances or benefits nursing practice" (CNA, 2008, p. 23). Throughout the practicum project I acted as a co-principal investigator in identifying and producing a research proposal for a research project that could enhance the psychiatric inpatient experience. I intend to conduct this research in fall 2018.

Leadership

The CNA (2008) indicates that nurses demonstrating competency in leadership are agents of change within their health care organization. These nurses are seeking new, more effective, ways of practice and improved delivery or care (CNA, 2008). They advocate "for an organizational culture that supports professional growth, continuous leaning and collaborative practice" (p. 25). Furthermore, the CNA (2008) describes that advanced practice nurses "identify gaps in the health-care system and develop partnerships to facilitate and manage change" (p. 25). Through this practicum project, I identified that PMH nurses were not using research in their practice and, with their support, will continue to advance a research partnership between MUNSON and Eastern Health's MH&A Program to address the issue. In doing so, I am promoting collaborative

practice within my healthcare authority and facilitating a nursing culture that is supportive of research use and participation.

Consultation & Collaboration

According to the CNA (2008), advanced practice nurses are able consult, communicate, and collaborate with both clients and other health care professionals within the health care organization, as well as at a provincial, national, and international level. I "applied theories related to group dynamics, roles, and organizations" (CNA, 2008, p. 26) in order to guide the collaboration between MUNSON and the MH&A Program of Eastern Health. This was true for both consultation sessions with unit nurses as well as in meeting with administrations of the organizations. Working closely with the research team in the development of the research proposal enabled me to experience the value of true collaboration and the skills required to maintain productive working relationships.

<div align="center">

Conclusions

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Due to the complex nature of PMH nursing, clinical nurses' involvement in research is foundational to high-quality patient outcomes in the MH&A Program. However, the research-practice gap among nurses in the MH&A Program is wide and requires close attention in order for nurses to have a greater impact on the health and recovery of the population they serve. The preparation for the establishment a research practice-collaboration both clearly illustrated this professional problem and is offering a way forward to resolve it. This project has begun to engage nurses in research and hopes to create an evidenced-based culture in the MH&A Program where PMH nurses seek answers to problems in the literature and through scientific endeavours.

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Appendix A

Literature Review

Research-Practice Collaborations in Nursing: An Integrative Literature Review

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Abstract

There is an abundance of literature describing the implementation and process of research-practice collaborations, as well as nurses' involvement and interest in research. However, no review was found that explored if collaborations increased nurses' interest or involvement in research. The aim of this literature review was to analyse relevant studies related to nurses' interest and attitudes toward research and then thematically describe research-practice collaborations that may spark nurses' interest in research and involvement in the research process. Findings will be used to guide the formation of a collaboration between a clinical mental health and addictions inpatient program and a university-based school of nursing. Through an electronic search of key databases 13 studies were identified and included in the review. Findings suggested that nurses' attitudes toward research were positive and that they were interested in participating in research, but their knowledge of research was low. Inner motivation, support from the nurse in charge, and encouragement from colleagues were motivators for participating in research. Lack of time, lack of interest, and self-perceived lack of abilities were barriers. Examination of the recent literature on existing collaborations identified five facilitators of successful partnerships. These included: teamwork, long-term commitment, shared decision making, mutual goals, and financial support. Formal evaluation of research-practice collaborations was found to be lacking as was the theoretical foundation of existing collaborations. Therefore, Lewin's (1997) theory of planned change will be used to guide the research-practice collaboration between Eastern Health's Mental Health and Addictions Program and Memorial University's School of Nursing.

Research-Practice Collaborations in Nursing: An Integrative Literature Review

The ability of a nurse to provide quality patient care depends on several factors, one of which is the integration of evidence-based practices into the care they provide (Shepard-Battle, 2018). Consequently, the Canadian Nurses Association (CNA) (2015) stated that advancing nursing through the use of evidence-based practice is a hallmark of nursing excellence. Although evidence-based practice is linked to improved patient outcomes, many nurses rely on their peers for practice-based answers; nurses often lack exposure to research and application of evidence (Pravikoff, Tanner, & Pierce, 2005; Wilson, Kelly, Reifsnider, Pipe, & Brumfield, 2013).

It is perplexing that nurses lack exposure to research when they provide direct patient care more than any other medical profession (Kajerma, Alinaghizadeh, Falk, Wandell, & Tornkvist, 2013). In order to determine best practice for direct care nurses must be involved in the development and implementation of research projects, as well as the implementation of research results (Granger, 2001; Gurzick & Kesten, 2010). According to Roxburgh (2006), nurses identified lack of times, lack of peer support, and limited skills and knowledge as barriers to participating in research. These barriers are detrimental to excellence in nursing practice and must be reduced, or even eliminated, in order for nurses to engage in research activities. Barriers identified in the literature are personal and professional in nature and, as a result, the solution requires intervention that can address these issues. Furthermore, because hospital nursing is so structured with limited ability for direct care nurses to leave their patient responsibilities, their involvement in research has to be facilitated on a number of organizational levels.

When schools of nursing and health care agencies work together in a collaborative way it is commonly referred to as either a research-practice collaboration or an academic-practice partnership. These collaborations can offer diverse benefits to both parties involved which extend far beyond the philosophical exchange of ideas (Shepard-Battle, 2018). A research-practice collaboration was defined by the American Association of Colleges of Nursing (1997) as a strategic partnership between educational and clinical practice settings for the purpose of advancing common interests regarding practice, education, and research. Ultimately, a research-practice collaboration could be the solution required to increase direct care nurses' participation in research.

The purpose of this literature review is to first integrate findings regarding nurses' interest and attitudes toward research and then thematically describe research-practice collaborations that may spark nurses' interest in research and involvement in the research process. Findings from this review will guide the formation of a collaboration between Memorial University School of Nursing (MUNSON) and Eastern Health's Mental Health and Addictions (MH&A) Program. Through the formation of a research-practice collaboration, mental health and addictions nurses will have the opportunity to contribute to the design and development of a nursing research project. A better understanding of how nurses think and feel about research will aid in their recruitment for and participation in the collaboration.

Questions used to guide this literature review are as follows:

1) To what extent are clinical nurses currently involved/interested in research?

2) What is a research-practice collaboration in the field of nursing?

3) What research-practice collaborations exist?

4) What is required to establish and maintain an effective research-practice collaboration?

5) How are research-practice collaborations beneficial in the field of nursing?

6) What remains unknown about research-practice collaborations in the field of nursing?

7) What frameworks have been used to guide other collaborations?

These questions will be answered by searching the literature for current evidence using relevant search terms and clear inclusion/exclusion criteria. Included studies will be critically appraised, rated, and analyzed to identify emerging themes in the research-practice collaboration literature. Theoretical foundations to guide the collaboration between MUNSON and Eastern Health will be explored.

Methods

By defining search terms and the inclusion and exclusion criteria for the review relevant articles were retrieved from a variety of databases. Search terms and inclusion/exclusion criteria are the discussed separately for collaborations and nurses' interest in and use of research.

Search Terms

In order to identify and describe current research-practice collaborations, the following search terms were initially used to retrieve appropriate studies: 'academic-service partnership', 'academic-practice partnership', 'collaboration development', 'nursing-education partnerships', and 'research-practice collaboration.' An electronic

search was performed in January 2018 using four databases: CINAHL, PubMed, PsychINFO, and Cochrane Library.

Initial searches indicated that a substantial amount of literature on research-practice collaborations had been published in the form of case studies which were anecdotal in nature. These studies explain the stages of a research-practice collaboration as well as lessons learned from program implementation. The number of relevant research articles retrieved was limited, therefore, inclusion and exclusion criteria were modified and an additional search term was added: academic-community partnership.

In order to identify and describe current literature on nurses' use of and participation in research a separate electronic search was conducted. This search also took place in January 2018. The following databases were searched: CINAHL, PubMed, and Cochrane Library. Search terms used to retrieve relevant articles were a combination of the following: 'research involvement', 'nurse attitudes', 'research interest', 'research knowledge', 'nursing attitudes', and 'clinical nurse'.

Inclusion/Exclusion Criteria

Only research studies were included in the review; case studies, opinion papers, commentary articles, and letters to editor were excluded. Non-English-language publications and partnerships with a focus on a discipline other than nursing, such as social work, were excluded. The articles that were not available via Memorial University's library were also excluded. Studies published before 2007 were not included in the review in an attempt to focus on current literature.

Search Results

In an initial search of the literature for current research-practice collaborations, 645 titles and abstracts were yielded from PubMed and 176 from CINAHL. Of these, 50were selected for review and 8 articles were subsequently chosen for inclusion. When the search term "academic-community partnership" was added 713 titles and abstracts were yielded from PubMed and 210 from CINAHL; two additional relevant articles were retrieved for the review for a total of ten studies. In a search of the literature on nurses' use of and participation in research, 452 and 92 titles and abstracts were yielded from PubMed and CINAHL, respectively. Fourteen of these were selected for review and three were subsequently chosen for inclusion.

Thirteen articles ultimately met inclusion/exclusion criteria and were selected to be included into the review. Literature summary tables can be found in Appendix A. Seven studies in the review were quantitative: five cross-sectional design, one uncontrolled before-after design, and one non-randomized controlled trail. Two studies were qualitative, two were mixed-methods, and the final two were systematic reviews.

Evaluating the Evidence

The Public Health Agency of Canada (PHAC) (2014) developed a critical appraisal toolkit that was used to appraise the quantitative studies included in this review. With the exception of Lovecchio, DiMattio, and Hudacek (2012), whose study design was a non-randomized controlled trial, the six quantitative studies reviewed had weak study designs (PHAC, 2014). In accordance with PHAC (2014), the two systematic reviews were not assessed for design strength.

In terms of quality, the ratings for the quantitative studies were slightly more varied. The non-randomized controlled trial (Lovecchio et al., 2012) and the uncontrolled before-after one-group design (McConnell, Lekan, Hebert, & Leatherwood, 2007) both received low quality ratings. The remaining five descriptive studies varied in quality with one ranking high, two ranking medium, and two ranking low. It is noteworthy, however, that the studies which rated low in design quality were collaboration studies, whereas the studies ranking medium and high in design quality were studies assessing nurses' attitudes towards research. Issues with the low-ranking collaboration studies included no attempt to assess validity and reliability of questionnaires, convenience sampling, unclear if assessors were trained, unclear if bias was minimized in respect to data collection procedures, and unclear participation rates.

One mixed-methods study was rated as medium (Metcalf & Sexton, 2013) and the other (McClure, Lutenbacher, O'Kelly, & Dietrich, 2017) as low. McClure et al. (2017), who had trained nursing students to visit high-risk paediatric asthma patients in their home, had several limitations including potential bias, lack of established validity for their questionnaire, and lack of standardized intervention for each asthmatic child. The quality of both systematic reviews was rated as medium. The quality of one qualitative study was deemed high (Liaw, Palham, Chan, Wong, & Lim, 2014), whereas the other was found to be of average quality (Dobalin et al., 2014). Qualitative studies were evaluated using the Critical Appraisal Skills Programme's (2017) qualitative checklist.

Geography and Settings

  Seven of the 13 studies in this review described a specific research-practice collaboration. Liaw, et al. (2014) discussed a collaboration that was developed in Singapore, however, the remainder of the collaborations were established in the United States; no collaborations included in the review were developed in Canada. Two collaborations were community-based (McClure et al., 2017; Metcalf & Sexton, 2013), one was developed in a long-term care facility (McConnell et al., 2007), and the remainder took place in hospitals. There were two systematic reviews included, both of which were conducted by Americans but included research from all over the globe (De Geest et al., 2013; Nabavi, Vanaki, & Mohammadi, 2012). However, over half of the studies included in each review were from the United States. One study performed interviews and focus groups to determine indicators of successful partnerships (Dobalian et al., 2014). This study was undertaken by the Department of Veterans Affairs Nursing Academy in the United States.

  When using findings from this review to guide a collaboration between MUNSON and Eastern Health's MH&A Program it will be important to remember that collaborations included were almost exclusively developed in the United States. The healthcare systems in the United States and Canada are quite different and therefore some information regarding collaborations may not be generalizable to Canada, particularly regarding financial concerns. In addition, although collaborations took place in a variety of setting, none of them involved a mental health population. For the collaboration between MUNSON and Eastern Health, availability of information on existing

partnerships in mental health would have been ideal, however, the diverse settings where collaborations were developed should offer insight into research-practice collaborations in general.

The final three studies included in the review explored nurses' use, interest, and attitudes regarding research. One study was conducted in the orthopaedics department of a Danish hospital (Berthelsen & Holge-Hazelton, 2015), another in an American level - 1 trauma centre (Riley, Hill, Krasuse, Leach, & Lowe, 2011), and the last in an acute care hospital in Sweden (Kajerma et al., 2013). It should be noted that Duffy, Culp, and Yarberry (2015) also studied nurses' use of evidence-base practice via a research-practice collaboration; this American study was included in the previous geographical description of partnerships.

The studies that investigated nurses' interest in and use of research were conducted in diverse geographical areas and settings, both of which are important to make note of in a literature review as they may affect the generalizability of the findings. Information gained from these studies is likely generalizable to nurses in Canada.

Review of Results

From the analysis of the review study results it was clear that several themes existed among the findings. First, themes relating to nurses' attitudes, knowledge, and participation in research will be discussed, then themes generated by the literature on research-practice collaborations will be described.

Nurses and Research

In order to be aware of best-practices, nurses must be able to critically appraise research. Furthermore, in order to determine what those best-practices are nursing must be represented in the development and conducting of research, as well as the implementation of results (Granger, 2001; Gurzick & Kesten, 2010); it is vital that nurses play an integral role in collaborative processes. In an effort to determine effective ways to integrate nurses into the collaboration between MUNSON and Eastern Health's MH&A Program themes describing nurses' attitudes towards research, research knowledge, and participation in research were explored.

Attitudes. Research findings from four quantitative cross-sectional studies indicated that nurses' attitudes towards research and evidence-based practice are generally positive (Berthelsen & Holge-Hazelton, 2015; Duffy et al., 2015; Kajermo et al., 2013; Riley et al., 2011). While many nurses make changes to their practice based on research (Duffy et al., 2015; Kajermo et al., 2013; Riley et al., 2011), a Swedish study questioning 1248 nurses found that up to 37% reported little or no use of research in their daily work (Kajermo et al., 2013). Two American studies sampling nurses at level -1 trauma centres found that those in leadership positions and those with a university nursing degree had a more positive attitude toward research than diploma-prepared nurses (Duffy et al., 2015; Riley et al., 2011).

Research knowledge. The study by Duffy et al. (2015) found that nurses' knowledge of research was poor. Two other studies, however, found more favourable results. Berthelsen and Holge-Hazelton (2015) indicated that 60.4 % of nurse

participants reported that they had a high degree of, or some degree of, research knowledge. Kajermo et al. (2013) found that 53% of nurses identified that they were able to analyze research reports. This discrepancy may be explained by Berthelsen and Holge-Hazelton and Kajermo et al. testing self-reported knowledge, while Duffy et al. tested actual knowledge.

Participation in research. Perhaps, the most important finding for the proposed collaboration is that nurses are in fact interested in participating in research (Berthelsen & Holge-Hazelton, 2015; Riley et al., 2011). An American cross-sectional study of 518 nurses discovered that over 90% agreed, or strongly agreed, that they would be interested in research on their unit (Riley et al., 2011). Similarly, in a Danish study of orthopaedic nurses, 72.1% of the 43 nurse participants reported interest in participating in research conducted in their department (Berthelsen & Holge-Hazelton, 2015). These nurses also identified motivators and barriers to increase their research knowledge and competencies. Three motivational factors were highlighted, including: i) inner motivation (62.8%), ii) support from the section head nurse (60.5%), and iii) support from colleagues (53.5%). Barriers were identified less frequently and consisted of lack of time (23.3%), lack of interest (16.3%), and self-perceived lack of abilities (13.9%) (Berthelsen & Holge-Hazelton, 2015).

Prior to recruiting nurses for the proposed collaboration, it will be important to be mindful of the discussed motivators and barriers. Berthelsen and Holge-Hazelton (2015) described professional motivators that suggest organizational support is important. In the collaboration between MUNSON and Eastern Health nurses will receive positive support

from their supervisors to participate in the collaboration. In providing nurses with a description of the study it is hoped that they will feel an inner motivation to participate, as the project will directly relate to their everyday practice; it is expected that this will also combat lack of interest as a personal barrier. Finally, encouraging nurses to participate in the collaboration as a group, alongside their peers, may facilitate support from colleagues. To address self-perceived lack of abilities, researchers will attempt to make invitation posters and emails as non-threatening as possible by avoiding research jargon. In an attempt to avoid time availability as a professional barrier, meeting times will align with nurses' change-of-shift time.

Collaboration Themes

Several themes emerged when comparing the literature included in the review on research-practice collaborations. The following sections will describe the types of partnerships that exist, facilitators and barriers to successful partnerships, as well as partnership evaluation.

Types of partnerships. The seven research-practice collaborations included in the review had three main aims; three partnerships focused on nursing education, three focused on service improvements, and one focused on nurses' research capacity and use of evidence-based practice. In an effort to advance nursing education, Liaw et al. (2014) used a research-practice collaboration to determine if a simulation education program would facilitate students' transition to practice. On the other hand, Lovecchio et al. (2012) used a partnership to compare student experiences with a clinical liaison nurse as a clinical instructor versus a traditional faculty member. Finally, Stout, Short, Aldrich,

Cintron, and Provencio-Vasquez (2015) used a research-practice collaboration to implement an internship program for senior students aimed at increasing graduation rates, decreasing orientation time and costs, and decreasing recruitment costs.

Three partnerships included in the review focused on service improvements in clinical practice; two in the community (McClure et al., 2017; Metcalf & Sexton, 2013) and one in a long-term care facility (McConnell et al., 2017). For example, McClure et al. (2017) used a research-practice collaboration in order to provide home visits to high-risk paediatric asthma speciality clinic patients in hopes of reducing preventable emergency department visits and hospital admissions. Metcalfe and Sexton (2013), on the other hand, explored beliefs and barriers regarding flu vaccination of the homeless. In the long-term care setting, McConnell et al. (2017) aimed to determine the value of a research-practice collaboration in solving a resident care issue: oral hygiene. One partnership, Duffy et al. (2015), investigated nurses' research capacity and use of evidence-based practice.

One commonality between all of the partnerships described is that, despite their varying aims, they required the expertise of practicing or direct care nurses to ensure success of the partnership. Nurses played varying roles in the development of the collaborations, but every article mentions practicing nurses as a contributor. It is important to recognize the value of floor nurses in all areas of research which is something noteworthy for the collaboration between MUNSON and Eastern Health. For example, Liaw et al. (2014) indicated that academic educators worked collaboratively with nursing alumni who currently practiced in order to develop and implement an

innovative simulation programme; working collaboratively with nurses was imperative to the success of the program. Similarly, Lovecchio et al. (2012) indicated that faculty from the nursing school worked collaboratively with staff nurses to provide clinical teaching. Even though Stout et al. (2015) did not explicitly state working with floor nurses as part of the collaboration, floor nurses were paired with nursing students in a mentorship role suggesting that their contribution was still required for the program to be successful. Similarly, Metcalf and Sexton (2013) required a practicing nurse to help students administer flu vaccines but did not highlight practicing nurses as a major contributor to the collaboration. McConnell et al. (2017), McClure et al. (2017), and Duffy et al. (2015), on the other hand, cited practicing nurses as a valued part of the collaboration.

Facilitators to successful collaborations. Although none of the collaborations included in the review specifically identified barriers or facilitators to the success of their partnership, a number of themes were found that made a positive contribution to the partnership. For example, De Geest et al. (2013) and Nabavi et al. (2012), in their systematic reviews, as well as Dobalian et el. (2014), in their qualitative analysis, identified common indicators of a successful partnership. Dobalian et al. and Nabavi et al. describe *teamwork* as a facilitator to a successful partnership. With equal contribution and equitable burden on partners, clear and realistic expectations of the benefits and responsibilities for those involved, and ongoing opportunities for communication between participants at all levels strong collaborations can exist (Dobalian et al., 2014; Nabavi et al., 2012). Similarly, De Geest et al. (2013) identified frequent and open communication, cooperation, clear accountability, mutual planning and structure, as well

as equality of partners as facilitators to a collaboration. Although De Geest did not group these facilitators together and call them teamwork, the components of teamwork as described by Dobalian et al. (2014) and Nabavi et al. (2012) are mentioned in their study.

In addition, *long-term commitment* was identified by De Geest. (2013) and Dobalian et al. (2014) as a facilitator to collaborations. Dobalian et al. stated that, because partnerships evolve over time by addressing challenges as they arise, partners need to find a way to "build stable relationships based on long-term interests and commitments even as they adjust to short-term changes" (p. 209). *Mutual benefits* also were identified by De Geest et al. and Nabavi et al. (2012) as a facilitator to research-practice collaborations. According to Nabavi et al., determining mutual benefits is the first step taken in creating a successful partnership.

De Geest et al. (2013) and Nabavi et al. (2012) both found *shared decision making* as a facilitator to partnerships. Nabavi et al. specifically commented that shared decision making regarding mutual goals was ideal. *Shared goals* were also mentioned in both articles as a facilitator (De Geest et al., 2013; Nabavi et al., 2012). Interestingly, only De Geest et al. (2013) identified existence of financial support and resources as a facilitator. In fact, they believed it to be one of the most common facilitators to a successful partnership, second to frequent and open communication (De Geest et al., 2013). That being said, De Geest et al. (2013) and Nabavi et al. (2012) did identify lack of resources and financial support as a barrier to partnership success.

When striving to develop a research-practice collaboration between MUNSON and Eastern Health the previously discussed facilitators will be considered. For example,

communication between partners has been and will be frequent and transparent. Shared goals will be agreed on and teamwork will be at the forefront of the partnership. Although it is difficult to foresee at the present, it is hoped that the partnership will be long-term and surpassing the current proposed project. Finally, all goals will be achieved through shared decision-making of partners.

Barriers to a successful collaboration. As previously stated, De Geest et al. (2013) and Nabavi et al. (2012) identified *lack of resources*, namely financial resources, as a barrier to successful partnerships. In fact, De Geest et al. found it to be the most common reported barrier to successful partnerships in their literature review. De Geest et al. and Dobalian et al. (2014) also identified *cultural differences*, differences in the way the school of nursing and their partner organized their day-to-day activities, as a barrier to a successful partnership. Dobalian et al. provided issues with time as an example, such as schedules and working hours. De Geest et al. did not elaborate on what they meant by cultural differences but they identified lack of time and uneven time commitment as two separate barriers. Other barriers identified by De Geest et al. were conflicts of power and control, infrastructure issues, lack of trust, and lack of management support.

Financial resources for research projects conducted by the proposed partnership between MUNSON and Eastern Health will be obtained through success in grant competitions. There is no financial obligation from the health authority but in-kind support may be required to meet the goals of the collaboration. For example, there may be times when nurses need to participate in meetings or research activities during work hours and will need permission to attend. Cultural differences also need to be considered

in the success of the partnership. Psychiatric nurses work shifts around the clock whereas faculty members at MUNSON typically work Monday to Friday. Working closely with direct care nurses will require some creative scheduling at times. Without awareness and flexibility on the part of nurse researchers regarding this cultural difference the partnership could be hindered. It is important to recognize that the support and responsibilities of each partner organization will need to be negotiated and agreed upon prior to the establishment of the collaboration.

Other barriers identified by De Geest et al. (2013) do not appear to be problematic at this time. Management support, a key factor in the success of the partnership, has been obtained from both organizations to explore the feasibility of implementation. Continued support will be necessary throughout the development process, and, if that support is withdrawn, the collaboration would likely be in jeopardy. In addition, representatives from MUNSON, the initiators of the feasibility study, have made every effort to remain open and transparent with the MH&A Program, facilitating trust. It is important, though, to be aware of potential barriers in order to prevent them from arising.

Collaboration evaluation. Only one collaboration described in this literature review, McClure et al. (2017), provided information regarding a formal evaluation of the collaboration. Collaboration participants were surveyed regarding their satisfaction with the partnership. Although this is one aspect of a good evaluation and all partners identified the program as being beneficial, it did not address the outcomes achieved by the partnership. Other researchers focused on whether or not the collaboration met the desired outcomes, but they did not evaluate the collaboration itself (Duffy et al., 2015;

Liaw et al., 2014; Lovecchio et al., 2012; McConnell et al., 2017; Metcalf & Sexton, 2013; Stout et al., 2015). Although achieving the goals of the partnership is important, it is difficult to learn from existing partnerships if they are not systematically evaluated.

Dobalian et al. (2014) proposed a framework that provides "actionable guidelines for structuring and implementing effective academic-practice partnerships that support undergraduate nursing education" (p. 185). They suggested that inter-organizational collaboration, blending cultures, recruiting nurses to take faculty roles, structuring the partnership to promote evidence-based practice and simulation-based learning, and valuing long term commitments have significance in these types of collaborations (Dobalian et al., 2007). In addition, Dobalian et al. (2007) identified five goals for collaborators to use in both guiding and evaluating their partnership: increasing faculty positions, increasing student enrolment, implementing curricular innovations, increasing recruitment and retention, and promoting collaboration. Although the framework proposed by Dobalian et al. is not entirely applicable to the collaboration that is forming between MUNSON and Eastern Health, it does provide guidance for evaluation of partnerships supporting undergraduate nursing education which is a clear gap in the literature.

An American study by Bright, Haynes, Patterson, and Pisu (2017), did conduct a formal evaluation of a community-based research-practice collaboration using social network analysis. Bright et al. (2017) used the community coalition of the Gulf States Health Policy Centre to test the social network analysis as an evaluation tool and found that they were able to describe the formation of relationships and the level and frequency

of those relationships. Results indicated that coalition members "doubled their own network within the coalition in a time period of less than two years and were working together more often and more collaboratively than they were before the coalition formed" (Bright et al., 2017, p. 337). Although Bright et al. (2107) found social network analysis to be a valuable tool in evaluating community collaborations that address health disparities, they admitted that additional interpretive analyses are necessary (Bright et al., 2017).

Unlike Bright et al. (2017), not only did studies included in this review fail to properly evaluate collaborations, they also neglected to provide detail regarding the partnership itself. Instead, the studies focused on the research projects that were taking place as a result of the partnership (Duffy et al., 2015; Liaw et al., 2014; Lovecchio et al., 2012; McConnell et al., 2017; Metcalf & Sexton, 2013). For example, investigators described who the partners of the collaboration were but did not identify barriers or facilitators in collaboration development. Although it is necessary to know that the conducted study had significant results, it is difficult to use these studies for direction in building a collaboration if the details for the existing partnerships are limited.

De Geest et al. (2013) also found that formal evaluations were limited and of poor quality. Findings from both De Geest et al. and this literature review indicate that more evidence supporting the effectiveness of research-practice collaborations is required. Furthermore, additional evidence as to their effectiveness in a variety of setting is needed (De Geest et al., 2013). Finally, De Geest et al. (2013) suggested that, due to the lack of

methodologically sound collaboration evaluation, distinct metrics need to be developed as a means of formal evaluation.

Theoretical Framework

A theoretical framework is required to guide a collaboration between MUNSON and Eastern Health. With the exception of Dobalian et al. (2014) theoretical foundations were lacking in the studies included in this review. As a result, theoretical frameworks independent of this review were explored.

Lewin's (1997) *theory of planned change* is traditionally used in the social sciences, organizational development, clinical nursing practice, nursing education, educational administration, nursing research, and healthcare operations (Shirey, 2013). As described by Lewin (1997), the theory of planned behaviour has three phases: *unfreezing, moving/transitioning, and refreezing*. The first stage, unfreezing, involves getting ready for change (Lewin, 1997). The second stage is a process of change in thoughts, feelings, and behaviours. This stage requires creating a plan of action and encouraging people to carry out the change; the person may have to overcome individual resistance or group conformity (Shirey, 2013). According to Shirey (2013), because this stage is difficult, due to uncertainty and fear associated with change, coaching and clear communication are often necessary. The final stage, refreezing, requires the establishment of the change as a new habit; it becomes embedded in nursing culture, policies, and practices (Lewin, 1997).

Lewin's (1997) theory of planned change will be used to guide the research-practice collaboration between Eastern Health's Mental Health and Addictions Program

and MUNSON. At this initial stage of the collaboration, when researchers meet with nurses, the first stage of the theory, unfreezing, will begin. As the research project is developed, in collaboration with nurses, the unfreezing will continue and the second stage, moving/transitioning, will begin. If the research project were to be carried out then the second stage would continue. Finally, if the new way of practice was proven effective and accepted into practice then the third stage, refreezing, would take place.

Conclusion

Findings from this literature review are similar to other literature reviews (Beal, 2012, De Geest et al., 2013, & Nabavi et al., 2012), suggesting that little advancement has been made in the area of research-practice collaborations in the last ten years. Collaboration reports are still primarily descriptive in nature and there is limited tangible evidence to support the benefit of a research-practice collaboration. Researchers have reported on the success or failure of specific collaboration projects, but have neglected to evaluate the collaborative process and operation. As stated by Beal (2012), process and outcome evaluations are essential in advancing research-practice collaborations. Although Dobalian et al. (2012) provided an approach to the evaluation of collaborations, it was specific to educational interventions. Not only have researchers failed to evaluate their collaboration, they have also neglected to identify the facilitators and barriers to success, making it difficult to learn from their experiences.

Despite calls for increased collaborations in mental health, research on partnerships in this area is sparse. Metcalfe and Sexton (2013) examined beliefs and barriers to flu vaccination in an urban homeless population, but not explicitly those with

mental health and addictions issues. Garland, Plemmons, and Koontz (2006) conducted a qualitative study that described the use of a research-practice collaboration to support community-based psychotherapy for children and families. Unlike studies discussed in this review, researchers did address the impact of the partnership on the results attained (Garland et al., 2006).

In conclusion, this literature review provided some information on the types of collaborations that have existed over the past ten years, as well as facilitators and barriers to research-practice collaborations. Furthermore, it provides insight into nurse's attitudes and interests in research which seem favourable to increased research involvement. This knowledge along with the Theory of Planned Change will guide the approach taken to engage front-line mental health and addictions nurses in participating in consultation to identify priority research needs.

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Appendix A

Literature Summary Tables

Author/ Year; Purpose of Study; Study Design	Setting; Sample Size; Group & Characteristics	Methods; Interventions & Variables: Measures	Results	Strengths & Limitations; Conclusions & Rating
Duffy, Culp, and Yarberry (2015). USA Purpose: To describe nurse's research capacity and use of evidence-based practice at baseline through an academic service partnership. Design: Cross-sectional design	Setting: 531-bed level 1 trauma center in West Virginia Sample: N=75 Permanently employed nurses (17 nurse leaders and 58 staff nurses)	75 RNs were recruited to participate. Those agreeable completed 5 study tools: 1) an 8-item demographic tool to determine characteristics of participants. 2) a 20 item matching test titled "Index of Common Research Terms" to determine knowledge of common research language. 3) a 15-item likert-type Evidence-Based Practice Attitude Scale measured evidence-based practice attitudes. 4) evidence-based practice confidence was measured using Evidence-Based Practice Confidence Scale. 5) evidence-based practice use was measured using a subscale of the Evidenced-Based Practice Questionnaire. After completion researchers assessed for missing information and omitted those participants. The remaining test results (N=75) were entered	- Nurses had favourable attitudes toward evidence-based practice. Nurse leaders had more favourable attitudes than staff (P=.016). -Nurses' knowledge of common research language was poor. -Nurses confidence in evidence-based practice was moderate. -Knowledge of common research language was significantly higher among full time employees (P=0.005) and those of higher education (P=0.001) -Those nurses who were confident in evidence-based practice were likely to use it (P<.001). These nurses were also likely to hold professional certificates and be more educated (P= .025).	Conclusions: Nurses have low research capacity and limited application of research in nursing practice. Nurses need to experience research in order to feel confident and to use research in practice. Strengths: -Strong research question. -Appropriate statistics used. Limitations: -Unclear % of voluntary participants. -Unclear if bias was reduced. -Tools were not assessed for validity. -Convenience sample. -Partnership not evaluated. Design rating: Weak Quality of the Study: Low

		into IBM SPSS statistics for Windows, version 21.0		
McClure, Lutenbacher, O'Kelly, and Dietrich (2017). USA Purpose: To create an academic-practice partnership for the purposes of providing home visits to high-risk paediatric asthma speciality clinic patients and to reduce preventable emergency department visits and hospital admissions. Design: Cross sectional mixed-methods	Setting: Students from a Tennessee community health nursing class visited high-risk paediatric asthma patients in the home. N= 17 High risk asthma patients.	Students provided home visits to referred patients over nine months. Students were provided an educational guide for the visit; visits focused on symptoms monitoring, medication reconciliation, environmental assessments, and management of triggers in the home. The number of emergency department visits and asthma related hospitalizations were compared; 12 months before and after the intervention. Academic-practice partnership stakeholders and students were surveyed for additional information. Parents were interviewed to determine perceived satisfaction of the program.	-Reduction in hospital admissions due to asthma ($p=0.009$). -Students, parents, and stakeholders identified the program as beneficial.	Conclusions: Collaborations are mutually beneficial for both parties and provide an opportunity for nursing to advance healthcare. Strengths: -Appropriate statistics used. -Produced statistically significant results. Limitations: -Unclear if bias was reduced. -Tools were not assessed for validity. -Convenience sample. -Small sample size. -Each family had individual interventions so results could not be attributed to a certain factor. -Did not evaluate the partnership. Design rating: Weak Quality rating: Low
Stout, Short, Aldrich, Cintron, and Provencio-Vasquez (2015) USA Purpose: 1)To increase the proportion	Setting:Del Sol Medical Centre Sample: N=26 Nursing interns were accepted to be a part of the modified internship	Intervention: Modified internship program Selected interns completed their acute care (180 hours) and community (135 hours) practicums at Del Sol. Interns received an additional	-The percent of bachelor prepared nurses working in the hospital at program baseline was 58.8%; at program completion, it increased to 65.8%.	Conclusion: Program resulted in cost saving and improved retention; beneficial outcomes for both parties. Limitations: - The modified Casey-Fink survey was not tested for

of bachelor-prepared nurses. 2) To decrease new nurse's orientation time, salaries, benefits, and recruitment cost. 3) To produce competent nurses. 4) To determine satisfaction of participants. 5)To determine if participants got job offers. Design: Cross Sectional	program based on inclusion/ exclusion criteria; participant has to apply to be a part of the study.	260 hours of internship time while at Del Sol. Nurse interns worked closely with their preceptors to complete the Del Sol nursing competencies while also completing their course work. A modified Casey-Fink Graduate Nurse Experience survey was used to evaluate the nurse intern's satisfaction with the program and readiness for practice	-Total cost savings for salaries, benefits, and recruitment fees were $599,040. -All 26 interns were deemed competent at the end of the program. -Overall interns and preceptors were satisfied with the program. -All 26 interns were offered RN positions at Del Sol after completing the program.	validity or reliability. -Although 79% of those who applied were accepted, it is unclear how many of the total population of nurses applied. -Small sample size -Selection bias. -The partnership was not evaluated. -Unclear if bias was reduced or assessors were trained. -No mention of ethics approval. Design Rating: Weak Quality Rating: Low
Dobalian et al. (2014) USA Purpose: To identify indicators of successful partnerships during their first year. Design: Ethnographic qualitative design with thematic analysis	Sample: N =142 Individual interviews (stakeholders from 15 partnerships across the USA). Interviewees included the nursing school Dean, the VA (Veterans Affairs) chief nurse, both VANA (Veterans Affairs Nursing Academy) Program Directors, and select VANA faculty. N= 23 focus groups (222 VANA students and	An ethnographic approach was used to identify themes from the data that suggested indicators of successful partnership. Participants were asked open-ended questions during interviews and focus groups. Topics such as background of the institutions and their motivation to participate in VANA, as well as structural and operational aspects of the partnership were covered. Participants were also asked their opinions about the effectiveness and impacts of VANA on the respondent and their organization, as well as perceptions regarding the	Five key themes emerged: 1) teamwork, 2) blending cultures, 3) recruiting nurses to take on faculty roles, 4) promoting evidence-based practice and simulation-based learning in the clinical setting, 5) long-term commitments.	Conclusion: Provides a conceptual framework. Provides facilitators and barriers to partnerships. Strengths: -Interviewers were experienced. -Large sample size. Weaknesses: - Limited generalizability as all of the studied partnerships include only VA as the practice partner. - Does not address ethical considerations - Rating: Moderate

	the nursing unit managers and staff from units where VANA students were placed)	effectiveness of VANA in improving the VA's ability to recruit new nurses. Interview = 60 to 90 minutes. Focus groups = 60 minutes. Two to four investigators were present Field notes were taken. All interviews and focus groups were audiotaped. A structured tool, derived from the interview guide and the team's expertise, was used to organize and analyze data; no software was used.		
De Geest et al. (2013) USA Purpose: To identify and describe structured academic-service partnerships in nursing around the world. Design: Systematic literature review.	544 titles and abstracts were identified, 114 of which were analyzed. Studies took place all over the globe.	PubMed, CIHAHL, Psych INFO, and Embassy were searched using search string. Articles were selected based on inclusion/exclusion criteria.	114 articles were included; 85% of which described partnerships in North America. Partnership longevity had a median of six years. Partnerships most often focused on education (86%) and clinical practice (50%). Community health facilities (57%) and hospitals (40%) were the most common settings. Sixty-six percent of partnerships claimed to be evaluated, however, evaluations were found to be inconsistent and unreliable.	Conclusion: More evidence of partnerships outside the United States is needed. It will be difficult to determine true barriers and facilitators until reliable evaluation of partnerships is published. Strengths: -Studies screened and reviewed by two appraisers. -High agreeability between appraisers. Limitations: -No summary tables provided. -Statistical analysis was not possible due to the nature of the topic.

			Facilitators were reported by studies (55%) more often than barriers (24%). Frequent communication and open dialogue were the most commonly reported facilitator, followed by availability of financial resources. Lack of financial resources was the most commonly reported barrier.	Quality Rating: Medium
McConnell, Lekan, Hebert, and Leatherwood (2007) USA Purpose: To demonstrate the value of an academic-service partnership in solving resident care problems in a long-term living facility through the use of evidence-based practice. Design: Uncontrolled before-after	Setting: One selected unit in an American long-term care facility. N= 31 Nursing home clients who were primarily dependent on staff for oral health and had noticeable oral health issues.	Staff caring for residents were inserviced on the new oral care program. -Residents had oral assessments completed on admission and then weekly following admission. -Resident outcomes that were chosen to be monitored: 1) number of residents with symptoms of poor oral hygiene, 2) number of residents with clean teeth, 3) number of dental referrals, 4)improved oral care to combative residents. - Clinical intervention included: 1) quarterly oral assessments, 2) implemental of patient specific oral care plans, 3) specific direction of how to provide oral care to combative residents, 4) nursing assistants will observe and	- After the intervention residents' oral care problems improved and oral care became imbedded in staff's routine.	Conclusion: research-practice collaborations can provide the leadership and support necessary to foster front line care providers with implementing new evidence into practice. Strengths: -Generalizable and feasible. Limitations: -No demographic information provided on the participants. -No mention of ethics. -Weak intervention integrity. -Assessors were not blinded. -No control group. -Small sample. -Control of confounding variables was limited.

		report oral pain to registered nurse. -Evaluation took place by determining what oral issues patients had on admission and determining if these issues were resolved after being cared for by staff trained in the oral care program.		-No statistical tests used. Design rating: Weak Quality rating: Low
Nabavi, Vanaki, and Mohammadi (2008) USA Purpose: To identify and integrate studies that describe academic-service partnerships, in order to reform clinical education programs. Design: Systematic literature review.	N= 15 studies were selected for inclusion.	CINAHL, Medline, ISI Web of Science, BNI, and ERIC were searched; articles were selected based on inclusion/ exclusion criteria. Primary studies were independently assessed by two members of the research team. The qualitative data analysis package MAXQDA was used for the initial stages of coding. Thematic analysis allowed for the development and refinement of emergent themes.	-Eighty-five database records were identified as potentially relevant, 36 of which appeared to meet the inclusion criteria based on the titles and abstracts. Fifteen were ultimately selected. -Four main stages were found in the forming and implementing of partnerships: 1) determining mutual potential benefits that could be gained from the partnership, 2) moving from being competitors to collaborators through coalition of all stakeholders, shared decision making, and shared structure, 3) joint practice in clinical education, staff development, and evidence-based practice, mutually beneficial outcomes, 4)	Conclusions: Long-term sustainability of educational partnership programs need to be further explored. Strengths: - Studies screened/reviewed by more than one appraiser. -Appropriate use of summary tables. Limitations: -Excluded non-English literature. -Did not consider grey/unpublished literature. -Statistical analysis was not possible due to the nature of the topic. -No author searches and no hand searches of selected journals. Quality rating: Medium

			Attaining common goals.	
Liaw, Palham, Chan, Wong, and Lim (2014)

Singapore

Purpose: To determine the effects of simulation education programme (SIMPLE) on nursing students' transition-to-practice experiences.

Design: Qualitative | Setting: National University of Singapore's Centre for Healthcare Simulation – the layout of which resembles a hospital environment.

Sample: N=22 Nursing students at a university in Singapore. Nursing students had completed the 9 weeks of their transition-to-practice clinical practicum after undertaking the SIMPLE programme. Four were males and the overall ages ranged from 22–25 years. | Focus groups were conducted with students after they completed both the simulation program (SIMPLE) and their transition-to-practice clinical practicum. Discussion centered around the students' experiences in developing knowledge and skills and current factors affecting the students' transitions into professional nursing roles. There were three focus groups with six to eight participants, each lasting 60–90 minutes. A structured interview guide was used to maintain a reliable approach to the focus groups interviews. Key points were verified with the participants at the end of each focus group to ensure that their opinions were interpreted correctly.

Data was then subjected to content analysis using inductive data analysis. Two researchers independently analysed the data.

Data analysis included re-reading the transcripts, identifying codes from significant phrases and sentences and grouping the | Three themes emerged:

1) Experiencing the role of staff nurse. Nursing students knew what to expect and how to prepare for it.

2) Knowing how to focus on holistic patient care, care for 'difficult' clients, and communicate with the interdisciplinary team.

3) Learning from the 'seniors'. Learning from the senior nursing staff about how things were done on the unit eased the transition to practice. | Conclusions: The program is beneficial for students' transition-to-practice experiences

Strengths:
-Dependability and rigour were addressed.
-Two researchers independently analyzed the data.
-thematic analysis used; clear description of how themes were derived.

Limitations:
-Lack of generalizability.
-Purposive sampling strategy.

Rating: High |

		codes into categories. Together researchers merged coded texts and re-grouped them into categories and themes.		
Metcalfe and Sexton (2013)

USA

Purpose: To determine beliefs and barriers to flu vaccination in an urban homeless population.

Design: Cross-sectional mixed methods | Setting: local parks, day shelters, and the bus station in a town in West Carolina.

Sample: N= 87Homeless and transient individuals that were over 18 years of age, primarily male, with the majority of the subjects being Caucasian. Subjects were found to be from diverse educational backgrounds, and with the predominate age between 25 and 65 years. | A survey of qualitative and quantitative questions was delivered verbally to the homeless population by nursing students; student received training on how to administer the questionnaire. Answers were later entered into the Qualtrics survey databases. Questions focused on the barriers, beliefs, and practices with regard to flu vaccination. Students used results to design a social marketing educational campaign with the goal of increasing the flu vaccination rate from the previous year. At the end of the program students held a flu vaccination day at the day shelter administering flu vaccinations. | -Some reasons participants chose not to get the shot were: not feeling that they needed the flu shot (32%), not liking shots (34%), feeling the flu shot is unsafe (23%), had a bad experience in the past with the flu shot (21%), and concerned about the side effects (38%).
-Some reasons that made it difficult for the population to access the flu shot were: not having money (59%), not having health insurance (53%), not having transportation (53%), having problems with walking (24%), and not knowing where to go for a flu shot (40%).
-The vaccination rate doubled compared to the previous year. | Conclusions: The collaboration between the nursing school and the health department was key to the success of the project. These partners as well as the homeless population benefited.

Strengths: -Multiple recruitment strategies. -Students trained to give survey.

Limitations : -Only used one homeless shelter = limited generalizability. -No control group. -There were no comments on the validity or reliability of the survey. -Sample was not random.

Design rating: Weak
Quality rating: Medium |
| Lovecchio, DiMattio, and Hudacek (2012)

USA | Setting: Medical-surgical units at three Scranton community hospitals. | Students were non-randomly assigned to be taught by either a traditional faculty person (control) or a clinical liaison nurse in the clinical setting | -Forty students were in the experimental group but only 14 students in the control group | Conclusions: this study provided further evidence to support research-practice collaborations for clinical learning and |

Purpose: To compare the clinical experiences of students assigned to the clinical liaison nurse model and those of the traditional, instructor-led model. Design: Non-randomized controlled trial.	Sample: N= 75 Nursing students; 35 in the control group and 40 in the experimental group. Age ranged from 20-22. Ninety-five percent of the sample was female. All Caucasian.	(experimental). After the rotation students completed the clinical learning environment inventory which was used to assess the clinical learning environment. Data were analyzed using SPSS® version 18.	completed the post-test. -Results of the survey indicated that the experimental group had statistically higher task orientation ($p<0.001$), satisfaction ($p=0.001$), and individualization sub-scales ($p=0.03$) as opposed to the control. The experimental group also reported that their placement was more organized compared to the control ($p<0.001$).	demonstrated that partnerships can be successfully implemented in community hospital settings. Strengths: -Validity and reliability of instrument was addressed. Limitations: - Students were not randomly assigned. -Twenty-one students in the control group did not complete the survey. It is difficult to determine if the results are significant due to drastically uneven control and experimental respondents. -Lack of pre-test measures. -No mention as to if educators who administered the questionnaire received training. -Each clinical group had a different educator to administer the questionnaire. Design rating: Strong Quality rating: Low
Berthelsenand Holge-Hazelton (2015) Denmark Purpose:	Setting: Orthopaedic department of a Danish Regional Hospital Sample: N= 43	Nurses took a questionnaire that included 24 questions. The questionnaire covered general information regarding the participants' characteristics,	-Only 43 out of 87 nurses completed the survey. The majority of nurses had low self-perceived theoretical knowledge	Conclusion: Nurses had a low degree of theoretical research knowledge and practical research competencies. Nurses were very interested in

To examine orthopaedic nurses' theoretical knowledge and practical research competencies as well as their interest to improve. Design: Cross-sectional	Orthopaedic nurses	participants' self-perceived theoretical knowledge of research in general and their practical research competencies, participants' interest in nursing research, participants' motivation to increase their knowledge of nursing research.	(60.4%) and practical research competencies, their interest and motivation to improve these were high (74%), especially their inner motivation. Nurses' inner motivation was inhibited by a lack of acceptance from colleagues and head nurses (46.5%), as well as shortage of time (23.3%).	improving their skills. Strengths: -Reliability and validity of survey addressed. Limitations: -Small sample size. -Low response rate (49.4%). -Convenience sample. -Limited generalization. -Potential social desirability bias. Design rating: Weak Quality rating: High
Riley, Hill, Krause, Leach, and Lowe (2011) USA Purpose: To determine nurses' attitudes toward research and how this varies based on education level or participation in research activities, as well as the relationships between level of education, experience, and interest in research. Design: Cross-sectional	Setting: 861-bed academic, public, not-for-profit, tertiary, and Level 1 trauma center Sample: all RNs (2608) employed in over 30 units of the medical center, ambulatory care services, eight children's hospital units, clinical care management, support services, medical center air transport, surgical services, 1-day surgery, inpatient and outpatient surgery,	Nurses completed a modified version of Alcock, Carroll, and Goodman's (1990), Staff Nurses' Perception of Factors Influencing Research questionnaire. The questionnaire collected information on demographics, perceived value of research, the perceived role in research, and interest in research-related activities. Data was downloaded from the Survey Monkey Web site and were analyzed using the SAS (SAS Institute, Inc., Cary, NC) statistical analysis program.	-Response rate: 19.86% -A little more than half the nurses strongly agreed that research help solve patient care problems (54%), research helps improve nursing practice (58%), research helps identify nursing care problems (54%), research suggests ways to improve patient care (59%). Seventy-two percent of nurses were interested in serving on the nursing research council and 66% reported changing their nursing practice based on research. - Those with a higher education	Conclusion: Nursing reported high interest in nursing research. Strengths: -Internal consistency and reliability of questionnaire determined to be high. -Multiple recruitment strategies used. -Large sample size. Limitations: -Low response rate. -Potential social desirability bias. Design rating: Weak Quality rating: Medium

	intensive care units, and specialty units were invited to participate in the study. N=518 participated.		placed value on and demonstrated interest in research.	
Kajerma, Alinaghizadeh, Falk, Wandell, and Tornkvist (2013) Sweden Purpose: To determine nurse's attitudes towards research, use of research findings, and awareness of research. Design: Cross-sectional	Setting: 174 primary healthcare centres in Stockholm County Sample: N=1248 permanently employed district and practice nurses eligible to participate. N=1054 participated.	Nurses were sent a questionnaire to complete that gathered information on their background, as well as attitudes towards and awareness of research. All statistical analyses were performed using SAS 9.2 software.	-Eighty-four percent response rate. -The nurses generally held positive attitudes towards research (95% CI 125.7–128.7). -Most of the nurses (63%) reported using research in practice;37% claimed that they never or rarely used research findings. - Half of the respondents perceived they had the ability to analyze scientific reports/articles. These nurses had significantly more positive attitude towards nursing research (59.92, SE = 0.50) and learning about and using research in their own work (55.74, SE = 0.55).	Conclusion: Nurses have a positive attitude towards research. Strengths -High response rate. -Participants recruited from multiple locations. Limitations -Researchers questioned if nurses understood the questions the same as was intended. -Potential social desirability bias. -Psychometric properties of validity and reliability of the questionnaire was unclear. Validity was established for the original questionnaire, however, the instrument was modified for this study. Researchers attempted to establish validity and reliability of the instrument based on this study but the findings were not conclusive. Design rating: Weak Quality rating: Medium

Appendix B

Consultation Report

A Research Practice Collaboration between Memorial University School of Nursing and

Eastern Health's Mental Health and Addictions Program

Chantille Haynes

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A Research Practice Collaboration between Memorial University School of Nursing

and Eastern Health's Mental Health and Addictions Program

In order to provide quality patient care, a nurse must integrate evidence-base

practices into the care they provide (Shepard-Battle, 2018). In reality, however, nurses

often lack exposure to research and the application of evidence, and they often rely on

their peers for practice-based answers (Pravikoff, Tanner, & Pierce, 2005; Wilson, Kelly,

Reifsnider, Pipe, & Brumfield, 2013). Although several studies have indicated that

nurses are interested in participating in research (Berthelsen & Holge-Hazelton, 2015;

Riley, Hill, Krasuse, Leach, & Lowe, 2011), nurses remain primarily uninvolved.

According to Roxburgh (2006), there are several reasons nurses do not engage in

research; lack of time, lack of peer support, and limited skills and knowledge are

commonly identified barriers. This is unfortunate because in order to determine best-

practice for patient care nurses must be involved in the development and conducting of

research projects, as well as the implementation of results (Granger, 2001; Gurzick &

Kesten, 2010).

Not only do nurses lack involvement in research, a high number of nurses deny

using research in their everyday practice. For example, a Swedish study with 1248 nurse

participants found that up to 37% reported little or no use of research in their daily work

(Kajermo et al., 2013). In addition, when nurses were tested on their research knowledge,

it was found to be poor (Duffy, Culp, &Yarberry, 2015). Interestingly, nurses' attitudes

towards research and evidence-based practice are generally positive (Berthelsen &

Holge-Hazelton, 2015; Duffy et al., 2015; Kajerma, Alinaghizadeh, Falk, Wandell, &

Tornkvist, 2013; Riley et al., 2011), indicating that they could potentially be influenced to become more involved in research and incorporate research into their practice over time.

One strategy that could be effective in increasing direct care nurses' engagement in research is the establishment of a collaboration between nurses in practice and university-based nurse researchers. A research-practice collaboration has been defined as a strategic partnership between educational and clinical practice settings for the purpose of advancing common interests regarding practice, education, and research (American Association of Colleges of Nursing, 1997). Although there are many key stakeholders, such as administrators and managers, involved in the formation and success of a collaboration, nurses would play a crucial role to the success of such a collaboration, as they have in many others in the past. For example, Duffy et al. (2015) described nurse's research capacity and use of evidence-based practice at baseline via a research-practice collaboration. Metcalf and Sexton (2013), on the other hand, required a practicing nurse to help students administer flu vaccines to the homeless population.

Despite calls for increased collaborations in mental health, research on nursing partnerships in this area are limited. For example, Metcalfe and Sexton (2013) examined beliefs and barriers to flu vaccination in an urban homeless population, but did not explicitly analyze those with mental health and addictions issues. Garland, Plemmons, and Koontz (2006), on the other hand, presented a qualitative study that described the use of a research-practice collaboration to support community-based psychotherapy for children and families. This study, however, was not a nursing study.

Given this gap in the literature, the project lead for this practicum project aimed to determine the feasibility of a research-practice collaboration between Memorial University's School of Nursing (MUNSON) and Eastern Health's Mental Health and Addictions (MH&A) Program. First, a literature search was completed to determine nurses' interest and attitudes toward research, as well as what nursing collaborations currently exist and what the barriers and facilitators are to their success. Information gathered from the literature review was used to guide the project lead in investigating whether such a collaboration was feasible between MUNSON and MH&A at Eastern Health. The first step in that investigation included interviews with administrators/managers of both organizations as well as group consultation sessions with nurses working the MH&A Program. The purpose of this report is to present findings from those interviews and consultation sessions. The objectives of consultation are as follows:

1) To engage in relationship-building with direct care, mental health registered nurses to explore:

   i. the priority research needs in their practice areas

   ii. their professional interest in opportunities to participate in patient-oriented research, and,

   iii. their potential participation in the development of a research proposal and project to address a priority practice issue.

2) To explore the viewpoint of administrators/managers from both organizations regarding their position on the value and usefulness of a research-practice collaboration between Eastern Health and MUNSON.

3) To inform the development of a draft terms of reference for the proposed collaboration which will be used to negotiate the commitment and responsibilities of both organizations.

Methods

The participant recruitment process will be described in the below sections followed by data collection, management and analysis. Ethical considerations for the project will also be discussed.

Participants

Registered nurses from all inpatient psychiatric units were invited to participate in group consultation sessions. Registered nurses from six units at the Waterford Hospital, the Health Science Centre (HSC) psychiatric unit, Janeway psychiatric unit, and the geriatric psychiatric unit in Pleasant View Towers were invited to attend one of the four sessions. Casual staff who float throughout the MH&A system were also invited to participate.

Administrators/managers from both organization were asked to take part in a one-to-one interview. Invitations were sent to the Dean and the Associate Dean of graduate programs at MUNSON as well as the Regional Director of the MH&A Program for Eastern Health and a clinical coordinator for the program.

Recruitment

Registered nurses initially learned of the consultation sessions via an email from

their manager. The regional director of the MH&A Program sent an email to managers

asking them to forward information about the project to registered nurses on their unit.

Attached in the email was an invitation letter (Appendix A). Subsequently, an

information/invitation poster (Appendix B) was posted in nursing stations on all the

inpatient units. The poster briefly described the project and indicated when and where the

consultation sessions would take place. The posters were taped to a large envelope with

the invitation letter inside, allowing nurses to read more detail about the project.

Following circulation of the posters, an email was distributed to all MH&A registered

nurses via Meditech to inform them of and invite them to the consultation sessions.

Finally, nurses were encouraged to participate by the project lead through word of mouth.

An invitation to participate in a face-to-face interview was also issued to

administrators/managers via email. Included in the email was an invitation letter

(Appendix C). Potential key informants were asked to reply to the sender by return email.

Data collection

Nurses. Consultation sessions with nurses lasted one hour and were held on

March 19th and 20th at 1900 hours and again at 2000 hours in conference room WB-214

at the Waterford Hospital. Refreshments were provided. Having sessions at this time,

which coincided with shift change, allowed all nurses the opportunity to attend no matter

what shift they worked. In addition to note taking, the meetings were audiotaped to

ensure no information was missed. A set of interview questions was used for each session

(see Appendix D). At the end of the sessions nurses were asked about their interest in participating in a research team to address priority patient care issues as identified by nurses.

Administrators/Managers. Interviews with key informants were set up individually at a time that was convenient for the interviewee. Interviews lasted thirty minutes and were not audiotaped, but rather notes were taken by the interviewer. The key informants were asked a separate set of questions that primarily focused on the value and usefulness of a research-practice collaboration between the MH&A Program of Eastern Health and MUNSON (Appendix E). Interviews took place in the key informants' offices.

Ethics

This project did not require review by the Health Research Ethics Review Board. Completion of the Health Research Ethics Authority Screening Tool (Appendix F) demonstrated that the sum of Line B was greater than Line A, indicating that the most probable purpose was quality/evaluation as oppose to research.

Before consultation sessions began nurses were informed that the information they provided would remain confidential and their voluntary participation was informed consent. Names of participants were not recorded or used in any way. Nurses were made aware that the purpose of audiotaping was to ensure completeness of data synthesis. Supplemental hand notes were also taken and nurses were made aware of this prior to the beginning of sessions. Nurses were given the option to say "pass" if they did not want to comment on a question.

Similarly, before beginning the interviews, the administrators/managers were made aware that notes would be taken of the answers they provided. By agreeing to be interviewed, consent was assumed. Like nurses, the administrators/managers were given the opportunity to pass on a question they did not want to answer.

Data management and Analysis

The audio files and any notes with information from the consultation sessions were kept on a password-protected computer. Audio recordings and notes were deleted after data analysis. Similarly, notes taken during interviews with the administrators/managers were kept on a password-protected device and deleted after data analysis.

After the consultation sessions and interviews were completed, meeting notes were incorporated into a word document to facilitate content analysis of the information that was generated. Audiotapes of the sessions were listened to several times and key information extracted and added to the word document. When the document was completed the content was examined and analyzed to determine the most commonly discussed practice care issues. In addition, nurses' self-proclaimed interest in research was determined based on the data collected.

<div align="center">

Consultation Results

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The consultation findings will be described for the two different groups that were interviewed. First, the results of the registered nurses' sessions will be presented and then the interview results for the administrators/managers will be described.

Nurses' Consultation Findings

In total, 19 registered nurses participated in one of the four scheduled consultation sessions representing North 4B, West 3A, North 2A, and Psychiatric Assessment at the Waterford Hospital, as well as HSC psychiatry and Janeway psychiatry. Twelve nurses attended the sessions on March 19th and seven nurses came to the first session on March 20th; no nurses participated in the fourth and final session. The following themes were generated.

Interest in research. Nurses reported that they understood the importance of research for improving practice but they did not feel that research played a big role in their current practice. They described a lack of encouragement and opportunity to engage in research and concluded that research was not a part of their daily work life. Only one nurse knew that nurses had access to research via the "Up-to-Date" database available on the organization's intranet. This was seen as evidence of the minimal emphasis given to research in the MH&A Program. One nurse stated that research or best evidence was rarely discussed by nurses or managers in the program.

Nurses described the introduction of new programs or organizational policies as ways to highlight research findings but also acknowledged that this was seldom done. Instead, nurses were told to implement new policies or practices with insufficient information as to why the change was important or necessary. One example that was identified was the implementation of the Ottawa Model of Nursing. Nurses were told they had to follow the Ottawa Model, but many nurses believed that it wasn't successful when implemented in the Ottawa Hospital. A better understanding of the evidence behind the

model would have been beneficial. Nurses also admitted they have never bothered to look up any research on their own. They agreed that they followed new ways of practice because they were told to, rather than taking it upon themselves to look up the research that informed the policy and evaluate that research.

The vast majority of nurses indicated that they have never been involved in a research project. When asked if they would be interested in participating in research, many nurses indicated that their current level of responsibility would make additional commitments an impossibility. They explained that they were constantly taking time away from their patients to do required, but often non-nursing, tasks and could not easily add to their workload. The nurses identified that in the past, when they collected unit data for organizational projects, they usually did not hear about the outcome of the projects. This diminished their interest.

When nurses reflected on what could be done to facilitate their active involvement in nursing research, most commonly the notion of freeing up time / reducing their workload was suggested. It was also suggested that remuneration for participating in research outside working hours would be an incentive for many nurses. These findings appear contradictory to those of studies, which found that nurses were in fact interested in participating in research (Berthelsen & Holge-Hazelton, 2015; Riley, Hill, Krause, Leach, & Lowe, 2011). Riley et al. (2011) surveyed 518 nurses and found that over 90% agreed, or strongly agreed, that they would be interested in research on their unit.

Nurses reported that their nursing practice is not informed by current research. They described a lack of education events and other opportunities to learn about

advancements in their field. Nurses did not read research at work or at home, and they were not adequately supported in the work place to be involved in or seek out new evidence-informed practice. Similarly, a Swedish study involving 1248 nurses indicated that up to 37% of participants reported little or no use of research in their daily work (Kajermo et al., 2013). Nurses in the consultation sessions reported that they depended on collegial support or "each other" to solve problems and maintain a therapeutic environment. One senior nurse said that the sense of family, the sense of cohesion, the way they work and support each other, and the way they educate young nurses are collectively what informs their practice. Novice and senior nurses agreed that a novice nurse's biggest source of information is senior nurses. Another nurse noted that previous practice experiences also informed their current practice. They may have tried to approach a situation from different angles in the past; some things worked well and some things did not. Over time they have refined their communication and decision-making skills to become better nurses with a broader range of interventions and approaches that allowed them to handle difficult situations.

Most participants who attended the consultation sessions initially admitted that their attendance was for professional or personal support of their colleague, the project lead, rather than an innate interest in research. Interestingly, by the end of the consultation session several nurses commented that the session was positive because they felt their voice and their concerns had been heard. Others noted that it was therapeutic to sit as a group and talk about the issues they face daily. Three registered nurses volunteered to be a part of the research team that will develop the study proposal.

In summary, despite lack of current research involvement, nurses were willing to come and participate in consultation sessions about research. This suggests that the collaboration could potentially influence nurses to become more involved in research over time. It also lets the researchers know the challenges they will face to engage nurses in a meaningful way. The fact that three nurses agreed to participate on the upcoming research team further indicates that establishing a collaboration as a means to get nurses involved in the research process remains feasible.

Nurses' work life. Although nurses were encouraged to discuss patient-focused issues they frequently highlighted nursing and work place issues. Six common themes emerged from the three consultation sessions: staffing issues, performing non-nursing duties, education and training to advance nursing skills, the current model of care versus the old model of care, lack of feedback on the work nurses do, and patient mix. These issues are largely administrative and operational and, therefore, will not be brought forward to the research team as options for the research proposal. Nonetheless, they were identified by nurses as key issues and may lend some insight into challenges that the collaboration may encounter.

Staffing issues. Inadequate and understaffing were identified as fostering unsafe conditions on the units as well as impacting the quality of patient care. Missed nursing care was the main concern. Nurses spoke of staffing cuts over the past eight to ten years as the biggest factor contributing to the shortage. They also suggested that the increased aggression experienced in the program was attributed, in part, to the staff shortage. The

growing number of code white emergencies (aggressive behaviour incidents) was highlighted.

   Non-nursing duties. Some nurses described how the extent of the non-nursing duties they were required to do limited valuable time with their patients. Nurses had different examples of the duties that interfered with the care they wanted to provide. Activities such as preparing night snacks, searching for needed medication throughout the hospital, and doing staff call-backs were described.

   Lack of continuing education. Nurses were unanimous that they lacked access to education to advance their skills in order to meet patient care challenges. Nurses highlighted the need to re-establish regular education days like other speciality areas. Currently, nurses receive training in CPR, therapeutic crisis intervention, and suicide prevention but they get no formal training on new practices. This had a negative impact on their learning.

   Model of care. All three consultation groups felt strongly that the former model of care, primary nursing, was far superior to the current model, The Ottawa Model of Care. Nurses felt that primary nursing allowed for better patient care. For example, there was greater continuity of care as the same experienced nurses cared for the same patients Monday to Friday as opposed to having many different nurses, both novice and senior, care for the patients. The new model of care also brought changes to the role of the charge nurse, now referred to as the *patient care facilitator*. Nurses feel that they are now lacking leadership and mentorship that they once had from their charge nurse because

charge nurses are busy with new duties such as performing audits, drafting nurses' work schedules, or attending meetings.

Work evaluation. One group felt that lack of yearly performance evaluations hindered staff from providing the best possible care. Nurses voiced that such evaluations could address any issues that arise with an individual nurse's practice. Furthermore, it could provide an avenue for management to commend nurses on a job well done. Finally, nurses indicated that they are rarely made aware if a patient or family member made a complaint against them and therefore felt a lack of transparency from management.

Patient mix. The majority of nurses identified that the drastic difference in patients' diagnoses, as well as their varying levels of wellness, create many issues on inpatient units. This discussion focused on the fact that those who are acutely ill monopolize nurses' time resulting in significantly less time spent with their other patients. One solution offered was the implementation of a psychiatric intensive care unit, where those acutely ill patients would be cared for prior to coming to regular inpatient units. Another issue identified by the nurses was that they are expected to care for not only the mentally ill but the mentally disabled as well. Like those with displaying acute symptoms of their mental illness, individuals who are mentally disabled consume most of the nurses' day leaving little time for those patients who are less demanding. Nurses felt that having these patients on the unit was very disruptive to the care they were providing to the remaining patients.

Although the six themes addressing nurses' work life are important, they are not the mandate of this project and ergo will not be brought to the research team for further

exploration. After nurses voiced their concerns for work/life issues, they were encouraged to explore patient-focused concerns.

Patient focused. Five patient-centred issues were discussed as having priority for improving the care of individuals, including: lack of activities for patients, providing a humanistic approach to nursing practice, the segregation between community and hospital care, unit councils, and daily morning meetings with all inpatients. These are described below.

Patient activities. A number of nurses addressed the non-availability of activities offered to patients as a priority issue. They pointed out that there is one television for 20 patients and no internet, gaming systems, or other recreational activities to keep patients occupied when confined to the unit. Although nurses could identify different groups and educational sessions, as well as fitness and recreational activities that could be available, lack of time for implementation was a major barrier.

Organized activities involving patients have been found to be effective in reducing patient aggression (Antonysamy, 2013; Marques, Mendes, Gamito, and De Sousa, 2015). Taking seriously-ill patients outside to a nearby activity dramatically decreased the incidences of violence in one health organization. In addition, length of stay and seclusion rates also decreased (Antonysamy, 2013). A second study (Marques et al., 2015) discovered that pet therapy for patients in short stay acute psychiatric settings resulted in a 43% decrease in aggressive behaviours as compared to the control group. The severity of the aggression was also reduced. Perhaps if nurses had a greater understanding of the impact of constructive activities on the recovery of those with

mental illness, strategies could be developed to implement and test their effectiveness. To this end, determining an intervention that could increase organizational activities on inpatient units will be something brought to the research team for consideration.

A humanistic approach. A number of nurses spoke of the importance of treating patients with respect and compassion. They noted that establishing a good rapport with patients was essential for patients to maintain a sense of self, of being human. Nurses identified that many patients with an enduring mental illness do not have strong family connections. They provided many examples of different things that they did to create a family-type atmosphere with patients, particularly on special occasions. For example, the nurses on one unit prepared hors d'oeuvres and desserts to bring in for patients who remained on the unit on Christmas Eve. Nurses suggested that feeling a strong sense of belonging and acceptance was important to patients' recovery but they feared the importance of the nurse-patient relationship was being lost over time. One study that explored the therapeutic milieu in two psychiatric hospitals, found that the health providers' respect for patients created a positive organizational culture (Delaney & Johnson, 2006). Conversely, Duxbury and Whittington (2005) found that when patients experienced a lack of respect from healthcare staff it was a contributor to increased violence.

Nurses highlighted the extreme physical deterioration and confined space of many patient care units as a barrier to humanistic care and the comfort level of patients. It is well documented in the literature that limited or restrictive physical environments can contribute to patient aggression (Duxbury & Whittington, 2005; Pulsford et al., 2013;

Stevenson, Jack, O'Mara, L., & LeGris, 2015). One study found that the impact of enlarged inpatient units, as part of a multifaceted approach to decrease patient violence, resulted in a 40% reduction in aggressive incidences (Emmerson et al., 2007).

Creating a strong culture of respect and compassion throughout the MH&A Program would benefit both patients and nurses and will be explored with the research team as an option for a research study. Many small interventions could be implemented on a patient care unit to give patients a greater sense of being a valued human being. Not only could such interventions improve the outcomes of care they could also help reduce the level of violence.

Community/hospital segregation. Nurses voiced that their lack of access to community documentation, such as social work or community psychiatry, impedes their ability to care and assess patients in psychiatric emergency. Nurses often have to rely on what the patient is telling them during an assessment, especially after business hours when such health care professionals cannot be contacted for collateral information. Conversely, nurses worry that those treating psychiatric patients in the community have no access to hospital documentation. In this case, they would only know if a patient was admitted to hospital but not if they sought psychiatric help in an emergency and subsequently went home. Nurses felt that this drastically reduces the continuity of care. Improving nurses' access to community records as a means to improve patient care will be explored with the research team as a potential research study.

Unit council. A group of nurses representing the same unit indicated that they had created a nursing-led unit council in accordance with the Ottawa Model. It is an avenue

for nurses to bring forward the issues that they face in the work place of which the council can then discuss with management on behalf of the staff members as a whole. Nurses admitted, however, that the council primarily hears organizational and operational issues versus direct patient care issues. As the mandate of the future research project is patient-oriented, exploring the effectiveness of a unit council would only be indicated if one was created to deal primary with patient care issues; this concept will be explored with the research team.

Unit meetings. Another group of nurses discussed having meetings with all the patients on a unit, giving them a voice and sense of empowerment. In the past such meetings occurred in the morning and were lead by a nurse. It was a time to inform patients about unit activities occurring on that day and a time for patients to voice their concerns. Using unit meetings as an intervention could address many of the practice issues discussed throughout this report. This will be further explored with the research team.

In summary, there are five patient-centred issues/interventions that will be discussed with the research team. These will be used to explore ideas for a research project that could help to address one or more patient-care issues.

Results of Interviews with Administrators/Managers

The four administrators/managers who were invited to participate in one-on-one interviews agreed to the meeting. These interviews took place on March 22nd, March 23rd, March 28th, and April 2nd. Two main themes were identified from the content analysis of the interview data and are described next.

Nurses' involvement in research. The four interviewees agreed that nurses should be involved in research, providing many reasons why it would be beneficial for all participants. For example, administrators/managers from MUNSON felt that getting nurses involved in research projects would get nurses thinking more positively about the use of research in their practice. The MH&A administrator stated that being involved in the research process could provide nurses with a sense of empowerment. The interviewees felt that getting nurses involved in the research process would bring practicality to future projects; there would be input from a nursing practice lens. Nurses are faced with real life issues and availing of their involvement in research development would ensure that the project remains relevant to pertinent patient care issues. Two interviewees noted that nurses would be more invested if the project was directly related to their work. All agreed that projects should be meaningful to the nurses. A final benefit of involving nurses in research was identified as an opportunity to close the generation gap between senior and novice nurses by collaborating on common practice issues.

Although everyone seemed to agree that nurses "should" be involved in research, at what cost remained unclear. Interviewees suggested that several things needed to align for nurses to participate in research: 1) adjustment in staffing levels to allow nurses to participate during work hours, 2) administrative support, and 3) support from co-workers. Furthermore, several individuals suggested that not all of the time required to participate in the research should infringe on work hours; there needs to be a blend of paid time and nurses' own time. One interviewee observed that, currently, nurses are disengaged when it comes to research and incentives or additional benefits might help them become more

involved. One suggestion was to encourage the Nurses' Union to challenge nurses to be more involved in research projects. Another interviewee suggested that a "working group" of nurses may be the best approach to involving nurses in research.

Support for a collaboration. The interviewees agreed that one important requirement for a successful collaboration was the identification of stakeholders. The stakeholders would need to agree on the expectations and responsibilities each would hold. According to Dobalian et al., (2014) and Nabavi, Vanaki, and Mohammadi (2012), clear and realistic expectations of the benefits and responsibilities for those involved are facilitators to successful partnerships. Issues identified by the key informants were: 1) finding a researcher that has an interest in the topic with relevant research skills, 2) accessing funding, and 3) ensuring that both organizations are in agreement about establishing a partnership. A MH&A interviewee indicated that the Research Department of Eastern Health would need to be involved in the collaboration. They suggested that the Department could offer insights into ongoing collaborations in the health authority and provide guidance in establishing the proposed collaboration. They also suggested that clinical educators of the MH&A program should be involved in the collaboration. One interviewee questioned whether it would be more beneficial to determine what research questions both parties want to be answered first and then form a collaboration that caters specifically to those needs, or to form a collaboration initially and then determine priority research needs after.

Interviewees agreed that a collaboration between MUNSON and the MH&A Program is a good way to strengthen evidenced-based practice. One interviewee said that

by listening to real word issues and solutions of nurses we will ensure that research is patient-oriented. Nurses are the biggest resource that contains such knowledge. A MH&A representative indicated that results obtained from projects which are carried out within the program could reaffirm that the practices we currently use are truly effective. A secondary benefit is that a collaboration would build research skills in nursing staff. *Mutual benefits* was identified by De Geest et al. and Nabavi et al. (2012) as facilitator to research-practice collaborations. According to Nabavi et al. determining mutual benefits is the first step taken in creating a successful partnership. Strengthening evidence-based practice is the primary mutual benefit between agencies.

Overall, all interviewees voiced that they would support a collaboration in any way they reasonably could. For instance, a MUNSON representative suggested that they could possibly offer faculty to guide nurses in a journal club in an effort to increase their exposure to research. Clearly, any research project that was undertaken by the collaboration would require either students or faculty from MUNSON. An interviewee from the MH&A suggested that they could verbally encourage nurses to participate in the research taking place and, on a project-by-project bases, they would do whatever they could to endorse success. Confirmed support by administration and managers indicates that a collaboration could be feasible.

Discussion

Although three nurses did volunteer to be part of the research team, overall nurses' self-perceived interest in research was lacking. Nurses indicated that they mostly attended the consultation sessions as a professional courtesy. This indicated that there is a

profound need to increase mental health nurses' interest and involvement in research. When nurses were asked what informs their practice they said "each other." Although learning from one's peers is common, it is concerning that not one nurse felt that research evidence informs any aspect of their practice. These findings support the need for a collaboration for the purposes of engaging nurses in research.

It is clear from the results that nurses had difficulty focusing on patient-centred issues. They were eager to talk about topics such as staff shortages, the model of care, and being required to perform non-nursing duties but were less vocal about issues that were entirely patient-oriented. Lack of activities on inpatient units, lack of continuity between the hospital and the community, and providing a humanistic approach were the three main, patient-centred issues discussed by the nurses. Having daily meetings with all inpatients on a unit and the formation of a nurse-led unit council were suggested by nurses as a means to address multiple issues discussed during the consultation sessions. These ideas will be conveyed to the research team in order to formulate a research project that will address one of the identified issues.

Based on one-to-one interviews with the key informants it was clear that administrative support for the formation of a collaboration between MUNSON and Eastern Health's MH&A Program would be forthcoming. Individuals from both organizations stated that they support projects undertaken by the collaboration. All interviewees were very supportive of nurses' involvement in research and felt that it would enhance evidence-based practice. In continuing to formulate a proposal for the first project that the collaboration could undertake, every effort will be made to remain

transparent to both agencies in order to foster ongoing support. Moving forward with the collaboration will also include the identification of stakeholders, and the allocation of responsibilities.

Conclusion

Through consultation sessions and one-to-one interviews with the key informants, all objectives outlined were met. Nineteen nurses attended consultation sessions to discuss priority research needs. Most nurses voiced their disinterest in nursing research, however, their presence at the consultation sessions indicated that they may be open to participating under the right circumstances; three nurses offered to join the research team. Consultation sessions fostered relationship-building with direct care nurses. After attending the sessions some nurses commented that they felt it was a therapeutic experience to sit with their peers and discuss practice issues in a constructive way. Finally, the key informants identified that they do feel nurses should be involved in research, they are willing to support a collaboration, and that they can see the usefulness of a collaboration between MUNSON and MH&A if executed properly.

The next step in the research is to bring the three nurses together along with a former patient and family member of a patient. With guidance from the project lead, the group will decide on a priority issue from the data collected during the consultation sessions. The team will then contribute to the formation of a research proposal that will address the chosen issue. If the proposal is accepted and funding is secured then the project will be carried out at the Waterford Hospital. Not only will this contribute to improving patient care but also foster even more nurses' involvement in research.

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Appendix A

Invitation Letter to Nurses

March 6, 2018

Dear Nursing Colleagues,

I am completing my practicum project in partial fulfillment of a Master of Nursing Degree at Memorial University. The goal of my project is to lay the groundwork for a research-practice partnership between Memorial University School of Nursing (MUNSON), and Eastern Health's Mental Health and Addictions Program (MH&A). When schools of nursing and health care agencies work together in a collaborative way it can offer diverse benefits to both parties. An effective partnership can advance common interests regarding practice, education, and research.

The proposed research-practice partnership will focus primarily on research related to psychiatric mental health nursing practice, and the impact of nursing practice on client care and outcomes. Direct care nurses represent the largest number of all nurses but have little opportunity to participate in research or share their expert practice knowledge with the profession as a whole. An important element of strengthening nursing practice will be exploring the wisdom of nurses themselves and this will be optimized by: i) consulting with nurses on priority nurse-client issues, ii) engaging nurses in patient and family oriented research projects as part of the research team, and iii) inviting nurses' involvement as research participants in studies where they perceive their expertise could be of benefit to others.

As key stakeholders, the support of psychiatric mental health registered nurses is essential to the partnership development. Consultation with nurses is the first step in the process and four sessions are being scheduled for the 19th and 20th of March at both 1900 hours and 2000 hours. During the sessions we will explore what you think are the priority research needs in your area of practice, if you would be interested in participating in future research projects, and whether you think an active, research partnership with MUNSON could be of benefit to the MH&A Program. In addition, a small number of other stakeholders will be consulted, primarily administrators from both the MH&A Program and MUN School of Nursing.

If information obtained from the consultations supports the notion of a research-practice partnership, two further activities will be undertaken: 1) a draft terms of reference for the partnership will be developed for additional input and feedback, and 2) a research team

will be established to determine, from the list of priority issues identified through the consultations, the first research project to be implemented. A proposal for the project will then be developed by the research team.

You are invited to participate in the consultations (see attached poster) but your participation is entirely voluntary. If you do attend you may decline to answer any question or leave the session at any time. The session will be one hour long and will be audio taped to verify and supplement the written notes taken by my practicum supervisor, Joy Maddigan PhD RN, who will attend. Refreshments will be served. No identifying information will be collected on participants and no participant will be identified in my final practicum report or the professional article I hope to write about the partnership development process.

If you have any questions regarding this project please contact Chantille Haynes, Principal Project Developer at 709-765-4047 or by email:v43cihb@mun.ca. You can also contact Dr. Joy Maddigan by phone (709-864-3606) or email: jmaddigan@mun.ca.

Thank you
Chantille Haynes BN RN

Appendix B

Invitation Poster

Registered Nurses, we want to know what you think!

Come participate in one of 4 group consultation sessions to discuss practice care issues on your unit

When: March 19th and March 20th @ 1900hrs and again @2000hrs

Where: WB-214 at the Waterford Hospital

Why: Contribute to a nursing masters project that focuses on collaboration between Memorial University' School of Nursing and Eastern Health's mental health and addictions program as a means to determine researchable nursing practice care issues.

Who: Chantille Haynes BNRN and supervisor Joy Maddigan BNRN, MN, PhD will be present during focus groups

Questions: Please email Chantille at v43cihb@mun.ca

Refreshments Provided!

Appendix C

Invitation Letter for Key Informants

March 11, 2018

Dear key informants,

I am completing my practicum project in partial fulfillment of a Master of Nursing Degree at Memorial University. The goal of my project is to lay the groundwork for a research-practice partnership between Memorial University School of Nursing (MUNSON), and Eastern Health's Mental Health and Addictions Program (MH&A). When schools of nursing and health care agencies work together in a collaborative way it can offer diverse benefits to both parties. An effective partnership can advance common interests regarding practice, education, and research.

The proposed research-practice partnership will focus primarily on research related to psychiatric mental health nursing practice, and the impact of nursing practice on client care and outcomes. Direct care nurses represent the largest number of all nurses but have little opportunity to participate in research or share their expert practice knowledge with the profession as a whole. An important element of strengthening nursing practice will be exploring the wisdom of nurses themselves and this will be optimized by: i) consulting with nurses on priority nurse-client issues, ii) engaging nurses in patient and family oriented research projects as part of the research team, and iii) inviting nurses' involvement as research participants in studies where they perceive their expertise could be of benefit to others.

I invite you to participate in a one-to one interview to not only discuss what you feel is priority research need in the MH&A Program, but also to determine what you feel is the value and usefulness of a research-practice collaboration between MUNSON and Eastern Health's MH&A Program. If you do agree to be interviewed you may decline to answer any question or end the interview at any time. Only you and myself will be present for the 30 minutes long interview. No identifying information will be collected and no informant

will be identified in my final practicum report or the professional article I hope to write about the partnership development process.

If information obtained from the consultations with nurses and interviews with key informants supports the notion of a research-practice partnership, two further activities will be undertaken: 1) a draft terms of reference for the partnership will be developed for additional input and feedback, and 2) a research team will be established to determine, from the list of priority issues identified through the consultations, the first research project to be implemented. A proposal for the project will then be developed by the research team.

If you have any questions regarding this project please contact Chantille Haynes, Principal Project Developer at 709-765-4047 or by email:v43cihb@mun.ca. You can also contact Dr. Joy Maddigan by phone (709-864-3606) or email: jmaddigan@mun.ca.

Thank you
Chantille Haynes BN RN

Appendix D

Nurses Consultation Interview Questions

1. What are the biggest challenges you think patients face when they are admitted?
2. What are some things you would like to be able to do for your patients but cannot?
3. What changes would you like to see to benefit patients?
4. What do patients tell you about their experiences on inpatient units? Is it positive? Negative? Does that experience have anything to do with nursing?
5. Do you feel you have sufficient knowledge and competency to provide patients with excellent nursing care? What would you like to be able to do better?
6. Can you identify two priority issues that you feel require change?
7. What role does research play in your practice?
8. Do you have any interest in participating in research in order to improve practice care issues?
9. If you would be interested in being a part of a research team that will aid in the development of a research project please let me know.

Appendix E

Administrator/Manager Interview Questions

1. There are no consistent definitions of nursing research-practice collaborations in the literature, which suggests that they can be tailored to meet the specific needs of the partner organizations. What comes to mind when you think about the type of collaboration that would work best for your program? What does it 'look' like? What activities do you think the collaboration should/could undertake?

2. What potential value do you see in such a collaboration? What mutual benefits can come from developing stronger relationships between direct care [clinical] PMH nurses and nurse researchers at MUNSON?

3. What administrative oversight would be required to facilitate the establishment and effective operationalization of a collaboration between the two programs?

4. The literature is consistent in reporting the lack of involvement of direct care nurses in research activities although surveys of nurses indicate many would like the opportunity to become engaged in research projects.

    a. Do you think it is important for nurses to be involved in research about their patients and their practice? Please explain
        i. To what extent can [should] direct care nurses be involved in research activities during their working hours?
    b. Do nurses have a perspective and body of knowledge that is important to understand and build on for the betterment of the individuals and families they care for? Please discuss.
        i. What workplace support is needed to encourage the participation of nurses and nurse researchers in projects that affect their practice areas?
    c. Can a research-practice collaboration that is supported by both organizations help achieve the goal of improving nursing practice and the recovery experiences of those with mental illnesses?

5. What are the biggest challenges to the development and implementation of a research-practice collaboration? Anything else you would like to add that we did not cover?
6. Would you support a collaboration between MUNSON and MH&A.

Appendix F

Health Research Ethics Authority Screening Tool

	Question	Yes	No
1.	Is the project funded by, or being submitted to, a research funding agency for a research grant or award that requires research ethics review	☐☐	X☐
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?	☐☐	X☐
	IF YES to either of the above, the project should be submitted to a Research Ethics Board. **IF NO** to both questions, continue to complete the checklist.	☐☐	☐☐
3.	Is the primary purpose of the project to contribute to the growing body of knowledge regarding health and/or health systems that are generally accessible through academic literature?	☐☐	X☐
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?	☐☐	X☐
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?	☐☐	X☐
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?	☐☐	X☐
7.	Does the project impose any additional burdens on participants beyond what would be expected through a typically expected course of care or role expectations?	☐☐	X☐
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)			

8.	Are many of the participants in the project also likely to be among those who might potentially benefit from the result of the project as it proceeds?	☐ ☐	X
9.	Is the project intended to define a best practice within your organization or practice?	☐ ☐	X
10.	Would the project still be done at your site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else?	X ☐	☐
11.	Does the statement of purpose of the project refer explicitly to the features of a particular program, oorganization, or region, rather than using more general terminology such as rural vs. urban populations?	X ☐	☐
12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?		**X**
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)			
	SUMMARY: The sum of Line B is greater the Line A; most probable purpose is quality/evaluation.	**2**	**10**

Interpretation:

- If the sum of Line A is greater than Line B, the most probable purpose is **research**. The project should be submitted to an REB.

- If the sum of Line B is greater than Line A, the most probable purpose is **quality/evaluation**. Proceed with locally relevant process for ethics review (may not necessarily involve an REB).

- If the sums are equal, seek a second opinion to further explore whether the project should be classified as Research or as Quality and Evaluation.

These guidelines are used at Memorial University of Newfoundland and were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI). Further information can be found at: http://www.hrea.ca/Ethics-Review-Required.aspx.

Appendix C

Research Proposal

Exploring the Benefits of Nurse-led Community Meetings on an Acute Psychiatric Unit:

A Research-Practice Collaboration Project

Between

Memorial University School of Nursing and the

Mental Health and Addictions Program, Eastern Health

Research Team:

1. Chantille Haynes, BN, BSc, RN; Master of Nursing Student & Co-principal Investigator

2. Elizabeth Rowlands, MN, BSc, RN; Psychiatric Mental Health Nurse & Research Team Member

3. Debbie Meaney, RN; Psychiatric Mental Health Nurse & Research Team Member

4. Robin Kavanagh, BN, RN; Psychiatric Mental Health Nurse & Research Team Member

5. Bev Chard, MN RN: Clinical Educator & Research Team Member

6. Joy Maddigan, PhD RN; Assistant Professor & Co-Principal Investigator

The ability of nurses to provide quality patient care depends on several factors; one of which is the integration of evidence-based practices into the care they provide (Shepard-Battle, 2018). The Canadian Nurses Association (2015) has stated that advancing nursing through the use of evidence-based practice is a hallmark of nursing excellence. In order to determine best clinical practices, however, clinical nurses must be involved in developing and conducting research projects, as well as in the translation and implementation of research evidence (Granger, 2001; Gurzick & Kesten, 2010). Because of the nature of the care they provide to individuals and families, clinical nurses are in a strategic position to recognize clinical patterns and problems, and to identify relevant research questions (Scala, Price, & Day, 2016; Siedleck 2008; Siedleck, 2016). New evidence and ways of nursing practice should be "dependent upon the clinical nurses" ability to both use existing knowledge and generate new knowledge specific to the issues clinical nurses confront on a daily basis" (Siedlecki & Albert, 2016, p. 776). Interestingly, however, it is PhD-prepared nurses working in academic environments, rather than clinical environments, who perform the majority of nursing research (Darbyshire, 2008).

Clinical nurses rarely have doctoral preparation and are unlikely to have substantial exposure to research from previous education programmes (Roxburgh, 2006). Beyond lack of knowledge, clinical nurses face other barriers that limit their involvement in research, such as, lack of time and resources, inadequate guidance from mentors, and lack of support from healthcare organizations (Siedlecki & Albert, 2016; Scala et al, 2016; Woodward, Webb, & Prowse, 2007). Creating a formal organizational partnership

between clinical practice nurses and nurse researchers is one way to address these issues and begin to establish a collaborative program of nursing research guided by, and relevant to, clinical nurses (Scala et al., 2016).

Endorsed by the American Association of Colleges of Nursing in 1997, academic-practice collaborations are strategic partnerships between educational and clinical practice settings to advance common interests in practice, education, and research. In one organization, for example, a research-practice collaboration facilitated accelerated completion of nurses' research projects (Jamerson, Fish, & Frandsen, 2011), and, in another, a collaboration contributed to the integration of research into the hospital culture (Balakas, Bryant, & Jamerson, 2011).

Involving clinical nurses in answering research questions pertinent to their clinical practice is the goal of a proposed research-practice collaboration between the Mental Health and Addictions (MH&A) program of Eastern Health and the School of Nursing at Memorial University. As equal and valued members of the research team, clinical nurses will actively participate with nurse researchers in making decisions about all aspects of the research process. This type of participatory approach has been shown to increase and sustain nurses' engagement in research (Jeffs et al., 2013; Latimer & Kimbell, 2010; Gawlinkski, 2008; Kleinpell, 2008). This proposed research study, entitled *Exploring the Benefits of Community Meetings on an Acute Psychiatric Unit,* was both identified and designed in consultation with inpatient psychiatric mental health nurses. It is the first project to be developed to demonstrate the feasibility and usefulness of a formalized

collaboration between Memorial University School of Nursing (MUNSON) and Eastern Health's MH&A program.

Background

Nursing exists for the betterment of human beings (Rogers, 1994). Nursing is a practice profession and the heart of nursing lies in the hands and minds of direct care/clinical nurses. Patients, clients, individuals, families, communities and populations benefit from the work of nurses. Keeping current on new evidence and supporting best practices in all areas of nursing are the expectations of both nurses and clients. The involvement of clinical nurses in the identification of researchable practice questions and participation in research projects to improve health outcomes for the clients is essential in meeting the expectations of the public and profession. Promoting nurses' engagement in research is one goal of this proposed study.

As a first step in assessing nurses' willingness to participate in nursing practice research, a series of consultations was held in March 2018. Nineteen registered nurses working in the MH&A Program took part in one of three consultation sessions to discuss their interest in, and experience with, nursing research. As well, nurses identified practice care issues on their inpatient unit that they would like to improve. Responses to the two main consultation topics will be described.

Interest in research. Nurses reported they understood the importance of research but did not feel that nursing research played a big role in their current practice. They described a lack of encouragement and opportunity to engage in research in the workplace. Nurses concluded that research was not a part of their daily work life and that

their nursing practice was not informed by current research. Rather, nurses stated that they depended on collegial support, support from senior staff, and their previous practice experience to inform their practice.

The majority of nurses indicated that they had never been involved in a research project. Most nurses also admitted that their current level of clinical responsibility would make the additional commitment of a research project an impossibility. They described the limited amount of time they had with their patients due to the many administrative tasks required of them. To facilitate their active involvement in nursing research, nurses suggested a reduction in workload as the most powerful motivator. Remuneration for participating in research activities outside working hours was also suggested as an incentive by many nurses.

Interestingly, despite the lack of current research involvement, nurses were willing to come and participate in consultation sessions about research. They were also supportive of the notion of a research-practice collaboration between MUNSON and the MH&A Program as they thought it could potentially influence nurses to become more involved in research over time. Three nurses agreed to participate on a research team to guide the development of this proposal; a fourth nurse, a MH&A nurse educator, later was added to the team.

Patient-focused practice care issues. Four patient-centred issues were discussed as having priority for improving the care of individuals during their stay on a psychiatric inpatient unit. First, a number of nurses addressed the lack of activities offered to patients as a priority. They described few patient resources and little in the way of recreational

activities for individuals who are confined to the unit. Although nurses could identify a range of therapeutic activities that could benefit patients, lack of time for implementation was the major barrier.

Second, nurses spoke of the importance of treating patients in a humanistic way, filled with respect and compassion. They noted that a good rapport with patients was essential for individuals to maintain a sense of self, of being human. Nurses identified that many patients with an enduring mental illness did not have strong family connections. They provided examples of thoughtful things they did on a regular basis to create a family-type atmosphere with patients.

A third priority was nurses' lack of access to clients' community health records, which are maintained on a separate computer system that includes only community programs such as case management, community psychiatry, and others. The hospital health record system is incompatible with the community system and presents a significant impediment to nurses' ability to effectively assess patients in the psychiatric emergency department. This information gap reduced or interrupted the continuity of care for the patient.

The fourth and final priority identified by nurses was the need for a higher level of patient-centered care. Nurses felt that patients were lacking a voice and the ability to be heard on a busy, often hectic, acute care unit. They noted that a past practice, daily unit meetings with all patients and nursing staff, was an effective way to improve unit communications and create a forum for patients to identify and address day to day issues on the unit. Although similar to the first priority, it was seen as different because of its

history and purpose. In the past, these meetings occurred regularly on inpatient units and were led by nurses. The meetings were a time to bring patients and unit staff together to inform them about unit activities, get to know one another, and discuss any patient or staff concerns. Nurses saw them as valuable.

Based on the outcomes of the local consultation with psychiatric mental health (PMH) nurses, and particularly the interest of a small group of clinical nurses willing to participate on a research team, a group was formed to develop a research project. Four research team meetings, led by the master of nursing student, resulted in the development of the current research proposal. The research team identified the research topic and guided the project throughout the course of its development.

Purpose

This study was designed as one part of a feasibility assessment for the creation of a research-practice partnership between Eastern Health's MH&A Program and MUNSON. The overall aim is to examine whether a collaborative process, involving direct care PMH nurses and nurse researchers, is successful in developing and implementing a practice-based research study that will inform psychiatric nursing practice. The research topic, unit community meetings, was identified by practicing nurses and subsequently developed as a mixed methods study by a small research team that included PMH nurses and nurse researchers.

The following research questions were developed to guide the study:

1. Does participation in nurse-led community meetings improve patients' overall experience of care?

2. Does implementation of nurse-led community meetings change the therapeutic milieu of an inpatient psychiatric unit as measured by increased social cohesion and decreased aggressive incidents?

3. Does the implementation of nurse-led community meetings facilitate the development of an improved working environment for nurses?

4. Does the implementation of a unit-focused, nurse-led research project impact clinical nurses' interest and attitudes towards research?

5. What are nurses' perceptions of the program of community meetings that was implemented on their unit?

Significance of the Study

Since the deinstitutionalization movement in the 1950s and 1960s, there has been an ongoing and significant shift from hospital-based treatment of serious mental illnesses to alternative forms of treatment, such as community care (Hawthorne et al., 2005). Over time hospital stays have been considerably reduced in length, and, as a result, acute inpatient programs experience greater patient acuity, which leads to a more intimidating and complex environment (Dratcu, 2002). In fact, the focus on mental health service development in the community has resulted in a loss of purpose and advancement for acute inpatient psychiatry, even though it remains an essential service in the mental health system (Bowers, 2005).

A study by Alexander (2006) found that both patients and nurses were dissatisfied with the quality of their caring relationships, which negatively affected the overall milieu of the inpatient unit. Johansson, Skärsäter, and Danielson (2006), in an ethnographic

study of the health care environment of a locked inpatient unit, identified unacceptable power and control by health care staff as the defining characteristic of the inpatient environment. Patients' perceptions of the inpatient unit milieu were studied by Thibeault, Trudeau, d'Entremont, and Brown (2010). Patients described the importance of the milieu but indicated that it was not encouraged as part of their treatment regime. The authors recommended that nurses should be more active in creating a unit milieu that maximizes benefits for patients, such as increasing patients' sense of connection, involvement, and worth (Thibeault, et al., 2010).

Locally, the recent consultation with inpatient PMH nurses validated findings from the literature. The nurses described the custodial nature of the inpatient unit and identified one priority improvement as the need to increase therapeutic activities and interactions among nurses and patients. This study is a response to the identified need and will explore the implementation of community meetings as a first step in increasing therapeutic unit activities on acute inpatient unit. Based on literature support (Novakovic, Francis, Clark, & Craig, 2010; O'Donovan & O'Mahony, 2009), community meetings were identified by the research team as an appropriate intervention to improve the unit milieu and engage patients in a health-promoting process. For example, Novakovic et al. (2010) suggested that community meetings could address many of the current issues on acute psychiatric units. They indicated that community meetings can provide direct benefits, such as, the sense of connection and intimacy, the feeling of being listened to, and access to a forum to address and solve ward problems. Community meetings can also provide an increased opportunity for the effective development of therapeutic

relationships between patients and nurses and have been shown to improve the unit

milieu (Novakovic et al., 2010) including reductions in unit aggression and violence

(Katz & Kirkland, 1990).

Literature Review

A literature review was conducted to inform the aims of the study and included

two main topic areas: a) clinical nurses' engagement in research, and b) the

implementation of community meetings. A brief overview of the evidence is presented

below.

Clinical Nurses' Engagement in Research

It is well established that clinical nurses lack opportunities to participate in

research (Hagan, 2018) and lack confidence in their research skills (Kajermo,

Alinaghizadeh, Falk, Wadell, & Tornkvist, 2013; Syme & Stiles, 2012). Findings from

four cross-sectional studies indicated that while nurses' attitudes towards research and

evidence-based practice were generally positive (Berthelsen & Holge-Hazelton, 2015;

Duffy, Culp, & Yarcerry, 2015; Kajermo et al., 2013; Riley et al., 2011), very few were

actually engaged in research activities (Akerjordet, Lode, & Severinsson, 2012). In fact,

Kajermo et al. (2013) found that up to 37% of nurses reported little or no use of research

in their daily practice.

Research knowledge was an identified deficit for some nurses. In two studies,

40%and 47% of nurse participants reported that they had insufficient research knowledge

(Berthelsen &Holge-Hazelton, 2015; Kajermo et al. 2013). Duffy et al. (2015) also found

low levels of research knowledge when nurses' knowledge was tested by an objective

test. In spite of this, nurses reported that they did have an interest in participating in research projects (Berthelsen & Holge-Hazelton, 2015; Riley et al., 2011). The US study by Riley et al. (2013) found that over 90% of the 518 participants agreed, or strongly agreed, that they would be interested in participating in research on their unit (Riley et al., 2011). Similarly, a study involving 43 Danish orthopaedic nurses also reported a high number (72%) was willing to get involved in research (Berthelsen & Holge-Hazelton, 2015).

Strategies for engaging nurses in research. Nurses identified motivators and barriers to increasing their research knowledge and competencies (Berthelsen & Holge-Hazelton, 2015). Three motivational factors were highlighted, including: i) inner motivation (62.8%), ii) support from the head nurse/supervisor (60.5%), and iii) support from colleagues (53.5%). Barriers were identified less frequently and consisted of lack of time (23.3%), lack of interest (16.3%), and self-perceived lack of abilities (13.9%).When Bjőrkstrőm, Johansson, & Athlin (2014) tried to improve nurses' interest in and use of research via implementation of a nursing network, they identified similar barriers. The network was intended to inspire and support nurses in contributing to nursing development in the workplace. It was designed to facilitate nurses to work as a group to critically review practice, identify areas for improvement, search for best practice solutions in the literature, and then apply findings to their practice (Bjőrkstrőm et al., 2014). Program success was hindered by: i) lack of time, ii) lack of knowledge in evidence-based practice, iii) language barriers, iv) technological problems, and iv) lack of

involvement and interest from both the nurse in charge, and the ward nurses (Bjőrkstrőm et al., 2014).

Scala et al. (2016) conducted a literature review to determine best practices for engaging clinical nurses in practice research. Although results were derived primarily from non-research articles, five relevant themes were found: a) access to infrastructure, b) leadership support, c) strategic priorities and relevant interests, d) educational tactics, and e) leveraging established networks and resources (Scala et al., 2016). Access to infrastructure is described by Scala et al. (2016) as both nurses feeling supported by their leaders and the conducting to research that is relevant to clinical practice. When considering infrastructure supports, Patterson et al.(2013) provide examples such as encouraging nurses to seek further education, choosing research studies that investigate current evidence-based practice initiatives, providing nurses with mentorships from nurse leaders, and also having research goals be incorporated into nurses' job description. The second theme, leadership support, was identified by Scala et al. (2016) as a recurring theme referring to the CEO of the health authority down to the head nurse. According to Bauer-Wu, Epshtein, and Reid Ponte (2006), when there is organizational support at the executive level, nurses are more likely to be provided with necessary resources to carry out their research to completion. The third theme emphasized the importance of choosing research projects that are relevant to patient care; therefore, ensuring staff enthusiasms and commitment (Scala et al., 2016). A fourth way Scala et al. (2016) found to engage clinical nurses in nursing research was to ensure they understood the practical application of research, increasing their confidence in the research process. Finally, making use of

established academic-service partnerships was identified as essential in sustaining a program of nursing research with clinical nursing involvement (Scala et al. 2016).

In order to continue to engage nurses in the research process, it is going to be particularly important to be mindful of the strategies described. Results of consultation sessions with PMH nurses indicated their lack of experience, knowledge, and interest in research. To date the research team has been made up for 4 interested in enthusiastic nurses, however, it will be more difficult to engage the remaining PMH nurses who work on the acute care admission units at the Waterford Hospital.

Community Meetings

Although there are many variations of a community meeting, essentially it is the coming together of psychiatric inpatients and health providers for regularly-scheduled periods of time, weekly to daily (Novakovic et al., 2010). Despite the long-standing history of community meetings within inpatient psychiatric units, there is little literature published on them (Novakovic et al. 2011). Adding further complexity, Novakovic et al. (2010) pointed out that community meetings historically lack a clear sense of purpose and value. A brief overview of select literature is provided.

Purpose. Community meetings gained popularity in therapeutic communities of the 1950s and 1960s (Kisch, Kroll, Gross, & Carey, 1981). The intention was for community meetings to foster an environment of mutual support, socialization, and responsibility (Roberts & Smith, 1994). Additional aims included: a) providing a liberal atmosphere, b) a means for decision by consensus, c) providing a space to transmit information, d) providing structure to the unit, and e) providing a place to address

complaints and conflict on the unit (Ng, 1992; Walkup, Aibel, & Reisner, 1991). In an early review of community meetings, it was also noted that community meetings are known by different names, such as, therapeutic community meetings, ward group meetings, and patient-staff community meetings(Ng, 1992).

Novakovic et al. (2010) used patients' feedback to meeting facilitators in order to determine the value of the meetings from patients' perspective. Patients reported that the meetings provided a space to: i) be listened to by both peers and nurses, ii) address nurse/patient interpersonal issues, iii) be together, iv) feel cared about by nurses, and v) foster connection and intimacy as a group (Novakovic et al., 2010). Additionally, a literature review of therapeutic relationships in inpatient psychiatric settings found that patients did not have enough therapeutic time with their nurse and often felt isolated from the nursing team (Moreno-Payato et al., 2016). According to Moreno-Payato et al. (2016), it was not uncommon for patients to feel vulnerable, dehumanized, and frustrated on inpatient units. The unit atmosphere was described as tense and intimidating, which negatively affected the therapeutic relationship. Finally, Moreno-Payato et al. (2016) found that patients want to feel empowered and value a humanistic approach from nurses. A comparison of the literature review findings with the conclusions of Novakovic et al. (2010) indicates that community meetings may begin to address many of the current issues surrounding the nurse-patient therapeutic relationship.

Novakovic et al. (2010) also used nurses' feedback to determine the value of community meetings from their perspective. Findings were similar to Johnson (1997) who suggested that community meetings provided staff the opportunity to assess the

milieu of the unit. This may allow staff to have a better understanding of the patient experience (Novakovic et al. 2010). Further addressing milieu, an American study suggested that filling unstructured patient time with formal and informal activities along with increasing nurse-patient interactions contribute to an improved therapeutic milieu on a psychiatric inpatient unit (Espinosa et al., 2015).

Some literature indicated that violence reduction is an additional purpose of community meetings. Lanza (2017) provided direction on how to conduct violence prevention community meetings. Although the overall structure was similar to literature describing general community meetings, the content was specific to violence reduction. An American study by Lanza, Rierdan, Forester, and Zeiss (2009) found that violence prevention community meetings resulted in an 89% decrease in violent incidences. In aiming to improve the therapeutic milieu of a psychiatric unit, Espinosa et al. (2015), among other things, measured the change in violence on the unit. They used many different methods at once in hopes of improving the milieu, one being an increase in organized activity (Espinosa et al., 2015). For this reason, investigators of the proposed project will measure any change in violent incidences that may have occurred as a result of the intervention.

Facilitators. Novakovic et al. (2010) held a working group discussion of community meeting leaders and determined what they deemed to be important for making meetings a success. One of the strongest facilitators identified by the group was having skilled, enthusiastic nursing staff leading the group meetings. A British ethnographic study found that meetings were usually led by junior staff, nursing

assistants, or nursing students (Novakovic et al., 2011). In order for a community meeting to be beneficial, the participation of registered nurses would have to be addressed.

Knowledge of issues affecting the patient group is needed by an effective nurse leader as is the ability to support patients in voicing their views (Novakovic et al., 2010). Based on observations of community meetings, Novakovic et al.(2011) found that nurses almost always had to prompt patients to speak but rarely gave them the freedom to introduce a topic of their choosing. Nurses must be equipped with the knowledge and skills to facilitate a community meeting that is engaging and therapeutic for those who attend (Whitaker, 2000).

Difficulties. Three frequent implementation problems were highlighted by Novakovic et al.(2010) regarding the effective delivery of a program of community meetings. First, the community meetings were not given priority by the healthcare team (Novakovic et al., 2010). Nurses' attitudes about the community meeting can affect the outcome. Negative attitudes often result in lack of support for the nurses who lead the meetings and can result in having only one group facilitator present during the meeting. This poses a safety risk if an unpredictable situation should arise. Healthcare staff may pull patients out of, or interrupt, meetings for various reasons (Novakovic et al., 2010). When other activities are allowed to pre-empt the meetings, such as medication administration or appointments with other professionals, then these activities are seen by patients as more important. Likewise, when healthcare staff leave midway through the meeting without explanation it, too, contributes to the idea that the meetings are of no

great importance (Novakovic et al., 2011). These behaviours indirectly encourage both patients and healthcare staff not to attend.

A second difficulty, related to the first, is patient disinterest in joining the community meetings (Novakovic et al., 2010). The authors reported that although there were 20 to 30 patients on the study unit, the average attendance ranged from five to ten people. When they did attend, patients would often enter and leave the meeting room or fall asleep during the meeting (Novakovic, 2011). While patients' mental health needs must be considered in relation to their participation, O'Donovan and O'Mahony (2009) found that when patients understood that the meetings were an important part of their treatment plan, they were more motivated to attend.

A final difficulty identified by Novakovic et al. (2010) was related to the style and expertise of the nurse leader. Some nurses would only permit the identification and discussion of concrete issues and would shut down discussion of more emotionally-laden issues. This pattern was apparent in the study by Novakovic et al. (2011) who reported that the main aim of the meetings was to list patients' complaints, such as broken appliances, blockage of toilets, unit smoking, and others. When less tangible topics arose, such patients' feelings regarding unit violence, the facilitator dismissed the topic and moved on to more housekeeping-type issues.

Overall, the literature review indicated that community meetings have served many purposes, although evidence of their effectiveness is limited. Improving the nurse-patient relationship, improving unit milieu, providing a sense of voice for patients, and decreasing unit violence were chief among them. The proposed study will determine if

community meetings improve the nurse-patient relationship, improve unit milieu, decrease unit violence, and improve nurses' working environment. Implementation of community meetings will be done so while keeping facilitators and barriers to their success in mind.

Methods and Materials

A mixed methods sequential explanatory design (Creswell & Plano Clark, 2017) was chosen for the study to capture the broad array of outcomes and experiences that may occur for patients and nurses as a result of the implementation of community meetings on one acute care psychiatric admission unit. The quantitative component of the investigation is a controlled, before and after study that will examine the effect of the therapeutic group intervention (nurse-led community meetings) on a number of unit, patient, and nurse characteristics. The qualitative component of the study will explore the perceptions of nurses regarding the community meetings. Changes in: a) patients' behaviours, b) unit climate, c) culture, and d) the nurses' work environment will be explored. The findings from both the quantitative and qualitative data will then be integrated to inform our understanding of the value and outcomes of the community meeting program.

Setting and participants

The intervention will occur on one acute care, locked, admission unit at the Waterford Hospital. Adults, both men and women, who are admitted to this unit have a range of serious mental illnesses, such as, bipolar disorder, schizophrenia, anxiety, severe depression, addictions and personality disorders. A small number of patients admitted

with a mental illness also have a developmental delay. Approximately 27 % of patients experience a period of certification under the Mental Health Care & Treatment Act (2006) while they are an inpatient (NL Centre for Health Information (NLCHI), 2017). The average length of stay on the unit is 23 days (NLCHI, 2017).

A second admission unit will act as the non-equivalent control unit for the study. Patients on the control unit will receive usual care. Both units have the same mandate, admit similar patient populations and operate with the same policies and resources. Each of the admission units has 21 inpatient beds, however, it is not uncommon for both units to surpass capacity.

Participants. For the quantitative component of the study, the target population will be all registered nurses and patients on the two admission units at the Waterford Hospital. Approximately 34 registered nurses and 120 patients will be eligible for the study. For the qualitative component, the target population is all registered nurses on the intervention unit. Approximately 15 nurses who work on the intervention unit will be eligible for an interview.

Participant recruitment. Nurses on the two study units will be informed of the research project in a number of ways. First, nurses will receive an information letter about the study from their unit manager. The letter will briefly explain the project, and its purpose, and affirm administrative support for the initiative. The letter will contain the contact information of the researcher should they wish to participate. Recruitment posters will be placed on both units, and brief information sessions will be held to ensure that nurses are aware of the study.

The researcher will meet with all interested nurses at a mutually convenient location, review the study, answer questions and invite their consent. Nurses who provide written consent will be given the two questionnaires to fill out. Completion of the questionnaires will take approximately 20 minutes. The researcher will then collect the questionnaires and store them securely. A master list of nurses' names and their study ID codes will be maintained by the researchers. At the end of the study period participants will receive their post-test questionnaires that are marked with their unique study code.

All patients will be approached by their nurse when close to discharge to invite them to complete two patient surveys. These short surveys provide information about the patient's experience of inpatient care. Patients will be provided with a brief information letter that describes the purpose of the questions and why the information is being collected. No written consent will be collected. Completing the questionnaires is taken as the individual's consent. Participants will be offered a small gift card for their time and input. At the participant's request, nurses may assist some individuals in completing the surveys.

Intervention

Nurse-led community meetings will be held five evenings per week on the intervention unit. The meetings will be about 30 minutes in length and will be scheduled at the time of the evening snack to encourage patient participation. Ideally, the meetings will be facilitated by two registered nurses. Prior to implementation nurses will be offered an education session in order to discuss the purpose, objectives and format of the community meetings. They will have opportunity to ask questions and provide initial

feedback on the initiative. A practice review of core facilitation skills will complete the session.

Patients will be informed of the community meetings on admission to the unit and will be given an "invitation" pamphlet that describes the meetings and outlines the meeting schedule. As well, posters will be displayed on the unit describing the meeting and encouraging participation of all patients. Following the first meeting, a suggestion box will be made available for patients to contribute their ideas about what should be discussed at the meetings.

Meetings will follow a structured format. The nurse facilitator will welcome participants and explain the purpose of the meeting and review the 'house rules' for the session (see Appendix A for the format). Group participants (patients and healthcare staff) will then introduce themselves to the group and, if comfortable, share something about themselves they would like others to know. Next, the nurse will review any issues that were submitted since the last meeting and initiate a group discussion about how they should be addressed. Participants will be encouraged to identify and discuss any new issues. If time permits, a brief, pre-prepared, 'health literacy/education' session will be presented on a topic relevant to the group (see Appendix B for an overview of community meeting resource manual).

Data Collection Process

Six questionnaires will be used in this study (see Appendix C). All nurses on the two admission units will be invited to complete a *Nurses' Attitudes Towards Research and Research Development Questionnaire* (*ATRAD-N*; Björkstrőm & Hamrin, 2001) and

the *Practice Environment Scale* (*PES*; Lake,2002) before and after the intervention. The

nurse in charge on both units will complete the *Shift Climate Scale* (*SCS*; Lewin et al.,

2012) for each 12-hour shift during the duration of the study. Patients will be asked to fill

out two short surveys prior to discharge: 1) *Experience of Care Questionnaire* (Dozier,

Kitzman, Ingersoll, Holmberg, & Schultz 2001; Gigantesco, Morosini, & Bazzoni, 2003),

and 2) the *Social Climate Evaluation Schema (EssenCES;* Siess & Schalast, 2017).

Following completion of the study implementation period registered nurses on the

intervention unit will be invited to participate in a focus group or face to face interview.

An in-depth examination of their perceptions and thoughts about the value, usefulness,

and impact of the program will be conducted (see Appendix D for interview guide).

Quantitative measurements. Six dependent variables will be measured to

answer four of the five research questions. These variables (Table 1) include patient,

nurse and unit level measures.

Table 1

Dependent Variables to be Measured in the Study

Variable	Variable Description	Operational Measure	Completed by
1. Experience of care	The degree of satisfaction experienced from the psychiatric hospitalization including the quality of nursing care.	Experience of Care (Dozier et al. 2001; Gigantesco et al. 2003)	Patients at discharge
2. Unit social cohesion	The interaction of a variety of conditions within an institutional setting which may influence the well-being, behaviour and self-concept of patients and staff.	Social Climate Evaluation Schema (Siess & Schalast, 2017)	Patients at discharge
3. Therapeutic milieu: Social cohesion	"The quality of the social emotional treatment environment on a shift-to-shift basis in an acute psychiatric inpatient setting" (Lewin et al., 2012)	Shift Climate Scale (Lewin et al., 2012)	Charge nurse at end of each shift.

Variable	Variable Description	Operational Measure	Completed by
4. Therapeutic milieu: Aggressive occurrences	The number of aggressive incidents reported by nursing staff over a specified time frame.	Clinical Safety and Reporting System	Divisional managers for each unit
5. Practice environment	Practice setting characteristics, unit based & organization wide, which constrain or facilitate professional nursing practice (Lake, 2002)	The Practice Environment Scale (PES; Lake, 2002)	Registered nurses pre-post
6. Research interest	The interest and value that registered nurses hold for research and the development of their practice.	Nurses' Attitudes Towards Research and Research Development (ATRAD-N; Bjőrkstrőm & Hamrin, 2001)	Registered nurses pre-post

In order to determine if this project influenced clinical nurses' interest in and attitudes towards research, the ATRAD-N will be used (Bjőrkstrőm & Hamrin, 2001). This 35-item Likert Scale is comprised of three parts: a) demographic data, b) nurses' attitudes towards research and development, and c) nurses' 'research awareness.' Item ratings range from '1' to '5' ('1' = 'do not agree at all'; '5' = 'agree to a very great extent').

To determine if the program of community meetings resulted in a better unit environment, nurses will be asked to complete the *PES* (Lake, 2002). Comprised of 31Likert-type statements, the instrument has five subscales: a) nurse participation in hospital affairs, b) nursing foundations for quality of care, c) nurse manager ability, leadership, and support of nurses, d) staffing and resource adequacy, and e) collegial nurse-physician relations. Each item is rated on a four-point scale ranging from '1' (strongly agree) to '4' (strongly disagree).

Unlike the *ATRAD-N* and the *PES,* which will be completed at both the start and end of the study, the charge nurse will complete the *SCS* (Lewin et al., 2012) at the end of each 12-hour shift. Designed in consultation with experienced acute care clinicians, this Likert scale measures the nurse's overall perception of the unit climate through consideration of four factors: 1) the emotional state or tone of the unit; 2) the degree of aggression demonstrated 3) the unit activity level; and 4) the level of social cohesion (Lewin et al., 2012). Each factor is rated on a four-point scale.

Prior to discharge, patients will be asked to provide information on their inpatient care experience. They will complete the 15-item, EssenCES questionnaire, which is an evaluation of the unit's social climate or atmosphere (Siess & Schalast, 2017). Three subscales comprise the tool and are designed to assess: 1) the level of patients' cohesion and mutual support; 2) whether patients feel safe on the unit, and 3) the degree of support that patients receive from the unit healthcare providers. Each statement is rated on a 5-point Likert scale, ranging from '0' (not at all) to '4' (very much). Patients will also complete a questionnaire about their experience and satisfaction with their inpatient hospitalization. It combines two brief questionnaires: 1) the *Rome Opinion Questionnaire for Psychiatric Wards* (Gigantesco et al., 2003), which measures the patient's opinion of the overall care on the inpatient psychiatric ward, and 2) the *Patient Perception of Hospital Experience with Nursing,* which focuses on the quality of nursing care that was received (Dozier et al., 2001).

In addition to the questionnaires, data will be collected on the number of aggressive events that occur during the study period. Code White events as well as

patient aggression that was reported through the occurrence reporting system will be identified for the intervention and control units.

Independent variables. A small number of independent variables will be collected for the study. Patient variables will include age in years, gender, and length of inpatient stay. Nurse variables will include age, gender, professional experience in nursing, and highest completed level of nursing education. Three unit variables will be examined. Patient count per shift, time of shift, i.e., day or night and number of registered nursing staff will be collected for the control and intervention units.

Data Analysis

Both quantitative and qualitative methods will be used to analyze the data collected for this study. The data will be collected sequentially. The quantitative data will be collected first and the qualitative interviews will be conducted following completion of the collection of the post-implementation quantitative data set. The quantitative and qualitative data will be analyzed separately and the findings from both components will be integrated to provide a more in-depth understanding of the impact of community meetings.

Quantitative data analysis. Descriptive and inferential statistics will address the four quantitative research questions. The Statistical Package for Social Sciences (SPSS) version 21 (IBM SPSS Inc.) will be used to perform the analysis. As the overall aim of the study is to determine the effect of the program of community meetings on select characteristics, a statistical plan for measuring differences in the dependent variables will be implemented.

For the first research question, patients will complete two short questionnaires at discharge that will assess their experience of care during their inpatient hospitalization. For this group data will be collected at only one time period, post implementation. Differences in patient satisfaction and level of unit social cohesion will be explored between the intervention and non-equivalent control units. Distribution of test scores will dictate whether parametric or nonparametric statistics will be used. The Mann-Whitney U or the Wilcoxon Rank Sum (nonparametric tests) will be conducted if data are not normally distributed; the Independent Samples t-test (parametric test) will be employed if data are normally distributed.

The second research question, which addresses changes in the therapeutic milieu of the unit, will be answered by combining two data sources. The number, rate, and nature of patient safety occurrences that resulted in Code White activation will be collected for two time periods, six-months prior to the implementation of community meetings and six-months during the implementation of the meetings. Differences in aggression rates between the intervention and control units will be analyzed using the chi square statistic. The Shift Climate Scale, which is completed by the nurse-in-charge two times every day for the duration of the study (approximately six months), will provide information on the unit climate or atmosphere. The Independent Samples t-test will be used to determine differences in the climate between the two study units.

Questionnaires to be completed by nurses (ATRAD-N and PES) will be done at two different time periods, before the start of the community meeting program and again at the end of the study implementation period. Based on the distribution of the test scores

on each study instrument, parametric (for normally distributed scores) or nonparametric statistics (for skewed scores) will be used to examine differences between the intervention and control groups on each measure. For these independent or unpaired samples, the Mann-Whitney U or the Wilcoxon Rank Sum are the nonparametric tests and the Independent Samples t-test is the parametric statistic appropriate to answer the third and fourth research questions.

Qualitative data analysis. Based on the number and choice of the nurses who agree to be interviewed, a focus group and/or individual interviews will be conducted. These interviews are designed to explore more fully nurses' ideas and understanding of the strengths and shortcomings of the meetings. Interviews will be audio taped and transcribed. Researchers will complete a thematic analysis of the interview data in order to address the fifth research question (Braun & Clarke, 2006). A six-phase process will be implemented. Initially, text will be reviewed by researchers independently in order to identify salient features and broadly defined themes. Researchers will then come together to discuss their initial findings. Once broad themes are agreed upon, coding will then take place by researchers and themes may be changed or new themes may emerge.

Data integration. Results of the surveys will address four of the five research questions to be answered in this study and the qualitative findings will address the fifth study question. However, to better inform the quantitative findings, results from the interviews will be integrated with the quantitative results to provide a broader, and more in-depth understanding of the impact of community meetings. The 'fit' between the quantitative and qualitative findings will be examined and discussed.

Rigour

Confusion continues to characterize the scholarly debate about the 'best' way to

assess rigor in mixed methods research . At present, there is growing support for a three-

phase approach (Venkatesh, Brown, & Bala, 2013; Teddlie & Tashakkori, 2009).

Initially, and throughout the research process researchers need to establish validity of the

quantitative component as well as the trustworthiness of the qualitative strand of the

mixed method study. In addition, a clear discussion and appraisal of how the researchers

have integrated findings and established meta-inferences from the two sets of results is

necessary. This approach will be followed in the study.

The quantitative component of this study is a quasi-experimental, controlled

before and after [CBA] design. This design is appropriate when randomization has ethical

or logistically difficult implications including a small available sample. Lack of

randomization results in two common validity threats: i) the difficulty in measuring and

controlling for confounding variables (selection threat), and ii) results that are due to

'regression to the mean', a statistical phenomenon. Design strength of a CBA study is

maximized when: i) the comparison group closely resembles the intervention group, and

ii) pre-test measurements are collected on both groups (Harris et al, 2006). Both

characteristics are present in this component of the study. The comparison inpatient unit

is one of two acute admission units which serve the same patient population and operate

under the same rules and policies. Pre-test measures will be collected on registered nurse

participants from both units which allows for the assessment of the initial comparability

of the two groups. If both groups are similar at baseline the smaller the likelihood that an important confounder variable differs between the two groups (Polit & Beck, 2011).

The qualitative strand of this study will involve interviews and focus groups with nurses on the intervention unit. The thematic analysis method developed by Braun & Clarke (2006) will be used to generate themes and patterns from the data. This method involves six main steps which will be followed closely throughout the analysis process. The strategies to meet the four dimensions of rigor developed by Lincoln & Guba (1986) including, credibility, dependability, confirmability, and transferability will be implemented.

Finally, to foster quality at the data integration stage of the study, Teddlie and Tashakkori's (2009) *Integrative Framework for Mixed Methods Inference Quality* will be used to continuously assess the process of data synthesis / consolidation. Two main quality dimensions are considered: 1) the degree to which the researcher has selected the most appropriate procedures for answering the research questions, and 2) the degree to which credible interpretations have been made on the basis of the results. Three quality criteria are assessed under each dimension (Venkatesh, Brown & Bala, 2013).

Ethical Considerations

The proposal will be submitted for approval to the Health Research Ethics Board (HREB). The community meetings will be implemented on the intervention unit as a unit development initiative. Although patients will be encouraged to attend as part of their plan of care, it is not mandatory. Relevant information related to the meeting will be passed on to unit and supervisory staff by the nurse facilitators; meeting content will not

be recorded or used for study purposes. Study information will include the questionnaires and interviews outlined previously.

Privacy protection. The main ethical issues relate to the consent process and the privacy and confidentiality of participant information.

Consent. Registered nurses who agree to participate in the study will undergo a consent process and sign a consent form (see Appendix E). Patients will be invited to evaluate their inpatient experience at the end of their stay. An information letter will explain the purpose of the evaluation and the voluntary nature of their participation (see Appendix F). Completion of the short questionnaires is taken as consent; no written consent will be collected. A small ten-dollar gift card will be given for their time and input.

Protection of participant information. The collected data will be kept in a locked filing cabinet and on an encrypted thumb drive, and access will be limited to the co-principal investigators. No identifying information will be collected on discharged clients. Names and study ID codes for nurse participants will be kept securely but separately from consent forms.

Conclusion

Through the implementation of this project, it is hypothesized that the inpatient experience will improve, patients will become more engaged in the therapeutic process, the therapeutic milieu and working environment of the unit will improve, and that nurses will develop positive attitudes towards research. Prior research indicates that the objectives of this study are attainable if facilitators and difficulties to community

meetings are addressed. Literature indicates that having skilled, enthusiastic nursing staff leading a community meeting is imperative to success (Novakovic et al., 2010). As a result, the research team will ensure that nurses are well informed and prepared to facilitate a community meeting. Support from researchers will be provided to staff during the implementation of the community meetings in order to increase nursing staff's comfort level and understanding.

Support for this project has also been provided by the managers of both admission units at the Waterford Hospital. With approval from HREB and the Eastern Health's research approval process this project will begin in fall of 2018 and continue for a 6-month duration. Findings from this study will be submitted for publication in reputable nursing journals. The director of the MH&A Program has indicated her support for the collaboration between the program and MUNSON. As a result, a terms of reference has been drafted for consideration by both organizations (appendix G). Once a terms of reference is signed, additional studies can be developed to further engage nurses in research as well as to improve patient care.

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APPENDICES

APPENDIX A: Format for Community Meetings

APPENDIX B: Resource Manual Outline

APPENDIX C: Study Questionnaires

APPENDIX D: Nurses' Interview Questions

APPENDIX E: Nurses' Consent Form

APPENDIX F: Client Information Letter

APPENDIX G: Draft Terms of Reference

APPENDIX A

Format for Community Meetings

Preparation for the meeting

- If community meetings occur in the evening, nurses on the day shift will compile the list of discussion topics that have been submitted to be addressed by the group at the next meeting.
- The nurse facilitators will review the compiled list of topics prior to the community meeting and compose an agenda for the meeting.
    - Meeting topics and other suggestions can be submitted confidentially by patients or unit staff through a confidential submission box.
- The meeting room will be prepared and refreshments made available prior to the start of the meeting.
- All patients and staff will be made aware of the meeting and encouraged to attend.

Conducting the community meeting

- The facilitators will begin the meeting by

    - Welcoming everyone and asking each person to introduce themselves.
    - When everyone has spoken, the facilitator will explain the purpose* of the meeting, review the meeting agenda and discuss the expected behaviour of all group participants. Expectations include: i) polite and respectful interactions among all group members, ii) taking turns to speak, one at a time, and iii) making a contribution to the meeting.
    - Before proceeding with the meeting agenda, the facilitator will ask if there are other issues that need to be discussed; these will be added.
- The facilitator will then introduce the first topic that was identified from the suggestion box. The facilitators will encourage group discussion and will ask all

participants to contribute their thoughts. The facilitator will encourage the group to find workable solutions to issues discussed.

- Once the agenda has been completed, the facilitators will ask participants to identify something positive or helpful as a result of the discussions. They will also inquire as to what might be useful for the next meeting. All suggestions will be recorded.

- Participants will be thanked for attending and reminded of the suggestion box and when the next community meeting will be held.

Meeting follow-up responsibilities

- A short summary of each meeting will be noted in the binder that the nurse-in-charge writes their report. This will allow the nurses on the next shift to be made aware of issues that the patients deem important.

*Meeting Purpose: To build a supportive therapeutic inpatient community among patients and nurses while providing an environment that promotes patient autonomy and capacity building through open discussion and group problem solving.

APPENDIX B

Community Meeting Resource Manual Table of Contents

Self-Esteem

Conflict Resolution

Emotions

Sleep Hygiene

Medication Adherence

Assertiveness

Motivation

Making Choices

APPENDIX C

Study Questionnaires

Appendix C1

To be completed by clients (at hospital discharge)

1. Rome Opinion Questionnaire (Gigantesco et al, 2003)

2. EssenCES Social Climate Evaluation Schema (Siess & Schalast, 2017)

Appendix C2

To be completed by charge nurses (once per shift for study period)

1. Shift Climate Scale (Lewin et al, 2012)

NOTE : Only questionnaires for which copyright approval has been obtained are provided. The remainder are still awaitng approval.

APPENDIX C1
Patient Questionnaires

EssenCES
SOCIAL CLIMATE EVALUATION SCHEMA

Please read each item carefully and circle the number that is closest to your answer.	Not at all	A little	Somewhat	Often	Most of the time
1. The patients care for each other	0	1	2	3	4
2. Really threatening situations can occur here	0	1	2	3	4
3. On this unit patients can openly talk to staff about all their problems	0	1	2	3	4
4. Even the weakest patient can find support from fellow patients	0	1	2	3	4
5. There are some really aggressive patients on this ward	0	1	2	3	4
6. Staff take a personal interest in the progress of patients	0	1	2	3	4
7. Patients care about their fellow patients' problems	0	1	2	3	4
8. Some patients are afraid of other patients	0	1	2	3	4
9. Staff members take a lot of time to deal with patients	0	1	2	3	4
10. When a patient has a genuine concern, he/she finds support from other patients	0	1	2	3	4
11. At times, members of staff are afraid of some of the patients	0	1	2	3	4
12. Often, staff seem not to care if patients succeed or fail in treatment	0	1	2	3	4
13. There is good peer support among patients	0	1	2	3	4
14. Some patients are so excitable that one deals very cautiously with them	0	1	2	3	4
15. Staff know patients and their personal histories very well	0	1	2	3	4

Subscales:
I.   **Patients' Cohesion and Mutual Support**: refers to an essential quality of therapeutic communities and effectively working treatment groups. Items 1, 4, 7, 10, 13 reflect this subscale
II. **Therapeutic Hold**: measures the perceived support that patients receive from unit staff. Items 3, 6, 9, 12*, 15 reflect this subscale
III. **Experienced Safety**: measures whether patients and staff feel safe on the unit. Items 2*, 5*, 8*, 11*, 14*

APPENDIX C1
Patient Questionnaire

Rome Questionnaire

INSTRUCTIONS: Please read each statement and indicate the degree to which you agree with each one. Circle the number that best represents your viewpoint.

Question	Not at all	A little	Some what	Often	Most of the time
1. To what point do you feel that the care received is suitable for treating your problem?	1	2	3	4	5
2. When asking the doctors, nurses, or other staff for help, how often did they meet your request?	1	2	3	4	5
3. To what extent have the doctors, nurses and other staff been kind and polite?	1	2	3	4	5
4. How have you liked the way staff have dealt with agitated patients?	1	2	3	4	5
5. How clear and complete was the information that the doctors and nurses provided on your health conditions?	1	2	3	4	5
6. How clear and complete was the information on the benefits and side effects of the drugs that you are taking?	1	2	3	4	5
7. How clear and complete was the information on what care will be provided after you are discharged?	1	2	3	4	5
8. How much do you like the layout and the furniture of this ward?	1	2	3	4	5
9. How often have recreational activities been made available (for example, television, cards, newspapers, and magazines)?	1	2	3	4	5
10. How useful is the community group meeting?	1	2	3	4	5

APPENDIX C2

Charge Nurse Questionnaire

SHIFT CLIMATE SCALE

Instructions: This scale asks for your overall impressions of the *climate* or *atmosphere* during the shift. Consider all aspects of the unit, including the emotional state of patients and staff, levels of aggression, unit activity and social cohesion. These ratings should be completed by the nurse in charge of the unit at the end of each shift.

EMOTIONAL STATE	AGGRESSION	ACTIVITY LEVEL	SOCIAL COHESION	TOTAL
0 **Calm,** Tranquil	**0** **Cooperative** behaviour	**0** **Goal-directed** activity	**0** **Social cohesion,** Supportive groups	_____/10
1 **Uncomfortable,** uneasy	**1** **Uncooperative** behaviour, needling, goading	**1** **Aimless** Activity	**1** **Fragmentation,** lack of cohesion, counterproductive	
2 **Anxious,** on edge	**2** **Arguments,** conflict, shouting, making threats	**2** **Disruptive** Activity		
3 **Very tense,** sense of foreboding	**3** **Violent,** Combative			
4 **Frightening,** Terrifying				

Notable observations:

_____

_____

Unit: _____;   **Date of shift:** _____;

Time of shift: _____;   **Number of patients [this shift]:** _____;

 # Nurses [this shift]:_____;   **Initials of nurse completing form:** _____;

APPENDIX D

Nurses' Interview Questions

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1. Overall, what is your view of the community meetings that have been ongoing on your unit? [When you think about them what comes to mind?]

2. Have you noticed any differences on the unit since the meetings were implemented? [Any changes in: i. Patients, ii. Functioning of the unit, and iii. Unit nursing staff?]

3. What have been the two most positive aspects of the meetings?

4. What are the biggest challenges to establishing an effective community meeting program? How can they be overcome?

5. Would you recommend that community meetings be continued on your unit? Implemented on other units? Please explain.

6. What would you change about the community meetings to strengthen them?

7. What other types of activities would you like to see nurses initiate on your unit?

8. Would you be interested in working on a nursing research project? Why or Why not?

9. Is there anything you want to add that we didn't cover?

APPENDIX E

Nurses' Consent Form

> *This checklist is to be completed and submitted with this consent form.*
> *It is to be removed from the final version of the consent document.*

x☐   Most recent version of consent template (May 2016) has been used
x☐   Footer includes consent version, study name, line for patient initials
x☐   Font size no less than 12 [except for footer]
x☐   Left justification of text
x☐   Grade 9 or lower reading level. Assessed reading level is: _____
x☐   Accepted definitions for specialized terms used where applicable
x☐   Plain language principles used for study specific wording – no jargon, no acronyms, short words, short sentences, active voice and, where appropriate, bulleted lists

Standard, required wording (in bold type) has been used in the following sections:

	Yes	No
Introduction	☐	☐
Benefits (Q6)	☐	☐
Liability Statement (Q7)	☐	☐
Privacy and confidentiality (Q8)	☐	☐
Questions or problem (Q9)	☐	☐
Signature page	☐	☐
Signature page for minor/assenting participants if applicable	☐	☐

If you have answered No to any of the above, please give the rationale for these changes below:

School of Nursing

Nurses' Consent to Take Part in Research

TITLE: Exploring the Benefits of Nurse-led Community Meetings on an Acute Psychiatric Unit

INVESTIGATOR(S): Chantille Haynes BN RN, BSc [Co-PI], Eastern Health; Elizabeth Rowlands, MN RN, BSc, Eastern Health; Robin Kavanagh, BN RN, Eastern Health; Debbie Meaney, RN, Eastern Health; Bev Chard, MN RN, Eastern Health, and Joy Maddigan PhD RN [Co-PI], MUN School of Nursing

You have been invited to take part in a research study. Taking part in this study is voluntary. It is up to you to decide whether to be in the study or not. You can decide not to take part in the study. If you decide to take part, you are free to leave at any time.

Before you decide, you need to understand what the study is for, what risks you might take and what benefits you might receive. This consent form explains the study.

Please read this carefully. Take as much time as you like. If you like, take it home to think about for a while. Mark anything you do not understand, or want explained better. After you have read it, please ask questions about anything that is not clear.

The researchers will:

- discuss the study with you
- answer your questions
- keep confidential any information which could identify you personally
- be available during the study to deal with problems and answer questions

1. Introduction/Background:

The involvement of clinical (direct care) psychiatric mental health (PMH) nurses in nursing practice research is essential for identifying, understanding, and improving the
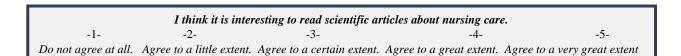
health outcomes of clients. Documented barriers that prevent clinical nurses from participating in research include lack of time, lack of knowledge, and lack of support from colleagues to name just a few. This research study was designed with direct care nurses based on their understanding of the needs of patients on an acute psychiatric admission unit. It is the first stage in the development of a research-practice collaboration between the Mental Health and Addictions Program of Eastern Health and the Memorial University School of Nursing. The goal of the collaboration is to engage PMH nurses in practice research that will improve the inpatient care experience and foster better outcomes for individuals and families. This current study, *Exploring the Benefits of Nurse-led Community Meetings on an Acute Psychiatric Unit,* is the first collaborative project between PMH nurses and nurse researchers and is intended to demonstrate the feasibility and value of a formalized research-practice collaboration, which has yet to be officially established.

2. Purpose of study:

The purpose of this study is twofold. As a demonstration project the study will provide evidence and support for the feasibility of a collaboration. As a controlled before and after intervention study, the aim is to examine the effects of a program of community meetings on one acute psychiatric unit. Patient, nurse and unit factors will be studied.

3. Description of the study procedures:

Participants (registered nurses) who agree to take part will complete two paper questionnaires at the start of the study and will complete the same questionnaires at the end of the study. The first questionnaire is the *Attitudes towards and Awareness of Research and Development in Nursing [ATRAD-N].* It explores different aspects of the participant's understanding and value toward research by having participant rate, on a 5-point scale, items such as:

I think it is interesting to read scientific articles about nursing care.				
-1-	-2-	-3-	-4-	-5-
Do not agree at all.	*Agree to a little extent.*	*Agree to a certain extent.*	*Agree to a great extent.*	*Agree to a very great extent*

The nursing profession is a practical profession and does not have to include research.				
-1-	-2-	-3-	- 4 -	- 5 -
Do not agree at all	*Agree to a little extent*	*Agree to a certain extent*	*Agree to a great extent*	*Agree to a very great extent*

The second questionnaire, the *Practice Environment Scale [PES],* is designed to measure a range of nursing workplace characteristics. Participants rate each statement based on the extent to which they agree that the item is present in their current job. A sample statement is provided:

> ***Adequate support services allow me to spend time with my patients***
> *1 = strongly agree   2 = agree   3 = disagree   4 = strongly disagree*

4. **Length of time**

You are asked to complete two questionnaires at the start of the study and again at the end of the study. It should take no more than 20 minutes to complete the questionnaires at each of the 2 time periods. Total participation time is approximately 40 minutes.

5. **Possible risks and discomforts:**

There are no perceived risks to participating in this study. The questionnaires were developed to learn about nurses' interest in research as well as their perceptions of the practice environment. It is possible that some nurses, unhappy with their work environment, may experience some distress when filling out the Practice Environment Scale as it may highlight some factors that affect them personally. All nurses will be reminded that they can refuse to answer any question and can withdraw from the study at any time.

Should any nurse become upset or distressed during data collection, the process will be stopped and the researcher [an experienced, advanced psychiatric mental health nurse] will provide support and arrange the appropriate follow up.

6. **Benefits:**

It is not known whether this study will benefit you.

7. **Liability statement:**

Signing this form gives us your consent to be in this study. It tells us that you understand the information about the research study. When you sign this form, you do not give up your legal rights. Researchers or agencies involved in this research study still have their legal and professional responsibilities.

8. **What about my privacy and confidentiality?**

Protecting your privacy is an important part of this study. Every effort to protect your privacy will be made. However it cannot be guaranteed. For example we may be required by law to allow access to research records.

When you sign this consent form you give us permission to

- Collect information from you
- Share information with the people conducting the study
- Share information with the people responsible for protecting your safety

<u>Access to records</u>

The members of the research team will see study records that identify you by name. Other people may need to <u>look</u> at the study records that identify you by name. This might include the research ethics board. You may ask to see the list of these people. They can look at your records only when supervised by a member of the research team.

<u>Use of your study information</u>

The research team will collect and use only the information they need for this research study. This information will include:

- age
- sex
- professional experience in nursing
- highest level of education completed
- information from study questionnaires

Your name and contact information will be kept secure by the research team in Newfoundland and Labrador. It will not be shared with others without your permission. Your name will not appear in any report or article published as a result of this study.

Information collected for this study will be kept for five years.

If you decide to withdraw from the study, the information collected prior to the process of data analysis will be destroyed.

Information collected and used by the research team will be stored in the PI's locked office in a locked filing cupboard in the School of Nursing, Graduate Office in the Education Building, Room 5004. Dr. Joy Maddigan is the person responsible for keeping it secure.

<u>Your access to records</u>

You may ask a member of the research team to see the information collected about you.

9. Questions or problems:

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study. That person is:

Joy Maddigan, PhD RN & Chantille Haynes

Tel: 709 864 3606

E-mail: jmaddigan@mun.ca

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

Ethics Office at 709-777-6974

Email at info@hrea.ca

This study has been reviewed and given ethics approval by the Newfoundland and Labrador Health Research Ethics Board.

10. **Declaration of financial interest, if applicable.**
N/A

After signing this consent you will be given copy.

Signature Page

Study title: Exploring the Benefits of Nurse-led Community Meetings on an Acute Psychiatric Unit

Name of principal investigators: Chantille Haynes & Joy Maddigan

To be filled out and signed by the participant:

Please check as appropriate:

I have read the consent.	Yes { } No { }
I have had the opportunity to ask questions/to discuss this study.	Yes { } No { }
I have received satisfactory answers to all of my questions.	Yes { } No { }
I have received enough information about the study.	Yes { } No { }
I have spoken to _____ and he/she has answered my questions	Yes { } No { }
I understand that I am free to withdraw from the study	Yes { } No { }

- at any time
- without having to give a reason
- without affecting my employment status

I understand that it is my choice to be in the study and that I may not benefit.	Yes { } No { }
I understand how my privacy is protected and my records kept confidential	Yes { } No { }
I agree to take part in this study.	Yes { } No { }

_____   _____   _____

Signature of participant   Name printed   Year/Month/Date

To be signed by the investigator or person obtaining consent

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

_____   _____   _____

Signature of investigator   Name printed   Year Month Day

Telephone number: _____

APPENDIX F

Client Information Letter

Hello,

You are invited to complete the following two surveys as part of an ongoing effort improve the patient experience in acute inpatient psychiatry. We are exploring if community meetings have a positive impact on the inpatient unit. You will be asked questions about your hospital stay. Your answers will be used to make the time spent in hospital more helpful to patients. You will not be asked any questions that can reveal your identity and therefore the surveys are anonymous. Please be honest about what it was like to be a patient on this unit. Your participation is voluntary and you can choose not to answer any question. If you decide not to participate it will not affect your care in any way. If you need assistance completing the surveys please ask your nurse for help. If answering the questions starts to make you feel upset, please stop and talk with your nurse.

As a thank-you for your time and ideas, you will receive a $10 gift card.

Thank you

The Mental Health and Addiction Program

APPENDIX G

Draft Terms of Reference

Memorial University School of Nursing

and

Eastern Health's Mental Health and Addictions Program

PSYCHIATRIC MENTAL HEALTH NURSING RESEARCH - PRACTICE COLLABORATION

Terms of Reference

Background

Direct care psychiatric mental health (PMH) nurses are essential to a positive inpatient experience for individuals and families. Providing excellent nursing care and recovery-focused interventions are important contributors to helping individuals regain their health and sense of wellbeing. PMH nurses' 24-7, relationship-based interactions with clients create valuable experiential knowledge not found elsewhere in the health system. While generally not skilled in carrying out research, PMH nurses have the knowledge and expertise to identify important client and practice issues and can contribute meaningfully to solving practice problems through research.

Mandate of the Research – Practice Collaboration

The R-P Collaboration will foster PMH nurses' interest in and exposure to nursing research through strong partnerships with university-based nurse researchers, individuals with lived experience and other relevant partners. Active research projects will be identified, approved, planned, and implemented with PMH nurses as key decision makers at all stages of the process.

Outcomes

1. A research strategy to guide the work of the collaboration.

2. A thriving program of nursing practice research in the MH&A Program that involves clinical PMH nurses in all aspects of the research process.

3. An active learning environment for nurse researchers, PMH nurses & other research team members.

4. A dynamic research culture within the MH&A Program and a greater awareness of and responsibility for nursing practice issues among nurse researchers.

5. Improved health outcomes for individuals and families.

Term

Five years with an evaluation of the collaborative initiated in Year 3.

Membership

[To be discussed between the 2 organizations]

Need to consider:

- Representation from those with lived experience.
- Is there a role for the Associate Dean of Research from MUNSON?

Reporting Structure

What is the process for approval of research studies in the MH&A Program?

What type of reporting / communication is appropriate within the two organizations?

Roles / Responsibilities

[To be determined following discussions with both agencies. Potential questions to be discussed are suggested below]

School of Nursing

What educational opportunities can be provided to nurses in the MH&A Program to increase their knowledge and skills in research and research appraisal?

What resources are needed / can be provided to support the aims of the collaboration?

What support can we offer to patient partners?

MH&A Program

What program support can be offered to encourage the involvement of clinical PMH nurses in these projects?

What resources can be brought to the initiative [space, equipment]?

Support for patient partners?