

Northeastern University

Honors Junior/Senior Projects

Honors Program

May 01, 2007

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Recommended Citation

 $Kesl, Wendy \ Lewis, "One insider's \ view \ of the \ research \ process" \ (2007). \ \textit{Honors Junior/Senior Projects}. \ Paper \ 31. \ \\ \ \text{http://hdl.handle.net/} \ 2047/d10006783$

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One Insider's View of the Research Process

Wendy Lewis Kesl May 2007

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Abstract

As health care environments evolve, nursing everywhere is experiencing new challenges in education and practice. A previous project involving a creative, international exchange program between Northeastern University Primary Care Nurse Practitioner (NP) Program and the Faculty of Health Studies at Buckinghamshire Chilterns University College (BCUC) in England conducted an analysis of the two educational, practice and health care systems. Although these findings indicate differences abound in both the health care arena and educational systems, there still exists a common bond of nursing core values.

The study design is descriptive using a quota sample of both advanced practice nursing students and nurses. Surveys were distributed to a quota sample of approximately 50 nursing students and 50 advanced practice nurses in both the United States and England. Subgroups participated in audio taped focus groups to discuss issues inherent in advanced nursing practice and education. Both qualitative and quantitative analyses were utilized.

The last part of this project is the perspective of an undergraduate student participating in the research process for the first time. She details her experiences during this process and the steps taken after the project to share those experiences.

Introduction

In the Spring of 2006, I was given the opportunity to go on a 10-day exchange research trip to England as part of a School of Nursing project. The group consisted of three other nursing students, an alumna of the graduate program who is now a Pediatric Nurse Practitioner and Professor Michelle Beauchesne. The two goals of the experience were to learn about nursing in England and also participate in the research process through a 'hands on' approach under the guidance of more experienced graduate students and researchers. Undergraduate nursing students were teamed with graduate NP students in a collaborative learning milieu and all participants were required to keep a reflective journal. When students went for the first time in 2004, they completed a scholarly analysis of the differences in nursing education and practice in both countries, while the second group of students in 2005 helped design a research project based on the previous year's work. Both groups were required to formally present this experience. Participating in this international exchange project led me to focus my Honor's Project on continuing this research. The purpose of this paper is to summarize the research and also give an insider's perspective on what it means to be part of a research team.

Background and Significance

In the past few years the role of the Nurse Practitioner (NP) has come into being in the United Kingdom (U.K.). However, it is still not well understood. (Maclaine, Walsh, & Harston, 2004). The Royal College of Nursing (RCN) recommends that all NP programs meet the core nurse practitioner competencies published by The National Organization of Nurse Practitioner Faculties (NONPF) (2002). The RCN is also working to get the role standardized by the Nursing and Midwifery Council, which is like our State Board of Nursing only on a national level. It has also recommended that the Council set out standards for nurse practitioner practice and

education and for a nurse the practitioner qualification be recorded on the professional nursing register. The goal of this study is to contribute to the identified need for formal development of the advanced practice role globally by the International Council of Nurses Nurse Practitioner Network (ICNNPN) (2004).

The educational preparation of the NP in the United States (U.S.) has had a similar history. As the role has evolved to meet the changing and more complex health care needs, the NP educational programs have expanded too (Niederhauser & Kohr, 2005). The current practice doctorate movement in nursing demonstrates that the role is still expanding. The availability of national guidelines has been a major contribution to shaping NP educational programs and practice in the U.S.

The development of the nurse practitioner role in the United Kingdom is following a similar pathway but at a much earlier stage of development. At a recent national meeting Dr. Carol Savrin compared the development of the NP role internationally to stages in child development, stating the US is in the adolescent stage while the UK is still in the preschool stage (Savrin, 2007). In recent years the National Health Service (NHS) has seen a great deal of change in many areas including health care policy, changing workforce, and increased consumer demand (Waters 2005). These factors have forced change in the roles and responsibilities of all health care professionals, including advanced nursing roles. However, currently there is no formal regulation of the use of the title Nurse Practitioner in the U.K. (McMillan, 2005). If the nursing profession is to be truly global then standards and guidelines for practice should be standardized to ensure quality and excellence throughout the world (Scholes, J. et al. 2004). We know that family, community, and social events influence everyone's growth and development. Because perceptions of external events often have as much impact on actions as the events

themselves, we need to be aware of how advanced practice nurses and nursing students perceive and respond to their roles and role preparation if we are to create change within the health care system (Beauchesne, 2004).

Research Project

The purpose of this study is to explore differences and similarities between advanced practice nursing (APN) education in the United States and in England. The specific aims of this current study include:

- Define and describe advanced practice nurses' perceptions about their role within the different health care systems.
 - a) How do APNs define the role?
 - b) What are APNs' perceptions about barriers and facilitators to advanced practice?
- 2. Define and describe student nurses' perceptions related to advanced practice education within the different systems.
 - a) How do student APNs define the role of the advanced nurse?
 - b) What are student APNs' perceptions about barriers and facilitators to pursuing advanced practice education?
- 3. Identify differences and similarities in perceptions of APNs and APN students in the United States (U.S.) and United Kingdom (U.K.).

Our research was considered a pilot project conducted to design the questionnaire and refine the guidelines for the focus groups. Although the U.S. and U.K. are English speaking countries, there are many differences in words and meanings so it was important to be careful and design questions that were clear and understandable. This study uses a descriptive, qualitative design, consisting of a survey and focus group. Interviews took place in both the U.S. and U.K. over a

4-month period. This study received initial approval from NU's Institutional Review Board for the Protection of Human Subjects in April 2005 as well as Buckinghamshire Chiltern University College (BCUC) Ethics Committee in October 2005 and was renewed in 2006 and 2007.

The student team consisted of myself as the undergraduate nursing student and three graduate nursing students, an advanced practice preceptor, Karen Farnum and Dr Beauchesne.

As part of this experience, we all had to learn about focus groups. So we got some training in cognitive pretesting, a technique used to make the surveys and focus group questions more clear. All future researchers and research assistants will also need this training.

Recruitment of Participants

Professor Beauchesne, the principal investigator (PI), contacted interested faculty and clinical staff of several NP organizations in the U.S. and U.K. requesting participation. The PI also requested access to advanced practice students at NU and BCUC. Flyers were posted at each university. Student participants were invited to attend a meeting at BCUC when we were over there last May 2006. During the meeting the purpose of the study was explained in detail, consent obtained and questionnaires distributed.

Sample

The goal was to recruit 25 students in the U.K. and 25 in the U.S. as well as 25 practicing nurses in the U.K. and 25 in the U.S. In qualitative research it is okay to have small sample size since the emphasis is more on the quality of information received, not the quantity (Peterson-Sweeney, 2005). In order to participate the students needed to be in an advanced practice; be >/= 18 years of age, and speak and read English. They had to answer a brief 2-page questionnaire consisting of basic facts and several questions about themselves and their education and practice. It took about 15 minutes to complete (Appendix A). The students were also asked to volunteer

to participate in a focus group of approximately 8-10 members lasting 45-60 minutes to talk about issues in advanced nursing practice and education. The team of nursing students trained as research assistants were responsible for leading the focus group of students.

We used a structured interview guideline (Appendix B) as we asked several questions of the group using the cognitive pre-testing method. Cognitive pre-testing is an interviewing technique that lets the interviewer explain what questions mean, repeat them in simpler terms, ask new questions if needed and rephrase the answers to see if that is what the student meant. This means you do not have to strictly stick to the guideline but can ask questions in ways that will get the most meaningful answer (Willis, 2005). This was really important because some words mean different things even in English! One student was assigned to try to write down the questions and answers, another was responsible for tape-recording the session and the others transcribed. There is no long-term follow up with the students but since Dr Beauchesne and Karen Farnum are going back in this May 2007 it will be interesting to see if anything has changed.

Data Analysis

All of this interview data had to be transcribed, and content analysis was used to find major themes. Content analysis is when different researchers identify themes in the responses, group them and then compare them. The themes were further identified through discussion and debate among the members of the research team. The demographic data were entered into Statistical Package for the Social Sciences (SPSS) for quantitative analysis.

An Insider's perspective

I found myself ecstatic at the possibly of being part of this research. The purpose was to compile information regarding the differences in advanced practice nursing between the United

States and England in hopes of one day making nursing education and practice have more globalized standards and guidelines. It was exciting to participate in a project that might help push nursing programs to be more uniformed. It was especially thrilling to try to accomplish this feat on a global basis. I also realized that this was just one small piece of a larger project. We were starting slow by only gathering information and data about the Nurse Practitioner/Advanced Nurse Practitioner degree, but we had to start somewhere.

Research Role

I helped lead the focus group of approximately 8 to 10 advanced nursing students in discussion using the structured guideline. These students were attending Buckinghamshire Chiltern University College (BCUC) Nurse Practitioner course. During this audiotaped session, I asked approximately 15 open-ended questions over the allotted 60 minutes. At first, it was hard to elicit responses from the advanced nursing students and with the help of my peers we were able to phrase the questions in a way that was understandable to both the English nursing students and us. Since this was my first experience leading a focus group and as the only undergraduate student there, I found it to be a little overwhelming. I was glad to be sitting in front of the group of English Nurse Practitioner students with my three peers, all of who, at the time, not only were graduate students but, had participated in other research projects before. They gave me much needed moral support.

While in London, we were also able to collect surveys, both in written questionnaires and through face-to-face interviews with other faculty and nurses out in the field, at the area hospitals. I found the survey experience to be absolutely rewarding, especially the face-to-face interviews, because it gave me a great perspective of what England's nurses feel is wrong and right about their nursing education and health system as a whole. I learned so much about

research and how to conduct it during this trip that it was a little overwhelming at first.

However, through the mentoring portion of the experience I was able to discussed things not only with my faculty advisors, but also with a graduate nursing student that I was paired-up with for this project.

Since our England trip, we (my graduate mentor, Honor's Project faculty advisor and myself) have continued working on compiling and analyzing the data from the surveys to try and identify common themes. We continue to work on expanding the population size and countries in study and have also updated the literature review in anticipation of preparing manuscripts on findings and submitting abstracts to national conferences to present our research.

Lessons Learned

I was very interested to discover that England's nursing degree programs are as vast and confusing as ours. I was astonished to learn that in the England you do not have to acquire a master's degree to become a Nurse Practitioner, but that you can take a hospital based program that could last anywhere from weeks to months in length, and then be considered a Nurse Practitioner at that facility. I understand that the nurses taking those diploma-style classes to become Nurse Practitioners have been nurses for many years and have had phenomenal experiences, but personally, I believe that you need the theory behind the skills that you practice. According to my mentors, the existing situation in England is similar to the development of the Nurse Practitioner role in the United States 40 years ago.

England's community-based nursing program was remarkable. I had a hard time believing that they still actually send nurses into patient's homes to do things like well baby check-ups. It saddened me to learn that the NHS may cut the funding for this program and take away the opportunity to due real preventative care, something that I believe that the United

States is deficient in. I think the United States believes that preventative care is treating a cold or flu at the primary physician level and providing basic immunizations, not going out into the communities and making sure the health needs of that community are met.

I found what Harefield Hospital was trying to do by streamlining patients with specific EKG reading straight to Harefield and treating them right away without any consultations amazing. Harefield hospital stated that they were having their Emergency Medical Technician's run EKG strips on all their chest pain patients and if the EKG reading was a specific pattern, then they would bring them straight to Harefield, instead of to any other hospitals accident & emergency room. This process made their chest pain patients survival rate dramatically increase.

Almost all the wards (floors/units) in the hospital didn't have any individual rooms; they were wide-open spaces with curtains to provide privacy when they were doing procedures. Most of the wards had views of beautiful gardens that were on the grounds of the hospital. I don't think the United States pays much attention to the fact that hospitals are not the best place to foster a patient's mental health and sometimes patients need to be able to at least see an environment that fosters healing. Whether or not that is seeing something like those gardens or just what the weather outside is like, so that they feel connected to something other then their disease. I also found it interesting that they don't have HIPPA in England. There were patients first and last names on every door, dry erase board and, etc.

I was shocked to learn about England's Accident & Emergency room four-hour rule, that is country mandated. Where everyone that walks through the hospitals Accident & Emergency doors has to be seen, treated or moved to a floor bed within four hours. I think that is a commendable attempt but I don't think it is something that is realistic for the United States simply due to the legal responsibilities that we have here. It was explained to us that if someone

chooses to sue the hospital and staff for miss-treatment then the NHS protects the staff unless they preformed duties outside of their scope of practice. Here in the U.S. you can be sued for anything and everything and your employer doesn't shelter you from the personal lawsuits or the fallout from them. It was interesting to learn that the hospital admitted that they don't always meet that four-hour mandated rule, and that sometimes they "hid patients". Basically, they figured out how to get around the four-hour rule by creatively placing patients on floors that they don't need or by telling them to come back after a few hours or that they will call them at home with their test/lab results. Even know the system is set-up to speed patients through, it just doesn't always happen and to prevent consequences from not meeting those national guidelines they have found loopholes in the system. It's nice to know that they have some of the same problems as our emergency departments have – to many patients and not enough staff.

The nursing staff advised us that due to the NHS's extreme financial despair that nursing vacancies that are created in hospitals are not being filled, and that many hospitals have to go on hiring freezes. I feel sorry for the nurses that are left, because they're going to have high patient ratios and be required to work more hours then they should.

Other New Skills: Grant Writing and Public Speaking

First on February 28, 2007 I participated in a formal presentation of our project at the spring meeting of Gamma Epsilon Chapter of Sigma Theta Tau International (STTI). Although I had a small part to present it was a wonderful opportunity to be able to share my work in front of many of my professors and classmates. Both Dr Beauchesne and Karen Farnum, the preceptor who accompanied us to England were supportive of my efforts and encouraged me to speak. I was surprised at how well I did and was less anxious about presenting at the national meeting of nursing professors!

Then through this opportunity to participate in the exchange research trip I was given the opportunity to apply for a Northeastern University Undergraduate Provost grant. The process although relatively short was very challenging, being the first time that I have ever applied for a research grant. I had struggled with encompassing everything that we did while in England and everything that we were trying to do once we returned into a one to two page paper. Through the help and guidance of my mentor and advisor, Professor Beauchesne, I was able to write a great two-page essay and gather all the necessary appendences. I was pleasantly surprised when I received the grant, which provided support for me to accompany Professor Beauchesne and our BCUC colleague, Lesley Bridges, to Denver, Colorado to present this research at the National Organization of Nurse Practitioner Faculties (NONPF) Annual Meeting.

I had the opportunity as a senior nursing student to attend and present at the National Organization of Nurse Practitioner Faculty (NONFP) annual meeting, Moving Mountains: Evolution in NP Education, held April 12-16, 2007 in Denver, Colorado. It was an awesome experience to attend a national nursing meeting and present the research that I have helped compile, analyze and write about. It was a unique opportunity for me to participate at such a conference with my mentor, Professor Beauchesne, and also my colleagues from London, England who were in attendance. There were great networking opportunities with people from other counties. It was such a once in a lifetime opportunity to be able to speak in front of a national audience and feel supported by my colleagues.

Future Plans

We are in hopes of expanding our research into Ireland, with the Northern University of Galway and submitting our current research for publication. This experience has motivated me to continue these scholarly efforts. Actually participating in a research project from the inside

has helped make research real for me and has motivated me to continue in some way as I start my new career as a registered nurse at the Children's Hospital of Philadelphia (CHOP).

Professor Beauchesne has already introduced me to a nursing professor from Drexel University in Philadelphia who does research at CHOP! This is an excellent example of Northeastern's experiential learning philosophy. I will encourage my fellow nurses to also consider linking research with practice because it is so rewarding.

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A P P E N D I X A Student Survey

CODE	NUMBER	S

Please answer each of the following questions. There are no right or wrong answers. *Please complete the questions on the back of this page as well.*

Please circle or write in your answer to each of the following questions

Age?		Gender?				
20 years or under	= 1	Male	= 1			
21 - 30 years	= 2					
31 – 40 years	= 3	Female	= 2			
41 – 50 years	= 4					
51 – 60 years	= 5					
Over 60 years	= 6					
Country of birth?	•	Country of resider	ice?			
Marital status?		Race/ethnicity?	?			
Single	= 1	Mixed	= 1			
Married	= 2	Asian or Asian British	= 3			
Remarried	= 3	Black, or Black British	= 5			
Separated	= 4	White	= 6			
Divorced	= 5	Other or unknown	= 7			
Widowed	= 6					
Living together	= 7					
How many children do you hav	e?	How many years have you been enrolled in your program?				
None	= 1	One year	= 1			
One child	= 2	Two years	= 2			
Two children	= 3	Three years	= 3			
Three children	= 4	Recent graduate (< 1 yr)	= 6			
More than three children	= 5					

During your program, what state been mostly?	tus have you	Highest degree earned				
Full-time	= 1	Diploma	= 1			
Part-time	= 2	Post-registration	= 4			
		B.Sc./B.A.	= 5			
		M.Sc./M.A.	= 6			
		Doctoral	= 7			
		Other	= 8			
Previous non-nursing of	legree?	Length of time as a nurse?				
No	= 0	1 to 2 years	= 1			
Yes	= 1	3 to 5 years	= 2			
If yes to above, please identify		6 to 10 years	= 3			
		11 or more years	= 4			
Specialty qualifications? Yes	/ No	In addition to going to College/ University, are you employed? No, not employed				
Please list any qualifications		Yes, employed 20 hours or less a week	= 0			
		Yes, employed 21 to 35 hours a week	= 1			
		Yes, employed 36 or more hours per week	= 2			
			= 3			
		If 'yes', what type of setting?				
		Outpatient	= 1			
		School	= 2			
		Clinic	= 3			
		Emergency room	= 4			
		Inpatient hospital	= 5			
		Private practice	= 6			
		Health visitor	= 8			
		Residential	= 9			

At what University are	e you currently enrolle	d?		
Did/do you have a cli	nical specialty?	0 = No 1 = Y	/es	
If yes to above, pleas	e identify.			
How satisfied are your	ou with the <u>amount of cli</u>	nical experience provide	ed in your educational pr	ogram?
Not at all satisfied =	A little satisfied	Fairly satisfied	Mostly satisfied	Very satisfied
0	= 1	= 2	= 3	= 4
How satisfied are you Not at all satisfied =	ou with the <u>amount of cli</u> A little satisfied	<u>nical knowledge</u> provide Fairly satisfied	ed in your program? Mostly satisfied	Very satisfied
0	= 1		= 3	very satisfied = 4
0	- I	- 2	– 3	- 4
•			<u>ge</u> provided in your progi	
Not at all satisfied =	A little satisfied	Fairly satisfied	Mostly satisfied	Very satisfied
0 = 1		= 2	= 3	= 4
4. How satisfied are yo	ou with the <u>amount of tin</u>	ne that you are able to s	spend with your advisor?	
Not at all satisfied =	A little satisfied	Fairly satisfied	Mostly satisfied	Very satisfied
0	= 1	= 2	= 3	= 4
5. How well does your	professional education	program prepare you to	negotiate your new role	
Not at all	A little	Somewhat	Moderately Well	Very Well
= 0	= 1	= 2	= 3	= 4
6. How well does your	professional education	program prepare you to	implement your new role	e?
Not at all	A little	Somewhat	Moderately Well	Very Well
= 0	= 1	= 2	= 3	= 4
7. How well does your clinical courses?	professional education	program integrate evide	ence-based practice throu	ughout all core and
Not at all	A little	Somewhat	Moderately Well	Very Well
= 0	= 1	= 2	= 3	= 4

Please circle the number that indicates how much you need the following supports.

Trease shore the number that maleutes now	Not at all	A little	Some- what	A lot	Very much
Family support	0	1	2	3	4
Emotional support	0	1	2	3	4
Educational support	0	1	2	3	4
Technological support	0	1	2	3	4
Social support	0	1	2	3	4
Financial support	0	1	2	3	4
Peer support	0	1	2	3	4
Employer support	0	1	2	3	4

Please circle your answer to each of the following questions.

Do you feel that the user is supportive of the advanced practice role?
 No = 0 Yes = 1

2. Do you believe your employer is supportive of the advanced practice role? No = 0 Yes = 1

3. Do you feel the health care system is supportive of the advanced practice role? No = 0 Yes = 1

Please answer the following questions and feel free to use the back or add an additional page with your opinions and ideas.

1. In your opinion, what was the most supportive aspect of your educational program?

2. In your opinion, what was the greatest barrier to completing your educational Program?

3. How would you define advanced practice?

4. What do you think is the future for advanced nursing practice?

5. Finally what is your perception of the public's image of the advanced practice nurse?

C	0	D	Ε	#								
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APPENDIX B

Increasing Global Awareness Project

Structured Interview Guideline (Focus groups students/advanced practice nurses)

- 1. What motivated you to become a nurse?
- 2. Where did you first hear of the role of an advanced practice nurse?
- 3. Why did you choose the pathway you did?
- 4. Why did you choose not to go another route?
- 5. Why did you choose to pursue APN?
- 6. What was the most positive/least positive aspect of your nursing program or new role?
- 7. What strengths/ limitations did you bring to the program or new role?
- 8. What helped you get through the program or transition to new role?
- 9. What served as a barrier(s)?
- 10. What were sources of stress?
- 11. What are your future goals?
- 12. What is the market for APN?/ chances for employment?
- 13. What do you consider essential content in an APN program?
- 14. What do you consider superfluous content in an APN program?
- 15. What is your vision for the future of advanced practice nursing?