Appendix B

Rogers's Conceptual Framework (original and adapted for research)

**Diffusion of Innovation model.**

Source: Rogers (1995)
Appendix C

Questionnaire:

**BARRIERS® and Facilitators to Using Research in Practice**

**THIS IS A BARRIER**

Articles in nursing journals indicate that nurses in practice do not use the results of research to help guide their practice. There are a number of reasons why this might be. We would like to know the extent to which you think each of the following situations is a barrier to nurses' use of research to alter/enhance their practice. For each item, circle the number of the response that best represents your view. Thank you for sharing your views with us.

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<td>2. Implications for practice are not made clear</td>
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<td>3. Statistical analyses are not understandable</td>
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<td>4. The research is not relevant to the nurse's practice</td>
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<td>5. The nurse is unaware of the research</td>
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<td>6. The facilities are inadequate for implementation</td>
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<td>7. The nurse does not have time to read research</td>
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<td>8. The research has not been replicated</td>
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<td>9. The nurse feels the benefits of changing practice will be minimal</td>
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BARRIERS TO RESEARCH UTILIZATION

10. The nurse is uncertain whether to believe the results of the research

11. The research has methodological inadequacies

12. The relevant literature is not compiled in one place

13. The nurse does not feel she/he has enough authority to change patient care procedures

14. The nurse feels results are not generalizable to own setting

15. The nurse is isolated from knowledgeable colleagues with whom to discuss the research

16. The nurse sees little benefit for self

17. Research reports/articles are not published fast enough

18. Physicians will not cooperate with implementation

19. Administration will not allow implementation

20. The nurse does not see the value of research for practice

21. There is not a documented need to change practice

22. The conclusions drawn from the research are not justified

23. The literature reports conflicting results

24. The research is not reported clearly andreadably
25. Other staff are not supportive of implementation

26. The nurse is unwilling to change/try new ideas

27. The amount of research information is overwhelming

28. The nurse does not feel capable of evaluating the quality of the research

29. There is insufficient time on the job to implement new ideas


*Thank you for sharing your views!*

c. 1987, Funk, Champagne, Tornquist & Wiese Retrieved from:

http://www.unc.edu/depts/rsc/funk/barrier1.html
The BARRIERS® to Research Utilization Scale OVERVIEW

For more than 25 years, the nursing literature has discussed the gap between the conduct of nursing research and the use of research findings to improve patient care and clinical practice. In 1987, the research team of Funk, Champagne, Torquist, and Wiese, developed the BARRIERS® Scale to assess clinicians', administrators', and academicians' perceptions of BARRIERS® to the utilization of research findings in practice. Items were derived from the literature, from research data, and from the CURN Project Research Utilization Questionnaire (Crane, Pelz, & Horsley, 1977).

The scale, consisting of 29 items, was tested with a sample of registered nurses (n=1,948) who were employed full time in nursing, 924 of whom held clinical positions. Standard psychometric analyses were performed on the instrument and replicated. These analyses are described in detail in Funk, Champagne, Torquist and Wiese ("BARRIERS®: The BARRIERS® to Research Utilization Scale," Applied Nursing Research, 4, 39-45, 1991. It is recommended that those wishing to use the BARRIERS® Scale read this article.

FACTOR STRUCTURE

Principal components analyses identified four factors on the scale: characteristics of the potential adopter, characteristics of the organization in which the research will be used, characteristics of the innovation or research, and characteristics of the communication of the research. The factors, their corresponding items and Cronbach's alphas are listed below.

FACTOR 1. CHARACTERISTICS OF THE ADOPTER: The nurse's research values, skills, and awareness. (8 items; alpha = .80)
- The nurse does not see the value of research for practice.
- The nurse sees little benefit for self.
- The nurse is unwilling to change/try new ideas.
- There is not a documented need to change practice.
- The nurse feels the benefits of changing practice will be minimal.
- The nurse does not feel capable of evaluating the quality of the research.
- The nurse is isolated from knowledgeable colleagues with whom to discuss the research.
- The nurse is unaware of the research.

FACTOR 2. CHARACTERISTICS OF THE ORGANIZATION:
Setting, BARRIERS® and limitations.
(8 items; alpha = .80)
- Administration will not allow implementation.
- Physicians will not cooperate with implementation.
- There is insufficient time on the job to implement new ideas.
- Other staff are not supportive of implementation.
- The facilities are inadequate for implementation.
• The nurse does not feel she/he has enough authority to change patient care procedures.
  • The nurse does not have time to read research.
  • The nurse feels results are not generalizable to own setting.

FACTOR 3. CHARACTERISTICS OF THE INNOVATION:
Qualities of the research. (6 items; alpha = .72)
  • The research has methodological inadequacies
  • The conclusions drawn from the research are not justified.
  • The research has not been replicated.
  • The literature reports conflicting results.
  • The nurse is uncertain whether to believe the results of the research.
  • Research reports/articles are not published fast enough.

FACTOR 4. CHARACTERISTICS OF THE COMMUNICATION:
Presentation and accessibility of the research. (6 items; alpha = .65)
  • Implications for practice are not made clear.
  • Research reports/articles are not readily available.
  • The research is not reported clearly and readability.
  • Statistical analyses are not understandable.
  • The relevant literature is not compiled in one place.
  • The research is not relevant to the nurse’s practice.

SCORING
Scoring of the tool is specified in the original article about the tool that appeared in Applied Nursing Research: “BARRIERS®: The BARRIERS® to Research Utilization Scale,” Vol. 4, p. 39-45, 1991. This article delineates the four scales of the tool (characteristics of the nurse, the setting, the research, and its communication) and specifies the items to be included on each scale. Note that one item (Item #27) is not scored since it did not load on any of the four factors. It has been retained on the instrument, however, based on feedback from clinicians and administrators regarding its potential utility.

Scoring for each factor is quite simple -- for each individual, merely average [take the mean of] the responses to the items on the factor, eliminating those items for which the individual specified “no opinion” or left blank. (Thus, the appropriate divisor for the mean is the number of items with valid responses [i.e., scores of 1-4], not the total number of items on the scale.) If an individual responds “no opinion” for at least half of the items on a scale, you may wish to assign a “missing value” for the scale, since the scale score may be unstable.

VERSIONS
There are two versions of the scale available to researchers: (a) the original BARRIERS® scale reported in Applied Nursing Research, 1991, which asks respondents to provide general perceptions of the BARRIERS®, and (b) a version that personalizes the instructions so the responses are provided in relation to the individual’s own work setting. The scale has been sent to over 100
Researchers, clinicians, administrators, and students over the past 10 years. It has been translated into German, Thai, Korean, and French and is presently being translated into additional languages. A psychometric database is being compiled from data returned by scale users.

Retrieved from: http://www.unc.edu/depts/rsc/funk/barrier1.html
SurveyMonkey® Electronic Survey (Demographics and BARRIERS®)
Appendix E

Georgia College & State University Consent Form

I, ____________________________, agree to be a participant in the research title "What are the BARRIERS® to nursing research utilization in a Magnet® hospital?" conducted by Sandra D. Copeland, who can be reached at 478-747-8915. I understand this participation is entirely voluntary; I can withdraw my consent at any time and have the results of the participation returned to me, removed from the experimental records, or destroyed.

The following points have been explained to me:

1. The purpose of the study. You are invited to participate in a nursing research study! The purpose of this study is to discover the BARRIERS® that are present that keep nurses from using research and/or evidence based practice in daily bedside care of patients in an acute care Magnet® hospital in Middle Georgia. The use of research and evidence based practice by direct-care nurses has been well linked to positive nurse and patient outcomes. However, personal, organizational, administrative and cultural factors have been shown to make this process less than effective in all facilities.

2. Participants. You are being asked to participate in the study because nurses participation would help determine any issues or BARRIERS® that affect the use of research and evidence based practice in patient care and assist the researcher in determining actions plans designed to improve these processes for the nurse, the patient, and the organization to deliver optimal patient care. As a member of the esteemed nursing community, you are the most highly qualified person to give us the input needed to keep nursing and patient care outcomes at the highest quality.

   The targeted nurse participant group for the study includes all bedside nursing caregivers regardless of education level, years of experience, full time/part time equivalency status, age (must be at least 18 years old), gender, pregnancy or any other demographic variable. Nurses who participate must be RN's only. Staff members excluded from participating include: LPN's, non nurses, and nurses serving in administrative or educational capacities away from the bedside more than 50% of their allotted work assignments.

3. Procedures. If you volunteer to participate in this study, you will be asked to do the following: Fill out a questionnaire (electronic). The questionnaire has questions about the BARRIERS® nurses face in implementing nursing research in daily nursing practice and well as demographic data about you and your work
history. You will not list your name on the data sheet or any other documents except signing for consent to the study. Therefore, the information gathered will be completely anonymous and will be completely untraceable to you.

4. **Benefits of Participation.** There may not be direct benefits to you as a participant in this study. Possible indirect benefits to the participation could lead to positive entry gains on a professional clinical ladder program, personal and professional knowledge gain of the research process, as well as the development of connections for research mentors within and without the organization. This potential benefits are solely dependent on your sharing this information with these appropriate entities. This research project will not disseminate the information beyond what has been described. However, we hope that the study might increase awareness of BARRIERS® that exist to using research in practice and the benefits of overcoming these in order to promote optimum nursing practice and patient care outcomes. Also, identifying these BARRIERS® might help us to take actions appropriate to removing these BARRIERS® in the future. A small token of appreciation will be available to you (value <$5) if you wish to accept it.

5. **Risks of Participation.** There are risks involved in all research studies. This study may include only minimal risks. You may find that many questions are invasive or personal. If you become uncomfortable answering any questions, you may cease participation at that time. No discomforts or distresses will be faced during this research. No physical, psychological, social or legal risks exist in this study.

6. **Cost or Compensation.** There will not be financial cost to you to participate in this study. The study will take approximately 20 minutes to complete. You will not be compensated for your time.

7. **Contact Information.** If you have questions or concerns about the study, you may contact Dr. Judy Malachowski at 478.445.1795. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact the Georgia College and State University Office for the Protection of research subjects at 478.445.1795

8. **Voluntary Participation.** Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university or hospital. You are encouraged to ask questions about the study at the beginning or at any time during the research study.

9. **Confidentiality.** All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. The results of this participation will be anonymous and will not be released in any individually identifiable form without my prior consent unless required by law. All records will be stored in a locked facility at GCSU for three
years after completion of the study. After the storage time, the information
gathered will be shredded. A secure web server will be used to deliver and
analyze the electronic survey data.

10. The investigator will answer any further questions about the research (see above
phone numbers). In addition to the above, further information, including a full
explanation of the purpose of this research, will be provided at the completion of
the research project, if you request.

_________________________        ____________
Signature of Investigator               Date

_________________________        ____________
Signature of Participant                Date

*******************************************************************************

Research at Georgia College & State University involving human participants is
carried out under the oversight of the Institutional Review Board. Questions or problems
regarding these activities should be addressed to Mr. Marc Cardinalli, Director of Legal
Affairs,
CBX 041, GCSU, (478) 445-1795.
From: douglas.keith@gcsu.edu [douglas.keith@gcsu.edu]
Sent: Friday, March 15, 2013 1:01 PM
To: Sandra Copeland
Cc: Mazhar Malik
Subject: Protocol Approved

Dear Sandra Copeland:

The IRB has reviewed the proposal you submitted. "BARRIERS to Utilization of Nursing Research in a Magnet Designated Hospital" has been granted approval by the Georgia College & State University Institutional Review Board. You may proceed but are responsible for complying with all stipulations described under the Code of Federal Regulations 45 CFR 46 (Protection of Human Subjects). This document can be obtained from the following web address.

http://ohsr.od.nih.gov/guidelines/45cfr46.html

The approval period is for one year. After that time, an extension may be requested. It is your responsibility to notify this committee of any changes to the study or any problems that occur. You are to provide the committee with a summary statement. Please use the enclosed statement to request an extension, for reporting changes, or reporting the completion of your study.

http://web.gcsu.edu/4dcgi/app/irb/status_report.html?str_protocol_id=1640&unique_id=d7fJMaWAdfckrdeptSR

Yours sincerely,

Douglas Keith, PhD
Chair, IRB
Appendix F

The BARRIERS® to Research Utilization Scale OVERVIEW
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• The nurse is unaware of the research.

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Setting, BARRIERS® and limitations.
(8 items; alpha = .80)
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Retrieved from: http://www.unc.edu/depts/rsc/funk/barrier1.html
Appendix G

PERMISSION TO USE THE BARRIERS® SCALE

FROM: Sandra G. Funk, PhD.
Professor and Associate Dean for Research
School of Nursing
University of North Carolina at Chapel Hill
sfunk@email.unc.edu

RE: Use of the BARRIERS® Scale

You are free to download and use the BARRIERS® Research Utilization Scale for your research. The instrument is copyrighted (c. 1987, Funk, Champagne, Tornquist & Weise) and may not be duplicated or copied without first submitting a signed copy of this permission form to Dr. Funk. Requests for any changes or alterations to the instrument should be made in writing to Dr. Funk. As with all revisions, the copyright will be retained by Funk, Champagne, Weise and Tornquist and must appear on the printed copies of the instrument.

By filling in your name, address, phone number, and e-mail address and signing the agreement use below and mailing it to Dr. Funk, you are hereby given permission to use the BARRIERS® Scale for your research. The permission is valid only for the study named below.

Dr. Funk requests that you send back the following information:

- your raw BARRIERS® data in ASCII format for our reliability and validity bank
- copies of any changes or translations of the scale
- copies of any publications citing the use of the scale

When using the BARRIERS® Scale you need to use the following reference:

BARRIERS®: The BARRIERS® to research utilization scale. *Applied Nursing Research, 4*(1), 39-45.

**AGREEMENT TO USE THE BARRIERS SCALE**

I agree to the above conditions for using the BARRIERS Scale

Name: Sandra Copeland

Title: Barriers to Research Utilization in a Magnet Hospital

E-mail: sandrajawg@aol.com

Address: 609 McCrackin Street Juliette, Ga 31046

Academic/business affiliation_MCCG/GCSU

Phone Number: 478-747-8915

Signature_________________________ Date____________

Please keep a copy of this form in your files. For students, signing this form and mailing it to me should serve as permission to use this scale for your research report, thesis or dissertation.

Mail to:

Sandra G. Funk, PhD

School of Nursing

Carrington Hall, CB# 7460

University of North Carolina – Chapel Hill

Chapel Hill, NC 27599-7460

Retrieved from: http://www.unc.edu/depts/rsc/funk/barrier1.html
Appendix H

CNO Evaluation Form

CNO Evaluation of DNP Capstone Project

BARRIERS® to Nursing Research Utilization in a Magnet® Facility

Sandra Copeland

GCSU 2013

Instructions: For each item, circle the number of the response that best represents your view. Choose only one response. Thank you for sharing your views with us.

1. Were the results of the study beneficial to you and/or the organization?

2. Do you anticipate being able to use the data from this project to improve processes and/or outcomes in your facility?

3. Were you kept informed of the progress of the study as a stakeholder?

4. How likely are you to use the data in your organization?

5. Were your ideas or concerns addressed by the student researcher appropriately?

6. Does the project contribute new knowledge to your organization?

7. Would the project lend itself to being used as a starting point to foster other research projects?

8. Does the project add to the nursing profession in a positive way?
Appendix I

Nursing Research Council Evaluation Form

Nursing Research Council Member (MCCG)

DNP Capstone Project Evaluation

BARRIERS® to Nursing Research Utilization in a Magnet® Facility

Sandra Copeland

GCSU 2013

Instructions: For each item, circle the number of the response that best represents your view. Choose only one response. Thank you for sharing your views with us.

1. Were the results of the study beneficial to you and/or the nursing research council?

2. Do you anticipate being able to use the data from this project to improve processes and/or outcomes in your facility?

3. Were you kept informed of the progress of the study as a stakeholder?

4. How likely are you to use the data in your council?

5. Were your ideas or concerns addressed by the student researcher appropriately?

6. Does the project contribute new knowledge to your council?

7. Would the project lend itself to being used as a starting point to foster other research projects?

8. Does the project add to the nursing profession in a positive way?
Appendix J

Medical Center of Central Georgia

Patient Care Services Division

Application for Conducting Nursing Research

Investigator Information

Name: Sandra Copeland, RN, MSN, APRN, FNP
Address: 609 McCrackin Street Juliette, Ga 31046
Telephone Numbers: 478-994-3683 (Home) (Cell) 478-747-8915
Affiliation: MCCG and GCSU
Work Address: 777 Hemlock Street, Macon Ga Magnet® Office
Is the investigator a student? (Check one) ☒ Yes ☐ No
If so, where and in what major or degree? GCSU
Degree: DNP student
Name and phone number of faculty advisor: Dr. Judy Malachowski
cell: 229.220.3696

Did this project originate as MCCG QI Project? (Check one) ☐ Yes ☒ No

MCCG PI Project? (Check one) ☐ Yes ☒ No

Title of Research: BARRIERS® to Nursing Research Utilization in a Magnet® Designated Hospital

What is the purpose of the research study? The purpose of this project is to collect and critique data related to the BARRIERS® perceived by registered nurses in a Magnet® facility utilizing Rogers' Diffusion of Innovation conceptual framework.
What is the problem you want to solve through research? Scholarly and regulatory bodies are asking for increases in education, training, and output for nursing research (American Nurses Credentialing Center, 2013; Robert Wood Johnson Foundation, 2010). Studies that identified causation on this deficit generally divide the reasoning for underutilization of nursing research into four main categories: characteristics of the adopter (nurse researcher), characteristics of the organization, characteristics of the innovation (research quality), and characteristics of the communication (Funk et al., 1991). The problem of underutilization of research impacts patient care outcomes and Magnet status. In order to adequately address underutilization in a Magnet hospital, identification of barriers and correlations to demographic characteristics must be assessed. The results will then be given to the NRC and nursing administration in order to implement focused interventions to improve research utilization at the bedside in the Magnet hospital.

See above or refer to full project proposal attached.

How will your study improve nursing care or patient outcomes? By identifying BARRIERS® to nursing research utilization and evidence based practice and working towards solutions that reduce these BARRIERS® and increase the utilization of these practices. This, in turn, has been shown to improve patient care outcomes. Research is important for building the science of nursing practice, improving patient outcomes and safety, and answering clinical questions with evidence-based information (Wilson, Kelly, Reifsnider, Pipe, & Brumfield, 2013, p. 80).
What studies have previously been done that are similar to what you are proposing? Review of Literature

A scoping review of the literature encompassing databases from MEDLINE/Pub Med, PsycINFO, CINAHL, EBSCO, grey literature, the Cochrane library and secondary references from primary articles was conducted to identify studies that critique this topic. Keywords searched include: Magnet® hospitals, years since last research course, BARRIERS® scores without research course, retention of research after research course, meta-analysis and synthesis of research utilization. In order to refine the search, the terms “nursing” or “nurse” were not used. The data involving the nursing concepts were identified in the searches that included studies using the BARRIERS® scale and Magnet® hospitals. Studies were identified that synthesized analysis of research utilization and retention after exposure to a research course and the impacts of research utilization based on educational determinants.

A longitudinal analysis study in Sweden studied factors that predicted the probability for research utilization among registered nurses from 2002-2010 cohorts two years after graduation (Forsman, Wallin, et al., 2012, p. 46). Logistic regression modeling was used to determine relationships between the research utilization two years after graduation and individual and organizational characteristics. Results from the bivariate analysis describe the statistical significance (p <.05) of each of the variables. Area of work (psychiatry, medical), staffing levels, and individual perceptions of work were analyzed. The male gender (p .002), nurses who did not experience work as a positive challenge (p
.000), nurses working in psychiatric care (p.000), and low student activity in undergraduate nursing classes (p.008) were all predictors for low research utilization two years after graduation (Forsman, Rudman, et al., 2012, p. 46). Given that this study was not done in America, its comparability to our educational preparation of registered nurses could be debated, but the results highlighted in their findings certainly impact theories to improve the utilization of research after graduation in absentia of the research content per se.

Squires, et al. (2011) conducted an update to previous systematic literature reviews done on determinants of research utilization using twelve research databases and reviewing over one thousand articles narrowed down from 42,000 titles identified during the 2001-2008 period. The previous review that this update encompassed was the twenty five year period prior to 2001. The results of this second review served to further validate previous findings. Individual nurse characteristics were classified according to six categories: beliefs and attitudes, involvement in research activities, information seeking, education, professional characteristics, and socio-demographic/socio-economic characteristics (Squires et al., 2011). These characteristics fit nicely into the four domains identified and studied by the BARRIERS® scale.

Oliver (2012) in a grey literature study submission evaluated the impact of prior involvement in the utilization and conduct of research on performance in a graduate nursing research course and to knowledge retention after completing a graduate nursing research course. The study used a convenience sample of masters’ level nursing students with a pre-post test design. Of the sample, 84%
had taken an undergrad nursing research course, years since taking course ranged from ten to greater than 15. Fifty two percent of the sample had participated in research previously. The author found that graduate students do increase their knowledge of nursing research after having taken a graduate nursing research course. Knowledge was retained at least 12 months after taking the course (Oliver, 2011).

In a recent article by Bettger & Granger (2012), strategies to engage research partners to provide skills and expertise needed for a clinical inquiry project are discussed. The goal of this process is the rapid translation of new scientific evidence into practice. The authors' conclusions and the studies cited, advocate the use of clinical inquiry to increase research utilization. A potential solution for the BARRIERS® identified in the previous review of literature is now apparent.

Since the BARRIERS® scale was first published in the early 1990s, more than thirty national and international studies have been conducted (Atkinson et al., 2008, p. 2). Studies have been conducted in academic medical centers, community hospitals, and at least one Magnet® facility. The internal consistency of the four domains has been established in multiple literature reviews and studies.

Overall, identified BARRIERS® were consistent over time and across geographic locations, despite varying sample size, response rate, study setting, and assessment of study quality (Kajermo et al., 2010, p. 32). Earlier studies from 1997-2005 identified organizational support, time to read research, difficulty
understanding statistics, and insufficient authority to make changes as the top BARRIERS® (Fink et al., 2005; Parahoo & McCaughan, 2001; Walsh, 1997). Recent systemic reviews of the BARRIERS® scale analyzed sixty-three studies categorizing the BARRIERS® by the subscale and rank order (Kajermo et al., 2010, p. 32).

What are your research questions or hypothesis?

- What barriers exist to nursing research utilization in a Magnet® hospital?
- Does holding a nationally recognized nursing certification have any impact on the direct-care nurses BARRIERS scores?
- Do nurses who work in “pockets” or service lines more likely than others to utilize nursing research at the bedside?
- Does time since last research course impact the direct-care registered nurses’ scores on the BARRIERS scale?

How will you conduct the study?

Project Study Design

A descriptive survey design will be used. Participants will complete an electronic questionnaire regarding BARRIERS® to research utilization and demographics information. Stakeholders (Chief Nursing Officer and nursing research council) will complete an electronic survey to evaluate the project for usefulness to the organization and the profession of nursing.

Sample and Setting Inclusion Criteria

Analysis of previous studies using the BARRIERS® tool to assess registered nurses perception of barriers to research utilization reveals that on
average between 150-200 nurses as sample size. Larger studies (n=>1,000) and smaller (n= 25) have been reported in the literature. For the purposes of this project, a sample (n) of at least 150 nurses meeting inclusion criteria will be recruited. This accounts for almost 16 percent of the registered nurses in the organization. Currently, the Magnet® hospital reports 1,200 direct-care nurses. A Levene’s test will be used to assess any deviation from the mean. Participants meeting the inclusion criteria and providing informed consent will be given the definition of research utilization and then complete the demographics data and the BARRIERS® to research utilization scale.

Participants in the study are registered nurses employed at a Magnet® hospital whose work schedule responsibilities includes at least 50% percent or more per week as direct patient care givers in the hospital proper. For example, a nurse who works 24 hours per week would be included if she provides direct patient care at least 12 or more hours in the week. Nurses who are full-time and part-time from all ethnic origins, genders, and between the ages of 18 and 99 are considered eligible. The study requires that the nurses who participate must be able to read, write, and understand English. Finally all levels of registered nursing preparation (Bachelor’s degree, diploma, ADN/ASN, Masters, DNP/PhD) will be included.

The hospital reported the breakdown of direct-care nurses in 2012 as 0.6% diploma, 46.30% associates’ degree, 50.90% bachelor degree, and 2.10% masters prepared nurses. They reported 21.5% of their nurses holding national
nursing certification. The sample will be analyzed after collection to see how closely representative of these demographics it reflects.

The setting is described as 637-bed full service, acute care Magnet ® hospital that serves an estimated population of 750,000 residents in central and south Georgia and is the second largest hospital in the state of Georgia (XXXX, 2013). No ancillary or outlying facility or service line nursing areas will be included in the sample. Only nurses meeting inclusion criteria working in the main hospital will be included.

**Exclusion Criteria**

Nurses will be excluded from the study if more than 50% percent of their work responsibilities do not include direct bedside patient care activities (e.g., full time educators, researchers, managers, consultants). Nurses with preparation as licensed practical nurses or licensed vocational nurses as terminal degrees are excluded from participation in the study. The exclusion criteria were based on the aim of the study and the ANCC Magnet® program guidelines to assess nurses’ perceptions of BARRIERS® to research utilization in their practice.

**Instruments**

Copies of all instruments and scoring guides are included in the Appendix. The following items are included: BARRIERS® tool and scoring guide, BARRIERS® Study Eligibility Screen and Demographic Data Tool, and stakeholder evaluations.

**The BARRIERS® Instrument**
The BARRIERS® to Research Utilization Scale (BARRIERS® Scale) was developed by Dr. Funk and colleagues in 1987 to assess the perceptions of BARRIERS® to utilization of research findings into practice by direct-care nurses, nursing faculty, and nursing administrators (Funk et al., 1991). The scale consists of 29 four-point Likert style items and assesses four main components or domains assessed on the scale: characteristics of the adopter (refer to the nurse's research values, skills, and awareness), characterizations of the organization (include settings, BARRIERS®, and limitations), characteristics of the innovation (refer to the qualities of the research), and characteristics of the communication (the presentation and accessibility of the research) (Funk et al., 1991). These domains and questions were derived from the literature, research data, and the Conduct and Utilization of Research in Nursing (CURN) Project, Research Utilization Questionnaire (RUQ) by Crane, Pelz and Horsley in 1977(Funk et al., 1991).

Since the BARRIERS® scale was first published in the early 1990s, more than thirty national and international studies have been conducted (Atkinson et al., 2008, p. 2). Studies have been conducted in varied settings including: academic medical centers, community hospitals, and at least one Magnet® facility. Systematic reviews of the BARRIERS® scale analyzed sixty-three studies. Overall, identified BARRIERS® were consistent over time and across geographic locations, despite varying sample size, response rate, study setting, and assessment of study quality (Kajermo et al., 2010, p. 32). The internal consistency of the four domains has been established in multiple literature
reviews and studies. Funk, et al. used factor analysis to establish internal reliability of the instrument and the Cronbach’s alpha co-efficient for the four factors on the scale are 0.65-0.80 respective to the four domains (Funk et al., 1991). Content validity was established using a second measure of research utilization and feedback from experts in the field (Funk et al., 1991).

The BARRIERS® instrument has also been replicated in many studies. Karkos and Peters (2006) used the tool to determine the BARRIERS® to nursing research in a Magnet® facility and Fink, Thompson, and Bonnes (2005) used it to promote the use of research into practice. Indeed, the original scale was developed using Rogers’s theory of diffusion.

The instrument and its content and item internal consistency have been replicated in many studies. The data are collected as ordinal scales. The Likert responses are scored from 1-5 with “to no extent” and “no opinion” rankings.

**Demographics Instrument**

BARRIERS® Study Eligibility Screen and Demographic Data Tool is a questionnaire evaluating: age in years; educational level diploma, ASN, ADN, BSN, masters degree, doctorate of nursing practice or PhD; years since last research course (if any) in years, nursing as first career yes/no; national certification yes/no and list specific certification held; gender; full time, part time, or contract; and service line that best describes their primary work assignment.

**Data Collection**

An overview of the proposed time line for data collection is provided in table 3. Data collection will be electronic through survey monkey. Advertising
and recruitment will begin with announcement in facility's newsletters and websites. An email will be sent to all employed clinical nurses with attached consent, definitions, demographics sheet and survey asking for participation in the study. Nurses will be recruited to the study in the hospital cafeteria when they are there getting a meal or snack. Additionally, nurses will be recruited at the facility's nurse week activities. Potential participants will be notified in advance of opportunities to participate in the study by short nursing and hospital websites and newsletters. Informed consent will be obtained at the time of recruitment.

Eligibility criteria will be reviewed prior to initiating informed consent. The eligibility criteria questionnaire is included in Appendix D. If the nurse is deemed eligible for the study, informed consent will be obtained and the main study questionnaires will be given. If the criteria are not met, the nurse will be thanked for their interest and invited to keep abreast of the study results. After the participant completes the survey, they will be thanked for participating in the study and will be advised that the results of the study will be discussed in upcoming poster and podium presentations. A small gift token will be given to the participant after completion of the survey.

Who will be participants in the study? See above

How will you get your sample of participants? (See above)

Convenience non random

What are the steps that you will use to run the study? See above

Describe the exact nature of the subject's involvement in the study and any information that will be obtained from subjects, either
directly or indirectly (attach copies of tools). Demographic data and the BARRIERS® scale (see attached).

What tools will you use or what measurement will you make on the participants? See above

Are you planning to use a tool you found in the literature or one you designed? (Provide a copy of the tool and references). The BARRIERS® tool is in many literature sources and research projects. It has been validated and replicated with statistical significance and content validity. Permission from the author, Dr. Sandra Funk, has been received.

What are the proposed dates of data collection or intervention?
April, May and June 2013

Who will collect the data? Sandra Copeland & Deon Hutchison

How will they be trained for data collection? Already trained

List the clinical areas that will be involved in the study (unit / s).
Clinical areas that participate

What specific data will be collected? See data collection tools and demographic form.

What types of analysis will be done to answer research questions?
Descriptive statistics using SPSS Version 20 analysis.

What limitations do you see in your research proposal? (Provide a reference list for your proposal)
Not a randomized controlled sample. Short data collection timeframe. Convenience sample. Concurrent surveys for nurses and organizational changes at time of study.

What, if anything, are you asking the nursing staff on the unit to do in relation to your study? Complete the demographic data and the BARRIERS® scale.

If collection with others is necessary how will it be achieved? N/A

Financial Involvement:

What are the anticipated costs to MCCG (e.g. mailings, copying, staffing, and statistical analysis, etc.)? None

Will the patient incur any charges resulting from participation in this study? If yes, will the patient be informed of these charges prior to study participation? N/A, no patients involved in study.

Protection of Research Subjects

Additional questions related to protection of subjects will be addressed in a separate IRB proposal or addendum to this application in accord with MCCG policy 1-400IRB.

Signature ____________________________ Date ________________

Applicant Signature ____________________________

Date ____________________________

Faculty Advisor (if applicable)

Signature ____________________________ Date ________________

References: see attached
National Women's Health Week is May 12-18
MCCG, along with its community partners, invite the women of central Georgia to participate in a series of events to increase personal wellness. The Women's Health & Maternity Fair is the first in a new series of events MCCG and partnering organizations will offer to promote women's health. “Passport to Good Health” lunch and learn events will be held throughout the year, and will address issues such as tension and stress relief, breast health and weight. Events are currently scheduled for August, October, and January 2014.

“I am pleased to announce this series of events. Women, for the most part, are the CEO's of their households. By emphasizing health care for women, we are ensuring the well-being of the entire family,” said Dr. Ninfa Saunders.

Information on the Women's Health & Maternity Fair appears below.

A Special Day For Women!
FREE SCREENINGS and SEMINARS AT THE 2013
Women's Health & Maternity Fair
Saturday, May 18
10AM - 2PM
Peyton Anderson Health Education Building
The Medical Center of Central Georgia
877 Hemlock Street, Macon, Georgia

FREE

FREE BONDItion Seminar:
- Diabetes Symposium
- Blood Pressure Screening
- Breast & Vaginal Health
- Baby & Women's Health
- Prenatal Care

RSVP Required
(478) 748-5661

Thank you for your support!

RN's - Your Participation is Requested
Calling all RN's! You are cordially invited to participate in the barriers to research utilization survey and research project at MCCG. The PI is Sandra Copeland (copeland.sandra@mccg.org) and you may access the survey at www.surveymonkey.com/s/563w7SN.

The survey only takes 15-20 minutes and will give us valuable information on how we need to improve our research process at MCCG. All responses are confidential.

Ring Found: Call 633-2510 to claim.

Calling All Volunteers!
It's time for the annual Children's Miracle Network Telethon, broadcasting live on 13WMAZ. Once again, we need you!

We need volunteers to answer phones and take the pledges. It is a fun time and one you won't want to miss!

We need volunteers for one hour shifts on Saturday, June 1 from 7 p.m.-12 a.m. If you're interested, please contact Kathy Tolbert at 3-7890 or tolbert.kathy@mccg.org.

Thank you for your support!
3rd Annual
Nursing
Innovation
& Leadership
Conference
Nursing CSI:
(Caring, Sustainment & Innovation)
May 9, 2013
7:30AM – 4:00PM
Medical Center of Central Oregon
James W. Eversole Auditorium
Appendix L

Implications for Informatics

The informatics course for the student researcher is a key part of the overall doctoral curriculum. Most scholars agree that informatics content in a terminal degree program is essential to the student’s success in the process of completing an evidence-based project or research study (Wall, Novak, & Wilkerson, 2005). Informatics courses generally focus on teaching skills in databases, statistical analysis software programs, website navigation and design, and other internet learning sites.

A recent study examined the informatics competencies of Doctor of Nursing Practice (DNP) students. Self-reported informatics competencies were collected from 132 DNP students (68 post-BS and 64 post-MS students) in their first year in the program (2007 to 2010) in three competency categories: computer skills, informatics knowledge, and informatics skills (Choi & Zucker, 2012). The study indicated that knowledge and skills on informatics competencies need to be improved and strategies suggested by the authors include integrating competencies into existing informatics course and DNP curricula and conducting further studies using objective measures of informatics competencies (Choi & Zucker, 2012).

Morris, et al., recommend that electronic surveys could be designed to identify and disseminate information on new and emerging information in nursing education (Morris, Fenton, & Mercer, 2004). The authors even recommend schools of nursing use this technology to collect state and national data for
program planning, faculty and student statistics, grant applications, and salary
trends quickly. DNP prepared nurses must bridge the gap between research and
practice by learning to critically analyze evidence and to design and implement
evaluation studies including quality improvement, implementation, and
dissemination studies and/or clinical projects (Vincent, Johnson, Velasquez, &
Rigney, 2003). This concept then becomes apparent that the programs preparing
nursing faculty and advanced practice nurses should be integrating this content
into their terminal programs.

The TIGER Initiative

Technology Informatics Guiding Education Reform (TIGER) was formed
in 2004 to develop specific actions for improving nursing practice, education, and
the delivery of patient care through the use of health information technology
(Walker, 2010 ). In their work, the group developed competencies for all nurses in
the area of informatics to obtain in order to improve outcomes (as described
above). An area of informatics frequently left out of the curriculum is a lesson
topic on electronic survey tools. Adding content on the use of electronic surveys
to research and DNP courses epitomizes the TIGER initiative’s purpose.

For example, by applying the content of electronic survey development
and use in research studies, the research student will have to meet competencies
of using web browsers, intellectual property rights, confidentiality, electronic
email, word processing, data files and data analysis. At some point, future
curricula will need to adapt the competencies of the TIGER report to address the
clinical practice doctorate informatics competencies. As electronic medical records explode in growth, research will be more electronic than ever before.

**Electronic Surveys in Clinical Practice**

The advancement of technology in our society including the mandates of electronic medical records (EMR), company email, and computerized order entry programs in the healthcare setting have forced an increase in computer skill competencies for the workers in these settings. This consequently allows for new approaches to research projects and survey tools. It is now easier to have reliable email addresses and computer access in the workplace. This enables the researcher to develop electronic tools and communication methods to contact and follow participants in a study; increases sample size, accurately track data analysis.

Programs like survey monkey make survey tools and evaluation more user-friendly. A popular feature is the ability to add instructions, definitions, and comments to the survey. Instead of the cost of printing paper copies of consent forms, demographic tools, and the actual research or project survey, an electronic version can incorporate all of this information into a single electronic file. An email with a hyperlink to the content can be sent out to larger groups of potential participants to increase sample sizes. This saves the cost of postages and printing. These hyperlinks can also be embedded into websites, newsletters, message boards, face book, and other media outlets.

A recent research project examined whether the use of electronic surveys allowed bedside nurses to collect research data faster than paper forms (McFall &
BARRIERS TO RESEARCH UTILIZATION

Milke, 2007). Not only did the researchers find that the electronic surveys had a better return time and higher response rate than paper; interestingly, they also discovered that the nurses preferred the electronic form. They postulate that decreasing the time required for data collection in research will make the process more attractive to bedside nurses. Studies conducted in Canada echo the sentiment that nurses prefer electronic surveys to paper formats while participating in research, quality improvement initiatives, and continuing education (McFall & Milke, 2007). The perceived usefulness and accessibility of information by critical care nurses is premised on the ease of use and access (Marshall et al., 2011).

**Electronic Surveys for Student Researcher**

Specific functions of electronic survey software like survey monkey that are beneficial to the research student are the abilities to select various question response types (multiple choice, fill in the blank) within the same tool (SurveyMonkey, 2013). Additionally, the tool allows the researcher to mandate the order of the questions, mandate responses to certain questions before advancing to the next question, and reordering the question bank. This came be extremely important to the study if the response to one question influences future questions. For example, if the researcher only wants to include only registered nurses under the age of 50, the survey could end the survey with a response of ages over 50 and responses of licensed practical nurses.

In addition to demographic responses, the survey tool can coordinate responses to key content. If a survey tool depends on responses to certain
questions to maintain the tool’s internal consistency, validity and reliability, it can be programmed to not allow the participant to skip a question or leave it unanswered. Prompts that ask the participant to respond or end the survey can be incorporated. Sometimes, it is easier to have the survey ended than to have to “clean up” the data or analyze missing data after the study is completed.

There are several electronic surveys available for use by researchers. Most of them offer a free version that is limited in scope (number of questions, limited analysis tools) but allows an advanced version (advanced analytical tools, export to other databases) for purchase. Security for these forms varies but most of them require a secure password or other types of security processes. Table L1 provides a list of some electronic surveys used in data collection, analysis, and research.

Table L1

<table>
<thead>
<tr>
<th>Electronic Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Monkey® [<a href="http://www.surveymonkey.com/">http://www.surveymonkey.com/</a>]</td>
</tr>
<tr>
<td>QuestionPro™ [<a href="http://www.questionpro.com/">http://www.questionpro.com/</a>]</td>
</tr>
<tr>
<td>Survey System [<a href="http://www.surveysystem.com/">http://www.surveysystem.com/</a>]</td>
</tr>
<tr>
<td>FluidSurveys [<a href="http://fluidsurveys.com/">http://fluidsurveys.com/</a>]</td>
</tr>
<tr>
<td>SoGoSurvey [<a href="http://www.sogosurvey.com/">http://www.sogosurvey.com/</a>]</td>
</tr>
<tr>
<td>SurveyGizmo [<a href="http://www.surveygizmo.com/">http://www.surveygizmo.com/</a>]</td>
</tr>
<tr>
<td>eSurveysPro.com [<a href="http://www.esurveyspro.com/">http://www.esurveyspro.com/</a>]</td>
</tr>
<tr>
<td>Google Drive</td>
</tr>
<tr>
<td>[<a href="http://support.google.com/accounts/bin/answer.py?hl=en&amp;answer=46526">http://support.google.com/accounts/bin/answer.py?hl=en&amp;answer=46526</a>]</td>
</tr>
</tbody>
</table>
Preserving Confidentiality for Participants

A vital part of the content for the researcher using electronic survey tools is how this design affects the Institution Research Board (IRB) application. The researcher will need to know specific requirements for maintaining confidentiality of the survey results in an electronic form. Data breaches in healthcare and medical providers are on the rise and include breaches in research project participants and confidential information (Privacy Rights Clearinghouse, 2013). In previous studies that used paper surveys, the IRB was satisfied by keeping the documents in a locked file with only the researcher having access.

Today, we live in an age that is alive with computer "hackers" and other security breaches to electronic data. There is no guaranteed foolproof way to protect electronic data. The United States military, large international banks, email servers, credit card databanks and many other large and secure electronic files have been successfully hacked and data compromised. So, how does the researcher provide an adequate response to the IRB on this issue?

There are software programs (Malware®, AVG®) that help protect computers from some of these threats. A thorough and good faith attempt to protect the data from viral and spyware attacks is the beginning of the process for protecting electronic data. For example, stating the use of a closed loop system with appropriate firewalls and antivirus and spyware software in the methodology of the study is critical. The IRB may also ask you to address the contingency plan of how you would handle the situation if the data are breached. Sometimes this
must also be covered in the consent form for the project or study as a potential risk to the participant.

If an email delivery is going to be used as the vehicle for delivering the online survey, then the researcher must assess the stability and security of the web browser or server used for the email system. For example, using a Yahoo!® Web browser may be more difficult to protect from hacking and other threats because infinite numbers of people uses it globally. Conversely, a closed loop private corporate internal email server is only accessible by limited numbers and types of users.

If surveys are delivered or returned by email, a process must be in place to protect the identification of the email address. This usually occurs by “blinding” the email address and showing the respondent by a pre-programmed assigned name or number. The researcher must also determine the process by which the email address will be separated from the survey response and when or if the email list will be kept or destroyed. In larger studies, a new email address with password protection are created and used solely for the purposes of the research project.

Generally, private servers utilize higher levels of password security policies requiring frequent password changes, complex password configurations, and disciplinary procedures for abuse and misuse of the system. An additional consideration to assist in maintaining integrity of confidentiality of data is for corporations to purchase their own user licenses for survey tools. This way, the corporation can further limit the users and types of surveys allowed and they then become subject to the corporation’s policies and procedures for technology ethics.
When using an electronic online survey, the participant does not have to have physical contact (i.e. interviews, visual or verbal contact) with the researcher to complete the survey. This reduces the potential bias of intimidation or motivation to complete the survey and to complete it with full disclosure of honesty. The researcher then can use this technique as a way to reduce type I sampling errors and strengthen internal validity of the tool. Confidentiality is preserved by not having to reply to an email or identify themselves in the study.

Benefits

Benefits of using an electronic survey to collect and analyze data are also important topics for the informatics lesson. Once the researcher sets up the way analysis type must be determined and programmed into the survey tool. The data can then be exported into an excel file to be used for analysis or even imported into SPSS for advanced statistical analysis. This is extremely important if time and money are concerns for the researcher.

It is not necessary with most electronic applications to pay an assistant to enter the responses (from a paper format) of each survey and demographics tool. If the researcher is attempting to do these functions themselves, it cuts down on the amount of time required to get the data and have it in a format ready for statistical analysis.

Cost

Many of the electronic survey tools have a basic package that is free to download and use. These might be useful if there are 10 or fewer items to be collected and analyzed. However, most professional tools have more questions
than ten and require more in depth information. For these cases, a more advanced version of the survey tool may need to be purchased and downloaded.
Appendix M

NRC Evaluation of Barriers Project (9-5-13) Results (n=6)

1. Were the results of the study beneficial to you and/or the organization?

16.6% very beneficial (n=1)  83.33% moderately beneficial (n=5)

2. Do you anticipate being able to use the data from this project to improve processes and/or outcomes in the Magnet facility?

50% moderately (n=3)  33% somewhat (n=2)  16.6% very much (n=1)

3. Were the study and the presentation(s) of the results presented in a professional manner?

100% very much

4. Were you kept informed of the progress of the study as a stakeholder?

100% very much

5. How likely are you to use the data in your organization?

33.33% very likely (n=2)  66.67% somewhat likely (n=4)

6. Were your ideas or concerns addressed by the student researcher appropriately?

50% very much (n=3)  50% n/a (n=3)

7. Does the project contribute new knowledge to your organization?

83.33% very much (n=5)  16.67% somewhat (n=1)

8. Would the project lend itself to being used as a starting point to foster other research projects?

83.33% very much (n=5)  16.67% somewhat (n=1)

9. Does the project add to the nursing profession in a positive way?

66.67% very positive (n=4)  33.33% somewhat positive (n=2)
Appendix N

Electronic BARRIERS® Scale Comparative Database

The BARRIERS® scale has been shown to be a reliable tool to assess the registered nurses’ perceptions of research utilization in their organization. For Magnet® facilities, it provides an inexpensive and user-friendly way to perform baseline and ongoing assessments of nurses perceptions to barriers of research utilization. The data can then be used as comparison for improvement (scores for one year compared to scores of the next), benchmarking with other facilities, research, and performance improvement activities.

Converting the scale into an electronic format to be used for data collection en mass is the key to its utilization and applicability to assessing the current research barriers in a Magnet® organization. Many affordable and efficient options are available once permission from the author has been obtained. For example, because of its organization and brevity, the scale can be easily formatted into a Survey Monkey® file that can be hyperlinked to an organization’s internal or external website as well as emailed out to a registered nurses list serve (see Figure 1)(SurveyMonkey, 2013). Some organizations already use web based programs to assess competencies annually, survey nurse satisfaction, train employees on new topics, and evaluate credentials. It would not be labor or cost prohibitive to add the BARRIERS® scale to this process as either a module or a survey.
An electronic version of the BARRIERS® scale lends itself to convenient and consistent statistical analysis. Results can be easily loaded to statistics software like SPSS® or Bright stat® (Brightstat, 2013; IBM, 2013). Demographic variables can be correlated to the BARRIERS® scale responses.

Data can be used internally to assess what climate and education need to occur to improve scores; or, revision of the research process. The data can be disseminated internally to shared governance councils, externally in nursing
conferences (through publications), or shared between Magnet facilities as
benchmarking indicators.

Imagine if all Magnet facilities nationally and internationally utilized an
electronic version of the BARRIERS scale? They could create dashboards to
record and compare to all of the other Magnet hospitals. Databases, such as the
National Database for (NDNQI) Quality Indicators, that are currently used as a
benchmarking database for the Magnet program would be just one of many used
to provide theory and evidence-based outcome data for the Magnet community.

An electronic BARRIERS scale database (EBSD) would represent an
outcomes measure for empirical outcomes and new knowledge, innovation, and
technology by providing a comparison database for measuring nurses’ perceptions
to research utilization in Magnet facilities. Hospitals could then participate in
larger research studies using this tool to develop new and innovative methods to
create research friendly climates and reduce barriers to research utilization within
their organization with potential to affect many more if their ideas are successful.

Gradually, as more and more data are collected and disseminated, there
would be areas of the scale that would need to be revised in order to keep us with
the changing healthcare climate. This process would generate more research while
refining and updating the measurement tool (BARRIERS), much like the ANCC
did with over 25 years of statistical data analysis of its original forces of
Magnetism into the new model of five concepts.
Appendix O

Resources for Project

Human resources utilized for the project were the researcher, the research assistant (recruitment and implementation of the survey to nurses), the statistician/researcher (analysis of data and assistance in the evaluation of results) and the editor for editing and formatting (refer to evaluation plan). Additional human resources may be sought for support if needed. According to the U.S. Bureau of Labor and Statistics (2011), the hourly rate for editors ranges from $14 to $47 per hour and $19-57 per hour for statisticians. Researcher and assistant time are $11-31 per hour according to the same source (Statistics, 2011).

Technology needed for the project included computers, laptops, ipads, Spss® and Smartdraw® software, printers, copiers, and scanners. Costs incurred on the project include paper, pencils, copying fees, supplies and printing for poster presentations, recruitment and advertising. Research poster printing costs are estimated at $100-300 for posters 6 feet in length by 2 ½ feet in width. (Posterpresentations.com, 2013). All cost estimates are from the middle range given by the respective source data.
Table 01  Budget for Capstone Project

<table>
<thead>
<tr>
<th>Expense Items</th>
<th>Estimated Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editor (formatting)</td>
<td>$30 x 5 hours= $150</td>
</tr>
<tr>
<td>Statistician</td>
<td>$40 x 20 hours= $800</td>
</tr>
<tr>
<td>Office supplies (paper, pencils)</td>
<td>$50</td>
</tr>
<tr>
<td>Technology (copying costs, software, poster)</td>
<td>$0.08 per copy x 500= $40</td>
</tr>
<tr>
<td></td>
<td>Poster $250= total $290</td>
</tr>
<tr>
<td></td>
<td>Software $400</td>
</tr>
<tr>
<td>Researcher and assistant time (including data collection, analysis)</td>
<td>$20 x15= $300</td>
</tr>
<tr>
<td>Small gift for participants</td>
<td></td>
</tr>
<tr>
<td>$500</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses for Project</strong></td>
<td><strong>$2,530</strong></td>
</tr>
</tbody>
</table>

Grant funding were applied for from the following foundations: Medcen Foundation, Daisy Foundation, and Sigma Theta Tau (Theta tau chapter) to cover expenses identified in the budget. Unless grant funding or donated time and services occur, the researcher will incur the full expense cost of the project.
Appendix P

Permission to Use Table

From: Anre-Marie Boström [Anne-Marie.Bostrom@ki.se]
Sent: Friday, February 22, 2013 2:04 AM
To: Sandra Copeland
Subject: SV: Permission to use table in article

Hi Sandra,

Thanks for your email. It is OK to use the 'template' of table 1 from our review, please cite our paper. I would appreciate if you send your paper/thesis when you have finalized your project. We still have an interest in this area. We have published a commentary in Journal of Clinical Nursing where we highlight our views on Barriers Scale. Maybe it can bring some thoughts for your paper.

Best regards,

AM

Anne-Marie Boström, Leg sjuksköterska, Docent
Universitetslektor | Utvecklingssjuksköterska
Institutionen för Neurobiologi, Vårdvetenskap och Samhälle | Karolinska Institutet
Danderydsgeriatriken
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08-524 839 19 | 0760-519 513
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