A Need for Strong Partnerships for Successful Nursing Home Research

In 2012, there were approximately 15,700 nursing homes (NHs) in the United States, with 1,383,700 residents (Harris-Kojetin, Sengupta, Park-Lee & Valverde, 2013). It is projected that by 2030 one in five Americans will be 65 or older (Colby & Ortman, 2015); thus, there is anticipation of an increased need for long-term care services, including NH care, to support these older adults. Due to limited research and evidence focusing on older adults residing in NHs, there continues to be a need for well-designed research studies and academic nurse researcher–NH facility partnerships (Kovach, 2015; Morrison, 2009). Research is essential for improving the quality of care delivered within NHs and positively affecting quality of life for residents.

Some attention to the barriers to conducting research, particularly intervention studies, within NHs has been documented, such as staff support and cooperation, staff turnover, changes in ownership and leadership over the course of a study, retaining NH research sites through completion of a study, quality of data sources (e.g., MDS data), resident recruitment, and obtaining informed consent (Buckwalter et al., 2009; Hall, Longhurst, & Higginson, 2009; Maas, Kelley, Park, & Specht, 2002; Mentes & Tripp-Reimer, 2002; Tilden, Thompson, Gajewski, Buescher, & Bott, 2013). However, a significant barrier that has gained little attention is the challenge of gaining entrée into NHs to conduct research. Gaining entrée into NHs has been reported most successful through investigators’ prior contacts, a respectful approach toward NH administration, and a research design that avoids clinical staff burden (Hanson, Gilliam, & Lee, 2010). However, for some researchers, difficulty making initial connections with NH administrators and/or directors of nursing (DONs) to schedule time to discuss research proposals and lack of internal communication between administrators and DONs regarding initial contact from investigators continue to be problems with gaining entrée (Garcia, Kelley, & Dyck, 2013).

Difficulty gaining entrée into NHs was the main barrier in commencing our observational, descriptive dissertation studies. Under the guidance and support of our mentors and through their connections, we easily obtained letters of support from corporate NH administrators supporting a partnership with us as research sites for our studies. Despite these approvals from the NH offices and research committees to move forward with our individual research proposals, we still faced challenges of gaining access to commence data collection from the on-site gatekeepers of the individual NH facilities.

We both worked in NHs until matriculation into doctoral education, which influenced our research questions. Despite our previous connections to NHs as employees, having to relocate for our doctoral education created geographical barriers to contacting our previous places of employment to secure research partnerships. Based on our recent experiences, including challenges and successes to gaining NH entrée, and reflection on this topic, we have several recommendations on how gerontological nurses can work to improve partnerships between NH administration and nurse researchers.

SUGGESTIONS FOR STUDENTS

Students may obtain a research assistant (RA) position involving ongoing research within a NH early in an academic program (e.g., doctoral education). Seeking even a short-term RA position from a faculty member conducting research in a NH allows for networking within the facility. Reminders of previous research experience within
the facility will be beneficial in reestablishing connections with facility gatekeepers to discuss research proposals.

Another approach students can take is to discuss study proposals with medical directors of NHs. One way to reach this group of NH gatekeepers is to offer a presentation on the research topic during a geriatric medicine grand rounds, typically held at universities, and briefly discuss the study protocol and need for study sites. Medical directors who support the study may facilitate entrance by discussing the proposal and its merit with the NH administrators and DONs.

Contacting local organizations related to NH administration (e.g., Pennsylvania Association of Directors of Nursing Administration) and attending their events may also facilitate the process of obtaining partnership with NHs for research purposes. Attending their annual or routine events can provide students with an opportunity to connect and network with NH administrators, DONs, assistant DONs, or nursing supervisors and introduce and discuss research proposals.

SUGGESTIONS FOR NURSE EDUCATORS

To have a positive impact on future partnerships, nurse educators should work to instill in the next generations of NH administrators and DONs how important they are in not only implementing evidence-based practices but partnering with nurse researchers to build the evidence to guide improved quality of care. Encouragement of partnerships could be done during didactic course work and clinical experiences. Gerontological nurse educators should also continue to remain in contact with former students through professional social media outlets (e.g., LinkedIn®) so that they can reach out to their professional contacts and make connections between them and the students they are mentoring.

SUGGESTIONS FOR NURSING HOME ADMINISTRATIVE PERSONNEL

For the administrative personnel involved in reviewing research proposals from nursing investigators, it is recommended that a tracking procedure be in place for internal research committees to track the time proposals are received, when decisions are made regarding the support for the research proposals, and the amount of time it takes for an investigator to begin data collection. Having a measure in place can facilitate opportunities for administrative personnel to identify any major delays with investigators communicating with individual facilities and continued concerns or delays in commencement of data collection. This measure could be added to the quality improvement process for the organization.

In addition, promoting open communication between investigators and NH administrators and DONs is important. If NH administrators and DONs have concerns regarding the presence of research studies in their facilities, the concerns can be addressed through discussions with investigators and the corporate office. Investigators may be able to modify their study protocols to reflect individual NH practice or environment, if that is part of the concern.

CONCLUSION

The difficulty of gaining entrée into NHs for research studies and suggestions to improve the access to NHs are presented. Research regarding NH care and older adults’ life in the setting is necessary to improve quality of care and life. To conduct more research in NHs, students, nurse educators, and NH administrative personnel should make considerable efforts in establishing strong partnerships between NHs and researchers.

REFERENCES


Guest Editorial


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