Six Main Priorities In Nursing Research

The NINR (National Institute or Nursing Research) identifies six priorities in nursing research. They include Symptom Science, Wellness, Self-Management, End-of-Life, and Palliative Care, Promoting Innovation, and 21st Century Nurse Scientists (NINR, 2016). Personally, I agree with the priorities listed, one major priority for me is End-of-Life care. In a hospital setting, we experience many patients suffering from a chronic life-threatening illness, and research in this area would alleviate any fear of decision making and help with the suffering (Grady, 2017). I wouldn't recommend eliminating any of these priorities, the six that are included have a broad spectrum to advance many different aspects in healthcare.

A change that recently occurred in my practice was the use of bedside reporting on all patients by using the SBAR format. The SBAR format is broken into 4 different parts. The situation is the problem at hand, Background is pertinent information about the patient's medical history, Assessment is typically the patient's vital signs, and physical exam findings, and last we have Recommendation which is a suggested solution to the patient's problem (Baker, 2010). This is considered Evidence-based practice, and the goal is patient safety. Bedside reporting is effective for high-risk patients, in which additional safety measures must be taken. Baker states that staff members could benefit from this change because it allows them to "create ownership and accountability" (Baker, 2010). When this change was implemented, there was push back from the nursing staff because there were complaints of not having time. The time it takes to give a report and assess your patient when coming on shift is not much different and should not be the driving force to discredit bedside reporting.

The outcomes from the implementation included the patient becoming more aware of their plan of care and by hearing the staff members relay information amongst each other it cut down on miscommunication that often happens between day and night shift. The patients also felt more comfortable and started asking questions and becoming compliant with their healthcare plan. I believe the evidence was adequate enough to completely change the practice, by promoting patient safety and communication it can improve patient outcomes while in the hospital setting.

References

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