

A failed perioperative nursing journal club: Reflections on mistakes made, and lessons learned

Authors

Jennifer Austin
RN, BN, MN, MACORN
Nurse Educator, Tweed Hospital, NSW

Have you ever had a great idea, and pursued it enthusiastically with all your skill, abilities and enthusiasm, only to have it fail? I have.

Keywords

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Introduction

My great idea was to start a perioperative nursing journal club in my workplace, a small four-theatre complex in a busy rural public hospital in NSW. It failed. As clinicians, we are usually more than happy to share our successes, but less ready to share our failures. The purpose of this paper is to share the experience of this failure, the mistakes I made, and the lessons I learned. It will discuss learning from our mistakes, the reality of evidence-based practice, journal clubs: barriers and requirements for success, and my own experience and reflections on attempting to start a perioperative nursing journal club.

Learning from mistakes

Nurses well understand the need to learn from our mistakes. What nurse hasn't gone home troubled by the things we missed, or didn't do, unable to forget the things that went badly wrong? Learning from our mistakes is a well-supported theoretical concept, including Piaget's theory of cognitive development assimilation and accommodation¹, adult learning

principles², social learning theory³, and critical reflection in nursing⁴. Caring about mistakes and failures is an important part of improvement⁵. By owning my mistakes, and reflecting on them, I hope to transform my own understanding of my workplace, my colleagues and myself, and to assist others to avoid making similar mistakes.

Evidence-based practice

Professional accountability requires Australian perioperative nurses to practise within an evidence-based framework (Australian Nursing and Midwifery Council)⁶. Evidence-based practice (EBP) is the current catch-cry in nursing⁷, regarded as the "gold standard" by many⁸. It is defined as a "decision making process based on high quality research results instead of less reliable expert opinion"⁹.

The term EBP arose in the early 1990s, and has enjoyed increasing prominence and emphasis in the nursing literature. Despite this popularity, it is still referred to as a "new" approach⁹⁻¹¹.

Many sources have questioned the issue of the reality of limited utility of EBP and discussed

barriers to applying EBP in the clinical workplace¹²⁻¹⁵. These include competing clinical priorities/time, appraisal skill deficits, and information overload^{14,15}.

Despite the ready availability of numerous EBP recommendations sources, such as the Cochrane Collaboration, Johanna Briggs Institute and Up-To-Date, many clinical nurses do not access these sites. Pearson questions the utility of scientific nursing journals to nursing practice, suggesting that availability of high-level evidence is of no use if it is not being accessed and understood by clinical nurses¹⁶. Sadly, it appears that many clinical nurses are restricted in their ability to perform EBP as they do not have the necessary skills to access, understand and critique the research findings available. It could be argued that the evidence of EBP in nursing is limited on the clinical floor. This was certainly the case in our journal club, with the majority of nurses who attended being unaware of the existence of this type of information, and expressing confusion with much of the meaning and language used

in the research journal articles discussed.

Despite the professional expectation of EBP, many nurses remain poorly prepared to access, assess and implement available research into their clinical practice¹⁷. It is ironic and notable that there is repetition in many of the barriers to both EBP and nursing journal clubs^{8,18}.

Journal club background

History

Journal clubs have been used by medicine as a way of sharing knowledge and keeping abreast of the literature for over 100 years¹⁹⁻²¹. The nursing journal club is far less prolific, and it is simplistic and perhaps inappropriate to simply transpose the medical literature on journal clubs to nursing²².

Journal clubs for nurses have moved through several phases. In the 1980s, nursing journal clubs were an additional, supplementary education for students and nurses to keep up to date. In the 1990s, they focused more sharply on nursing research activities, while today they are predominantly driven by the need to evaluate research and implement its use in practice, as required by EBP²³.

The sheer volume of research produced is daunting^{9,24}. In Australia in 1992, there was only one refereed nursing journal⁷. A search of Ulrichsweb now indicates that there are currently 15 refereed Australian nursing journals²⁵. When confronted with such an enormous volume, it is understandable that it is unwieldy and unrealistic to expect nurses to access this much Australian literature, let alone what is available internationally.

Purpose

Journal clubs have been positively credited as vehicles to learn research

and critique skills, promote research awareness, reduce the theory–practice gap and promote EBP²⁶⁻²⁸. Journal clubs have also been linked to the professional empowerment of nurses²⁹, and generating a positive research culture²¹.

Journal club requirements for success

The literature does provide a number of requirements for successful nursing journal clubs. These include:

- supportive organisational structures³⁰, including paid time to attend journal club
- training and preparation
- choosing articles that are clinically relevant
- use of structured critique guidelines
- need for a trained leader, regular structured meetings²⁰
- use of incentives to promote attendance and participation³¹.

Journal club barriers

Barriers to nursing journal club success include lack of skill, organisational barriers, such as absence of research culture and training opportunities²⁹, and a lack of incentives for nurses to participate³¹.

Lack of skills

Despite the decade-long professional responsibility for registered nurses to use EBP, it is an unfortunate reality that many nurses still lack education and exposure to research, and have rudimentary research critique skills^{31,32}. Although nurses support the concept of EBP, the reality is that many Australian nurses have a serious lack of proficiency in this area⁶, incredibly low levels of support for research³³, and indifference and suspicion towards EBP in the workplace³⁴. Although this

is clearly not true of all Australian nurses, a lack of research skill and ability amongst some colleagues is a concept that many would identify with. This was certainly the case for our small group, many of whom had never undertaken any tertiary education at all. Those without a tertiary education background appeared overwhelmed and expressed confusion when dealing with the theoretical and technical aspects of journal papers, although it must be noted that they became much more comfortable when relating the topic of the article back to our own workplace and clinical practice.

Lack of research culture

The lack of a positive institutional research culture is a significant barrier to journal clubs³⁴⁻³⁶. As a relatively small rural hospital, we have an extremely limited research culture, despite having affiliations with two universities. There is no visible infrastructure to support a research-based culture. In-house education is entirely clinical in nature, predominantly focusing on mandatory education for accreditation, and does not include any research skill development. There is no official research nurse role in the workplace, and there is limited awareness of any projects that may be undertaken by individuals. A poor, fragmented research culture such as this is characterised as small, separate and unfocused³⁷.

Lack of time

Most perioperative nurses are too busy trying to complete their daily case list, without adding the extra activities required to develop and use the skills necessary for EBP. As a result, even those with tertiary education or experience in this area find our existing appraisal skills

dwindle with lack of use. Perhaps more importantly, there is limited (or non-existent) paid time away from clinical practice to keep up to date with current research, let alone discuss with others and reflect on how it may apply to our own workplace^{31,38}.

Lack of money

The prevailing environment is one of fiscal constraint, with most perioperative nurses familiar with trying to provide a high standard of care for increasingly more people, with fewer resources. It is an unfortunate reality that economic rationalism dominates the healthcare landscape, increasingly penetrating the clinical world^{38,39}. The prioritising and constant focus on reducing or limiting costs directly limits the ability of nurses to attend education about research, and therefore to undertake EBP.

Much of the literature pertaining to nursing journal clubs is informative or discussion-based only, with low-level evidence only. It is predominantly descriptive, focusing on introducing nursing journal clubs, and identifying needs and barriers to success^{18,40-43}. An Australian systematic review found varying rigour and methodological quality²⁰. Many of the claimed benefits may be considered tenuous when considering the level of evidence they are based on. There is minimal discussion about addressing problems that arise with nursing journal clubs. Perioperative nursing journal clubs are hardly mentioned at all, with a single article specifically about perioperative nursing journal clubs in 1999³². Perioperative-specific journals do provide a small number of articles, although they are general in nature^{21,44,45}.

My journal club experience

Brief overview

The idea for our doomed journal club started at the lunch table, like so many great ideas in nursing: “Why don’t we ...?”. A junior doctor had complained about having to attend journal club. This unappreciated luxury resulted in our discussion about how as busy nurses we were to find time for discussion, shared problem solving, reading and learning, let alone the time to contemplate research. How could we best use our very limited time to do any of this? A nursing colleague asked the question “Why don’t we have our own nursing journal club?” Why not, indeed? It seemed so obvious when asked out loud. Why didn’t we have a nursing journal club of our own?

As a perioperative nurse of 20-plus years’ experience, I had been fortunate to undertake a number of university subjects relating to research critique and EBP sprawled across many years. Most of my colleagues had not been so fortunate. I felt tentatively equipped to start the group off, and assist my colleagues who had less exposure to this type of education to “dip in” in the clinical workplace rather than in the more time-consuming, and confronting for some, environment of formal tertiary study. I decided I had just enough experience to “fake it till I make it”, which I am sure is an experience many perioperative nurses can relate to.

Like all new journeys, it started with small steps. Despite my exposure to clinical databases, I must admit I Googled starting a journal club first. I then did what I later realised to be a superficial look at the literature. I made a summary (unreferenced!) about what journal clubs were, and what benefits we could hope for if

we started one. I shared my finding with the group during an initial discussion session. I stressed that it was a mutual learning experience, and that no one expected anyone to be an expert. I felt excited and motivated to share the potential benefits of a journal club with my colleagues. I chose a short, very simple research article. I found a critique guide from the internet. I made a flyer promising cake and CPD points, and distributed copies of the article and the critique guide. We would meet in two weeks’ time at 2pm. A supportive colleague agreed to make the cake. This was one of the few things that worked well! The use of incentives in journal club can promote attendance: feed them and they will come^{31,46,47}. Most nurses are well aware of the allure of sugar! The first meeting was well attended and staff expressed interest in starting a nursing journal club. At this time there were no other nursing journal clubs within the hospital and I had high hopes we were about to embark on something wonderful.

The first journal club meeting arrived. I had read the article, and critiqued it using the guide I had provided. Some people had read the article, but no one had used the critique guide. As I started to lead the discussion following the critique, the silence grew. I continued on slowly, asking what people thought about the article. Not much was said, although they were happy to talk about the topic (which was urology irrigation fluids). At the end, people spoke positively, but seemed a little overwhelmed at the reality faced by attempting to critique the research. I had dreamed of a session that was fun, instructional and collaborative. Something that would inspire us all. This was not how it turned out.

Subsequent meetings were sporadically attended. Some staff were unable to attend due to being actively involved in the theatre workload. It is a very real challenge for perioperative educators that staff cannot “watch each other’s patients” while they attend education sessions. After approximately six months, 10-hour shifts were introduced. This staffing change immediately resulted in almost no staff being able to attend the perioperative nursing journal club. Staff expressed frustration and regret at being unable to attend. I personally felt disheartened and frustrated. This was such a good idea, and it should have been so good, but it just wasn’t working. Eventually I abandoned it, after being the only one able to attend as one of the few people still working eight-hour shifts.

It is ironic, and bittersweet, that after I had given up, a number of staff attended an OTA education session/meeting, and mentioned to me they had proudly told others about our wonderful nursing journal club. A further and more painful occurrence came when my NUM mentioned she had told others at a managers meeting who were being told of the great new idea of a nursing journal club for ICU, that “We have had one of those for ages”. It was disappointing, and perhaps telling, that she did not even realise that our journal club had collapsed due to staff being unable to attend. I felt that while perhaps management liked the idea of having a nursing journal club, they didn’t prioritise it, and liked the idea of actively supporting and funding it in the form of time and money even less.

Mistakes? I made a few!⁴⁸

In reflecting on this experience, I easily identified a number of mistakes. These include:

- I didn’t get support or permission from anyone. I just did it.
- Even though I had initially recognised the research knowledge gap, I failed to recognise its depth or the hurdles such a gap would present. I had thought to be able to introduce staff to some basic critique concepts, and assist them to develop skills as we went. It was a mistake to attempt to share knowledge gained over a number of years in a short time.
- I didn’t really canvas what the other members of the group wanted to get out of the nursing journal club. I imposed my own ideas and expectations without considering their expectations and capabilities. It is essential to ensure the journal club experience meets the needs of the group³¹. I also didn’t get written feedback and evaluation of the journal club experience as it progressed. This meant I didn’t find out what was wrong for them, and didn’t alter the experience or content to meet their needs.
- I gave up. I allowed constraints other than my colleagues’ interest and my own ability to stop my efforts to keep with the perioperative nursing journal club going.
- Find out if any nursing journal clubs already exist in your workplace. Attend one if at all possible. This is a good opportunity to see how it works.
- Discuss the proposed journal club with line managers (at least NUM and CNE, if not the DON). Make a written submission asking if administration was supportive of the formation of a nursing journal club. Ask what structures exist for supporting research within your workplace. Written support can be useful when later issues arise.
- Explore existing opportunities for research education offered in-house, or in the area. Many staff development units ask for suggestions about the type of training clinicians want.
- Undertake an assessment of interested staff exposure and understanding of research. Use this assessment to decide where to aim the starting point. Spend more time assisting staff to understand the basics of research, or facilitate attendance at outside sessions. Training prior to participating in journal club activities would be essential if the staff are poorly prepared.
- Evaluate! If participants are not getting what they need, they will not continue to participate³¹. In this case, I should have retreated from the idea of evaluating research, and focused on developing basic research knowledge and skills. Perhaps the participants (including me) may have fought harder if they were getting what they needed, rather than what I thought they needed.
- Don’t take it personally. At times I felt that it was a personal affront that the club had failed; at other times I blamed external factors, most particularly the

Lessons learned

In order to “design and maintain a stimulating, educational and sustainable journal club”²⁰, I would make a number of recommendations based on my experience.

- Be better prepared. Undertake an in-depth review of the literature about journal clubs before trying to start one. Knowledge is power. Some of the issues I faced could have been approached differently or avoided entirely if I had been better prepared.

introduction of 10-hour shifts. I did feel frustrated that I was unable to assist staff to learn about research, especially as they recognised the need for it, and were interested in.

- You don't have to do it alone. Ask for help, ideally at the planning stage before you start. Explore the resources (however limited) available, and use them! Possibilities include staff development or other nurses who have undertaken tertiary study. Is there a nurse research coordinator (perhaps at area level, if not locally), are there links between your hospital and an affiliated university? Contact the area Human Research Ethics Committee or Research Governance Unit. The importance of teamwork and collaboration in successful healthcare is well recognised⁴⁹. I didn't give myself the opportunity to benefit from the positive, collaborative benefits of the knowledge, skill and support of others that could have made the crucial difference between success and failure for the journal club.
- Evaluate satisfaction and the group's overall perceptions of the journal club. This could be done informally during a meeting, or by written feedback and evaluation. Be prepared to change the focus of the group to meet the group's needs³¹.
- Expect barriers and problems. Challenges will always exist in nursing. As perioperative nurses, we are well acquainted with troubleshooting and problem solving unexpected complications. We do this by focusing on the solution, rather than being stuck on the problem itself. Barriers to ongoing education and professional development in nursing are well recognised⁵⁰, and were certainly not specific to our journal club group.

- Don't give up. I became disheartened and didn't seek support or assistance. This was perhaps my biggest mistake, and was nobody's choice except my own.

Conclusion

While my experience of starting a nursing journal club was a failure, I still felt that a number of important positives arose that made it worthwhile. Nursing staff in this unit were interested in research, and curious about learning more about it. They were aware of their need to practise from an evidence base, and enjoyed discussing how their own current practice compared to journal article topics. Even though critique was limited, discussion was generated about the research topics (if not the quality of the research itself).

In essence, I tried to do too much with too little. Too little knowledge, too little preparation, too little education, too little support and too few resources. When viewed from this perspective, it is not surprising that the group failed. Nurses need paid time away from clinical practice to develop and nurture their ability to access, critique and apply research to their own clinical practice. Don't give up, as challenges will always be present in the real and practical clinical world. The mistakes, lessons and reflection shared here can make our next attempt to start a journal club stronger, more realistic and better grounded, and better positioned for success. I would urge you to give it a go in your own workplace.

Implications for perioperative nursing practice

Despite professional acceptance of EBP, significant gaps still exist in the

ability of clinical nurses to access, assess and implement nursing research findings into our everyday practice. As a profession we need to actively pursue skills and education to enable us to do more than pay lip service to EBP. Despite my own problems in establishing one, I still believe a nursing journal club is still one of the best ways to start this process.

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