Give Us the Money! The Research Grant Proposal

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What Is the Research Grant Proposal?
The research grant proposal is a process that begins with an idea and can be a lucrative endeavor because we need funders to give us the money! Any proposal includes an abstract, a brief explanation of the research project in future tense; an introduction that includes a statement of the problem or purpose, study aims, and significance; a selective, but not exhaustive, critical research literature review; details of the research methods with the design, hypothesis, or research question leading to data collection and analyses with outcomes or deliverables; skill sets and functions of personnel; a budget with direct and indirect/overhead costs; and timeframes for when each step of the project begins and ends. Funders, including the Rehabilitation Nursing Foundation (RNF), expect you to incorporate these items. Thinking about your proposal in these terms may lead to new ideas. For example, sometimes you start with an idea for a specific research hypothesis or question (e.g., are X and Y related or tell us about the experience of ...) and then devise the experimental or nonexperimental research design. Other times, using these examples, you begin with an experimental correlational research design—such as looking for relationships between or among items and variables whereby you decide to have two groups randomly assigned to an intervention or control group or use a nonexperimental descriptive or explorative design to learn more about an area of interest or what the phenomenon means—and then write the appropriate and explicit research hypothesis or question. As you can see, the research process is not a linear one that develops from idea to award of money to study results; rather, it is circular in nature. More information about writing a research proposal can be found in the article “Twelve Steps for Success in the Nursing Research Journey” (Pierce, 2009) or in the RNF Tips sheet about writing a research proposal on ARN’s website. Research consultations for general questions are also available on the RNF webpage. Strong proposals take time to develop, so start the process early and leave time for feedback from several readers. Additionally, working with a team of investigators can move writing a grant forward.

Why Do You Need Money for Research?
Research studies can be expensive. Depending on your proposed study, money may be needed for costs directly associated with salaries for the research team (e.g., investigators, assistants for data collection, including translators, and data entry, plus statistical or qualitative analyst and theoretical consultants); supplies, such as paper and pencils, surveys and other data collection forms, or gift cards for subjects; equipment, including tablets or laptop computers, software for data analysis, audio cassette tapes, photographic equipment, or biophysical monitors (e.g., scales, blood pressure cuffs, diabetic meters); and travel for data collection or conferences to present results. Indirect costs, such as utilities, health insurance for personnel, and equipment depreciation, may also be included on some grants. Funders set their own
requirements for awards so read carefully what they are willing to cover to support your proposal.

There is no shame in asking for money to support your research grant proposal, large or small, or in promoting yourself as a researcher. If you are having trouble asking for monies because of this concern, remember: If you never ask, you will never receive a grant from any funder. Besides, the worst outcome is that the funder will say “no.” Even with a “no” response from that funder, you will receive valuable reviewers’ critiques of your proposed study. Using those critiques to revise your proposal, you can either resubmit to that same funder or choose another grant funding agency for submission. Consider submitting your research grant proposal to RNF so that you have the potential to say: They gave us the money!

References
Research. Really—Why Research Is Important to Rehabilitation Nurses

Cheryl Lehman, PhD RN CNS-BC CRRN

Research: two syllables, that when put together into a word and some actions, can

- make a nurse’s work easier
- make a patient’s successful recovery more likely
- increase safety in the hospital
- improve patient satisfaction
- save healthcare dollars
- change the world.

Most of us probably want to say, “Enough already! Research! Get off it! I really don’t want anything else to complicate my life!” However, nurses who have performed research would most likely reply, “It’s fun! It’s interesting! And, it can make a difference!”

Research offers nurses the opportunity to look closely at their world: the healthcare institutions, the patients, the nurses, and the administration. Whatever is troubling or challenging or whenever a specific answer is not known, taking the time to look at an issue in a methodical, focused research study can help find answers and make important changes.

One of the most interesting studies performed by nurses that I have encountered is one done several years ago at The University of Texas Medical Branch at Galveston. Nurses in the neonatal ICU had a simple question: Which type of pillow or head support would best promote normal head shape (i.e., preventing flat spots) for the critically ill and premature infants in their unit. Some nurses (and doctors) wanted one type of head support and other nurses and doctors wanted another kind. Not surprisingly, the vendors were enthusiastically supporting and promoting their own products. As a result, the bedside nurses decided to perform an orderly, measured study to examine the issue of support surfaces and head shape in infants in the NICU. The research question came directly from clinical practice, was important and meaningful to the patients (and parents), and involved an issue within the realm of nursing practice.

You may have your own important question or issue. What is the best way to clean straight catheters? Should work shifts be 8 or 12 hours long? How does the amount of time out of bed during the day affect patient length of stay? Do team rounds that include the family result in better patient satisfaction? Does team nursing work better than any other method of nursing care? Do follow-up calls by nurses versus social workers and pharmacists change patient readmission rates? Do fall risk prediction scales really help prevent falls?

There are many possible questions that could be addressed through nursing research. Good nursing research takes some work (finding a trained researcher to collaborate with, developing
the research question and methods, gaining permission to do the study, and finding the time and money), but in the end, if that study could improve the nurse’s working conditions, promote positive patient outcomes and patient satisfaction, help the facility with its bottom-line income, and improve population health locally (and maybe around the world), then nursing research is valuable and worthwhile—and don’t forget fun!
Research? I Don’t Want to Do Research. I Want to Take Care of Patients.

Barbara Lutz, PhD RN CRRN

Like many nurses, I didn’t start out wanting to be a nurse researcher. However, I found in my practice that there were many unanswered questions not being addressed. In my case, my questions centered on helping patients with disabilities and their families to be better prepared to manage their new limitations when they returned home after an inpatient rehabilitation stay. As a home health care nurse, I noticed how fragmented services were and how difficult it was for families to learn how to navigate and negotiate the many different systems and services they needed. These issues made it difficult for me to meet the needs of my patients and families, but I didn’t know the best way to address this.

In graduate school, I had the good fortune to have a mentor who introduced me to research that was focused on developing a better understanding of how to address the issues and problems that I had encountered in my practice, and I was hooked. I embarked on a research career by submitting a proposal to the Rehabilitation Nursing Foundation (RNF), and it was funded! I was so excited not only because it validated that I wanted to address an important problem, but also because the RNF would help me by providing funding to complete the project. That RNF grant launched my research career and has allowed me to obtain funding from larger organizations, such as the National Institutes of Health.

Research, to me, is like trying to put the pieces of a large puzzle together to come up with a better way to provide care. It allows me to use the creative side of my brain to solve problems in new and unique ways. However, not everyone who does research has to choose a research-focused career. As a matter of fact, some of the most important studies are conducted by clinicians who are interested in solving everyday clinical problems. When I think about who should do rehabilitation nursing research, my response is any rehabilitation nurse who has a perplexing problem or issue in his or her practice—that could be any nurse who practices in rehabilitation, including you!
Evidence-based practice (EBP) is a term that is widely used and suggests a level of excellence in care that nurses seek to provide. Various evidence hierarchies have been proposed; one of which is the Evidence Hierarchy of Designs (EHD) by Polit and Beck (2013). The EHD is comprised of various levels of research designs with the highest level of evidence being systematic reviews of randomized controlled trials. The lowest level of evidence refers to the opinions of authorities or expert committees. Clearly, without the conduction of research that employs rigorous designs within paradigmatic approaches, the highest level of evidence that we purport to base our practice on is not possible.

Research alone, however, does not change practice. Thus, the integration of strong evidence into rehabilitation nursing practice is imperative. For example, integrating well-developed and trustworthy guidelines into rehabilitation settings is necessary so that rehabilitation nurses can actually base their practice on evidence. Importantly, clinical practice guidelines embody the interrelationship of “critically appraised and synthesized scientific evidence” (IOM, 2011, p.1) as well as clinical expertise and patient preferences. The process of integrating guidelines, algorithms, and protocols into practice often occurs simultaneously within an organizational structure that incorporates well-developed quality improvement (QI) initiatives.

As rehabilitation nurses, we engage our knowledge, skills, and energies in providing excellent nursing care. To do this, the research-practice link requires us to engage in the research process at all levels: proposing the clinical questions, conducting studies, analyzing and synthesizing the evidence, translating and integrating the evidence into practice, and continuously evaluating the quality of care.

References