ENGAGING COMMUNITY STAKEHOLDERS IN TRANSLATIONAL RESEARCH

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Introduction
According to the United States (US) Centers for Disease Control (CDC) racial minorities continue to experience a disproportionate burden of most health conditions, including coronary heart disease, stroke, diabetes, hypertension, HIV, preterm births and obesity (1). The US Institute of Medicine (IOM) recommends increasing the racial diversity of the healthcare workforce as an important strategy for improving the nation’s health and reducing health disparities (2). Research has shown that patients’ trust and satisfaction increase when their providers are of similar racial backgrounds (3). The current shift in US demographics, coupled with the ongoing disparities in healthcare and health outcomes, challenge the nursing profession to recruit and retain a racially diverse workforce. If the nursing workforce is to be adequately diversified, there is a critical need for key stakeholders, such as schools of nursing and healthcare institutions, to develop strategies to recruit and retain underrepresented minority groups in the nursing field. New graduate orientation programs and career mentoring processes are used to fine-tune nursing clinical skills and broaden career options. Findings indicate that a key component of career program effectiveness is to have formalized processes that are integrated into the institution, with support from the nursing leadership (4). The role of this institutional support in recruiting and retaining minority nurses has not been systematically examined in light of stakeholder perceptions (5). A community forum, suggesting means to recruit and retain minority nurses, provided the link to engage stakeholders in the verification of evidence for translational research.

Objective
The objective of this project was to engage key community stakeholders in establishing evidence that will inform the development of formal institutional structures and processes for supporting nurse-patient concordance on race.

Results
Carefully crafted communication and incentives focused on the mutual benefits of partnerships were used to engage the stakeholders in the values of translational research. The exploration of the healthcare community stakeholders’ experiences and associated perceptions of gaps in evidence for institutional practices related to new hire precepting, mentoring and retaining a minority nursing staff were framed within community economic and social mobility priorities. An academic and community partnership was leveraged to secure external sponsorship for convening a stakeholder forum.

Conclusion
The stakeholders’ perceptions and experiences added much needed insights to the conceptual analysis and identified gaps in the evidence relative to translational research.