Appendix W: Magnet Nursing Research and EBP Readiness Checklist

Nurse Involvement in Research

- ☐ Nurses participate in Human Subjects Protections Training
- ☐ Nurses are actively involved in the research process, from proposal development to implementation, upholding ethical guidelines at every step
- ☐ Nurses play a crucial role in shaping the research design
- ☐ Nurses contribute to data collection and analysis
- ☐ Nurses involved in interpreting or disseminating results internally or externally
- ☐ Research topics address clinical practice, nursing care, or systems/organizational issues

Institutional Support & Infrastructure

- ☐ Nursing Research Council or equivalent structure is established as part of the nursing shared governance structure
- ☐ Nurses contribute to ethical research review, often by participating in institutional research committees, peer review, or quality improvement/evidence-based practice councils that review proposals for adherence to ethical principles
- ☐ IRB processes are in place and accessible to nursing staff
- ☐ Partnerships exist with academic/research institutions or RN team conducting active research
- ☐ Leadership visibly supports research efforts
- ☐ Resources provided (e.g., time, funding, mentorship)

Ethical Compliance

- ☐ IRB approval or exemption obtained for each study
- ☐ Research complies with federal/international ethical standards
- ☐ Human subjects protections are documented and followed
- ☐ A clear plan for the security, privacy, and retention of research data is established and adhered to
- ☐ All research team members complete required disclosure of conflicts of interest relevant to the study

Alignment with Magnet Goals

- ☐ Research supports one or more Magnet Model Components:
- ☐ Structural Empowerment
- ☐ Transformational Leadership
- ☐ Exemplary Professional Practice
- ☐ Empirical Outcomes
- ☐ Clear connection between research/EBP and improved nursing practice, outcomes, or work environment **Source examples must showcase that an RN was the PI, co-PI, or site PI for the study*

Evidence of Impact

- ☐ Research outcomes are measurable and documented
- ☐ Findings are implemented or inform clinical/organizational practice
- ☐ Examples of practice changes resulting from research are available

Dissemination

- ☐ Research shared internally through presentations, forums, or reports
- ☐ Posters or abstracts submitted to regional, national, and international conferences
- ☐ Peer-reviewed publications produced and widely disseminated externally
- ☐ Official hospital/system documentation (e.g., policy or procedure manual updates) reflects the change in practice resulting from the research
- ☐ Formal peer review of EBP initiatives (even those not published externally) is conducted by internal or external nursing experts

Structural Empowerment & Nurse Autonomy

- ☐ Designated bedside nurse champions are identified and actively lead the research/EBP implementation on their units
- ☐ Nurses (via Shared Governance/Councils) have the formal authority to approve, implement, and audit research-based practice changes
- ☐ Participation in the research process or use of EBP is integrated into nurse performance reviews or professional advancement (e.g., career/clinical ladder)

Evidence-Based Practice (EBP) & Quality Improvement (QI) Processes

- ☐ A recognized EBP model (e.g., Iowa or Johns Hopkins) is consistently used to guide practice changes resulting from research
- ☐ Baseline data for the targeted outcome (e.g., mortality, time-to-intervention) is collected before implementing the new practice/tool
- ☐ A formal process exists to monitor fidelity and outcomes of EBP changes (e.g., 3-, 6-, 12-, and 18-months post-implementation)
- ☐ QI/Process measures (e.g., documentation compliance rate, adherence to the new protocol) are consistently tracked and reported back to staff