

“Think RCN ...think Nursing Knowledge”

**How to improve the targeted communication
of nursing knowledge
to RCN members and other key stakeholders**

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Executive Summary

The RCN is currently examining its communications as part of its endeavours to provide better services to its members. The RCN R&D Co-ordinating Centre has contributed to this agenda through an examination of RCN dissemination – **the targeted communication of nursing knowledge to RCN members and other key stakeholders**.

In order to assess the current state of dissemination practices across the RCN, map out a collective vision for best practice and identify how this vision might be realised, we acknowledged that most of this knowledge and expertise already existed within the RCN. A series of focus groups were therefore conducted with key groups of staff and members across the organisation. With its primary focus on dissemination, this work has provided a substantive contribution to at least nine of the milestones identified within the RCN's strategic plan, namely 3, 4, 11, 16, 18, 19, 23, 24 and 25

The RCN has a key role to play in the dissemination of “nursing knowledge”. There are essentially seven audiences for this knowledge, namely RCN members, the profession at large (all potential members and subscribers to RCN journals), RCN staff, the public, policymakers (including for example the Government, funders of research and development), other professional and academic groups and the media.

Nursing knowledge disseminated by the RCN not only includes that which is generated under the auspices of RCN. The RCN is the disseminator of nursing knowledge generated from other sources too. In addition the RCN is expected to have and disseminate a position on knowledge disseminated from other arenas, for example health and social care policy and research.

The RCN uses a number of media for communicating nursing knowledge and a nursing perspective on knowledge generated from other disciplines and sources. These include the worldwide web, journals, magazines and press releases. There appears to be a current bias towards the communication of generic information rather than the targeted dissemination of knowledge.

Structural enablers to effective dissemination include RCN advice and information services, publications and the worldwide web. Process enablers include good communication, partnership working, the packaging of knowledge, project management and facilitation.

Structural barriers to effective dissemination include dis-organisation, the absence of knowledge management or resource management and perceptions regarding the role of the RCN. Process barriers include poor communication and the absence of project management.

The collective vision is for the RCN to become **the** disseminator of nursing knowledge. As one Council member stated **“we want people to think RCN... think nursing knowledge”**. For this to become reality, products developed under the auspices of the RCN must be packaged appropriately and disseminated via a variety of media in a timely, co-ordinated and targeted manner, and where appropriate facilitation to utilise products must be provided.

Focus group members acknowledged that the communication of nursing knowledge does not take place in a vacuum. Consideration should be given not only to *how* knowledge is communicated, but also *what* is communicated and *why* it is communicated. The process of knowledge dissemination must be inextricably linked to the processes of knowledge generation and knowledge utilisation. And if all of these processes are to be meaningful and effective, the needs of members and other key stakeholders must be central.

The vision for the effective dissemination of nursing knowledge (and not necessarily generated under the auspices of the RCN) incorporated three aspects, namely:

- a strong focus on its impact on policy and clinical practice
- a high public profile
- a far reaching and highly accessible profile throughout the nursing profession

Recommendations

Recommendation 1

The RCN should develop a knowledge management strategy and develop, implement and monitor the effectiveness of collaborative policies for the management of nursing knowledge across the RCN.

Recommendation 2

The RCN should further invest in targeted dissemination activities.

Recommendation 3

The RCN should make local opinion leaders and RCN activists the focus of its nursing knowledge dissemination activities.

Recommendation 4

The RCN should lobby to ensure that there is a critical mass of skilled facilitators throughout the profession, such as RCN learning representatives, who can support all nurses through changing practice.

Recommendation 5

The RCN should commission an investigation into why some forums are more active and effective than others.

Recommendation 6

The RCN should lobby for a stronger focus on the clinical impact of nursing research within the current assessments of research quality.

Recommendation 7

The RCN should continue to raise the public profile of nursing knowledge and monitor the impact.

Recommendation 8

The RCN should lobby for access to information resources in the workplace and the assurance that all nurses are provided with the opportunities to develop the skills to use them.

Recommendation 9

The RCN should develop a strategy for involving patients and the public in the dissemination of nursing knowledge

Introduction

The RCN is currently examining its communications as part of its endeavours to provide better services to its members. In this report, the RCN R&D Co-ordinating Centre contributes to this agenda through an examination of RCN dissemination – **the targeted communication of nursing knowledge¹ to RCN members and other key stakeholders**. Here we describe the current state of dissemination practices across the RCN. We map out a collective vision for best practice in terms of the RCN realising its potential as **the** disseminator of nursing knowledge and we recommend the first steps required to make this vision a reality.

With its primary focus on dissemination, this report provides a substantive contribution to at least nine of the milestones identified within the RCN's strategic plan, namely

- *promote and extend the knowledge base of nursing (19)*
- *improve accountability, communication and consultation with members (4)*
- *enhance the research base of the RCN, focussing on patient outcomes, and support research activity of members (23)*
- *win acceptance by all stakeholders that the RCN is the authority on best practice (24)*
- *promote best practice in patient centred care and its impact on health outcomes (25)*
- *rationalise the range and ensure the quality of support services offered by the RCN, and the means of access (16)*
- *launch recruitment campaign to further widen membership and increase the number of activists (3)*
- *extend and develop the leadership capacity of nurses and nursing (11)*
- *develop a fully funded plan for IT resources in the workplace (18)*

Dissemination was identified as a key role for the RCN when stakeholders were consulted in 1995 (McMahon & Kitson 1997a; McMahon & Kitson 1997b). However to progress this agenda it was acknowledged that having the appropriate infrastructure in place was a pre-requisite to effective, targeted dissemination. The RCN R&D Co-ordinating Centre was therefore launched in 1998 with the potential of becoming **the** one stop shop of advice and information about research and development activities in nursing. Through the collaborative endeavours of RCN members and staff from across the UK, it has realised this potential. Twelve months after its launch the Centre began to proactively disseminate new developments within the field to key stakeholders in R&D in nursing and now sends its electronic “weekly update” to over 3,500 subscribers, who in turn cascade this throughout their own networks.

In 1997, the RCN began a programme of work to develop and implement an integrated RCN Information Strategy. Focus groups were held with cohorts of members across the UK which led to the identification of 9 strategic objectives. Objective 6 was that the RCN should “*create effective information provision for subject specialisms in nursing*”. Focus group members said that the RCN was good at communicating generic information, but less effective at communication to nurses working within fields of practice.

¹ See Royal College of Nursing (2003) def. Nursing is... RCN pp 12-13.

The RCN R&D Co-ordinating Centre project managed a pilot project within the mental health field to progress objective 6. Working in partnership with key members and staff across the organisation a business case was developed to manage nursing knowledge effectively within the field of mental health (McMahon et al. 2001). The RCN's innovative mental health zone was launched at RCN congress last year (see www.rcn.org.rcn.uk-extranet/mhz).

Method

In order to assess the current state of dissemination practices across the RCN, map out a collective vision for best practice and identify how this vision might be realised, we acknowledged that most of this knowledge and expertise already existed within the RCN. We therefore sought to identify a methodology that would enable us to release that knowledge and tap into that expertise.

Focus groups are recognised as a means of generating information on collective views and as a method of gaining insight into the meanings underpinning those views (Bloor et al. 2001). We therefore elected to embark upon a series of focus groups with key groups of staff and members across the organisation. Focus group membership is detailed in appendix 1.

We did not embark upon our focus groups with a fixed definition of dissemination because we did not want to limit discussions in this way. However to facilitate the process we identified three possible areas for exploration (see Figure 1) and negotiated these areas at the start of each focus group.

Figure 1

Focus Group questions on RCN Dissemination

- 1. What is currently happening / what developments are planned?**
- 2. What are the enablers and the barriers to the current dissemination of new knowledge?**
- 3. What would RCN R&D dissemination look like an ideal world?**

Each focus group was facilitated by two members of the RCN R&D Co-ordinating Centre team. One member took the lead on discussions and the other took the lead on note taking. All focus groups were audio taped with the permission of group members. Tapes were not transcribed verbatim but were used by the scribes to augment their note taking as required. Where greater detail or clarity was required, issues raised were followed up on a one-to-one basis.

Analysis of the focus groups was carried out by two members of the research team independently to highlight the issues raised by focus group participants. The team

then met to discuss their findings and common themes were identified and refined through an iterative process. All focus group participants were invited to critique a draft version before the report was finalised. The results and recommendations reflect our interpretation of the collective knowledge, wisdom and experiences of focus group members.

Results

The RCN is seen to have a key role to play in the dissemination of “nursing knowledge”. There are essentially seven audiences for this knowledge namely RCN members, the profession at large (i.e. all potential members and subscribers to RCN journals), RCN staff, the public, policymakers (including for example the Government, funders of research and development etc.), other professional and academic groups and the media. Nursing knowledge disseminated by the RCN not only includes that which is generated under the auspices of RCN. The RCN is the disseminator of nursing knowledge generated from other sources too. In addition the RCN is expected to have and disseminate a position on knowledge disseminated from for example health and social care policy and research.

What is currently happening?

The RCN uses a number of media for communicating nursing knowledge and a nursing perspective on knowledge generated from other disciplines and sources. These include the worldwide web, journals and magazines, press releases etc. Figure 2 illustrates which media are used to target each audience and may be used as a heuristic device to identify media which the RCN uses to communicate generic information against that which is disseminated to a target audience. It is suggested that a tick (✓) represents generic communication and a highlighted tick (✓) represents targeted dissemination.

Figure 2 Audiences vs. Media	RCN Activists	RCN Members within a FOP	All RCN Members	Profession at large in a FOP	Profession at large	RCN Staff	Public	Policymakers	Other Professional & Academic groups	Media
* via additional cost or subscription only										
Press Releases	✓					✓	✓	✓		✓
RCN Diary and RCN members' guide	✓	✓	✓			✓				
RCN Bulletin	✓	✓	✓			✓				
RCN Newslite	✓									
RCN Magazine	✓	✓	✓							
RCN Forum Newsletters		✓	✓*							
Nursing Standard	✓	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*
RCN Publishing Specialist journals		✓*	✓*	✓*						
Non RCN publications				✓*	✓*		✓*	✓*	✓*	✓*
RCN Web Learning Zone	✓	✓	✓							
RCN Web FOP Newsletter plus	✓	✓	✓							
RCN Web FOP Zones	✓	✓	✓							
Nursing Standard on-line	✓*	✓*	✓*	✓*	✓*					
Targeted electronic dissemination		✓		✓		✓		✓	✓	✓

Current enablers and barriers

Enablers to effective dissemination were cited and focus group members offered a variety of good practice examples. Structural enablers included RCN advice and information services, publications and the worldwide web. Process enablers included good communication, partnership working, the packaging of knowledge, project management and facilitation. Details are provided in appendix 2.

Barriers to effective dissemination were also cited with examples of areas of practice where there is room for improvement. Structural barriers included dis-organisation, the absence of knowledge management or resource management and the identity of the RCN. Process barriers included poor communication and the absence of project management. Details are provided in appendix 3.

Enablers and barriers to effective dissemination are summarised in figure 3.

Figure 3		
<u>Summary of barrier and enabling factor themes.</u>		
	Enablers	Barriers
Structure	Advice and Information Services (SE1) The World Wide Web (SE2) Publications (SE3)	Disorganisation (SB1) The absence of a knowledge management infrastructure (SB2) Poor Resource Management (SB3) Identity (SB4)
Process	Good communication (PE1) Partnership working (PE2) Packaging and Project Management (PE3) Facilitation (PE4)	Poor communication (PB1) Lack of Project Management (PB2)

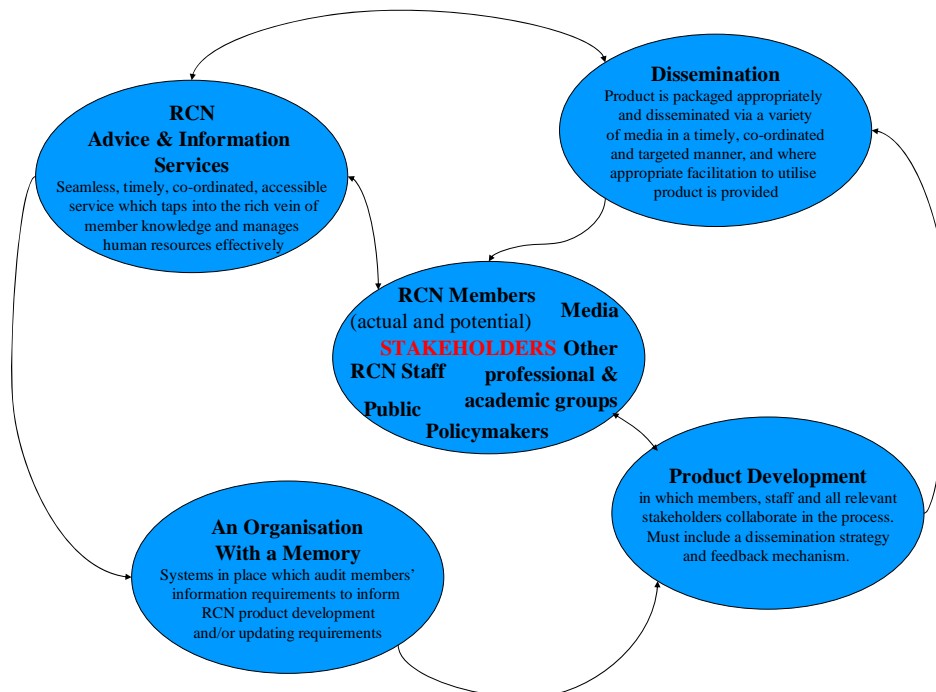
An ideal world

The collective vision was for the RCN to become **the** disseminator of nursing knowledge. As one Council member put it “***we want people to think RCN... think nursing knowledge***”. For this to become reality, products developed under the auspices of the RCN must be packaged appropriately and disseminated via a variety of media in a timely, co-ordinated and targeted manner, and where appropriate facilitation to utilise products must be provided. Current enabling factors must be enhanced and current barriers removed (as themed in figure 3).

Focus group members acknowledged that the communication of nursing knowledge does not take place in a vacuum, “*A knowledge management strategy is exactly what we need*” (PND). Consideration should be given not only to *how* knowledge is communicated, but also *what* is communicated and *why* it is communicated. The process of knowledge dissemination must be inextricably linked to the processes of knowledge generation and knowledge utilisation. And if all of these processes are to be meaningful and effective, the needs of members and other key stakeholders must be central. Based on this collective vision, we have developed a knowledge management framework, as illustrated in figure 4.

Figure 4

Dissemination of RCN Nursing Knowledge within a Knowledge Management Framework



The vision for the effective dissemination of nursing knowledge (which was not necessarily generated under the auspices of the RCN) incorporated three aspects, namely:

- a strong focus on its impact on policy and clinical practice
- a high public profile
- a far reaching and highly accessible profile throughout the nursing profession

Doreen Norton, a founder of nursing research was cited in one focus group as exemplary in the dissemination of her research findings. She purposefully sought to publish her work in a journal with a wide clinical readership. Nurse researchers today are in the main encouraged to major on the “academic impact” of their work because of the way in which the Higher Education Funding Councils Research Assessment Exercise has been constructed (or interpreted) to date. This has, arguably, been at the expense of the potential impact of their work on clinical practice.

A good public profile is achieved through a healthy relationship between the RCN and the professional press with the wider media, so that wherever appropriate, nursing knowledge reaches a much wider audience. This was seen as an important step in both the promotion of nursing and nursing media as well as nursing research with the public at large. One of the potential benefits of this relationship could be to increase the funding of more research in nursing.

A far reaching and highly accessible professional profile is achieved though the ability to reach an international audience through, for example, the world wide web coupled with good systems for searching stored and archived material. Access to information technology in the workplace is key to accessibility (Thompson et al. 2002).

Discussion and Recommendations

As previously stated, current enabling factors must be enhanced, and current barriers removed to achieve the collective vision for the effective dissemination of nursing knowledge. Recommendations are therefore mapped onto the structural and process enablers and barriers (Fig. 3)

The communication of nursing knowledge does not take place in a vacuum. To be most effective it must be seen within the context of a knowledge management framework where knowledge dissemination is inextricably linked to knowledge generation and utilisation. The development and implementation of this infrastructure and the associated processes such as project management and facilitation will serve to underpin the delivery of the nine key milestones within the RCN's strategic plan identified above. As the RCN's ability to provide seamless, timely, co-ordinated and accessible knowledge grows, members and other key stakeholders will "*think RCN... think nursing knowledge*".

In order to improve *accountability, communication and consultation, support research activity of members* and *rationalise the range and quality of services* the RCN should

- a) develop and implement a knowledge management strategy
- b) develop collaborative RCN policies for the management of nursing knowledge across the RCN
- c) facilitate the implementation of these policies
- d) monitor the effectiveness of these policies

Recommendation 1 (SE1, SE2, SE3, PE1, PE2, PE3, SB2, SB4, PB1, PB2)

The RCN should develop a knowledge management strategy and develop, implement and monitor the effectiveness of collaborative policies for the management of nursing knowledge across the RCN.

There is strong empirical evidence from RCN focus groups and membership surveys that RCN members want the RCN to deliver targeted information. Within the RCN there appears to be a current bias towards the communication of generic information

rather than the targeted dissemination of knowledge (see Figure 2). The RCN should therefore further invest in targeted dissemination activities.

Recommendation 2 (SE1, SE2, PE2, PE3, SB1, PB2)

The RCN should further invest in targeted dissemination activities.

Local opinion leaders including for example clinical nurse specialists and their link nurses play an important and significant role in clinical decision making (Thompson, McCaughan, Cullum, Sheldon, Thompson, & Mullhall 2002) and skilled facilitation is believed to improve the uptake of research in practice (Kitson et al. 1996). The RCN should make local opinion leaders and RCN activists the focus of its nursing knowledge dissemination activities. In addition, the RCN should lobby to ensure that there is a critical mass of skilled facilitators throughout the profession such as RCN learning representatives who can support all nurses through changing practice. This will serve *to further widen RCN membership and increase the number of activists and extend and develop the leadership capacity of nurses and nursing.*

Recommendation 3 (PE4)

The RCN should make local opinion leaders and RCN activists the focus of its nursing knowledge dissemination activities.

Recommendation 4 (PE4)

The RCN should lobby to ensure that there is a critical mass of skilled facilitators throughout the profession, such as RCN learning representatives, who can support all nurses through changing practice.

Any rationalisation in the range and quality of RCN services should address equity of access to RCN services. In order to *rationalise the range and ensure the quality of support services offered by the RCN, and the means of access* and the inequity in service provision to RCN forums, the RCN should commission an investigation into what makes some forums more active and effective than others.

Recommendation 5 (SB3)

The RCN should commission an investigation into why some forums are more active and effective than others.

The effective dissemination of nursing knowledge to *promote and extend the knowledge base of nursing and promote best practice in patient centred care and its impact on health outcomes* must have

- a strong focus on its impact on policy and clinical practice
- a high public profile
- a far reaching and highly accessible profile throughout the nursing profession

In order to achieve this, the RCN should continue to raise the public profile of nursing knowledge and monitor their impact.

To *promote best practice in patient centred care and its impact on health outcomes* and to *support research activity of members*, the RCN should lobby for a stronger focus on the clinical impact of nursing research within the current assessments of research quality.

To ensure a highly accessible professional profile and the development of *a fully funded plan for IT resources in the workplace* the RCN should lobby for access to information resources in the workplace and the assurance that all nurses are provided with the opportunities to develop the skills to use them.

Recommendation 6 (SE3)

The RCN should lobby for a stronger focus on the clinical impact of nursing research within the current assessments of research quality.

Recommendation 7 (PE3)

The RCN should continue to raise the public profile of nursing knowledge and monitor the impact.

Recommendation 8 (SB3)

The RCN should lobby for access to information resources in the workplace and the assurance that all nurses are provided with the opportunities to develop the skills to use them.

Following review of the first draft of this report, a further recommendation was proposed. In light of the fact that the public are identified as one of the key audiences for nursing knowledge, the RCN should develop a strategy for involving patients and the public in the dissemination of nursing knowledge

Recommendation 9

The RCN should develop a strategy for involving patients and the public in the dissemination of nursing knowledge

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Appendix 1

Focus Group Membership

Department	Name
RCN Professional Nursing Department	Carol Bannister Jean Bailey Kathy French Anne Casey Sally Thomson
RCN Research, Informatics & Quality Advisory Panel	Diane Rawstorne Sue Jones Chris Cooper Graeme Elrick Clare Morrell
RCN Direct	Julie Guile Simon Hiscocks Viv Evans Mike Pointon Ann West Susan Edmunds Verna Marriott Jonathon Peel
RCN Library & Information Services	Elspeth Everitt Hazel Atlass Caroline Lynch Kate Clark Jackie Lord
RCN Corporate Affairs	Andrew Scanlon Stephanie Wilson Ann Jaloba Emma Lang
RCN Research Society	Claire Hale Andrea Nelson Charles Hendry
RCN Institute Quality Improvement Programme	Gill Harvey Clare Morrell Ross Scrivener Debra Bick
RCN Institute Research Team	Kate Seers Liz West Liz Tutton Anne Hunt Carol Edwards
RCN Institute Practice Development Team	Kim Manley Jan Dewing Angie Titchen Emma Pritchard Rachael Rowe Linda McBride Jane Stokes Jayne Wright Jan Draper
RCN Publishing Company	Linda Thomas Laura Downes Tim Madge Nick Liple Ruth Williams

Appendix 2

Enablers to effective dissemination

1 Structural Enablers

SE1 Advice and Information Services

“RCN Direct is a real positive for the members” Professional Nursing Department

“The Quality Improvement Programme Information Service do a fantastic job in helping members find information” Research Informatics and Quality Advisory Panel

“The R&D Co-ordinating Centre, and the weekly email update, is a valuable and reliable source of R&D information. I forward it on to everyone I know” RCN Publishing

SE2 The World Wide Web

“In our Trust, research and effectiveness are brought together through a web site that uses a jigsaw metaphor to link together departments.” Research Informatics and Quality Advisory Panel

“We could use the Mental Health Zone and other Zones on the website to disseminate research” RCN Library & Information Services

“All the time I hear from lecturers how much the archive is used...we’re getting quoted a lot more in other journals” RCN Publishing Company

Nursing Standard on-line archive currently holds 1600-1700 articles.

SE3 Publications

“An audit in my Trust found that nurses rely heavily on journals such as Professional Nurse for their dissemination needs.” RCN Research Society

Professional Nurse is seen as trustworthy, clinically based and packed with guidelines

“Members have an improved knowledge of the RCN due to the introduction of the RCN Bulletin” RCN Direct

“When members were asked what they wanted to see in RCN Bulletin, Continuous Professional Development came top” RCN Corporate Affairs

2 Process Enablers

PE1 Communication

“Helen Caulfield in the Policy Unit was excellent at keeping us informed” RCN Direct

The emergency briefing sheet over registration difficulties with the new Nursing and Midwifery Council was put on the RCN Direct system within a day. Staff in the Policy Unit kept colleagues at RCN Direct informed of all the latest developments, so members who called RCN Direct were given the most up-to-date information.

PE2 Partnership working

“With regard to the winter pressures line, it was the partnership that helped” RCN Direct

RCN Direct, Corporate Affairs and the regional offices all worked together to ensure the smooth running of the **Winter Pressures Emergency Telephone Line**. RCN Direct identified a small anomaly on the winter pressures form, and because they had been involved in shaping the process, the problem was rectified before it went live to members.

“It meets every 6 months, and works well due to inter-departmental working, so there is buy in to the work.” Professional Nursing Department

The RCN Working Well Initiative is an inter-departmental group which discusses health and safety issues.

PE3 Packaging and Project Managing

“Guidelines are amazing way of simplifying or condensing research...which members really want” RCNI Research

The Children’s Pain Guidelines were very successful, because the Quality Improvement Programme worked with the Professional Nursing Department and members of the RCN paediatric forums, Corporate Affairs and RCN Direct to alert people to the guideline.

“Bulk copies were sent to all the RCN regional offices, but then we didn’t know what happened to them, when more needed to be printed, how popular they were. Working with RCN Direct makes it a more coherent system”. Corporate Affairs

The production and distribution of RCN publications via RCN Direct was seen as enabling. Previously, there had been no coherent system for managing the process.

“If we think it warrants it, we’ll send out a press release to all the nationals..... and to 20-30 named journalists” RCN Publishing Company

RCN Publishing Company work in partnership with the media to promote nursing research and market their products.

PE4 Facilitation

“You can disseminate in a traditional sense as much as you want, but nurses working on the coalface need somebody to enable and facilitate them” RCNI Practice Development

Facilitation is a set of skills that enables other people to become more effective in the way they work. That would include learning that the outcomes are more effective, patient-centred, and more effective in using evidence appropriate to their work.

“You need to look at the University of York website on clinical decision making” RCN Research Society

Local Opinion Leaders The York study demonstrated that clinical nurse specialists and their link nurses play an important and significant role in clinical decision making

“My vision is to have learning reps everywhere who are engaged in the dissemination and implementation of research” Research Informatics and Quality Advisory Panel

Learning Representatives now have equal status to Stewards and Health & Safety reps, so they can attend workshops for their own development, and then help introduce change within their own workplace.

Appendix 3

Barriers to effective dissemination

1 Structural Barriers

SB1 Dis – organisation

“We have a lot of good products, good information, which is hard to find, and members find that frustrating” RCN Corporate Affairs

“RCN itself is uncoordinated. I do not have a clue what happens next door” RCNI Practice Development

“The organisation is fragmented, and departments still work in pockets, rather than as a whole” RCN Direct

SB2 Knowledge Management

“Too much information is inside an individual’s head, and when that person goes, so too does all the knowledge”. RCN Direct

MMR vaccine news stories always create a large number of calls to RCN Direct. In the past, RCN Direct staff liaised with Mark Jones over the latest advice and developments.

“Now that Mark Jones has left, who do you contact?” RCN Direct

“When I need to communicate with diverse groups on a consultation there is no system in place to do this” Professional Nursing Department

SB3 Resource Management

“Lack of IT skills and infrastructure is still a barrier to some” RCN Research Society

“Resources tend to be disproportionately allocated to a minority of very vocal members who know the system. Hence, small forums may spend a lot of resources on various projects, whilst a very large forum will spend nothing. This is inequitable.” Corporate Affairs

Publications to be used for the AGM and Congress always take preference over other work, and the build-up lasts for about 3 months. Whilst these are important, the number of members attending the AGM and Congress is disproportionately small. Other vital work that is being done is sidelined.

“Members work is not given preference” Professional Nursing Department

SB4 Identity

“Indemnity insurance is undoubtedly a strong reason for nurses to join the RCN, but in terms of cost, indemnity insurance is quite a small part of the annual fee. We need to make people aware of what else their money is paying for..... We have to overcome the hurdle that culturally members are not expecting anything to do with their professional development from the RCN.” RCN Direct

2 Process Barriers

PB1 Communication

“This makes the organisation look bad.”

“We have to go looking for the information, which is reactive...it would be better to be proactive and have the knowledge beforehand” RCN Direct

A **Smoking cessation course** were advertised in the Nursing Standard and members began to phone RCN Direct about it, but RCN Direct had no knowledge of it, which left them floundering.

“When we asked the members taking part in the Political Leadership programme what their top priority for the organisation was, they were unanimous in saying communication”.

Professional Nursing Department

PB2 Project Management

“This makes it hard to market them to the membership” Quality Improvement Programme.

“What we tend to do not very well as an organisation on an operational level is follow things through” RCN Direct

Many **RCN products** are published without a formal dissemination strategy being in place.