The two dissemination strategies I would be most inclined to use are **Engaging stakeholders on the projects and starting unit-level projects.**

**Engaging the stakeholders (Gallagher-Ford et al., 2011):** My EBP project is fall prevention in elderly populations in hospitals.  In a Randomized controlled trial controlled in New Zealand, home safety modification was trialed as a measure to fall prevention, In a Uk study adhering to a home exercise program for fall prevention measure was trialed, and both measures were seen to be somewhat effective but not as effective as Engaging stakeholders because No matter how good an intervention is, it is considered useless if participants cannot or do not want to engage with it and in both studies conducted in New Zealand and the UK there was very few participation and engagement. Participants voiced a strong desire for instructors to be specifically trained in how to tailor instruction and deliver it to everyone, therefore stakeholders were trained on useful guidance so that they can give clear and useful guidance on ways to adapt an existing fall prevention exercise intervention to maximize the involvement. Actively involving stakeholders in the modification of this intervention maximized the possibility that the intervention would be useful for the population. (N et al., 2019) In my unit, there is also engagement of Nurses, managers, and even higher level managers in educating and training patients on fall prevention measures that have helped a lot in preventing falls in my unit and my organization.

**Unit-level project:** No matter how good the fall prevention program is in concept, if it is not used by the staff, it won't be successful, therefore pilot testing is essential on one unit to identify any problem and refine it to better fit before launching in the entire hospital. For instance, a pilot study was conducted on our unit about the No pass zone, where no one on the unit is allowed to pass the room that has the call light on, and that person can be Nurses, Doctors, HUCs, CSTs, Housekeeping, pharmacy, and Kitchen staff. They should go in the room and help if they can, otherwise, they must tell the patient that help is on the way and notify the Nurse of the patient's need. This way patients will not attempt to do things such as getting out of bed, walking to the restroom, and many more that put them at risk for falls. This pilot study was successful in reducing falls in our unit and was later implemented in the entire hospital.

Regarding the dissemination Strategies I would be less inclined to use poster presentations because once the poster is printed it is difficult to make changes or corrections which makes it less flexible when compared to presentations that can be modified at any time. Only attractive posters can grab attention and it is not an easy task when it must compete with many other posters. We were doing a poster presentation on our hospital about fall prevention and that didn’t go well because we were not able to make corrections or add more content after it was printed which prevent us from providing the information we want to present on the topic, it was also time-consuming as we had to prepare it, since that time we stop doing poster presentation on our hospital.

Barriers I might encounter when using the dissemination strategies can be a lack of knowledge and skills and a lack of time and administrative support. (Melnyk, B. M., 2012) A lack of knowledge and skills in stakeholders to train and guide on fall prevention strategies can be overcome by providing training and guidance to stakeholders on fall prevention.

Lack of time and administrative support might be another barrier I can encounter, and this can be overcome by explaining to the stakeholders the importance of no falls in the hospital, how the cost of falls for both patient and organization can be phenomenal with an average cost of a fall injury is approximately $14,000 (Parasol medical fall prevention).  Also, explaining to the stakeholders how falls can have a negative impact on an organization's reputation will motivate and encourage stakeholders to make some time for training and guidance on fall prevention strategies.

**References:**

Melnyk, B. M. (2012). [Achieving a high-reliability organization through implementation of the ARCC model for systemwide sustainability of evidence-based practice.Links to an external site.Links to an external site.](https://access.ovid.com/custom/redirector/index.html?dest=https://go.openathens.net/redirector/waldenu.edu?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00006216-201204000-00006&LSLINK=80&D=ovft) *Nursing Administration Quarterly, 36*(2), 127–135. doi:10.1097/NAQ.0b013e318249fb6a

N, A., D, S., & C, B. (2019, February). *Chapter 2Stakeholder involvement in the adaptation of the Falls Management Exercise programme: conduct and results of focus groups*. National Center for Biotechnology Information. Retrieved April 26, 2023, from [https://www.ncbi.nlm.nih.gov/booksLinks to an external site.](https://www.ncbi.nlm.nih.gov/books)

*Top 8 reasons for starting a Falls Management Program: Parasol Medical*. Parasol Medical Fall Prevention. (2017, February 26). Retrieved April 26, 2023, from

[https://www.fallpreventionsystem.com/top-8-reasons-for-starting-a-falls-management-program/Links to an external site.](https://www.fallpreventionsystem.com/top-8-reasons-for-starting-a-falls-management-program/)

Gallagher-Ford, L., Fineout-Overhold, E., Melnyk, B.M. &  Stillwell, S.B. (2011). [Evidence-based practice step-by-step:  Implementing an evidence-based practice changeLinks to an external site.Links to an external site.](https://access.ovid.com/custom/redirector/index.html?dest=https://go.openathens.net/redirector/waldenu.edu?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00000446-201103000-00031&LSLINK=80&D=ovft). *American Journal of Nursing, 111*(3), 54-60.

RESPONSE1:

Hello Neethu

Nicely done,

Evidence-based practice is an essential component of nursing and is crucial for healthcare providers. EBP also is a basic force in Magnet hospitals resulting in better patient outcomes and higher levels of nursing autonomy (Newhouse et al., 2007)

In my main post, I have included Posters as I would be less inclined to, After reading your post, I think it can be included as more inclined to if 5 Cs are taken into consideration when developing poster presentation and 5Cs are Compliant, catchy, Clear, Concise and Clutter-free (Williams et al., 2019), The title of the poster must be catchy, It must be creatively developed such that the subject and purpose of the poster are easily deduced, The title should be short and sharp like a hook, which should draw in the attendees to want to learn more about your work. One factor that can make us more inclined toward posters is that they can be used both by Literate and illiterate groups.

**References:**

Newhouse, R. P., Dearholt, S., Poe, S., Pugh, L. C., & White, K. M. (2007). [Organizational change strategies for evidence-based practiceLinks to an external site.Links to an external site.](https://access.ovid.com/custom/redirector/index.html?dest=https://go.openathens.net/redirector/waldenu.edu?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00005110-200712000-00009&LSLINK=80&D=ovft) *Journal of Nursing Administration, 37*(12), 552–557. doi:0.1097/01.NNA.0000302384.91366.8f

Williams, J. L., Berg, J., Erren, T. C., & Foote, J. M. (2019, June 18). *The 5 CS for developing an effective poster presentation*. Journal of Radiology Nursing. Retrieved April 28, 2023, from

[https://www.sciencedirect.com/science/article/pii/S1546084319300689Links to an external site.](https://www.sciencedirect.com/science/article/pii/S1546084319300689)

RESPONSE2:

Hello Jessica,

I also think that problems with technology can be an obstacle to dissemination strategies. Challenges in embracing technologies can be a lack of control, the potential for unethical co-optation of work, and cyberbullying. people with commercial or other vested interests may highlight certain research findings as more prominent than they actually were. Technology is capable of conveying research to a broader audience, democratizing access to research information, and giving users the flexibility to share and use the information (Dirks & Wanda, 2022), but some individuals and corporations with agendas can use the freely available technologies to promote targeted messages or to influence specific populations.  (Hays et al., 2015)

**References:**

Dirks, L. G., & Wanda, P. (2022, February 21). *Technology to support collaborative dissemination of research with Alaska native communities*. AMIA ... Annual Symposium proceedings. AMIA Symposium. Retrieved April 28, 2023, from

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8861747/Links to an external site.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8861747/)

Hays, C. A., Spiers, J. A., & Paterson, B. (2015, April). *Opportunities and constraints in disseminating ... - sage journals*. Qualitative Health Research. Retrieved April 29, 2023, from

[https://journals.sagepub.com/doi/10.1177/1049732315580556Links to an external site.](https://journals.sagepub.com/doi/10.1177/1049732315580556)

Thank you for the feedback Dr Johanson,

Stakeholders might not even want to contact the researcher because sometimes they don't value user research, can't find time for it, and ignore the findings in favor of assumptions or opinions, therefore before meeting them we need to really understand stakeholders, creating an effective content plan and the right message, will help us to engage stakeholders in our research and make our strategy more useful.

Stakeholders can also become frustrated if they don’t feel heard. This might sound weird to some people, but they really can become frustrated if they feel that they are being ignored, helping stakeholders to view how their input was incorporated makes them an active part of decision-making without letting them make decisions.