



Barriers in implementing research among registered nurses working in the care of the elderly: a multicenter study in Spain^{☆,☆☆}



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ABSTRACT

Objective: This study identified barriers to the utilization of research results perceived by nurses who work in nursing homes in Spain.

Methods: An observational, cross-sectional, descriptive, and multicentre study was conducted in 126 nursing homes in different Spanish cities. The BARRIERS to Research Utilization Scale (BARRIERS scale) was used to identify barriers.

Results: A total of 756 nurses responded (92.48%). BARRIERS scale variables with the highest scores included *Characteristics of the organization* (mean = 24.89, SD = 4.37), followed by *Professional features* (mean = 21.87, SD = 4.85). The specific barriers that were rated the highest included “not enough time on the job to implement new ideas” (mean = 3.89, SD = 0.98), followed by “unknown nursing research” (mean = 2.75; SD = 1.22) and “Doctors do not cooperate in the implementation” (mean = 3.01, SD = 1.85).

Conclusions: Geriatric nurses perceive time as the main barrier to implementing the results of research in practice. The number and nature of the barriers are consistent with studies from other countries. Knowledge of the barriers is crucial for institutions and educators to instigate measures that improve the implementation of nursing research, especially in an area like elderly care. To our knowledge, this is the first study conducted among geriatric nurses in Spain.

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1. Introduction

Professional practice based on evidence or results from research leads to greater knowledge, and its use will improve the health of the population (Pearce & Rogers-Clark, 2012; Shaw et al., 2005a). However, 30 to 40% of patients do not receive care that is consistent with research results (Grol, 2001). Consequently, approximately 20 to 25% of care may be unnecessary or potentially harmful.

Most patients who are seen in health systems are older adults, and the number of patients in this age group is increasing. Therefore, it is important for institutions to focus their attention on this segment of the population (Larsson & Thorslund, 2006). An increase in knowledge based on research in elderly care will lead to better care (Grol & Grimshaw, 2003).

Different disciplines have developed other theories since Rogers published his model of diffusion of innovations (Diffusion of Innovation-Model) in 1962 (Rogers, 2003) to explain the transmission of knowledge,

the use of research results, and the main barriers to use. Shaw, Cheater, Baker, Gillies, Hearnshaw, et al. (2005a) used a Cochrane review of 15 randomized controlled trials to identify barriers to changing practice and the implementation of interventions to reduce these barriers. All prior studies in this area attempted to describe the process by which new information or certain developments are being used, assuming that the decision to accept or reject an innovation does not occur spontaneously. These studies suggest that professionals pass through sequential stages of a decision process to accept an innovation, which include knowledge of the innovation and its implementation. These models suggest that the characteristics of the individual and the organization, channels of communication, and the innovation itself are some of the factors that determine whether an innovation is adopted (Rogers, 2003).

Most nursing research in the field that use research results have focused on the study of its determinants (Gerrish et al., 2007; Pearce & Rogers-Clark, 2012) to identify and correct negative influences through tailored interventions (Shaw et al., 2005b). The determinants that represent barriers to the utilization of research results are combined with the characteristics of the nurse, the documents presenting research results that are statistically difficult to manage, and the organization. However, the characteristics of the organization are one of the main barriers to the use of research findings in clinical practice (Cummings, Estabrooks, Midodzi, Wallin, & Hayduk, 2007; Gerrish et al., 2007).

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One commonly recommended strategy to bridge the gap between research and practice is the identification of barriers to changes in practice (Dunne, 2011; Kajermo et al., 2010) and the implementation of strategies to compensate for the identified barriers.

Administrators and educators have required professionals to build their practice on research findings to improve clinical cost-effectiveness and outcomes (Fink, Thompson, & Bonnes, 2005; Grol & Grimshaw, 2003). However, the incorporation of research results into clinical practice remains a significant challenge despite the increase in nursing research (Kajermo et al., 2010; Shaw, Cheater, Baker, Gillies, Hearnshaw, et al., 2005a).

Funk, Champagne, Wiese, and Tornquist (1991) developed a questionnaire entitled The BARRIERS to Research Utilization Scale (hereafter, BARRIERS scale) in 1991 that was based on the theoretical model of Rogers (2003) to identify barriers and facilitators for the utilization of research results. This scale is useful for the identification of barriers to the use of research results in the field of care. This instrument is also effective for the investigation of differences between the barriers perceived by nurses and research use in clinical practice (Boström, Kajermo, Nordström, & Wallin, 2008). A systematic review in 2007 (Frasure, 2008) analyzed ten instruments that measure factors related to the use of research in the field of nursing and concluded that the BARRIERS scale was the most widely used instrument across countries, cultures, and professional situations. This widespread use allows the results of this study to be compared with previous studies.

Journals have indexed more than 50 studies that utilize the BARRIERS scale. The most frequently identified barriers in these studies include lack of time, motivation, support from the management organizational structures, support from colleagues, and funding and insufficient knowledge because of skeleton staffing methodologies (Mehrdad, Salsali, & Kazemnejad, 2008; Omer, 2012; Thompson, Chau, & Lopez, 2006; Wang, Jiang, Wang, Wang, & Bai, 2013). However, some studies found differences in the identified barriers, especially as professionals become more familiar with the investigation (Boström et al., 2008). One study of barriers to nurses and researchers in Spanish hospitals, primary care, and nursing schools (Moreno-Casbas, Fuentelsaz-Gallego, de Miguel, González-María, & Clarke, 2011) was conducted recently. However, nurses working in nursing homes were not included, despite the increasing size of this large group. The geriatric area services an increasing number of patients, and this area suffers from a lack of research progress. Therefore, whether geriatric nurses face barriers to the use of research results in their practice is worth investigation (Boström, Wallin, & Nordström, 2006; Weman, Kihlgren, & Fagerberg, 2004). The majority of nursing homes in Spain are private or semi-private institutions that specialize primarily in dependency care and provide a good level of expertise and quality of care, but not all nursing homes and work nurses provide this level of care. Changes in the degree of nursing and specialization were implemented in Spain in recent years. Previously, the degree lasted 3 years, but the current degree requires 4 years, which is similar to other countries of the European Union. The current degree is equivalent to registered nurse (RN). Geriatric nursing is a specialization in Spain, but this specialization is not obligatory to work in a nursing home.

Consequently, the authors identified the barriers to the utilization of research results encountered by Spanish nurses who work in nursing homes.

2. Materials and methods

An observational, cross-sectional, descriptive, and multicentre study was conducted during 2013 in 126 nursing homes in different Spanish cities. The nursing homes were selected randomly to representative each region of Spain. The Granmo 7.0 program was used to calculate a representative sample, which resulted in a minimum of 87 nursing homes and 450 nurses (equivalent to RN in Spain). Inclusion criteria of the nursing homes were as homogeneous as possible. Nursing

homes should be private institutions with at least 2 staff nurses. The sociodemographic and labor variables included age, sex, family responsibilities, number of elderly dependents, shift, and work area. The Ethics Committee of the Cantabrian Health Service approved the study. Consent, which was obtained in order to conduct the study, was granted by the ethics committee of all nursing homes.

Variables related to research included years since obtaining a degree, non-formal training in research over the past 3 years, and related scientific reading habits (monthly frequency of reading scientific journals and the date of the last issue read).

The BARRIERS (Funk et al., 1991) scale was used to identify barriers to the use of research findings in clinical practice. This scale consists of 29 items that are scored on a 1 to 4 Likert-type scale, which reflect the degree to which the item is perceived as a barrier (never, to a lesser extent, to a moderate extent, and mostly). There is a fifth response (no opinion) that does not score. Therefore, the maximum score for all items on the BARRIERS scale is 116.

The items on the BARRIERS scale are grouped according to four subscales derived from factor analyses: *professional characteristics* (8 items), *organizational characteristics* (8 items), *characteristics/quality of the results of research* (6 items), and *characteristics related to the accessibility of the results* (the presentation and accessibility of research findings) (6 items). The maximum sum of the items in each factor is 32 for the first 2 factors and 24 for the last 2 factors. The outcome of each subscale was calculated by adding each respondent's score and dividing the sum by the number of items in the subscale. The 'no opinion' responses were not used in calculating the outcome. Cronbach's α was between 0.65 and 0.8 for the four factors in its original English validation, and a total correlation for items ± 0.32 of the 0.65 was obtained. The validated Castilian version (Cronbach's α of 0.842) (Moreno-Casbas et al., 2011) was used for this study.

Each partner distributed the survey, and each partner was oblivious to the centers in which data were collected in the autonomous region. Subjects self-completed the survey, and it was returned to the researchers in a sealed envelope. Each partner ensured the anonymity of the subjects and confidentiality of the data.

A descriptive analysis of all variables was performed using frequencies and percentages for categorical variables and means and SD for quantitative variables. The BARRIERS scale consistently uses mean values, but these values are ordinal variables. The results means and SD or the present results were compared with previous studies that used this instrument. Confidence intervals were computed at 95%, and data were analyzed using SPSS 20.0 software.

3. Results

The sample was composed of 756 professionals (92.48% of the total). The response rate was similar in all nursing homes. Table 1 shows the sociodemographic and related training, job, and scientific reading habits. The nurses who participated in the study were mostly women, middle-aged, and worked on rotation in the facility. Most nurses received less than 30 hours of informal training in research, and they reported having read their last scientific article from 1 month to more than 1 year prior to the study.

3.1. Barriers to the use of research results

Factors with higher scores were *organizational characteristics* (mean = 24.89, SD = 4.37), followed by *professional characteristics* (mean = 21.87, SD = 4.85). Mean scores on the other factors were *characteristics/quality of the results of research* (mean = 11, SD = 5.78) and *characteristics related to the accessibility of the results* (mean = 14, SD = 4.21).

Analysis of each item revealed that the three barriers with the highest scores were "Not enough time on the job to implement new ideas" (mean = 3.89, SD = 0.98), followed by "Nursing known

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