



Original research article

Current understandings of the research–practice gap in nursing: A mixed-methods study

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ABSTRACT

Background: As nursing evolves from an occupation based on tradition to an evidence-based profession, concerns are being raised about the apparent disconnect between best practice and actual practice; a concern referred to as the research–practice gap. Given that this gap may lead to sub-standard patient care, it is imperative that attention be given to furthering our understanding of the gap.

Aim: To cast light on the schism between research and nursing practice from the perspective of international nurse academics.

Methods: In this descriptive cross-sectional, mixed-method study, 149 senior nurse academics from Australasia, Europe, UK and North America were invited to complete an electronic questionnaire and semi-structured interview.

Findings: The survey returned 72 (48%) usable responses; 50 (66%) of these participants also completed an interview. Participants generally agreed that nurses *should* engage with research, but were divided regarding the extent to which nurses *do* engage with research. Factors contributing to the gap primarily related to the issues of ‘translation’ and ‘change’. Closing the gap was considered a shared responsibility, which centred on improving research ‘access’.

Conclusion: This study reveals that nurse academics, regardless of geography or experience, generally support the need to bring research and nursing practice closer together. While the findings do not further our understanding of the magnitude of the gap, they do provide some clarity as to where attention might best be focussed in order to narrow the gap. Exploring the perspectives of practicing nurses on the research–practice gap would be a natural progression of this research.

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Summary of relevance

Issue

There is a general view that the best available evidence is still not being reflected in everyday nursing practice – a concept referred to as the research–practice gap.

What is already known

The existence of a research–practice gap may have serious implications for patient outcomes and quality of care; notwithstanding, attempts to date at bringing research and practice closer together have been at best only partially successful.

What this paper adds

Future attempts at bridging the research–practice gap in nursing need to focus on supporting academic–clinician collaboration, building research culture, and improving research access.

1. Introduction

Since the concepts of ‘evidence-based practice’ and ‘best-practice’ emerged more than three decades ago, there has been a strong push both within and outside the nursing profession for nurses to move away from using traditional forms of evidence to inform clinical decision making, to drawing from the best available scientific evidence to inform such decisions. An important driver for this shift has been the need for improvement in the quality and safety of nursing care (Dickersin, Straus, & Bero, 2007; Leach, 2006). This was based on an assumption that the best available scientific evidence can and should be directly applied to clinical practice (Ajani & Moez, 2011).

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Despite sustained attempts over the past few decades to bring research evidence and clinical practice closer together (Ousey & Gallagher, 2007), there is still a general view that the best available scientific evidence is not being reflected in everyday nursing practice – a concept referred to as the ‘research-practice gap’ (Agbedia, Okoronkwo, Onokayeigho, & Agbo, 2014; Ousey & Gallagher, 2007). Given the potential implications of the research-practice gap for the quality and safety of nursing care, a more contemporary understanding of this gap, including the identification of strategies that may assist in narrowing the divide between research and practice, would be an important focus of attention for nursing researchers.

2. Literature review

While the existence of a research-practice gap is an important impetus for practice evolution and might well reflect a research response to changes in health care (Ousey & Gallagher, 2007), the implications of the gap for nursing are not entirely positive. If the gap reflects a disconnect between best practice and actual practice, then such a divide could result in the delivery of care that is either superfluous, ineffective, inefficient or inconsistent with practices elsewhere (Dickersin et al., 2007; Leach, 2010); the implication of this being the provision of sub-standard patient care.

Several authors suggest that the gap between research and practice cannot be attributed to a single factor, but rather a combination of factors (Brownson, Kreuter, Arrington, & True, 2006; Kajermo et al., 2010). This could include a disconnection between what is taught and what is needed in practice, organisational structures and policies that do not favour the application of research into practice, insufficient clinician knowledge and skills to apply research findings to practice, and the publication of research findings that are not applicable to practice (Cheraghi, Salsali, & Safari, 2010; Kajermo et al., 2010). While many researchers have endeavoured to overcome these barriers to narrowing the divide between research and practice (e.g. through the delivery of education-based interventions) (Gardner, Smyth, Renison, Cann, & Vicary, 2012; Mooney, 2012), “attempts to close the ‘gap’ have proved at best to be only partially successful” (Ousey & Gallagher, 2007, p. 203).

Unpacking the reasons for this partial success may help to extend our understanding of the research-practice gap in nursing. This work should begin with ascertaining whether such a gap actually exists in nursing; this should be followed by an exploration of the factors possibly contributing to this gap, and finally, ways in which the gap might be effectively narrowed. With these points in mind, the study presented here set out to examine for the first time the views of leading senior international academics about the research-practice gap in nursing.

3. Methods

3.1. Aims and objectives

The aim of this study was to cast light on the schism between research and nursing practice. The objectives were to determine the (1) extent to which nurses *should* and *do* engage with research; (2) factors that may hinder nurses from effectively engaging with research; (3) implications of the research-practice gap for nursing researchers and practitioners, and (4) strategies to facilitate closure of the research-practice gap in nursing.

3.2. Design

A descriptive cross-sectional, mixed-method study design was employed. The first phase, an online survey, was administered foremost due to its ease of use and short completion time; it also

served to introduce participants to the subsequent phase. The second phase (semi-structured interviews) served to expand on points raised in the survey in order to represent a richer narrative of experts in nursing.

3.3. Participants

Senior nurse academics were selected for this investigation as they were considered “gatekeepers” who arguably exercise a major influence upon the type of academic research that is undertaken” (Tucker & Parker, 2014, p. 106) or published. Accordingly, a purposive sampling approach was used. To be eligible for inclusion, academics had to (a) hold the position of Professor/Associate Professor (or equivalent) at a recognised university, (b) have published or taught in the area of nursing at a recognised university, (c) be actively involved in research, and (d) be a member of an editorial board of a journal that publishes quality nursing research.

The sampling frame for the study was the editorial boards of leading academic nursing journals (i.e. the fourth and fifth quintile of all nursing journals listed by impact factor on ISI Web of Science). Eligibility was determined by inspecting pertinent staff home pages, web sites and publications. Based on a conservatively estimated target population of 20,000 international nurse academics, the study needed to survey at least 96 academics to achieve at worst a $\pm 10\%$ margin of error with 95% confidence for any individual item on the survey. Assuming a 45% response rate, a list of 149 eligible international nurse academics, stratified by geographical region (i.e. Australasia, Europe, UK and North America, as is consistent with the four regions reported by Tucker and Parker (2014)), was subsequently generated.

3.4. Data collection

3.4.1. Survey

The 30-item, electronic survey was designed by BT to measure the views of management accounting (MA) academics on various aspects of the research-practice gap (Tucker & Parker, 2014); the survey was modified slightly to suit the target audience of this study (i.e. the term ‘MA academics’ was changed to ‘nurse academics’). The questionnaire comprised 7 sections. The first section contained 4 items that solicited demographic information about the respondent. Section 2, which contained 5 items, explored the extent of the gap perceived between research and practice. Sections 3–6, each comprising 5 questions, examined the ‘discovery’ of research ideas and knowledge, ‘dissemination’ of research findings, ‘translation’ of research findings, and the use of research findings to influence or ‘change’ nursing practice. The final section comprised an open-ended question on specific initiatives to bridging the gap between research and practice. All but 2 items (i.e. affiliation and position, which were text boxes) in the first 6 sections of the survey used five-point Likert scale responses (to measure strength of opinion), with anchors of 1:strongly disagree, 3:neither disagree or agree, and 5:strongly agree.

Data from Sections 3–6 were used to generate 1 of 4 composite scale scores: discovery (i.e. the generation of pertinent ideas and research knowledge), dissemination (i.e. the distribution/communication of research findings to relevant stakeholders), translation (i.e. the conversion of research findings into knowledge that is meaningful and applicable to the end-user), and change (i.e. the utilisation of research findings in practice), respectively; these represent the four stages of the Brownson et al. (2006) research translation framework. Composite scores were determined by calculating the mean summed scores for each scale, with higher scores indicative of greater resistance to the diffusion of research into practice. The reliability of each of these scales has been evaluated and considered to be acceptable for exploratory research (Coaley,

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