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Review

What are the factors of organisational culture in health care settings that act as barriers to the implementation of evidence-based practice? A scoping review

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SUMMARY

Background: The responsibility to implement evidence-based practice (EBP) in a health care workplace does not fall solely on the individual health care professional. Organisational barriers relate to the workplace setting, administrational support, infrastructure, and facilities available for the retrieval, critique, summation, utilisation, and integration of research findings in health care practices and settings.
Objective: Using a scoping review approach, the organisational barriers to the implementation of EBP in health care settings were sought.
Method: This scoping review used the first five of the six stage methodology developed by Levac et al. (2010). The five stages used are: 1) Identify the research question; 2) identify relevant studies; 3) study selection; 4) charting the data; and 5) collating, summarising and reporting the results. The following databases were searched from January 2004 until February 2014: Medline, EMBASE, EBM Reviews, Google Scholar, The Cochrane Library and CINAHL.
Results: Of the 49 articles included in this study, there were 29 cross-sectional surveys, six descriptions of specific interventions, seven literature reviews, four narrative reviews, nine qualitative studies, one ethnographic study and one systematic review. The articles were analysed and five broad organisational barriers were identified.
Conclusions: This scoping review sought to map the breadth of information available on the organisational barriers to the use of EBP in health care settings. Even for a health care professional who is motivated and competent in the use of EBP; all of these barriers will impact on their ability to increase and maintain their use of EBP in the workplace.
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Introduction

Continual advances in technology, drugs, treatment approaches and the understanding of the human body now mean that continual education is important in maintaining a current level of knowledge to provide the highest level of care to patients and families. Evidence based practice (EBP) as a concept was introduced by Cochrane in 1972 with the publication of "Effectiveness and Efficiency: Random Reflections on Health Services" (Cochrane, 1972). In this seminal text, Cochrane took aim at the current medical environment which was largely reliant on clinical opinion, tradition and hearsay to guide treatment. The other issue that he noted was the length of time that it took for published empirical findings that could directly impact patient care to filter down to the frontline of providing treatment. This often took 10 or more years to occur. Similarly, there were interventions that were still commonly being used when there was demonstrable evidence that they were no longer appropriate (such as extended bed rest for back pain).

Cochrane stressed the importance of the Randomised Controlled Trials (RCTs) research methodology in furthering medical knowledge. The strength of RCTs lies in the elimination of bias, making for results less prone to the influence of external factors.

An outcome was a repository for the results of these published studies into an easy to access resource for health care professionals to access (The Cochrane Collaboration, 2013). Cochrane endorsed a systematic review of corticosteroid therapy in high-risk mothers in pre-term labour (Cochrane, 1989) which then marked the way for the foundation of the Cochrane Collaboration that developed in the early 1990s. This provided a central resource whereby clinicians could access full systematic reviews of RCTs and use the information to make informed clinical decisions (Fineout-Overholt et al., 2005; The Cochrane Collaboration, 2013). Today, there are multiple databases such as the Cochrane Collaboration (The Cochrane Collaboration, 2013), BMJ Best Practice (Minhas & BMJ Publishing Group), Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus (EBSCO Publishing), Ovid MEDLINE (National Library of Medicine (U.S.)) and the Joanna Briggs Institute Evidence Based

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Practice database which put the latest empirical evidence and literature within everyday reach of health care professionals.

Despite increased accessibility, a gap continues to exist between the published empirical literature and the actual use and uptake of evidence in the everyday practice of health care professionals. Initially developed in 2000 by the Canadian Institutes of Health Research, the concept of Knowledge Translation (KT) describes the science that works to reduce this gap by examining the different ways by which information can be taken from its source and introduced to where it is needed (Canadian Institutes of Health Research). Through the use of various models, KT bridges the divide between those who create knowledge and those who use or apply knowledge (Sudsawad, 2007; Williams et al., 2013). Research utilisation, uptake and integration are other terms that are key in the implementation of EBP findings in health care settings as well.

The successful implementation of EBP is a dynamic process dependent on a number of variables. Individual experiences, bias and attitudes alongside professional, organisational and workplace factors can act as hurdles or barriers to the translation of empirical knowledge into practice and as such this process can take many years (Brady & Lewin, 2007; Fineout-Overholt et al., 2005; Newman et al., 1998; Retsas, 2000). For individuals to effectively implement EBP, they need to be both motivated and competent (Newman et al., 1998); motivated in that they have a desire to seek out the information that best serves the needs of their patients; and competent in that they need to have the necessary skills and resources available to them to seek out, critically analyse and interpret the data they require (Kajermo et al., 2010; Leasure et al., 2008; Ploeg et al., 2007). In short, health care professionals need to be skilled and informed consumers of EBP findings.

The responsibility to implement EBP in the workplace does not fall solely on the individual health care practitioner. Organisational factors relate to the workplace setting, administrational support and facilities conducive to research utilisation (Funk et al., 1991) and KT. The research itself can self-limit its own use if it is not of a sufficient quality, difficult to understand or benefits for practice are unclear, or inaccessible to those seeking to use it (Dannapfel et al., 2013; Fineout-Overholt et al., 2005; Funk et al., 1991; Kajermo et al., 2010). A health care organisation needs to provide an environment conducive to the implementation of EBP in order for its staff members to effectively provide the highest level of care (Cummings et al., 2007; Marchionni & Ritchie, 2008; Wallin et al., 2006).

Using a scoping review approach, this study sought to identify organisational barriers that impact the implementation of EBP in the health care setting so that organisations can be informed, undertake further research and/or implement changes to policies and procedures to facilitate the uptake of EBP and KT. A five stage process was used to systematically identify and analyse the extent of the empirical literature describing organisational barriers; and to use the findings to comment on the major factors that act as hurdles to the implementation of EBP in health care contexts.

Methods

Scoping reviews seek to identify and map the available literature on a selected topic (Davis et al., 2009; Levac et al., 2010). The goal is to define the breadth of literature available on the research area and to determine the value of venturing into a full systematic review. A scoping review was chosen for this study as it was deemed to be faster and less costly than a formal systematic review whist still being able to capture the core elements out of a diverse body literature (Davis et al., 2009). The search is inclusive of both peer-reviewed research and grey literature (i.e. non peer-reviewed material and material that lacks sufficient basic bibliographical information such as author, publishing date and publishing body), in order to obtain a broad overview and to then guide more focussed research (Davis et al., 2009). This scoping review will use the first five out of the six stage methodology developed by Levac et al. (2010). These five stages are:

1. Identify the research question
2. Identify relevant studies
3. Study selection
4. Charting the data
5. Collating, summarising and reporting the results
6. Consultation (stage 6 is not included in this study).

The methodology for scoping reviews advocated by Levac et al. (2010) was originally devised by Arksey and O'Malley in 2005. Arksey and O'Malley suggested that the sixth stage consultation was optional to provide opportunities for the community and stakeholders to suggest additional insights and references (Arksey & O'Malley, 2005), however, Levac et al. (2010) recommended that this sixth stage be mandatory. Unfortunately due to resources and the scope of this study, the authors have made a decision to not include this sixth stage in this paper.

Identify the Research Question

The research question guiding this scoping review was: *What are the factors of the organisational culture in a health care setting that act as barriers to the implementation of evidence-based practice?* This question was formulated as it was considered broad enough to allow for a wide selection of papers from all health care disciplines to be included, but also was focused enough for targeted search strategy to be developed (Levac et al., 2010).

Identify Relevant Studies

A search of multiple databases was conducted using the strategy outlined in Table 1. The search strategy was undertaken through the following databases: Medline, EMBASE, EBM Reviews, Google Scholar, The Cochrane Library and CINAHL. The Monash University Research Repository, British thesis library (EThOS) and grey literature sites (Grey Literature Report: http://www.greylit.org/ and GreyNet International: http://www.greynet.org/greysourceindex.html) were also searched to identify non-peer reviewed papers. The dates the databases were searched from were January 2004 until February 2014. The initial search resulted in 221 articles. Hand searching of relevant journals yielded a further 15 articles. A title and abstract review left 68 articles. Full text analysis resulted in 49 articles selected for inclusion in the scoping review. The reporting of the search strategy can be seen in Fig. 1.

Study Selection

The inclusion criteria were:

1. Article published between January 2004 and February 2014 (a ten year period due to time and cost considerations, and to ensure the literature was relevant and current)
2. Organisational factors were a major outcome of interest or topic of discussion
3. Article including any health care profession
4. Evidence-based practice as a major theme.

Table 1
Search strategy.

1. (Evidence-based medicine or EBM).mp.
2. (Evidence-based practice or EBP).mp.
3. 1 or 2
4. Organizational culture.mp. or organizational culture
5. Organisational Culture/or organisational culture.mp.
6. 4 or 5
7. Barrier*.mp.
8. 3 and 6 and 7

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